



BUILDING TRUST

DURING COVID-19 IN HUMANITARIAN SETTINGS

LESSONS LEARNT
REPORT

**RED CRESCENT SOCIETY
OF KYRGYZSTAN**

MARCH 2024

BACKGROUND

IFRC Delegation in Central Asia in the Kyrgyz Republic, jointly with the Red Cross Red Crescent Movement and other partners, supports the RCSK in its humanitarian work from operational coordination, national society development, humanitarian diplomacy and other technical and thematic perspectives, including disaster management and preparedness, disaster risk reduction, health, community engagement and accountability, cash and vouchers assistance, disaster law, humanitarian diplomacy and positioning with authorities, branch and volunteer development, leadership support and development, financial sustainability, and systems development.

In the Kyrgyz Republic, IFRC's main partner is the Red Crescent Society of Kyrgyzstan (RCSK). The RCSK was established in 1926 and currently has 46 branches, 273 staff members and 3,048 volunteers. The overarching goal of RCSK is to contribute to the improvement of the quality of life and sustainable development of socially vulnerable layers of the population through the provision of comprehensive psycho-social and economic support, considering the individual needs of people from various vulnerable categories of the population.



Community engagement and accountability (CEA) is a way of working that recognizes and values community members as equal partners. It ensures that their opinions are heard and used to design and guide our work. Building and maintaining trust with communities are essential components in all operations, especially during public health response as a lack of trust makes people less likely to follow prevention methods or accept life-saving vaccines.

The Building Trust during COVID-19 in Humanitarian Settings Project (referred to as “Building Trust Project”) is a global project, supporting the Red Cross and Red Crescent (RCRC) National Societies in 15 countries, including Kyrgyzstan to build trust during responses to public health emergencies and in the work of the RCRC Movement. The project is supported by USAID’s Bureau for Humanitarian Assistance and is being implemented in Kyrgyzstan by the Red Crescent Society of Kyrgyzstan, with technical support from IFRC.

Since the beginning of the COVID-19 pandemic, the Red Crescent Society of Kyrgyzstan (RCSK) has been at the forefront of the national response providing crucial support to vulnerable groups within the population by delivering food and hygiene items, offering psychosocial support, and disseminating information about the prevention of coronavirus infection and personal hygiene.

In support of the national COVID-19 vaccine rollout plan, RCSK has been focused on increasing COVID-19 vaccine coverage rates among vulnerable groups of people at increased risk of severe COVID-19 disease. The activities included information sessions on COVID-19 vaccination, referrals for vaccination, implementation of a two-way feedback system, support for mobile vaccination centres and training of medical personnel.



LESSONS LEARNT WORKSHOP

In the frame of this project, a lessons-learned workshop was hosted by the Red Crescent Society of Kyrgyzstan (RCSK) to promote the learning gained from the project as well as document best practices to contribute to public and private institutions to be better prepared for upcoming health emergencies. The workshop took place on the 26, 27 and 28 of February 2024 in Bishkek, Kyrgyzstan.

METHODOLOGY

The workshop was facilitated by the IFRC Central Asia Country Cluster delegation's PMER officer, with support from the RoE IM consultant and IFRC CEA Delegate. The sessions were conducted with simultaneous Russian-English translation by two interpreters who had previously facilitated translation for previous workshops and trainings and were already familiar with the terminology and the way of working. The first day included external partners such as **the Ministry of Health, the Republican Centre of Health Promotion and Mass Communication, the Republican Centre of Immunoprophylaxis, USAID, and FHI360** adding to a total of 40 participants. Subsequently, the following two days were exclusively attended by internal participants representing all five branches including HQ, adding to a total of 25 participants.

Day 1

During the partner session on Day 1, a moderated discussion set the tone with expressions of general appreciation for the collaborative efforts among all the agencies. The Ministry of Health - Republican Centre of Immunoprophylaxis extended a letter of appreciation to the Red Crescent Society of Kyrgyzstan for its invaluable partnership and support in enhancing public awareness within the framework of the national immunization program.



The partners emphasized the vital importance of establishing trust within communities. The Republican Centre of Health Promotion (RCHP) specifically acknowledged RCSK for its cooperation, contribution, and support during the COVID-19 pandemic. **The close collaboration, particularly during challenging times like the pandemic, underscored the intersectoral strategy in emergencies. The lessons learned from COVID-19 led to the development of new cooperation mechanisms, especially in effective communication with the population. The RCHP added that the RCSK's role was pivotal in strengthening these mechanisms, resulting in a positive shift in the mindset and behaviour of the community.** The capacities built through response to the COVID-19 pandemic and COVID-19 vaccination promotion also paved the way for a more effective response to the ongoing measles epidemic.

