



International Federation of Red Cross and Red Crescent Societies (IFRC)

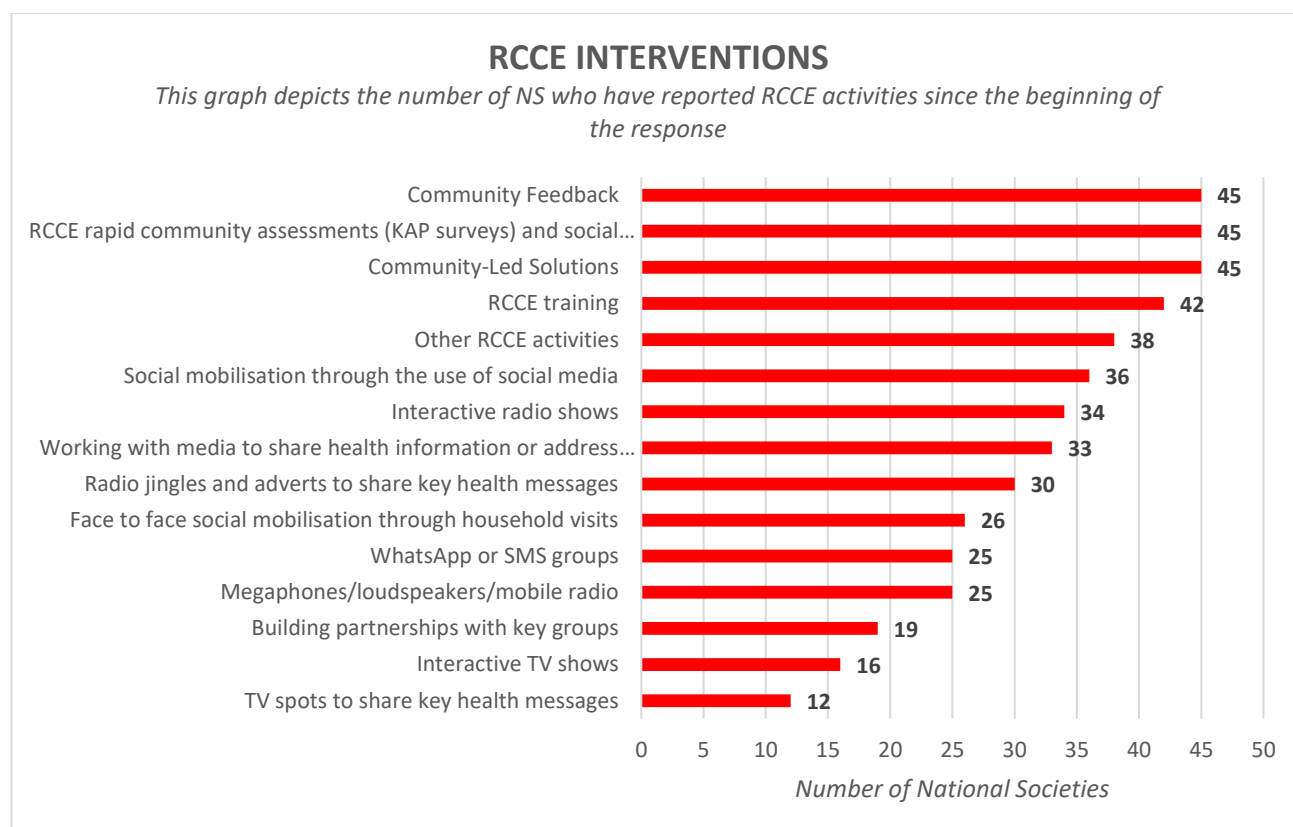
UPDATED COVID-19 Risk Communication and Community Engagement Strategy

Africa

Version: 15/01/2021

1. An update on Risk Communication and Community Engagement in the COVID-19 response

Risk communication and community engagement (RCCE) is one of the key pillars of the response within the IFRC Africa Regional Emergency Plan of Action (EPoA) for the COVID-19 pandemic. To date, 45 out of 49 African NS have included RCCE activities in their COVID-19 response plans.



A total of 45 ANS have been systemically collecting, analysing and acting on community feedback to strengthen and adapt response activities and to gather insights on rumours, perceptions attitudes and misinformation of COVID-19. This is an 18% increase on the number of National Societies who reported to have feedback mechanisms in place at the end of 2019 (36 National Societies in total). Since February 2020, across the Africa region, we have recorded, coded and analysed 125,613 feedback comments relating to COVID-19 and have produced 27 regional feedback reports to guide and inform decision making within the response.



More than half of African National Societies (33) have been working with the media during the COVID-19 response, by sharing community insights and supporting journalists to address these, organising webinars, or workshops with journalists, conducting interviews on TV, radio or newspapers where health advice or rumours and misinformation are addressed.

A total of 76 RCCE trainings have been conducted across 42 NS, including modules on the importance of RCCE in the response to COVID-19; RCCE activities across the response phases; risk communication approaches; collecting and responding to community feedback and supporting community participation. 34 of these trainings were combined with modules on Epidemic Control for Volunteers, in partnership with health teams.

It is clear that African NS have made significant progress over the past 10 months to build trust with communities to ensure that they listen to and act on life-saving advice and are empowered to take an active role in implementing solutions to tackle the pandemic. This is critical to limiting the spread of the COVID-19 and the number of deaths. Unfortunately, the COVID-19 is far from under control and it is necessary to revise our strategy to reflect the current context in Africa and to capture the learning, new information and resources that are now available to us so that our approach over the next 6 months is as relevant and evidence-based as possible. The revised strategy outlines broad behavioural data and insights from across Africa to guide our response activities and focuses on achieving three primary objectives: **1.) strengthening community-led approaches to improve the quality of community engagement activities; 2.) using disaggregated feedback data to drive decision making; and 3.) building capacity to ensure localised and culturally sensitive responses.** The strategy covers the whole of 2021, but may be revised accordingly to ensure activities and priorities are aligned to the changing context.

2. Why is Risk Communication and Community Engagement still important?

To build trust, it is key to understand how communities perceive the disease and the response, as well as their questions, suggestions, and capacities. To maintain trust, we must listen, respond and act on what communities are telling us. If health and risk communication information and approaches remain static and are not updated to reflect the changing concerns, questions, and suggestions from communities, they will not remain relevant or trusted by people and the epidemic response will fail.

