



RESEARCH ON THE IMPACT OF COMMUNITY
ENGAGEMENT AND ACCOUNTABILITY
APPROACHES IN PUBLIC HEALTH EMERGENCIES

GEORGIA



A CASE STUDY ON COVID-19

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LIST OF ACRONYMS

CEA	Community Engagement and Accountability
FGD	Focus Group Discussions
GRCS	Georgia Red Cross Society
HQ	Headquarters
IFRC	International Federation of Red Cross and Red Crescent Societies
NCDC	National Centre for Disease Control
RCRC	Red Cross Red Crescent

INTRODUCTION

This case study was conducted as part of a larger research project commissioned by the International Federation of Red Cross and Red Crescent Societies (IFRC), on the impact of Community Engagement and Accountability (CEA) on public health emergencies. The overall objective of the research is **to identify, understand, and document how community engagement and accountability approaches have changed, impacted, and/or influenced Red Cross Red Crescent (RCRC) programs and community health systems during public health emergencies**. The research has been conducted in five different countries: Georgia, Guatemala, Guinea, Indonesia, and Malawi. Based on initial discussions between the IFRC and National Societies, these five sites were selected **to document a variety of CEA practices with various communities** across the world.

Community engagement and accountability is a way of working that recognizes and values all

community members as equal partners, whose diverse needs, priorities, and preferences guide everything we do. We achieve this by integrating meaningful community participation, open and honest communication, and mechanisms to listen to and act on feedback and data, within our programmes and operations. Evidence, experience, and common sense tell us when we truly engage communities and they play an active role in designing and managing programmes and operations, the outcomes are more effective, sustainable, and of a higher quality.

Nevertheless, the impact of CEA approaches has been largely under-researched within the RCRC Movement. There is a clear need to collect evidence that proves the importance and added value of CEA. This document presents a case study on community engagement practices adopted by the Georgia Red Cross Society (GRCS) during the COVID-19 response.

OBJECTIVES

The objective of the research is to identify, understand and document how CEA approaches have changed, impacted, and/or influenced RCRC programmes and community health systems during COVID-19.

In line with the proposed methodology, the evaluation seeks to answer the following two fundamental questions:

- Do community engagement and community-led interventions contribute to better uptake of public health measures and the strengthening of community health systems during an outbreak?

- Do community feedback systems inform National Societies' response activities, and ensure communities are heard during an outbreak?

To provide an answer to these two questions, this research focuses on both the effectiveness and impact of CEA activities. Based on the presented findings, the case study ends with a set of conclusions that will serve as a basis for the definition of key CEA determinants across the five countries considered in the study.

METHODOLOGY

This work focuses primarily on a qualitative approach to understanding the impact of CEA practices. The methodology is based on the collection and analysis of opinions and perceptions from the teams in charge of implementing community engagement interventions, as well as from the local communities. In-country data collection activities were conducted **between January 23 and 27, 2023**.

The qualitative component was structured along two lines of discussion:

1. Individual interviews with RCRC personnel in five sites

For the qualitative component, the research team conducted semi-structured interviews with the personnel in charge of the interventions. The purpose of these interviews was to understand how community engagement and accountability fit into related field activities. The interview guide for this section was adapted according to the specificities of Georgia's CEA context including:

- The context of public health crises and other emergencies
- The nature of community engagement and accountability practices within the community
- Local partnerships (health and administrative structures, inter-agency cooperation)

This component was conducted both remotely and on-site.

2. Focus group discussions with communities

This research was an opportunity to assess community needs, priorities, autonomous solutions, and concerns. The research team conducted focus group discussions with the community on the dedicated sites to analyse the effectiveness of the interventions vis-à-vis local needs and priorities.

3. Desk review

The desk review included articles, brochures, and working documents from the IFRC and the GRCS, which allowed us to triangulate with testimonies collected in the field. Reviewed documents included quantitative analyses based on surveys conducted during the COVID-19 pandemic.

See **Annex 12.1** for a more detailed explanation of the methodology and data collection.

Some considerations around 'impact'

This study is not a quantitative impact analysis. It explores qualitative and narrative aspects of how community engagement practices and their outcomes are observed and interpreted by the various participants involved in the study. We acknowledge that effective interventions depend on the harmonization and congruence of multiple factors, including structural, cultural, institutional, and economic determinants. Consequently, the evidence of impact collected in this study should, in certain instances, be considered as a contributing element rather than a sole and isolated catalyst for change.