USAID mentioned the significance of preparedness and effective utilization of data, commending the International Federation of Red Cross and Red Crescent Societies (IFRC) for its proficiency in data collection efforts. The partners collectively emphasized the importance of Risk Communication and Community Engagement (RCCE) communication to counter misinformation. Additionally, they stressed the need for a more comprehensive approach to training for medical workers to enhance their preparedness and response capabilities during health emergencies, with an emphasis on ensuring uniform knowledge among all healthcare professionals.

In response to identified needs, the partners advocated for the implementation of inter-personal communication training for health workers and volunteers to respond to the challenges they face when engaging vaccine-hesitant people, while also recognizing the barriers that health workers face such as being short-staffed and overloaded. It was also expressed that because of these reasons, the health workers came to see the opportunity and need for collaboration with RCSK volunteers, since they could support them even in the process of digitalizing the vaccination registry of children in the EMDOO.KG*.

The RCSK health department committed to developing a plan for sustaining activities, particularly in the event of outbreaks and epidemics, based on the insights gained during the workshop.

Overall, the partnership was acknowledged as highly effective and critical, fostering collaboration between the Ministry of Health, various sectors, partners, and local health entities. A call was made to explore engagement with the business sector to further strengthen these collaborative efforts. Moreover, there was a shared vision of integrating healthy lifestyle promotion into diverse programs, suggesting its inclusion as a core component across initiatives, including schools, classrooms, and engagement with parents, as a strategic step towards sustainability.

*Database where medical professionals register vaccination data in the Kyrgyz Republic.
<https://iemdoo.med.kg/mainPage>

Day 2

On day 2, after presentations from the branches and a world café tour, the participants were divided into groups, where they discussed ***What worked well in the project?, What could have been improved in the project?, What could and should be done differently next time?, Were the right key groups selected for vaccination?, Were the right locations selected?***, followed by group presentations. The groups agreed that the success of the project was attributed to the following components.

What worked well?

Community Engagement, Social Mobilization, and Trust Building: The project prioritized community engagement, employing social mobilization strategies, multi-channel feedback mechanisms, and bilateral communication and risk communication to actively involve the communities. This approach enhanced the acceptance of immunization efforts within the community while contributing to building the trust of the communities.

Increased coverage and quality: The project's strategic focus on the southern regions demonstrated a commitment to maximizing impact. This targeted approach not only increased coverage but also maintained a high standard of quality in delivering services.

Receiving and using feedback: A multi-channel feedback mechanism was in place, allowing for continuous improvement based on the community input. The project's willingness to listen, respond and act on feedback contributed to its adaptability and effectiveness of the interventions.

Effective communication strategies: Communication played a pivotal role and various effective communication strategies were adopted - this included regular updates to stakeholders, public awareness campaigns utilising printed materials, online materials, and use of social media, and collaboration with the media during vaccination drives, ensuring a consistent flow of information and high population coverage.

Experience sharing with Mongolia: The peer learning event and experience sharing with the Mongolian Red Cross Society went beyond a simple commitment to learning; it involved exchanging experiences and peer learning within similar contexts. Both national societies engaged in an interactive dialogue, allowing them to ask questions and share tools, materials, and presentations. During this peer exchange, there was a genuine commitment to knowledge sharing, discussing approaches, and sharing ideas, enabling both national societies to enrich their practices with valuable insights from broader healthcare contexts.

Innovative approaches: The project demonstrated a willingness to embrace innovative approaches within the RCSI's way of working, such as systematically collecting feedback and using it to steer the project's direction and plan the activities, using mobile and online solutions to collect feedback and disseminate information, introducing mobile clinics, and interacting with new stakeholders and influencers. This practice allowed the project to adapt and innovate based on real-time experiences.

Capacity building and teamwork: The investment in capacity building and teamwork emphasized the project's commitment to sustainability. By enhancing the skills of team members and fostering a collaborative environment, the project laid the groundwork for continued success beyond its duration. The volunteers expressed they felt supported by HQ at all times, contributing to the smooth delivery of the project activities.

Inclusion of healthcare experts: Recognizing that healthcare workers emerged as the most trusted source of information based on community feedback and perception survey data, the National Society responded actively by engaging them in the project activities. In line with this insight, they formed strategic alliances with the Ministry of Health (MoH), RCI, and RCHP, collaborating closely with healthcare experts. This inclusive approach also involved recruiting medical students from the Kyrgyz State Medical Academy, who volunteered to play a role in Risk Communication and Community Engagement (RCCE) activities. The involvement of medical students in social mobilization for measles outbreak response helped to increase the trust of parents in risk communication messages that the project conveyed.

