



COMMUNITY ENGAGEMENT AND  
ACCOUNTABILITY IN COVID-19

# HIGHLIGHTS





## COVID-19 Community Engagement and Accountability Response Highlights

- Red Cross Red Crescent Movement Risk Communication and Community Engagement (RCCE) activities reached millions of people with information and practical support on COVID-19 prevention and vaccination.
- National Societies heard the views of tens of thousands of people, analysing the concerns of communities around the world to inform COVID-19 activities.
- During the response, thousands of National Society staff and volunteers have been supported with training in Risk Communication and Community Engagement (RCCE), surveying, and data management skills, supporting the roll-out of COVID-19 response activities and building capacity for future programmes.

## INTRODUCTION

Active across the globe in responding to COVID-19, the Red Cross Red Crescent Movement was instrumental in supporting communities, listening to and understanding people's fears and concerns, and ensuring people had access to trusted information, enabling informed decisions about their own health and the health of their loved ones.

Around the world, National Societies' were able to utilise their manifold strengths: their community-base, volunteer networks, expertise in health, and community engagement and accountability (CEA), and range of partnerships including those with Ministries of Health, international partners, civil society, and local communities, to help tackle the pandemic.

This global, community-driven, response, was supported in no small part by the Solidarity Fund - an initiative coordinated between the International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF and WHO.

Focusing on El Salvador, Kenya, Pakistan and Ukraine, but with a global reach across the Americas, Asia-Pacific, Africa, the Middle East, Europe, and Central Asia, Solidarity Fund activities were underpinned by a commitment to equitable access to vaccination and extending support among marginalised groups and those facing barriers of all kinds.

This document highlights just some of the activities and impacts achieved by the Red Cross Red Crescent Movement in the implementation of this project as examples of the work delivered supporting communities around the world during the COVID-19 pandemic.



# STRENGTHENING COMMUNITY ENGAGEMENT

National Societies, supported by IFRC colleagues, undertook a huge range of RCCE activities as part of the global response to COVID-19 and the roll-out of vaccines, supporting people to access accurate, trusted information and enabling them to make informed decisions about their health own and the health of their loved ones.

Working to engage communities, and in particular reach people who might otherwise be marginalised or find accessing information difficult, National Red Cross and Red Crescent Societies adopted multiple strategies to understand communities' concerns, and reach people with trusted information.

## Syria Community meetings and household visits

The Syrian Arab Red Crescent (SARC) held more than 100,000 community meetings reaching well over half-a-million people with information and discussions about the COVID-19 virus and options for vaccination.

A further 450,000 people were reached through door-to-door visits conducted by Community Health Promoters (CHPs), whilst health facilities, shelters, camps, neglected/hard to reach areas, and high-traffic locations such as ATMs, bakeries, mosques, and governmental institutions were also prioritised by SARC volunteers for outreach activities.

Group meetings prioritised people with disabilities or non-communicable diseases, mothers and breast-feeding women, and older people.

SARC volunteers and community health promoters enjoy a high level of trust in their communities, and for many are considered the most trustworthy source of information, enabling staff and volunteers to access and engage with people in areas unreachable by other organisations.



*Syria 2020 Syrian Arab Red Crescent staff and volunteers remind people on the importance of handwashing in order to stay safe from COVID-19.*  
© Syrian Arab Red Crescent

## El Salvador Focus group discussions, perception survey, and radio programmes



In El Salvador, focus group discussions helped the National Society better understand people's knowledge of COVID-19 and vaccination, while the Regional CEA Unit developed a toolkit featuring animated videos, and social media resources helping address rumours and misinformation relating to COVID-19 and pregnant and breastfeeding women.

The El Salvador Red Cross information line was developed to receive and respond to questions and rumours submitted through WhatsApp, with exchange meetings with the Spanish Red Cross helping identify best practice for implementing a national call centre.

Partnerships with civil society organisations with a focus on visually impaired people proved to be important in communicating about COVID-19 and vaccination, as well as useful sources of feedback, enabling El Salvador Red Cross to more effectively reach people who might otherwise have faced challenges in accessing trusted information.

A perception survey helped inform the development of a behaviour change communication campaign, and the most common questions encountered by field teams fed into production of a comprehensive Volunteer Manual addressing these frequently asked questions which was then used by teams engaging with communities.

To reach people outside urban centres, health experts from the National Society took part in twice-weekly open-mic radio programmes across four community radio stations specially selected for their rural audience, answering more than 100 questions from callers about COVID-19, and compiling all the questions and rumours that came up to help inform future activities.



