

COVID-19 Risk Communications and Community Engagement (RCCE) and the Humanitarian System: Briefing Pack



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*Developed by:
The Inter-Agency Standing Committee (IASC) Results
Group on Accountability and Inclusion (RG2) in
consultation with COVID-19 Risk Communications and
Community Engagement (RCCE) Collective Service.*

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Purpose and Key Takeaways

During the Inter-Agency Standing Committee (IASC)¹ Principals meeting on 28 April 2020 in which a Risk Communications and Community Engagement (RCCE) Collective Service for the COVID-19 outbreak response was presented by UNICEF and IFRC, and the subsequent Operational Policy and Advocacy Group (OPAG)² meeting on 21 May 2020; the Results Group on Accountability and Inclusion (RG2) was requested to coordinate and compile information on how the RCCE collective service links with the broader global and country level humanitarian architecture.

This briefing pack serves this purpose by sharing RCCE/humanitarian coordination experience from country level, feedback from global consultations and addressing frequently asked questions. In parallel, the RCCE Core Group has been working to revise the RCCE Collective Service Strategy. Where possible, we have tried to integrate feedback from relevant stakeholders into this document.

Three key takeaways that emerged during the RG2 consultations to inform this document and the RCCE Strategy revision consultation:

- ❖ Just as the impacts of the pandemic have gone beyond public health, so must the coordination efforts. In humanitarian contexts, RCCE coordination mechanisms must proactively engage with operational clusters (or equivalent coordination mechanisms) to collaborate and coordinate efforts, to improve the quality of support for the affected community.
- ❖ The best people to engage communities are those who have existing trusted relationships with people in the community. Community trust is vital to ending disease outbreaks and underpins all RCCE efforts. Trusted local organisations, with common cultural, linguistic and historical knowledge, are often the best placed to engage communities. Ensuring these organisations can access RCCE coordination mechanisms, and the technical information they need to engage communities around COVID-19, will be key to controlling the pandemic and mitigating its impacts.
- ❖ The communities will not distinguish between RCCE and accountability to affected people (AAP) and community engagement, neither should we. Strong partnerships or, ideally, integration with existing AAP/CE working groups (or equivalent coordination mechanisms), will be key to unlock the potential benefits of collaboration between these complementary people-centred approaches. This collaboration can benefit the community, the organisations implementing the humanitarian or public health responses, and our collective efforts to be accountable to affected populations.

¹ IASC, *The Inter-Agency Standing Committee*, available at: <https://interagencystandingcommittee.org/the-inter-agency-standing-committee>

² OPAG serves as a forum driving the normative and strategic policy work of the IASC, including on system-wide policy matters with a direct bearing on humanitarian operations. It is responsible for overseeing the work of the Results Group on behalf of the IASC Principals.

Background

Effective RCCE is critical for the successful implementation of almost all emergency programming – and its importance is even more significant during public health emergencies, such as COVID-19. As well as being a significant global health crisis, COVID-19 is now an information crisis, and a developing wider socio-economic crisis.

The unprecedented and increasing impacts on humanity require the broadest range of humanitarian and public health partners working together. The breadth and range of societal impacts of the virus mean that consistent and honest engagement with communities is paramount for maintaining trust, public solidarity and promoting local action.

Community trust is vital to ending disease outbreaks. Difficult lessons have been learnt in many epidemics and humanitarian emergencies when initially inadequate communication and engagement with communities in the planning and design of emergency response measures fueled fear and mistrust. Failure to meaningfully and strategically engage communities across all pillars of emergency preparedness and response can lead to ineffective interventions – and can even cause harm.

A collective service for Risk Communication and Community Engagement was launched in June 2020 by WHO, UNICEF and IFRC, with support from the Global Outbreak Alert and Response Network (GOARN) and the Bill and Melinda Gates Foundation, after the proposed approach was endorsed by the Inter-Agency Standing Committee (IASC) Principals in April 2020.

The vision is to ensure more consistent, systematic and predictable support to partners involved in the public health, humanitarian and development responses to the COVID-19 pandemic. By enhancing national, regional and global coordination, and ensuring that community feedback and insights collected across the response inform decision-making, both the quality and the consistency of RCCE approaches will be improved – building community trust and enhancing the effectiveness of the response.

The collective service is designed to strengthen ongoing global, regional and national efforts and ensure support is available to regions and countries as they tackle the pandemic. The collective service facilitates a global RCCE working group, operational since February 2020, with coordination support from GOARN. Open to any organisation working on RCCE related to COVID-19, it is the primary coordination forum for RCCE activities within the global response. In addition, three sub-groups have been established within the working group.