Study limitations

It is important to consider the limitations that this study was constrained by, which included time constraints, language barriers and the risk of response bias.

Time constraints

Due to budget and timeline considerations, the on-site fieldwork was carried out over five days, including travel time between research sites. This limited the number of interviews and focus group discussions that could be conducted, meaning that only one community group was interacted with at each research site. Additionally, the fact that the research was carried out towards the end of the COVID-19 pandemic, coupled with the relatively short period for fieldwork, limited the

possibility of carrying out direct observations, a research method that generally increases objective analysis. The inclusion of interviews and FGDs with a variety of stakeholders in each research site mitigated these shortcomings.

Language Barriers

As the research team did not speak the local languages, the support of an interpreter was used in many interviews and focus groups, which may have led to a loss of information. This was especially salient in one of the research sites, where language barriers (Armenian) required double translation (using two interpreters) between English, Georgian, and Armenian. Possible negative effects were reduced through the use of local interpreters with cultural as well as linguistic knowledge, and, similarly, by having recordings of interviews and FGDs transcribed by a local person with knowledge of the relevant languages.

Risk of Response Bias

Candidness of response in interviews and focus groups may have been reduced by the presence of third parties, for example, GRCS staff being present during FGDs with volunteers, and headquarters staff being present during interviews with local staff members. The presence of these third parties was, however, necessary to facilitate contact and trust between the foreign researcher and research collaborators. This bias was mitigated by ensuring that participants understood that nothing they said in the interviews would affect their relationship with the GRCS or IFRC and that the research was aimed at gathering information to improve CEA strategies across RCRC branches in different countries and contexts.

1

KEY FINDINGS

Overall, this research highlights five positive impacts of community engagement.

- 1 Community participation served as the cornerstone for compliance with public health measures and enhanced outreach to priority groups,** reinforcing the importance of involving communities in pandemic response efforts. The success of initiatives aimed at engaging village community centers in promoting COVID-19 prevention measures was notable. Community members consistently involved with GRCS such as the Day-care Centre for Older People, were regarded as their primary source of trust-worthy information during the pandemic.
- 2 Community-led initiatives not only promoted inclusivity but also strengthened communities to design tailored programs and activities.** During the early stages of the pandemic, communities independently produced masks and distributed them throughout the community. Moreover, they effectively identified and assisted the most vulnerable members by coordinating the distribution of food supplies provided by the Red Cross, highlighting the power of community-led solutions in crisis response.
- 3 Synergy with public and private sectors enabled greater GRCS recognition, thus increasing vaccine acceptance:** Collaborative efforts between the community and public and private sectors played a vital role in promoting vaccination. Public events such as the COVID-19 Marathon, information stands and partnerships with local businesses, significantly increased visibility and vaccine acceptance.
- 4 Strong connections with local role models helped combat government mistrust and encouraged the adoption of pandemic preventive measures.** People were more likely to trust information that they received from members of their community, and especially from close contacts such as family members. Moreover, overcoming language and cultural barriers was essential for reaching all segments of the population effectively.
- 5 Feedback-driven strategies** allowed for continuous refinement and improvement of strategies and activities. The emphasis on community feedback within the pandemic response strategy of organizations like the GRCS underscored the importance of effectiveness and appropriateness in their initiatives.



2

COUNTRY CONTEXT

Georgia is a European country situated mainly in the South Caucasus region. According to 2014 census data, ethnic minorities make up 13% of the population, the most numerous of which are Azerbaijanis (6.3%) and Armenians (4.5%). These two groups make up the majority of the population in the southern, predominantly agricultural regions of Kvemo Kartli and Samtskhe-Javakheti (Minority Rights Group International).

Georgia was hit by the pandemic relatively late compared to other European countries; the first case of COVID-19 was registered on February 26, 2020 (Dumbadze, 2020), with the first deaths from the virus in September of the same year. The number of daily cases reached its peak almost

two years later, in February 2022, at 26,320 cases. The deadliest period was in the fall of 2021, with 86 daily deaths on September 3, 2021, and 83 on November 16th, 2021 (John Hopkins University Coronavirus Resource Center, 2022).

COVID-19 vaccinations began being administered in Georgia in March 2021. As of June 26, 2022, a total of 2,902,085 vaccinations had been administered, with 1,371,921 people having received at least one dose and 1,270,848 fully vaccinated. This figure represents 44.9% of the adult population, falling short of the Georgia COVID-19 Vaccine National Deployment Plan's goal of fully vaccinating 60% of the adult population.