2.1. What are communities in Africa saying about COVID-19?

MOST COMMON FEEDBACK TOPICS ACROSS COUNTRIES

This chart includes topics heard in 4 countries or more

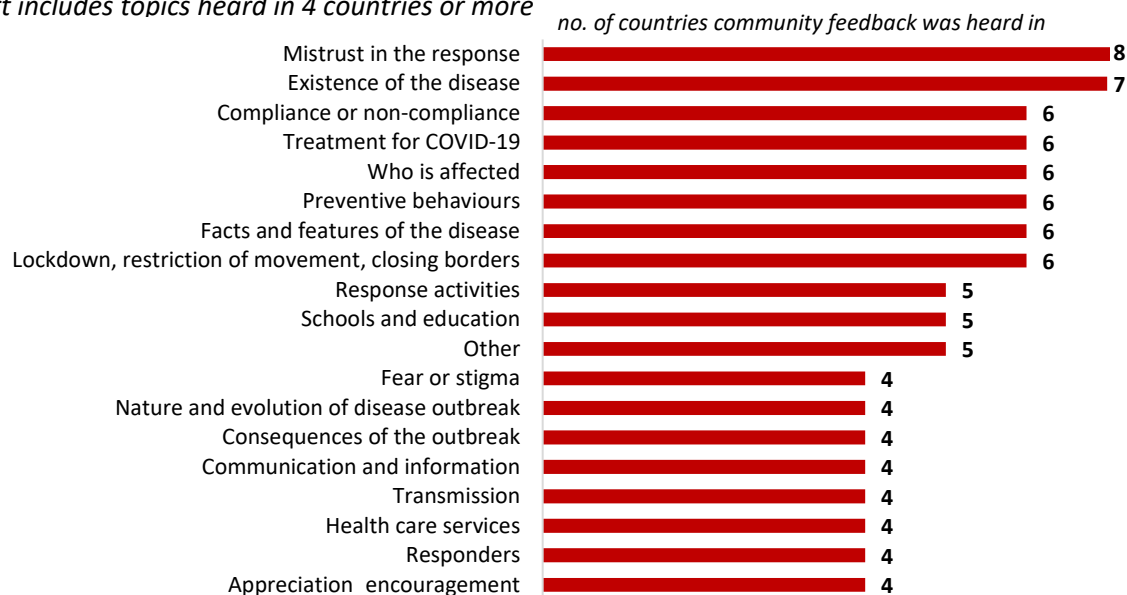


Figure 1. IFRC Community Feedback Report #25, 30th November 2020

Broad trends from the behavioural data and community insights gathered from NS across Africa has shown us that risk perceptions are declining; that people believe that COVID-19 is a threat but more so to others than themselves. In many African countries we have seen evidence that **people believe COVID-19 does not affect the young** or that it is **not a virus people in Africa are susceptible to**. The data has also highlighted the **belief that the disease does not exist**, or that the **pandemic has already ended**. **Declining risk perceptions** and **fatigue with the pandemic** may result in people failing to comply with the advice of health professionals and to follow preventative measures that will keep them safe. This has been compounded by fears of job losses during lockdown and people being forced to make the decision to prioritise their livelihoods over their health:

Questions:

“Why don’t we see people on TV with covid?” – DRC, Household visit, 27 November 2020

“Is there still covid in Cameroon?” – Cameroon, Face to face through social mobilizer, 27 November 2020

Rumours, observations and beliefs:

“Covid -19 is not real is only exaggerated”– Malawi, Household visit, 25 November 2020

“There’s no more covid19, but is there Ebola?” – DRC, Household visit, 25 November 2020

“There is no Corona virus in Zambia.” – Zambia, Focus group discussion with community, 23 November 2020

“We know that covid exists, but we haven’t seen any dead bodies or sick people yet”– Cameroon, Face to face through social mobilizer, 23 November 2020

Figure 2. Comments and questions about the existence of the disease - IFRC Community Feedback Report #26, 14th December 2020

Mistrust in the response – in government institutions and in international organisations - has been another consistent trend seen in our feedback data. **Beliefs that governments have been inflating the number of cases to secure funding from the international community** (and subsequently misappropriating those funds), or **beliefs that governments have been hiding the number of cases** so that they can keep economies and borders open, are likely to impact the level of trust and acceptance that communities have in government-led response efforts. **Beliefs that international figures, such as Bill Gates, have ulterior motives for funding the response or vaccine development** is also a significant cause for concern as we prepare for the roll out of a vaccine which has been developed in record time and by a wide range of international organisations:

Rumours, observations and beliefs:

“There is no covid here, there was only one case and the person was already dead. You lie so you can get money.” – DRC, Household visit, 23 November 2020

“Coronavirus was created in a laboratory to decrease the population” – Cameroon, Face to face through social mobilizer, 23 November 2020

“People just want money in the name of covid” – Malawi, Household visit, 24 November 2020

“White people want to kill Africans” – Cameroon, Face to face through social Mobilizer, 23 November 2020

Figure 3. Comments about mistrust in the response - IFRC Community Feedback Report #26, 14th December 2020

Stigma of people who have recovered from COVID-19, or those adhering to public health measures such as wearing a face mask, have been very prevalent and extremely difficult to address. This has suppressed people’s willingness to speak publicly about their experiences of falling ill and may subsequently have fuelled **misinformation that ‘normal people’ cannot catch the COVID-19**, that it does not exist anymore, or that it is only a disease of the rich or of people living in towns and cities:

Questions:

“Why don’t we see victims of coronavirus?” – DRC, household visit, 28 October 2020

“Does COVID still exist?”

– Cameroon, National Society radio show, 24 October 2020

“Wait, I don’t have any friends who know someone with a relative who’s died of coronavirus or even has contracted coronavirus. Where are the cases?”

– Gabon, focus group discussion with community members, 23 October 2020

“Why don’t you disclose the people who have COVID-19?”

– DRC, household visit, 21 October 2020

Figure 4. Questions about the existence of the disease - IFRC Community Feedback Report #24, 16th November 2020

As highlighted above, **decreasing risk perceptions and fatigue with the pandemic are impacting compliance with preventative measures**, including mask wearing. This is impacted by authorities

and people in leadership positions not following the guidelines, as well as the misperception that the disease is over or not prevalent anymore.