- Collective Service Sub-Groups:**
- Community Engagement in Low Resource/Low Connectivity settings with Movement Restrictions
 - RCCE for refugees, migrants, IDPs and host communities vulnerable to COVID-19
 - Operational social sciences

There are also RCCE working groups in each region that support the national-level coordination mechanisms, which are typically led by the ministry of health and co-led by WHO, UNICEF, IFRC or another technical organisation.

Field Examples

Core activities of coordinated RCCE (i.e. RCCE Working Groups/Task Forces) at the country level generally include work streams on: coordination, technical support, advocacy, and representation. Such coordination groups often focus on developing collective or inter-agency risk communications and community engagement plans/strategies/approaches to ensure that messaging is harmonised and community feedback is systematically collected in line with COVID-19 country approaches.

This may include tracking of rumours, collaborating with community and religious leaders; and utilising existing community-based protection/early warning mechanisms as well as existing feedback mechanisms. Capacity building is often part of such work plans including training staff on RCCE and rumour management ensuring RCCE initiatives are cross cutting and sustained within operations. In many cases, developing and disseminating Frequently Asked Questions (FAQs), audio-visual materials on awareness in appropriate languages, using harmonized visual materials like posters, banners, arts, murals, video, animation etc. are often promoted. Collecting evidence, community perceptions, insights, suggestions, feedback, rumors/myths etc. through deep contextual and community analysis and producing analysis of them with recommendations for adjusting messages or mechanisms of community engagement is prevalent in a number of operations.

RCCE working groups vary quite dramatically across the globe, including their capacity, membership and how they influence/support broader multi-sector responses 'beyond health'. Sometimes they are well integrated with clusters/community engagement working groups, sometimes there is limited or no coordination. In some contexts, there are both RCCE working groups and pre-existing broader humanitarian community engagement working groups operating in parallel, and in others, neither exist. Strengthening coordination predictability in this area is critical – both from the humanitarian side and from the health side.

Please find highlighted below information on coordination arrangements between RCCE and existing humanitarian architecture from a selection of regions and countries. This is updated [periodically](#).

Regional Working Groups

[Regional - Asia Pacific](#) - Asia Pacific Risk Communication and Community Engagement Working Group (RCCE WG), chaired by WHO, OCHA and IFRC; an ad hoc inter-agency coordination platform established in January 2020. Links to humanitarian (and development) architecture include providing tailored-support to country RCCE experts and focal points via existing coordination systems including CE/AAP WGs and CoPs, ad hoc RCCE COVID-19 WGs and other collective mechanisms for COVID-19 that helps the RCCE operationalisation.

[Regional - Southern and Eastern Africa](#) - Initiated in March 2020 during the Nairobi COVID-19 Emergency Partners' Meeting, co-chaired by UNICEF and International Federation of Red Cross and Red Crescent Societies (IFRC), the Regional RCCE Working Group for Southern and Eastern Africa meets regularly focusing on: strengthening coordination, collaboration and resource sharing between agencies responding to COVID-19 in East and Southern Africa; the collation and analysis of community feedback from partners to identify regional trends and agreement on recommendations/actions to be taken by RCCE, other TWGs, country level and leadership; and identifying good practices for sharing and common practices to shared challenges. As well as social science and/or anthropological research into key topical areas.

[Regional - West and Central Africa](#) - The West and Central Africa RCCE Working Group is led by UNICEF and WHO and has met since 24 March under the WHO-led WCAR COVID Response Platform. 37 organisations are represented from a broad spectrum of stakeholder groups. The work covers around 24 countries (most low income and diversified humanitarian context: conflicts, insecurity, and violence, IDPs and refugees, nutrition crisis, diseases outbreaks, natural hazards). All countries have RCCE coordination mechanisms and RCCE national plans in place in which the Regional RCCE group seeks to support. The terms of reference for the WG reinforces coordination of RCCE activities and efforts from all partners in the region. This includes an RCCE Regional strategy and work plan; mapping of actors/activities; ensuring community feedback is collected and addressed; the complementarity of efforts, knowledge sharing and regional guidance on AAP; a common online library/Website, and adaptation/ translation of documents; technical support and capacity building to regional/national RCCE coordination structures; Social Sciences research; resources mobilization for RCCE across the region; and joint field missions.

[Regional - Eastern Mediterranean and Middle East and North Africa](#) - The Interagency RCCE Working Group was established with 12 different organizations engaged from the UN, International Organizations, and Academia that have supported: RCCE guidance for vulnerable/Joint press release; a guiding framework for country planning; a Monthly Newsletter with country examples; and an RCCE plan for COVID vaccine deployment.