What could have been improved?

Communication and information dissemination: Although the enhancement of communication strategies to expand outreach clearly conveyed project objectives, it was noted that not all branches and volunteers had enough IEC materials. Despite incorporating local languages, there was a significant gap in printing an ample supply of IEC materials in these languages, as highlighted by the volunteers. For the future, it was suggested to ensure an adequate number of Kyrgyz and Uzbek language material copies.

Numbers of volunteers and quality of their training: Focus on increasing the number of volunteers while concurrently improving the quality of their training to maximise their effectiveness in community engagement – there should be different training packages or modules depending on the profile of the participants, considering that some of them have a medical background (such as medical students) and others play various roles in the society, e.g. are religious leader, etc.

Work with health workers - training and information sharing: Strengthen the engagement of health workers by implementing targeted training programs and initiatives that promote effective client-oriented understandable information sharing. Ensure their active participation in project activities while emphasizing the significance of refreshing their knowledge of vaccine-preventable diseases. Establish a unified narrative to ensure consistent information sharing among health workers, fostering a cohesive and well-informed approach.

Collecting and utilizing data, and technical support: Strengthen data collection mechanisms to ensure comprehensive and accurate information by investing in data collection and analysis training, and technical support to optimize data management processes.

Broader engagement: Expand engagement strategies to involve a diverse array of stakeholders, including the private sector, various religious denominations, linguistic and ethnic groups, and the Ministry of Education (MoE) as an entry point to teachers and parents.

"Health Caravan" and inclusion of other infectious diseases topics: Incorporate the "Health Caravan" concept and broaden its impact by exploring additional strategies such as mobile clinics or brigades. These mobile units could provide services like measuring blood pressure, checking eyesight, and offering vaccination options. This approach could employ medical workers accompanying RCSK volunteers to not only enhance community access to healthcare but also align with the initiative's goal of promoting overall well-being and disease prevention.

Capacity enhancement: Prioritize capacity building initiatives for the team to strengthen their skills and knowledge, contributing to the project's overall success. Specific areas of personal safety and security, and communication based on health information and statistics for those who do not have a medical background were mentioned.



What could and should be done differently next time?

Information material preparation:

Address the inadequacy of Information, Education, and Communication (IEC) materials in Kyrgyz and Uzbek languages, ensuring a wider and more inclusive coverage. Make the materials more user-friendly by adopting a simple language and making them more visual and visually appealing.

Regional specificity and accessibility assessment:

Consider regional peculiarities, paying attention to ethnic composition, and strategize accordingly for improved accessibility. Ensure volunteers' preparedness before they get deployed to work with communities.

Operational documentation, incl. SOPs:

Develop more detailed Standard Operating Procedures (SOPs) with a step-by-step approach to ensure knowledge and experience retention and sharing. These documents should consider regional nuances, clear and detailed process and procedure descriptions, as well as experience/case studies shared by volunteers.

Diverse engagement and information diversity:

Enhance engagement strategies by catering to different religious denominations, ensuring a more inclusive approach, and fostering information diversity targeting different groups and communities.

Diverse volunteer profile mobilization:

Mobilize a diverse volunteer profile to better connect with and serve varied communities effectively. For example, recruiting more male volunteers belonging to different age groups (currently the majority of RCSK volunteers are female) and religious denominations. Also, consider engaging religious leaders as partners in supporting information dissemination and awareness-raising activities.

Internal experience sharing:

Encourage internal experience sharing among team members to facilitate a collective learning environment. Facilitate teach-back and experience-sharing sessions to ensure volunteers can learn from each other's experiences.

Supporting tech with "old" solutions:

Address challenges with technology adoption, such as the use of Kobo, by providing alternatives like paper forms to accommodate volunteers' preferences. It was also identified that in certain cases using mobile devices to record data was deemed inappropriate and diminishing trust.

Improve work in schools for mothers:

Acknowledging the limited resources and internal capacities of the classes for mothers, enhance initiatives implemented in these facilities – including but not limited to awareness campaigns and info sessions - to focus on improving outreach and impact.

Talk more about medical contraindications: Emphasize communication on medical contraindications for vaccination, dispelling misinformation and encouraging informed decision-making. These initiatives should be carried out targeting both medical workers and communities.

Support transportation expenses of volunteers: Address a significant obstacle for volunteers by covering transportation costs for those travelling long distances to reach remote communities. Alternatively, deploy volunteers to communities they are from to reduce the logistical complexity and increase the impact volunteers' work may have.