Rumours, observations and beliefs:

"The observation from volunteers is that people are now tired on adhering to COVID protocols such as wearing of masks." – South Africa, NS focal points reporting to IFRC, 4 September 2020

"You get tired of wearing the facemask when there are no more sick people around." – Gabon, social media, 4 September 2020

"Only few people are using facemask in our town." – Sierra Leone, National Society hotline, 27 August 2020

"The government does not respect barrier measures, so we too do not respect barrier measures." – Ivory Coast, focus group discussion with community members, 25 August 2020

"We no longer wear the masks because the disease is over." – Cameroon, WhatsApp group with community members, 2 September 2020

"School children are not using facemask." – Sierra Leone, National Society hotline, 26 August 2020

"Here there are several soldiers, but they don't wear a nose mask." – DRC, household visit, 24 August 2020

Figure 5. Comments about non-compliance of wearing face masks and other preventative measures – IFRC Community Feedback Report #20, 21st September

Many community members across Africa have requested support from the Red Cross Red Crescent in installing handwashing stations, distributing PPE including masks, and lobbying governments and authorities to follow the advice from healthcare professionals and enforce these measures more widely to help curb the spread of infection:

Suggestions or requests:

“We need washbasins and masks.”

– DRC, household visit, 30 October 2020

“Red Cross to help with soap for hand washing.” – Sierra Leone, National Society hotline, 30 October 2020

“Wearing a mask should be compulsory.”

– DRC, household visit, 28 October 2020

“Government should encourage us to follow preventive measures.” – Malawi, household visit, 21 October 2020

“Why has the government given up on protective measures when the community still thinks that COVID-19 doesn’t exist any more because of the authorities have failed?”

– DRC, household visit, 23 October 2020

Questions:

“Why aren’t the authorities insisting that people respect the protective measures?” – DRC, household visit, 26 October 2020

Why don’t they respect protective measures in public places any more?”

– DRC, household visit, 19 October 2020

Figure 6. Suggestions about addressing non-compliance with public health measures – IFRC Community Feedback Report #24, 16th November 2020

Misinformation about how to treat COVID-19 have also been widespread. **Beliefs that alcohol, herbal treatments, traditional medicines, or prayers will prevent people becoming infected** have been common, impacting compliance towards adopting preventative measures such as wearing a mask or self-isolating. Feedback data also highlighted **confusion about how people can recover from COVID-19 if there is no cure**, leading some to conclude that cures do exist but are being restricted by governments and international organisations to make money. This may impact people’s perceptions towards the vaccine; if they believe they can be cured with herbal remedies or other medicines, for example, they may be less willing to accept the vaccine:

Rumours, observations and beliefs:

“There’s no cure for COVID-19.” – Madagascar, National Society report, 19 July 2020

“Artemisinin is a medicine that treats Covid-19.” – DRC, household visit, 24 July 2020

“Herbal teas are more effective than modern medicines.” – Burundi, National Society report, 25 July 2020

“The only medicine to cure COVID-19 is to drink alcohol.” – DRC, household visit, 24 July 2020

“COVID-19 is a disease invented by the Government to sell chloroquine.” – Benin, National Society report, 17 July 2020

Figure 7. Comments about beliefs of treatments - IFRC Community Feedback Report #17 10th, August 2020

The overabundance of information circulating in traditional and social media has contributed to an ‘infodemic’, which makes it hard for people to identify what information is reliable and trustworthy. Continuing to listen to, analyse and act on community feedback and insights will help to ensure that our activities and advice reflects the changing concerns, questions, and suggestions from communities and that the Red Cross Red Crescent continues to be seen as a relevant and trusted source of information throughout the response. This will be particularly important as we begin to roll out the vaccine across Africa.

2.2. Current context in Africa

As of the 31st December 2019 there have been a total of 2,832,753 cases across Africa and 67,277 deaths.¹ The countries currently with the most cases and deaths are South Africa, Ethiopia and Kenya. Sharp spikes in new cases have also been recorded in Nigeria, Zimbabwe, Eswatini, Malawi, Mozambique and Zambia. There is clear indication that a ‘second wave’ of COVID-19 cases has hit the African continent, reflecting the trend worldwide; the daily average of new cases between 22nd December 2020 – 4th January 2021 surpassed the daily average sustained during the first wave in Africa in July 2020.² Many cases are likely going undetected because the test per case ratio in Africa remains lower than recommended. In the face of both the second wave and presence of a new variant of COVID-19 detected in South Africa, which is now being reported from at least four countries (Botswana, South Africa, Mozambique and Zambia), adherence to public health and social measures remains paramount in preventing the further spread of COVID-19.

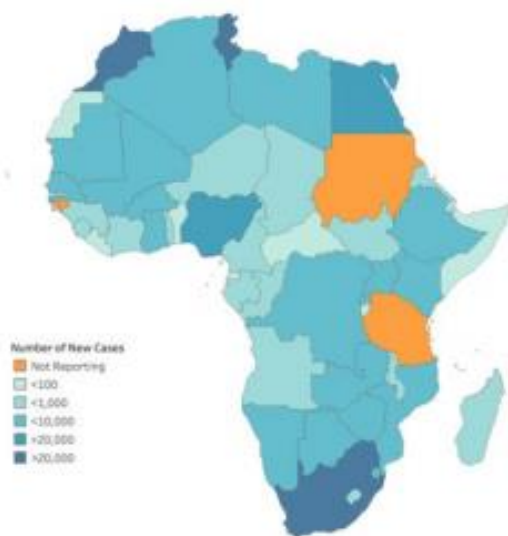


Figure 8. PERC bi-weekly report: increase in new cases between 22 December - 4 January (Africa CDC)

¹ European Centre for Disease Prevention and Control, Covid-19 situation update week 1 2021: <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>

² PERC bi-weekly report 22 December - 4 January (Africa CDC): <https://africacdc.org/download/perc-biweekly-report-22-december-04-january-2020/>



2.3. COVAX introduction

Globally, the Access to COVID-19 Tools (ACT) Accelerator is a collaboration established to accelerate the development, production and equitable access to COVID-19 tests, treatments, and vaccines. The COVAX Facility represents the vaccine pillar of the ACT-Accelerator and is co-led by Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness and Innovations (CEPI) and WHO, in partnership with many other multi-lateral agencies and vaccine manufacturers. Within COVAX there is a commitment to ensure access to vaccines for 92 lower income countries that are eligible for Overseas Development Aid (ODA) titled 'Advanced Market Commitment' (AMC) countries, of which 42 are in the Africa region. In anticipation of the roll out of the vaccine, WHO/AFRO has established a 'COVID-19 Vaccine Readiness and Deployment Taskforce (ACREDT)' that will work across the Africa region to facilitate the technical aspects of essential COVID-19 vaccine readiness and delivery activities.

