HEALTH CLUSTER

COVID-19 response in humanitarian settings
LESSONS LEARNT AND GOOD PRACTICES
Brief 4

Photo: Banadir Development Foundation (BADEF) / Somalia Health Cluster

Risk Communication and Community Engagement (RCCE)

Key findings

Centrality of Protection: a unique advantage
Humanitarian operations are community-based and protection centered.

Building trust with communities to comply with public health and social measures has been documented as key success of the intersectoral humanitarian approach. Specifically, the joint work of the health and protection clusters to engage with civil society and community leaders in reaching hard-to-reach communities and producing contextually appropriate, community-owned risk communication products and contextual engagement and communication modalities is evidence and best practice of community protection.

It is important to adapt pandemic response interventions to the context in which it occurs. In the Central African Republic, health interventions were focused much more on maintaining current humanitarian operations, essential health services and integrated vaccination approaches.

Good practices from the field

Translating and adapting key technical information to local contexts and strong community engagement were key successes to achieving acceptance by communities for public health and social measures and to addressing vaccine hesitancy aspects. Technical SOPs, case management guideline for home-based care, curricular for community volunteers and adaptations to infection prevention and control measures to camp, rural or urban contexts are examples from different cluster countries.

Sudan
Health cluster partners engaged with community leaders, religious leaders, and influencers to support the delivery of messaging on public health and social measures. Training was provided for the media. Key people were hosted on radio shows, talk shows, and TV to engage with communities and address rumors.

Iraq
The Iraq Information Centre enabled two-way communication between vulnerable communities and humanitarian actors.
Community health workers and volunteers in camps used social media to coordinate support from communities and from the private sector.

Burkina Faso
The Accountability to Affected Populations (AAP) WG played two important roles: a) implementation of tools and mitigation measures and b) advocacy for equitable access to vaccines for affected populations.

Bangladesh, Cox's Bazar
Health Cluster partners were actively using AAP mechanisms to obtain feedback to ensure that programming was adapted and improved as needed. They used a variety of methods from hotlines to complaint boxes, and information obtained through community health workers and local leaders.

Colombia
Adapting vaccination modalities allowed local and indigenous leaders to promote simultaneous COVID-19 vaccinations and routine immunization, so mitigating the impact of COVID-19 on routine vaccinations.

Myanmar
Access to the 'civic engagement networks' comprising of 100-150 civil society and community-based organisations (CSOs/CBOs) in each State and Division, showed the significance of community-based and community-led initiatives.

Key recommendations

- Adapt strategies, guidelines and SOPs to the different humanitarian settings to address their specific social, cultural and operational contexts and define targeted RCCE actions and modalities.
- Document and disseminate practical country and context specific lessons of multi/ intersectoral activities in RCCE focus areas (specifically communicating with communities (CWC) and accountability for affected populations (AAP) approaches).
- Adapt localisation strategies to empower and ensure participation of local and national partners, including CBOs and community leaders at subnational and local level and linkages to the decision-making at national level.
- Adapt RCCE strategies according to the evolution of the pandemic/ epidemic: respond to and if possible, anticipate the infodemic, stigma, rumors, mistrust, hesitancies, etc.
- Allocate resources to RCCE activities, including in non-pandemic times and including non-health related activities such as AAP.

Links and Resources

- Ready Initiative: RCCE Practical Guidance, RCCE Readiness Toolkit, and RCCE Training https://www.ready-initiative.org/
- GHC Accountability to Affected Populations https://healthcluster.who.int/resources/accountability-to-affected-populations
- Interim Guidance on Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings https://interagencystandingcommittee.org/health/interim-guidance-public-health-and-social-measures-covid-19-preparedness-and-response
- WHO RCCE Action Plan Guidance COVID-19 Preparedness and Response (Interim guidance March 2020) https://www.who.int/publications/i/item/risk-communication-and-community-engagement-(rcce)-action-plan-guidance