Key target group selection

In principle, the participants admitted the selection criteria had been defined correctly, targeting the vulnerable groups. Nevertheless, they stated that the following key target groups would've benefited from the selection:

Migrant and their children: Ensure a targeted approach for migrants and their children, addressing specific challenges they face in accessing reliable information about vaccinations. This lack of information, coupled with logistical difficulties such as finding healthcare facilities or navigating healthcare systems without proper registration, was identified to present significant obstacles. Additionally, the care of children by extended family members, such as grandparents, during parents' absence due to work abroad was also reported as a cause of missed vaccinations.

Teachers and parents: Focus on teachers and parents, recognizing their pivotal roles in the community and their influence on vaccination decisions. It was suggested that access to these groups could be secured by collaborating closely with the Ministry of Education.

Overlap in the target groups: All target groups defined under the scope of the project have unique needs and tailored approaches to vaccination strategies were developed and adopted to meet these specific requirements. At the same time, participants reported having found it difficult to "assign" certain individuals to the pre-defined groups as these would frequently overlap. For example, older people would also often have pre-existing conditions and/or special needs.

Health workers: Health workers should be included as a key group, acknowledging their overloaded status, and providing necessary support through specialized training modules. Participants emphasized the need for more comprehensive communication training for health workers.

People living with HIV or TB: Implement specialized strategies, such as "peer navigators", for individuals living with HIV or people affected by TB, to ensure a supportive and understanding approach and create a "safe space" for information sharing within the specific groups.

Project locations

In regards to the project locations, the participants agreed the following:

- The initial selection was based on the COVID-19 vaccination coverage which at the moment of the project design and launch was deemed appropriate.
- There is a need for epidemic preparedness and a tailored approach in border regions and districts to prevent spillovers of outbreaks from neighbouring regions and improve cross-border information exchange.

Best practices

Although the participants were not asked directly to report on best practices, during the course of the workshop, based on the experiences shared by volunteers, many such were identified. Oftentimes, these can be overlooked or considered “normal” as these are approaches and initiatives that the National Society implements on a regular basis. However, to ensure that these examples become part of the institutional knowledge, it was decided to list them separately.

Inclusive and comprehensive approach: Recognition of the importance of inclusivity, considering various ethnicities, religions, and regions. For instance, activities tailored to districts where the local population is more religious differed from those in more secular regions, this looked like volunteers who were more knowledgeable about the Quran visited the more religious communities, volunteers dressed appropriately and used appropriate language avoiding technical or complicated language.

Volunteer mobilisation and training: Successful mobilisation and utilization of volunteers. For instance, volunteers in Osh engaged with wives when husbands were against vaccination, showcasing adaptability.

Active communication and open channels: Acknowledgment of the significance of active communication. Communication between the branches and the HQ was open and active, the volunteers felt supported, including communication with the immunization expert assigned to the project, whenever volunteers had a technical question, they could ask in a WhatsApp group, and it would quickly be addressed by the expert. Active communication and open channels were not exclusive to staff and volunteers but also to the communities, which were able to engage with the RCSK and ask questions in regards to routine immunization through open mic sessions, during face-to-face information sessions, social media ensuring constant dialogue.

Coordination and avoiding duplication:

The RCSK demonstrated a commitment to coordination by actively engaging with various entities, including MoH, RCI, and RCHP. Through joint planning efforts, they successfully avoided duplication of activities. An example is their streamlined collaboration with both internal and external partners, preventing overlap and maximizing impact.

Engaging with religious and community leaders, and other influencers:

Successful engagement with religious leaders and communities. The Osh branch exemplified successful engagement with religious leaders by involving them in round tables and events. The use of "fatwa"* as a tool to initiate conversations aligned with religious beliefs, showcases a thoughtful approach to engaging with religious communities.

Active collaboration with MoH, RCI, RCHP:

The positive experience underscores the active engagement with governmental health bodies. This collaborative effort with state agencies significantly fortified the project's impact. A good example is the crucial support received from family medicine centres, offering intervention locations aligned with the list of vaccine refusers for a more targeted audience.

Agility and flexibility to address changes:

Recognition of the need for agility and flexibility. For example, RCSK adapted to changes in the health landscape adapting to information needs based on the communities' preferences.

Technical background of volunteers:

Recognizing the importance of volunteers having a technical background, particularly in the healthcare sector. For instance, the Red Crescent Society of Kyrgyzstan (RCSK) intentionally recruited volunteers from the Kyrgyz State Medical Academy, aligning with the preferences of the communities and ensuring a group of volunteers with the necessary expertise to support the community's information needs.

