

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT IN THE AUSTRALIAN HUMANITARIAN PARTNERSHIP’S COVID-19 RESPONSE IN PAPUA NEW GUINEA: LESSONS LEARNED

What can we learn about effective risk communication and community engagement from the AHP PNG COVID-19 Response and Evaluation?

Response	AHP COVID-19 response in Papua New Guinea – vaccination rollout support, with a focus on Risk Communication and Community Engagement
EOP Outcome	Increased uptake of the COVID-19 vaccine and reduced spread/impact of COVID-19 among targeted communities in PNG
Evaluation	Risk Communication and Community Engagement in the Australian Humanitarian Partnership’s COVID-19 Response in Papua New Guinea Evaluation and Learning Report, April 2023 <i>Research by the Humanitarian Advisory Group in partnership with the Institute for Human Security and Social Change at La Trobe University and Shedrick Singip, a national consultant based in PNG.</i>
Program Background and Lessons Learned	
Background	Under Phase 4 of the AHP COVID-19 response in Papua New Guinea, DFAT provided additional funding to five AHP consortiums to focus on risk communication and engagement (RCCE). Collectively, the partners’ RCCE strategies were designed to support the rollout and uptake of the COVID-19 vaccine, decrease transmission and combat misinformation. To better understand the effectiveness of these RCCE approaches and activities, the AHP Support Unit (AHPSU) requested further research in addition to a broader evaluation of the COVID-19 AHP response in the Pacific. The Humanitarian Advisory Group (HAG) was contracted for this research and produced its final Evaluation and Learning Report in April 2023. This research contains findings which can inform the future design and implementation of RCCE strategies for AHP partners and the wider humanitarian sector, working in the Pacific and beyond.
Key Findings and Learnings	<p>Overall, the evaluation found the response had many positive and important outcomes. These included:</p> <ul style="list-style-type: none"> ▪ A wide reach across communities, including programming in 13 of the 22 provinces/regions. ▪ Strengthened ability of government health authorities ▪ Strengthened knowledge of COVID-19 and the vaccine for healthcare workers (HCWs) ▪ Strengthened community awareness <p>There was less evidence of the desired results at the program outcome level, namely increased uptake of the COVID-19 vaccine and reduced spread and impact of the virus among targeted communities. Measuring the contribution of the AHP to vaccine rates was difficult due to insufficient information at the outcome level, unrealistic outcomes and a lack of targets.</p> <p>The program approaches were analysed across five RCCE practice areas: enabling access, broad communication campaigns, targeted communication campaigns, provider support and community engagement. The evaluation found activities varied widely in effectiveness and impact.</p>

