

HARNESSING INTERAGENCY SUPPORT FOR RCCE IN COVID-19

Case study from Zimbabwe



INTRODUCTION

A human catastrophe on a global scale, the COVID-19 pandemic has placed information and data at the centre of humanitarian response like never before.

Across Africa, Red Cross and Red Crescent National Societies, WHO, UNICEF and other local and international organisations have joined together with Ministries of Health and government counterparts to learn from communities – and from each other – to respond more effectively to COVID-19. The Collective Service – an interagency group co-led by IFRC, UNICEF and WHO – has provided global, regional, and country-level technical support and coordination.

In Zimbabwe, systems and platforms have been developed to ensure information from the local level is able to inform broader, provincial, national, and regional responses to the pandemic.

SPEAKING WITH ONE VOICE

The largest voluntary organisation in the country, Zimbabwe Red Cross Society (ZRCS) has been a crucial player in the response to COVID-19.

Surveys and feedback collection carried out by ZRCS have helped track rumours as well as people's questions, suggestions, and general perceptions of the virus, with findings shared with partners through the government-led Risk Communication and Community Engagement (RCCE) pillar – one of eight 'strategic pillars' set up to coordinate the multi-agency response to the virus.

ZRCS has increasingly integrated RCCE work tackling COVID-19 – particularly feedback collection and the sharing of health information – into its projects, but key to maximizing impact has been coordination with partners, particularly through peer-to-peer learning and support facilitated by the RCCE pillar.

One particular issue highlighted by feedback collected by partners in the RCCE pillar, including ZRCS, has been the lack of access to trusted information among people who are marginalised or hard to reach.



Leobah Mudungwe

ZRCS Safe-Guarding and Inclusion Coordinator

We really stepped up our RCCE work for COVID-19 – the RCCE pillar meets weekly or fortnightly, with all partners and relevant ministries attending, everyone shares what they are doing and it's a good chance to learn from others and for them to learn from us.

If organisations are encountering difficult questions from communities we discuss to make sure we all share accurate and consistent answers – we all need to speak with one voice and make sure information is consistent, and the coordination also helps avoid duplication of efforts, highlights where there are gaps, and where we need to focus efforts.

We also have a WhatsApp group for all the partners where we can share information and questions at any time, so we're always in touch and discussing our work together.

We realised that older people, people living with disabilities, people who do not speak the main languages – people in these groups were all experiencing challenges – now older people with disabilities are a group our volunteers really focus on, listening to their questions and sharing information with them to make sure they are included.

REACHING OUT

The RCCE pillar itself has also overseen development of COVID-19 information materials in all 16 of Zimbabwe's official languages, a key initiative for reaching people from minority communities, and the first time such comprehensive provision has been achieved.

Led by the Ministry of Health and Child Care, and co-chaired by the Ministry of Information, Broadcasting and Publicity, the RCCE pillar draws on and coordinates support from a spectrum of partners, including ZRCS.



Paul Chinakidzwa

National RCCE Pillar Lead

As the Ministry of Health alone, we would not be able to defeat the pandemic, the impacts go beyond the scope of just health.

Our RCCE committee is made up of government ministries, the UN family – WHO, UNICEF and UNDP – international non-governmental organizations, local non-governmental organizations, faith-based organizations, community-based organizations, private companies and individuals.

All these organizations work together and share information on what they are doing to defeat the virus through the RCCE committee.

Now that we have achieved this level of capacity, it is something that is so useful that we have to keep it going to help address other challenges we will face as a country.

LISTENING AND RESPONDING

The collection and analysis of community feedback is one area where coordination through the pillar and support from the Collective Service has made particular headway with Interfaith NGO, the Apostolic Women's Empowerment Trust (AWET), a key partner in collecting and reporting feedback into the national RCCE pillar and Collective Service's regional tracking.

AWET's facilitators listen to people nationwide, going door-to-door, and attending events and religious services to conduct interviews, and monitoring social media channels to understand the issues and rumours circulating there – together providing a comprehensive overview of people's attitudes, questions, and concerns which, combined alongside other partners' feedback reports, inform RCCE Pillar decision making.



Rachel James

Collective Service Coordinator for East and Southern Africa

Through our cross-partner initiatives, the Collective Service supported AWET and others with training in RCCE and managing feedback.

AWET have been amazing, within days they had collected really interesting insights, and have continued to feed in to the National and regional feedback systems ever since.



Hope Dunira

AWET's Head of Programmes

As AWET, we had collected feedback previously, but the training, and establishment of a system to bring findings together from multiple agencies, has helped improve efforts across the board – now we have a standard form developed to gather information relevant to the situation; what questions people are asking, comments they make, what rumours they hear about COVID-19.

Our District Focal Points consolidate all the information and clean the data, and send it on to our National Office where we host a dashboard showing findings and also compile regular reports.

The Collective Service's regional interagency coordination meetings are really helpful too – we get to hear what is happening within other countries, we get to see what the similarities are, we get to know best practices, and we also get to replicate, so we can adapt those best practices for use in our work.



Ngonidzashe Nyambawaro

Collective Service Regional Surge Coordinator

As well as the national-level coordination through the RCCE pillar, regional support from the Collective Service including technical support and training in feedback collection and management, has bolstered RCCE capacity and activities.

Based on systems established by the IFRC, we have carried out multiple trainings to standardise data collection approaches between partners, and help generate usable data.

This makes the whole process more efficient and effective, and better enables the feedback to inform concrete actions.



CONCLUSION

1 Challenges – Coordination of so many partners – government, humanitarians, the private sector, faith leaders, community leaders, and others – all experiencing fluctuations in funding and turnover in staff, against a background of shifting rules and limitations as a result of the pandemic, has required determined support and agile management. Despite deep-seated rumours and persistent vaccine hesitancy, efforts are paying off with improved interagency relationships, increased collaboration, and rising vaccination rates.

2 Learning – Provision of focused technical and coordination support – and resources – to manage and strengthen RCCE efforts, have enabled all those involved to provide better services that are more coherent, more useful, and have impact across all sectors of the response. Expecting spontaneous collaboration and coherence between RCCE actors without this type of focussed support is highly unrealistic.

3 Next Steps – Foundations have been laid putting communities at the centre of crisis response. There is clear consensus across partners of the need for ongoing RCCE coordination, and a shared interagency community feedback mechanism in particular, to continue beyond COVID-19 and to become integrated into the standard national health and emergency response architecture.

Links

Collective Service Feedback Dashboard: <https://www.rcce-collective.net/community-feedback-esar/>

2019 ZRCS community perception surveys: <https://communityengagementhub.org/resource/understanding-community-perceptions-and-implementing-rcce-in-covid-19-response/>

AWET: <https://awet.org.zw/>

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