*El Salvador 2021 The El Salvador Red Cross Society delivered hygiene kits, educational material kits and teaching guides to three schools in Aguilares and three in Guazapa, El Salvador. Above: Handwashing demonstration © Salvadoran Red Cross*



# SKILLS DEVELOPMENT

Training and other skills support for staff and volunteers of National Societies – including support made possible through the Solidarity Fund – both increased the effectiveness of immediate COVID-19 activities and built long-term capacity to respond in future.

## MENA Trainings with government and National Society counterparts

In the Middle East and North Africa (MENA), two trainings in particular demonstrated the breadth and benefits of coordination across the region.

In November 2021 a three-day training for Community Health Workers on vaccine acceptance was held in Amman, Jordan, attended by 16 participants from Jordan's Ministry of Health and four from the Jordan National Red Crescent Society (JNRCS). Organised by WHO Jordan in collaboration with the Ministry of Health, UNICEF, JNRCS, and IFRC, the event drew on an RCCE training package developed jointly by WHO, UNICEF and IFRC.

A month later, a four-day RCCE training was held in Beirut, Lebanon with 20 participants from 11 National Red Cross and Red Crescent Societies including Lebanon, Palestine, Algeria, Egypt, Iraq, Libya, Jordan, Syria, Yemen, and Morocco. As well as capitalising on the jointly developed RCCE training package, additional sessions such as communication skills, behaviour change communication, and routine immunisation were also added. A detailed plan to cascade the training was developed by participants to ensure implementation and identify technical support required from partners.



**Jordan 2020** Jordan Red Crescent Society organized multiple COVID-19 awareness sessions in public schools, aiming to educate the students on coronavirus precautions. © Jordan Red Crescent Society

## Asia Pacific Mass trainings with National Societies across the region

Across Asia Pacific, multiple trainings supported hundreds of National Society staff and volunteers.

In Pakistan, the Solidarity Fund focus country for the region, cross-organisational training in RCCE and CEA was identified early on as a key undertaking for the project to help ensure consistency of approach.

Training was cascaded with an initial induction and training held virtually for seven programme managers based at the national headquarters and seven provincial CEA focal points, followed by a three-day Training of Trainers for 21 national and provincial headquarters CEA staff.

Events were then held at the provincial level supporting a further almost-150 PRCS staff and volunteers in RCCE and CEA, and additional trainings organised for volunteers in 45 priority districts, with eight volunteers trained in each. Altogether almost 550 staff and volunteers from PRCS have been trained in RCCE and CEA under the Solidarity Fund project.

Elsewhere in the region, multiple trainings supporting COVID-19 efforts, and pulling together a variety of RCCE, CEA, Information Management (IM) and Protection, Gender and Inclusion (PGI) modules - depending on the needs and preferences of the National Societies - were rolled out in Mongolia, Sri Lanka, the Maldives, and Bangladesh, reaching more than 200 staff and volunteers across the four countries.



*Timor Leste 2020 Volunteers toured villages and took a down-to-earth approach to disseminating information and knowledge regarding COVID-19 prevention. © Cruz Vermelha de Timor-Leste. Above: Sri Lanka 2021 Waiting in line to get the vaccine against COVID-19 © Dinuka Liyanawatte*