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<p>The evaluation conducted an analysis of inclusive programming and overall program effectiveness. The following are key learnings at each level of analysis:</p>																	
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Methods that allow discussion and two-way communication are more likely to be effective.</p> </td> </tr> <tr> <td> <p><i>Targeted Communications Campaigns</i></p> <p>Early evidence suggests targeted communications (i.e. theological messaging through church networks) were effective at reaching different populations, but impact on vaccine uptake was unclear.</p> </td> <td> <p>More tailored information about value of communications campaigns needed, requiring strong monitoring and collaboration with communities to incorporate feedback and input.</p> </td> </tr> <tr> <td> <p><i>Provider Support</i></p> <p>The focus on provider support was effective at improving timeliness, quality of service provision and accuracy of information disseminated.</p> </td> <td> <p>Provider support (i.e. support to health care facilities and workers) contributes to localisation but needs to be articulated with targets and tracked accurately to provide meaningful insights.</p> </td> </tr> <tr> <td> <p><i>Community Engagement</i></p> <p>Collaborative approaches with stakeholders, such as working with community influencers, health care workers and faith leaders, helped in provision of information to guide individual decision-making on vaccination and prevention.</p> </td> <td> <p>More sustained and locally grounded consideration of how to leverage key drivers of and overcome key barriers to community engagement would strengthen its effectiveness.</p> </td> </tr> <tr> <td> <p><i>Inclusion</i></p> <p>Women benefited from AHP programming through mainstreaming practices and targeted programming.</p> </td> <td></td> </tr> <tr> <td> <p>Examples of people with disabilities benefiting from programming exist, but consistent impact not demonstrated.</p> </td> <td> <p>More consideration of effective strategies for inclusive RCCE programming is needed, including greater investment in enabling inclusion of diverse groups in design and implementation</p> </td> </tr> </tbody> </table>	Finding	Learning	<p><i>Enabling Access</i></p> <p>Activities designed to improve vaccine access were successful and welcomed by community but small in scale - did not significantly increase vaccination rates.</p>	<p>Greater investment needed as a key area of programming, including leveraging work with other stakeholders.</p>	<p><i>Broad Communications Campaigns</i></p> <p>Broad campaigns through mass and social media, especially in local languages, were effective in providing the right information, but unlikely to have increased vaccine uptake in isolation.</p>	<p>A holistic program of specific and tailored interventions to support vaccine uptake should be articulated first, in order to act as the foundation for broad communications campaign activities. 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	Learning	Recommendation
<i>Overall Program Effectiveness and Recommendations</i>	A commonly agreed and articulated program logic and indicators of success for RCCE programming are needed to deliver a coherent and feasible program.	AHP agencies and AHPSU should work together to develop commonly agreed project impact and outcomes for new projects, as well as measures of success.
	Processes to establish and check assumptions are critical to making effective adaptations to programming (i.e. early assumptions that more information would deliver increased vaccine uptake needed to be adjusted).	AHP agencies should jointly review assumptions behind program designs and revisit throughout programming to ensure adaptations can be made to strengthen effectiveness. In PNG, early assumptions that more information would deliver increased vaccine uptake needed to be adjusted. Instead, mass information campaigns needed to be delivered alongside community engagement activities or other mechanisms.
	An appropriate balance of overall activities within programming is important to effectively lower barriers to and leverage drivers of vaccine uptake.	As part of the design process for RCCE activities, AHP agencies, AHPSU and DFAT should consider overall balance of program activities to deliver a holistic program that complements existing programming. For example, the impact of RCCE activities in PNG could have been enhanced through complementary programming to enable access and lower structural barriers to vaccination.
	Review intended outcomes as part of the design phase to develop more realistic and appropriate outcomes in context and within designated timeframes.	AHPSU, DFAT and AHP agencies should review what is realistic in context and timeframe to support more realistic intended outcomes. This includes pragmatic discussions on what is achievable. Proposing expansive outcomes in short-term humanitarian interventions should be avoided.
	External factors outside the control of AHP programming need to be clearly articulated and understood as part of reviewing assumptions and feasibility.	AHP agencies should incorporate mapping of external factors into the program design phase, including how these may affect program outcomes, as part of the assumptions underpinning theories of change.
	Management Implications	
	<p>The COVID-19 pandemic generated what the World Health Organisation has referred to as infodemic- an excessive spread of both accurate and inaccurate information about an outbreak. The AHP response in PNG, as with other RCCE global responses, demonstrated the importance of developing RCCE strategies with targeted and behaviour-affecting messages, which break through the information overload instead of adding to it. As highlighted in the HAG evaluation, a wide dissemination of information does not necessarily equate to increased vaccination rates. Programming such as bulk communications campaigns may not have as much impact as activities like enabling community access to vaccination centres, which occurred on a much smaller scale in this response. As found by the evaluation, the most effective RCCE included collaboration with government and health authorities, aligning with the national health response</p>	

