

"Putting People First"

Community Engagement in Humanitarian Practice



Summary Report and Evaluation of P-FIM Exercises
in Germany and DR Congo 2016

By Gerry McCarthy and Dr. Inez Kipfer-Didavi

The People First Impact Method (P-FIM)

P-FIM is a methodology for community engagement in humanitarian, development and peace building action. It allows communities to identify the important changes in their lives and what these are attributable to and reveals the wider dynamics within the life of a community. The starting point is people and communities, not projects or agencies. An inter-agency approach builds transparency, shared learning and understanding of context and objectivity of results. It avoids agency bias. It builds trust and openness between all stakeholders especially the community and local government. Communities inform us whether... 'we are doing the right things and whether we are doing things right'. A P-FIM exercise doubles as training and exercise as it is immediately applied in an actual community context.

The capacity to facilitate goal-free and two-way community discussions is established and applied by organisations and other institutions to inform assessments, programme development, M&E etc. P-FIM addresses a central recommendation from the World Humanitarian Summit (WHS) 2016 of 'putting people first'. Over 900 personnel from 300 organisations in 16 countries have received P-FIM training over the past 5 years (supported by GIZ, DFID, CARE, IFRC, WFP, FAO, UNHCR and ICHA), giving a voice to over 8,000 people affected by conflict and war, drought, floods, and epidemics such as Ebola.

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The impact findings, attribution results and responses are the statements and perspectives of representative groups, as openly shared by them with inter-agency teams in Germany and DR Congo during "People First Impact Method" (P-FIM) exercises. The statements faithfully present the voice of the people without interpretation by the authors. Gerry McCarthy (co-developer of P-FIM) and Dr. Inez Kipfer-Didavi compiled the report. Views shared are not necessarily the views of Johanniter.

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The participants of the two P-FIM exercises came from a wide variety of institutions. **13 institutions participated in Berlin:** Johanniter International Assistance, Humedica, Malteser International, World Vision Germany, ADRA Germany, Kindernothilfe, Islamic Relief Germany, Diakonie Katastrophenhilfe, HelpAge Germany, German Relief Coalition (ADH), Akkon Hochschule für Humanwissenschaften, Universität Potsdam, Wendland-Institut für berufliche Bildung und Kommunikation.

In DRC 17 institutions were represented: National Authorities: staff from Masisi Health Zone Central Office and from local health centers; Local Authorities from 3 communities in Masisi: chiefs, community health development committee members (CODESA), community health workers (RECO), water committee members, representatives from Adventist and Catholic churches, school directors and teachers; Local Associations and NGOs from North Kivu: Creuseurs et Constructeurs Professionnels en Action pour le développement Durable (CPAD), Union des Femmes pour la Promotion des Vulnérables (UFEPROV), Synergie des Associations pour des Personnes vivant avec Handicap (SYAPH), Don Bosco Ngangi (partner of Johanniter), Fondation Nature et Humanité (partner of Diakonie Katastrophenhilfe); International NGOs: Johanniter, Welthungerhilfe, American Bar Association (partner of Johanniter).



P-FIM training participants in DRC exercise preparing for a group presentation.



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Foreword

The strategic realignment of the German humanitarian assistance provided by the Federal Foreign Office has taken place in a context of a comprehensive and challenging change in the global humanitarian environment which is characterized by a considerable increase both in number and complexity of humanitarian crisis worldwide. In the debate about professional humanitarian assistance, accountability towards the affected population, efficiency and the necessity of localization and capacity building have become core issues.

The discourse on quality of humanitarian action and on the development of the Core Humanitarian Standard (CHS) has framed the WHS process. The Federal Foreign Office has from early on taken an active role in contributing towards the development of the CHS in order to establish a framework that refers to the very preconditions for efficient and professional humanitarian action. This process became an integral part of the WHS process – which the Federal Foreign office has actively supported from the very beginning. The Federal Foreign Office understood the WHS as an opportunity not only to provide a substantial contribution to, but also to strengthen its partnership with the German humanitarian actors, primarily the NGOs and their role in the international humanitarian system.

In this process we analyzed the structures and strengths of German humanitarian actors. Together we identified that German humanitarian actors can substantially contribute towards improving the quality of international humanitarian action in the field of localizing humanitarian action, due to their strong relations to local partners and thus their valuable role in localizing humanitarian assistance. Also the process that has led to the development of the CHS has underlined the growing and critical relevance of local humanitarian actors. Committed community involvement and feedback mechanisms are essential for successfully implementing the CHS. The project “Putting People First” has made clear how much the relevance and quality of humanitarian action depend on solid partnerships with local humanitarian actors and how much responsible humanitarian action depends on incorporating accountability towards the affected population in the concepts and work of every humanitarian actor.

The strong commitment of Johanniter International Assistance in the project, using the P-FIM methodology, has largely contributed to taking this process forward.

Anke Reiffenstuel



IDP-Camp in North Kivu, DRC

1. Introduction

Putting People First – From World Humanitarian Summit (WHS) to humanitarian practice

A key recommendation from the broad WHS consultation process (in which both authors actively participated¹) is to enable people to be the central drivers in building their resilience and to be accountable to them, including through ensuring consistent **community engagement**, involvement in decision-making, and women's participation at all levels; furthermore, to build on positive local coping strategies and capacities in preparedness, response and recovery, and ensure relevant, demand-led support that reduces reliance on international assistance (WHS 2016 UN-Secretary General Report "Agenda for Humanity").

Based on initiatives of ALNAP, CDAC-Network, IASC Transformative Agenda, GHD Principle 7 and the Core Humanitarian Standard (CHS) it has been underlined, especially during the WHS Global Forum for Improving Humanitarian Action (June 2015 in New York), that Community Engagement is a decisive quality aspect of humanitarian assistance in order to ensure that assistance is needs-based and relevant for affected people. This idea is not new. But it is rarely put into practice in humanitarian projects. Also within the WHS "Grand Bargain" (Istanbul, May 2016) donors, UN-agencies and INGO networks agreed to put a special focus on the "participation revolution". However, without concrete actionable agreements and capacities to engage people and communities affected by crisis, the call for change by the UN Secretary General Ban Ki-moon may remain an aspiration. An important tool for strengthening Community Engagement in humanitarian assistance is the **training of staff and partners** in communication with affected people as a basis for accurate information, community participation, active engagement and sustainable outcomes. The P-FIM exercises presented in this report demonstrate the kind of approach required to put people at the center.

Two P-FIM exercises on Community Engagement were carried out, one in Berlin, Germany, 25 – 28 of April 2016 and the other in Nyamitaba, Masisi District, North Kivu, in DR Congo 13 – 17 June 2016. Recommendations for further action emanated from the communities, the training participants and the P-FIM trainer. Both exercises were evaluated. The results are documented and made available through this report for Johanniter, training participants, local partners, the German NGO Community, the German Federal Foreign Office, CHS Alliance, the IASC Task Force on AAP and PSEA, parties to the Grand Bargain and other entities that will follow up on the WHS commitments.



Photo: Johanniter

P-FIM training participants listening to group of widows and widowers in North Kivu.

The purpose of the exercises was to train personnel from humanitarian organisations to engage communities of any context in two-way discussions using P-FIM in order to give people affected by crisis a voice. The Johanniter teams in Berlin and DR Congo organized both exercises to which they invited their staff as well as staff from other organisations, government and community representatives. In Berlin 13 institutions followed this invitation, and 17 in DR Congo. The primary beneficiaries were the communities who were the focus of the exercises. The secondary beneficiaries were the exercise participants and their institutions, both governmental and non-governmental.

P-FIM reflects the universal value and integrity of the person as enshrined in the UN Universal Declaration of Human Rights; the right to develop and grow and become a full human being. To be able to respectfully and actively listen to another person requires that I first understand my own value, how I communicate and how I grow and relate. P-FIM achieves this including how to engage and facilitate community discussion. It is inter-active and uncomplicated. It is important to appreciate the human story – person, family, community and wider society – as universal.

¹ „Gerry McCarthy (the P-FIM trainer) represented the WHS Regional Steering Group (RSG) for East and Southern Africa in Istanbul. Dr. Inez Kipfer-Didavi was part of the WHS-Advisory Group on Engaging with Affected Communities, and coordinated German NGOs in preparation for the Summit resulting in recommendations on localisation.

