# MICRONESIAN RED CROSS SOCIETY AND UNICEF PACIFIC, FEDERATED STATES OF MICRONESIA





### CASE STUDY

UNICEF PACIFIC SUPPORTS MICRONESIA RED CROSS SOCIETY (MRCS) YOUTHS IN THE FIGHT AGAINST COVID-19 IN THE FEDERATED STATES OF MICRONESIA (FSM)

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"THIS WAS MY FIRST TIME VISITING
THIS REMOTE ISLAND. FIRST, THE
PEOPLE DID NOT WANT TO LISTEN
TO OUR AWARENESS SESSIONS;
SOME WERE EVEN NERVOUS TO SEE
NEW FACES, BUT AS THEY LEARNT
NEW THINGS, THEIR INTEREST
GREW, AND THEY ALL GATHERED IN
A BIG TRADITIONAL HUT TO LISTEN
TO WHAT WE HAD TO SAY."

Donny, Youth Volunteer.



The aim of the intervention was to resource young people to become risk communicators and community mobilisers reaching isolated island communities.



The strategy was multi-pronged - it included youth volunteer training, an expansive house-to-house COVID-19 awareness campaign with distribution of supplies, mobilization of communities to develop their own COVID-19 response action plans, and data collection and research.



UNICEF's Social and Behaviour Change (SBC) Team trained more than 400 Micronesia Red Cross Society (MRCS) youth volunteers on COVID-19 Risk Communication and



Community Engagement (RCCE), who subsequently engaged 20,000 people from 3,000 households in dialogue on COVID-19 preventive behaviors as well as the importance of vaccination.



This initiative was a partnership between UNICEF Pacific, MRCS and the national and sub-national Departments of Public Health. The International Federation of Red Cross (IFRC) also supported the regular MRCS personnel responsible for coordinating the efforts and activities of the volunteers to deliver the results.

### THE COVID-19 CONTEXT

In the context of low-risk perception due to the zero COVID-19 cases in the Federated States of Micronesia (FSM) at the time, it was a challenge to deliver effective communication and community engagement on adherence to COVID-19 preventative behavior, especially vaccination uptake. The first cases of COVID were only reported in July 2022. Before February 2022, a strict border control regime had been in place, with only essential supplies and goods being allowed in, thus, leaving many citizens stranded abroad. In this low prevalence context, many people questioned why they should get vaccinated or boosted when FSM borders were still

closed, and COVID-19 did not pose an immediate threat. Therefore, the Risk Communication and Community Engagement (RCCE) strategy initially largely focused on preventing a potential COVID-19 outbreak, and the need for people, especially the most-at-risk, to get vaccinated or boosted so that they would be protected when the borders eventually opened and there was community transmission. Communicating the importance of vaccination for all those who were eligible was another way that collective positive behaviour was promoted to encourage people to get COVID-19 shot so that life could return to normal as soon as possible.

## THE INTERVENTION

The UNICEF Pacific SBC Team trained 400 Micronesia Red Cross Society (MRCS) youth volunteers and public health personnel on RCCE. The subsequent RCCE efforts resulted in a significant rise in demand for COVID-19 vaccines and contributed to increasing vaccination coverage from 46.9 percent (July 2021) to 75.7 percent (November 2021). The training covered key COVID-19 health information, such as recognizing the signs and symptoms of the virus and understanding transmission and preventive behaviors including vaccination. The training also included interpersonal communication skills and Social and Behavior Change methods for conducting effective community engagement and dialogues to empower the communities to understand COVID-19 risk and how to avoid it. The training methodology showed the youth how to develop community preparedness action plans, implementation, and monitoring.

In addition to community engagement, the youth volunteers were also trained on data collection with a mobile application. The training was workshop based with additional field-level mentorship where the UNICEF SBC team supervised and supported the trainees in communities on conducting effective dialogues.

Under the technical guidance of UNICEF SBC team, the trained MRCS youth volunteers, together with trained health workers, implemented the COVID-19 sensitization campaigns across the four island states (Pohnpei, Chuuk, Yap, Kosrae), consisting of about 607 islands with a combined area of 702 sq/km.

