

# The impact of COVID-19 on communication, community engagement and accountability

Perspectives from stakeholders, communicators and audiences

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June 2022





# Acknowledgements

The researchers would like to thank all those who made themselves available to participate in the study. There are a number of people who provided additional support throughout the process, including journalist Youssef Ouedraogo in Burkina Faso; Babou Zio of the Conseil National des OSC in Burkina Faso; Paul Beighley, MD; Aliti Vunisea and Laitia Tamata in Fiji; Silvia Magnoni from IFRC; the BBC Media Action team in Cox's Bazar; research-facilitators from the Rohingya refugee community; Peter Churu in Zimbabwe; and Tanvir Chowdry in Bangladesh.

We are also grateful to the reference group for this study: Stijn Aelbers and Irene Scott from Internews; Khandokar Hansanul Banna from BBC Media Action; Paul Connealy from LiveTiles; Emily Dwyer from Edge Effect; Katherine Harris from UNHCR; Catherine Green from World Vision International; Amelia Makutu of CDAC Network in the Pacific; Nick Ngorage from Plan International; Samia Qumri, independent; Laura Walker-McDonald from ICRC; Eranda Wijewickrama from the Humanitarian Advisory Group; and Steve Williams from FCDO. Finally, we are grateful to Rosie Jackson, Hannah Bass, Alyssa Thurston and other CDAC staff for support throughout the process.

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## About this paper

This paper was commissioned by CDAC Network as part of the project: 'Operationalising Localisation and the Participation Revolution: Communications Preparedness and Accountability for Disaster Response in Fiji and Vanuatu', funded by the Australian Department of Foreign Affairs and Trade.

Disclaimer: This publication has been funded by the Australian Government through the Department of Foreign Affairs and Trade. The views expressed in this publication are the authors' alone and are not necessarily the views of the Australian Government.





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## List of acronyms

<b>AI</b>	artificial intelligence
<b>AIRA</b>	Africa Infodemic Response Alliance
<b>CBO</b>	community-based organisation
<b>CCE</b>	communication and community engagement
<b>CCEA</b>	communication, community engagement and accountability
<b>CSO</b>	civil society organisation
<b>DAC</b>	disaster-affected community
<b>FGD</b>	focus group discussion
<b>GHRP</b>	Global Humanitarian Response Plan
<b>IASC</b>	Inter-Agency Standing Committee
<b>IFRC</b>	International Federation of Red Cross and Red Crescent Societies
<b>INGO</b>	international non-governmental organisation
<b>IVR</b>	interactive voice response
<b>KII</b>	key informant interview
<b>NDMO</b>	National Disaster Management Office
<b>NGO</b>	non-governmental organisation
<b>NRC</b>	Norwegian Refugee Council
<b>RCCE</b>	risk communication and community engagement
<b>SMS</b>	short message service
<b>UN</b>	United Nations
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization



## Executive summary

The COVID-19 pandemic has shaped humanitarian discourse and action since early 2020<sup>1</sup>. It shone a spotlight on the critical importance of effective dialogue and communication, on the need for accurate and informed information, and the value of engagement in developing communication that ensures access by all affected. Communication, community engagement and accountability (CCEA) has been well recognised as the cornerstone of maximising impact of humanitarian action, increasing participation and accountability towards those affected. No one escaped the wide impact of the COVID-19 pandemic but for those living in temporary, cramped conditions, those vulnerable to stigma and abuse it was often experienced alongside multiple additional crises and priority concerns. Reaching global consensus on the best way to support locally driven CCEA responses creates challenges for planning, investment and collaboration in the majority of humanitarian responses, and COVID-19 was no different.

This study sought to identify changes, if any, to the communication and community engagement landscape as a result of the COVID-19 pandemic. It did not aim to evaluate CCEA during the pandemic but, rather, aimed to bring together some of the key literature, recommend additional reading and reflect on the perspectives of different stakeholders. In addition to a thorough literature review, the study represents the views of approximately 150 community-based participants of focus group discussions, 44 key informants and 181 global survey respondents.


### Findings

The disruption caused by the pandemic has given rise to both opportunities and risks in the context of CCEA. As one respondent noted, 'the level of noise was massive'. In some cases, it drove new and positive ways of doing things, and led to a greater reliance on local systems and actors ('localisation by necessity'). For some, the shift to remote ways of working led to an increase in digital access and reach, while for others this complicated existing communication channels and deepened the digital divide.

Principally, **this report finds that very little has changed in the CCEA landscape**, a conclusion nuanced heavily by contextual differences within and between communities, and between countries. The already well-known challenges in CCEA structures, systems and services re-surfaced and were in many places accentuated in the pandemic response. These nuances are detailed within the body of the report using four case study countries. The global and urgent nature of the pandemic, coupled with a shift in coordination and leadership exposed *existing* weaknesses in CCEA<sup>2</sup>, rather than creating *new ones*. **Overall, the initial response fell short in particularly familiar ways**. There was minimal meaningful engagement of local and trusted communicators, an over reliance on local actors without any power or money transfer, messaging was curated in a different language and was top down and actors failed to invest sufficiently in the skills, tools and personnel needed.

<sup>1</sup> See for example: CDAC's 2020 working paper, Improving the Response To Covid-19: Lessons From The Humanitarian Sector Around Communication, Community Engagement And Participation.

<sup>2</sup> Outlined on page X 'Prior to COVID-19, advancing CCEA has been challenged by a range of factors including, but not limited to: underfunding; insufficient investment in and inclusion of local preferences, action and leadership; disproportionate focus on technology for communication; poor linkages between actors; poor prioritisation of CCEA throughout the programme cycle, and short-term, project-based interventions.



Though **early opportunities to capitalise on existing knowledge and practice were missed**, the response evolved positively over time. Global actors reported significant changes to the way they engaged with communities, reporting increased use of online platforms and some increased investment in technology hardware. Communities on the other hand, reported that information seeking behaviour and overall engagement had changed ‘a bit’, also reporting that much had gone online, but emphasising that any change was an increased use of existing channels, rather than introduction of new technologies. **There was a significant gap in perceived change in technology use and other approaches between global and community-based respondents to the study.**

As is the case with CCEA in all contexts, nuances and heterogeneity of people and communities were critical to perceived success over the first two years post pandemic. The COVID-19 pandemic and related movement and economic restrictions were unique in their ‘global reach’, as was the commonality of information needs. But it was not experienced on its own and was experienced differently by people with different vulnerabilities, different ages, different gender. People and community’s needs and adaptative strategies differed enormously. **This study found that the use of trusted and varied channels – often low-tech and/or face to face - drove perceived levels of ‘success’.**

Finally, this study highlights the challenges of effective inclusion of the ‘most vulnerable’ in CCEA. Though a consistent challenge, there are points at which the volume and direction of information, paralleled with the loss of face-to-face activity, may have exacerbated existing vulnerabilities. Women in particular, were at greater risk of digital exclusion and groups marginalised by ethnicity, language or health status were at times more likely to suffer from mis and dis-information.


### **Conclusions and recommendations**

Five key trends in the CCEA post-COVID-19 landscape were identified (see Figure 1), represented below with associated recommendations for forward planning.

1. The COVID-19 pandemic dominated information flows throughout 2020–2021. The prioritisation of the need to convey complex issues rapidly and at global scale gave rise to one-way and top-down communication. In many cases, this meant information was not contextualised, or necessarily communicated in the appropriate language, people were often excluded and the message was less effective. Community engagement was weakened, and this affected the prioritisation of key messages and programmatic communication aims.

#### Recommendations:

- Ensure coordination is context appropriate, inclusive and well communicated. Where coordination was understood, common information sharing and messaging was reported as more appropriate.
- Focus on long term investment in systems, relationships and structures. Ensuring that the right people are involved in curating and disseminating information and effectively engaging people at the right time can amplify successful CCEA.

- 
2. Travel disruption and widespread lockdowns saw an increase in the use of digital technologies, but this shift was not as significant as global actors believed and was often an inadequate substitute for face-to-face or more 'traditional' interactive methods.

Recommendations:

- Digital and technology approaches must take into account the diverse capacity and demands of its stakeholders. Design should take an audience-centred approach and be complemented by alternative, non-digital methods to ensure inclusion.
- Invest in ways to better integrate legacy and community media. Given the importance of radio and other methods of communication, a focus on partnership and capacity will ensure such actors are not overlooked.
- Understand data risks associated with increased reliance on digital technology. Those working in the sector should understand how these risks can affect personnel, organisations and beneficiaries, and work to mitigate these risks.

3. The proliferation of information, the entrance of 'new' information providers and an urgent need for information led to a rise in mis- and disinformation and shifted patterns of trust. Mis- and disinformation on COVID-19 is rife, and the increased engagement in social media has led to an increase in misinformation overall.

Recommendations:

- Mis- and disinformation require concerted and context wide focus. Successful examples include a holistic and multi-faceted approach using technology, capacity-building and media literacy efforts all have a role to play. Better understanding is required in this.
- Trust is a critical determinant of effective CCEA. Investment is needed in understanding community trusted sources. It is easy for international actors to make the wrong assumptions on trust.

4. Local actors, including communities, played a critical role and were heavily relied upon for the delivery of information. But this does not appear to have translated into increased decision-making power or funding transfer. In some cases, the COVID-19 pandemic has deepened existing inequalities between agencies and has further centralised decision-making.

Recommendations:

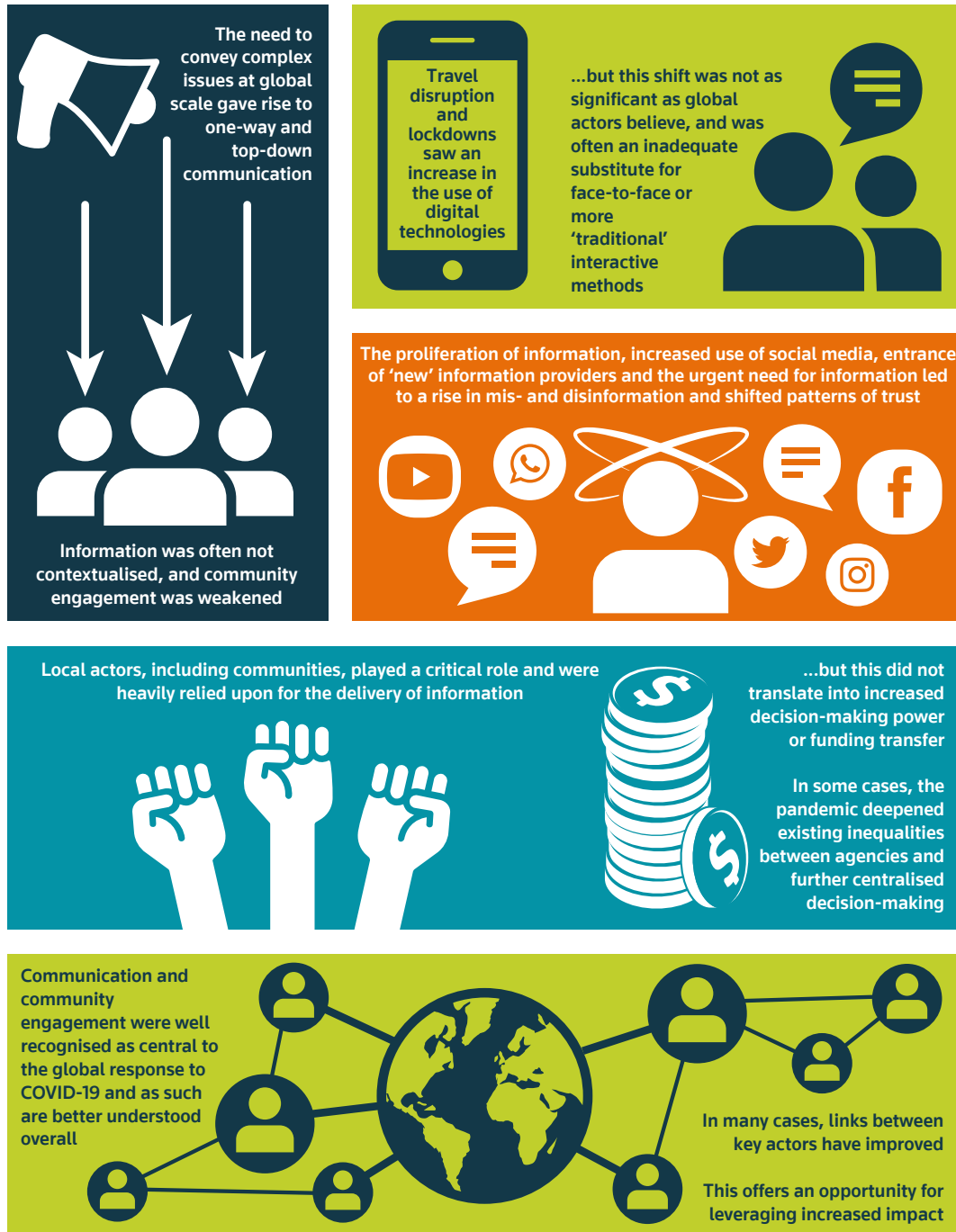
- Efforts to make partnership more meaningful need to consider incentives and access requirements.
- Greater investment is needed in community structures for engagement. Typically chronically underfunded, this investment may have yielded more immediate impact and would have supported community engagement in decision making.

5. Communication and engagement was well recognised as central to the global response to COVID-19 and as such is better understood overall. In many cases, linkages between key actors have improved and offer an opportunity for leveraging increased impact. Actors need to come together to put communities first and avoid fragmenting a central issue to response.

Recommendations:

- Develop a common funding ask for donors, focused on people-centred and community led CCEA. Ensuring that a funding ask focuses on demand, need and capability at community level avoids investment leaning to a specific entity or crisis.
- Invest in further research. In order to improve engagement by communities in decision-making, research that focuses on better understanding trust, communication and existing systems is critical.

Figure 1: Key findings





# 1. Introduction

On 11 March 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a global pandemic. Its impact was felt across the world, and it presented a grave threat to the most vulnerable communities: “As the single red dot on the world map morphed into red dots in almost every country in the world, the enormity of the problems facing all countries, but especially those with serious economic and health resource challenges, became evident.”

Communities affected by conflict, natural hazard-related disasters and displacement often live in some of the world’s poorest economies, where health services are already operating beyond capacity and struggling to meet basic needs. Furthermore, people in disaster-affected communities, including migrants, may lack access to the host country’s health care system. They often live in temporary, cramped conditions, may be vulnerable to stigma and abuse, and may face what they consider to be more pressing problems than ill health.

In the context of COVID-19, the state of health services and the strain on governments and economies serving disaster-affected communities created a complex set of communication and community engagement needs, based on a balancing of risks. For many in these communities, COVID-19 was less of a priority than basic survival, livelihoods, other diseases, or even the threat of arrest if COVID-19 rules were broken. Indeed, as with any crisis, the pandemic has been experienced alongside any number of additional disasters. This multi-risk environment compounded the scale and scope of crises, and people and communities have widely diverging abilities to cope with the consequences.

In addition, both the pandemic and the responses to it, such as lockdowns and border closures, “escalated humanitarian needs dramatically but they also made humanitarian response all the more challenging by disrupting the infrastructure and access to affected communities on which the system relies”.<sup>4</sup> For many in these communities, accessing timely, relevant and clear information was fraught with challenges.