Country-Specific

[Afghanistan](#) - COVID-19 Risk Communications and Community Engagement (RCCE) Working Group, led by WHO and NRC, in support of the Government of Afghanistan. Links to humanitarian (and development) architecture include the HCT expanding several of its existing fora to include development partners for the duration of COVID-19 in a bid to ensure alignment of interventions. This includes the Risk Communications Working Group which is now a subgroup of a recently established AAP Working Group.

[Bangladesh](#) - National coordination through both a government-led RCCE Pillar, augmented by the existing [Shongiog](#) national platform (sitting within the national cluster system), and sub-national coordination for the Rohingya response through the Cox's Bazar Communication with Communities Working Group. Links to humanitarian (and development) architecture in Cox's Bazar: Under the overall coordination of Inter-Sector Coordination Group (ISCG), the Communication with Communities Working Group is coordinating with all operational sectors to provide strategic guidance and context-appropriate communication resources developed through the Risk Communication Technical Working Group.

[Burkina Faso](#) - A Risk Communications and Community Engagement Working Group has been established under the leadership of government, through the Ministry of Health with WHO supporting the leadership. Links to humanitarian (and development) architecture through the engagement of a national coordinator on CEA, convening a CEA working group to function within the existing humanitarian architecture. Its role will be to support and resource the Humanitarian Country Team and the clusters, in relation to, and beyond the current pandemic, to address community engagement and collective accountability in response to the ongoing conflict, drought and displacement.

[Burundi](#) - UNICEF is coordinating a RCCE group with the participation of the Government and other organizations and under the Government contingency planning and the Strategic Preparedness and Response Plan (SPRP).

[Fiji](#) - As part of the joint [CDAC-GTS project](#), the Communicating with Disaster Affected Communities (CDAC) Network National Coordinator in Fiji has moved to the Ministry of Health offices as a member of the COVID-19 Communications team, wearing a joint Pacific Media Assistance Scheme (PACMAS) and CDAC/CEWG hat. Working with the WHO, the focus currently is in engaging with national structures to help shape the response from the MoH outwards. CDAC is liaising with the NDMO and Ministry of Communications as part of the wider CCE WG efforts as cyclone season begins.

[Indonesia](#) - A government led Risk Communication and Community Engagement Working Group has been established. With the support from UNICEF the RCCE WG is chaired by BNPB, Ministry of Information and Communication, and Executive Office of President.

[Lao PDR](#) - The Centre for Communication and Education on Health under the Lao Ministry of Health leads the Communication Taskforce managing risk communication, public outreach and community engagement. The Taskforce includes cross ministerial departments, WHO, UNICEF, UNFPA and Save the Children. The UN Communications Group in Lao PDR has also increased its engagement with the COVID-19 response and works within the wider Group connecting with development sector partners. The programmatic capacities of the UN Country Team are utilized for community engagement, such as a network of community volunteers, community radio and network of people living with HIV.

[Libya](#) - RCCE Working group-COVID-19, Libya (focused on prevention component of COVID-19 response with multi-sector, multi-agency integrated approach) The existing community engagement working group (meets on an adhoc basis) is now working with the pillar of the health strategy; supported by the RCCE Working Group.

[Myanmar](#) - The Risk Communication and Community Engagement Working Group (RCCE WG) was established as part of preparedness and response interventions; it is co-led by the Ministry of Health and Sports (MoHS) with WHO and UNICEF. Links to the humanitarian architecture in Rakhine State, the Communications with Communities (CWC) working group is convening the UN, INGOs, and national and local organizations to coordinate RCCE in communities and among IDPs in camps in central Rakhine, while UNHCR undertakes the same in northern Rakhine. This is in addition to the local-level RCCE activities in Kachin and Shan, where the Joint Strategy Team (JST) is bringing together civil society organizations and national actors conducting RCCE and prevention efforts in IDP camps.

In Yangon, OCHA convenes broader HCT communications and advocacy efforts through a regular engagement to ensure a coordinated approach to key messaging around COVID-19 in a humanitarian setting, which also include messages to combat stigma, discrimination and misinformation. Additionally, the UN agencies are finalizing a communications strategy specifically focused at targeting hate-speech and misinformation and raising awareness about the risk of COVID-19 through a coordinated approach.

[Nepal](#) - Following COVID-19, the pre-existing CEWG has played an important role to communicate the risks of COVID-19 to communities in the provinces and ensure engagement with at-risk communities.