3

UNDERSTANDING LOCAL STRUCTURES

This research identified strong cooperation with local authorities and the work of the GRCS is well integrated alongside local power structures. In Marneuli, local authorities work together with community leaders and volunteers, facilitating spaces called community houses. These are often the sites of community activities and are used as meeting places for community groups.

GRCS staff at the Marneuli branch collaborate closely with these groups and/or with the mayor's representatives (an official role). This approach builds both communication and trust with community members who may not speak Georgian, and who may not be familiar with the Red Cross. Staff members and volunteers have found that community members are more receptive to

information, services, and activities when trusted community leaders facilitate contact. This was the case in Tsiteli, the ethnic-Armenian village visited in Marneuli; the contact the Red Cross has with this community is facilitated through the community leader, who was also the founder of the community centre visited.

As he explained during our discussion, the centre was first established in 2017 but did not have a space dedicated to it at that time. In 2019, it was officially established with the physical space (a one-room structure) that it now occupies. The centre designs its programs and services and receives supplies, training programs, and informational materials from the Red Cross among others.

4

FINDINGS



4.1

Community participation laid the groundwork for adherence to public health measures and improved outreach to people in priority groups

Discussions held at both research sites revealed the positive effects of community participation strategies. One of the most relevant findings was the success of initiatives aimed at engaging the village community centers to encourage the adoption of COVID-19 prevention measures. For example, in one focus group session, the leader of the community centre in Tsiteli village in Marneuli explained how collaborating with the Red Cross helped with COVID-19 awareness and prevention:

We were better able to handle the pandemic thanks to the Red Cross – we were better informed and able to follow the guidelines. Every single child in our village knows what to do to protect themselves from COVID.

— Marneuli community leader

Community members who have consistent contact with the GRCS through their involvement with community centres such as the daycare centre for older people in Batumi indicated that their contact with the Red Cross was their primary source of information during the pandemic:

Training sessions [organized by the Red Cross] helped us to differentiate between real information or trustworthy information from disinformation.

— service user at Batumi Day-care Centre for Older People

This research also shows that mobile units were a fundamental approach to increasing two-way communication with people living in remote areas and building durable relationships with the local communities.

The Mobile units were a key part of GRCS efforts to ensure two-way communication reached all sectors of the population. These mobile units conducted door-to-door information campaigns, as well as bringing supplies and vaccines to remote areas, ensuring community members were able to access vaccination and other key COVID-19 prevention materials. This work was built upon GRCS's previous experience with mobile units, which were previously used during a diabetes screening project conducted in rural areas with the World Diabetes Foundation. This experience, and other programs involving ongoing engagement with communities in rural and isolated areas, was a key factor in being able to effectively support communication and community participation.

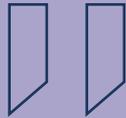
The biggest enabler for us, especially in the Kvemo Kartli region, was the diabetes project, which was implemented in 2014. We have quite a close relationship with local medical staff, and with community leaders, especially in Kvemo Kartli, because of the diabetes project, as it was implemented similarly. As I mentioned, this project was very similar to this one [mobile units for COVID] except it was on diabetes. There was a screening car, the same door-to-door approach for community mobilizations and that is why these people had trust in us because of that project.

— GRCS HQ staff member



I am not a passive participant. I am trying to be as active as possible and suggest my ideas about improvement based on the needs of my community. [For example,] I participated in a Red Cross first aid training course, and I suggested to the GRCS representative to come to my village and organize a similar course there, and they did so.

— Marneuli region community leader



4.2

Community-led solutions drove inclusion, informed communities, and more tailored programs

At both the Batumi and Marneuli branches, volunteers are primarily young people (teenagers and early twenties). They receive extensive training and are encouraged to contribute to designing solutions and to lead their initiatives. **Several volunteers started their programs within the Red Cross, and some have gone on to found their own associations.** One Batumi branch staff member explained:

Many of our volunteers were introverts, but step by step they became more outspoken, and active. They would even set up their own NGOs. One woman just set up one called Women's Voice. Another volunteer set up an organization called Youth for Georgia. Our volunteers also work in different state agencies and organizations. For example, in the municipal government, there is a council of advisors, and out of 14 youth advisors, eight are our volunteers. So, they are part of civil society and NGO activities throughout the whole region.