**FOR MANY OF US WE WERE NOT SO MUCH WORRIED ABOUT THIS COVID. WE WERE THINKING ABOUT HOW WE CAN SURVIVE AND ANYWAY WE HAVE TO MANAGE TO COPE UP WITH ALL THE OTHER DISEASES LIKE HIV AND MALARIA, SO WE WONDERED WHY ALL THIS HULLABALLOO ABOUT THIS COVID.**

ZIMBABWE COMMUNITY CONSULTATION

<sup>3</sup> Bong C.L., et.al. (2020). “The COVID-19 Pandemic: Effects on Low- and Middle-Income Countries”. *Anesthesia and Analgesia*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7173081/>

<sup>4</sup> Khan, A., et.al. (2021) Learning from Disruption: evolution, revolution, or status quo? ALNAP 2021 Meeting Background Paper. London: ODI/ALNAP. <https://www.alnap.org/system/files/content/resource/files/main/2021%20alnap%20meeting%20background%20paper.pdf> p.6.



Students wearing face masks at a school in Burkina Faso.

2022 marks the first year of CDAC Network’s new multi-year strategy, in which it aims to make lasting changes in how decisions are made in humanitarian and development action – moving from global to local – and to enable locally informed responses. As part of this, it sought to explore the ways in which COVID-19 may have changed the landscape of communication and dialogue, and what changes, if any, are needed in how communication, community engagement and accountability (CCEA) is determined and implemented.

The COVID-19 pandemic has shaped humanitarian discourse and action since early 2020.<sup>56</sup> The disruption has given rise to both opportunities and risks. In some cases, it drove new and positive ways of doing things, and led to a greater reliance on local systems and actors. For some, the shift to remote ways of working led to an increase in digital access and reach, while for others this complicated existing communication channels and deepened the digital divide.

Understanding and prioritising humanitarian action has become even more complex and context-specific than it was prior to COVID-19. The urgent need to scale up risk communication and services related to social behaviour change has been paralleled by a need to ensure these aspects complement, rather than conflict with, equally critical communication and engagement on issues of concern to disaster affected communities such as protection, insecurity and vulnerable livelihoods, education and wellbeing.

Overall, the pandemic has shone a spotlight on the critical importance of effective dialogue and communication, on the need for accurate information, and the value of engagement when developing communication to ensure access by all affected. Communication and community engagement have been, and will continue to be, the cornerstone of maximising the impact of humanitarian action. However, reaching global consensus on the best way to support locally driven CCEA responses creates challenges for planning, investment and collaboration.

<sup>5</sup> See for example: CDAC’s 2020 working paper, *Improving the Response To Covid-19: Lessons From The Humanitarian Sector Around Communication, Community Engagement And Participation*.

This study, and its outputs, aim to inform investment in, and prioritisation of, efforts to improve collective CCEA across humanitarian and development action. It aims to:

- **Test some of the assumptions made during the Covid-19 response**, particularly those related to localisation, engagement and digital access.
- **Identify and explore the priorities for CCEA**, based on stakeholder consultation in four countries.
- Focus on developments and differences at a country level to **identify common themes and critical questions that actors should be asking in order to focus global investment and collective action in CCEA**.

This work does not aim to evaluate CCEA during the pandemic but, rather, aims to bring together some of the key literature, recommend additional reading and reflect the perspectives of different stakeholders. In addition to a thorough literature review, the study represents the views of 44 key informants, 181 survey respondents and approximately 150 community-based participants of focus group discussions.

It was guided by the following research questions:

1. To what extent, and how, has communication and community engagement changed during the pandemic?
2. Do disaster-affected communities access information in a different way than before the pandemic?
3. What technologies, tools and/or platforms, frameworks and processes were used during the pandemic?
4. How have organisations integrated community voice, knowledge, perceptions and feedback in their COVID-19 responses?
5. Has COVID-19 led to greater involvement of local actors in communication and engagement?



Health workers at outside Mpilo Hospital, Bulawayo, Zimbabwe, waiting to hand sanitise and check the temperature of visitors.

KB MPOFU | ILO





## 2. Methodology

The research for this study used both qualitative and quantitative approaches, and mixed methods combining initial community consultations, insights from existing literature, key informant interviews (KIIs) at both global and country levels – representing media development practitioners, humanitarians, media workers and journalists – a globally distributed survey and community-based focus group discussions (FGDs) in the four case study countries. A study reference group comprised of humanitarian experts supported the study design and review process, and guiding questions for data collection were developed with the support of community groups in the focus countries.

Bangladesh, Burkina Faso, Fiji and Zimbabwe were selected as case studies based on several criteria: each is a disaster-affected country, but between them they represent geographic, contextual, infrastructural and economic diversity. The aim was to explore where contextual differences affect and inform the CCEA landscape. Case study documentation is available on request from CDAC.

The study draws on an extensive body of literature about the global COVID-19 response, and national information, communication and engagement around COVID-19, including policy documents, communication strategies, programme reports, academic papers, news reports and studies by a variety of actors from international agencies to national governments and local organisations. In addition, programmatic documents, including training materials and community messaging, were reviewed. The literature review focused on distilling the available data relevant to CCEA, humanitarian response and the pandemic.

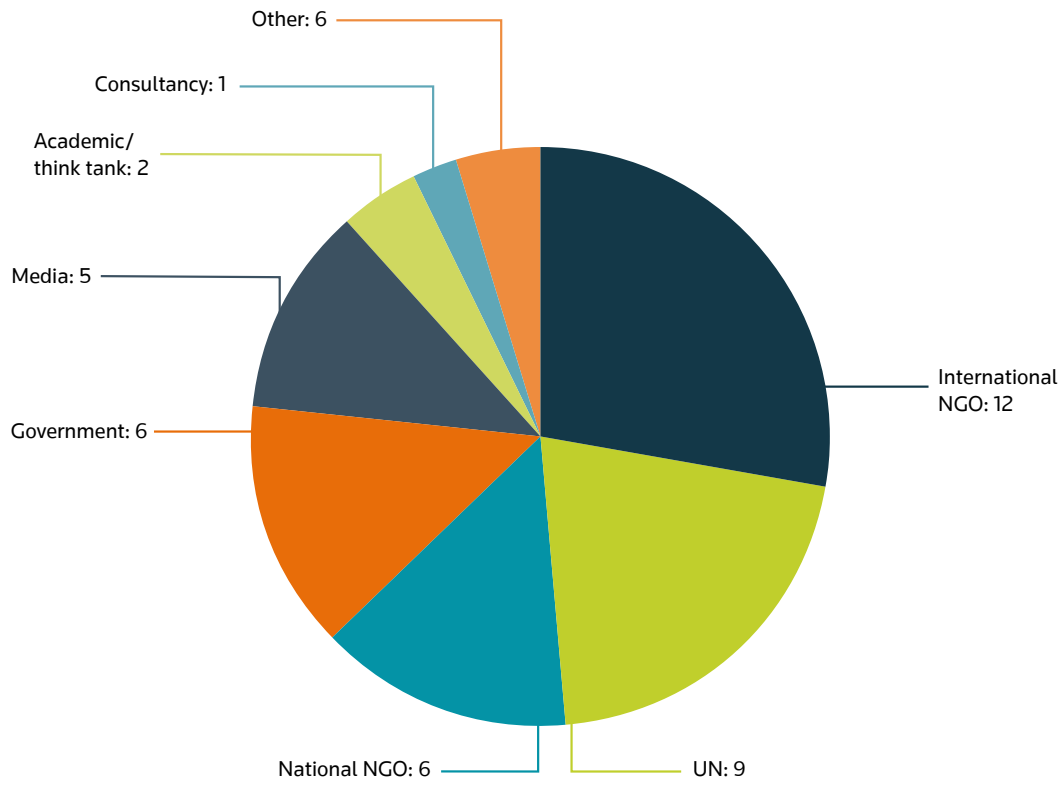
A total 44 KIIs were conducted and 29 FGDs were held across the focus countries, representing a cross-demographic participation of community members (see Table 1). Annexes include a list of key informants (Annex 1), the KII instrument (Annex 2) the survey instrument (Annex 3) and the protocols for FGDs (Annex 4). All FGD participants are referred to throughout the study as “FGD participant” to distinguish them from key informants and survey respondents.

**Table 1:** Surveys, key informant interviews and focus group discussions conducted

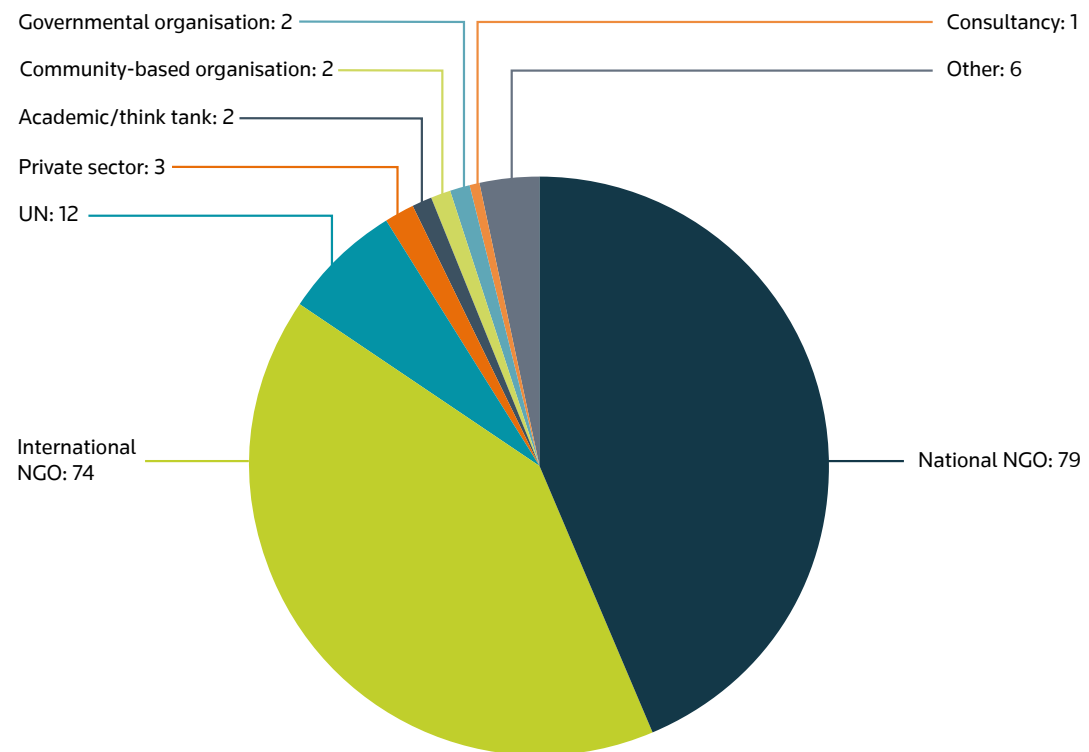
	<b>SURVEYS</b>	<b>KIIs</b>	<b>FGDs</b>
<b>Bangladesh</b>	4	7	8
<b>Burkina Faso</b>	0	10	7
<b>Fiji</b>	2	10	7
<b>Zimbabwe</b>	19	6	7
<b>Global</b>	156	11	0
<b>Total</b>	<b>181</b>	<b>44</b>	<b>29</b>




**Figure 2: Breakdown of key informant interviews by organisation type**



**Figure 3: Breakdown of survey respondents by organisation type**





The researchers sought to root the study in community perspectives. As such, to support the development of the study's main questions, early consultations were held with community members from the Rohingya refugee response and families affected by Cyclone Idai in Zimbabwe, to identify the issues most relevant to them. A 30-question survey was developed and sent to 1,027 humanitarian cluster structures in 43 countries in South Asia, the Middle East, the Pacific, Africa and Latin America. There were 181 respondents from 107 humanitarian and development organisations globally, including international non-governmental organisations (INGOs), national non-governmental organisations (NGOs), United Nations (UN) agencies, and private sector and governmental bodies.

## 2.1 Limitations

This is a vast and extensively researched topic. This study sought to collate secondary data, for the purpose of discussion, and to analyse it alongside perspectives from a wide range of stakeholders. The depth of the study is limited by both the breadth of the topic and the limited time frame. Readers are encouraged to explore further reading, through recommended reading and referenced material.

The key informants and survey respondents largely represent the humanitarian sector. Readers should remain aware of this, and how this may have skewed any findings. Where possible, the authors have compensated with available literature.

Contextual factors obstructed some of the data collection. Fires in the Rohingya camps in Bangladesh disrupted the FGD process, while elections in Zimbabwe stalled and limited community engagement and FGD processes. In addition, because of the outbreak of hostilities in Ukraine, some informants had limited ability to participate in interviews or surveys.

Finally, this report does not aim to provide a comprehensive review of community engagement during COVID-19. Instead, it aims to provide a sample of experiences that can trigger further conversations around the research questions. It also provides an indicative picture from literature on reported communication channel preferences, but caution must be taken in further extrapolating the data to make assumptions about the behaviour of the broader population without additional assessment.

## 2.2 A note on terminology

For the purpose of this report, the following definitions were used:

**Accountability:** The establishment of accountability frameworks, processes and mechanisms to ensure that humanitarian responders are held to account for their actions and use their power responsibly. Most humanitarian agencies' approaches to accountability include the provision of information, consultation, participation and explicit feedback, as well as the setting up of complaints and response mechanisms to allow people affected by crises to voice their ideas and concerns, and to get a response to their feedback or complaints.<sup>7</sup>

<sup>7</sup> Brown, D. and Donini, A. (2014) Rhetoric or reality? Putting affected people at the centre of humanitarian action. ALNAP Study. London: ALNAP/ODI.



**Communication and community engagement (CCE):** CDAC frames communication and community engagement as an area of humanitarian action, based on the principle that communication is aid. It gives priority to sharing lifesaving, actionable information with disaster-affected people via two-way communication channels. These channels allow aid providers to listen to and act on people's needs, suggested solutions, feedback and complaints, enabling people receiving assistance to have a say in and lead decisions that affect them. It also prioritises keeping people in crisis connected with each other and the outside world.<sup>8</sup>

**Two-way communication:** Communication between aid providers and people affected by crises, particularly with regards to the latter's needs. Some agencies refer to this as 'beneficiary communications', and commonly conduct assessments of the key stakeholders with whom they need to communicate, the local media landscape and people's preferred communication channels.



KOJO KWARTENG | UNSPLASH

<sup>8</sup> <https://www.cdacnetwork.org/tools-guidance/how-to-guide-on-collective-communication-and-community-engagement-in-humanitarian-action>



### 3. The communication and information landscape

The CCEA landscape in any given country is diverse and inclusive of a wide range of actors, contributors and stakeholders. Communication and engagement rely on systems, networks and relationships, many of which are autonomous of the humanitarian and development sector. For humanitarian and development actors, understanding where and how to support and engage with this landscape is the foundation of accountability, inclusion and participation. The CCEA ecosystem includes content producers and the distributors and consumers of information, or audiences, as well as the communication channels, tools and platforms used by disaster-affected communities to access and share information and entertainment, and to engage, form opinions, expand knowledge and connect to other people and ideas.



**THE LEVEL OF NOISE  
WAS MASSIVE.**

INFORMANT




When communities are engaged in the creation, development and dissemination of communication tools that address their needs, the impact, learning and potential for change are proven to be greater. It is accepted as good practice that, at a minimum, communication in humanitarian and developmental contexts should be in the language of the receiver, directly address the needs and concerns of the target audience or affected population, be inclusive and reach everyone, especially the vulnerable. Ideally, CCEA is implemented using a participatory framework to encourage ownership and strengthen learning and change outcomes.

Prior to COVID-19, advancing CCEA has been challenged by a range of factors including, but not limited to: underfunding; insufficient investment in and inclusion of local preferences, action and leadership; disproportionate focus on technology for communication; poor linkages between actors; poor prioritisation of CCEA throughout the programme cycle, and short-term, project-based interventions.