2. Executive Summary

In preparation for the implementation of the Core Humanitarian Standard on Quality and Accountability (CHS) Johanniter wished to gain a deeper understanding of how best to engage with communities and design programmes that effectively address challenges and risks faced by communities with a specific emphasis on the engagement of women. It selected the **People First Impact Method (P-FIM)** as the approach to achieve this. Thereby, Johanniter wished to address the challenge from the World Humanitarian Summit (WHS) in Istanbul in May 2016 to 'put people at the centre'.

The plan devised by Johanniter was both strategic and innovative. Two P-FIM exercises were planned in two very different locations: in Berlin in Germany and in North Kivu in the Democratic Republic of Congo (DRC). At face value, it seemed there would be little, if anything, in common between the two places. However, the universal truth about human nature and human inter-action showed that challenges such as poor communication, lack of consultation, alienation, abuse of power, corruption and marginalization are shared experiences in Berlin and North Kivu as well as the enormous levels of community support and local organisation in both places that often goes completely unnoticed.

Participants in Berlin and North Kivu, who underwent the same training and community engagement exercises, shared the same initial apprehension as to whether the method would work or not, and the same fear of engaging with communities armed only with the ability to actively listen and facilitate a community group to openly discuss

what is important for them with no agency bias. The inter-agency approach multiplied the learning and impact.

The first exercise was conducted in Berlin in April 2016 over four days. The 23 participants (17 women) from 13 institutions worked well together, even though many of them were meeting for the first time. In teams of three, they met with random community groups. They facilitated discussions where community groups shared significant issues in their lives and were amazed that they could share in such a deep and open way – something groups wanted to continue. At the end of the training participants shared what they are planning, and in several instances how they are already putting the training into practice. The request of participants for a P-FIM Training of Trainers (ToT) was taken up by VENRO, who is now planning three P-FIM TOTs starting in November, 2016.

The P-FIM exercise in North Kivu differed from Berlin in that the focus was on community engagement as well as on Johanniter and partner staff community engagement **capacity**. There were 34 participants (of which 13 women) from 17 institutions including local government in the June P-FIM exercise – a remarkable achievement. Equally remarkable was that a Johanniter team successfully carried out two-way community discussion in August, thus demonstrating a high level of application of learning. This was followed by a review of learning with all DRC participants in September, where one after another they shared how they were applying the learning in their personal as well as their professional lives – both inspiring.



P-FIM training participants discussing open and closed questions, probing questions, goal-free and two-way discussions



Photo: Johanniter

Exchange between P-FIM training participants and a community group of elderly and people with disability.

Johanniter used the community engagement exercise in DRC partly to evaluate its existing programmes in the area. It is noteworthy that the priority issues raised by the community correspond to the sectors that Johanniter is working on (health and WASH), demonstrating that Johanniter is 'doing the right things' as freely shared by 10 community groups. Other issues, such as land rights and conflict, are also important to the community but outside the remit of Johanniter. However, Johanniter can signpost them to organisations that address these.

The approach revealed things that otherwise may not be known but which are significant in the lives of people and to the success of programmes. **In Berlin** issues emerged such as corruption experienced by refugees, that refugee women want to share their issues alone, that women in Germany fear they will lose their jobs if they have children, and the deep need of everyone to be heard and to engage. The issues raised by community groups **in DRC** are many and the report below is only a summary of what was shared: the lack of community engagement by government and organisations, high levels of corruption, conflict and rape, the parallel world where communities are busy doing many things that even local actors are not aware of, the stigma and marginalization experienced by Pygmies while other communities do not know how to reach out to them,

that the community and Johanniter had independently from each other identified the need for a blood bank. Significantly, Johanniter in DRC has identified the need to have a P-FIM focal person in place to support Johanniter, partner, local government and other agency community engagement approaches. Furthermore, during the review meeting in September, several participants set-up a community of practice for mutual support and exchange of experience with P-FIM community engagement.

The report contains a lot of direct quotes from communities and participants with limited analysis by the authors in order to retain the integrity of what was said and make the original voices heard. This is integral to the P-FIM approach. The conclusions and recommendations are drawn directly from the findings and experience and are designed to be of direct assistance to Johanniter but also to provide a guide for other organisations wishing to improve community engagement and inter-agency collaboration in their programmes.

3. Outline of training, exercise and evaluation methodology

The training and exercise methodology

The objective of the P-FIM exercises was to train inter-agency teams in Germany and DR Congo on the methodology and to apply the learning; understand the important issues for the community (the quantity), how the community feels and relates to the issues (the quality), record group statements without agency interpretation and cross-check with the community group for accuracy. The application of community statements using project cycle management and project logframes was addressed.

The participants received training in participatory communication, open questioning, listening techniques and integrated human development. They learned how to identify levels and quality of communication (cf. P-FIM "Communication Pyramid"), personal-human development (cf. P-FIM "Wheel of Life"), understand context, and accurately record community statements. Participants were deployed in teams of three from different organisations to meet twice with community groups. The training focused on 'why it is important to engage with communities' and 'how to do it'. The universal importance of the human story and our shared humanity were the guiding principles and values that united the two exercises in Berlin and North Kivu.

Each exercise comprised women and men from various organisations. In Berlin there were 23 participants (17 women and 6 men) from 13 institutions and in North Kivu 34 people (13 women and 21 men) from 17 institutions to ensure that exercises were not influenced by single agency and gender bias and demonstrate collaboration and unity between all stakeholders, primarily with the community.

A 'goal-free' approach was used in the first community discussion where community groups led on the issues important for them. In DRC, the goal-free discussion was followed the next day by a 'two-way' discussion with the same community groups to address the major issues raised by all community groups in the goal-free discussion, alongside issues that Johanniter wished the communities to discuss and give feedback on. Due to time constraints the teams in Berlin only engaged in the goal-free discussion – some teams effectively merged the goal-free and two-way discussions demonstrating a depth of application of the methodology. To facilitate engagement as equals, teams were encouraged to meet in a circle formation with the community group, avoid carrying folders, and to share a snack.

On the morning of day one in North Kivu, participants were asked to individually and then collectively select ten community groups and locations as a cross-section of society for the community engagement exercises. When the groups were selected the Johanniter community mobilizer informed communities that an inter-agency team would visit them on two consecutive days and introduce the purpose for the discussion when they arrived. Due to logistic constraints in Berlin, community groups were identified before the exercise – group identification by participants was explained in the training.

In the goal-free discussions the teams recorded the group statements. Each team completed a report including the **gender and age breakdown** of the group, the **location**, and **statements** made, whether **positive, negative or neutral**, to whom/what **responsibility** was attributed, and the **communication level** for each statement. Teams also paid attention to the body language of community speakers, and recorded important sayings or **proverbs** shared by the community group, as they often illustrate a depth of meaning and communication:

Farmers and pastoralists said... *'we did not know the community could speak about positive as well as negative things – they spoke honestly.'*

The discrimination experienced by single mothers... *'wherever we go in public we are insulted and ridiculed.'*

Local authorities and police talking about the risk of speaking out... *'the Nyabarongo River in Rwanda only kills the one who approaches too close'*

Widows describing the impact of isolation and marginalization... *'the one who eats alone has no appetite'*

The team reviewed the statements in the ten reports and agreed the most common issues – these formed the discussion points for the two-way engagement for all groups the next day. Johanniter suggested additional issues for the groups to discuss as part of the two-way engagement i.e. issues important for the community alongside issues important for the agency. The same teams met with the same community groups so as to build on the trust established the first day. Teams wrote and presented the two-way discussion reports and reflected on their roles, the resulting group dynamics as well as the level of trust and quality of information gathered.

The evaluation methodology

The exercise included a review and evaluation component to determine both the level of learning achieved by participants and how the learning was applied by participants over a 3 month period.

In Berlin, the learning progress was evaluated by a pre- and a post-exercise questionnaire. In the pre-exercise questionnaire participants set out their understanding of community engagement – their starting point. In the post-exercise questionnaire (as well as online four months after the exercise) they gave feedback on what they learned and how they intended to apply it in their work and lives.



P-FIM Pyramid of Communication, an appreciation of the different levels of communication and how they interact, used as participatory training module during the training.