— Batumi branch staff member

In Marneuli, people engaged with the community centre showed great autonomy in designing programs and activities based on the needs of the community. At the beginning of the pandemic, they sewed their masks and distributed them to the community. They also identified which community members were most in need of food supplies provided by the Red Cross and distributed them accordingly. They received support from the Red Cross and other international aid organizations in the form of supplies and training programs. They also partook in shaping the training programs, specifically asking the Red Cross to provide modules on topics that they identified as most useful for their community. The activities resulted in improved information sharing and the implementation of prevention strategies, such as the use of masks and social distancing.

In Batumi, some of the participants who are teachers identified that students had fallen behind academically during lockdowns due to the pandemic. **They designed and implemented extra-curricular tutoring programs to respond to this need. Similarly, participants at the day centre organized knitting drives to provide clothing for families in need in their communities.** The Red Cross offered the necessary space (the community centre) and supplies for these activities to take place, but they were run by the community members themselves, who were well-placed to identify and respond to the needs of their community.

Community leaders played an important role in disseminating accurate information and combatting rumours through face-to-face communication, which was helpful both for the adoption of prevention measures and for encouraging vaccination. This was especially true in small villages where there were no pre-existing trust relationships with the Red Cross. A volunteer described this in an interview:



We came to appreciate that we were able to go [to people in the community] directly, but information provided by local leaders, religious leaders or influencers would be more useful and would be more reliable for the recipients of this information. [...] Villagers would trust their fellow villagers rather than somebody else coming from outside. [...] And they would trust more when [a local] would translate these activities rather than other volunteers.

— Marneuli branch volunteer



Some local religious leaders were important collaborators who helped with acceptance of the GRCS in their communities, and with communicating the needs of their community to the GRCS. This example illustrates the importance of adjusting strategies according to the context of each community – in some cases, trusted community leaders were local religious leaders, while in others it was political leaders, or civilians with well-respected roles, such as medical professionals or teachers. GRCS staff collaborated with different community leaders depending on the specific context.

GRC campaign in different hypermarkets to purchase and donate to the elderly in Blantyre



Source: Georgia Red Cross

Based on discussions with community members, encouraging communities to design and implement their solutions was felt to lead to better inclusion of all community members, with people within communities better placed to identify priorities and the assistance required, helping to shape programs and services in the most useful and efficient ways. As the community centre coordinator said during an FGD:



In addition to getting information from the Red Cross about safety issues, and healthcare issues, I knew very well the situation in my village, in neighboring villages, and the people who are the most in need so quite often, several times, I would provide food for these people and food was provided by the Red Cross. I would go there and bring food for people in special boxes.

— Marneuli community leader



4.3

Synergic participation of GRC with the public and private sector fostered acceptance of COVID-19 vaccination

Face-to-face communication took place through setting up information stands or charitable donation collection points in strategic locations. Local businesses were sometimes important collaborators in this respect. For example, grocery stores in Batumi hosted food collection campaigns. Placing GRCS staff and volunteers in the stores increased visibility and gave community members a simple, convenient way to communicate in person with the Red Cross.

Different branches developed strategies in this regard tailored to their specific contexts. For

example, a “vaccine marathon” was held by the Marneuli branch in July 2022. This was a special public event designed to encourage vaccine uptake among community members, which also provided an opportunity to interact with community members and collect feedback from them. As Marneuli is a region of Georgia with a high proportion of people belonging to ethnic minority groups, and these groups had especially high rates of vaccine hesitancy, it was important for the branch to mobilize tailored strategies. The vaccine marathon event engaged the local community through live music from local artists, a COVID-19 quiz, and first aid demonstrations. Dozens of COVID-19 vaccines were administered, and health advice and information on COVID-19 were disseminated throughout the day.

Input from volunteers, attuned to the needs of their fellow community members, was used to design and implement COVID-19 prevention activities and events, helping ensure maximum impact. The vaccine marathon organized at the Marneuli branch, was planned with the help of volunteers, who suggested the timing and content that they thought would make the event most appealing to the community. In Batumi, volunteers played a role in selecting the best locations and times of day for face-to-face communication and distribution of informational material to the community.

4.4

Strong ties with local role models reduced misinformation and encouraged adoption of prevention measures

In Georgia, language and cultural barriers represent one of the primary challenges in terms of reaching all sectors of the population, especially in the southern regions of Kvemo Kartli and Samtskhe-Javakheti, which have majority ethnic Azerbaijani and Armenian populations,

respectively. The Marneuli Red Cross branch, located in the Kvemo Kartli region, serves many ethnic Azerbaijani and Armenian villages, and villages located in remote and mountainous areas. Many people in these communities do not speak Georgian fluently and are therefore unable to access information related to the pandemic through television or radio.