This section outlines the specific disruption to 'business as usual' in communication and engagement caused by the COVID-19 pandemic, and identifies five key trends:

1. The COVID-19 pandemic dominated information flows throughout 2020–2021. The prioritisation of the need to convey complex issues at global scale gave rise to one-way and top-down communication and, in many cases, this meant information was not contextualised, or necessarily communicated in the appropriate language, people were often excluded and the message was less effective. Community engagement was weakened, and this affected the prioritisation of key messages, and programmatic communication aims.
2. Travel disruption and widespread lockdowns saw an increase in the use of digital technologies, but this shift was not as significant as global actors believe and was often an inadequate substitute for face-to-face or more 'traditional' interactive methods.
3. The proliferation of information, the entrance of 'new' information providers and an urgent need for information led to a rise in mis- and disinformation and shifted patterns of trust. Mis- and disinformation on COVID-19 is rife, and the increased engagement in social media has led to an increase in misinformation overall.

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4. Local actors, including communities, played a critical role and were heavily relied upon for the delivery of information. But this does not appear to have translated into increased decision-making power or funding transfer. In some cases, the COVID-19 pandemic has deepened existing inequalities between agencies and has further centralised decision-making.
  5. Communication and engagement were well recognised as central to the global response to COVID-19 and as such is better understood overall. In many cases, linkages between key actors have improved and offers an opportunity for leveraging increased impact.

### 3.1 The problem of non-contextualisation

The COVID-19 pandemic transformed information flows within a relatively short time as providers needed to disseminate information quickly to large audiences. The sheer volume of information drove some communities “to stop paying attention even to crucial health news and guidance”. Messaging became overwhelmingly one-way and top-down.

The scale and rapid spread of COVID-19 meant material was designed and produced quickly, with little or no audience testing or active engagement. One key informant in Zimbabwe said communication and messaging was “top-down, fear-based and heavy-handed”. Lead agencies in the COVID-19 response had well developed policy in traditional risk communication and community engagement approaches, which were amended only later on to include ‘two-way communication’.

Informants in Fiji noted that the abundance of WHO and United Nations Children’s Fund (UNICEF) resources, including information sheets and graphics, were “not contextual to our people,” and that communities received visuals of people that “didn’t look like us”. In Bangladesh, COVID-19-related advice being disregarded was attributed to the instructions being in English, rather than in the local language, as well as to decreased direct contact between communicators and intended audiences due to social distancing.

As the pandemic progressed, it became apparent that the failure to contextualise information was making the messaging less effective. It also meant some marginalised groups were being left out. People-centred and community-led approaches came to be recognised as key drivers of increased trust and social cohesion, and of reducing the negative impacts of COVID-19. WHO, for example, outlined the shift in a revised risk communication and community engagement (RCCE) strategy to “move from the directive, one-way communication ... towards the community engagement and participatory approaches that have been proven to help control and eliminate outbreaks in the past”. Community engagement and trust were considered to be even more important in responding to COVID-19, since it “created fear among the public and frontline responders alike”.<sup>11</sup>

But physical distancing and lockdowns “raised new challenges for community organising, particularly in low-income communities where social interactions are often face-to-face and collective, and where digital access may be more limited”.<sup>12</sup> One Norwegian Refugee Council (NRC) study notes that “many agencies realised their existing community engagement systems and approaches were more fragile than they thought, and had trouble identifying the key persons representing different demographic groups to work with, such as women, youth, elderly, disabled persons etc”.<sup>13</sup>

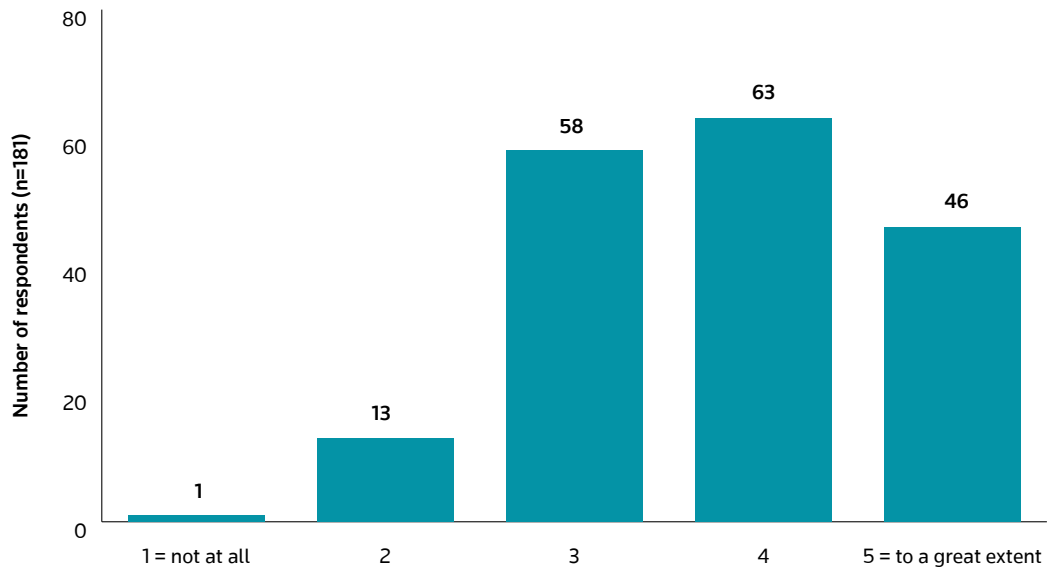
<sup>11</sup> <https://www.comunit.com/global/content/exploring-behavioral-determinants-covid-19-vaccine-acceptance-among-urban-population-ban>

<sup>12</sup> Loewenson, R. et.al. (2021) “Beyond command and control: A rapid review of meaningful community-engaged responses to COVID-19”. *Global Public Health*, 16:8-9, 1439-1453, DOI:10.1080/17441692.2021.1900316, p. 1447.

<sup>13</sup> Sinclair, H. & Vestrheim, K. (2020). *Engaging Communities During a Pandemic: Experiences of Community Engagement during the COVID-19 Response in Camps and Out-of-Camp Settings*. Norwegian Refugee Council. <https://www.nrc.no/globalassets/pdf/reports/engaging-communities-during-a-pandemic/engaging-communities-during-a-pandemic-covid-19.pdf>, p. 34.



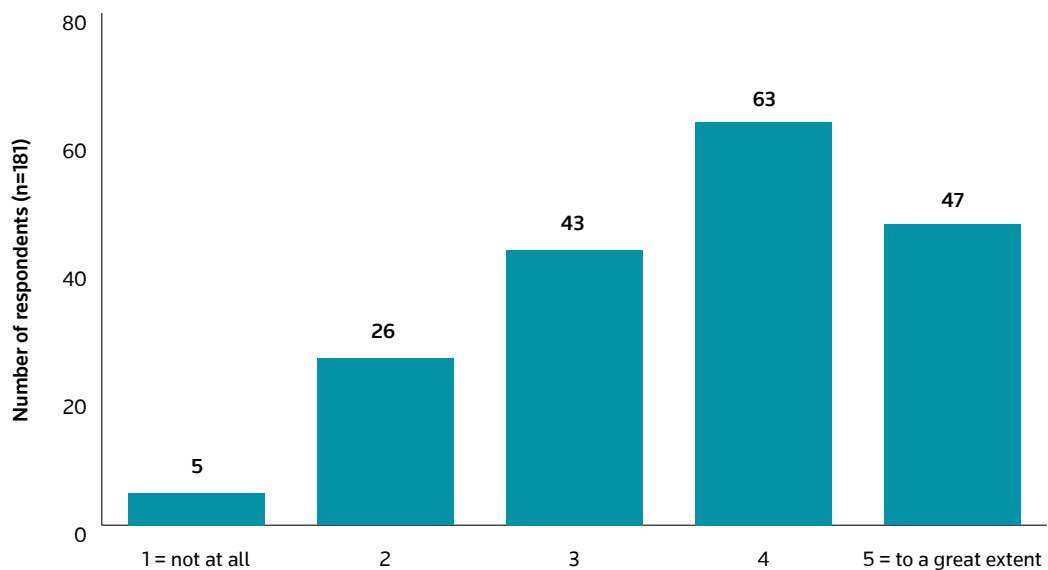
**Figure 4:** Perceived extent to which respondents changed the way they engaged or worked with intended target populations due to COVID-19



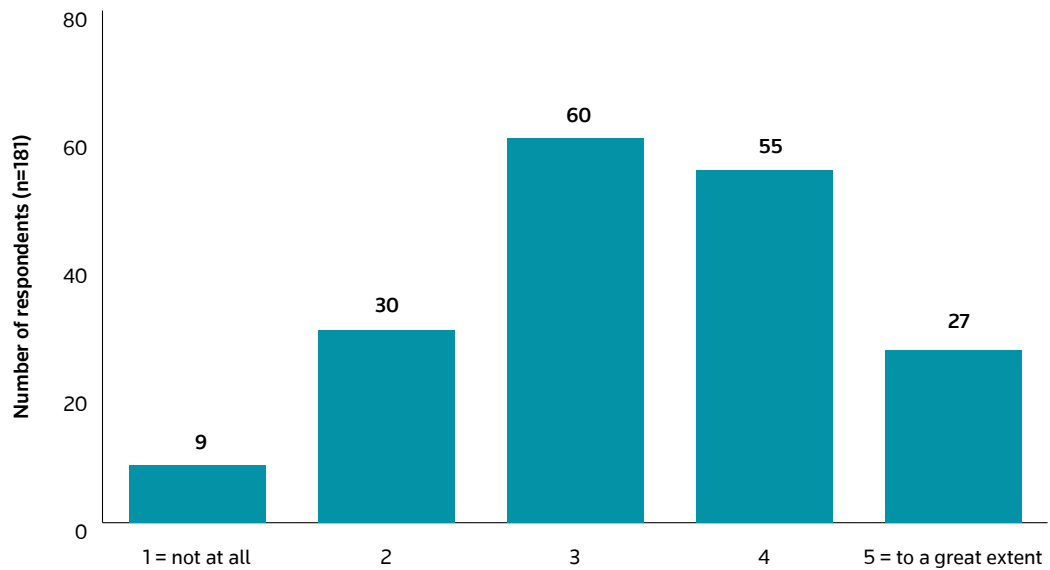
### 3.2. How communication actors adapted

The survey found that 83% of respondents identified a change in the way they engaged with communities, with 25% noting a 'significant' shift. Agencies were impeded by distance, increased cost, lack of access to marginalised people with low digital access and/or literacy, and limited planning for remote operations. Changes included the increased use of online tools and carrying out community engagement activities through Signal, Telegram and WhatsApp: "We were not meeting them there [before] and now we are".

**Figure 5:** Perceived extent to which movement limitations affected organisations' community engagement



**Figure 6:** Perceived extent to which COVID-19 prevented organisations from communicating with communities



The larger the organisation, the more likely they were to employ and emphasise digital communication tools. Mid-to-small level organisations were wary about the over-reliance upon digital solutions and both the literature and key experts consistently asserted face-to-face communication as being the most preferred and trusted means, although this does depend upon the type of information.

Communication strategies on COVID-19 consistently emphasised the importance of community-level involvement, but both community and key-informant perspectives showed this to be rarely achieved, with some exceptions. In most places, the study found a disparity between national communication strategies and practical application. If the organisation was already using community-centred approaches and their direction of travel was towards localisation, then the leap to embrace this during COVID-19 was more likely. Otherwise, message dissemination may have looked on the surface as if it was engaging local community members, when in fact content was often developed at a central level and passed through local networks. In some instances, more agency and power were reported before COVID-19 as local leaders or influencers would determine themselves what to say through, for example, their loud-speakers. During the pandemic in many cases, they were broadcasting pre-recorded bulletins.



### 3.3 How were people sourcing information?

FGD participants in all four countries said COVID-19 changed information-seeking behaviour “a bit”, with lockdowns and restrictions forcing a greater reliance on online sources. These reported changes in information-seeking behaviour were not uniform and were influenced by differing levels of digital access, gender, age, ethnicity, minority status, and the overall disaster-context. However, almost all survey respondents agreed that “everything went online” as soon as COVID-19 restrictions were in place. The use of, and reliance on, digital tools, including fact-checking apps, was significant in a middle-income context like Bangladesh, where there is a higher level of internet penetration.

In Fiji, people increasingly resorted to looking online for information, with Facebook being the most popular source of information on Covid-19. The Government of Fiji communicated through Facebook groups rather than updating official websites; according to one key informant, this led to “the younger generation ... trying to help older folks access information on social media where government agencies try to interact”.

There were other contextual differences, largely related to scale, digitalisation and economy. For example, Bangladesh’s population of 167 million is more than 10 times that of Zimbabwe. While the government in Zimbabwe implemented a bottom-up approach for vaccine uptake, Bangladesh adopted a centralised registration system that was very much top-down. Both countries had successful vaccine uptake rates for their regions. According to the chair of Zimbabwe’s National COVID-19 Task Force, Agnes Mahomva: “Now, community health structures are developing micro-plans for vaccination and feeding them up to district and provisional levels, which informs national planning and resource mobilisation from the treasury.” She notes that, in its current vaccination efforts, Zimbabwe is “seeing the results... our numbers (are) shooting up”.



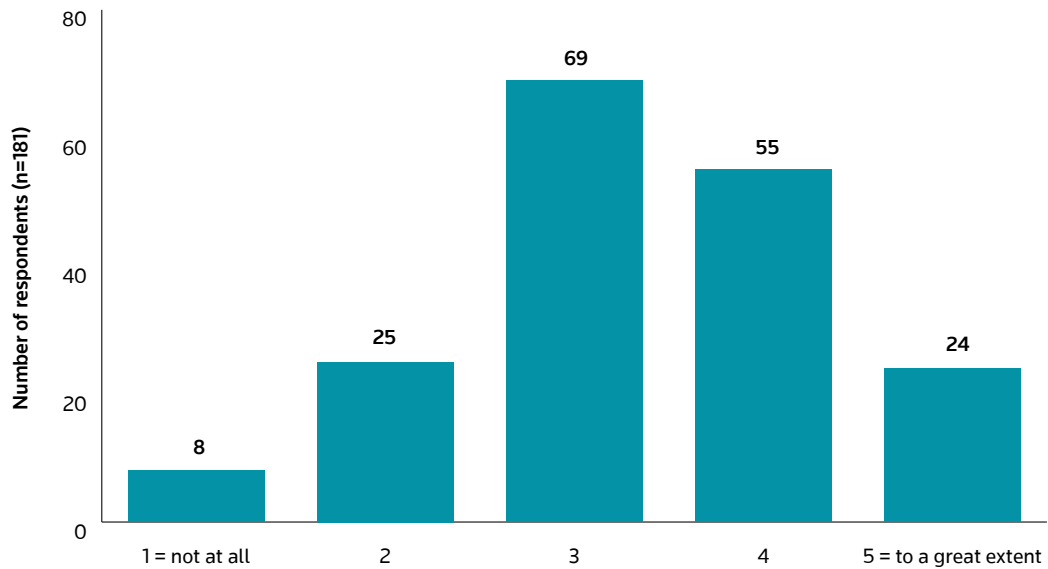
**I CAN SAY THAT WHAT OUR COMMUNITY USES TO GET INFORMATION HAS NOT REALLY CHANGED – WE ARE HAPPY THAT THE INTERNET CONNECTION TO THE CAMPS HAS BEEN RESTORED, BUT WHAT WE USE ONLINE IS THE SAME AS BEFORE THE INTERNET BLACKOUT. WHICH IS FACEBOOK, YOUTUBE, IMU, WHATSAPP GROUPS. AND BEFORE COVID WE WOULD SOMETIMES BE INVOLVED IN RESEARCH OR COMMUNICATION CAMPAIGNS AND MEETINGS, SOMETIMES GATHERINGS, BUT SINCE COVID WE ARE NOT PARTICIPATING IN ANYTHING, AND THE AUTHORITIES AND NGOS ARE JUST USING COVID TO CONTROL US AND TELL US WHAT TO DO. SO MOST MESSAGES WE ARE GETTING ARE HARSH. VERY HARSH.**

FROM A COMMUNITY PERSPECTIVE, TAKEN FROM INITIAL CONSULTATIONS WITH THE ROHINGYA REFUGEE COMMUNITY





Figure 7: Perceived extent to which the pandemic changed or affected sources of information



COVID-19 forced people and agencies alike to look for new ways to engage and seek information. People and communities who had previously relied heavily on face-to-face exchanges of information turned to other sources. This, however, was heavily dependent on access, trust and capacity. Agencies, particularly international actors, immediately adopted online alternatives, but these did not always succeed. “The lack of access to communities affected what we were able to do. We had to think creatively about how to reach people.”<sup>14</sup>

Technology needed to be utilised in a hybrid way that tailored its use to meet the needs of everyone who required information, including those who lacked ready access to the internet. Numerous key informants and focus group participants in Burkina Faso and Fiji reported that many older and more vulnerable people continued to rely heavily on **face-to-face** interactions. There was also a strong reliance on face-to-face meetings in the Rohingya refugee camps in Bangladesh. While some Rohingya refugees were able to go online, others got their information from their assigned leaders.<sup>15</sup> To adapt, agencies working in Bangladesh – and in many other contexts – used digital messages that were distributed physically, such as audio programming saved on USB sticks and broadcast through loudspeakers attached to mosques, churches and rickshaws.<sup>16</sup>

As one informant put it: “Honestly, the national communication on COVID-19 was repetitive, and I can say there was no new innovations really, just intensification of what was there before. Apart from new arrangements with radio stations, we were still using megaphones, SMS, posters, putting messages on flash sticks”.

