

Joint Evaluation of the Risk Communication and Community Engagement (RCCE) Collective Service

Evaluation Brief

November 2023

The Risk Communication and Community Engagement (RCCE) Collective Service is a multi-agency collaborative partnership between the International Federation of Red Cross and Red Crescent Societies (IFRC), the United Nations Children's Fund (UNICEF), and the World Health Organization (WHO). The Service was established in June 2020 in response to the COVID-19 pandemic with the aim of transforming the way the public health and humanitarian sectors coordinate, implement, monitor and resource collaborative approaches to community-led responses in public health emergencies.

The structure of the Collective Service was established as a global hub (a Secretariat, agency focal points and a steering group), and two regional hubs in East and Southern Africa and West and Central Africa, with technical coordination and support taking place with other regions such as the Middle East and North Africa, and Asia Pacific. In support of RCCE, the Collective Service offered: (i) coordination at global and regional level; (ii) provision of socio-behavioural evidence on which to base RCCE strategies, and to inform response decision-making and community action; and (iii) in-country and remote RCCE advisory and technical support, access to a broad set of RCCE guidance and tools, and training.

An independent evaluation of the Collective Service was carried out between January and November 2023 and was jointly managed by the evaluation offices of IFRC, UNICEF and WHO. The purpose of the evaluation was to assess the Collective Service's contribution to strengthening RCCE systems in the public health and humanitarian response to the COVID-19 pandemic, and to make suggestions and recommendations to the Service partners' decision-makers on the future strategy, vision and coordination model.

The evaluation shed light on the role of risk communication and community engagement in public health emergencies, why it is important for organizations to work together in this area, and how this can best be achieved with regard to the Collective Service.

A COLLABORATIVE PARTNERSHIP BETWEEN IFRC, UNICEF AND WHO



Data collection methods and analysis

The evaluation relied on a mixed methods approach, combining different sources of data. These included:

a review

of documents related to the Collective Service, the COVID-19 pandemic, and to RCCE in general, including related guidance and models from different organizations



88 key informant interviews

with staff and consultants from the core organizations and external partners (51 female, 37 male)



98 responses to an online survey

targeting individuals involved in the work of the Collective Service at headquarters, regional and country levels



four case studies

of the progress of collective RCCE at country and regional levels, one of which was informed by a country visit to Uganda



Data sources were analysed and triangulated, leading to the distillation of findings, conclusions and recommendations. In order to ensure inclusiveness and transparency, key stakeholders and external experts were closely involved throughout the process as part of a reference group that supported the evaluation in an advisory capacity. In addition, the findings were validated through consultation workshops with a wider audience.

Key findings

Relevance



Leadership – The decision by IFRC-UNICEF-WHO to launch a global, inter-agency and coordinated effort on RCCE was appropriate, necessary and timely. Bringing together actors to coordinate RCCE on this scale was unprecedented. As the pandemic receded, the Service remained relevant by adapting its tools to support RCCE for cholera and Ebola virus disease outbreaks, and more recently for drought and flood responses in Africa.



Theory of change – The Collective Service theory of change provided a sound and well-articulated basis for its implementation. It now needs to be revised to include steps to ensure that partners and governments are engaged, and to include a systems approach to strengthening capacity, rather than focusing solely on capacity-building and training.



Branding – There was no intent to create a separate identity and branding for the Service, but to achieve the visibility required to enable its operations the name 'Collective Service' was adopted. However, this was confusing for some and reinforced the perception of the Service as a distinct entity.



Future demand – Eighty-seven per cent of survey respondents considered it 'Very likely' or 'Somewhat likely' that they would need the support of the Collective Service in a future health emergency.

Contribution to health emergencies

The Service made a series of positive contributions in the technical areas of RCCE coordination, technical guidance, and information management. Most interview and survey respondents were positive about the contribution of the Collective Service both in terms of the coordination and technical work completed and its relevance for future public health emergencies and, potentially, for other types of emergencies. A clear majority of informants considered that the Service should continue beyond 2023, though without consensus about its future scope.



Collective Service products – The Service developed RCCE approaches, methods and tools using up-to-date evidence and made them broadly accessible to actors in the sector. The evaluation received positive feedback on their technical quality, but feedback on their actual use and utility was mixed. More guidance was generated than could be absorbed.



RCCE inter-agency coordination – The global video conferences organized with the support of the Global Outbreak Alert and Response Network (GOARN) were well attended and proved effective in the first year of the pandemic. In some regions, and most evidently in East and Southern Africa, the Service successfully supported existing RCCE coordination processes, research, information services, and training.



Data for Action – The Data for Action approach was conceptually strong, bringing together social science research, information management, and monitoring and evaluation that collated, analysed and displayed data from multiple sources. This combination has shown significant potential to improve RCCE and programme design. Bringing together risk communication, social science research and community feedback proved to be innovative and relevant to inform RCCE in target regions and countries.



Collective Helpdesk – The Helpdesk, supported by UNICEF, was launched in 2022 when COVID-19 was no longer at its peak and offers remote assistance for technical queries to core partner staff and other RCCE practitioners. The platform was not widely advertised or utilized and has had limited take-up from IFRC and WHO.



Capacity-building – The training provided by the Service on coordination, RCCE, social science, community feedback, and information management, amongst other topics, reached thousands of participants, many from the regional and country offices of the core partners, but also from governments and other partners. Summary statistics on participation or an analysis of the effectiveness of the training were not available.



Learning – From the beginning, the Service has enabled the exchange of experience on RCCE at HQ and between regions. The Service has consistently reflected on its work and made adjustments over time to stay relevant to the evolving operating context and to improve performance.



