Humanitarian Leadership series
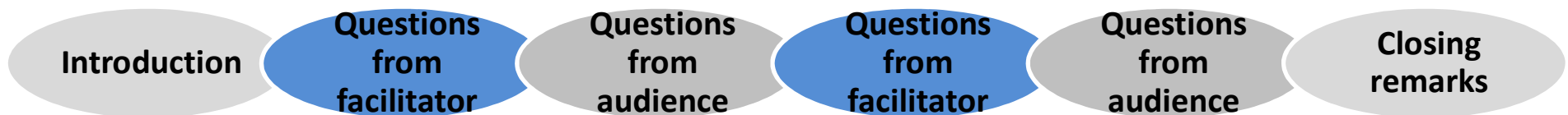
Wednesday, 20 May 2020

COVID-19: Community Engagement and Communications Strategy at the national/local level

Webinar flow

| Introduction | **Questions from facilitator** | Questions from audience | **Questions from facilitator** | Questions from audience | Closing remarks |

Technical guidance:

- The audience should stay on mute through the course of this webinar. Please have your camera turned off at all times during the webinar.
- **RC/HCs can unmute and ask questions from the floor.**
- Please use the chat box on the right hand side of your WebEx window to communicate with **everyone** on this webinar.

Panellists

Tanya Wood, Executive Director, CHS Alliance

Charles-Antoine Hofmann, Senior Advisor Community Engagement & Accountability, UNICEF

Melinda Frost, Infodemics Management-COVID-19 Response Risk Communication and Community Engagement Lead, WHO

Fiona Gall, Director, ACBAR
&

Alexandra Sicotte-Levesque, Manager Community Engagement, IFRC

Peer 2 Peer
Support
For Humanitarian
Leaders in the Field

IASC Inter-Agency
Standing Committee

What steps have been taken, to mitigate the spread of wrong/mis information during COVID-19?

Risk Communication and Community Engagement COVID-19 Response

Melinda Frost, MA, MPH

Managing Infodemics Team
Strategy and Content Lead

Risk Communication & Community Engagement Focal Point – COVID-19 Response

May 20, 2020

World Health Organization

HEALTH **EMERGENCIES** programme

Towards a UN framework for infodemic management

We're not just fighting an epidemic; we're fighting an infodemic. Fake news spreads faster and more easily than this virus, and is just as dangerous.

Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

we are also seeing another epidemic – a dangerous epidemic of misinformation.

World Health Organization

www.who.int/epi-win

HEALTH
EMERGENCIES
programme

Infodemic Management – Identification of weekly priorities

Media measurements (AI), Behavioral Insights & WHO Social Media

Media Measurements	Behavioral Insights	WHO Social Media
Weekly report scanning English Media & Social Media	Attitudinal surveys from 60 countries (twice a month) Behaviors tracker Imperial College (weekly)	Weekly scan of WHO social media trends & questions

World Health Organization

HEALTH
EMERGENCIES
programme

Infodemic Management – Simplification

Simplification of science

Infodemic Management – Amplification

Amplify actions in Faith Settings

- Engagement call with **religious leaders and faith-based communities** (111 participants from diverse faiths)
- Co-development of guidance document (in clearance)
- Global webinar with World Council of Churches network (on YouTube)