<sup>14</sup> Sinclair, H. & Vestrheim, K. (2020). Engaging Communities During a Pandemic: Experiences of Community Engagement during the COVID-19 Response in Camps and Out-of-Camp Settings. Norwegian Refugee Council. <https://www.nrc.no/globalassets/pdf/reports/engaging-communities-during-a-pandemic/engaging-communities-during-a-pandemic-covid-19.pdf>

<sup>15</sup> Community representatives from among the Rohingya community, who are the main intermediaries serving as a conduit for information flowing from the Government of Bangladesh and humanitarians, and the Rohingya population, are known as Mahjis.

<sup>16</sup> This is discussed more in section 4.2.

### 3.4 Community engagement and building trust

Successful **community engagement** by organisations often depended on their existing relationship with communities. However, the rapid spread of COVID-19 meant that many found it challenging to respond accurately or at a pace sufficient to counter and manage misinformation and rumours, while still ensuring such engagement integrated a community's cultural context and norms and involved them in the process.

A lack of consistent messaging left space to challenge the credibility not only of the message but also the messenger. Where messages were not **communicated clearly and correctly at the outset**, there were challenges in building or maintaining trust. Rohingya refugees, for example, feared being "taken somewhere and shot" if they became infected with COVID-19. This affected where they went for information about testing, and whom they would ask about COVID-19 symptoms.

**Changes in governance structures** for engagement and messaging were also factors in inconsistent communication that degraded trust. In many countries, entire **humanitarian coordination structures pivoted** in response to COVID-19. This happened in Fiji, where longstanding relationships and operating procedures developed for disaster response under the National Disaster Management Office (NDMO) were relegated to the back seat, as leadership for the COVID-19 response passed to the Ministry of Health. These changes initially led to lower levels of trust in information shared by politicians. Indeed, one informant in Fiji characterised the relationship with local politicians as one of "massive distrust". This distrust could also taint the reputation of civil society organisations if they were viewed as working with the government, UN agencies or other "outsiders" who were viewed with suspicion.

In Burkina Faso, people living with HIV/AIDS said they did not trust any sources of information regarding COVID-19 because they put out too many contradictions. The Government Information Service was singled out because, according to FGD participants, it did not provide accurate numbers.

Key informants and FGD participants said they wanted access to someone who could clarify information they had heard, answer their questions and provide them with trustworthy information. As one respondent said, "Trust matters, but often social pressure or authority carry even more weight".<sup>17</sup> Effective community engagement requires a continuous building of trust and relationships, and where these pre-existed, communication strategies were able to realise stronger impact.


The Zimbabwean government, on the other hand, was largely viewed as handling the COVID-19 response and vaccination programme well, according to Afrobarometer. The Task Force chair attributed this to consistent referral back to the science, and the community-based – rather than top-down – approach used throughout the response. Micro-plans were designed at community level and passed up through the health service to district and national levels. This proved effective



**IT WAS TRIAL AND ERROR AT FIRST. THERE WAS A LOT OF CONTRADICTIONARY INFORMATION THAT LED THE POPULATION TO BE WARY AND TO DOUBT THE INFORMATION COMING FROM AUTHORITIES AND EVEN FROM THE MEDIA.**

LOCAL INFORMANT IN BURKINA FASO

<sup>17</sup> Internews, Understanding Trust: Global Conversations & Local Realities during the COVID-19 pandemic (2021), Available: [https://internews.org/wp-content/uploads/legacy/2021-03/understanding\\_trust\\_COVID-19\\_pandemic.pdf](https://internews.org/wp-content/uploads/legacy/2021-03/understanding_trust_COVID-19_pandemic.pdf) P. 4.



for localised vaccination campaigns. Participatory involvement was also key in Burkina Faso, where one local organisation recruited volunteers to engage with their communities and report back: “Like this, we take into account the recommendations of the population.”

In general, trust in authorities was an important factor, together with their stability. Evidence suggests that the Burkina Faso government, which has been less stable in recent years, was not trusted. Patriotic and nationalistic messaging was used to build trust in Bangladesh and Zimbabwe, as well as in other contexts. For example, Vietnam adopted a strategy that evoked patriotism which capitalised on a “cultural belief of national unity against ‘foreign invaders’ and resulted in higher trust among citizens. According to an independent survey, 94% of the Vietnamese citizens trust their government’s COVID response”.<sup>18</sup> However, it is also important to note that the notion of trust does not exclude fear. People can report trust in their governments yet fear them at the same time, as was the case in Zimbabwe, for example.

Whereas key informants and FGD participants described low levels of trust in information shared by politicians, health workers were generally accorded a high level of trust. The importance of communicating through community health workers – reportedly the most trusted source in many contexts – was realised by most responses. In addition to health workers, others in a position to successfully engage communities included those who had **existing, trusted relationships** with the community, such as community-based organisations (CBOs) with common cultural, linguistic and historical knowledge. This study identifies health workers and religious leaders as figures who tended to be accorded higher levels of credibility throughout the pandemic, but also highlights the missed opportunity to invest in skills development and remuneration for consistent engagement.



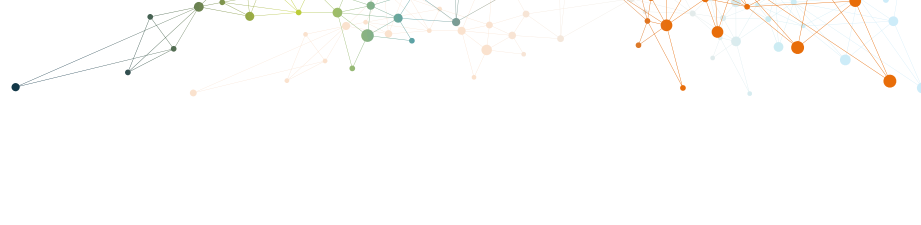
**CHIMANIMANI IS MAINLY RURAL. OUR COMMUNICATION SYSTEMS ARE BASED ON THE CHIEF’S AND HEADMEN SYSTEMS OF COMMUNICATION WHICH RECEIVE INFORMATION FROM GOVERNMENT SERVICES LIKE AGRICULTURAL EXTENSION SERVICES.” THE COVID PANDEMIC HAS BEEN HANDLED THE SAME WAY. MOST ELDERS HERE DO NOT READ OR WRITE. SO THE RESPONSIBILITY OF CREATING MESSAGES AND EVEN MOST DECISIONS IS LEFT TO GOVERNMENT AND NGO OFFICIALS. WE TRUST GOVERNMENT OFFICIALS WHEN THEY TELL US THINGS. THE CHIEF AND THE CHIEF’S OFFICIALS TELL US WHAT WE NEED TO KNOW. INFORMATION USUALLY COMES WITH FOOD AID, SO PEOPLE HAVE TO ATTEND MEETINGS AND LISTEN TO INFORMATION GIVEN AT THOSE MEETINGS.**

CYCLONE IDAI SURVIVOR



<sup>18</sup> Independent Panel for Pandemic Preparedness and Response. (2021). Centering communities in pandemic preparedness and response: Background paper. 10 May, p. 5.





Demographics affected which channels were most trusted by a given population. Young, urban populations tended to rely upon social media to triangulate information, while older and rural populations trusted family and friends. Of course, these family and friends may have included younger people who used social media.

With social media, it is important to make a **distinction between reliance and trust**. While many key informants and FGD participants were sceptical or lacked trust in social media, they still relied on it for information. This may be a reason why some awareness-raising campaigns failed to deliver the expected behaviour change.<sup>19</sup> In Papua New Guinea, for example, one physician noted a clear correlation between access to social media and vaccine hesitancy.

A consistent approach that listens to and directly addresses the concerns of the audience is needed, both online and offline. In Zimbabwe, for example, the issue of funerals was not directly or sympathetically discussed, and one key informant said the approach and tone were perceived as coercive. In Papua New Guinea, on the other hand, one physician noted “the question-and-answer sessions on the vaccine program proved the most valuable approach. Taking the time to listen to concerns, address misinformation and provide credible information increased vaccine uptake”.<sup>20</sup>

### 3.5 Key takeaways

- During the first year of the pandemic, information was often top-down and one-way. But communities and responders both adjusted to utilise different approaches and reach different stakeholders. The most successful organisations were those previously known to and trusted by users.
- Demographic groups sought information through different means. As such, it is important that messaging is disseminated in a variety of formats and through a variety of channels, to ensure that all segments of the affected population have access.
- Social media played a significant role in filling the community engagement space, but was most effective when it was part of a multifaceted communication strategy. However, it also led to significant issues related to mis- and disinformation.
- Face-to-face communication remains important to many people. Responders, including government, stepped up by using community leaders. Audio programming via radio and recorded messages acted as an important bridge between online media and in-person communication, but was by no means a replacement for face-to-face contact.
- Providing information in a timely manner helps develop trust. Information and messaging need to be accurate from the outset: “When it comes to affected populations, it’s a race between facts and fear”.<sup>21</sup> However, building and maintaining trust is “a long-term project that does not begin during pandemics”.<sup>22</sup>

<sup>19</sup> Internews, Understanding Trust: Global Conversations & Local Realities during the COVID-19 pandemic (2021), Available: [https://internews.org/wp-content/uploads/legacy/2021-03/understanding\\_trust\\_COVID-19\\_pandemic.pdf](https://internews.org/wp-content/uploads/legacy/2021-03/understanding_trust_COVID-19_pandemic.pdf)

<sup>20</sup> <https://www.australianhumanitarianpartnership.org/field-stories/clear-information-important-when-encouraging-covid-19-vaccine-uptake-in-png> <sup>21</sup> <https://www.wfpusa.org/articles/humanitarian-telecoms-racing-to-beat-covid19/>

<sup>21</sup> <https://www.wfpusa.org/articles/humanitarian-telecoms-racing-to-beat-covid19/>

<sup>22</sup> Independent Panel for Pandemic Preparedness and Response. (2021). Centering communities in pandemic preparedness and response: Background paper, May, p.2.



**WE NEED MORE OF PEOPLE TALKING TO US DIRECTLY. WE CAN FEEL FORGOTTEN EASILY. THERE IS MORE NEED NOW FOR DIALOGUE AND DIRECT TALKING. DISTANCED KIND OF COMMUNICATION LIKE ONLINE OR SHOUTING THROUGH LOUDSPEAKER CAUSE CONFUSION.**

REFUGEE INFORMANT IN BANGLADESH



## FURTHER READING

The Impact of COVID-19 on Journalism in Emerging Economies and the Global South. 2021. Available at: <https://covid-report.trust.org>

COVID-19 and the Information Space: Boosting the Democratic Response. 2021. Available at: <https://www.ned.org/global-insights-covid-19-information-space/>

The Role of Community-Based Organisations in COVID-19 Response: Case studies of Bangladesh, Burkina Faso, Nigeria and Syria. 2021. Available at: <https://immap.org/product/the-role-of-community-based-organizations-in-covid-19-response-case-studies-of-bangladesh-burkina-faso-nigeria-and-syria/>

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## 4. Digitalisation of communication and engagement

Travel disruption and widespread lockdowns led many to use digital technologies to try to maintain engagement. However, this shift has not been as significant as global actors believe. This is partly because actors struggled to understand the role of technology in supporting ‘traditional’ methods such as in-person meetings. This study identifies a greater evolution in the use of technology amongst international actors than amongst audiences and communicators at national and community level. But there were some examples later in the pandemic where investment and digital engagement yielded good results.

Restrictions on movement during the pandemic forced a new reliance on information and communication technology and innovation – not only to respond to COVID-19, but also to maintain existing humanitarian operations. More than two years after the outbreak of the virus, we consider some key questions:

- To what extent did CCEA programme adaptation rely on technology?
- What new tools or processes – digital or otherwise – were used during the pandemic, and were they successful?
- To what extent were disaster-affected communities involved in these innovations?

### 4.1 Increased reliance on technology for communication

Measures introduced to combat the pandemic, such as movement restrictions, made it difficult for communities to engage and distanced humanitarians from the communities they were meant to serve. As a result, organisations and individuals began relying more on digital technologies. For example, by April 2020, Zoom meetings were attracting 300 million participants a day – 30 times more than just four months earlier.<sup>23</sup>

A variety of technologies were used to spread messages. Chatbots, for example, were deployed by WHO and UNICEF on messaging platforms such as WhatsApp, Facebook and Viber in an attempt to provide critical information to vast populations, tackle misinformation, provide health support and assess needs.<sup>24</sup> The actual impact of these requires further analysis however.

Other technologies used to spread messages included Ushahidi, a decade-old Kenyan tech innovation that employs user-generated reports to collate and map data. It could be used to ask for and receive help during lockdowns, and to gather information about the virus.<sup>25</sup> In Guinea, the government used bulk short message service (SMS) and broadcast information through caller ringtones in various regional languages.<sup>26</sup> In Uganda, the UN Innovations Data Lab used machine learning to deploy a text-to-speech radio monitoring technology that gathered local opinions and beliefs about the pandemic.<sup>27</sup> The data gathered through these tools could be used to identify where healthcare resources were most needed, to combat misinformation and to gauge the social and economic impacts of lockdown.<sup>28</sup> Some digital tools were also reported as useful to CBOs. These included crowdsourcing techniques, ecosystem mapping and data walks.