[occupied Palestinian territory \(oPt\)](#) - A Risk Communications and Community Engagement (RCCE) on COVID-19 Core Team was established in the oPt context to enable people to make informed decisions to effectively protect themselves and their families, and to address rumours and misinformation and to build trust in credible information sources. This set-up is being managed by UNICEF and WHO, with support of OCHA oPt. This team works closely with the MoH to ensure that all messages are technically and substantively cleared for dissemination to the Palestinian public or specific target audiences, such as particularly vulnerable groups.

A broader cross-section of UN agency and NGO partners meet weekly to advise on content. The RCCE core team has established a Communications and Engagement Strategy, which includes the development of a weekly content plan that is distributed to partners, through the oPt HCT's Advocacy Working Group and the UN Communications Group, and key dissemination channels.

Bi-directional communication has been established with the clusters. All clusters are involved in message distribution through their partners and networks, and in ensuring that the RCCE team is informed of messages that need to be developed for specific groups. This messaging is then integrated into the weekly plan to ensure coherence and dissemination. Cluster partners form an important feedback mechanism for the RCCE team, to determine if people are receiving the information they need and to identify rumours and misinformation. The RCCE on COVID19 approach is fully integrated within the [oPt COVID19 Response Plan](#) that was issued on 27 March.

[Pakistan](#) - A Risk Communication and Community Engagement (RCCE) Taskforce for COVID 19 has been established by the National Ministry of Health Services and Regulations and is currently fully functional, with clear terms of reference to coordinate all RCCE interventions across Pakistan. Chaired by the Special Adviser to the Minister of Health, members include NHSRC, EPI, UNICEF, WHO, ICRC, UNHCR and UNFPA.

[Papua New Guinea](#) - The Disaster Management Team established a Humanitarian Communications Group chaired by UNRCO and composed of UN, NGO and church communications focal points in early in 2020 to support the National Department of Health and WHO broaden COVID-19-related preparedness messaging to include non-health (WASH, Food Security, Education and Protection) messaging.

[Philippines](#) - The Philippines Department of Health (DOH) has established the Behavioral Communication Unit under the General Technical Bureau, by tapping the support from WHO, UNICEF, OCHA and other members of the Community of Practice on Community Engagement (CoPCE).

The Philippine Humanitarian Country Team (HCT) have integrated RCCE activities such as community listening and reporting as prioritised by the DOH. These activities aim to ensure that communities, especially the most vulnerable groups, have access to communication platforms that allow them to provide feedback, ask questions, and communicate their concerns regarding COVID-19.

[Somalia](#) - The present Terms of Reference establishes a National COVID-19 Risk Communication and Community Engagement Task force (RCCE TF) in Somalia as an Inter-cluster Coordination Group (ICCG) Task Force under the leadership of Ministry of Health, Federal Government of Somalia, technical leadership of UNICEF and WHO and coordination support from OCHA to ensure effective coordination and collaboration of all relevant actors.

[South Sudan](#) - There is a Communication and Community Engagement Working Group (CCE WG) that is plugged into the Risk Communications Technical Working Group Working (TWG) under the joint leadership of the Ministry of Health and UNICEF.

OCHA South Sudan has been facilitating coordination and analyzing inputs from the CCE WG to support the work of the Risk Communication TWG e.g. supporting with information from the different organization's in the CCE WG on rumor tracking tools and sharing a brief by REACH on key trends in communities' communication preferences and modalities to inform COVID-19 risk communication outreach strategies.

[Sri Lanka](#) - The Risk Communications and Community Engagement Sector, is being led by UNICEF and WHO. The primary Government counterpart for the Sector is the Health Promotion Bureau of the Ministry of Health while development partners, thus far, include IFRC and Sri Lanka Red Cross. The UN in Sri Lanka has reactivated the Sector Coordination mechanisms to include development partners and coordinate closely with the Government to plan and execute interventions in response to COVID-19.

[Sudan](#) - 'under the overall guidance of WHO, the UN and partners have set up a time-bound COVID-19 coordination mechanism - the Strategic Coordination Group - chaired by the RC/HC comprised of WHO, UNICEF, OCHA, WFP, UNDP, UNHCR and UNFPA. This strategic group is supported by the COVID-19 Working Group at operational and technical level. The UNCT/HCT Covid-19 Country Preparedness and Response Plan (CPRP) includes under Pillar 2, "Risk Communication and Community Engagement".'

The CPRP is coordinated technically through the COVID Working Group, which also coordinates the operations of the UN and partners in support of the Government's COVID response at the national and state levels. It is chaired by OCHA and is composed of the UN, humanitarian sectors/clusters and NGOs according to mandate and operational relevance.