In DRC, participants also shared what they learned and how they intended to apply it in their work and lives. In August the P-FIM trainer carried out a review of Johanniter programme documents in DRC to note sectors Johanniter addresses and compare them with the findings from the June P-FIM exercise. A combined list of discussion points were developed for a further two-way discussion with the same groups 29 August to 2 September – successfully completed by a Johanniter team with limited supervision. From 19 to 20 September 2016 a two-day review of application of learning was facilitated by the P-FIM trainer with participants from the June exercise. They shared how they were applying the training in their work and personal lives. In sector and agency groups, participants agreed future action plans to implement P-FIM.



„This little light of mine, I'm gonna let it shine...“, song text translated by DRC training participants into French and Kiswahili, underlining the fact that respectfully and actively listening to another person starts with understanding and appreciating one's own value. Songs, games and dances form part of the P-FIM training methodology and support team building among the participants.

4. Description of P-FIM Exercises in Berlin, Germany and North Kivu in DR Congo



Photo: Nikolaus Brade

Johanniter-managed refugee hostel in Berlin.

4.1 Berlin exercise overview

Selection with community groups posed a challenge in Berlin given the diversity in a metropolis of 3.5 million. In addition, the idea to meet with refugees in Berlin met with initial restrictions. Finally, Johanniter managed to organize 7 very different community groups: two Syrian refugee groups, a Berlin community association assisting refugee integration, scientists from a private foundation, NGO personnel who work in German welfare and global disaster response, and two groups from the German federal armed forces undergoing a paramedic training in an NGO training institution.

The Berlin exercise trained staff (several of whom are supporting refugees in Germany in their spare time) from Johanniter and other German NGOs on community engagement at the Johanniter Training Academy in Berlin. Berlin has also a vibrant community of associations assisting refugees. The 23 participants from 13 institutions were trained on the P-FIM methodology on day one and half of day two. The group self-selected the composition of each team of three i.e. a facilitator, reporter and observer in each team for the goal-free community discussion in the experiential training. Teams were apprehensive but also confident in themselves, in their team, and in their newly acquired skills.

The following is a summary of what the community groups said when they had the opportunity to speak openly about the important issues in their lives – and comments from the teams. The teams were encouraged not to ask 'what are your needs' or to 'give examples' to avoid leading the discussion. The community groups led the discussion.

a) Building trust begins with the first engagement and continues over time so that people feel free to share experiences of trauma and hopelessness:

'First we lost our jobs and we had to leave Syria as we had lost everything and faced death. We blame the Syrian government, the war and all the actors in the conflict but we don't want to discuss who is responsible. We just focus on the consequences for us as ordinary people. We've had no trauma training or counseling treatment and so the terror of the experience still affects us.' (Refugee group – Berlin)

b) People shared important insights and information that would otherwise remain hidden: Syrian refugees spoke of the exploitation they experienced in trying to get a flat by 'the mafia'. They were asked to pay a bribe of € 5,000 just to get a flat, not even to pay rent.

'We fled Syria to escape the Syrian mafia and now we are being abused by the German mafia.' (Refugee group – Berlin)

c) Two-way communication allowed the group to share and the team to interject with timely information:

'There is no work or school and we are frustrated and demoralized as we just eat, drink and sleep. Our motivation is so low, even to learn German, although we know it is important for us. The processing of asylum and residency papers is slow and bureaucratic and experienced by refugees all over Germany. We don't understand why it is this way.' The team explained that bureaucratic procedures (and finding affordable housing) are difficult for Germans too, not just for refugees. From that point the conversation was very much two-way. Residency stages and German refugee law were clarified by a social worker. They said... *'ah ha, so this is the way it works.'* A woman showed her

papers and the social worker translated and explained what it meant, making a huge difference. They devised a plan to invite someone to explain the public housing system and be with them when they go to the client center of the public housing agency so that they get accurate information. (Refugee group – Berlin)

d) When community group discussion leads to a shared understanding and agreed action:

'While the policy environment encourages women and couples to have children, employment practice in Germany is very much against it. Having a child is a career risk.' The group came to a common understanding ... 'we will form a support group in our agency for those who want to have children' and those with children. The group shared ... 'we are surprised by our discussion. We never speak like this' (Scientists from private foundation in Berlin)

e) Being able to self-reflect whether our community action is needs-based and effective is important in order to search for improvement or seek support, if needed:

'As volunteers we know we are not sufficiently addressing the crucial issues such as job search, looking for apartments or family reunification. However, few volunteers want to address the crucial issues that refugees need support with.' (Community association assisting refugees in Berlin)

f) Community engagement had a deep and positive impact on Berlin residents:

'Our lives are enriched and more fulfilled by personally helping and building a relationship with the refugees. The engagement gives us a deeper perspective on our own lives and an appreciation of what is most important – this matters to us.' (Community association assisting refugees in Berlin)

And here is what the teams felt and reflected during and after the exercise:

a) Teams managed to stay calm and facilitate even hostile and angry situations:

When we entered the room the atmosphere was so aggressive. Trainees were arguing with the tutor and cursing. After a while they relaxed and began to speak calmly and openly. *'As military we are being deployed to situations we completely disagree with and thrown into careers we have no idea about. We chose the military but after that, our choices were taken away.'* At the end of the discussion they shared ... *'We have never talked this freely. This is great and we must continue.'* (Training participants who met with group of German soldiers)

b) Listening and not leading is a challenge when the norm is to lead:

The team realized they began by leading the discussion with the Syrian refugee group from the outset and did not allow them to lead. Once the first question was a leading question, they did not know how to get back on track to facilitate or whether to return to the original open question approach. Instead, they led by asking the standard leading questions such as *'how did you get to Germany'*. (Training participants who met with refugee group in Berlin)

c) There was no plan to meet a group of refugee women alone. This lack of gender sensitivity during planning was exposed by the refugee women themselves:

It was significant that the women among the refugee group asked if a separate group for women could be formed. However, it was not possible as there was only one translator. It is likely that the women alone would have raised other important issues if they could have been met alone by a team of women. They were clearly frustrated that the team could not meet them alone. (Training participants who met with refugee group in Berlin)

d) The challenges of working through a translator and knowing the local languages and culture:

The team encountered the limitations of working with even a good translator. It was clear that, even with a good translator, it is not possible to know whether an open question from the facilitator becomes a closed or leading question from the translator. This was especially important as the translator was not part of the P-FIM training. (Training participants who met with refugee group in Berlin)

4.2 Democratic Republic of Congo – *'what the people said'*

North Kivu, DRC, was selected for the second training as a typical protracted humanitarian crisis where Johanniter has a long standing significant health, WASH and protection programme. Johanniter wanted to evaluate the programme from the community perspective and enable its DRC team to work in a more participatory way. Except for three, the 34 participants were from North Kivu and knew the languages (Kiswahili, Kinyarwanda and French), culture and traditions. This was important to achieve an 'us and us' conversation and to retain capacity locally.

The participants agreed which community groups to meet, the location of the groups, and translated the initial open questions into the local languages. This discretely established their ownership in the exercise that would continue throughout. Several community groups were merged to ensure wide community representation. The ten groups identified were: 1) orphans and their caretakers, 2) widows and widowers, 3) farmers, pastoralists and business people, 4) disabled and elderly, 5) medical staff and community health workers, 6) church leaders and teachers, 7) students, sports people and motorbike taxi riders, 8) pregnant women, girl mothers, Association of Women for Development members, and survivors of sexual violence, 9) pygmies, 10) local authorities and local police.

Summary of what community groups shared in North Kivu during the June two-way discussion

The following summaries and citations demonstrate the depth of thought and feeling of community groups about important issues in their lives. Trust was established in the first meeting. Teams were warmly welcomed in the second meeting, when groups discussed important issues they had raised the previous day. A team member remarked... *'it was as if they were having a discussion, where we were one with them.'*

a) The importance of community led action and community organisation and its significant contribution to public health, local economy and social security:

Community action on healthcare and disaster risk reduction is high: construction of latrines and wells, keeping compounds clean, drinking clean water. They transport the sick to hospital, provide food and pay hospital fees through a group aid system. They ensure children attend post natal and vaccination clinics and take the lead to sensitize on health and hygiene. Medical staff and health workers provide local security through an un-armed community-guard service. They do a lot to address environmental issues: dig benches to stop mud slides, leave land

fallow before planting again, and construct canals to drain flood-water from crops ... *'we are experts in this'*.