Islamic Relief Worldwide

unicef

World Council of Churches

Caritas Internationalis

THE WORLD BANK
IBRD · IDA | WORLD BANK GROUP

Religions for Peace
actalliance

World Vision

GIN

UN Interagency Task Force on Religion and Development

JOINT LEARNING INITIATIVE on FAITH & LOCAL COMMUNITIES
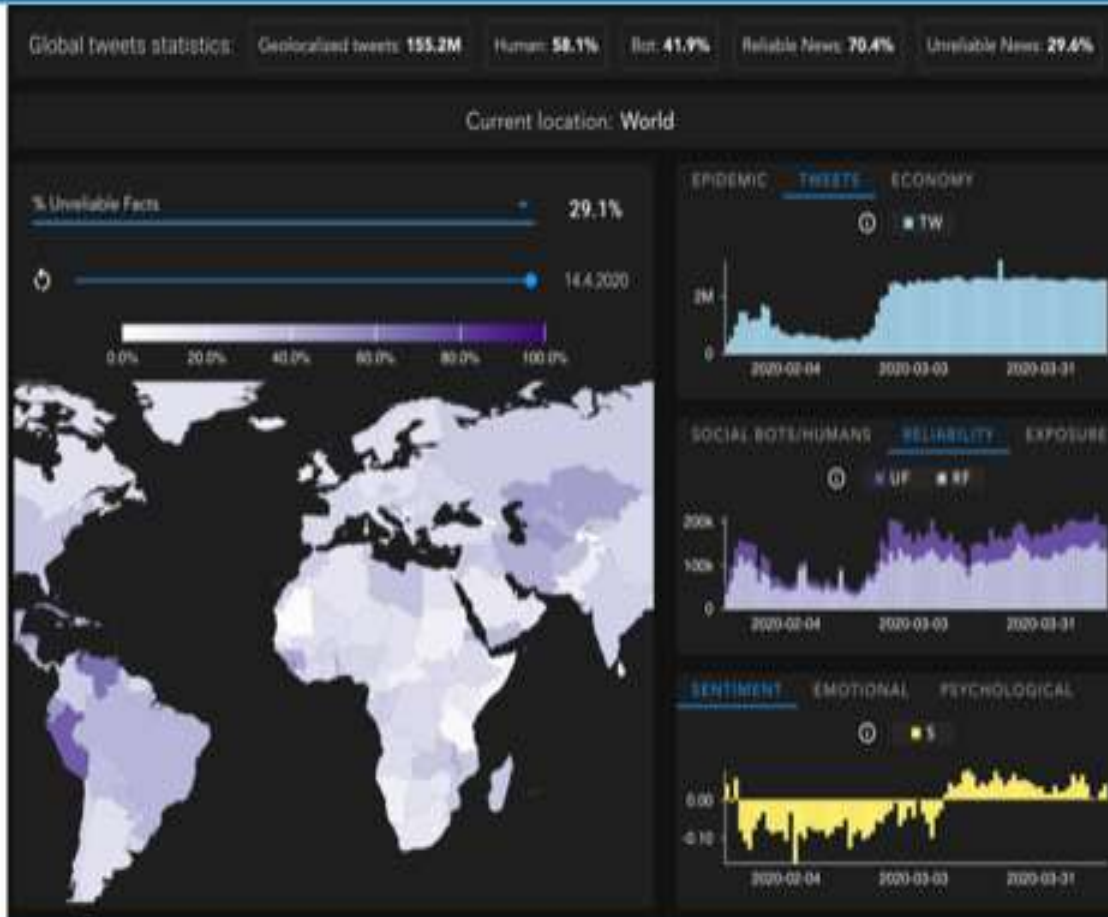
Amity Foundation
when people gather with good smart

World Health Organization

HEALTH
EMERGENCIES
programme

What are some of the challenges in engaging with communities remotely during this pandemic?