# GENERATING, ANALYSING, AND USING DATA

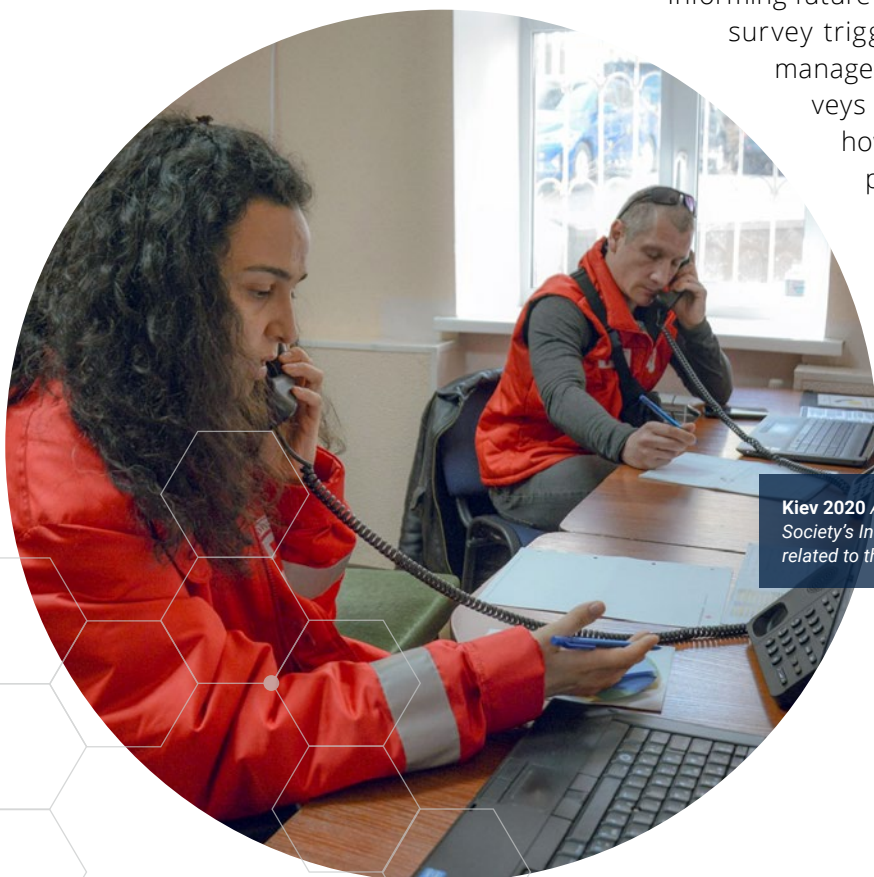
During the COVID-19 response, National Societies sought to scale up the use of tools to gather, analyse, and use data to develop and improve strategies supporting access to trusted information about COVID-19 and vaccination. Many National Societies were already active in the use of perception surveys and feedback mechanisms, which developed further during the response to COVID-19, gathering insights on communities' concerns and the best ways to reach people with reliable and trusted information.

## Ukraine Telephone micro-surveys

In Ukraine, the URCS made use of the National Society's in-house call centre to conduct a telephone micro-survey of community perceptions of COVID-19 vaccination, seeking the views of 1,390 respondents from 18 regions. Focusing on existing URCS service users, the survey shone a light particularly on the thoughts of older people, with key findings including the identification of areas where vaccine hesitancy was highest, ongoing concerns over vaccine safety, efficacy and side-effects, people's respect for guidance provided by family doctors, and the appreciation of Red Cross information around COVID-19 and vaccination.

These findings were presented to senior management, as well as the National Society's 24 branches nationally for further communication to local partners including local authorities, and also shared with the national Vaccination Communication Centre under the Public Health Centre for dissemination to partners including WHO, UNICEF, Government Ministries, and international and national NGOs.

Informing future planning for community engagement, the survey triggered recognition from National Society management of the need to conduct regular surveys to monitor impact and improve, and also how the capacity of URCS to do this can support increased cooperation with the Public Health Centre/Ministry of Health as a facilitator for community feedback.



**Kiev 2020** As part of its response to COVID-19, the Ukraine Red Cross Society's Information Centre opened up to callers asking questions related to the virus. © Ukrainian Red Cross Society



# Malawi AI support for digital conversations



In Malawi, the National Society partnered with an organisation called Africa's Voices Foundation who have developed a piece of machine-learning software called KatiKati.

Working across multiple channels (e.g. SMS, Telegram or WhatsApp) and local languages, KatiKati enables National Societies to handle 1:1 conversations with many thousands of community members, volunteers, and staff to gain a deeper understanding of community opinions and concerns, and address these with contextual and tailored support.

In Malawi, a pilot project sought to increase volunteer feedback and participation as well as encourage behaviour change for COVID-19 through 2-way SMS conversations; another pilot in Ivory Coast engaged community members through SMS as part of a Cash and Voucher Assistance (CVA) response to COVID-19.

Over seven months, the pilot in Malawi received more than 1,500 messages from volunteers, sent out more than 8,000 messages, and resolved more than 40 urgent enquiries within 24 hours, together helping improve the quality, scale, and speed of data analysis and boosting the ability of the National Society to respond to questions, concerns, fears, and suggestions, and adapt activities based on feedback – all for less than 30 minutes per day of staff time spent managing the system.