Groups emphasised the importance of community organisation ... *'when we are organised the work advances'*. Teachers and church leaders said ... *'we sensitize the population on the advantages of community organisation. We use the associations and give them advice so that they can progress.'*

b) The level of local fund-raising and self-help activity is high:

Every community member contributes 1,000 Congolese Francs for bridge repair ... *'we are ready to contribute when a project is developed to support us.'* People with disability and elderly work voluntarily on projects, but are not willing to work on school construction and maintenance for free, as they already pay school fees. 'Merry-go-ground' type group fundraising initiatives exist in many forms e.g. farmers and pastoralists contribute money at monthly meetings; people with disability and elderly make monthly payments to a common fund; medical staff and community health workers have mutual saving groups and rotating credit associations to support livestock keeping; common goat producing schemes; housing credit for production of roofing tiles and building blocks, and a women's saving group. Pygmy groups make and sell clay jars and a group of traditional dancers perform to earn money. Women and girls said *'we would like the government to recognise our cultural organisations so that we can register as associations.'*

c) The importance of information, training and sensitization:

Groups emphasized the need for sensitization to ensure pregnant women reach the hospital on time and on the importance of a blood bank, especially during child delivery. They want to receive training in tailoring, basket weaving, crop diversification, food preparation and nutrition, and suggest an association for the vulnerable with professional training and equipment for carpentry and livestock keeping. Both women and men requested sensitization on the meaning of dowry and respect for women. Orphans want training on group formation and activity planning. Associations need financial, technical and management training.

d) Communities are very conscious about vulnerability including hidden vulnerability:

Several groups assist vulnerable persons such as people with disability, those with HIV, and Pygmies. Pygmies said ... *'we use traditional medicines and sell clay jars to pay for treatment. We grow vegetables to keep our families healthy. We need land to plant crops and earn income so that we do not have to beg.'* Local authorities and police said... *'technical training of vulnerable groups leads to*

employment and development! Some families and associations share land with the vulnerable so they can be self-sufficient. Orphans were trained on improved farm produce and they shared their harvest with other orphans. Groups provide psychological support to the vulnerable and fundraise for them. Children are taken off the street and provided with schooling and food, or taken to NGOs for sponsorship. Vulnerable children have free schooling. But there is no school for Pygmies and in mixed schools there is no fee reduction even though they are vulnerable. Pygmies feel marginalized and isolated by other communities while other communities feel unable to reach out to them. Pygmies request community workshops to stop discrimination. People are aware of the need for psychological and material support for the elderly and vulnerable. Widows and widowers were glad the team listened to them as they feel abandoned and not consulted.

e) Sexual violence against women and girls is a societal problem:

Local authorities and police said ... *'we differentiate between those who are vulnerable by nature e.g. the*

elderly or disabled and those who are victims of sexual violence or who have HIV. Elderly and people with disability are not as badly affected, as many have family support. However, the victims of SGBV withdraw from family and community and we do not understand their problems! A father said ... *'when my daughter was raped she couldn't speak to anyone.'* They want not just medical treatment but especially psycho-social support for victims of sexual violence. The most emotional issue for women is when their husbands do not allow them to be treated by male doctors ... *'we need support from those who can speak to our husbands about this.'*

f) Crime and injustice and conflict over land:

They emphasised how important it is to address land issues at the community level first. Elders often know the history of the land and who the rightful owners are. The lack of a local land registry is a serious problem that leads to deliberate land grabbing and corruption. Women and girls said ... *'when a powerful neighbor wants your land, you must sell – it is really land grabbing'*. Pygmies have no land and must avoid conflict by constant moving – without



Photo: Johanniter

P-FIM training participants listening to group of pregnant women, girl mothers, women's association and survivors of SGBV in North Kivu, DRC.

land they are homeless. The police have no mandate to deal with land and it becomes protracted, corrupt and violent when they get involved. Farmers said... *'to solve the land conflict we put a share-cropping plan in place where those without land are given portions to farm by those with land. As payment, the share-cropper gives a portion of their harvest to the land owner'*. The local authorities and police bring land issues to the chief, and community structures are in place to address land issues e.g. the "Inter-Farmer Committee for Conflict Transformation" and the "Solidarity Help and Action for Peace". Communities do not have to pay. However, the associations require legal support and capacity building on how to apply the law in order to be effective. They want an association to assist with court cases e.g. a human rights association that would also assist with land inheritance to avoid family feuds over land. Farmers would like to see advocacy with pastoralists so that farmland can be increased. The government should be lobbied to stop the grabbing of farmland by pastoralists. Teachers and church representatives request that government land and other unoccupied land be used for farming and that national park land be distributed in a fair way to those who have no land.

g) The importance of peace:

Many groups said they want to see peace in areas that are still occupied by armed groups. The Pygmies said that without peace there is no development. Resolving the land issue and peace go hand in hand.

h) How the inflation of dowry affects gender relations and the status of young women:

Several groups are deeply concerned at the dehumanizing effect that the high cost of dowries is having on young women. It is an issue that is impacting on both women and men as marriage is more and more commercialized. They want the symbolism of dowry restored, where women are appreciated with a fixed low-cost dowry payment in cash or in kind. Widows and widowers said... *'A dowry should not be something one buys, but an appreciation of the person'*. Orphans said... *'women should not be perceived as an object of business – dowry is symbolic, an honor not a transaction'*. They said... *'churches should lead on sensitization, with a uniform law to set the dowry rate and create dialogue so that the challenges of young people can be addressed by parents and elders. Often it is the fathers who push for the high dowry to get more cattle'*. Pygmies said... *'the issue of dowry no longer exists for us because of extreme poverty'*. Some try to negotiate payment in installments. However, there is a problem if the girl dies before the dowry is paid, as payment is still expected.

i) How corruption should be tackled at the local and at the government level:

The level of hopelessness and helplessness shared by the groups in the face of corruption is staggering. It is a problem at the top – big business people and politicians. Groups feel strongly that communities should settle issues locally to avoid corruption. They want the state to severely punish those who offer and take bribes. Orphans want witnesses protected, as those who give evidence can be killed. Farmers and teachers want a project to support rights activists who fight corruption to force government action. Government workers should be paid a fair wage to diminish the need for corruption. Employment and law enforcement must take place to end corruption.

j) Within a relationship of trust and honesty, people speak maturely about what support is required:

Groups discussed their issues and what they are doing to address them, and then identified gaps they are unable to address. For example, a blood bank is essential as women often die due to lack of blood. An ambulance is needed due to high number of people who die in transit to hospital. They are willing to work freely to fix the roads and bridges so that the ambulance can pass. The need for a local training centre for nurses so that their skills and salaries are kept in the area. They want support to provide the vulnerable with hoes and seeds for planting after they access farmland and to establish housing credits, saving associations, financial services and another market to boost trade. A youth centre and improved mobile, internet and radio communication, as these would build jobs and peace. NGOs and other institutions should employ local people for unskilled and skilled jobs as otherwise they stay poor and cannot develop.

k) The appreciation for positive developments:

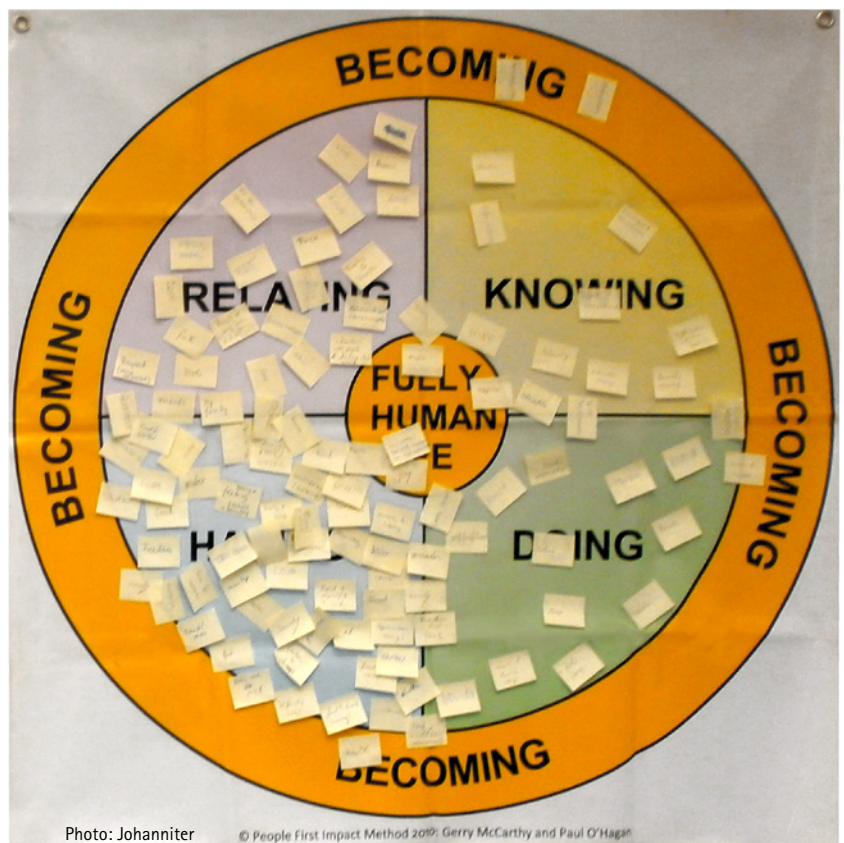
Women said that in the past they did not have a hospital. Now they have two medical doctors, and even if the hospital does not have all the materials it is a great improvement. There is closer collaboration between the community and hospital administration and this should be continued. Communities view school construction as a positive sign of progress. Some children are escaping from families to avoid early marriage. They want to go to school and deeply appreciate this opportunity when they get it.

l) Communities demand that organisations and government engage with them:

The leader of the Pygmies is a woman but she is not recognised or respected by the government and so they have no representation. Local authorities and police said that NGOs who come to work in the area should first consult with the community before they start their projects ... *'an agency came and constructed latrines of one meter to train the community on clean sanitation. But the community already had latrines'*. Organisations have to learn how to work hand in hand with the community and how to employ local people e.g. as guards for the agencies, schools, hospitals. *'Some organisations have come and gone and no one would know they had been here. And some organisations just repeat what others have done with no addition. We often feel traumatized as we know that organisations are in conflict with each other over which of them is serving the community most'*. They want to form monitoring committees and receive training to follow up on government or agency activities. They gave an example of a school built in Nyamitaba by Caritas. They supported a monitoring committee that worked well. Orphans said that in future all organisations should consult the community first to ensure the right response.

m) Community groups shared what the two-way experience meant to them:

Farmers and pastoralists said ... *'we want these meetings to continue regularly. There was a lot of trust as otherwise we could not have shared so much'*. People with disability said ... *'we really appreciated the visit of the team and there should be follow-up. We are happy that you listened to us, and we receive you as friends without hesitation'*. One group said ... *'the food and drinks should have been purchased locally to support the local economy'*. Pygmies were happy that the team came to listen to them and allowed them speak about their experience of discrimination ... *'it is very emotional for us to share what is in our hearts'*. The local authorities and local police thanked the team and asked ... *'how come that yesterday you had no objective, just to listen to us, but today you have specific questions? Does that not mean you do have an objective?'* The team explained again how the questions came from the community for the second discussion. They understood and said ... *'ok, we are very happy and thankful you came, because this allowed us to even get to know ourselves'*.



P-FIM Wheel of Life, about what it means to live a fully human life, used as participatory training module during the training.

5. Evaluation of learning and practice

The overall exercise included a review and evaluation component to see the learning progress through the training exercise, and how the participants managed to apply the P-FIM method in the weeks and months following the April and June exercises.

A significant learning from the Berlin and DRC exercises was how P-FIM addresses 'managing community expectations'.

'If people are not asked for their "needs" and not made objects of a narrow targeting process, but informed transparently about the purpose of the discussion, and then asked about the important issues and changes in their lives and really listened to, they do not come up with a "shopping list" of "unrealistic expectations", but with ideas for their own action and mature requests for external support. Based on the established trust with the team, they have no problem in understanding the limits of agency assistance, and expectation management does not become a problem.'

5.1 Berlin – review of learning and practice:

In Berlin, the findings of the pre-exercise questionnaire revealed an in-depth appreciation of insights and challenges e.g.

Successful projects require community involvement; despite years of talking about it community engagement is still mostly only lip service; applying SPHERE can't work without community engagement; respect community voices and don't force the agency view; local staff can greatly increase engagement and positive outcomes; when active engagement takes place communities and local authorities come on board; how to manage community expectations; achieving gender balance in traditional societies is challenging; engagement is often time and resource consuming – can it be simple and practical? Donor systems and bureaucracy are a real frustration; some organisations don't want communities to lead, fearing it might undermine their jobs; grave misunderstandings occur when we don't listen and don't understand the context.

At the start of the exercise in Berlin, participants were questioning. They were also very concerned about expectation management of community groups. As headquarter staff they approached the issue from the perspective of the theories and tools they were acquainted with. They eventually accepted to trust the process. The trainer explained:

'In the first instance, it is not about communicating with community groups, we must first appreciate the importance of communicating with ourselves and with each other before we engage with communities' (cf. P-FIM toolkit).

They engaged the process and it was not until they began pairing teams of participants with community groups that the significance of the task came back into focus.

When the teams returned from the community discussions to the training venue in Berlin it was clear that the experience and achievement was significant. The mood changed significantly. They had completed an assignment that only a day earlier they had felt was probably not possible. They had actively listened to and facilitated discussions with Syrian refugees, agency personnel, a local support group, and military paramedics. They successfully managed hostile situations and confused meetings with understanding, calmness and encouragement. They gave the groups the confidence and space to share ideas and feelings in an atmosphere of trust and openness. They allowed the groups to lead in goal-free discussions. One participant said:

'It was good for me to recognise my normal default mode where I quickly ask questions and look for facts and make comments. It made me realize how much I can learn when I hold back and really listen to what people are saying.'

Through the post-exercise questionnaire Berlin participants shared a general surprise and amazement about how well the approach worked. They reflected on the need to base programmes on people's priorities and not on agency ideas of people's needs in order to achieve ownership and sustainability. They emphasized that they learned the importance of their own behavior and role in establishing a trustful communication (resist the urge to intervene, or to lead and judge; stay in the facilitator role; be honest about the abilities and limits of the agency); of giving communities time and space to express themselves; on the richness of the information that the community shared once trust was established through listening and asking open and probing questions instead of closed and leading questions or the standard questionnaire approach; on the importance of maintaining the relationship with the community.

Giving communities a voice is not only a methodology it is a way of relating and not imposing our agency ideas. Communication is the key – to listen is more important than to give input.

We need to base our programmes on what matters to people and not on what we assume they need, as people will have no ownership if we do not engage them from the very start in a serious way.

Before our projects, the people were living their lives, and after our projects, people will still be there living their lives – our projects are often just a small part of the life of the community.

Berlin – planned action

Overall, their statements reflected a high motivation to take the approach forward, share it with colleagues in headquarters and field offices, co-students, partner organisations, and – through articles – with the humanitarian community. Participants shared their motivation to apply what they learnt to achieve community ownership in country programs in the fields of DRR, health, WASH, refugee empowerment, M&E – both in humanitarian crisis countries and in the context of the German refugee crisis; during research, field assessments and monitoring visits, and for project evaluations; and to better base project proposals on community assumptions instead of agency assumptions. Some plan to encourage their local partners to increase community engagement, and use it to jointly review partnership models.

Berlin – on-line feedback after 4 months

Four months after the training several participants had already started to apply the approach within their organisation or were planning to do so:

We are planning to develop a training system for our implementing partners with regard to international humanitarian standards and DRR. I have informed my colleagues about the P-FIM option. We will design the training program with the P-FIM approach in mind.

We are planning to have feed-back mechanisms as a standard feature of humanitarian assistance in cooperation with our partner organisations. It will certainly be useful to train partners on P-FIM or similar methods.

I've already suggested a project approach to a team of doctors, nurses, midwives and social workers who are planning a community-oriented health care centre in Berlin – they need to engage with communities.