The work of ACREDT is organised across 5 pillars, including a 'Demand, Risk Communication and Community Engagement' technical working group. The objective of this TWG is to support countries in establishing or strengthening capacity for information management, risk communications and community engagement to ensure optimal uptake of COVID-19 vaccination by all targeted groups. Core activities include applying lessons learned from epidemics in other contexts and facilitating the exchange of tools and approaches amongst partners; developing regional guidance to leverage COVID-19 vaccine demand activities to enhance uptake of vaccines more broadly; developing and adapting essential tools and approaches incl. survey tools, training packages, core information, and education and communication materials to harmonise demand creation activities; and establishing mechanisms for collecting and acting on community feedback and behavioural insights to tackle misinformation. IFRC is an active member of the TWG, which is chaired by UNICEF and meets on a bi-weekly basis. Any community feedback relating specifically to the COVID-19 vaccine is shared by the community feedback sub-working group to ensure linkages with the broader RCCE TWG.

Internally within IFRC there is a COVID-19 vaccine 5 pillar global strategy which was launched at the end of 2020. The 5 pillars of the strategy are: advocate; trust; health; reach and maintain. The work of RCCE falls under the trust pillar and seeks to shift from 'messaging' to community engagement and participatory approaches; to understand how communities perceive the disease and the response; to generate real-time data on community perspectives; to act and adapt our response activities; and to co-create solutions in partnership with communities. In Africa more specifically the region has launched its 2021 – 2022 immunisation plan, which reflects the global 5 pillar strategy as well as an integrated plan to support the 42 'Advanced Market Commitment' (AMC) countries in Africa, prioritised for support by the COVAX Facility.

42 AMC countries for COVID-19 vaccination support	<p>Low income within AMC including: Benin, Burkina Faso, Burundi, Central African Republic, Chad, Congo, Dem. Rep., Eritrea, Ethiopia, Gambia, The Guinea, Guinea-Bissau, Liberia, Madagascar, Malawi, Mali, Mozambique, Niger, Rwanda, Sierra Leone, Somalia, South Sudan, Tanzania, Togo, Uganda (24 countries)</p> <p>Lower-middle income within AMC including: Angola, Cabo Verde, Cameroon, Comoros, Congo, Rep. Côte d'Ivoire, Djibouti, Eswatini, Ghana, Kenya, Lesotho, Mauritania, Nigeria, São Tomé and Príncipe, Senegal, Sudan, Zambia, Zimbabwe (18 countries)</p>
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Evidently, RCCE will underpin global, regional, and national level response efforts around the COVID-19 vaccine. It is clear that a vaccine by itself is not enough to bring the pandemic to an end. The pandemic has exposed long-standing health and social inequities and a worrying rise of mistrust in vaccines and in national governments and international organisations. As highlighted in section 2.1 of this strategy, lack of trust has led to the refusal of many people to follow sound public health advice to limit the spread of COVID-19. The roll-out of a vaccine will only be successful if there is an immediate effort to build trust in communities, especially those isolated from or wary of governments. Addressing people's concerns will be critical to ensuring uptake of the vaccine. Trained Red Cross and Red Crescent volunteers, who are trusted members of the communities they serve, will play a critical role in reaching otherwise inaccessible and disenfranchised populations, and in listening to and responding to their concerns. It will therefore be critical to strengthen the volunteers' own understanding of the vaccine to ensure they are champions of acceptance themselves.

2.4. Red Cross Red Crescent Movement

RCCE support for COVID-19 will continue to be provided to National Societies through IFRC community engagement and accountability (CEA) specialists, based within four of the six clusters (East, Southern, Central and West Coast) and at regional level, with the ongoing support of a CEA delegate specifically for COVID-19, the CEA in emergencies delegate, a dedicated community feedback data officer based in Yaoundé and the Senior CEA Adviser for Africa. These positions are part of overall IFRC COVID-19 coordination structures.

RCCE support at the regional level covers;

- Mapping National Society capacity in RCCE and addressing gaps
- Developing, and regularly updating, a regional strategy for RCCE for COVID-19
- Preparing and adapting RCCE materials, guidance, and tools for Africa, including approaches to collecting, analysing, and acting on qualitative community feedback
- Identifying and supporting National Societies to adopt innovative approaches to RCCE within the COVID-19 response
- Coordinating approaches to RCCE activities for COVID-19 and sharing information with National Societies, IFRC, ICRC and partner National Societies
- Inter-agency coordination with external partners and stakeholders, such as UNICEF, WHO, Africa CDC, OCHA and other NGOs.

RCCE support to National Societies is also provided through partner National Societies bilateral programmes and the Community Epidemic and Pandemic Preparedness Program (CP3), which is currently active in seven countries.

2.5. Overview of non-Red Cross Red Crescent actors

Globally and within Africa, the World Health Organization is leading the response at the regional level and supporting Governments to lead at the country-level. The RCCE pillar in Africa is currently being formally led by United Nations Children's Fund (UNICEF), IFRC and WHO, who have established the [RCCE Collective Service](#), funded by the Bill and Melinda Gates Foundation. This includes leading and chairing RCCE technical working groups for the [east and southern Africa](#) region (ESAR) and [west and central Africa](#) region (WCAR), as well as community feedback sub working groups. WHO, along with UNICEF and Africa CDC, is supporting National Governments to develop, implement and adapt RCCE



strategies as part of their preparedness and response efforts. WHO is producing key updates, health protection recommendations, questions and answers and tracking and addressing myths and rumours circulating on social media through the recently launched [Africa Infodemic Response Alliance](#), which IFRC is a member of.

3. Risk Communication and Community Engagement within the COVID-19 response – 2021

RCCE will continue to be a key pillar of the Red Cross Red Crescent response to COVID-19 in Africa in 2021 and will contribute to the overall goal of supporting African National Societies to reduce the spread of infection and the number of deaths across the continent. RCCE approaches will continue to be mainstreamed and coordinated with health and psycho-social support activities.