Malawi 2020 Volunteers and staff in COVID-19 response. Above: A mobile cinema projecting songs for sing-alongs and videos with information on COVID-19 is a creative solution the Malawi Red Cross and the Ministry of Health developed to raise awareness. © Malawi Red Cross Society

# REINFORCING KNOWLEDGE, LOCAL CAPACITY, AND LOCAL SOLUTIONS

In its response to COVID-19, IFRC sought not only to build capacity in National Societies, but also support the development of local solutions to the challenges people were facing – solutions which could then provide further sharing and learning opportunities nationally, regionally, and globally.

## El Salvador Civil Society partnerships

In El Salvador, the National Society found that working in partnership with existing civil society organisations was critical for effectively engaging local communities through trusted channels, particularly where people were already vulnerable or marginalised.

As well as conducting focus group discussions to gain an insight into people and communities' knowledge and perceptions about COVID-19, the National Society also identified key organisations to partner with including organisations working with people with visual impairments, older people, and vulnerable and marginalised women.

By partnering with organisations people already knew and trusted, and which had experience and expertise in engaging the people they regularly worked with, the National Society was able to more effectively reach people who they might otherwise have missed, or less effectively engaged, with information about COVID-19 and vaccination.

In addition, El Salvador Red Cross also engaged with the country's existing network of community health committees, who proved to be important partners in communication about COVID-19 and vaccination, as well as useful sources of feedback and community insights.



*El Salvador 2021 Salvadoran Red Cross volunteers deliver cleaning supplies and food to people who are vulnerable in the context of the COVID-19 pandemic. © IFRC*



## Kenya Engaging trusted local leaders

When vaccination began in Kenya it was quickly clear that to build trust in the safety of the vaccine, people wanted to see high-profile people taking the vaccine publicly – in response, political leaders, including the president of the country, appeared being vaccinated live on television. Following a similar strategy at the local level, Kenya Red Cross Society engaged with religious leaders who local people trusted and knew well from their churches and mosques. The National Society then supported these religious leaders not only to talk about vaccination directly with their congregations but also to move outside places of worship to speak in public spaces, such as local markets, and also to attend local radio stations, explaining how vaccination fits with their faith. Engagement with religious leaders was found to significantly increase people's acceptance of vaccination, and, by hosting vaccinations around mosques and churches, also helped people physically access vaccination. With many people relying on informal pharmacies and medicine sellers for medical treatments, the National Society also reached out to people working in these areas to ensure they had accurate information about COVID-19 and vaccination which they could then pass on to their customers.



**Kenya 2021** A doctor administers the COVID-19 vaccine in Baringo County. © Susan Mbalu /IFRC. Above: Isiolo County Referral Hospital is among the first where people in the poorest Kenyan counties could get COVID-19 vaccination. © Aapo Huhta / Finnish Red Cross

# STRENGTHENING COORDINATION AND ADVOCACY

In line with global interagency aspirations, the Solidarity Fund offered an opportunity to further develop coordination between agencies responding to COVID-19. Arguably, the fund – a collaboration between IFRC, UNICEF and WHO – was itself an example of interagency coordination, but these ties also extended to implementation. And with governments and ministries of health taking the lead in national-level plans and campaigns, engagement with government counterparts was crucial, ensuring closer coordination as well as opportunities for information sharing and advocacy.

## Collective Service Supporting interagency coordination

The Collective Service, including support provided by the IFRC, provided a crucial hub for coordination, and information sharing. As part of its contribution to the Service, IFRC developed the RCCE Knowledge Hub platform, hosting hundreds of key RCCE assets, tools, and guidelines, with further resources continuously being added. The Collective Service's global socio-behavioural dashboard compiles data sources from surveys across 196 countries, but also provides more focused regional support. In East and Southern Africa, the Collective Service has worked with partner organisations to compile and analyse social listening and community feedback data from across the region – including from National Red Cross Societies – and issue monthly reports based on their findings. The Service also provides coordination support to the chairs of regional RCCE working groups, again drawing representation from National Societies. As well as the knowledge Hub, IFRC has supported the Collective Service with technical staff both in Eastern and Southern Africa, and in Middle East and North Africa, where they helped deliver regional training to strengthen community engagement work as part of the RCCE coordination platform.





