NATIONAL-LEVEL RISK COMMUNICATION AND COMMUNITY ENGAGEMENT COORDINATION IN COVID-19

Case study from Eswatini

INTRODUCTION

Countries around the world have mobilised like never before as they seek to counter COVID-19, and with so many actors involved – government ministries, healthcare providers, NGOs, INGOs, National Red Cross and Red Crescent Societies, and the private sector amongst others – coordination has been key.

In Eswatini, as elsewhere, a 'strategic pillar' approach has been adopted, with coordination based on engaging partners around eight critical areas of work, with Risk Communication and Community Engagement (RCCE) one of the areas granted its own pillar.

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Bongiwe Dlamini
Head of the Eswatini Ministry of Health's Health Promotion Unit and RCCE Pillar Chair

When we started, we had a technical working group which was focused more on epidemiological issues, called the Communication and Community Mobilization Technical Working Group.

We built from that and invited more partners so that we could avoid duplicating efforts and work more in harmony.

Once a week each sub-group meets and discusses the items in their work plan to ensure that activities are moving forward and being done well; every Tuesday, we meet as the whole group - the RCCE Technical Working Group (TWG) – and each sub-group reports on the activities they have been doing and what is planned for the next week, so we all get to understand and discuss together what is happening.

The IMT then sits each week on Thursdays when issues from all the pillars can be discussed.

RCCE PILLAR

The country's RCCE pillar has sought to engage and coordinate partners across the RCCE sphere.

Technical support provided through the Collective Service – an interagency partnership supporting the coordination and delivery of RCCE - has helped shape the organisational structure of the pillar, creating clearer, more manageable workstreams for the partners involved.

The overarching Incident Management Team (IMT), oversees the work of all eight pillars, with the RCCE pillar itself divided into four sub-groups covering Dynamic Listening, Community Engagement, Public Communications, and Partner Coordination and Systems Strengthening.

DYNAMIC LISTENING

The Dynamic Listening Group draws on four main platforms to collect and respond to people's questions and feedback – social listening, a health information app, a telephone helpline, and a rumour log - using data from these to create consolidated reports which are shared with partners in the RCCE Pillar.

Thanks to multiple trainings and technical support from the Collective Service, the rumour log allows partners to report rumours into a central repository, enabling analysis of data from across the country, and giving a real insight into people's perceptions of the virus.

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Dr Zanele Nhlabatsi
Data and Research Officer with international NGO PACT, Dynamic Listening Sub-Group Chair

We have what we call the Talkwalker, which is a social listening tool that monitors how people discuss COVID-19 on social media, the Health Alert App, which is a WhatsApp application that provides information about COVID-19 and allows users to ask questions, the Ministry of Health has the 977 telephone guidance line, and finally, we have a rumor log that partners can feed into.

We've had three trainings delivered by the Collective Service, starting with an overview and then leading to more in-depth skills, and it's thanks to these that we've been able to start setting up a consolidated feedback mechanism.

We collate data from all the sources to better understand the questions and concerns people have about COVID-19 and how we can better address those issues in the response as a whole.

It tells us about people's needs, misconceptions, concerns, anything that the public is concerned about, and we feed that into the RCCE pillar and the partners there to inform the work they do – for example feedback has highlighted that vaccination points are too far away for some people to reach.

Organisations, not just in the RCCE pillar but across the pillars, realise the information we're providing is useful to them, and that they can make effective changes based on what we share with them.

It's all about collaboration – the more people that join in and contribute, the better the system will be.

COMMUNITY ENGAGEMENT

The Community Engagement sub-group coordinates efforts in face-to-face engagement, with partners including PEPFAR, USAID, the Red Cross, UN organisations, and government.

Working hand-in-hand with the Dynamic Listening sub-group, Community Engagement sub-group partners not only use information from Dynamic Listening to inform their work on the ground, but also report rumours and questions they hear to the rumour log. They also work closely with the Public Communications sub-group, identifying and developing needed communication and information materials.

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Bongiwe Mazibuko
WHO, RCCE Support Staff and Community Engagement Sub-Group Chair

Our partners help mobilize teams of people across the country to share information about COVID-19 and vaccination, conducting door-to-door sensitization on COVID-19 and also helping at vaccination sites – it's really crucial work.

We need to understand from people what is the best way we can support them – what information they need, what format it should take, and when and where is best for us to engage with them.

To be effective we also need to work with community structures, community leaders, community influencers, and with the community mobilisers drawn from those communities where they work, it makes a big difference.

PUBLIC COMMUNICATIONS

The RCCE Pillar's Public Communications sub-group is charged with developing communications campaigns and materials. Coordination with the other sub-groups, and in particular insights from the Dynamic Listening sub-group, is paramount to ensure the campaigns and materials they come up with are relevant and effective.

Vaccine uptake in the country slowed at around the 30% coverage mark, and with many older people already vaccinated, the next challenge is to reach younger people, with social media a key opportunity to reach people with accurate information as well as a source of myths.

Faith groups, where misinformation about vaccines had previously gained traction, are another major constituency where headway has been made.

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Mpanza Mzameni
Acting Marketing and Comms Director with NGO PSI Eswatini, Public Communications Sub-Group Chair

We provide strategic communications guidance to the RCCE pillar and its partners, while also helping develop materials ranging from billboards, radio adverts, and TV adverts to social media content.

By collaborating with the various faith groups' national bodies, campaigns have been developed to reach their members, tackling some of the misconceptions that have grown up.

We received testimonials from pastors sharing about the benefits of the vaccine, and some went as far as incorporating information about vaccines into their sermons in church.

CONCLUSION

1 **Challenges** – As with elsewhere, deep seated rumours and misinformation spread by word of mouth and on social media have been an ongoing challenge to the COVID-19 response in Eswatini. Inevitably, the time taken to coordinate partners and respond at scale provided a window of opportunity for rumours to take root and spread.

2 **Learning** – Structured coordination of the RCCE pillar, achieved with technical assistance from the Collective Service, has created an environment where partners can engage better both with their specific areas of expertise and the collective whole. The consistent structure of the pillars across the response has enabled improved coordination and teamworking within and across sectors. The prioritisation of Dynamic Listening and the importance of community driven response has helped ensure a clear link between community needs and concerns, and decision making in the response.

3 **Next Steps** – While structures are now in place to track and respond to rumours in a coordinated manner, it is important they must remain and active. Vaccine hesitancy remains a challenge amongst younger people and it is important that engagement across their preferred information channels is pro-active to anticipate and safeguard against fresh misinformation, while at the same time practical barriers to accessing vaccines are also addressed.

Links

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

Contacts

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