[Syria \(cross-border operation from Gaziantep\)](#) - A COVID-19 Health Task Force for northwest Syria co-led by UNICEF and WHO was established. Coordination of the COVID19 response through the other clusters is being absorbed by the regular ICCG in order not to create an additional coordination layer. RCCE of these clusters is supposed to be coordinated with the RCCE under the COVID-19 Health Task Force but it is nascent. OCHA is compiling information provided by the clusters on the operational impact of COVID-19 in NWS beyond health and compiling a list of resources.

[Vanuatu](#) - As part of the joint [CDAC-GTS project](#) the Communication and Community Engagement (CCE) Sub-Cluster has been officially activated for the COVID-19 response, and the cluster has met to agree cluster priorities and approaches, while individual members are working intensively on preparedness and response. CARE/CDAC is providing management support for the CCE Sub-Cluster via the National Coordinator, and also has remote support available for communications materials and graphics.

[Yemen](#) - The HCT and UNCT are taking the lead and a COVID-Task Force and EOC have been created. RCCE pillar within the COVID-Task force is explicitly linked to the broader humanitarian Community Engagement Working Group.

IASC Results Group on Accountability and Inclusion Consultations

On 13 May 2020, IASC RG2 hosted an adhoc virtual consultation on COVID-19 Risk Communication and Community Engagement (RCCE). Approximately 80 members of RG2 attended the consultation comprising of colleagues representing AAP, PSEA, Gender, Persons with Disabilities and other diversities from local and International NGOs and UN Agencies.

Key takeaways from RG2 consultations:

- The RCCE collective service is still work in progress and space for refinement exists.
- The discussion highlighted lots of questions around all levels of coordination (local, national, regional, global); the role of local responders, frontline communities and workers in the COVID response and beyond; how existing coordination and technical services/expertise/initiatives could integrate as a collective service; and how to ensure that persons with disabilities and other vulnerable groups such as migrants and IDPs are duly included and consulted.
- The meeting overall welcomed this initiative towards our common goal of accountability and inclusion.
- There were several offers for cooperation and participation got voiced from different entities of expertise. Synergies and complementarities exist despite different approaches targeting different audiences and should be explored further.

RG2 participants were encouraged to review the existing RCCE documentation and provide feedback in writing about (a) the RCCE (b) what future collective service and coordination should look like. These inputs fed into the presentation for the OPAG on 21 May 2020.

Since, RG2 has engaged in RCCE through:

- Development of resource list: proactively collecting and collating resources since February. In March established a web-page which is hosted on the IASC RG2 page receiving very positive feedback. This includes around 150 COVID resources related to: AAP, PSEA and SH, Persons with Disabilities, MHPSS, Age and the intersections between them
- Adapted Guidance: Following the SG request for policy briefs, members of RG2 have developed adapted briefings and guidance on: Persons with Disabilities, PSEA and gender. In addition, at the request of members, RG2 is due to establish a focus-group (to work within the Inclusion TEG) on older persons for the COVID response.
- Linking to RCCE: The Risk Communications and Community Engagement Initiative hosted by WHO, UNICEF and IFRC for the COVID response is in place and RG2 members are working closely with the group.
- Bridge between Public Health and Humanitarian Response: As the COVID response evolves and adapts to communities changing humanitarian needs; RG2 sees itself as essential to provide the bridge from the RCCE work to 'regular' accountability and inclusion work. RG2 will strengthen linkages and reinvigorate our 2020 workplan deliverables with RCCE well integrated.

Global Cluster Consultations

Over the period mid-June to the end of August, consultation interviews³ were conducted with the aim of ascertaining the lead's overall perceptions of how the RCCE was working on the ground and how their respective clusters were engaged. The interviews were informal and conversational with a select number of guiding questions:

- Is your cluster currently engaging in RCCE activities?
- How do you see the RCCE Collective Service benefiting or being an advantage to your cluster on the ground and vice versa?
- What do you identify as the priority gaps – related to AAP or RCCE - to be addressed?

Cluster Engagement with RCCE Collective Service

For most clusters consulted, they were not aware of the impact of the Collective Service in the field; and were unclear if their country-level clusters were engaging or not. One Cluster Coordinator felt strongly that the Collective Service should be consulting with the field clusters through a survey to ascertain this and the priorities. Others agreed that RCCE coordination needs to focus on country-level as they cannot engage in a generic way and that consultation with country level cluster coordinators was needed to ascertain how they are currently engaging; what the added value is and where the gaps are. One cluster felt very strongly that clusters had not been consulted on during the early phases and that it seemed that the approach was not thought through and that efforts to engage had received no feedback.