Preparedness – Systematic capacity development of health systems to prepare for future RCCE has featured little in the work of the Service and no long-term systems development planning has taken place with development partners.



Equity – The Service generated guidelines and tools to help ensure attention to vulnerable groups during the pandemic, including youth, children, women, migrants and refugees, and research was undertaken on barriers to vaccine access. However, attention to equity has been uneven.



Expectations – Some of the objectives set for the Collective Service were unrealistic due to limited availability of funds, staffing, short funding cycles, and the emergency nature of the response.

Operational challenges



Start-up – The proposal that led to the formal launch of the Service was developed quickly and, due to the demanding emergency phase of the COVID-19 pandemic and grant proposal deadlines, with little consultation at headquarters and no consultation at regional level. This led to some resistance from regional offices.



Regional structures – The top-down imposition of the regional Service structure was seen to duplicate and complicate existing regional RCCE coordination. There was very little communication within the partners' organizations or externally about the Service to explain it, although the regional engagement with the Service improved over time, especially in East and Southern Africa.



Focus – The future focus of the Service has been discussed among the core partners for some time. In East and Southern Africa, its engagement has expanded beyond COVID-19 to other public health emergencies and to other crises such as drought. A broader ongoing debate relates to how far the Service should shift its focus towards accountability to affected people, and its role within the newly agreed WHO-led Health Emergency and Preparedness and Response agenda.



Partnership – IFRC, UNICEF and WHO generally collaborated well over RCCE at country and HQ levels, while some challenges were experienced at regional level. Instances of competitive behaviours were noted, some of which led to erosion of trust and frustration for other parties.



Governance – The Service has been governed by a director-level Steering Committee. Despite recent efforts to clarify future direction, the Committee has not been able to tackle coordination issues between the core partners, especially since the pandemic started to recede.



Funding – The ability of the Service to deliver on its outcomes was constrained by a competitive fundraising environment during the COVID-19 response. With COVID-19 funding receding and many donors revising their strategic priorities, funding remains a challenge.



Commitment – Strong commitment by Collective Service staff members and organization focal points, sometimes in the face of opposition and disinterest from regional colleagues, has enabled it to overcome some of the challenges it initially confronted. The work of the Service has not been well recognized or supported by the senior management of core partners.



Performance monitoring – Key performance indicators for the Collective Service were devised at the outset and a global results framework was developed. In practice, monitoring has tended to focus on activity and output and the links between processes, achievements and the results framework were not easy to trace.

Conclusions

The Collective Service was conceived by its core partners to improve global, regional and national coordination for risk communication and community engagement during the COVID-19 pandemic. The evaluation concludes that this vision was correct and that the decision to launch a global, inter-agency, and coordinated effort on RCCE was appropriate, necessary and timely. The Service made many valuable contributions to RCCE coordination, technical guidance and information management, and enabled inter-agency coordination on RCCE at unprecedented levels.

The emergency that arose out of the pandemic provided a driving force for coordination and cooperation, and the achievements of the Collective Service offer much to build on for future development. It is now imperative to determine a future strategy, vision and structure by addressing the weaknesses and challenges that have reduced its effectiveness, such as: mismatch between objectives and resources available; limited communication about its purpose; insufficient integration across core partners' mainstream work; an inadequate formal agreement on which to base the partnership; and restrictions on fundraising.

Future of the Collective Service

The core partners agree that the Collective Service should continue and that its future remit and scope must be defined. Building on the achievements and opportunities identified, the evaluation proposes that the Service continue to support RCCE functions in health-related emergencies, whether in stable or humanitarian operating environments. Three strategic options are suggested to determine the future level of ambition of the Service in terms of scale and reach:

OPTION 1

Change the Collective Service model to implement proactive development of national partners' RCCE preparedness and implementation capacity

OPTION 2

Maintain and/or expand the current regional Collective Service model

OPTION 3

Continue regional RCCE coordination without additional support based on the Collective Service model

Recommendations

The evaluation makes recommendations aimed at enabling a sustainable and effective future for the Collective Service, which should be addressed regardless of which strategic option is pursued. These recommendations are:

Recommendation 1.

Agree a joint policy statement on the need to coordinate RCCE in all countries and crises where it is relevant.



Recommendation 2.

Base the future of the Collective Service on demonstrated success criteria identified by the evaluation as necessary for the Service to be effective.

Recommendation 3.

Develop a new vision and model for the Collective Service, and endorse and communicate the result. The core partners should establish a mechanism to enable the formulation and agreement of a new vision and model to conclude by March 2024.



Recommendation 4.

Base the Collective Service offering on assessed demand for RCCE support across regions and countries and based on evidence and analysis.

Recommendation 5.

Expand the membership of the Collective Service guided by clearly identified underlying priority purposes.





Recommendation 6.

Develop inter-agency funding proposals for the Collective Service, while adjusting the approach to fit the strategic option chosen for the Service's intended scale and reach.

Recommendation 7.

Link rather than merge the work of the Collective Service and the Inter-Agency Standing Committee as the work of the two is complementary and should be intentionally linked.



Recommendation 8.

Determine whether a pooled fund would be beneficial for the Collective Service to benefit from associated advantages and avoid grant-making challenges for donors.

Recommendation 9.

Implement a Collective Service standby mechanism to enable the deployment of skilled personnel to support RCCE coordination, social sciences, information management and community engagement.



Recommendation 10.

Revise the Collective Service theory of change to close the gaps identified in the evaluation.

Recommendation 11.

Consider changing the name of the Collective Service given that it has been both an advantage in raising the profile of the Service but also a source of confusion to many within the core partners.



Recommendation 12.

Extend the current Collective Service to allow time for a new agreement. Staff contracts should be extended until the appropriate future options are determined.