Community Engagement

UNDERSTAND context and information needs

ACCOMPANY them to be part of the solution

Provide useful and actionable information and ENGAGE communities

TRUST

ACT on people's feedback

Get people's FEEDBACK and analyse needs

COVID 19 Community Engagement

+C IFRC

فيروس كورونا المستجد:
اظهر الحب ، #خليك بالبيت

+C IFRC
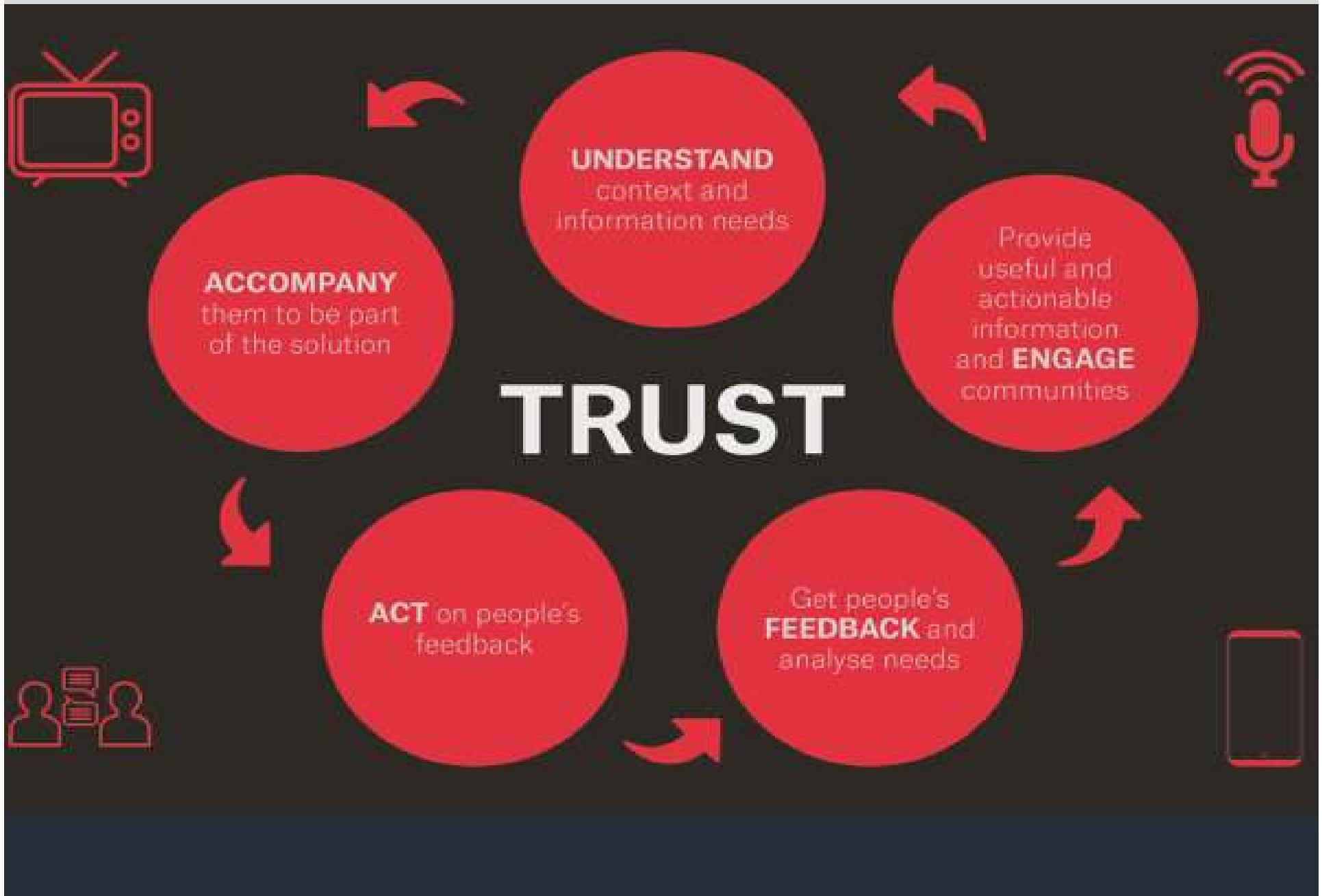
Citizen listening and rumours tracking: understand beliefs, **fears, rumours and questions** & use this to inform the community engagement & response

(example Africa/Asia: community feedback through Kobo/excel & Asia perception surveys. Mainly collected through phone calls, online https://ee.humanitarianresponse.info/x/#KYBT5LA)

يشكل الفيروس خطرا على الناس المحيطين بنا وخصوصا الكبار بالسن و الأشخاص الذين يعانون من مشاكل صحية

Addressing fear, stigma and misinformation and building trust through key influencers and local leaders — KEEP IT SIMPLE
Example: hotlines across countries, regional media webinars and global #SpreadFactsNotFear influencers campaign

ينتشر الفيروس بسرعة.
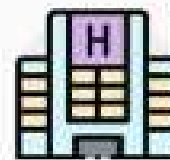
إذا مرض الكثير من الناس في نفس الوقت ، فإن المستشفيات ستعاني لتستوعبهم

قد لا تكون هنالك موارد طبية كافية لعلاج جميع المحتاجين.