The GRCS Marneuli branch collaborated with the Azerbaijani and Armenian National Societies to have written information materials in these languages, which they then distributed to the relevant communities. They also worked with community leaders to translate messages into local languages and deliver these messages orally, going door-to-door, and broadcasting messages on loudspeakers.

Community members in the Marneuli region who participated in FGDs reported that the information they received from the GRCS was clear and easy to understand, which indicates an appropriate use of language and communication channels.

The research indicates that people were more likely to trust information that they receive from members of their community, and especially from close contacts such as family members. In fact, one of the main challenges faced during the pandemic was misinformation distributed by local authorities.

To combat this, the Georgian Red Cross adopted a strategy of mobilizing community role models and influencers to promote genuine COVID-19 information. **For example, staff members at the Batumi branch reported collaborating with local government officials who would model getting the vaccine in their villages and posting interviews with well-known local singers, dancers, or artists who had been vaccinated and who advocated for COVID-19 vaccines.** Some of these role models communicated with community members via social media, and others collaborated with the GRCS in person. As one staff member put it:



Those household names who got vaccinated, served as role models for the rest of the population. You need those household names who were from Batumi, from the Adjara region.

— Batumi staff member



Especially when we talk about priority groups such as older people, they are all the time watching TV and listening to the radio, so it was important to ensure that media representatives had relevant information.

— GRCS HQ staff member



In Marneuli, medical professionals and educators have a high status in their communities. Collaborating with these community members as both role models, and mobilizers was an effective way of encouraging other community members to follow their lead and overcome fears.



Medical staff working there are community members themselves who have been taking this responsibility in the community. They work very effectively with local people. The local nurses are very well known in the community, when people have medical considerations when they need to see a doctor, those nurses and medical staff are well-known in the community, so people reach out to them if they have health problems. They were helping a lot with community outreach and the vaccination program.

— IFRC staff member



Another strategy that was mobilized to ensure that as many people as possible had access to correct, up-to-date information about COVID-19 prevention was to collaborate with media representatives. The GRCS held training sessions with people working in the media in which they shared accurate information about the pandemic and about proper prevention practices. This contributed to tangible changes, as reporters began wearing masks and practising social distancing after receiving training from the GRCS. A GRCS HQ staff member talked about the importance of this strategy during an interview:

4.5

Systematically listening to communities, allowed for refining, and improving GRCS strategies and activities

The GRCS made community feedback an integral part of its pandemic response strategy, emphasizing the importance of ensuring the effectiveness and appropriateness of its activities. Data was systematically collected through KoBo forms, enabling trend analysis and the identification of open cases that required attention from relevant branches or entities. This approach ensured that feedback was translated into action. A central hotline was established at the outset of the pandemic, providing a vital channel for people across the country to seek information and assistance regarding psychological support, hygiene and food distributions, and vaccination registration. This initiative demonstrated a clear commitment to addressing community needs promptly. Some other examples of how community feedback enabled a better and more tailored response were:

- **Emotional Support:** The hotline also served as a platform for providing emotional support, with instances where callers were guided through therapy sessions to alleviate their stress and concerns, highlighting the organization's holistic approach to community well-being.



So, I would say we should be here as a role model to show the best example to other people in order to encourage them to join us and not only old people but young people as well. Me and my colleagues encouraged many young people to become more active members of this community. So, a lot depends on how much active we are. If we are active, other people will also join us.

— Batumi community member





Our information was a reference point for the Red Cross to change their strategy and also they would carry out activities based on the information we provided. [For example], initially we were publishing newspapers to give information about the pandemic but based on feedback from the part of the population we decided to change the strategy and issue flyers and leaflets, short messages with visual materials.

— Marneuli branch volunteer



Many people were asking about what would happen if they were vaccinated. Sometimes it was needed that I call them back from the hotline number and have a therapy [session] with them because they were very stressed. For example, my mother is old, she has diseases, I am afraid she will die, what can I do?