The sensitization campaigns included a focus on hygiene practices together with COVID-19 preparedness information covering basic infection, prevention methods and control messages. The young volunteers also conducted hand-washing



demonstration sessions and targeted adults and children to promote personal hygiene practices. Using materials such as flipcharts and flyers, the volunteer youth conducted one-on-one discussions as well as practical demonstrations on basic hygienic practices for the whole community in each settlement.

Applying UNICEF's SBC social mobilization, volunteers also focused on mobilizing the communities they engaged with to brainstorm on the behaviors and practices that put them at increased risk and then develop their

own COVID-19 response action plans to be safe and resilient.

As part of the initiative the youth volunteers also collected social data and this provided the government with valuable information for COVID-19 preparedness and response planning. Some of the key data collected included perception on COVID-19/routine vaccines, willingness to accept the vaccines if offered, awareness about COVID-19, preferred channels for receiving information, and access to hygiene supplies.

### **OUTCOMES & RESULTS**

UNICEF trained and supported more than 400 MRCS youth volunteers on COVID-19 RCCE, and a considerable number of households were subsequently reached through the sensitization campaigns. For example, in Pohnpei State, the second most populated state, more than 3,000 households were engaged and

sensitized, accounting for a reach of more than 20,000 people with about 8,000 children. A long-term result that has been achieved through this initiative is greater resilience and adaptation for local communities that participated in the initiative, who are now better prepared to replicate the experiences in dealing with future disease outbreaks.

### **MEETING CHALLENGES**

A key initial challenge has been the lack of adequate knowledge about SBC or RCCE approaches amongst the youth volunteers, health personnel and organizational staff. This challenge

was addressed by the inclusion of SBC into the training; it was recognized that there was a need to build the capacity of trainees on RCCE and development of community action plans.

### **KEY LESSONS**

A key take-away of the initiative has been the value of participation, both of youth and communities. The youth encouraged active participation from the people in the sensitization sessions, which helped foster community ownership and adoption of safe hygiene practices and behaviors.

Another learning has been about the value of evidence generation through social data collection or surveys. The collection of this critical data helped the Ministry of Health, UNICEF, MRCS and other partners to understand knowledge gaps as well as the barriers and motivators to adoption of COVID-19 preventative behaviors including demand for COVID-19 vaccination. Such evidence provided more concrete insights about people's knowledge and perception levels; community concerns, myths, and motivators/barriers for behavior change (for example

vaccination, hand washing and the use of masks). The evidence linking adoption of positive behaviors and practices to service delivery gaps have also led to advocacy for certain operational changes like altering vaccination days or times for some communities and demographics.

The initiative also showed the value of investment in monitoring and evaluation. As a result of UNICEF's training which focused on generating, analyzing and utilizing evidence, the youth gained valuable skills in social research. This meant that they were able to support communities in developing, implementing, and monitoring their own COVID-19 preparedness action plans, and more broadly developing robust skills and knowledge for preparedness for future emergencies. The initiative showed the

benefit of investment in establishing strong community networks for social listening and community feedback as these were integral in meeting community needs and delivering effective sensitization campaigns.

The experience also highlighted the importance of effective partnerships and joint coordination. Through UNICEF Pacific's collaboration with the local

Red Cross, the initiative was able to leverage UNICEF's expertise in SBC and MRCS's experience in emergency response, geographical reach, and large cadres of youth volunteers. Also, through the partnership with the Department of Health, the joint initiative on risk communication and community mobilization was able to successfully integrate health sensitization in the overall COVID-19 response in the FSM.

For further information about this case study, you can contact the following individuals:

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You can also find out more by visiting the organization's websites:

- Micronesia Red Cross Society (MRCS)
- UNICEF Pacific
- · Website: direct link to blog: https://www.unicef.org/pacificislands/blog/youth-led-covid-19-response

#### Collective Service - For a Community-Led Response

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This document forms part of a collection of 7 case studies, and has been selected by the Youth Engagement Subgroup YES! of the Collective Service (UNICEF, WHO, IFRC, GOARN) as an initiative of UNICEF, UNAIDS, and the Collective Helpdesk with the support of UN WOMEN and the Compact for Young People in Humanitarian Action, as part of an open call for good practices to document, analyze, and promote youth engagement and youth leadership across countries and regions.