Motivate individual/social responsibility & community/citizens action through online/offline community engagement
(**Example**: engagement in +100 languages + millions of volunteers & community action guides)

Involve communities in **planning solutions** to increase public acceptance of, and compliance with, response measures
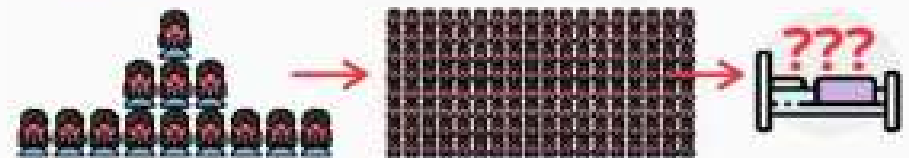
More experience needed on how to do this now

+C IFRC

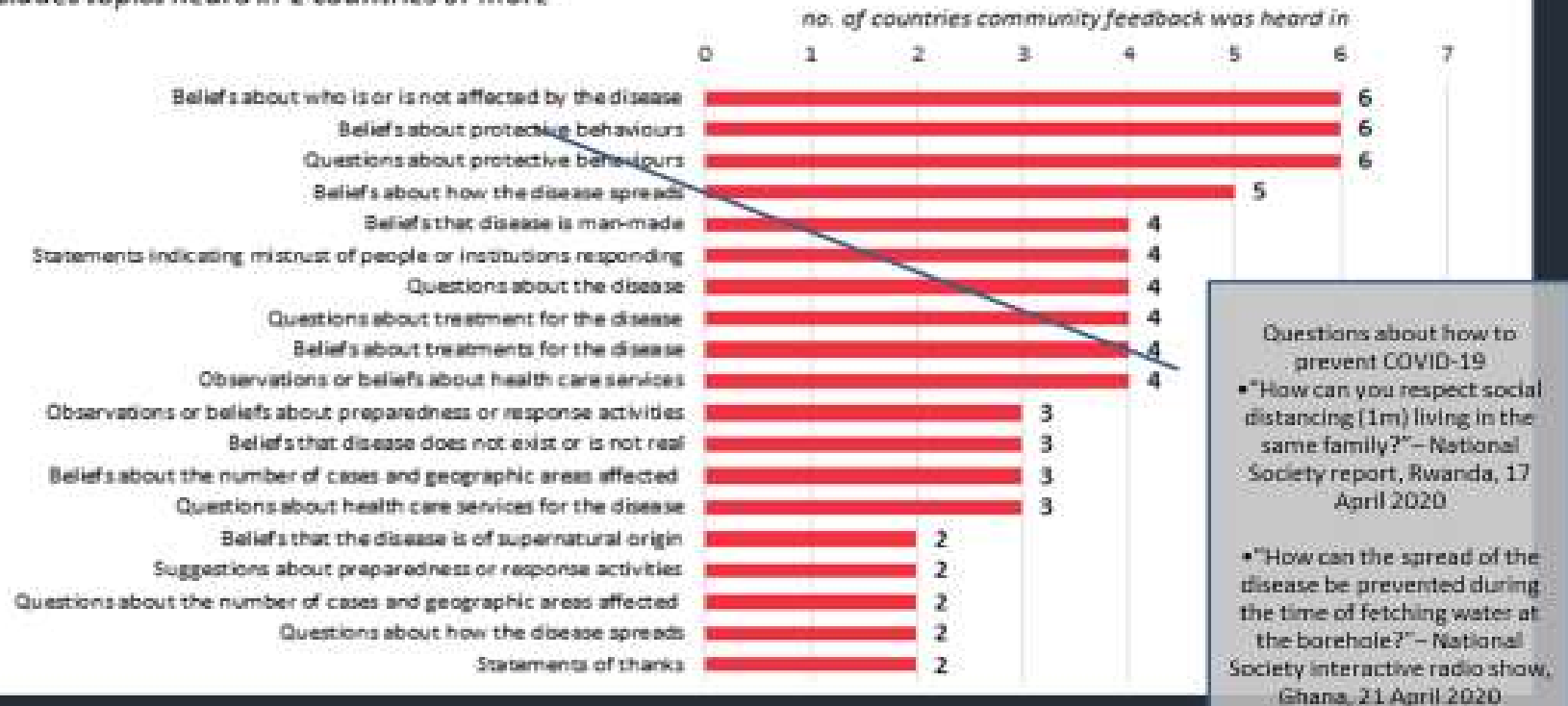# Moving from face-to-face interaction to...?