Mutual benefit for clusters and RCCE Collective Service

A few Cluster Coordinators believed that a centralised RCCE collective service was a good idea and were interested in their respective clusters engaging more. Three clusters felt that RCCE should be a technical support and guidance function (which is evident in a number operations already); and at least one felt strongly that the support should be demand-driven, from the field (which supports how RCCE country level RCCE Working Groups have been established). One cluster felt that the centralized function should be about oversight, rather than adding another layer of bureaucracy, which goes to support the strategic foci of the RCCE collective service.

Two clusters argued that the RCCE should be used to highlight good practices; including for remote management and in different contexts. A couple felt that the collective service should focus on global guidance and organize webinars/online workshops to strengthen partner capacity on RCCCE. One felt it should help mainstream some sectoral issues into communications with communities in a centralized way. Others shared this view and suggested that the RCCE collective service could serve as a clearing house for risk communication messages.

Identified gaps/concerns

A couple of clusters felt that the proposed work of the RCCE was duplicating work that was already taking place on the ground; noting that actors are already leading on RCCE work and that efforts were potentially duplicative. The same clusters were clear that the RCCE work should not be a parallel initiative but should build on pre-existing and existing efforts of the humanitarian system; for example, work with the Mine Action AOR to expand existing

³ OCHA, UNHCR and RG2 Coordinator consulted: CCCM, ETC, Health, Mine Action AOR, Protection, Shelter. UNICEF consulted: Child Protection AOR, Education, Nutrition, Wash. The following were invited but not consulted: Food Security, GBV AoR.

risk education activities and community engagement to a multi-risk approach. Another suggested that technical bridges could be built with ongoing work - for example through child protection work on feedback mechanisms. One Cluster Coordinator was clear that new lines of communication with communities should not be created.

One cluster felt that a Terms of Reference (TOR) was needed to provide guidance on how the RCCE Collective Service links to the existing humanitarian architecture. This was supported by another cluster who stated that there needed to be clear articulation of the roles of the different actors; and that this should have been done from the beginning of the response. Another felt that the links to the architecture were poorly understood; including with AAP. Others had questions about how this was working with existing AAP/community engagement working groups at country level, and some were aware of intersections with existing architecture. One argued that the RCCE actors need to be clear about the remit and scope of the collective service; i.e. is it limited to RCCE or will it go beyond this in the future. This was supported by a couple more who asked for more information on how to engage with the RCCE Collective Service at the global and more importantly, the country level, to know what can be expected from the initiative; arguing that the emphasis needs to be on country support rather than global engagement.

One Cluster Coordinator was concerned that the work of the RCCE had to be managed so as not to create new protection risks or new 'norms'; that the principle of do no harm should inform any work on the ground. This is also noted by the Overseas Development Institute (ODI), in their briefing paper '[Covid-19: a watershed moment for collective approaches to community engagement?](#)' where it notes governments taking on a more engaged role in COVID-19 related RCCE activities, as both an opportunity for humanitarian actors to better engage governments on this but also adds caution - noting risks that messaging or approaches may be co-opted to serve political objectives, as well as questions of legitimacy and trust, especially in fragile and conflict-affected contexts.

Further to this point, much of the cluster feedback supports the key points from the ODI July Briefing Paper on collective community engagement and COVID-19 which recommends to have well-defined objectives, a clear relationship to the rest of the response and strong links to key decision-making processes, to be inclusive of a wide range of actors, make space for locally driven, bottom-up approaches and foster a sense of common ownership to ensure buy-in and to ensure that affected people have multiple channels for two-way dialogue that include the most marginalised.⁴

Suggestions for the way forward

- Better integrate the work of the RCCE with protection;
- Reach out to clusters on the ground to encourage engagement with RCCE actors/working group; share a survey with country-level clusters to better understand what is happening locally and seek their views;
- Develop a generic RCCE coordination TOR that can be adapted locally, including providing guidance to actors on linking RCCE coordination and pre-existing humanitarian coordination structures and services;
- Develop a generic global community engagement and accountability coordination TOR that can be adapted locally, including providing guidance to actors on linking with RCCE coordination; and
- Improve engagement with clusters including, for example, ensuring the global RCCE Collective Service Coordinator is regularly linked to the GCCG.

⁴ Oliver Lough and Kerrie Holloway, *COVID-19: a watershed moment for collective approaches to community engagement?*, July 2020, available at: <https://www.odi.org/publications/17131-covid-19-watershed-moment-collective-approaches-community-engagement>

RCCE Strategy Consultations

Between July 15 and August 21, on behalf of the RCCE collective service, IFRC conducted a broad consultation for the revision of the global RCCE Strategy.

