Risk Communication and Community Engagement for COVID-19 Response and demand for Vaccines in Eastern and Southern African countries.

DOCUMENTATION OF LESSONS LEARNT (2020 - 2021)

Objectives of lessons learnt exercise

Goal

Identify and document lessons learnt and produce lessons learnt briefs on RCCE work in UNICEF ESARO and purposely selected ESA country offices, about UNICEF's contribution and comparative advantage during the COVID-19 pandemic from inception to December 2021.

Specific Objectives

Analyze dimensions of investment in preparedness for an efficient RCCE response to COVID-19, especially for capacity building, communication and coordination.

Assess impact of availability of financial resources, adequate strategies and tools, and competency skills around RCCE/SBC response to COVID-19 for quality, timeliness and efficient services' delivery.

Verify existence of systematic time-series data collection and socio-behavioral data analysis as well as tools and technical capacity around data collection.

Analyze social listening capacity and adequate dedicated staff to identify and track rumors and misinformation - particularly through social media.

Identify what did not work well and what C4D ESARO and country offices would do differently in case of a new epidemic outbreak.

Methodology

A qualitative method was used, by collecting and analyzing qualitative data and conducting a literature review.

A Semi-Structured Interview Guide was developed and piloted with 2 countries (Uganda and Rwanda). The same applied to all countries with slight variations.

A combination of data sources was used to obtain a diversity of perspectives, ensure accuracy, triangulation of data and overcome data limitations. The methods for data collection:

- One-on-one Key informant Interviews (KII) online (Government and Implementing Partners)
- Focus Group Discussions online at UNICEF country office level with SBC cadres, inviting other sections, where possible (e.g., Health, Education, WASH, Communication, Emergency)

The review was conducted exclusively online.

Sampling Strategy

Countries who opted in were purposely selected considering region, language, income group and availability.

A list of people to be contacted was shared by the SBC ESARO team.

In general, we wanted to understand ESA countries' experience around RCCE during COVID 19 pandemic.

Documenting lessons learnt was to understand what COs have learnt and to build on the experience that has been earned.

Countries participating to lessons learnt exercise

EASTERN AFRICA	SOUTHERN AFRICA
Rwanda Uganda Ethiopia South Sudan Kenya	Botswana South Africa Mozambique Madagascar

Perspectives

Language: Anglophone/Francophone/Lusophone

Income: Low Income/Middle Income

Status: Humanitarian/Development

Key Findings and Lessons Learnt 1

PREPAREDNESS

Findings

- Nobody was ready for a new pandemic like C-19. Differences between humanitarian approach and program integration (WASH, Health, Immunization, Supply Chain, Education, Gender) were registered.

- Preparedness wasn't enough in most countries, with different level of preparedness from low income to middle-income countries, the latter being less prepared because they hadn't experienced previous epidemics but mostly floods or drought.

- Countries which had been exposed to previous outbreaks, especially Ebola, were better prepared to respond to C-19 having mechanisms and partnerships in place, RCCE committees continuously meeting, emergency plans and key prevention messages that were easily adapted.

Key lesson(s)

Countries exposed to previous outbreaks were better prepared.

(Low Income countries were better prepared since more exposed to epidemics than Middle Income Countries, usually richer and with organised health systems. *Considerations from the Principal Investigator)*

Key Findings and Lessons Learnt 2

COORDINATION for RCCE RESPONSE

Findings

- Government took the Leadership and UNICEF was RCCE Committee co-lead, in most countries, supporting also other partners with capacity building and information sharing
- Several SBC mechanisms at MOH level, were either revitalized or established (RCCE Committees, Technical Working Groups, Task Force, etc.) keeping in mind that MOH in some countries had RCCE low-capacity while others didn't have health promotion units at all.
- In some countries there was a strong Coordination between MOH, Districts (and communities), and partners. In most countries coordination from sub national level wasn't consistent.
- Influx of donors and IPs in some countries, together with a short timeframe to spend funds, made coordination impossible and created overlap in some geographic areas, duplication of efforts and confusion of messages. Gap analysis and sound coordination would have allowed a better allocation of funds

Key Lesson(s)

Capitalizing on institutional coordination, leadership and existing RCCE technical committees, allowed a greater coordination capacity, optimization of resources, harmonization of public messages and clear division of labor among partners. Where UNICEF already had a presence at MOH, the role of RCCE convenor was immediate and recognized.

Key Findings and Lessons Learnt 3

IMPLEMENTATION

Findings

- Countries with strong CSOs network and differentiation of partners, were more able to reach communities and disseminate key messages
- RCCE activities in the communities have been possible through IPs facilitating UNICEF's job
- Countries with strong HIV/AIDS community based programs had a better RCCE response through the trained home based care network and CHWs

Key Lesson(s)

Long term agreements with key IPs made possible an early RCCE response to C-19 at national and sub national level.

Key Findings and Lessons Learnt 4

SOCIAL LISTENING (ONLINE AND OFFLINE)

Findings

- Most recent and innovative ICT technologies were crucial, making feasible and dynamic the monitoring of continuous rumors, categorization of issues, informing messages and public announcements (all countries).
- Overwhelming “toxic” information on social media (misinformation, conspiracy, fake news, etc) generated data backlog, difficulty to screen data and to utilize social media platforms (all countries).
- Community feedback mechanism didn’t work well. For example, creating new hotlines or adapting existing ones was too slow and access to hot lines wasn’t possible for everyone.
- Access to ICT technologies was a challenge in some geographic areas with low connectivity. At the same time, mobile devices were not accessible everywhere or too expensive.