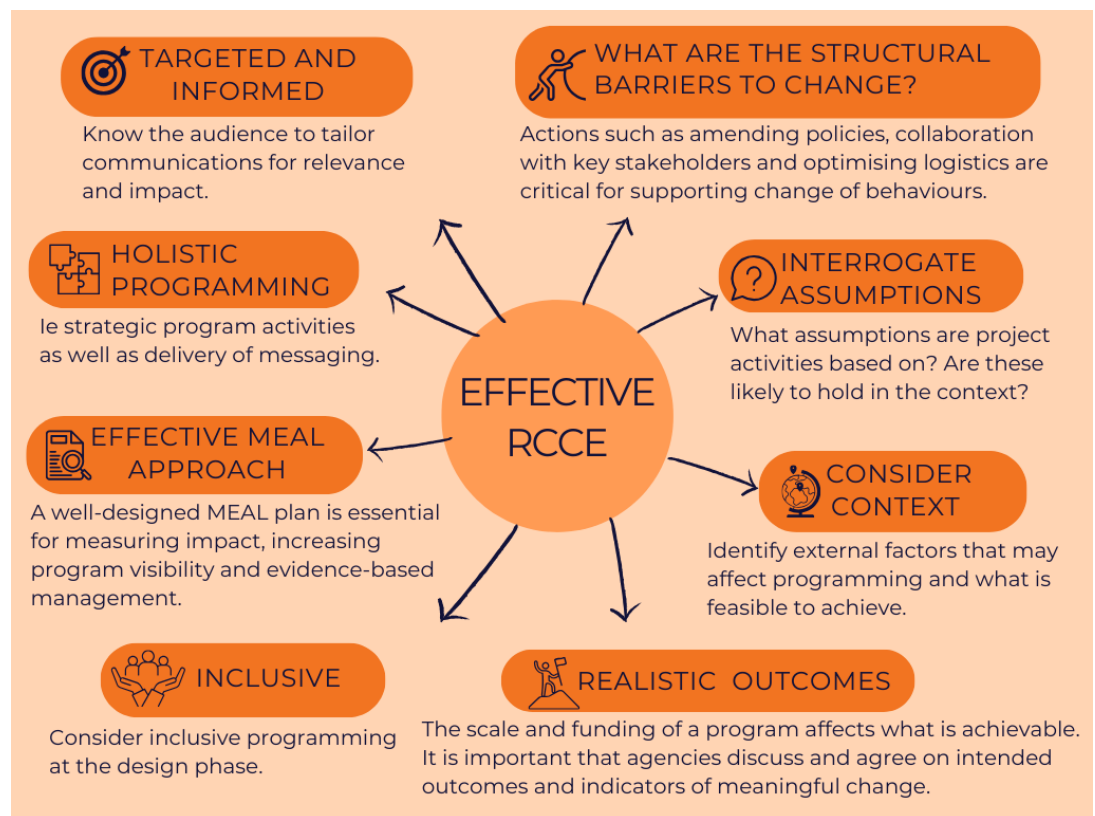
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and ensuring messaging was accompanied by activities which enabled people to adopt particular behaviours, i.e. being supported to get vaccinated.

Interestingly, many of the evaluation recommendations relate to improvements which could have been made at the design phase of this response, with regards to assumptions, inclusion, outcome definition and mapping of external factors and context. The evaluation notes ‘the competitive rapid activation process meant agencies did not collaborate on overarching program design and articulation of intended impact’. In the context of a pandemic, coordinating careful program design has its limitations, however, well-defined targets, outcomes and indicators as well as an effective MEAL plan, are critical for giving a picture of what impact looks like and how impact will be measured. Effective RCCE requires careful design, as evidence suggests, some activities can miss the mark and prove relatively ineffective. It is important to direct time and resources into activities which will have the most impact, not only reach.

What makes RCCE effective?

Based on the findings, discussion and recommendations of the evaluation, elements of effective RCCE approaches to be considered for future implementation include:



Future RCCE Programming

Further Reading

Read the full evaluation in the AHP Knowledge Hub on the Australian Humanitarian Partnership website.

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