The priority of RCCE approaches will be to;

1. Understand the beliefs, fears, rumours, questions and suggestions circulating in communities about the COVID-19, including the vaccine, and use this to inform the response.
2. Reduce community fear, stigma and misinformation, including on the vaccine.
3. Build trust in the response and the health advice shared, including on the vaccine.
4. Share timely, accurate information about COVID-19, and the vaccine, through the most trusted channels, to support people to adopt safe health practices, accept the vaccine and reduce the risk of the spread of infection.
5. Identify and support community-led solutions for preventing the spread of infection and bringing the outbreak under control, ensuring people's active participation in the response
6. All of the above approaches will ensure the most vulnerable groups are included and their needs, feedback and preferred and trusted communication channels considered.



In November 2020, the IFRC CEA regional team conducted a satisfaction survey with CEA focal points in African National Societies, to better understand how useful the support from regional and cluster teams has been, where improvements need to be made and what kind of support ANS would like to receive moving forwards. This data has been used to inform the updated strategy for 2021.

All Red Cross Red Crescent COVID-19 resources are available on the [CEA Hub](#).

4. Risk Communication and Community Engagement Operational Plan for 2021

Objective 1: Strengthen the quality of community engagement approaches to ensure the COVID-19 response is community-led

To date, much of the focus on RCCE in the COVID-19 response has been on developing and disseminating messages to inform communities about COVID-19, its symptoms, the preventative measures and who is most at risk. Regional trends indicate that most people across Africa now have a good understanding of COVID-19, although variations at country level do exist.³ Moving forwards, the focus of community engagement activities should shift towards more participatory approaches where National Societies facilitate community-led responses to COVID-19. These approaches have been proven to help control and eliminate outbreaks in the past and will be central to ensuring the uptake of the COVID-19 vaccine amongst target groups.

Community-led solutions in practice: Use of comedy and social media to engage local communities on COVID-19 messages in Kenya

Kenya Red Cross Society (KRCS) ran a perception survey in October 2020 which indicated that 38% of people get COVID-19 information from social media, while 43% still believed that the disease doesn't exist. Mr Munga, who is a graduate teacher and does part-time comedy, decided to start using his social media presence to sensitize communities on COVID-19. In partnership with KRCS, he translated many COVID-19 messages and shared them as videos or audios on various social media platforms including Facebook, WhatsApp and Instagram. The messages were also used during community sensitisation sessions through FGDs and using public address systems. A popular video of Dr. Magwaya is [here](#) (viewed 2208 times). In this video, a little girl (voicing the larger communities' sentiments) keeps saying, 'there is no Coronavirus, the doctors are lying to the people'. She tells the government to stop lying to the people because those who are dying are malaria patients. Magwaya dispels the rumors by showing pictures of senior government officials taking the test and one showing the burial function of a brother to another government official who passed on due to COVID-19. He keeps encouraging people that Coronavirus is real, that people must continue observing government measures. Over 200,000 people have been reached with COVID-19 messages through his social media platforms, FGDs and public address sensitization campaigns. Magwaya currently volunteers for KRCS's Kwale branch and supports CEA activities.

³ John Hopkins Centre for Communication Programmes, KAP Covid-19 dashboard: <https://ccp.jhu.edu/kap-covid/kap-covid-global-view-2/>



Outcome	Activities	Resources
National Societies have up-to-date, evidence-based RCCE strategies integrated in to their COVID-19 response plans, and staff and volunteers have the information they need to communicate effectively with the public.	Update existing RCCE strategies for the National Society reflecting the current context (i.e., infection rate and national COVID-19 policies); the most persistent and embedded community perceptions, attitudes and beliefs about COVID-19 and how the National Society will try to address these; the achievements, challenges and lessons learned from an RCCE perspective over the past 10 months and what may be done differently or to improve existing activities moving forward. Staff and volunteers at branch level should be asked their opinions of how the National Societies' strategy should be updated and how current activities could be strengthened.	The Africa Region RCCE strategy (this document) COVID-19 Global Risk Communication and Community Engagement Strategy December 2020 – May 2021 Community feedback reports EN , FR



<p>Indicators</p> <p>IFRC # of National Societies with an updated RCCE strategy or RCCE component within a national immunization plan in place for 2021</p> <p>National Society # of staff and volunteers briefed each month on the national COVID-19 situation, including on the roll out of the vaccine</p>	<p>Use lessons learned from vaccine roll out in other health epidemics, such as Ebola and polio, as well as global vaccine misinformation guidance to inform the development of RCCE approaches within national immunization plans. Use the '10 steps to vaccine readiness' to guide the design and implementation of RCCE activities for the roll out of the vaccine. Ensure these plans reflect cultural and contextual factors (local cultures and languages, customs, concerns and risky behaviours and practices of communities, preferred/trusted channels of engagement and gender and age-informed uptake and use of health services) that could help or hinder an effective response. Integrate the Behavioural and Social Drivers (BeSD) vaccine questions into perception surveys, FGDs and planned assessments to understand levels of acceptance towards the vaccines and reasons for vaccine hesitancy, in order to inform RCCE activities and messages. Pay special attention to groups at risk of being excluded from vaccination campaigns, such as IDPs, refugees, migrants, ethnic or religious minority groups. Develop advocacy objectives to advocate for the inclusion of any groups identified as excluded with key stakeholders.</p>	<p>UNICEF vaccine misinformation guidance</p> <p>BeSD COVID-19 survey questions (Annex 1)</p> <p>IFRC Africa Immunization Plan 2021-2022</p> <p>10 steps to vaccine readiness</p> <p>Vaccination lessons learned from Ebola PPTs</p> <p>Training package on PGI/CEA for vaccine demand and acceptance (COMING SOON)</p>
	<p>Ensure all staff and volunteers are fully briefed and regularly updated on country level COVID-19 RCCE strategies and immunization plans, the current COVID-19 infection rate at country level and recent community-level feedback, perceptions and attitudes to ensure staff and volunteers can communicate effectively with the public. Encourage staff and volunteers to ask questions and to contribute to the design and implementation of response activities at branch level. Use and adapt the COVID-19 Frequently Asked Questions (FAQs) bank to help volunteers respond to community questions during social mobilisation activities.</p>	<p>Frequently Asked Questions (FAQs), COVID-19 Vaccines</p> <p>IFRC Africa COVID-19 Q&A Tool</p> <p>Key messages on COVID-19 vaccine – COMING SOON</p>