The consultation used three methods to generate inputs from a representative sample of stakeholders. These were:

1. Key informant interviews with 30 people from global, regional and national levels, representing a mix of public health, humanitarian and development organisations, governments and donors.
2. Online survey tool – 20 respondents
3. Group consultations with Results Group Two Thematic Experts Groups on AAP, PSEA and Inclusion.

These consultations fed into the first draft of the strategy, which was reviewed by:

- The global RCCE Working Group
- The Eastern and Southern Africa Technical Working Group on RCCE
- Health Cluster Strategic Advisory Group
- IASC Results Group 2 on Accountability and Inclusion
- The Communication Initiative Network – Reference Group
- The CDAC Network membership and expert pool

The strategy is being revised based on this feedback and will go through a final round of feedback from the groups listed above.

Frequently Asked Questions (FAQs)

Q: What is RCCE? A: Risk Communication and Community Engagement is a technical pillar of public health responses. It is both a technical specialty and a foundational way of working to enable other technical pillars to achieve their goals (e.g. surveillance, infection prevention and control). RCCE focuses on:

- Providing timely, relevant and actionable life-saving information through the most appropriate communication approaches to encourage people to adopt safe health practices and reduce fear, stigma and misinformation.
- Listening to community feedback to understand the beliefs, fears, rumours, questions and suggestions communities have about COVID-19 and use this to guide the response – helping to ensure the accountability of the COVID-19 response.
- Using innovative approaches to encourage behaviour change and take actions to prevent and reduce the spread of the disease
- Identifying and supporting community-led solutions for bringing the outbreak under control, ensuring people’s active participation in the response.

Q: What do you mean by ‘RCCE collective service’? A: The ‘collective service’ refers to a project that is providing support to all actors working on risk communication and community engagement around COVID-19. The service is greater than any one organisation, and helps to support the collective, or joint, efforts to tackle the pandemic.

Q: How is this different from what already exists? A: COVID-19 is a public health emergency, as such this triggers a different response than humanitarian crisis. Within a public health response there are different technical response areas, or pillars, and risk communication and community engagement is one such pillar. Coordination of this pillar is crucial at global, regional and national levels. The collective service is ensuring there is a predictable coordination mechanism globally that can support the regions and the countries in better engaging the communities impacted by COVID-19.

Q: Why don’t you use the IASC RG2 to coordinate? A: IASC Results Group Two is focused on humanitarian response and the coordination of Accountability to Affected Populations (AAP), the Protection of Sexual Exploration and Abuse (PSEA) and Inclusion. This forum will be a key coordination partner of the collective service. However, the coordination of the response to COVID-19 goes beyond just humanitarian responses, as such it is necessary to have dedicated coordination mechanisms, which can feed into the public health response decision-making mechanisms.

Q: What are the links between the collective service and ACTA? A: Access to COVID-19 Tools Accelerator (ACTA) is a global collaboration to accelerate the development, production and equitable global access to new COVID-19 essential health technologies. Primarily the focus is on the development of coronavirus vaccines and therapeutics. Risk Communication and Community Engagement can play a key role in communities in this development, and ACTA will also be a key coordination partner of the collective service.

Q: Do discussions at a global level change what we have to do at a country level? A: The global coordination will produce guidance and tools as well as provide technical support for both the regions and the countries in their RCCE work around COVID-19. This doesn't necessarily mean you have to change what you are doing at the country level. You are experts in the contexts in which you work, and it will be up to you to decide which tools, support and guidance would be best contextualised to meet your specific needs in country. The global coordination mechanisms are there to support you to do the work at a country level.

Q: Does the collective service tell agencies what to do? A: We know that 'one size does not fit all' in terms of responding to COVID-19. As such, the collective service does not try to be prescriptive. Rather it provides guidance, support and tools to help regions and countries contextualise these approaches to better engage communities within their contexts.

Q: My organisation has risk communications and community engagement plans in place – does the work of the collective service replace the need for us to implement these? A: Each organisation will have their own plans and activities based on their mission and mandate. The collective services does not replace this vital work. The collective service should support this work, augment what capacity is needed and amplify the voices of the communities that you work in, to enable their voices to be heard during decision-making.

Q: Isn't the collective service just adding to the noise of the infodemic? A: The collective service seeks to provide the support necessary for organisations to better engage communities impacted by the virus. By facilitating an inclusive and collaborative coordination mechanism, the collective service aims to signpost existing guidance and materials rather than adding to the noise. Only if a gap is identified, will the collective service produce collective guidance that draws on the diversity of the membership.