— GRCS HQ staff member



- **Prioritizing selection criteria for in-kind distribution activities:** Community feedback played a pivotal role in creating lists of individuals prioritized for aid programs, including food and hygiene product distributions. Information gathered through the hotline and community volunteers helped identify those in need, ensuring targeted assistance.
- **Addressed rumors around vaccine costs:** One of the most salient community concerns was related to COVID-19 vaccine mandatory costs. Other reiterative questions came from people with medical conditions who were hesitant about the adverse effects of vaccines. Thanks to these community insights, GRCS was able to address misinformation by calling back people, by social media, and through door-to-door two-way communication approaches.

- **Expanded communication channels and formats:** GRCS was flexible in adjusting its strategies based on feedback. For example, shifting from publishing newspapers to disseminating flyers, leaflets, and visual materials in local languages in response to the community's preferences showed a willingness to adapt to changing circumstances.
- **Masks and First Aid training provision:** Thanks to the feedback provided by community leaders and other community members through interpersonal discussions with GRCS volunteers, an immediate response was held to requests for essential items like masks and the organization of first aid training courses at the community level.



Initially, there was a deficit of masks. We would ask [Red Cross staff members] to provide us with the masks. Their response was immediate. They would provide us with the masks. There was a problem at the initial stage.

— Service User, Batumi day care centre for older people



5

ENABLERS OF EFFECTIVE COMMUNITY ENGAGEMENT APPROACHES



5.1

Strengthening capacities of volunteer networks

The GRCS relies on an extensive pool of enthusiastic and diverse volunteers with strong ties to their respective communities. Different branches have volunteers who represent different demographics or sectors of the population, including ethnic minority groups. In Marneuli and Batumi, volunteers are primarily teenagers and young adults.

FGDs with the young volunteers revealed the positive relationships the GRCS has cultivated with them. Participants talked about wanting to join the Red Cross because of its reputation as a respectable international organisation; because they want to help their community and develop their skills, or because they had friends who were volunteers and recommended the experience to them. They were very enthusiastic about their involvement with the Red Cross, describing it as an enjoyable and enriching experience, and showing pride in the actions they had taken in their roles.

Indeed, volunteers play a key role in designing outreach strategies and encouraging participation among community members. During the pandemic, they were a crucial part of face-to-face communication with community members, both in small towns and in cities. They distributed written informational material, hygiene items, and food parcels, and talked with community members as they did so.

The role of volunteers is especially important for reaching ethnic minority communities or those that are geographically isolated. In these areas, volunteers are vital points of contact between community members and the Red Cross. Volunteer coordinators attested to making specific efforts to recruit volunteers who belong to ethnic minority groups, and some of the volunteers who spoke with researchers were indeed members of these groups.



[In small and isolated communities] they would see the Red Cross for the first time, and they were not eager to cooperate. That's why it's crucially important to have inside every single village or community a volunteer or volunteers [from that community] who would spread the word and who would encourage the local population to cooperate with us or other NGOs.

— Marneuli branch staff member



5.2

Building on existing leadership structures

In addition to recruiting volunteers from ethnic minority communities, the GRCS cultivates collaboration with key community members in existing leadership structures. Community leaders, such as health professionals, teachers, village representatives, and local religious leaders, acted as bridges during the pandemic to ensure two-way communication between their communities and the Red Cross. One GRCS HQ staff member who was interviewed described how effective it is to work with community leaders:



Sometimes it's easier to succeed at the regional level than the capital where we have more resources, because in the communities, teachers and medical professionals have huge trust and respect.

— GRCS HQ staff member



Cooperating with the local community leaders was important in enabling GRCS staff to have a better understanding of the needs of the community, and also for increasing community members' acceptance of GRCS personnel, information, and activities.

5.3

Trust relationships cultivated over time

The GRCS's COVID-19 strategies relied on durable relationships of trust with communities, which they worked hard to develop before the pandemic, and which they have continued to maintain through ongoing programs ever since. Community members with ongoing contact with the GRCS – through specific GRCS programs, or their involvement with community centre activities such as the daycare centre in Batumi, showed especially high levels of trust in the Red Cross and the information and services provided by them. GRCS work during the pandemic consolidated existing relationships and lent further legitimacy to their programs. In FGDs, it was clear that this has led to better-informed communities that trust information and services delivered by the Red Cross. In some cases, government programs partnered with the Red Cross with specific recognition that this would help increase community trust and participation.

Covid was a new thing all over the world, and for us as well, and people usually change their minds if they get information from an organization or persons they do trust and the Red Cross Society was the very organization they would trust.



They trust us because many lost their jobs because of COVID-19 and lost their income we would provide them essential services and we were very important for them to survive and this would make us, our organization, more reliable and trustworthy.