	<p>Continue or start to participate in national RCCE coordination structures to facilitate information sharing and collaboration among humanitarian partners, share community feedback and develop inter-agency recommendations to take appropriate action. This will also help to harmonise messages and activities to better address current fears, rumours and information gaps or changing approaches to contact tracing, quarantine measures, treatment services and vaccine roll out. At regional level IFRC will continue to co-lead the RCCE TWGs for east and southern Africa and west and central Africa.</p>	
<p>People actively participate in tackling COVID-19 by promoting safe health practices, facilitating community action and helping to reduce fear, stigma and misinformation.</p> <p>Indicators</p> <p>IFRC</p> <p># of National Societies supporting community-led solutions</p> <p>National Society</p>	<p>Work with representative community groups to identify and support local, practical solutions to preventing the spread of infection and gaining acceptance for the vaccine. Use the community led solutions package to engage staff and volunteers on best practice and how to engage communities on their ideas for solutions at community level.</p> <p>The IFRC CEA team will update the community-led solutions guide to ensure it contains more practical tips and suggestions, good examples from NS, infographics and visual content to make the guidance more accessible (based on feedback from the NS Satisfaction Survey). The webinar series on community-led solutions will continue to showcase best practice from NS in this area.</p>	<p>Community-led solutions package (webinar recordings and resources)</p>
	<p>Adapt health information and activities based on feedback collected from communities and share information through creative and innovative approaches and channels (e.g., 2-way SMS, interactive radio with health experts, TV broadcasts, messaging apps, social media, through religious and cultural leaders, established community groups etc.), based on movement restrictions and social distancing guidelines. Use engaging content, such as the Story of Coronavirus (available in 21 languages) to promote key messages.</p>	<p>RCCE guidance note for the National Society & IFRC response teams</p> <p>Story of Coronavirus</p>



<p># of communities supported to implement their own solutions</p> <p>#of community leaders or influencers strengthened to support and guide community led solutions</p> <p># of people reached with information about COVID-19 through 2-way channels</p>	<p>Collect and share testimonials of health care workers, community leaders, local politicians or authoritative figures, social media influencers and other trusted members of society who have recovered from COVID-19 to help mitigate stigma of those who have had the virus. The stories should be positive and should not portray anyone who has had COVID-19 negatively. Always ensure to get full consent of anyone who is willing to talk about their experience. Use the tip sheet on collecting and sharing testimonials and collaborate with communications colleagues to guide your work. The IFRC CEA team will collaborate with the Communications team to host a webinar on how to collect testimonies of people who have recovered from COVID-19.</p>	<p>A guide to preventing and addressing social stigma associated with COVID-19</p> <p><u>Tip sheet on collecting and sharing testimonials</u></p>
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Objective 2: Collect, analyse and act on community feedback data to inform decision making

More African National Societies than ever before are reporting that they are systematically listening to and acting on community feedback to strengthen the quality of their COVID-19 responses.⁴ This momentum needs to be continued to ensure that our activities are responsive to the needs, concerns, beliefs, and attitudes of communities, and that we remain a trusted source of information about COVID-19 and the vaccine.

Acting on community feedback in practice: informing COVID-19 response activities in Cameroon

At the beginning of the COVID-19 outbreak, the Cameroon Red Cross identified an opportunity to collect community feedback to know more about perceptions and needs in relations to the pandemic. Community insights were collected through different channels to reach a wide range of audiences inclusively, and the National Society analysed this feedback in real-time to guide its action. The National Society quickly realized the importance of feedback and put it to good use to concretely take steps to help communities to protect themselves from COVID-19. Feedback was used to ensure that messages developed were easy to understand and highlighted areas and communities that needed WASH interventions for easier access to clean water. Finally, the Cameroon Red Cross used community voices to shape radio programs, discussing different aspects of the pandemic and to inform their overall communication strategy. The result of the experience was that feedback allowed the National Society to identify a way to keep supporting communities during the unprecedented and challenging times brought about by the pandemic, rolling out activities that were relevant and timely.

Indicators	Activities	Resources / Funding needs
Understand and act on the main fears, beliefs, questions and suggestions in communities about COVID-19 and the vaccine	NS should use the COVID-19 qualitative feedback tools to strengthen and scale up mechanisms to collect, analyse and act on community feedback to better understand people’s fears, beliefs, questions and suggestions about COVID-19 and the vaccine. Use this data to produce regular NS feedback reports to help plan and improve health and RCCE approaches and activities at country level. National Societies should share country level feedback reports widely with internal and external stakeholders to facilitate evidence-based decision making, particularly within national RCCE coordination mechanisms.	IFRC COVID-19 community feedback webinar series + tools IFRC Africa regional COVID-19 feedback reports

⁴ 45 out of 49 African National Societies have shared feedback data with the regional CEA team in 2020-2021, an increase of 18% since the end of 2019.



<p>Indicators IFRC # of National Societies using the COVID-19 feedback tools to create their own feedback reports</p>	<p>The IFRC CEA team will continue to produce and share the monthly regional community feedback reports (88% of respondents from the NS Satisfaction Survey said they ‘always’ or ‘sometimes’ read them). A Word version of the reports will also be shared so that NS can more easily translate the report into local languages. Regular webinars will also be set up to discuss the feedback findings and showcase how National Societies are integrating the recommendations into their work.</p>	<p>IFRC Africa COVID-19 Ask Dr. Ben/Dr. Aissa factsheets and videos</p>
<p># of National Societies participating in the Ground Truth volunteer perception survey project</p> <p>National Society # of community feedback comments recorded</p>	<p>The IFRC CEA team will continue to produce and share the Ask Dr. Ben/Ask Dr. Aissa factsheets (76% of respondents from the NS Satisfaction Survey said they ‘always’ or ‘sometimes’ read them) and the Ask. Dr. Ben/Dr. Aissa videos (69% of respondents said they watch them ‘every week’ or ‘occasionally’). The IFRC CEA team and the Communications team will collaborate to produce guidance on how to dub or create country level feedback videos.</p>	<p>Focus Group Discussion guide and questions for community volunteers & community members</p> <p>Tips for using social media guide</p> <p>COVID-19 rapid perception survey questions</p>
<p># of volunteers who have submitted responses to the Ground Truth perception survey</p>	<p>NS should translate and share the monthly regional community feedback reports as well as the Ask Dr. Ben/Dr. Aissa factsheets and videos with branch level staff and volunteers to inform topics and areas of focus for RCCE activities and to brief social mobilisers and volunteers working regularly with communities.</p>	
<p># of operational decisions made and recommendations</p>	<p>Set up and integrate mechanisms to systematically listen to the perceptions and suggestions of Red Cross Red Crescent volunteers, as they have a unique view of the way communities are experiencing the COVID-19 epidemic as well as the Movement’s response activities. Use this information to adapt response activities. Encourage and support volunteers to take part in the volunteer perception survey in partnership with Ground Truth Solutions – to be rolled out in February 2021.</p>	