- **Pre-position phones/tablets and radios** with community groups and volunteers

- Map **which activities still take place** and use those to engage (hygiene promotion, handing out masks, social support etc.)

- **Use relevant social media platforms and messenger apps**
  - Messenger groups (WhatsApp, Line etc.) for volunteers and for community members
  - Tik Tok, facebook live, twitter...
  - http://virtualvolunteer.org/
    (Italy, Iceland, Colombia, Sweden, Philippines)
  - ...

- **Call-in radio shows**
  (guidance: https://www.communityengagementhub.org/what-we-do/novel-coronavirus/?search=radio&resource-type=0&region=0)

Screenshot: New York Times

- **Local hotlines** (calls or texts in the local language)

- **Call your volunteers**, set up calls or chat groups with your volunteers

MOST COMMON FEEDBACK TOPICS ACROSS COUNTRIES

This chart includes topics heard in 2 countries or more

15-21 April

no. of countries community feedback was heard in

Topic	Count
Beliefs about who is or is not affected by the disease	6
Beliefs about protecting behaviours	6
Questions about protective behaviours	6
Beliefs about how the disease spreads	5
Beliefs that disease is man-made	4
Statements indicating mistrust of people or institutions responding	4
Questions about the disease	4
Questions about treatment for the disease	4
Beliefs about treatments for the disease	4
Observations or beliefs about health care services	4
Observations or beliefs about preparedness or response activities	3
Beliefs that disease does not exist or is not real	3
Beliefs about the number of cases and geographic areas affected	3
Questions about health care services for the disease	3
Beliefs that the disease is of supernatural origin	2
Suggestions about preparedness or response activities	2
Questions about the number of cases and geographic areas affected	2
Questions about how the disease spreads	2
Statements of thanks	2

Questions about how to prevent COVID-19
- "How can you respect social distancing (1m) living in the same family?" – National Society report, Rwanda, 17 April 2020

- "How can the spread of the disease be prevented during the time of fetching water at the borehole?" – National Society interactive radio show, Ghana, 21 April 2020

Over 20 different Africa National Societies reporting weekly:

- continuing refusal that COVID-19 is real or can affect Africans,
- persistent misinformation about methods to prevent or treat the virus, and
- an increasing number of comments that indicate mistrust of responders, governments and health interventions such as vaccination and testing.

Feedback data and tools are here: https://drive.google.com/drive/folders/1wdscFd_1RAfQcVAEk2XcTPTNQ7ORgQKI

+CIFRC

RCCE best practices from AFRICA

South Africa Red Cross are using radio, TV and **taxi rank screens** to share information in the two provinces affected by cases

Nigeria Red Cross and IFRC are supporting national authorities with activating a **community feedback system.** Community data about people perceptions will be available as of next week to inform health approaches

Cameroon Red Cross is engaging with a huge network of national and local **journalists through the Lifeline WhatsApp** group and providing accurate information to counter rumours and misinformation.

More details in the notes to the slide

6

How is communication and community engagement coordinated amongst partners during COVID-19?