The success of the training is also reflected in participants' statements about how P-FIM changed their way of communicating and paying attention to community engagement within project design and management:

I am more critical about development and humanitarian aid projects, and I wonder whether the aid that organisations provide is really what communities want, whether the organisations' work is sustainable, and about the approach that organisations follow when they decide the project design: did they first ask the people what their priorities are and what should be done? Or was the project designed without community engagement, where the organisation alone decided what should be done and how?

However, participants also shared the challenge of changing one's own habits and ingrained attitudes:

During proposal discussions with a partner organisation from Pakistan I tried to formulate my community questions as open as possible. But I realized that I "closed" my questions when the submission deadline came closer. Applying P-FIM to the way we normally do projects is a challenge. I know it is important to listen to the community – I am at least sensitized.'

In view of this challenge it became clear that motivating others to change their approach cannot be achieved without a thorough training:

In October I will travel to Pakistan and inform my team and local partners about the approach and discuss if they can apply it. It is however a challenge to explain what we experienced over four days to a team of people in only two hours.

Therefore, several participants plan to replicate the P-FIM-training within their program countries. Furthermore, based on the very positive feedback from training participants, VENRO, the German network of 126 humanitarian and development NGOs, is planning for three P-FIM Training of Trainers in 2016/2017.

5.2 DRC – review of learning and practice

DRC Participant feedback in June:

At the end of the P-FIM exercise in June participants shared the practical and cost effectiveness of the approach and agency teamwork as well as the strong qualitative data gathered:

'What impressed me was the great amount of information we gathered without spending much money and in only a few hours – more efficient than a questionnaire. We will apply this method in our projects. The method is original and authentic, it united us as people from different organisations and institutions and we could put aside our agency identities and badges. The training included all the ethnic groups in Nyamitaba – thank you. Before the training I thought I am nobody in the presence of chiefs and people from the health office. The training changed everything as we were a team of equals. 'What you do without me, you do against me.' We met with more than 180 persons from the community and listened to them and worked as a team. This validates what we learned.'

They focused on the important aspects they had learned and how they identified with their own people:

'This is a new approach. I know the importance of listening. We listened to the problems of our brothers and sisters in the community and we are also confronted with the same problems.'

How they will apply the learning in their work and lives and take the lead:

'This approach will help to improve the work in our health zone and I will share the method with other health zones. Even today people called me to tell me they are happy we listened to them. We normally only give orders to people and don't listen. I will brief the other chiefs. We learned the importance of knowing ourselves and others – it affects our whole lives. We should meet amongst ourselves to share our experiences. This will help us improve our work. We would like the team reports from the community meetings, as that will guide our discussions.'

They challenged Johanniter to expand the approach to other areas and to challenge authorities:

'But Nyamitaba is only one area. Will Johanniter expand this training to other areas? It would be great if Johanniter could organize that we share our experiences. I hope that Johanniter can organize this training for those whom the population pointed out to be the source of many of their problems!'

Several people were confused at the start as they did not expect an experiential training approach:

'When I came here and saw there was no objective I felt that if this training continues like this I will go home. I now fully understand the approach and objective and it will help me a lot in my professional life, especially how I engage and sensitize people. The community knows so much more than I thought. I realize how Pygmies are really discriminated against and marginalized.'

DRC – two-way community engagement exercise in August 2016 by Johanniter staff

Following the P-FIM exercise in June a second two-way community discussion was planned in August in order to test the newly learned skills and build on the improved relationship with the same community groups: orphans; women; youth and motorcyclists; medical staff; local authorities and police; Pygmies; people with disability, elderly and widows; church leaders, teachers and farmers; business people and laborers. When meeting with the group of women, they invited a lady from the June training to replace the male staff member, so that the women could speak freely to women with no man present.

The 7 priority discussion issues were drawn from a review of Johanniter programme and evaluation documents in DRC and from the community priority issues in the June exercise: healthcare, blood-bank, sexual violence, participation of vulnerable groups, community organisation, the land issue and on-going conflict. 'Additional issues' was added so that communities could add any new ideas or perspectives.

From the 7 issues discussed, the blood-bank illustrates the importance of listening to the community and engaging the community in two-way discussion to address the challenge: The need for a blood-bank was already in Johanniter's plans before the P-FIM exercise because of the high mortality rate among women. However, the June exercise confirmed that it was also a community priority – thus placing ownership for this project activity within the community.

In the two-way discussion in August the groups shared that women are often at risk when giving birth due to lack of blood and the risk that referral patients face during transport to hospital. They spoke of the importance of community sensitization on the planned blood bank, knowing one's HIV status, addressing stigma and cultural taboos in relation to blood and witchcraft, where the blood-bank should be located, different blood types, importance of nutrition for blood donors etc. Community



Photo: Johanniter

P-FIM training participants translating into the local languages Kiswahili and Kinyarwanda the questions that they will ask the community groups.

groups showed a depth of understanding of the medical and social issues relating to establishing a blood-bank and how they are willing to play their part. Thus they provided a significant starting point for Johanniter and the Ministry of Health, as they plan together with communities on how to establish the blood-bank.

The August community discussion facilitated by the Johanniter DRC team was implemented to a high standard. They demonstrated a depth of understanding and application where they facilitated community led discussion through open and probing questions, accurately recorded statements, and shared information that was important for the community to know.

The September P-FIM Review Workshop in DRC

The final P-FIM review meeting on 19 to 20 September 2016 focused on how all participants had applied what they learned from the P-FIM exercise between June and September, including a review of the main aspects of the P-FIM modules (communication, personal development, understanding context, why and how to engage with communities, application of learning). The feedback on what they learned in June showed a high level of understanding and application of learning. Participants were challenged to apply two-way practice based on actual community case studies. They were challenged on how they would assist communities address the challenges set out in the case studies, while not getting drawn into addressing the case studies themselves. This was a significant test and they demonstrated a clear understanding and ability to apply two-way engagement. How participants understood the P-FIM training modules:

'I learned a lot from the wheel of life, the communication pyramid and the levels of communication. I learned



Photo: Johanniter

Team of Johanniter staff and P-FIM trainer reflecting on task sharing and group dynamics and briefing the translator before the next exercise.

how to ask open and probing questions so that community discussions are open and develop trust. I remember the importance of listening to the other person and how this helps us to know ourselves and others. The importance of giving communities a voice and that we can learn a lot from people. There were four important learnings: the different stages and aspects of life, how to understand the community and give them a voice, appreciating the stages of communication, and the importance of understanding the community context.'

It was impressive when the participants shared how they applied the learning from June to September, noting that several took personal responsibility for their actions with no team or agency support. It was clear that the approach improved relations within teams, within communities and families, and between agency staff and communities, as mutual trust was built. It is also important to note that the level of commitment and depth of community engagement had even grown between June and September:

'In my work I now give members of my team space to speak and share their views and this has built confidence among my colleagues. It is really helping me as I work with the community. They no longer fear to speak and they have the confidence to share what is important to them.'

'Before the learning, I was like a king at home giving orders. Since the training I opened my ears to listen to my family and it was a real success. I am now sharing this with my neighbours and they are beginning to see the importance of listening to each other.'

'I have seven children. I asked them to share whatever they would like with me as their mother. They opened their hearts. It was a very important moment for all of us. I shared it with my colleagues who used to struggle and shout in

frustration. I explained how important it is to listen and discuss so that we share and solve our problems. Now women come to me, and because I listen they feel free to share with me. It has given them confidence to speak.'

This improvement of relations included various sectors of work such as education, food security and health, and to give a voice to vulnerable people such as children, patients and marginalized groups:

'I educate children from different tribes. The training helps me to support marginalized children and to help all the children to talk and share and be together. We raised money together to buy needles and thread for a new sewing association we formed as a result of the training.'

'In staff meetings I would just dictate and say what we would do. I have changed. My meetings are now with very good discussion and feedback. I work in Walikale with farmers. They explained why there is little harvest, as part of an evaluation. I discovered things that we could never have known.'

'I am using the training with my colleagues and especially with those I normally did not wish to engage with. In the health centers where I work I have learned to listen to the mothers and allow them time to explain their children's problems. It is a very successful approach. I give the feedback to the doctors and encourage them to also listen to the patients.'

'Where I work everyone used to do their own thing. I explained to my colleagues how important it is for us to share and work together as a health team and especially to listen to patients. The training helped us to start an association where we use the funds to assist each other.'