<p>implemented based on community feedback</p>	<p>Regularly review and utilise social science and behavioural data produced and shared by other agencies to cross-check community feedback findings to build a robust understanding of community knowledge, attitudes, perceptions and beliefs about COVID-19 and the vaccine. Use this data to conduct deep dives on priority topics, such as acceptance of the vaccine, to inform response strategies and to plan health and RCCE approaches and activities. The key findings should be summarised into a report and shared with the National Society senior leadership and sector leads.</p> <p>Useful data sources include:</p> <ul style="list-style-type: none"> • RCCE Technical Working Group inter-agency feedback reports for West and Central Africa and East and Southern Africa • UNICEF social listening reports • UNICEF’s COVID-19 Social Media and Digital Listening dashboard for the East and Southern Africa Region • Links to UNICEF Talkwalker COVID-19 country dashboards • John Hopkins COVID-19 KAP dashboard • Africa CDC vaccine perception survey • WHO-led Africa Infodemic Response Alliance • Internews Rooted in Trust project 	<p>BeSD COVID-19 survey questions (Annex 1)</p>
	<p>If communications support exists, organize regular briefing sessions with journalists on COVID-19 to share accurate information about the disease and ask for their support to inform the public and counter rumours and misinformation. Collaborate with local journalists to share positive stories about people who have recovered from COVID-19 to help address stigma.</p>	<p>UNESCO COVID-19 resource centre for journalists Tip sheet on collecting and sharing testimonials</p>

Objective 3: Build capacity to drive a localised response

Ensure that National Societies have the skills, technical knowledge and tools to identify and support local solutions to control the pandemic and mitigate its impacts. Identify creative ways to share learning and best practice and promote the work African National Societies are doing to engage communities within the COVID-19 pandemic. Recognise and showcase local expertise and support National Society CEA focal points to lead on innovative, contextualised solutions to tackling the pandemic.

Building local capacity in practice:

As part of the response to COVID-19, the Health and CEA departments in the Africa Region delivered a combined Epidemic Control for Volunteers (ECV) and Risk Communication and Community Engagement (RCCE) Training of Trainers (ToT) package for National Society staff implementing health and RCCE activities. The training provided an overview of the ECV training materials and RCCE training package, both of which were adapted for COVID-19. The ToT also focused on training and facilitation skills, including for online or remote trainings. In total 76 RCCE trainings have been conducted across 42 NSs in Africa.

Outcome	Activities	Resources / Funding needs
<p>National Societies have the skills, technical knowledge and tools to identify and support local solutions to controlling the COVID-19 pandemic.</p>	<p>IFRC CEA team will develop a training package, in partnership with PGI and health colleagues, on vaccine demand and acceptance within the COVID-19 response and support the roll out of this package across the clusters within the Africa region. The training will integrate best practice from other health epidemics within Africa, such as Ebola and polio as well as expert advice from leading organisations and institutions.</p>	<p>Risk Communication and Community Engagement training packages and webinars</p> <p>CEA/PGI vaccine demand 1-day training package – COMING SOON</p>

<p>Indicators</p> <p>IFRC</p> <p># National Societies who have rolled out vaccine demand and acceptance trainings</p> <p># National Society peer exchange visits facilitated to strengthen knowledge sharing on epidemic response</p> <p>National Societies</p> <p># Global or regional vaccine demand tools or resources translated and disseminated at branch level</p>	<p>NS CEA focal points should train volunteers in RCCE approaches (if not done already) for COVID-19 and on vaccine demand and acceptance in order to scale up social mobilization to engage communities in preventing the spread of COVID-19 and mitigating vaccine hesitancy. Volunteers will be critical to promoting the uptake of the vaccine amongst target groups and so it is essential NSs focus on ensuring volunteers' own questions and concerns about the vaccine are addressed.</p> <p>Translate and adapt vaccine guidance on tackling misinformation and designing and implementing vaccine demand creation activities to ensure approaches are relevant and contextualised to the local context.</p> <p>Facilitate peer exchange visits between CEA and health focal points to strengthen knowledge sharing on epidemic response, particularly with NS who have experience with other health epidemics such as Ebola, polio or cholera preparedness and response.</p> <p>Find creative ways to promote and share the work of National Societies within the COVID-19 response, such as continuing to run the webinar series on community-led solutions, producing a monthly snapshot on achievements of NS across Africa and scaling up the production of case studies.</p>	<p>Vaccine misinformation management guide</p> <p><u>Guidance for National Societies on safe and remote risk communication and community engagement during COVID-19</u></p>
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Resources and Annexes

Resources

For the most up to date versions of all these resources, please visit the Community Engagement Hub COVID-19 page: <https://communityengagementhub.org/what-we-do/novel-coronavirus/> or the IFRC Go Platform: <https://go.ifrc.org/emergencies/3972#additional-info>