Key Lesson(s)

a. **Although social media will have a bigger communication role in future, social listening online (social media) and offline (face to face) will be equally important.**
b. **Social Listening is not just listening to everything, but identifying and analyzing nuances to highlight key themes.**

Key Findings and Lessons Learnt 5

SOCIAL BEHAVIOURAL DATA

Findings

- No reliable data on C-19 was available to inform C-19 response at earlier stages of the pandemic (all countries)
- Restriction of movements complicated data collection activities leading to slow/delayed data collection.
- Processing all the field data suggestions was a challenge and time consuming especially in 1st phase of the response
- No clear picture about #s of people vaccinated, due to delayed data entry at clinical level, hence limited understanding on level of uptake, in some countries.

Key Lesson(s)

Traditional data collection mechanisms may be inadequate during a crisis or a pandemic like C-19. This call for innovative mechanism of behavioral data collection in such context.

Key Findings and Lessons Learnt 6

RISK COMMUNICATION (RC) VIS À VIS COMMUNITY ENGAGEMENT (CE)

Findings

- RC played a larger part in the early phase of C-19 response, especially at the beginning of the pandemic as it allowed quick communication, but it tended to be one way information dissemination (all countries)
- CE was slower, time consuming and took longer to plan and implement, due to restrictive measures and to the larger amount of human and financial resources required (all countries)
- Access and costs are key considerations for CE. Quote: "*We cannot cover as much population with CE interventions as we can with RC, but we can balance out our approaches and ensure that the concerns of community members from different socio-economic backgrounds and geographies are covered through RC.*"

Key Lesson(s)

While it is important to combine RC and CE, how to do it effectively, in a situation like C-19 pandemic, remains a major challenge.

Key Findings and Lessons Learnt 7

VACCINE UPTAKE

Findings

- The RCCE messaging for C- 19 vaccine introduction was different from the prevention phase. A huge coordination of messages was needed because of different beliefs and level of trust in C-19 vaccine (all countries)
- Availability of a wide range of vaccines in the countries made the elaboration of persuasive messages challenging due to rumors, fake news, cultural, political influence and vaccine preference
- Changing messages on the effective number of vaccine doses, was confusing to the public. Quote: "*At beginning 1 dose vaccine, then 2 doses were needed and then a 3rd dose booster was recommended. People were made to feel, each time, that they were immunized and protected from C-19 disease. The uptake became lower*"
- Getting on board ambassadors or influencers (for ex. celebrity or politicians getting a shot of vaccine) was a success.

Key lesson(s)

The process of developing and framing the messages need to be flexible. Equally important is the messenger.

Key Findings and Lessons Learnt 8

RESOURCES

Findings

- The availability of technical informational resources from UNICEF played a big role in guidance for fundraising, technical support and the RCCE compendium (all countries)
- Availability of additional funds like in the case of C-19, calls for a better situation analysis, understanding the gaps and discussion of new and innovative ways to carry out RCCE activities.
- C-19 was an opportunity to mobilize funds which is never the case in normal time. Small COs normally struggle more to mobilize resources for RCCEs. In UNICEF there is a temptation to prioritize other technical program areas than RCCE (WASH, Health, Immunization, Education, etc).
- Financial resources have been key to promoting RCCE partnerships, such us the one with National Red Cross Societies in most COs, both on preventive measures and on vaccine uptake.

Key Lesson(s)

a. **More stable financial and human resources for RCCE will enable a more robust response.**
b. **Funds purposed to building strategic expertise and technical assistance on RCCE will create longer impact and increase trust in UNICEF role as RCCE convenor**

Key Findings and Lessons Learnt 9

SUSTAINABILITY

Findings

- Emergency response to C-19 was not considered sustainable since it was built on the momentum of a new pandemic, unless it became a seasonal-recurrent response.
- For most respondents, sustainability of C- 19 response is linked to availability of resources (financial, HRs, tools, ICT technologies, etc)
- During C-19 pandemic a lot of resources were made available, especially during first phase, but with too many reporting requirements.
- COs where C-19 RCCE activities were embedded into ongoing programs (WASH, Health, Education, Gender, etc.) produced more sustainable results

Lessons Learnt

a. **Integrating RCCE into service delivery is key to sustainability**
b. **Resources deployed during an emergency like C-19 would be more useful if purposed to durable response mechanisms**

Key Findings and Lessons Learnt 10

UNICEF ESARO SUPPORT

Findings

Strengths

- ESARO support to countries in areas like fundraising, technical resources and social listening, including this exercise on lessons learnt was highly appreciated (all countries)

Challenges

- 1) The social listening dashboard covered several topics beyond C-19, making it challenging to discern the C-19 specific information (all countries)
- 2) Quote: "*UNICEF created a mechanism to collect integrated data on C-19, but it was a challenge to integrate RCCE indicators, although they should be mandatory*"

Any Other Key Findings – *what else do we know* -????????

Process:

(15 min): Presentation Q&A (questions seeking clarification, if any)

(30 min) SMALL GROUP WORK

A. Divide into 3 groups

B. Collectively brainstorm answers to the following 3 statements:

1) ***BEFORE COVID-19, I WISH WE HAD KNOWN OR HAD ACCESS TO……..***
2) ***DURING THE COVID RESPONSE, OUR GREATEST STRENGTH WAS ……..***
3) ***WHAT WE SHOULD KEEP BEYOND THE COVID-19 RESPONSE IS……..***

(30 min) PLENARY DISCUSSION