



ACHIEVEMENTS TO DATE

February 2021

The Collective Service is a collaborative partnership between the International Federation of Red Cross and Red Crescent Societies (IFRC), United Nations Children's Fund (UNICEF), and the World Health Organization (WHO), which leverages active support from the Global Outbreak Alert and Response Network (GOARN), and key stakeholders from the public health and humanitarian sectors. It was launched in June 2020, after being endorsed by the Inter-Agency Standing Committee Principals in April 2020. For more information see our website: www.rcce-collective.net.

The aim of the Service is to ensure that the strengths of all partners are supported and leveraged to deliver the greatest impact, and to bring together a wide range of organizations involved in RCCE policy, practice and research to provide practical support to those delivering on the ground. Over the last year, all involved in the Service have worked hard to turn this vision into reality, working particularly through dedicated capacity in the hubs established at global and regional level (two regions covered in Africa so far).

Significant achievements in those seven months include:

We have strengthened common, coordinated approaches which are needs-based and data-driven

- We have established one **global Collective Service Secretariat** and two regional coordination hubs in West and Central Africa (led by UNICEF) and in East and Southern Africa (led by IFRC) with dedicated coordination, social science, risk communication and information management staff.
- We engage regularly over **50 partners globally and regionally** through different mechanisms including biweekly calls and [regular webinars](#). According to feedback, 74 per cent of participants found this service 'very useful' particularly the access to partners and resources, and the ability to keep up-to-date on operational information. In the Africa hubs, 100 per cent of partners report that membership of the group benefits their organization.
- We have developed and launched the [RCCE Global Strategy \(Dec. 2020-May 2021\)](#), engaging a range of stakeholders in the process. This evidence-based strategy, grounded in community-led approaches, is informing regional and national strategies.
- We have strengthened an **integrated and coherent approach to RCCE** by improving the links between social science and humanitarian coordination structures, including the [IASC Results Group Two](#) on Accountability and Inclusion and social science networks (e.g. Social Science in Humanitarian Action ([SSHAP](#)) and [SONAR Global](#)).
- We have advocated for communities to be central to the roll out of new vaccines, treatments and tests (e.g. [10 steps to community readiness](#)).

We have improved the availability of evidence to inform programming to partners

- We have developed a COVID-19 [behaviour change framework](#) with key indicators for RCCE to measure social changes at the population level. This will enable consistent and comparable socio-behavioural data sets, enabling more effective measurement of social and behavioural drivers now and in the future and streamline data collection.
- We have developed an [online questions bank](#) (available in English, Spanish, French and Arabic) to facilitate the collection of quality data, drawing on existing methods and tools. This tool is informing data collection processes of regional and global partners.
- We have contributed to defining the RCCE social science **research agenda** as well as strengthening and amplifying the **use of [community feedback](#), [social listening insights](#), and [infodemic data](#)** to inform policy and programming (e.g. [WHO social listening platform](#)).
- We have produced global and regional analyses to identify **social-behavioural trends, barriers and enablers** (including on vaccines) and supported countries with research design, dissemination, and operationalization of research findings.
- We have compiled **operational social science approaches, tools, guidelines, and training resources** to support the collection, analysis and use of social and behavioural data.

We have improved the quality and consistency of RCCE approaches

- We have supported **horizontal exchange of experience**, sharing of community engagement standards, **best practices and knowledge** through hosting regular webinars and the global RCCE knowledge hub (www.rcce-collective.net), a collection of resources, guidance, case studies and data, and dedicated regional libraries (e.g. <https://coronawestafrica.info>)
- We have improved the **availability of data from community feedback mechanisms, social listening platforms** and polling and survey to ensure community knowledge, risk perceptions, beliefs and needs systematically and regularly inform better decision making and targeted strategy.
- We have scaled up **regional partnership with media and launched** biweekly media webinars to address community feedback on issues from concerns around health service continuity to vaccines.
- We have established **global, regional and country level partnerships** with faith-based leaders to engage with communities and adapting the [Six Global Guidelines for Religious Leaders](#) to cover a comprehensive range of topics and ways to approach communities through faith-based work.
- We have worked closely with the [African Infodemic Response Alliance \(AIRA\)](#), a WHO-led partnership of public health and communication and educational organizations to better coordinate regional efforts in **managing infodemics** during health emergencies. We partner to develop and amplify actionable, credible and timely information and shape evidence-based community engagement strategies.
- We host **biweekly global webinars** as part of WHO's Information Network for Epidemics (EPI-WIN), bringing together global, regional, and country RCCE experts to share latest information, best practices and emerging challenges engaging over 56,000 participants, from 149 countries and territories until December 2020.

We have strengthened the capacities of partners by providing them with technical guidance and practical support

- We have coordinated with **response pillars, policy makers and immunization partners** to enhance community engagement approaches and strategies (e.g in Eastern and Southern Africa, we have worked with the Surveillance team to improve engagement of migrants and travellers in cross-border work).
- We have developed and shared **tools, resources and services to support partners**. These include: best practice guidance on a range of issues from tips for community engagement in contact tracing to implementing RCCE approaches for refugees and migrants to tools for preparing communities for COVID-19 vaccine programmes.
- We have **coordinated capacity building, timely advice, dedicated services, and direct country technical support** based on demand (24 countries supported as of March 2021, needs assessments completed in 29). Areas supported include: community feedback, information management, social science research, coordination, capacity building and technical assistance for plans and strategies, including on addressing **vaccines hesitancy**.
- We have promoted, together with partners in West and Central Africa, the **joint RCCE [E-learning course](#)**, in which over 700 people have enrolled from 55 countries.
- We have joined efforts for the launch of the first **training on infodemic management** (led by WHO and the US Centers for Disease Control and Prevention, Africa Centres for Disease Control and Prevention, together with many partners). Out of 740 applications 275 applicants were selected, trained and are now on WHO's roster of infodemic managers supporting technical assistance to countries in infodemic management.

HOW CAN I GET INVOLVED?

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