Risk Communication and Community Engagement (RCCE)

✓ Key pillar of Public Health and Humanitarian Response

✓ Co-led by IFRC, WHO and UNICEF

✓ Most countries have RCCE working groups (or similar)

✓ 149 countries have developed RCCE plans

RCCE ACTION PLAN GUIDANCE

COVID-19
preparedness
& response

+C IFRC   unicef   World Health Organization

Assessing preferred and most trusted communication channels

Tracking rumors

Towards a Collective Service for RCCE

✓ To inform operational and strategic decision making

✓ To provide real time information based on social science analysis and community feedback data

✓ To develop and disseminate guidance & tools

✓ To provide technical support to countries (helpdesk, surge deployment)

COVID-19 Collective Service for Risk Communication & Community Engagement (RCCE) DRAFT V.3

Peer 2 Peer Support

For Humanitarian
Leaders in the Field

IASC
Inter-Agency Standing Committee
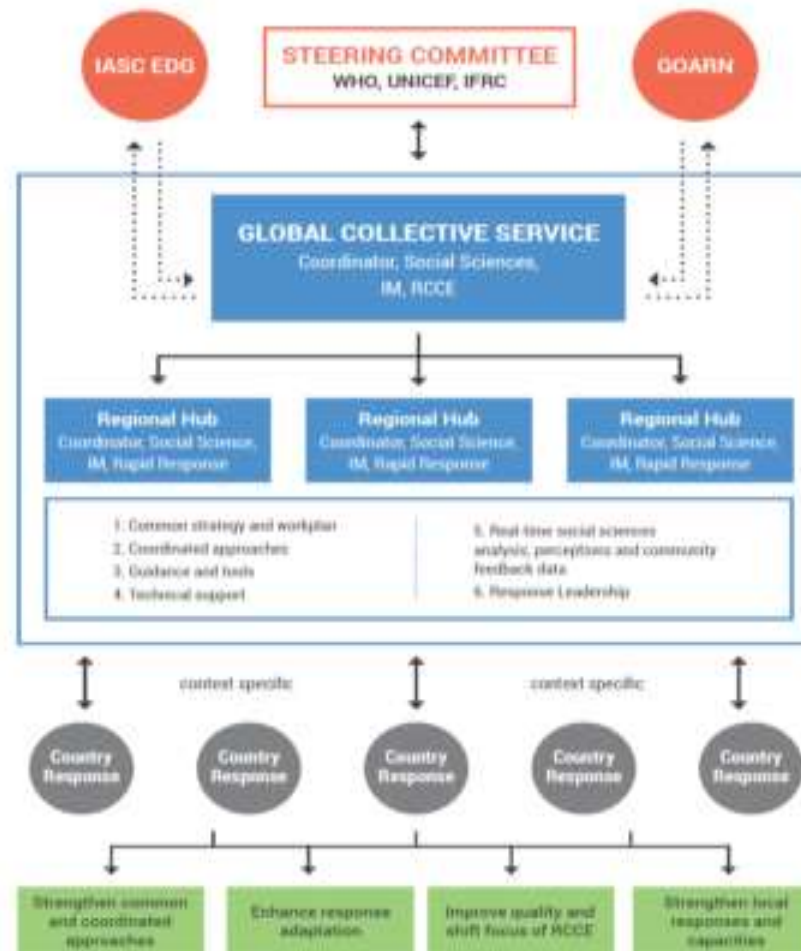
How do we engage with communities to maintain our AAP commitments during COVID-19?

CHSAlliance

So what do we do to ensure AAP in COVID?

3 principles

1. Let people know what they can expect
2. Let people know what to do when their expectations aren't met
3. Adapt and Learn

MAKING AID WORK BETTER FOR PEOPLE

1. Let people know what they can expect ⊘ CHSAlliance

CHS COMMITMENTS IN PLAIN LANGUAGE
https://corehumanitarianstandard.org/the-standard/language-versions

We will do our best to:

1. understand and meet your needs.
2. give support when you need it.
3. provide support that helps you to recover and prepares you to respond to a similar emergency in the future. We should not harm you.
4. inform you about the support you can expect and how you should be treated. We will do our best to give you a say in decisions about the support provided.
5. ensure that you can report problems if you are unhappy with the support we provide or with the way our staff treat you. No one should harm you if you make a complaint. We will take action in response to complaints.
6. work together with other organisations that provide support. We try to combine our knowledge and resources to better meet your needs.
7. learn from experience so that the support we give you improves over time.
8. ensure that the people who work for us have the skills and experience to support you.
9. manage resources in a way that is responsible, limits waste and has the best result for you.