'We spoke with communities in Nyamitaba about the sustainability of projects and how they can be involved in the organisation of the introduction of the blood-bank to ensure that the blood-bank will work well. Their contribution focused on sensitizing the community to be willing to give blood. They also highly engaged in improving the health reference system by involving communities'

Furthermore, it seems to have had a positive impact also on governance at the local level, introducing a more participatory and democratic approach:

'During a training exercise in July, I shared the feedback with participants. The workshop focused on how to help people get land titles and papers. The training helped them to first listen to the people to understand each case properly.'

This has already resulted in community action and positive changes in the workplace:

'I listened to the young people in my village and I now understand the frustration they feel as they do not have any work. In the process of listening I was also able to share ideas with them to show that I cared and that they are not alone e.g. about generating income. Two young people have already started to develop their small businesses as a result of the sharing we are having.'

'People themselves are now sharing solutions to issues. This is new. We faced a problem to assist those who are far from health centers and we came up with a solution. The community is willing to take their patients to hospital and not wait for others to do so. The community decided!'

'I met the old people in my village and listened to them. They wanted help. I said 'What is the point of asking for help before we have tried to help ourselves? If we have a small field let us develop it before we ask for another field. If we have only one shirt let us take care of it and clean it before we ask for another.' When I spoke like this they really understood that if we want others to assist us we must first assist ourselves.'



Photo: Johanniter

Local chief (P-FIM training participant) evaluating the level of achievement of training objectives.

Agency learning from DRC exercise for Johanniter:

The P-FIM training and exercise helped Johanniter to check whether our projects and specific activities in the Masisi area correspond to the priorities of the affected population (primary health care, WASH, protection, blood-bank etc.), whether our approach builds on the solutions of the affected population, takes their vision of cause and effect into account, and whether the messages of our sensitization (on health prevention, blood donation, SGBV services etc.) are culturally and socially appropriate. Thus, we realized that it is important

- to focus more on improving the health reference system, especially in remote areas
- to train health staff and local associations in order to improve psychosocial support for survivors of sexual and gender based violence
- to involve the affected population in developing sensitization messages
- to use the established trust and dialogue in order to build a complaints management on locally accepted procedures
- to help community health workers (RECOs) to establish self-help groups
- to continue to sensitize health staff and RECOs on inclusion of vulnerable groups and include people with disability and Pygmies among the RECOs
- to listen more (or more actively) to women within the affected population and support them in order to contribute to improve gender relations and women's health, and prevent/address SGBV.

The population, including the various community groups, really appreciated that we came to listen to them and take them seriously, and train other NGOs and government staff to do the same, and continue to remain in dialogue with them; that we gave them space to discuss among each other. Already during the exercise word spread that we "even came to listen to the Pygmies". This increased our credibility within the population and among vulnerable groups. It also increased the visibility and recognition of Johanniter among local institutions, and the ownership of the population in our project.

Finally, the training and exercise improved our local inter-agency network. Our staff (esp. our community mobiliser) now knows more local contact persons and has more options for local partnerships, but also knows better to which local agency for which topic to refer people to (for ex. put Pygmies in contact with ABA for registration of their associations, for human rights advice etc.).

We immediately reacted to these insights by including several pygmies and people with disability among RECOs, improving the health reference system at clinical and community level, and working with the community on messages for the blood bank program.

Louis Massing,
Johanniter Medical Coordinator in DRC

Health Centre in North Kivu supported by Johanniter.



Photo: Johanniter



P-FIM training participants in DRC during group work.

DRC – plan of action and way forward as decided by the participants

The final part of the two-day review of learning involved the participants in developing their own action plan. They were organised into four groups: Community health workers, teachers, associations and NGOs, and chiefs and elders. They were encouraged to stay practical and to decide on plans that were achievable and workable. It was understood that, while the four groups would develop group plans, that each person would continue to carry on as they had been doing in their work, community and personal lives. This is what they concluded:

The **community health workers** will continue sensitizing people using the skills they learned with P-FIM. They will work directly in health centers and communities to engage people and inform plans and programmes. They will meet every week to plan and do the work. They will continue to go deep into issues with the community as part of their sensitization process.

Sexual violence is a very sensitive issue that resembles an illness, and in the workplace they often meet cases of sexual violence and abuse. **Teachers** will send survivors of violence and rape to the health centers so that they can be treated. They will apply P-FIM skills when engaging with the victims and also with those who are treating them. As they are in daily contact with children and youth they will meet with them once every month to listen to them and discuss the issues affecting them. They will also meet once per month to address cases of sexual violence. The group of **associations and NGOs** discussed a lot in

order to try and understand their starting point and to have one firm idea to move forward with. It was not easy as they all have different mandates. Finally they agreed they will approach the application of P-FIM as a central part of how each organisation works. They will share the approach within their organisation – not just a small feedback but with a lot of detail so that the approach can be understood and applied. They plan to meet every three months to evaluate if they are achieving the application of P-FIM. The first inter-agency meeting will take place in mid-December 2016.

The **chiefs and elders** decided to conduct meetings with the 'Nyumba Kumi' (ten homes) and with the community to facilitate discussion as a basis to find solutions to challenges they face. They will meet every month to evaluate if there is an important issue they need to address. They will first look for the solution together before they seek external support – they will be applying P-FIM i.e. how to listen and understand the challenge before addressing it. As local leaders they have the responsibility to link the community with new NGOs. They will keep an open door, however they will require NGOs to adopt this kind of discussion with the community i.e. to really listen to the community. Whatever the issue the NGO or agency wants to address, the chiefs and elders will assist with the discussion so that the voice of the community is listened to. They will sensitize the community and community associations such as 'Nyumba Kumi' and check if what they have been taught is being applied.

6. Conclusions and recommendations

The Core Humanitarian Standard on Quality and Accountability (CHS) *'places communities and people affected by crisis at the centre of humanitarian action and promotes respect for fundamental human rights'*. CHS 4.6 states that organisations should ensure *'policies are in place for engaging communities and people affected by crisis, reflecting the priorities and risks they identify in all stages of their work'*. CHS makes the recommendation and P-FIM puts it into practice. A P-FIM and CHS module, currently being developed, will make it soon possible for Johanniter and other organisations to align the 'community voice' to CHS commitments.

P-FIM is a cost effective and efficient way to ensure that humanitarian response is timely, relevant and appropriate, where communities play their rightful role and the dignity of people affected by crisis is respected. It strengthens local civil society and enables humanitarian actors to build on existing structures, instead of creating parallel ones. It builds inter-agency collaboration at the local level where collaboration matters most. The inter-agency aspect of the P-FIM exercises in Berlin (13 NGOs and institutions) and DRC (17 NGOs and institutions) reduced agency bias and improved coordination and collaboration. This was significant in DRC with community representatives, local partners, government ministries and INGOs participating and sign-posting important issues they could not tackle to other institutions.

When given the opportunity to speak openly, communities often share things that NGOs (even local ones) are unaware of, or share new perspectives on established issues, or challenge inaccurate agency assumptions. Nobody, neither the Syrian refugees encountered in Berlin nor the people in Eastern DRC, affected by years of civil war, asked for cash. They asked for information and training, good governance at local and national levels, improved health services, and support to increase economic independence. All asked to be consulted. This underlines the importance of engagement in understanding the context and the challenges communities face and how they want to address them.

The exercises challenged agency attitudes e.g. *'we don't conduct open community discussions as we cannot address all the issues communities want addressed'* (participant at P-FIM exercise Berlin). The team learned that when community engagement is done properly, communities do not come up with a 'shopping list'. They maturely articulate their issues, what they are doing to address them and what they reasonably expect from humanitarian organisations. The best way to manage expectations is not to create expectations in the first place, by not asking 'people to list their needs' – a common agency malpractice. It is ok to be honest with people about what an organisation can and cannot do – they will respect and appreciate it when trust is established.