Strategic documents

1. COVID-19 Global Risk Communication and Community Engagement Strategy December 2020 – May 2021 - [EN](#)

Training packages and webinars

2. [Global repository of COVID-19 IEC materials](#) – multiple languages
3. Risk Communication and Community Engagement training packages and webinars
 - a. COVID-19 1-day rapid RCCE training (face-to-face) – [EN](#), [FR](#), [AR](#), [SP](#)
 - b. 3-day epidemic control for volunteers + risk communication/community engagement training (online) – [EN](#), [FR](#), [AR](#), [SP](#)
 - c. Community feedback webinar series
 - i. #1: Collecting and recording community feedback data – [EN](#), [FR](#)
 - ii. #2: Excel analysis tool and report writing – [EN](#), [FR](#)
 - iii. #3: Recap and discussion – [EN](#), [FR](#)
 - iv. #4: Intro to coding of qualitative data – [EN](#), [FR](#)
 - v. Feedback tools and templates – [EN](#), [FR](#)
 - vi. Feedback guides and other resources – [EN](#), [FR](#)
 - d. Mistrust and denial webinar recordings and resources – [EN](#), [FR](#), [PT](#)
 - e. CEA in Cash during COVID-19 webinar – [EN](#), [FR](#)
 - f. Community-led solutions to COVID-19 webinar – [EN](#)
 - g. RCCE in home-based care webinar - [EN](#)
 - h. Engaging with migrant communities webinar - [EN](#)
 - i. The role of media in addressing stigma - [EN](#)

Africa community feedback reports and information products

4. Africa regional community feedback reports – [EN](#), [FR](#)
5. Ask Dr. Ben/Dr. Aissa fact sheets – [EN](#), [FR](#)
6. Ask Dr. Ben/Dr. Aissa videos – [EN](#), [FR](#) (Dr Aissa), [FR](#) (Dr Joelle)
7. Inter-agency community feedback reports for east and southern Africa – [EN](#)
8. Inter-agency community feedback reports for west and central Africa – [FR](#)

COVID-19 vaccine

9. Frequently Asked Questions (FAQs) on COVID-19 Vaccine – [EN](#)



10. Vaccine misinformation management field guide – [EN](#), [FR](#), [AR](#) – coming soon, [PT](#) – coming soon
11. BeSD COVID-19 survey questions (Annex 1)
12. 10 steps to vaccine readiness - [EN](#)
13. Behavioural considerations for acceptance and uptake of COVID-19 vaccines – [EN](#)
14. Rapid Review: Vaccine Hesitancy and Building Confidence in COVID-19 Vaccination – [EN](#), [FR](#), [AR](#), [SP](#)
15. Vaccination lessons learned from Ebola PPTs - [EN](#)

Assessments, FGDs and surveys

16. RCCE KAP survey questionnaire - [EN](#)
17. COVID-19 rapid perception survey – [EN](#)
18. Guide to run FGDs with community volunteers – [EN](#), [FR](#), [AR](#)
19. Guide to run FGDs with community members – [EN](#), [FR](#)

Engaging with vulnerable people

20. The pandemic fatigue first aid kit – [EN](#)
21. Community engagement principles for contact tracing – COMING SOON
22. Guidance: contact tracing for COVID-19 – [EN](#), [FR](#)
23. Practical guidance for RCCE for refugees, Internally Displaced Persons (IDPs), migrants, and host communities particularly vulnerable to COVID-19 pandemic - [EN](#)
24. Tips for volunteers on conducting face-to-face community meetings during COVID-19 – [EN](#), [FR](#), [AR](#), [PT](#)
25. Tips for engaging communities during COVID-19 in low-resource settings, remotely and in-person - [EN](#)
26. How to include marginalized and vulnerable people in risk communication and community engagement - [EN](#)
 - a. How to include marginalized and vulnerable people in risk communication and community engagement Update #1 - [EN](#)
27. COVID-19: RCCE guidance note for IFRC and National Societies – [EN](#), [FR](#), [AR](#), [PT](#)
28. Children and COVID-19 inter-agency fact sheet - [EN](#)
29. Youth and COVID-19 inter-agency factsheet - [EN](#)
30. A guide to preventing and addressing social stigma associated with COVID-19 - [EN](#), [FR](#), [AR](#), [PT](#)
31. Tip sheet on collecting and sharing testimonials - [EN](#)
32. Guidance for National Societies on safe and remote risk communication and community engagement during COVID-19 [EN](#)

Annex 1

BeSD COVID-19 surveys, v1

BeSD COVID-19 surveys and indicators

Instructions for readers:

The table below contains both Adults and Healthcare worker indicators and corresponding items developed for the BeSD COVID-19 surveys. Table cell colours are indicative of the domain (**thinking and feeling**, **social processes**, **motivation**, and **practical issues**).

	Construct	Indicator	Adults item	HCW item
4	General vaccination – Ease of access	% of adults/HCWs who believe that accessing vaccination for themselves is "very" or "moderately" easy	How easy is it to get vaccination services for yourself? Would you say... <input type="checkbox"/> Not at all easy <input type="checkbox"/> A little easy <input type="checkbox"/> Moderately easy <input type="checkbox"/> Very easy	[same as adults]
9	COVID-19 vaccine – Trust in new vaccine	% of adults/HCWs who would trust the new COVID-19 vaccine "moderately" or "very much"	How much would you trust the new COVID-19 vaccine if it were available for you now? <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Very much	[same as Adult]

10	COVID-19 vaccine – Confidence in benefits	% of adults/HCWs who think a COVID-19 vaccine is “very” or “moderately” important for their health	<p>How important do you think getting a COVID-19 vaccine will be for your health? Would you say...</p> <p><input type="checkbox"/> Not at all important</p> <p><input type="checkbox"/> A little important</p> <p><input type="checkbox"/> Moderately important</p> <p><input type="checkbox"/> Very important</p>	[same as Adult]
14	COVID-19 vaccine – Intention	% of adults/HCWs who would get a COVID-19 vaccine if it was recommended to them	<p>If a COVID-19 vaccine were recommended for you, would you get it?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p>	[same as Adult]
16	COVID-19 vaccine – Willingness to recommend	% of HCWs who would recommend a COVID-19 vaccine to eligible patients	n/a	<p>Would you recommend a COVID-19 vaccine to eligible patients, when it becomes available?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p>
23	COVID-19 vaccine – Descriptive social norms	% of adults/HCWs who think most other adults they know will get a COVID-19 vaccine if it is recommended to them	<p>Do you think most adults you know will get a COVID-19 vaccine, if it is recommended to them?</p> <p><input type="checkbox"/> Yes</p>	[same as Adult]

			<input type="checkbox"/> <input type="checkbox"/> Not sure	
2 4	COVID-19 vaccine – Workplace norms	% of HCWs who think most of the people they work with will get a COVID-19 vaccine	n/a	Do you think most of the people you work with will get a COVID-19 vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> I am not currently working