<sup>23</sup> <https://www.npr.org/2021/03/19/978393310/a-pandemic-winner-how-zoom-beat-tech-giants-to-dominate-video-chat>

<sup>24</sup> UNOCHA (2021). From Digital Promise to Frontline Practice: New and emerging technologies in humanitarian action. p. 13

<sup>25</sup> Ushahidi in the era of COVID 19 - Ushahidi. (2020, March 30) <https://www.ushahidi.com/blog/2020/03/30/ushahidi-in-the-era-of-covid-19>

<sup>26</sup> Innovative tech and connectivity key to fighting COVID-19 in Africa | Africa Renewal. (2020, April 29) <https://www.un.org/africarenewal/news/coronavirus/innovative-tech-and-connectivity-key-fighting-covid-19-Africa>

<sup>27</sup> Using speech-to-text technology to support response to the COVID-19 pandemic - UN Global Pulse. (2020, May 12) <https://www.unglobalpulse.org/2020/05/using-speech-to-text-technology-to-support-response-to-the-covid-19-pandemic/>

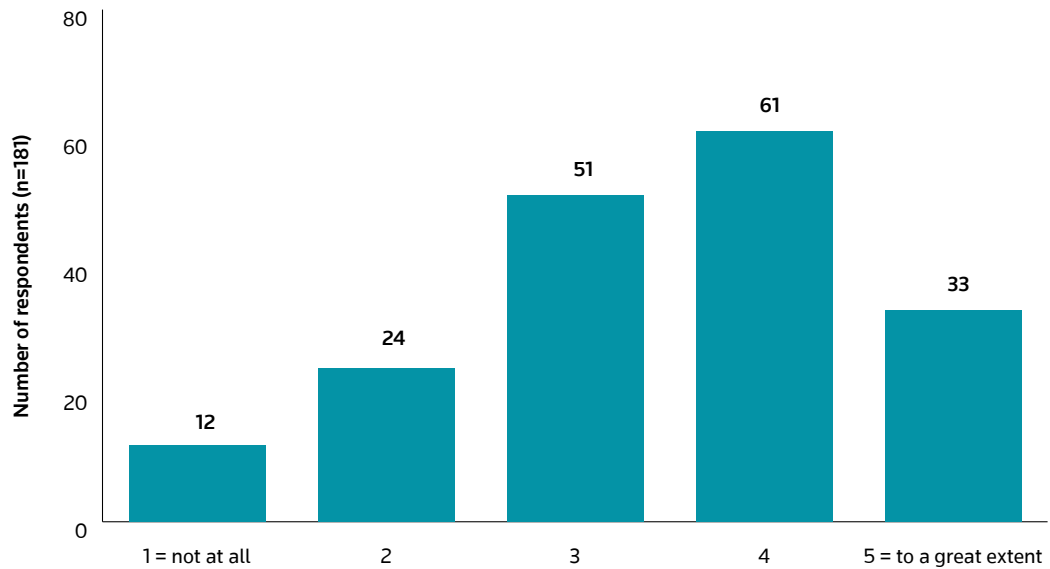
<sup>28</sup> Maharana, A., et al. (2021). COVID-19 and beyond: Use of digital technology for pandemic response in Africa. *Scientific African*, vol. 14, e01041. Available from <https://www.sciencedirect.com/science/article/pii/S2468227621003422#bib0020>



#### 4.2 Innovation or adaptation?

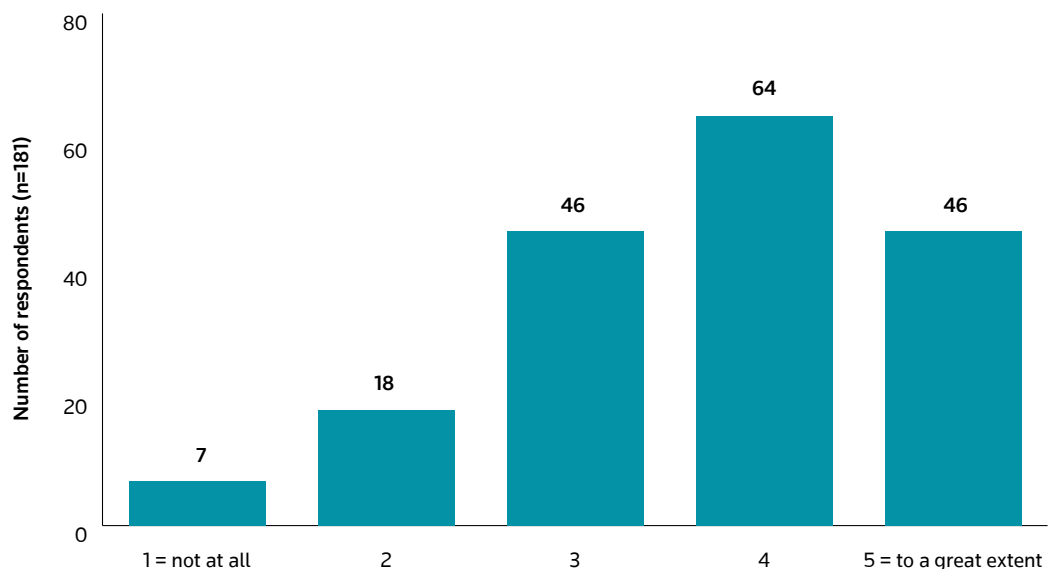
Organisations engaged by this study, reported becoming more digitalised, with 88% of survey respondents saying they changed or adopted technologies or digital platforms because of the pandemic.

**Figure 8:** Perceived extent to which organisations changed technologies/digital platforms since the pandemic began



Survey respondents were asked about the extent to which they felt their organisation responded creatively or innovatively to challenges presented by the pandemic. More than half said “to some extent” or “to a great extent”, and most said they increasingly relied on online tools for meetings and document-sharing. Some respondents noted, however, that relying on social media was not effective, simply because their target audiences were not connected.

**Figure 9:** Perceived extent to which organisations responded creatively or innovatively to pandemic-related challenges



### 4.3 Using technology to adapt CCEA approaches

Key informants reflected on the use of a variety of technological adaptations, from new, innovative systems to new uses of older technologies. In Burkina Faso, radio expanded online, and organisations set up online spaces where young people could talk. In the Pacific, organisations learned to engage young people on social media. An international informant said “We have increased our social media campaigning. It’s a whole department, and country offices were even coming up with their own platforms during COVID”.

Mobile phones continued to play a significant role in communicating and connecting people. Viamo, a West African digital communications company, worked with telecommunications companies and INGOs to set up surveys, send messages and conduct trainings via mobile phone and interactive voice response (IVR) technology. In one partnership, Viamo surveyed more than 2,000 people in Burkina Faso on whether they intended to get a COVID-19 vaccine.<sup>29</sup> The firm says it is also possible to measure the impact of mobile phone messaging: “We can measure who listens, how long they listen, and collect demographic data and even compare between countries.” Additional tools being used to communicate and engage with populations included online helpdesks, online surveys, phone-based IVR assessments and surveys, as well as door-to-door engagement.

There were also locally driven initiatives using digital engagement to amplify popular and influential communication actions. In Zimbabwe, a comic religious leader took the country by storm with his entertaining and informative skits about COVID-19. Indeed, blended approaches that combined local engagement, locally created content with wide distribution using technology, proved effective in a variety of contexts. For example, the availability of cheap MP3 players and speakers in Bangladesh gave one NGO the idea to pay rickshaw drivers to play pre-recorded messages, then follow them up by discussing COVID-19 with passengers. In Afghanistan, Somalia, Zimbabwe and Iraq, messages were provided on USB sticks to be played on radio sets distributed to refugee leaders. And, according to one assessment report of responses in the Middle East, new partnerships were forged to continue community engagement, “including partnerships with imams and religious authorities to include RCCE messaging in Friday prayer sermons in Sudan, Jordan, and Yemen ... [and] partnering with hiking guides to hike into remote areas to deliver messages in Jordan, and mounting audio and visual messaging on cars and even on donkeys”.<sup>30</sup>

Broadcasting remained a popular and accessible channel for communication, especially in hard-to-reach areas. According to male FGD participants in Zimbabwe: “Some of us missed meeting each other in church, some missed the bottle store or just sitting on the roadside reading a newspaper, but, overall, we were still listening to the radio, or watching TV – if we have these things”.

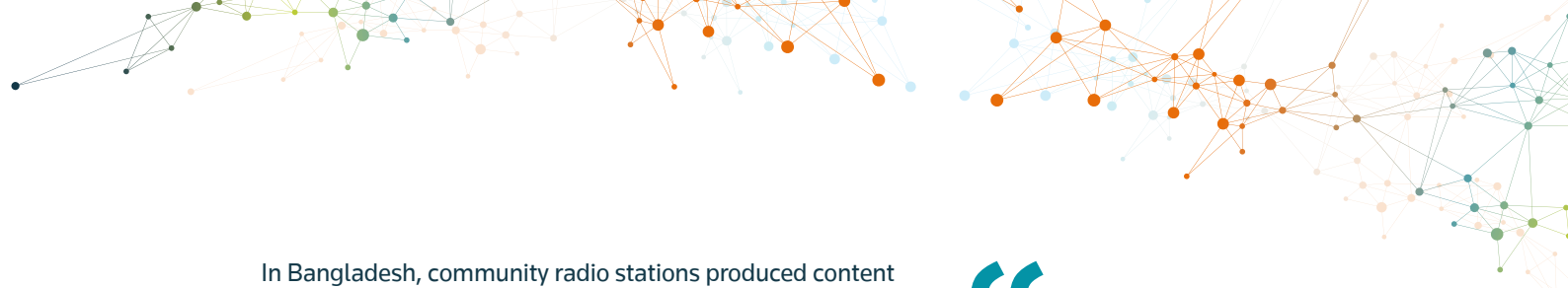


**THE WORD INNOVATION IS OFTEN SYNONYMOUS WITH TECHNOLOGY.**

INFORMANT

<sup>29</sup> For further discussion of this, see: <https://ccp.jhu.edu/2022/03/28/covid19-vaccination-ivr-research/>

<sup>30</sup> Chazaly, C. & Goldman, E. (2021). MENA Real time assessment: COVID-19 response. p. 5



In Bangladesh, community radio stations produced content that “speaks directly to localised issues and concerns, and features trusted, local people in a way that nationally or regionally produced content cannot”.<sup>31</sup> This was also the case in Burkina Faso, where one local group, with support from international media development organisations, set up a project to produce interactive programmes in several languages, giving communities the opportunity to question a specialist. According to one informant: “Many people said that these programmes helped them to really understand the disease better, to observe the barrier gestures to protect themselves from the disease.” In Somalia, BBC Media Action broadcast public service announcements through existing radio networks.

However, as with all technologies, access to radio is not universal. In Somalia, radio reached 50% of the adult population but this was “skewed towards male, urban and educated,” according to one international key informant. In Fiji, where radio is normally the dominant medium during natural hazard-related disasters, people turned to other sources of information during the pandemic, with a particular reliance on social media.

#### 4.4 Technology and innovation require caution and investment

While the humanitarian sector tends to enthuse about new, technology-based solutions, “over time, some of these technologies show themselves to be unsuitable to deliver effective responses. This has been seen during COVID-19, where an initial ‘scramble’ towards new technologies has since dissipated as many highly touted ‘solutions’ have proven to be unrealistic or ineffective in delivering the benefits promised”.<sup>32</sup> As one international informant noted: “Apps and platforms come and go. We commissioned a study on a new and extremely popular platform in Afghanistan. By the time the study was ready to go, the platform had disappeared.”

Respondents noted that experimenting with technology while providing support to vulnerable populations such as refugees is “problematic”.<sup>33</sup> In this context, the rising use of chatbots was questioned since they “cannot discern user intent or respond empathically, or where a community prefers human interaction”. There were fears this may increase mistrust. The same study goes on to note that “in contexts with low electricity, connectivity, smartphone accessibility or digital literacy, individuals may not have access to mobile apps, chatbots or social media, limiting their utility and potentially widening the digital and gender divides”.<sup>34</sup>



### RADIO IS THE FIRST COMPANION OF PEOPLE IN A SITUATION OF INTERNAL DISPLACEMENT.

INTERNALLY DISPLACED PERSON IN BURKINA FASO



<sup>31</sup> <https://www.cominit.com/global/content/covid-19-community-radio-broadcasting-coronavirus-prevention-education-bangladesh>

<sup>32</sup> [https://www.humanitarianlibrary.org/sites/default/files/2021/10/Bridging\\_humanitarian\\_digital\\_divides\\_during\\_Covid-19.pdf](https://www.humanitarianlibrary.org/sites/default/files/2021/10/Bridging_humanitarian_digital_divides_during_Covid-19.pdf)

<sup>33</sup> Madianou, M. (2019). “Technocolonialism: Digital innovation and data practices in the humanitarian response to refugee crises”. *Social Media & Society*. July-September, p.3.

<sup>34</sup> UNOCHA (2021). *From Digital Promise to Frontline Practice: New and emerging technologies in humanitarian action*. p. 13.



#### 4.5 Access isn't even

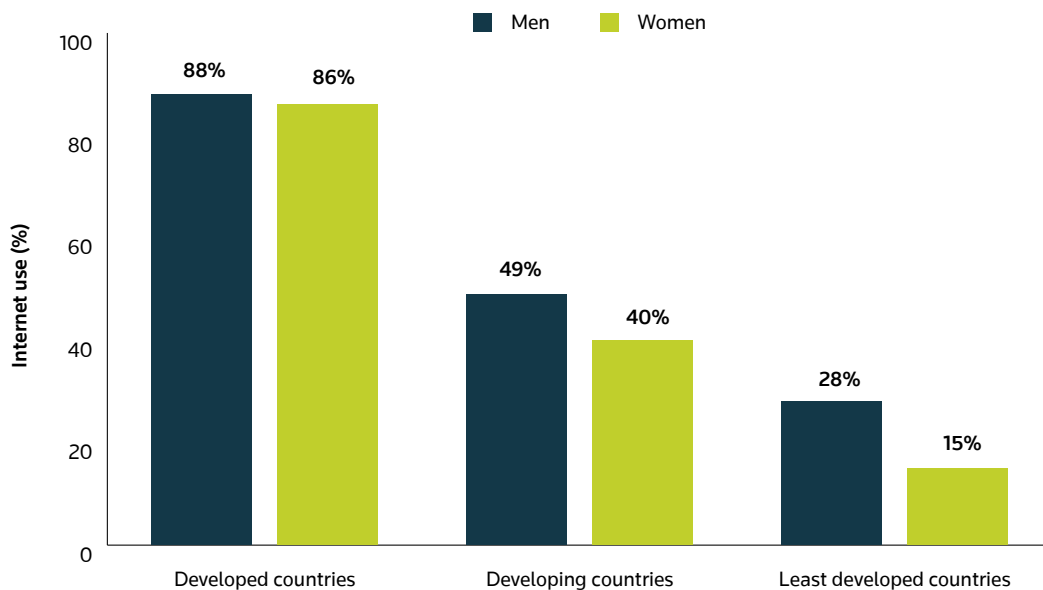
Nearly half the world's population, or 3.7 billion people, are still offline. A disproportionate number are women, and most are in developing countries. The COVID-19 crisis has highlighted this disparity. While technologies such as Zoom may appear more inclusive, "they also bring risks of exclusions and violations of the rights of already vulnerable groups".<sup>35</sup>

**Table 2:** Internet and mobile penetration in focus countries<sup>36</sup>

Country	Population (2021 est.)	Internet penetration 2020	Facebook subscribers 2020 (% penetration)	Mobile broadband connections 2019 (% penetration)
Bangladesh	166,303,498	70.5%	48,800,000 (29%)	50%
Burkina Faso	21,497,096	21.4%	1,998,200 (.09%)	38%
Fiji	902,906	68.2%	615,500 (68%)	84%
Zimbabwe	15,092,171	55.7%	1,303,000 (.09)	53%

The digital divide tends to be acutely gendered.<sup>37</sup> While a reported 1.7 billion women in low- and middle-income countries own a mobile phone, and more than a billion use mobile internet, there remains a significant gender gap in mobile phone ownership and usage. This risks women being left behind in an increasingly digitalised world. In April 2021, the UN Deputy Secretary-General, Amina Mohammed, warned that, without decisive action, "the digital divide will become the new face of inequality".<sup>38</sup>

**Figure 10:** Internet use by women and men (2019)<sup>39</sup>




<sup>35</sup> Faith, B., et al. (2022). Risks, accountability and technology thematic working paper. BASIC Research. February, p.4

<sup>36</sup> <https://www.internetworldstats.com> and <https://www.mobileconnectivityindex.com>

<sup>37</sup> Faith, B., et al. (2022). Risks, accountability and technology thematic working paper. BASIC Research. February. p. 8

<sup>38</sup> <https://www.un.org/press/en/2021/dsgsm1579.doc.htm>

<sup>39</sup> ITU, Measuring Digital Development, Facts and Figures, 2020.