— Batumi branch volunteers



Finally, the GRCS's COVID-19 strategies relied on durable, trusted relationships that they had worked hard to develop well before the pandemic and have continued to maintain. Ongoing community participation is cultivated through a variety of programs ranging from first aid courses and training programs to youth art classes and contests. These programs play a crucial role in cementing the Red Cross's status in the community as a reliable organization held in high regard. They also allow staff and volunteers to get to know a wide variety of community members, in turn facilitating meaningful, two-way communication.



Volunteers from Nkhata Bay district help prepare chlorination

Source: Plan Eval

6

IDENTIFIED BARRIERS



6.1

Special Consideration of Ethnic Minority Groups

Ensuring ethnic minority communities are included in CEA activities, and that their specific needs are taken into account, is a central part of the GRCS's strategy, especially for branches located in areas home to large numbers of people from ethnic minorities. Strategies for including people from minority groups in CEA efforts include ensuring a diversity of volunteers, including people drawn from minority communities; traveling to minority communities to ensure face-to-face communication; and maintaining strong, trusted relationships with ethnic minority community leaders.

In an interview, an IFRC staff member described how the inclusion of people from ethnic minority groups has played a central role in the development of the GRCS:



Georgia is part of the South Caucasus region with Armenia and Azerbaijan. Many people have found their way to Georgia because of conflicts in the region. Lots of people who have relations with Armenia and Azerbaijan, ethnic minorities. At the local level, this is quite a big part of how the branches are working. In Marneuli, there are large groups categorized as minorities from Armenia and Azerbaijan. The branch has developed very much around this situation. Volunteers are from those communities. The way that the branches are prioritized is very much in line with the environment.

— IFRC staff member



6.2

Language barriers hinder participation

One key step in working with minority communities is by collaborating first with community leaders, who can play a role in translating accurate information. This strategy has several benefits, including increasing trust and acceptance of the Red Cross in communities that may have little familiarity with it or be resistant to outside entities. However, relying on community leaders to bridge between communities and the GRCS can limit understanding of community needs, as communication passes through a reduced number of people, who act as spokespeople for the rest of the community and who could introduce their own bias into the process.

6.3

Distrust of authority, and, relatedly, the spread of misinformation

The GRCS has made considerable efforts to address these challenges, as outlined in previous sections. One issue worth mentioning is the association some community members have between the GRCS and government agencies. In many cases, close collaboration with government entities is an asset, however, it is also possible that in certain cases collaboration can lead to people conflating the Red Cross with government agencies, leading to mistrust towards the National Society.

7

CONCLUSIONS

1

Research demonstrated that community members who have ongoing contact with the GRCS over a long period have very high levels of participation, trust, and adherence to public health social measures communicated by the Red Cross. Active community members are often key contact points during health emergencies and are vital in encouraging receptiveness to Red Cross programs and information among other community members who may be less familiar with the GRCS. **In this way, community participation cultivated and maintained before and after health emergencies is integral to the success of health emergency response strategies.**

2

Durable relationships with the Red Cross are important for training community leaders, who in turn encourage participation amongst other community members. Red Cross presence in communities is also felt by less actively involved community members through public events aimed at connecting with them and through GRCS maintaining a visible presence in busy public places, such as grocery stores. This visibility can lead to higher levels of receptiveness among community members in times of crisis.

3

Volunteers living in and drawn from communities **support familiarity with the Red Cross among the general population, improving the GRCS's legitimacy as a trustworthy source of information and services.** Providing volunteers with comprehensive training enhances their capacities and confidence, and can lead to them establishing their programs based on community needs, or even founding their community associations.

4

The implementation of a national telephone hotline gave citizens a direct communication channel with the Red Cross, which was an important step in addressing PSS concerns, vaccines vaccine-related questions and solving misinformation gaps.

8

RECOMMENDATIONS

Addressing language diversity barriers by increasing the number of staff and volunteers who are fluent in minority languages, while at the same time supporting literacy and comprehension of Georgian within ethnic minority communities. Ongoing language programs in minority communities could contribute to acceptance of the Red Cross as an organisation.

Fieldwork has confirmed that credibility and legitimacy are key factors in terms of receptiveness to Red Cross interventions and adherence to preventative health measures. Clarifying the role of the Red Cross could also help in reducing frustration among community members when supplies run out, which was a challenge reported by branch staff members during fieldwork.