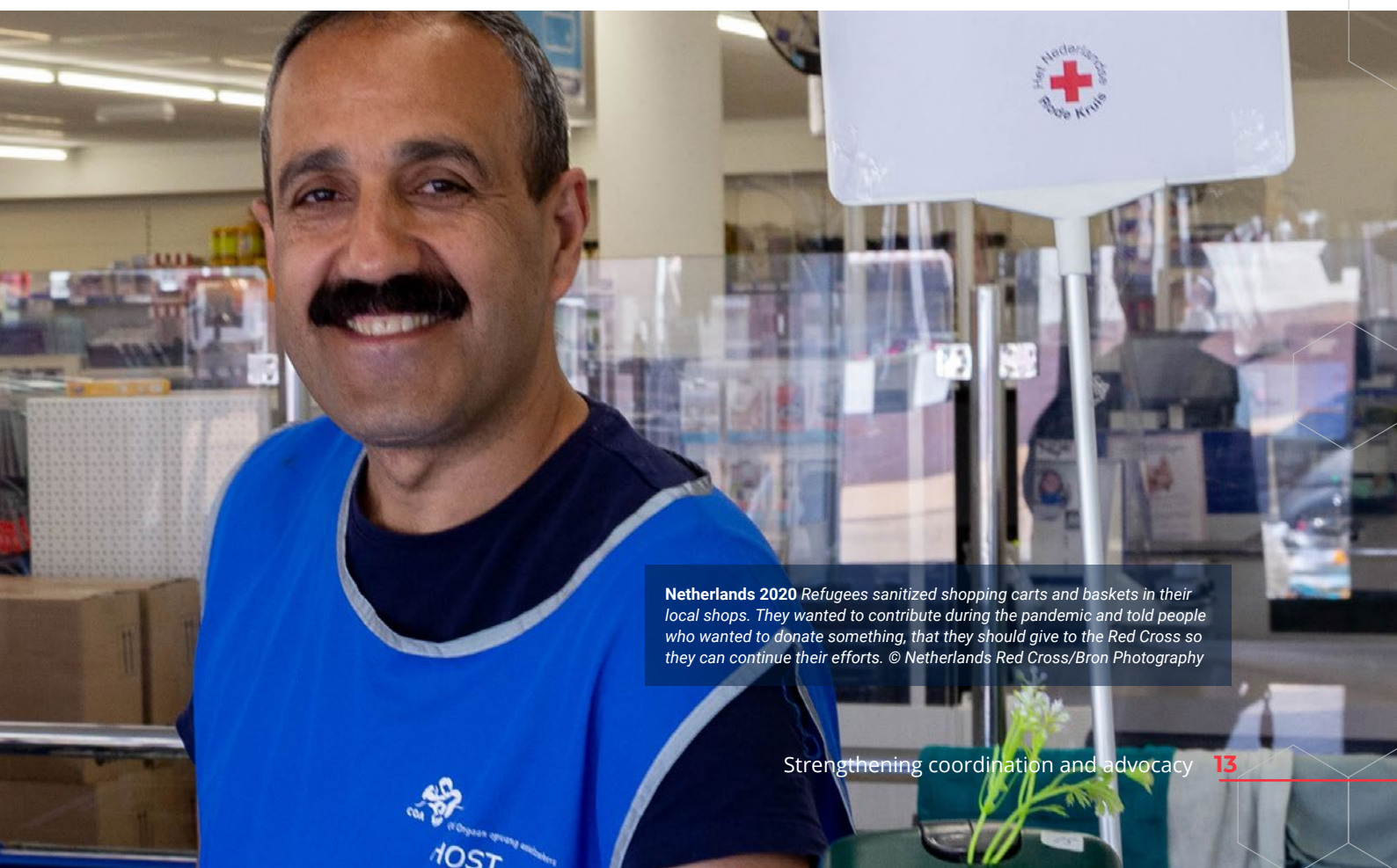
## Engagement with Government Coordination and advocacy with Ministries of Health

Working effectively with government partners and counterparts was essential as National Societies sought to ensure consistent implementation and communication at local and national levels, with coordination providing opportunities to increase reach, impact, and efficiency.

In Egypt, the Egyptian Red Crescent (ERC) brought together agencies, alongside representatives of refugee and host communities, to identify the best channels for feedback, agreeing on platforms developed by UNICEF and the Egyptian Ministry of Health, alongside ERC's existing channels (hotline, Facebook, and WhatsApp).

Community feedback and engagement with government resulted in people being able to attend ERC vaccine centres closer to their homes, rather than Ministry of Health vaccine centres which were further away, for people from outside Egypt to register for vaccination using their own national IDs instead of Egyptian visas - enabling people who might otherwise have been reluctant to come forward to access the vaccine - and also paved the way for the development of mobile teams to reach remote communities.