The use of technologies is “largely dependent on systems in place in the affected countries. Communications infrastructure can often be damaged during a natural hazard ... which impedes the use of such new technological initiatives. In rural areas, there might not be adequate infrastructure in place to facilitate the use of technologies such as 3D-printing or drones. Hence, this requires a holistic assessment of new technologies and their impacts and limitations on relief activities”.<sup>40</sup>

Despite the vital importance of engaging and involving local actors, most efforts at incorporating digital innovation into CCEA continue to be dominated by international experts. This is compounded by the “siloesation” of innovation, in which innovation is viewed as “something that can be ‘grafted on’ to existing programmes and projects, rather than as a core strategic imperative”.<sup>41</sup> As one report notes: “The very nature of innovation involves taking risks, making bets, and hedging between successes and failures. It is inherently difficult – if not impossible – to predict upfront which set of ideas, teams, organisations and networks will prove successful. And even in relatively well-financed settings, innovation investments need to deal with the reality of high failure rates.”<sup>42</sup>

Some also warn against an over-reliance on social listening data. Because much of this is collected through artificial intelligence (AI), not all segments of a population may be represented. Dominant languages may drown out marginalised ones, for example.<sup>43</sup> This means that data on which humanitarians often rely to make decisions may be imperfect or unrepresentative. In Bangladesh, for instance, UNICEF conceded “it could not prevent, given the online data collection modality, that the most vulnerable, those without a mobile phone and internet access, were not being represented”.<sup>44</sup>

#### 4.6 Getting it right requires investment

Many INGOs reported reallocating budgets from international and national travel to equipping local partners with laptops, smartphones and data packages. And critical financial investment is not limited to humanitarian actors. For example, not one community member from the focus countries mentioned any specific tech innovations, but most mentioned the cost of going online. There is also the issue of capacity-building. According to one report, digital literacy was recognised as a core skill required of humanitarians. As a result, there was considerable training of frontline staff on data protection measures.<sup>45</sup> This was reflected in a review of the humanitarian response to the August 2021 Haiti earthquake, in which several informants noted that, while there was access to technologies, skills acquisition was needed, especially among the local population.

According to one informant: “It is critical to realise the investment that was made in the platforms and people pre-pandemic. It paid off.”

“It does pay off to invest up front in capacity of front-line workers and media partners, as audiences went back to platforms that they already trusted. If journalists [for example] know the public health people already... they don’t know need to build that relationship going forward.”

<sup>40</sup> Chen, C. & Cook, A. (2020). Humanitarian Assistance in the Asia-Pacific during COVID-19. Nanyang Technological University. August, p. 9.

<sup>41</sup> Ramalingam, B. & Prabhu, J. (2020). Innovation, development and COVID-19: Challenges, opportunities and ways forward. OECD, p.4..

<sup>42</sup> Ramalingam, B. & Prabhu, J. (2020). Innovation, development and COVID-19: Challenges, opportunities and ways forward. OECD, p. 4.

<sup>43</sup> Scott, Irene (2022). “(Mis) communication? Social listening and the exclusion of marginalized voices”. The Humanitarian Leader. March.

<sup>44</sup> <https://www.unicef.org/rosa/media/15791/file/Insights%20and%20feedback%20on%20Coronavirus%20Risk%20Communication%20and%20Community%20Engagement%20in%20Bangladesh.pdf>

<sup>45</sup> Hamilton, Z. (2021). COVID-19 and digital humanitarian action: Three early lessons. *GSMA Mobile for Development*. Accessed from <https://www.gsma.com/mobilefordevelopment/blog/covid-19-and-digital-humanitarian-action-three-early-lessons/>



#### 4.7 Key takeaways

- The change in the use of technology for CCEA was heavily weighted towards global actors. The use of technology did not change extensively amongst audiences and communicators at community level. Where increased use at community level was reported, this represented an increased use of existing technology.
- However, technology did enable some adaptation in CCEA approaches. In a few cases, people, communities and stakeholders sought out new solutions such as WhatsApp and fact-checking websites, others used older technology in new ways.
- Many communities simply do not have access to digital tools or sources of information. Organisations need to consider their audiences, and what technologies or media they tend to use and have access to. In some areas, this will require significant and ongoing research, particularly in countries where mobile broadband reach is growing rapidly, or indeed where this has stagnated.
- It is important not to underestimate the additional resourcing requirements necessary to effectively adopt new technologies. Technology, as part of a multi-faceted engagement strategy, represents a different way of engaging people and needs to be resourced appropriately to be effective.
- Humanitarians who rely on data to make decisions (e.g. social listening) need to understand the potential deficiencies and use of such data, and the tools used to collect them, with those limitations in mind.
- Online communication and engagement tools should be combined with other communication methods: community-based respondents consistently emphasised that there is no substitute for face-to-face, in-depth interaction.
- Finally, the increased and rapid uptake of digital tools increases the potential for digital harm, such as through the rapid spread of rumours and misinformation. More research is needed into the extent to which this can be effectively mitigated.

#### FURTHER READING

Can Emerging Technologies Lead a Revival of Conflict Early Warning/Early Action? Lessons from the field. 2022. Available at: [https://cic.nyu.edu/sites/default/files/can\\_emerging\\_technologies\\_lead\\_a\\_revival\\_of\\_conflict\\_early\\_warningearly\\_action\\_lessons\\_from\\_the\\_field-2022\\_0.pdf](https://cic.nyu.edu/sites/default/files/can_emerging_technologies_lead_a_revival_of_conflict_early_warningearly_action_lessons_from_the_field-2022_0.pdf)

Data and the Global South: Key issues for inclusive digital development. 2020. Available at: <https://us.boell.org/sites/default/files/2021-01/20201216-HB-broschure-data%20and%20global%20south-A4-01.pdf>

Bridging humanitarian digital divides during COVID-19. 2020. Available at: [https://cdn.odi.org/media/documents/Bridging\\_humanitarian\\_digital\\_divides\\_during\\_Covid-19.pdf](https://cdn.odi.org/media/documents/Bridging_humanitarian_digital_divides_during_Covid-19.pdf)

Risks, accountability and technology thematic working paper. 2022. Available at: [https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/17139/BASIC\\_Working\\_Paper\\_3.pdf?sequence=3](https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/17139/BASIC_Working_Paper_3.pdf?sequence=3)



## 5. The pandemic's infodemic: the impact and handling of mis- and disinformation

There was a huge appetite by people to share information on COVID-19, but most relief actors did not appreciate the extent to which people were inundated by information, and their relative (in)ability to discern what could be trusted. This led to many people inadvertently sharing misinformation alongside accurate information, increasing confusion around what could be trusted. Many relief actors were insufficiently prepared for the entrance of 'new' information providers and actual disinformation actors, and reacted too slowly to these information flows on social media. As leading agencies learned, continuous engagement is needed when surges of information occur. During the pandemic, people and communities needed certainty of messaging, but informants felt there was a significant gap here.

One of the most striking aspects regarding communication and information during the pandemic was the enormous amount of material geared towards disaster-affected populations that included mis- or disinformation. Indeed, the pandemic led to what many refer to as an "infodemic".<sup>46</sup> This is an overabundance of information from various sources – some accurate and some not – that makes it hard for people to know which information to trust. According to WHO, infodemic management "aims to ensure that people have the right information at the right time in the right format, so that they are informed and empowered to adopt behavioural practices during epidemics to protect their health, that of their loved ones and their communities".<sup>47</sup>

This section considers the following questions:

- Why was misinformation so rampant during the pandemic?
- Was it a carry-over from pre-pandemic times, a reliance on social media when lockdowns often prohibited face-to-face meetings, the overload of information, or perhaps all of these?
- And what was the impact of such information on communication and engagement efforts amongst affected populations?

### 5.1 Communicating uncertainty

A WHO publication on infodemic management explains that "communicating uncertainty is as important as communicating proven research, as it is key to building trust between experts and the public. Globally, in many instances, a lack of communication about uncertainty has created space for speculation and misinformation to fill information voids, which has resulted in mistrust in governments, public health authorities and science" – the very organisations leading the fight against COVID-19.<sup>48</sup>

According to WHO, it is imperative to remind the public of the primacy of science. In describing their strategy, "WHO first pinpoints what kind of misinformation is floating out there and then responds with its own evidence-based guidance. The wider United Nations community has been helping amplify this information through its own anti-misinformation initiative – Verified. For example, the initiative's "Pause. Take care before you share" campaign encourages people to take time to verify sources before deciding whether to share any content online. WHO has also been working closely with social media and technology companies to help curb some of the misinformation spreading on their platforms."<sup>49</sup>

<sup>46</sup> The term was coined as a blend of information and epidemic in 2003 by journalist and political scientist David Rothkopf in a Washington Post column, when the world's attention was on public health crisis of that time, SARS.

<sup>47</sup> WHO (2021), Infodemic Management, p. 16.

<sup>48</sup> WHO (2021), Infodemic Management, p. 12.

<sup>49</sup> <https://www.who.int/news-room/feature-stories/detail/immunizing-the-public-against-misinformation>





## 5.2 Countering misinformation

Misinformation must be tackled before it is widely circulated. Unverified and possibly misleading information has the potential to incite fear and cause significant harm. This risk is made worse by issues such as rapid digitalisation, demographic changes, lack of digital literacy or critical-thinking skills, and/or underlying social, cultural or political issues.<sup>50</sup> Many organisations are producing content in an attempt to dispel misinformation. But what techniques are they using, and are such efforts successful?

WHO has contracted an analytics company to help evaluate their efforts to incorporate social listening into public health messaging. “Each week, the company reviews 1.6 million pieces of information on various social media platforms, then uses machine learning to conduct searches based on a newly developed public health taxonomy to categorize information into four topics: the cause, the illness, the interventions, and the treatment. This helps WHO track public health topics that are gaining popularity and develop and tailor health messages in a timely way. Examples include ‘How does a pandemic end?’ and ‘How do we know when we have a second wave of the virus?’”<sup>51</sup>

Other efforts include content analysis to monitor misinformation. WHO and the UN Global Pulse, the UN Secretary-General’s digital innovation initiative, analysed radio content across Africa “to inform the infodemic response by including more voices of vulnerable populations”.<sup>52</sup> According to one expert: “Listening to and understanding the concerns and questions of communities is pivotal in every health emergency to help us shape our risk communication interventions. This tool will be a key addition to our infodemic toolbox.”<sup>53</sup>

In east and southern Africa, the Collective Service worked with core partners from May 2021 to collaboratively review and analyse social listening and community feedback data. At the time of writing, the service particularly supports the delivery of three regular reports: WHO/Africa Infodemic Response Alliance (AIRA) COVID-19 Infodemic reports, UNICEF Social Listening reports, and International Federation of Red Cross and Red Crescent Societies (IFRC)/WHO Community Feedback reports.<sup>54</sup>

There have been other **global efforts to address the infodemic with fact-checking training**, and organisations were often at the forefront. In one case, a consortium of media development and press freedom organisations worked together to ensure communities in Africa had access to reliable information. This emergency programme was implemented primarily in 17 countries by six partners.<sup>55</sup>

Digital technologies are often accompanied by security risks – not just for audiences, but also for the humanitarian sector more broadly. A recent International Committee of the Red Cross blog noted: “While there have been few systematic studies of disinformation campaigns and misinformation proliferation in the humanitarian sector to date, the number of documented case studies is on the rise. ... As humanitarian operations become increasingly digital, strategies need to expand to consider not only cybersecurity but also the state of the broader information.”<sup>56</sup>

<sup>50</sup> Mis and disinformation: handling the 21st century challenge p. 11 but this section was taken from Q&A: Humanitarian operations, the spread of harmful information and data protection. International Review of the Red Cross.

<sup>51</sup> <https://www.who.int/news-room/feature-stories/detail/immunizing-the-public-against-misinformation>

<sup>52</sup> <https://www.who.int/news/item/04-05-2021-who-and-un-global-pulse-are-building-a-social-listening-radio-tool-to-aid-the-covid-19-infodemic-response>

<sup>53</sup> <https://www.who.int/news/item/04-05-2021-who-and-un-global-pulse-are-building-a-social-listening-radio-tool-to-aid-the-covid-19-infodemic-response>

<sup>54</sup> <https://www.who.int/news/item/07-12-2021-the-collective-service-supporting-rcce-in-emergencies>

<sup>55</sup> See: <https://kq.freepressunlimited.org/themes/media-and-covid-19/covid-19-response-in-africa-together-for-reliable-information/>

<sup>56</sup> <https://blogs.icrc.org/law-and-policy/2021/01/15/misinformation-humanitarian/>



### 5.3 Independent media landscape threatened

Another significant aspect in the misinformation ecosystem is mass media. During the pandemic, the independent media landscape experienced what one informant described as an “extreme decimation due to lost advertising revenue – some called it an extinction”. Others noted that the pandemic was “being used by malign forces as an opportunity to disrupt, sabotage and hamper the free flow of trusted, independent information”.<sup>57</sup>

Other concerning developments included “new limits to media freedom – measures such as reduced access to information, attacks on journalists, government closures of news media, and new laws that limit press freedom can jeopardise lives by limiting reporting – as well as important debate and discussion – about the approaches being taken to tackle the pandemic”.<sup>58</sup>

In parts of the Pacific, for example, government responses to COVID-19 were marked by limited transparency, oversight and public engagement. In Fiji, this was exemplified by ongoing media conflicts involving the Auditor General’s Office and the Civil Society Organisation (CSO) Alliance for COVID-19 Humanitarian Response. The CSO Alliance repeatedly called for greater involvement of civil society in government decision-making, but claims that this fell on “deaf ears”.<sup>59</sup> In Vanuatu, the government passed amendments to the penal code, cracking down on libel and slander, which some say will limit freedom of speech and media freedoms.<sup>60</sup>

The International Center for Not-for-Profit Law says that, at the peak of the pandemic, 110 countries were reported to have adopted emergency declarations or laws that carried penalties as heavy as fines of USD 46,000 (Kenya) or USD 10,000 (Zimbabwe), or 10 years in prison (Burkina Faso). Closely related to digital rights, such laws also applied to social media engagement and communications. In South Africa, laws prohibited publication of “any statement through any medium including social media, with the intent to deceive”.