Research shows that the use of diverse communication channels and the collection of feedback, is effective and should be continued. The systematic collection, analysis and sharing of feedback information will improve the responsiveness of branches and the organisation as a whole to community needs and questions, and can also be helpful in informing planning and the allocation of resources.

Training programs that help community members identify and access reliable and accurate information sources could help combat misinformation and distrust of authority. Computer literacy courses could be useful in this respect, particularly if delivered through trusted community leaders trained as peer educators.

Recruiting volunteers from ethnic minority and other priority and crises affected communities will increase language skills the GRC can draw on, bring broader perspectives and cultural understanding and cementing relationships of trust with communities.

Finally, a network of diverse, engaged volunteers has been one of the keys to the GRCS's success. More training for volunteers, especially in developing communication and engagement skills, is recommended for two primary reasons. Firstly, further training could help maintain engagement and motivation among volunteers. And secondly, enhancing volunteers' communication skills is important in building rapport, improving the dissemination of information, and encouraging positive behaviour change.

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ANNEX

Data collection

Information and conclusions in this case study are based on interviews conducted with GRCS and IFRC staff members virtually and in person at GRCS headquarters in Tbilisi, and on fieldwork conducted in two places that represent different geographical areas covered by the Georgia Red Cross: Marneuli municipality, in the Kvemo Kartli region, and the city of Batumi, in the Adjara region. The selection of these sites took place following preliminary interviews conducted with GRCS and IFRC staff members. Interviews and other fieldwork activities took place either in English or in Georgian with the help of an interpreter.

Table 1 - GRCS and IFRC staff member interviews

Interview type	Profiles
Preliminary interviews with GRCS staff	Communication and Community Engagement Manager Senior Project Coordinator, Health and Care Department Head of Health and Care Department
Preliminary interviews with IFRC staff	Community Engagement and Accountability Delegate for South Caucasus; IFRC Programme Coordinator for South Caucasus; Information Manager
On-site interviews with GRCS HQ staff (national level)	Deputy Secretary General Vaccine Centre Manager
On-site interviews with branch staff (local level)	Branch Manager (Marneuli) Volunteer Coordinator (Marneuli) Executive Director (of branch) (Batumi) Project Coordinator (Batumi)

Source: *Plan Eval*

Research in Marneuli consisted of interviews with three local staff members and a focus group discussion with eight volunteers, which took place at the Red Cross branch in the town of Marneuli, the administrative centre of the namesake municipality. The volunteers were young men and women between the ages of 16 and 21. An interview was also conducted with two local government representatives, held at the city hall, which is located across the street from the Red Cross branch. These interviews and FGDs were held in Georgian, with the help of an interpreter.

Finally, a focus group discussion was held with five community members at a community centre in Tsiteli, a small village located in the Marneuli municipality. One community member (male, 28 years old) held a leadership role in his community and was the director of the community centre we visited. The other five community members were women between the ages of 31 and 73, who were members of the community centre. All five community members are of Armenian ethnicity, though they were born in Georgia and have lived their entire lives there. The four women did not speak Georgian. Communication took place with the help of the interpreter, translating between English and Georgian, and the community leader, who translated between Georgian and Armenian.

In Batumi, interviews were likewise held with four local staff members and three local government representatives. These were both conducted at the Batumi Red Cross branch. A focus group discussion with seven volunteers, men and women between the ages of 16 and 28, was also held at the branch. Finally, we visited an older adult day care centre located in Khelvachauri, a neighbouring municipality. Here, we conducted a focus group discussion with 12 elderly men and women who were members of the centre. These interviews and FGDs were conducted in Georgian with the help of an interpreter.

In-country data collection activities were conducted between January 23 and 27, 2023.

Table 2 provides an overview of the semi-structured interviews and focus group discussions that were conducted with GRCS staff and volunteers, community members, and local government representatives.

Table 2 - Fieldwork

Fieldwork dates	January 23 - 27, 2023	
Locations	Marneuli Tsiteli village (Kvemo Kartli region)	Batumi Khelvachauri (Adjara region)
NS staff interviewed	3	4
Government representatives interviewed	2	3
Volunteers who participated in FGDs	8	7
Community members who participated in FGDs	5	12
Specific profiles of community members	Ethnic minority (Armenian) adult women between 31 and 73 years of age; community leader – (28-year-old Armenian man)	Elderly women and elderly men

Source: *Plan Eval*

THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 15 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.