The trainings successfully included women and men as agency participants. However, in DRC it required a lot of effort on the part of the organizers to achieve a one third female participant ratio. Community gender participation in North Kivu was almost equal – 78 female (48%) and 85 male (52%). Community group selection was led by the participants to achieve a cross-section of society including the disabled, Pygmies, widows and widowers etc. However, as the participants tried to engage as many community groups as possible, diverse women's groups (e.g. pregnant women, girl mothers, association of women for development, and survivors of sexual violence) were grouped together which limited their participation e.g. it is likely that single mothers and women survivors of sexual violence would share a lot more when met as distinct groups. The August two-way community discussions included two separate women's groups and the number of such groups can be increased in future two-way exercises. In Berlin, two of the seven groups were women-only. In future community discussions with refugees should be considered to ensure that women-only refugee groups are met.

Active listening and giving people the space to speak is not easy, whether with communities or within agency teams. We jump in, make assumptions, interpret what is said and lead the conversation. In Berlin and North Kivu the 17 community groups led the process. Agency teams experienced an 'us and us' conversation where communities *'were unaware of our presence'* given the level of trust achieved. This is central to community engagement and also to team building. The exercise in North Kivu was conducted by agency staff local to the area who knew the culture and languages. The fact that during the months after the training they applied the learning *'off their own bat'*, with no agency support, speaks volumes as to how important the training was for them personally.

Johanniter has trained teams in Berlin and DRC to conduct P-FIM goal-free and two-way community engagement exercises, so that communities play their rightful role in informing existing and new programmes. Johanniter immediately reacted to the insights from the community discussions in DRC by including several Pygmies and people with disability among the community health workers, by improving the health reference system at clinical and community level, and by working with the community on the sensitization messages for the blood bank program. An important recommendation from the Johanniter DRC team is also the appointment of a full time Q&A + M&E person within the country team who is trained in P-FIM, in order to support the continuous community engagement by Johanniter and its partners in all phases of projects, i.e. assessment, programming, implementation, monitoring and evaluation.

Johanniter has also encouraged VENRO to plan for three P-FIM TOTs in 2016/ 2017. We recommend to Johanniter and other actors engaged in the current refugee response in Germany and Europe, both governmental and non-governmental, to include P-FIM in the portfolio of their various refugee integration trainings for professionals and volunteers. We recommend to the CHS-Alliance to consider further P-FIM TOTs for its members and other humanitarian actors in order to make accountability to affected people a reality on the ground. We recommend to the IASC Task Team on AAP & PSEA to conduct P-FIM trainings also at HCT and Cluster level in order to have a shared view on the importance of listening to people and how to do it. We recommend to the Grand Bargain work-stream on Participation Revolution to sensitize donors to the fact that there are simple approaches, such as P-FIM, which help to 'Put People First', that funding for such TOTs and trainings be made available, and that organisations need flexibility to be able respond to the priorities and feedback of affected populations and strengthen local response capacities.



Participants of Berlin P-FIM training.

Acronyms

AA	Auswärtiges Amt (German Federal Foreign Office)	NGO	Non-Governmental Organisation
AAP	Accountability to Affected Populations	P-FIM	People First Impact Method
ADH	Aktion Deutschland Hilft	PSEA	Protection from Sexual Exploitation and Abuse
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action	Q&A	Quality and Accountability
ADRA	Adventist Development and Relief Agency	RECO	Relais Communautaires
CHS	Core Humanitarian Standard	RSG	Regional Steering Group
CDAC	Communicating with Disaster Affected Communities	SGBV	Sexual and Gender Based Violence
CODESA	Comité de Développement de l'aire de Santé (Community Health Development Committee)	SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
CPAD	Creuseurs et Constructeurs Professionnels en Action pour le développement Durable (Construction workers for sustainable development)	SYAPH	Synergie des Associations pour des Personnes vivant avec Handicap (Synergy of Associations for People with Disability)
CPC	Civil Peace Service (Ziviler Friedensdienst, ZFD)	TOT	Training of Trainers
DFID	Department for International Development	UFEPROV	Union des Femmes pour la Promotion des Vulnérables
DRC	Democratic Republic of Congo	UN	United Nations
DRR	Disaster Risk Reduction	UNHCR	United Nations High Commissioner for Refugees
FAO	Food and Agriculture Organisation of the United Nations	VENRO	Verband Entwicklungspolitik und Humanitäre Hilfe e.V.
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH	WASH	Water, Sanitation and Hygiene
GHD	Good Humanitarian Donorship	WFP	UN World Food Programme
HIV	Human Immunodeficiency Virus	WHS	World Humanitarian Summit
IASC	Inter-Agency Standing Committee		
ICHA	International Center for Humanitarian Affairs (Kenya)		
IDP	Internally Displaced Person		
IFRC	International Federation of Red Cross and Red Crescent Societies		
INGO	International Non-Governmental Organisation		
M&E	Monitoring and Evaluation		

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Johanniter

Johanniter-Unfall-Hilfe is one of the biggest NGOs in Europe. With its 900 years background, over 15,000 employees and 30,000 volunteers Johanniter provides social services to hundreds of thousands of people per year in Germany. Currently Johanniter is managing around 100 refugee hostels (with 41.000 beds) throughout Germany, providing medical, social and psycho-social services in another 20 refugee hostels, running 50 projects on refugee integration, intercultural dialogue and protection of women, children and vulnerable groups.

The goal of Johanniter International Assistance is to enable people to survive in dignity and reduce their vulnerability and that of their communities – throughout humanitarian crises and after a disaster. In order to strengthen people's resilience, Johanniter provides healthcare, improves water, sanitation and hygiene, combats malnutrition and secures livelihoods worldwide.

German Federal Foreign Office (AA)

Within the German Government, responsibility for humanitarian assistance lies with the Federal Foreign Office. The division for Humanitarian Assistance is part of the Federal Foreign Office's department for Stabilization, Crisis Prevention and Post-Conflict Reconstruction, set up in 2015 to more effectively and comprehensively address complex crisis worldwide. The Federal Foreign Office is working towards strengthening the international system of humanitarian assistance led and coordinated by the United Nations. It actively supports the role of the European Union in the international system and works to ensure that the international humanitarian commitment is addressing the growing humanitarian needs.

The humanitarian assistance of the Federal Foreign Office is based on strong partnerships with professional and experienced humanitarian actors – the humanitarian UN agencies, the Red Cross / Red Crescent movement, as well as experienced NGOs – that value the respective strengths of each of these pillars of the international humanitarian system.

Humanitarian assistance is often undertaken in challenging environments; it is therefore vital that it follows the humanitarian principles of humanity, neutrality, impartiality and independence. Furthermore, humanitarian assistance must be tailored to the needs of the people. Promoting the respect of IHL, ensuring "do no harm", as well as providing protection are also central issues. AA was a strong supporter of the World Humanitarian Summit and continues to be a key player in putting the "Grand Bargain" into practice, both at national and international levels.

'When one is bitten by a snake, one will even fear the harmless earth worm'. **Church leaders and teachers in DRC describing the impact of fear relating to land grabbing or reporting corruption**

The P-FIM training convinced me that the actual influence of people, our "target-groups" or "beneficiaries", is essential for the impact of any activity. If people get the opportunity to develop their ideas and decide what they want to change and how they want to do it, the probability of ownership and the sustainability of the action will greatly increase. **Berlin training participant**



'In my work as a chief, I used to only talk to the people. After the training I called all the people in my village and I listened to them so that together we can find solutions to our problems'. **Joseph Hamuli Bakulu, DRC training participant**

'I remarked that even though we only spent a little time with the community, we managed to gather so much information – much more than we would normally gather. Normally we just collect data and we sit in the office and analyze the data. In just two days we had so much information on Nyakariba and this really helped us to understand the community and it impacted so much on me'. **Elie Kambale, DRC**



'I now give my children time to share their ideas and dreams. Especially it helped me to understand that what I want for my children may not be what they want for themselves'. **DRC training participant**



'As a lawyer, listening helped me a lot in my work. I had the habit of rushing through cases of sexual violence as that is the group I work with most. I presumed I knew their issues and that each case was more or less the same. I have learned the importance of listening to each person to allow them to tell their story. I now listen to them deeply because every case is different. It has helped to make my work successful. The training helped me to understand that when you listen deeply you really understand what the person is saying and the kind of support she may need. This brings about much better and quicker results'. **Annie Venge**

'It's not just another tool – applying P-FIM is a system change at all levels'. **Berlin training participant**

'If we listen to our people, we can heal our Nation!'. **Germaine Kigwene, DRC**