**THERE ARE NO NGOS OPERATING IN URBAN AREAS BECAUSE THE GOVERNMENT SAYS URBAN PEOPLE VOTE FOR THE OPPOSITION. AS FAR AS COVID INFORMATION IS CONCERNED, EACH MAN FOR HIMSELF AND GOD FOR US ALL.**

**THE POLITICS OF ZIMBABWE TEACHES YOU TO BE SELF-INDEPENDENT. NEWSPAPERS, RADIO STATIONS AND THE TELEVISION IS NOT FOR US. THAT IS WHY PEOPLE HAVE ALL GOT SATELLITE DISH. IF WE WANT ANY REAL NEWS OR INFORMATION WE DO NOT LOOK IN THE NEWSPAPERS. GOVERNMENT PROPAGANDA RADIO, TELEVISION AND NEWSPAPERS ARE NOT TRUSTWORTHY AT ALL.**

COMMUNITY-BASED FGD



<sup>57</sup> <https://www.comminit.com/media-development/content/impact-covid-19-journalism-emerging-economies-and-global-south>

<sup>58</sup> <https://www.comminit.com/media-development/content/impact-covid-19-journalism-emerging-economies-and-global-south>

<sup>59</sup> <https://www.transparency.org/en/blog/fiji-government-response-covid-19-integrity-emergencies>

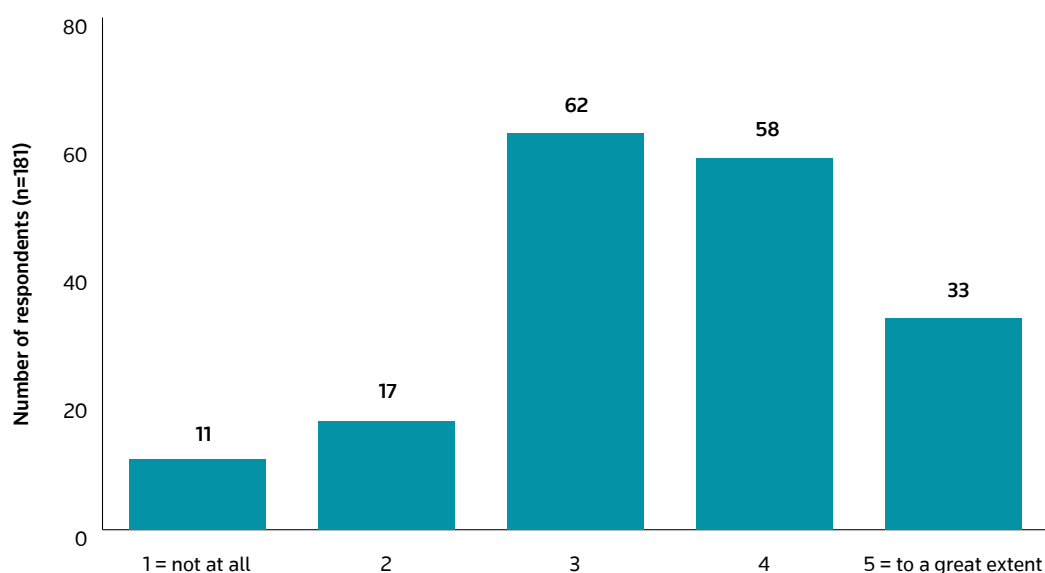
<sup>60</sup> <https://www.transparency.org/en/blog/fiji-government-response-covid-19-integrity-emergencies>

In Zimbabwe, the Criminal Law Codification and Reform Act had already criminalised the publication of false statements. The government, however, introduced additional restrictions on false information related to COVID-19 lockdown enforcement. The media fell victim to the regulations, with an estimated 52 cases of violations against practitioners reported during 2020. In Bangladesh, at least a dozen people, including a doctor, opposition activists and students, had been arrested by the end of March 2021 for their comments about the pandemic, according to Human Rights Watch.<sup>61</sup>

#### 5.4 A need to change messaging

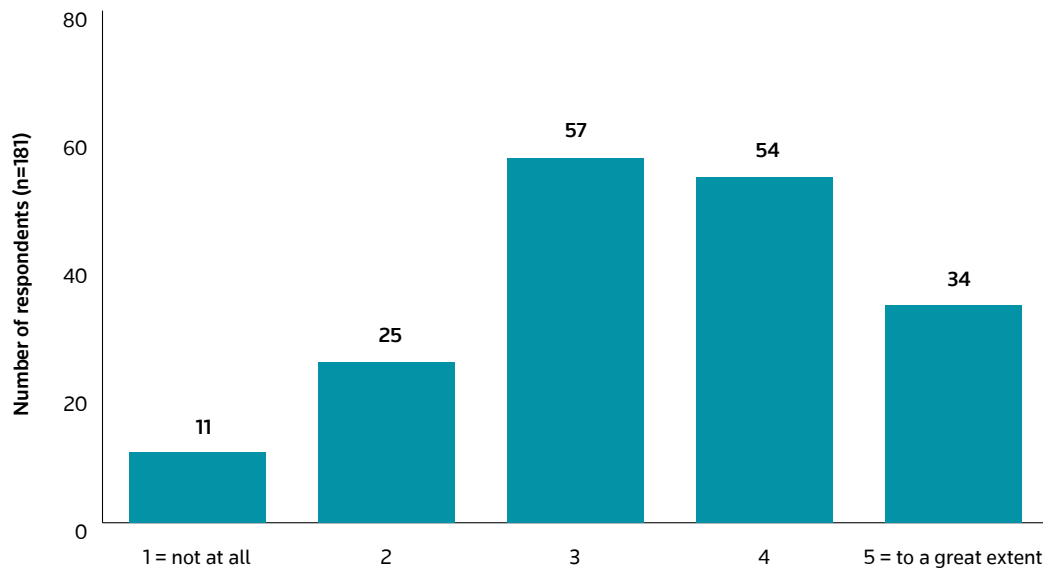
Organisations everywhere had to make changes in response to the infodemic. Only 15% of this study's survey respondents said their organisation did not have to shift or respond to competing COVID-19-related messages (Figure 10), and just 20% said they saw few or no changes due to the impact of misinformation (Figure 11).

**Figure 11:** Perceived extent to which organisations had to shift/respond to competing COVID-19-related messages



<sup>61</sup>Human Rights Watch (2020). Bangladesh: End Wave of COVID-19 'Rumor' Arrests. Available from [Bangladesh: End Wave of COVID-19 'Rumor' Arrests | Human Rights Watch \(hrw.org\)](https://www.hrw.org/news/2021/03/23/bangladesh-end-wave-of-covid-19-rumor-arrests)

**Figure 12:** Perceived extent to which respondents saw changes due to the impact of mis/disinformation



### 5.5 Sources of misinformation

Most survey respondents identified social media as the main source of misinformation. Of 88 responses, 60 said social media; 11 cited local, religious or cultural beliefs (in Pakistan, Afghanistan, Kenya, Nigeria, Central African Republic and Iraq); nine said politicians or government (in Iraq, Singapore, Honduras, Iraq, Afghanistan, Somalia and Central African Republic); six identified media; two said translation (both in Nigeria).

One international informant said “causes of mis- and disinformation run deep. Rumours that cause vaccine hesitancy, for example, are based upon entrenched beliefs that require approaches that go beyond simply providing people with the counter-information.” Numerous other key informants, both local and international, said existing beliefs and attitudes led to much of the mis- and disinformation. A lot of it originated on social media and was unwittingly repeated by family and friends. According to one key informant: “Generally, studies show that people don’t realise they are passing on wrong information.” Another key informant said “people tend not to pass on information they believe to be false” and are more likely to share science-based social media posts than any other kind.

### 5.6 Misinformation and effect on public health

The extent to which misinformation disrupted efforts to curb the spread of COVID-19 is hard to assess, though anecdotal reports suggest it is likely to be significant. In Burkina Faso, for example, just 5.6% of the population has been fully vaccinated. Informants for this study said **misinformation, rumours and social media led to their decisions to refuse a vaccine**. One informant in Burkina Faso said “many people are not ready to get vaccinated because of misinformation that tells us the vaccine has irreversible consequences ... and that Africans are only guinea pigs”.



**UNLESS I SEE IT IN MY VILLAGE, I CANNOT BELIEVE IT IS HAPPENING IN MY VILLAGE.**

FGD PARTICIPANT





## 5.7 Countering misinformation at the local level

In Zimbabwe, the Ministry of Health engaged religious influencers to counter rumours and misinformation: especially when the rumour originated from a specific religious leader. In Bangladesh, consistent rumour tracking, already in place before the pandemic, allowed the RCCE working group to respond quickly. A media support programme in Africa also included significant fact-checking components in numerous countries. In addition, community members reported developing keen fact-checking habits.

While much of the counter-message content is good, one key informant felt that some efforts were best described as “yes, but...”. These “might have good concepts, but they contain small issues that dilute the content’s effectiveness or give off mixed messages. For example, the fantastically catchy Vietnamese song and animated video ‘Ghen Cô Vy’ has become incredibly popular online both in Vietnam and internationally, even sparking a viral TikTok dance challenge. And it generally offers good advice. The *but* is when the video demonstrates the idea of community solidarity with a scene in which two people hold hands – an action that [could transfer the virus from one hand to another.](#)”<sup>62</sup>

Information from international agencies was sometimes conflicting, or would change from one day to the next. It is vital that the principles of crisis communications are utilised: messaging should include both what is known and what is not. Accuracy is critical to credibility.

In addition, it must be recognised that it takes **time to change beliefs**. Educational communication tools, for example, can work to shift attitudes towards the vaccine. Countering myths, misinformation and disinformation also requires **sustained, in-depth, multi-directional communication** and, in future, should form part of preparedness work in the downtime outside health crises. This may also mean that longer-term, more interactive forms of communication are needed.

## 5.8 Key takeaways

- Mis- and disinformation that adversely affects health-seeking behaviour requires long-term, sustained social behaviour change and communication approaches and should not be left until the next crisis hits to be tackled.
- Investment in countering deep cultural and socio-political factors that drive rumours is required.
- Vulnerable and marginalised people are particularly affected by rumours and are frequently the target of mis- and disinformation. This should determine priorities for long term CCEA in disaster-affected communities.
- More research is needed into the effects of misinformation on communities. It is also important to understand more about how, why and by whom that content is produced, how it is disseminated, who the audience is and how they consume the message.

<sup>62</sup>Kate Gunn, <https://www.comminit.com/global/content/covid-19-'info-demic'-view-bangladesh>

Figure 13: Frames from the video 'Ghen Cô Vy'



#### FURTHER READING

COVID-19 and the media: A pandemic of paradoxes. 2021. Available at: [https://www.mediasupport.org/wp-content/uploads/2021/04/2990-Covid19\\_and\\_the\\_media\\_FINAL\\_singlepages.pdf](https://www.mediasupport.org/wp-content/uploads/2021/04/2990-Covid19_and_the_media_FINAL_singlepages.pdf)

EPI-WIN: WHO Information Network for Epidemics. Available at: <https://www.who.int/teams/epi-win>

Catalyst or Destabiliser? COVID-19 and its impact on the media landscape worldwide. 2021. Available at: <https://www.comminit.com/media-development/content/catalyst-or-destabiliser-covid-19-and-its-impact-media-landscape-worldwide>

## 6. Communicating with the most vulnerable

Vulnerable groups are those at “higher risk of needing humanitarian assistance than others or being excluded from financial and social services. In a crisis, such groups would need extra assistance, which appeals for additional measures.”<sup>63</sup> The need among marginalised and other vulnerable community groups for information, assistance and protection increased greatly during the pandemic.<sup>64</sup> This section outlines the challenges faced by vulnerable populations worldwide in accessing information relevant to their specific needs.



**THERE WAS LITTLE  
ENGAGEMENT OF THE  
VULNERABLE.**

INFORMANT

### 6.1 What is a ‘vulnerable’ population?

In researching the impact on communities of COVID-19, the focus has been on groups traditionally labelled “vulnerable” in humanitarian responses. With the pandemic, identification of vulnerable population groups that have not traditionally been assigned this label was done from a medical perspective. Such medically vulnerable groups included people with autoimmune diseases, or in older age groups that might not be considered vulnerable from a non-medical perspective. The targeting of these medically vulnerable groups should be considered part of the overall strategy of messaging, including during humanitarian responses.

### 6.2 Existing inequalities intensified

Despite recognition that efforts needed to be made to reach vulnerable communities, much of the literature agrees that the pandemic intensified existing societal inequalities. “People on the move and residents of urban slums and [informal settlements](#) are among some of the most affected groups in the Global South. Given the current living conditions of migrants, the WHO guidelines on how to prevent COVID-19 (such as handwashing, physical distancing and working from home) are challenging to nearly impossible in informal settlements.”<sup>65</sup>

The pandemic was seen to have an acute impact on vulnerable populations receiving humanitarian assistance. “Widespread loss of income, massive drops in remittances, and limited access to social safety nets have combined to drive larger numbers of people into vulnerability while worsening the conditions for many already receiving assistance.”<sup>66</sup>

<sup>63</sup> M. Marin-Ferrer, L. Vernaccini, K. Poljansek, INFORM. Index for Risk Management Concept and Methodology Version 2017, JRC, European Commission (2017), p. 34.

<sup>64</sup> Sinclair, H. & Vestrheim, K. (2020). Engaging Communities During a Pandemic: Experiences of Community Engagement during the COVID-19 Response in Camps and Out-of-Camp Settings. Norwegian Refugee Council. <https://www.nrc.no/globalassets/pdf/reports/engaging-communities-during-a-pandemic/engaging-communities-during-a-pandemic-covid-19.pdf> p.10.

<sup>65</sup> Raju, COVID in India: Who are we leaving behind? <https://www.sciencedirect.com/science/article/pii/S2590061721000235?via%3Dihub> See also: Island voices and COVID-19; COVID-19: A watershed moment

<sup>66</sup> Rebecca Brubaker, Adam Day and Sophie Huvé, COVID-19 and Humanitarian Access: How the Pandemic Should Provoke Systemic Change in the Global Humanitarian System (New York: United Nations University, 2021), p. 1.

ICRC providing training in mental health and psychosocial support and other support services in Pombreal village, Fiji. The training enables people to support those affected by COVID-19 in their respective communities.



REUBEN TABEL | ICRC

This also applied to CCE: in a cross-section of camp and non-camp settings, one study on community engagement noted that “except for some reports of using phone calls and hotlines”, most informants mentioned “concerns related to the uneven reach and participation of women and marginalised groups such as elderly and illiterate when using digital tools”.<sup>67</sup> Similarly, a report on Yemen found that people with specific needs, including older people without family support, people with disabilities, children and single women, faced the most significant challenges in accessing information.<sup>68</sup>

### 6.3 Women further marginalised

For many women, the experience of accessing information during the pandemic differed to that of men. In the Rohingya refugee camps and Zimbabwe, women reported that the absence of public gatherings cut them off from two important sources of information: each other, and in-person workshops with development professionals. In Fiji and Burkina Faso, women would often defy movement restrictions to continue meeting with others in their communities. When markets were open, they were important places for different sectors of the population to meet and raise awareness of pandemic-related issues.

For women who required permission from their husbands or fathers to use a smartphone or household radio, the lack of access to support structures such as women’s groups or friendly chats at the market had an impact on their wellbeing and COVID-19 awareness. One young woman in Bangladesh described women-friendly spaces as places of support: “We usually go for sewing and there in the women’s spaces there is a lot of support, and right information is also shared there.” But when women were constrained by lockdowns, “it wasn’t easy for us to get what we needed to know”.

<sup>67</sup> Sinclair, H. & Vestheim, K. (2020). Engaging Communities During a Pandemic: Experiences of Community Engagement during the COVID-19 Response in Camps and Out-of-Camp Settings. Norwegian Refugee Council. <https://www.nrc.no/globalassets/pdf/reports/engaging-communities-during-a-pandemic/engaging-communities-during-a-pandemic-covid-19.pdf>, p.8.

<sup>68</sup> UNHCR (2020). Understanding how UNHCR engages with communities in Yemen: Community engagement survey. September. <https://reporting.unhcr.org/sites/default/files/CWC%20survey%20report%20Final.pdf>



**DURING COVID, WE COULDN'T MOVE. WE COULDN'T SHARE OUR INFORMATION. WE WERE DEPENDENT ON THE MAIN PERSON IN THE FAMILY: FATHER, BROTHER, HUSBAND.**

FGD PARTICIPANT





## 6.4 Impact on inclusion and exclusion

As one informant explained, COVID-19 has exacerbated the lack of inclusivity: “When COVID-19 happened, everything came to a halt so these organisations that work on projects and programmes and are on timelines, when things opened up, they are pressured within that time to complete the work and when they’re pressured, the inclusion bits are left out.”