Q: Is the collective service just an IFRC, WHO and UNICEF project? Why should I get involved? A: The collective service is on behalf of all stakeholders working on the risk communications and community engagement response to COVID-19 – this includes NGOs, academia, national governments, UN and national red cross/red crescent societies etc. It provides an accessible and inclusive mechanism with which to coordinate RCCE response efforts globally.

You should get involved to ensure you have access to this collaboration between different stakeholders – you will be able to access global insights and analysis, tools and guidance and have an overview of the key trends and issues that are impacting RCCE. IFRC, UNICEF and WHO are convening this collaborative mechanism, but they rely on having partners engaged to bring the real value to the coordination mechanism.

Q: It is already very complicated with so many actors working on COVID-19, isn't having another coordination mechanism going to make it even more complicated? A: The collective service will simplify the global RCCE coordination structure by bringing together the different elements under one mechanism to enable great cross-fertilisation of ideas, joint planning and enable partnerships between different disciplines and technical specialties. The concept is to have as light touch a coordination mechanism as possible, while still delivering on the benefits for partners. The coordination structure aims to facilitate common understanding of the RCCE context, develop priority guidance to help the regions and the countries in their response to the pandemic.

Q: If there is one person from my organisation involved at the global level, am I allowed to also be involved? A: Each partner organisation is structured differently and their engagement with the collective service is something that internally each organisation should decide. There are coordination structures in countries, at regional levels, as well as globally. You may wish to consider which would be the most useful mechanisms to engage with based on your role and location. It is recommended that the people who represent the different organisations and entities will also play a role to share information within their organisations, as this will help further the reach and impact of the coordination work.

Q: What is RG2's role in this? A: Due to the close connection and alignment with RG2's deliverables for 2020, RG2 has been asked to act as an interlocutor between the agencies leading the RCCE collective Service and the Humanitarian Architecture; and to ensure all members have the opportunity feed into the work of the RCCE. RG2 hosted an update session on the RCCE in May; has held consultations with the Global Clusters and interested members and hosted consultations on the RCCE strategy revision in August with its three Thematic Expert Groups (AAP, PSEAH and Inclusion). In addition, this FAQ aims to address some of the questions frequently raised by RG2 members.

Q: How does RCCE build on existing humanitarian structures and is not a parallel structure? A: RCCE is a key pillar of all public health responses and is led by the Ministry of Health at country level. Its work should be closely coordinated with the HCT, clusters and AAP working groups where they exist to ensure that existing AAP and community engagement mechanisms adapt to the changing humanitarian and socio-economic needs of affected people due to COVID-19 whilst ensuring that the health risks are also mitigated. Progress on coordination varies from country and country.

At global level, RG2 is seeking to support alignment between the RCCE and humanitarian structures and will use learning from this ongoing initiative to inform its accountability framework going forward to ensure that in the future countries are better able to deliver accountable and inclusive responses, regardless of the type of emergency (public health, humanitarian, socio-economic etc).

Q: How does RCCE ensure the needs of all population groups are integrated? A: The diversity of communities is reflected throughout RCCE interventions. Successful RCCE interventions are tailored for the local context and specific target groups, typically prioritised based on vulnerability (to both the disease itself, but also the secondary impacts of the pandemic). During the assessment phase, which includes risk perceptions, barriers and enablers to the uptake of recommended preventive measures, the disaggregation by age, sex and diversity seeks to understand the specific capacities and vulnerabilities those different groups have. This enables targeted communication and engagement strategies to enable those different groups to: make informed decisions to reduce their risk, access services, and participate in identifying and implementing locally appropriate solutions that reflect their context. This targeted approach, reflecting the diversity of groups within a community, is followed through to the monitoring and evaluation of RCCE interventions.

Q: How can the RCCE support the localisation agenda? A: At country level, RCCE is coordinated by the MoH at country-level and membership in working groups will depend on the leadership at National and Sub-National Level. However, as RCCE working groups vary quite dramatically from country to country, including their capacity, membership and how they influence/support broader multi-sector responses ‘beyond health’, there is at times, limited coordination and national NGO involvement. This requires advocacy to ensure local actors are at the ‘table’ and their voices heard, especially given their close proximity to communities in the COVID response and their critical role as intermediaries and trust builders in the communities. At regional and global level, local actors are welcome and encouraged to join the regional and global level working groups - see below for contact information.

Q: How can organisations engage with RCCE coordination groups during COVID? A: For more information about the collective service, please contact

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