In Syria, Syrian Arab Red Crescent (SARC) RCCE volunteers coordinated with the Ministry of Health's mobile vaccination teams and referred people to nearby COVID-19 vaccine centres to support access to vaccination; Kenya Red Cross Society's involvement in national-level steering groups, technical working groups, and COVID-19 task forces, enabled it to highlight the challenges faced by remote communities, resulting in the establishment of new outreach services, as well as drawing attention to the issue of lack of vaccine supply; in Pakistan, coordination with the Ministry of Health, UNICEF, WHO, and Movement partners has helped facilitate advocacy informed by feedback and perception survey findings; and in Ukraine, Ukraine Red Cross Society (URCS) engaged fully with government coordination and inter-agency coordination, with strategy and messaging being developed and agreed jointly with partners through the Ministry of Health's Information Coordination Centre while at the regional level URCS branches worked with local authorities to support vaccination teams.



**Netherlands 2020** Refugees sanitized shopping carts and baskets in their local shops. They wanted to contribute during the pandemic and told people who wanted to donate something, that they should give to the Red Cross so they can continue their efforts. © Netherlands Red Cross/Bron Photography

## Key Lessons

### Recognise the unique value of community trust

The trust communities have in Red Cross and Red Crescent National Societies, and the respect they garner in communities where they operate, is key, and something that is too often taken for granted. Trust like this, which enables National Societies to work with communities that are marginalised, or who may be resistant to approaches from others, does not happen by accident, and nor does it come for free – it is something that has to be earned, and which can be lost all too easily. The need to recognise the importance of this trust factor, to better understand the key factors for cultivating, maintaining, and protecting these relationships of trust, and to invest in them at a level commensurate with their importance, is something that the Red Cross Red Crescent response to COVID-19 has firmly underlined.

### Support the use of data

In the past years there has been great work within the IFRC, National Societies, and other organisations, to collect high quality data evidencing trends in community understanding, perceptions, and concerns. But greater focus and support is needed to make full use of this critical new resource, to think through the implications that being able access this data has for humanitarian work, and to enable rapid adaptation of programmes in response to new and changing information. This requires skills in understanding and interpreting data, in communicating key findings and their implications, and above all flexibility within organisations to be able to quickly adapt to new information, shifting contexts, and perceptions.

### Increase focus on assessing impact of engagement strategies

National Societies and other organisations have developed a wide range of approaches to engaging communities, be it through face-to-face interaction and printed materials or remote methods such as social media or online communication. While it is well recognised that no single approach or channel suits everybody, there is a need for more research and rapid monitoring of how effective different channels and approaches, and combinations of different channels and approaches, are for community engagement and how these can be best deployed to reach diverse communities most effectively.

### Investing in working together

Effective cooperation with other groups and organisations including government authorities, international organisations such as WHO and UNICEF, civil society, and the private sector, has been a real strength of National Societies in their approaches to engaging communities in the response to COVID-19. It takes time and skill to build such relationships and needs sustained investment and coordination – these relationships and links need to be exercised and maintained regularly over the long term to ensure they function efficiently when needed most. It is important that now partnerships and coordination mechanisms have been established resources remain in place to ensure they continue.



## Key links and further resources

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[IFRC Asia Pacific COVID-19 Community Feedback Dashboard](#)

[Collective Service Community Feedback Dashboard, Eastern and Southern Africa](#)

[Collective Service and RCCE information hub](#)

## Further case studies

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[Surveys \(Kazakhstan, South Caucasus and Turkey\),](#)

[Feedback Mechanisms \(Belarus, Romania, Turkey\),](#)

[Work with Refugees and Asylum Seekers \(Greece, United Kingdom, Netherlands\)](#)

[Social Media \(Bulgaria, Georgia and IFRC\)](#)

[National Level RCCE Coordination in COVID-19 \(Eswatini\)](#)

[Adapting an Ebola Feedback Mechanism for COVID-19 \(DRC\)](#)

[4Ws feedback innovation and coordination in COVID-19 \(Kenya\)](#)

[Harnessing Interagency Support for RCCE in COVID-19 \(Zimbabwe\)](#)





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is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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**Address:** Chemin des Crêts 17, Petit-Saconnex, 1209 Geneva, Switzerland

**Postal address:** P.O. Box 303, 1211 Geneva 19, Switzerland

**T** +41 (0)22 730 42 22 | **F** +41 (0)22 730 42 00 | **E** [secretariat@ifrc.org](mailto:secretariat@ifrc.org) | **W** [ifrc.org](http://ifrc.org)

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