Incentives for communities and volunteers:

Recognition of the effectiveness of incentives, both for communities and volunteers. For example, in the "Get vaccinated – get a gift" campaign, incentives such as small presents for children were used, and there were suggestions to involve businesses for support.

"Mixed Approach" for engaging communities and broadening the scope of information sharing:

Recognition of the need for a mixed approach, covering different diseases and health issues to maintain community engagement. For example, engaging community members by addressing various health topics to attract their interest. Chui Branch emphasized covering different diseases at a time, such as introducing prevention of hepatitis before moving to routine immunization, ensuring continued community attention.

*A Fatwa is a legal or religious ruling issued by an Islamic scholar, known as a mufti, providing guidance on specific issues or questions based on Islamic law and principles.

Part of this mixed approach was the use of different channels, some offered two-way interactions, while others exclusively offered information dissemination, like the use of messaging in utility bills in Bishkek. This unique approach extended to social media, where people offered feedback expressing satisfaction to see useful information in their utility bill envelopes rather than the typical commercial promotions and offers.

In regards to sustainability, The National Society also began their feedback collection journey in the frame of the BHA project, a feedback collection form was designed and adapted to the context, the feedback log sheet and feedback tracker tools were used, as well as the elaboration of monthly feedback reports within the project. This was an opportunity not only for the BHA project but that spread towards other projects and operations leading to the National Society to use these tools outside the project but at a national level.



FINAL RECOMMENDATIONS



Volunteer mobilization and training:

- Strengthen ongoing volunteer mobilization efforts, focusing on diversifying volunteer backgrounds, age and gender, ethnicity, language skills, education (including medical expertise), and religious denominations.
- Continue implementing regular training sessions to enhance the technical knowledge and soft skills of volunteers, ensuring they are well-equipped to address community concerns. Consider strengthening the existing personal safety and security training, and effective communication based on scientific health-related data and information.



Sustainability through partnerships:

- Foster and expand partnerships with various stakeholders, including business/private sectors, religious institutions of various denominations, (i)NGOs and government agencies, to ensure sustained support for vaccination campaigns and the promotion of a healthy lifestyle.
- Develop long-term collaboration plans to secure sustained funding and resources, looking beyond institutional donors.



Documentation and knowledge sharing:

- Establish a documentation system to capture lessons learned, successful strategies, and challenges.
- Create analytical materials and a repository for knowledge sharing, possibly through online platforms, ensuring transparency and accessibility.



Continued public engagement:

- Maintain active communication channels with the public through various mediums, adapting to the digital age, while also ensuring the channels remain accessible.
- Utilize influencers and community leaders to renew and amplify vaccination and healthy lifestyle messages periodically, addressing information fatigue.



Inclusive approaches:

- Implement an inclusive approach by considering regional peculiarities, ethnic compositions, social roles, and religious diversity.
- Engage communities in their preferred languages, considering cultural sensitivities.



Training for medical workers and religious leaders:

- Develop training programs for health workers to enhance soft skills. Provide training to volunteers on interpersonal communication and improve their capacity to communicate effectively with parents and address vaccination-related concerns.
- Collaborate with religious leaders, providing them with training that combines technical knowledge on vaccines with religious perspectives, enabling them to act as trusted advocates.



Engaging with the MoE:

- Establish collaborations with the Ministry of Education (MoE) to integrate vaccination awareness into school programs and gain access to teachers and parents.
- Utilize parent-teacher meetings and specific lessons to convey information about the importance of vaccination and healthy lifestyle.



Using the momentum:

- Leverage successful partnerships and momentum generated during vaccination campaigns.
- Leverage the positive experiences to expand initiatives, possibly branching into related health topics and preventive measures.
- Using the momentum of the measles outbreak, do not limit the awareness campaigns and information sharing only to measles-related topics but include information on other infectious diseases, and healthy lifestyle in general. Develop relevant materials to ensure preparedness.



Advocate and amplify the message of implementing stricter measures or incentives:

- Advocate for the implementation of stricter measures or incentives to encourage vaccination.
- Collaborate with governmental bodies to explore policies that support mandatory vaccination or provide additional incentives for compliance. Although this is a sensitive topic, it was mentioned several times during the workshops, how vaccination measures were a concern at schools, since it was reported that many private schools do not check for routine immunization records of their students.



Continued adaptation and flexibility:

- Regularly assess the effectiveness of strategies and be willing to modify approaches based on feedback and evolving circumstances. Develop an assessment process.
- Make sure that any new project sites and target groups are properly researched, and volunteers are trained on before deployed.

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