MAKING AID **WORK BETTER** FOR PEOPLE

CHSAlliance

2. Let people know what to do when expectations aren't met

Complaint and feedback mechanisms

- **Accessibility** - Our system needs to be **accessible**! This not only includes access in the sense of locations but also access considering various capabilities (children, disabled, elderly, minorities, women etc.). It must be entirely inclusive, taking into account the circumstances of possible complainants.

- **Safety** - How safe is our system? Can people access it without taking risks? Security for everyone includes physical and psychosocial safety and health problems. Community must be able to access communications modes with ease.

- **Confidentiality** - is key so that community members feel that they are secure and can entrust us with sensitive information. Information and details on complaints need to be safeguarded from any intentional or unintentional disclosure

- **Transparency** - The system needs to be transparent. Potential users need to be provided transparent mechanism information.

MAKING AID **WORK BETTER** FOR PEOPLE

CHSAlliance

3. Adapt and learn

Adapting our complaint mechanisms in COVID

a)   Development of **communication material** to share free helpline numbers for counselling and feedback

b)   **Review Complaints Response Mechanisms** to ensure once complaints are received, they can be channelled to appropriate staff as quickly as possible

c)   **Review data management,** official communicating software and digital media interaction to ensure that confidentiality of reports is not breached

d)   Develop a channel through which complaints at community-level reach programmatic teams at offices efficiently

e)   Seek **alternative remote communication channels** that will best suit discussing issues of sensitive nature and communicate clearly to the communities on the channels available.

f)   **Branding of your CRM channel** is essential to distinguish between reliable channels and fake ones

g)   **Good mapping of existing information pathways** that continue to operate during the crisis is needed.

h)   **Staff training on PSEA** to highlight expected behavior when responding to COVID-19 especially in remote areas

Developing guidance on complaints in Covid -
https://erasmusuniversity.eu.qualtrics.com/jfe/form/SV_71WxcolittbqHUF

MAKING AID **WORK BETTER** FOR PEOPLE

Core Humanitarian Standard
9 commitments to people affected by crisis

CHSAlliance

● Average score
⋮ Requirement fulfilled

		0	1	2	3	4
1	Is appropriate and relevant					
2	Is effective and timely					
3	Strengthens local capacity and avoids negative effects					
4	Is based on communication, participation and feedback			2.39		
5	Welcomes and addresses complaints		1.91			
6	Is coordinated and complementary					
7	Improves as organisations learn			2.32		
8	Is facilitated by competent, well-managed staff					
9	Comes from organisations that responsibly manage resources					

COVID-19 and the
Core Humanitarian Standard

How to meet our CHS commitments in the coronavirus pandemic?

READ MORE

INFO@CHSALLIANCE.ORG   WWW.CHSALLIANCE.ORG

"**Agency Coordinating body for Afghan Relief and Development (ACBAR) has over 150 NGO members in Afghanistan. What approaches have been developed by ACBAR for community engagement during COVID-19? Can you share some examples of what is working well?**

COVID-19: Webinar Series

Topic: COVID-19	Date	Time
1. Supply chain, logistics and local markets	Wednesday, 6 May	16:00 CET
2. Prevention/Protection measures in populated areas.	Wednesday, 13 May	16:00 CET
3. Community Engagement and Communication strategy at the national/local level	Wednesday, 20 May	16:00 CET

What is P2P Support?

Peer 2 Peer Support (P2P Support) purpose is to provide direct peer support to Humanitarian Coordinators (HCs) and Humanitarian Country Teams (HCTs) to strengthen the effectiveness of humanitarian response in the field. The project is a IASC tool and the project Director reports to the EDG and the ERC.

Contact us: P2PSupport@un.org

All webinar recordings are available on:
http://www.deliveraidbetter.org/webinars/