

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY IN COVID-19: UNFOLDING APPREHENSION IN MOROBE PROVINCE

This case study explores the successful integration of community engagement and accountability principles into the process of interviewing locals in Morobe Province

Following the successful implementation of community engagement and accountability (CEA) in COVID-19 initiative in Madang Province, a pivotal step was taken to replicate the approach in Morobe Province. Recognizing the significance of extending the positive impact achieved in Madang, a CEA Officer from the headquarters (HQ) and the Senior CEA Officer from the International Federation of Red Cross and Red Crescent Societies (IFRC) Nepal flew down to Morobe Province to conduct similar activities.

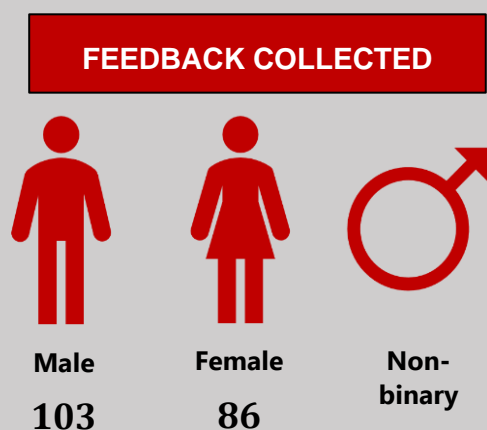
The collaborative effort aimed to adapt the lessons learned and best practices from Madang, ensuring the seamless integration of community engagement and accountability principles in Morobe. The experience gained from Madang Province served as a valuable foundation, emphasising the importance of involving local communities in the process to foster trust, transparency, and sustainable development.

This extension of the initiative to Morobe Province not only reflected a commitment to the principles of community engagement and accountability but also showcased the potential for scaling such approaches across diverse regions.

The feedback collection process predominantly relied on face-to-face interactions, wherein individuals were actively approached and engaged in conversations regarding the COVID-19 vaccine, routine immunisation, as well as health and hygiene promotion. Branch volunteers approached people courteously, inviting them to share their thoughts on these critical health topics. Individuals were asked if they could spare a minute or two to provide their valuable feedback, and their responses were carefully documented. The whole idea was to listen.



Uncovering stories in the communities



Different methods shared during the CEA training in 2023 were used during the feedback collection. The Morobe Branch volunteers sought to uphold the face-to-face interaction as a way of connecting personally and to understand and reflect on the responses given by the participants. **A total of 190 feedback were collected from within the Madang LLG, consisting of 103 males, 86 females and 1 non-binary.**

With the technical support from IFRC and existing Community Feedback tools, feedback were collected through paper-based documentation and psychological first aid conduct.

Many people were occupied with information received from numerous sources indicating the COVID-19 vaccine to be of cultist activities and reprimands from religious beliefs such as deep meditation. Some indicated that it would have been from a

laboratory failure. Realising the misinformation that was already instilled within the vulnerable population, PNG Red Cross volunteers were ready to engage and provide transparency.

Conversely, this feedback also ascertained solutions that people used during the COVID-19 pandemic that aid in circumventing their health and well-being. Many shared using local methods and traditions as a shield against the vigorous virus. It was fascinating to learn that local traditions still play a big role in the society today.

The team engaged in open-dialogue with 4 communities namely Disability Homes of Papuan Compound (PC), Admin Compound, Ol Lae Airport, Yalu Monzi Community, and Bumbu Suburb. Many concerns were heard and they all had the same structure as those interviewed with the community feedback. Factors such as misinformation, rumors, religious forms of punishments, form of cultist mechanisms, and laboratory failure were common in the discussions. It was clear that not only were the people physically afraid but also psychologically influenced through the misinformation received from different sources both on social media and word of mouth.

There was a growing sense of 'pandemic fatigue' devouring the likes of communities. This has resulted in a decline in people's motivation to adhere to recommended preventive behaviors, giving rise to various negative emotions, experiences, and perceptions. Addressing these issues was essential during the open dialogue.



Overall, it was a noteworthy milestone for the Morobe Branch. The introduction of CEA activities not only heightened the understanding of CEA's significance among volunteers but has also bolstered branch engagement overall. This elevated PNGRCS's presence in the communities sparked conversations about establishing a national feedback and response mechanism and enhanced visibility with other agencies.

Lessons learned

The community feedback roll-out and meetings conducted in provinces of Papua New Guinea yielded valuable insights that can benefit not only future immunisation programs but also broader community engagement initiatives. This reflective analysis highlights both positive and negative lessons learned, contributing to a more comprehensive understanding of effective strategies and potential pitfalls.

Positive Lessons:

- **Community Participation and Ownership:** Actively involving the community in discussions fostered a sense of ownership. Communities were more receptive when their opinions were heard and valued, leading to better acceptance and adherence to health recommendations.
- **Culturally Tailored Communication:** Crafting communication strategies that resonate with local cultures significantly enhanced engagement. Using culturally local language facilitated a clearer understanding of the information provided.
- **Multi-sectoral Collaboration:** Collaboration with various sectors, including community leaders and women's groups, proved beneficial. This approach leveraged existing community structures and increased the program's reach and impact.
- **Integration of Multiple Health Topics:** Combining discussions on COVID-19 vaccines, routine immunisation, and health and hygiene promotion maximised the utilisation of community meetings. This integrated approach ensured comprehensive health education.
- **Utilisation of Existing Networks:** Leveraging established community networks and influencers such as community health workers played a pivotal role in disseminating accurate information. Trusted community figures contributed to building confidence in the discussed health interventions.

- **Feedback Mechanism Improvement:** Establishing an efficient feedback mechanism allowed for real-time adjustments to communication strategies. This iterative process facilitated continuous improvement and addressed community concerns promptly.

Negative Lessons:

- **Overwhelming Information:** Providing an excess of information during community meetings led to confusion. Simplifying complex health messages is crucial to prevent information overload and ensure better understanding.
- **Resistance to Change:** Resistance to adopting new health practices, such as vaccine acceptance, was encountered. Identifying and addressing community-specific concerns, fears, and misconceptions is crucial for successful program implementation.
- **Logistical Challenges:** Limited resources and logistical challenges hindered the implementation of some aspects of the program. Adequate planning and resource allocation are critical for the seamless execution of community engagement initiatives.
- **Addressing Vaccine Hesitancy:** Overcoming vaccine hesitancy requires targeted strategies. Understanding and addressing the root causes of scepticism, such as misinformation, is imperative for successful vaccine rollout.

Contact information.

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