This study’s FGDs with disabled and LGBTIQ people, those living with HIV/AIDS, and other marginalised groups in the focus countries reported the same: there was little, if any, outreach specific to their communities. In Burkina Faso, almost all participants said these FGDs represented the first time they had been asked their point of view. In particular, people living with HIV/AIDS in Burkina Faso reported that they were completely forgotten at the outset of the pandemic and, as a result, felt they could not rely on any source of information “because there was a lot of contradiction in the delivery of the related information”.

In some cases, the exclusion of the most vulnerable in Burkina Faso disrupted social cohesion. When villages are attacked by armed groups, explained one informant, people leave. When they arrive elsewhere, they are required to register to access assistance such as provision of face masks and information. But registration efforts are terribly backlogged, resulting in frustration and tensions between registered and non-registered people.

In Fiji, some informants and FGD participants said that during the lockdown, awareness teams tried to provide information to communities but were not very effective as they missed elderly, disabled and other vulnerable groups. Some said vulnerable people in Fiji were unaware of how to get the support they needed for the people they cared for. As one informant there noted: “Our social protection system is completely irrelevant. It’s inadequate.”

According to Rohingya people consulted for this study, their communication needs were partly met in terms of gaining knowledge about COVID-19. In terms of participating in any decisions about the COVID-19 response or CCE actions, however, refugees “felt entirely left out”.

It is clear that communities are not equal in terms of access to information and other resources. Future community engagement efforts must therefore include a **clear strategy on how to reach and engage marginalised groups**. Efforts must also be made to identify communities, such as homeless people or undocumented migrants, that may merit specific consideration to provide an effective response. This may include reaching out to CBOs and community leaders representing such communities in engagement and messaging efforts.



**THE MAIN CHANGE I CAN SAY IS THAT COVID HAS MADE REFUGEES MORE VULNERABLE. I CAN SAY DISCRIMINATION HAS BECOME WORSE. IF I RAISE MY VOICE, I WILL BE ARRESTED OR SENT TO THE ISLAND. THE INTERNATIONAL DELEGATES AND WORKERS HAVE NOT BEEN COMING, WHICH MEANS NATIONAL STAFF AND AUTHORITIES CAN ABUSE THE REFUGEES MORE EASILY. AND THIS HAS BEEN HAPPENING. THE TREATMENT HAS GOT WORSE.**

FGD PARTICIPANT





## 6.5 Key takeaways

- Circumstances during the COVID-19 pandemic exacerbated risk of exclusion of the most vulnerable, many of whom rely on face-to-face communication and other trusted relationships to foster engagement in decision-making.
- Women were particularly vulnerable to exclusion from communication as channels transitioned online.
- In some cases, vulnerability changed its face in the pandemic: those at increased vulnerability to COVID-19 were not necessarily the same as those vulnerable to marginalisation and unequal access to goods and services.

### FURTHER READING

A Demand-Side View of Mobile Internet Adoption in the Global South. 2021. Available at: <https://openknowledge.worldbank.org/handle/10986/35302>

COVID-19 in the Americas: Listening to the most vulnerable. 2022. Available at: [https://www.ifrc.org/sites/default/files/2022-03/IFRC\\_Americas\\_CovidReport\\_FullReport\\_20220315\\_0.pdf](https://www.ifrc.org/sites/default/files/2022-03/IFRC_Americas_CovidReport_FullReport_20220315_0.pdf)

(Mis)communication? Social listening and the exclusion of marginalized voices. 2022. Available at: <https://centreforhumanitarianleadership.org/research/publications/miscommunication-social-listening-and-the-exclusion-of-marginalised-voices/>

Intentional inclusion of people with diverse SOGIESC (LGBTIQ+ people) in communication, community engagement and accountability: a guide on key entry points for humanitarian organisations and practitioners. CDAC Network, 2022. Available at: <https://www.cdacnetwork.org/policy-briefs/intentional-inclusion-of-people-with-diverse-sogiesc-lgbtqi-people-in-communication-community-engagement-and-accountability>

## 7. 'Local actors take the lead' – or do they?

Section 3.1 highlighted the critical role of local actors in the success of communication and community engagement. Religious and health leaders, as trusted members of many societies, supported agency and government strategies in countering and dispelling mis- and disinformation, utilising a range of technologies to do so. This section explores the extent to which there has been a shift towards more meaningful localisation and explores takeaways for onward action.

### 7.1 Localisation by necessity?

While international humanitarian agencies were limited in their ability to respond during the pandemic due to restricted access to communities, national and local actors scaled up humanitarian efforts towards vulnerable and affected populations.<sup>69</sup> It was clear that the reliance on local actors “was a consequence of disruptions to international actors’ conventional ways of working, with the localisation agenda advancing ‘out of necessity’, not ‘out of choice’”. For more on localisation, see Box 1.<sup>70</sup>



**WITHOUT DOUBT, IMAMS, FAITH LEADERS AND COMMUNITY HEALTH WORKERS ARE THE UNSUNG HEROES OF THE COVID-19 RESPONSE.**

### Box 1: “As local as possible, as international as necessary”

Localisation is a process of recognising, respecting and strengthening the independence of local actors’ leadership and decision-making power in humanitarian and disaster response. ‘Local actors’ include national actors, subnational actors, local authorities, local communities and local CSOs. At the 2016 World Humanitarian Summit, leaders declared that humanitarian action should be “as local as possible, as international as necessary”.<sup>71</sup> The resulting 2016 Grand Bargain made a commitment to channel at least 25% of humanitarian funding as directly as possible to local and national actors. In addition, the UN’s Agenda 2030 calls for governments, CSOs and donors to collaborate to enhance results.

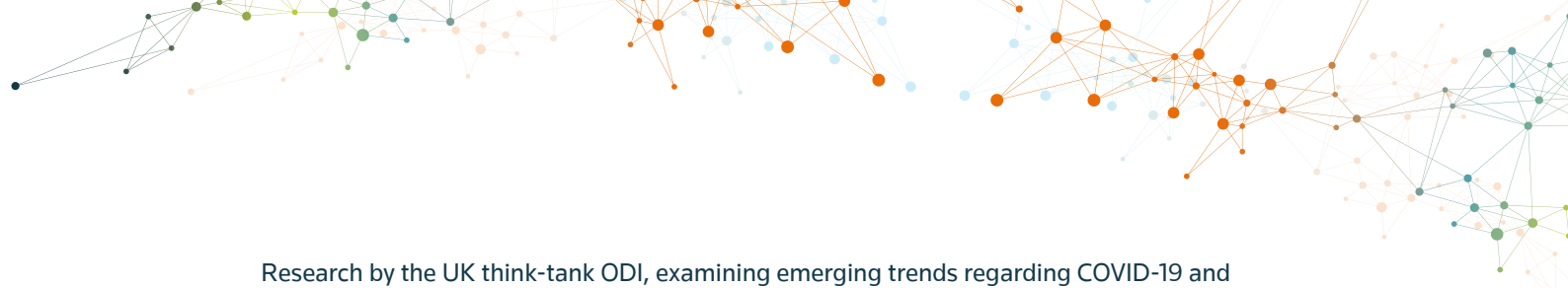
Following these declarations, global COVID-19 response plans and guidelines emphasised an increased need for localisation. These included the 2020 COVID-19 Global Humanitarian Response Plan (GHRP), the 2021 Global Humanitarian Overview (which includes COVID-19 and non-COVID-19 needs) and the Inter-Agency Standing Committee (IASC)’s Interim Guidance on Localisation and the COVID-19 Response. According to the IASC Interim Guidance: “Local actors including civil society organisations, government, and the private sector, as well as communities themselves (including displaced communities), are critical in every humanitarian operation, and even more so in the current context that is shaped by restrictions on travel and movement because of COVID-19.”<sup>72</sup>

<sup>69</sup> Chen, C. & Cook, A. (2020). Humanitarian Assistance in the Asia-Pacific during COVID-19. Nanyang Technological University. August, p. 6.

<sup>70</sup> Khan, A., et.al. (2021) Learning from Disruption: evolution, revolution, or status quo? ALNAP 2021 Meeting Background Paper. London: ODI/ALNAP. <https://www.alnap.org/system/files/content/resource/files/main/2021%20aln%20meeting%20background%20paper.pdf> p. 17.

<sup>71</sup> <https://reliefweb.int/report/world/local-possible-study-localisation-disaster-management-during-pandemic>

<sup>72</sup> IASC: interim guidance on localisation and the COVID-19 response developed jointly by IFRC and UNICEF in collaboration with IASC results group 1 on operational response subgroup on localisation May 2020.



Research by the UK think-tank ODI, examining emerging trends regarding COVID-19 and humanitarian action, found examples of **local actors taking a lead role in communication and community engagement in the response**. Messages were delivered in local languages and, in some cases, based on “familiar or previously used messaging or information-sharing platforms, allowing for easier dissemination in affected communities”.<sup>73</sup>

This study’s literature review found multiple examples of policies, guidance material, articles and papers articulating the importance of local organisations. One article stressed the importance of including the most vulnerable in contexts with a diminishing civic space. “In such circumstances, deliberate and strategic steps are required to ensure the voices of various groups and communities are safely included, and their rights are upheld. In these shifting sands, trust, relationship-building, adaptability, flexibility, creativity and collaboration appear to be paramount in pursuit of an equitable and accountable pandemic response.”<sup>74</sup>

The **importance of community-based messengers** was reiterated time and again. In fact, COVID-19 conditions appeared to accelerate certain aspects of localisation. FGDs in all four focus countries demonstrated a reliance on community health workers in communicating accurate COVID-19 information, dispelling myths and informing communities about the disease. Community-based volunteers and leaders also played an important role. In Bangladesh, for example, UNICEF worked with the Islamic Foundation Bangladesh: when “social distancing and lockdowns made it difficult to reach community with awareness messages, about 500,000 Imams and religious leaders stepped up to disseminate information about COVID-19”.<sup>75</sup> **Face-to-face communication** continued to be critically important for some communities, particularly the most marginalised or vulnerable, but this need was largely unmet.

But did the importance of local actors equate to their involvement in decision-making? A key informant in Zimbabwe said: “It’s not a simple picture. If organisations were already headed in that direction, then COVID-19 saw an intensification of localisation. If not, then centralisation perhaps intensified. In some cases, it was localisation by necessity.”

Some communities in disaster-affected countries also criticised the lack of community involvement beyond simply “being researched” or “used for dissemination”. According to one key informant in Zimbabwe, there was local “involvement certainly. Leadership, not so much”. One informant said: “RCCE, SBCC [social and behaviour change communication], AAP [accountability to affected people], whatever you call it, depends on the other pillar needs, so a lot of advocacy is needed as well as recognition and mutual response. We can help them [other pillars].” Currently, he said, such coordination is ad hoc, personality-based and dependent on other pillar leads. “We are seen as poster makers, and people need to look beyond that.”



## WE ARE NOWHERE NEAR FULFILLING THE GRAND BARGAIN.

INFORMANT



<sup>73</sup> <https://odi.org/en/insights/covid-19-and-local-humanitarian-action-five-emerging-trends/>

<sup>74</sup> Lacelle-Webster, A. et.al. (2021). “Citizen Voice in the Pandemic Response: Democratic Innovations From Around the World” in *Democracy in a Pandemic: Participation in Response to Crisis*. Book Editor(s): Graham Smith, Tim Hughes, Lizzie Adams, Charlotte Obijaku. University of Westminster Press, p. 167.

<sup>75</sup> <https://www.comminit.com/global/content/religious-leaders-spreading-words-covid-19-north-region-bangladesh>





### 7.1.1 Importance of community-based organisations

Currently, many coordination structure standard operating procedures, reporting requirements and even funding guidelines do not explicitly stipulate that localisation, or collaboration and co-creation with local partners, should form part of the overall strategy. According to the WHO: “Managing the COVID-19 pandemic and the related infodemic requires swift, regular and coordinated action from multiple sectors of society, communities and governments.” To be successful, the strategy must include a relationship between top-down messaging and community-based implementation.

CBOs played a huge role in coordinating and organising efforts. But, as one international informant noted: “We still have a murky idea of what a CBO is, as opposed to what an international NGO is or does.” They said this was largely because INGOs rarely name the CBOs with which they work, and CBOs are less represented on national and international platforms. In Bangladesh and Fiji, however, there are coordinating bodies for CBOs, and both played critical roles in response efforts.

In Zimbabwe, where local, faith-based organisations have been instrumental in the national response, the National COVID-19 Vaccine Demand Strategy, implemented with support from UNICEF and WHO, reports that **national organisations were at the centre**. For example, the national director of the Apostolic Women Empowerment Trust explained that, with their country-wide network embedded “at community level, we understand the underlying determinants of a person’s or a community’s vaccine decision, we can engage with them, through trusted voices, by framing the conversations in a way that resonates and provides them with simple, coherent explanations and answers to their vaccination questions”.<sup>76</sup>

### 7.1.2 Top-down versus people-centred

There are clear tensions between the need to centralise messaging and the need to ensure messages are contextualised and disseminated by trusted local sources. While local imams and religious leaders were cited by both local and global respondents as being critical to the response, the mechanics of the humanitarian sector have not fundamentally shifted. For example, if a local radio station in Afghanistan lacks demonstrable capacity or policy documents in areas such as gender or safeguarding, they will struggle to pass donor due diligence tests. Many local organisations are without the capacity or systems to meet the requirements to receive large-scale funding.

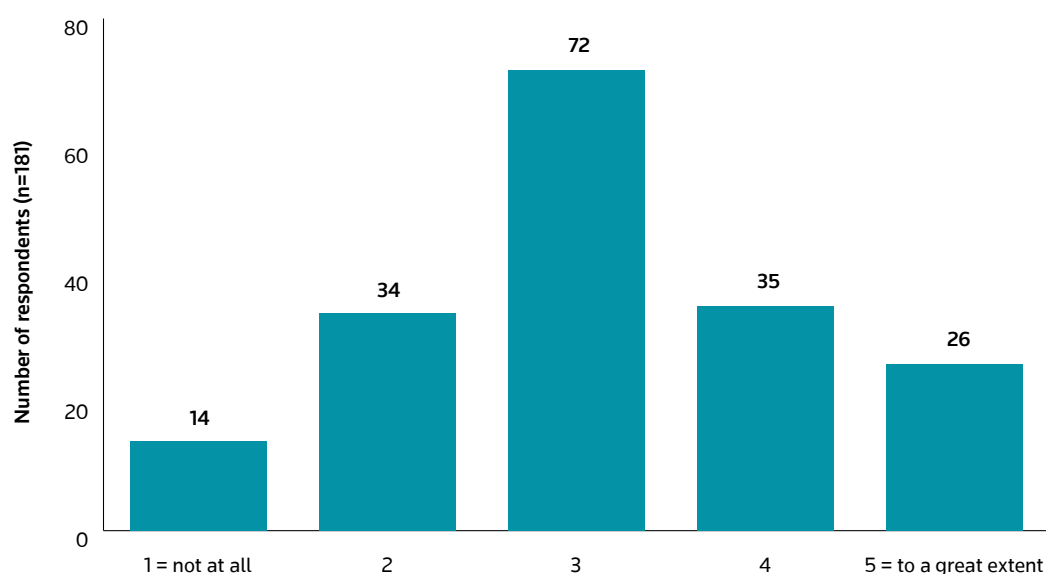
This exacerbated existing power imbalances, which hinder “the localisation process, despite there being a common goal to expand the reach of humanitarian response; a goal that necessitates the need to partner with local organisations”.<sup>77</sup>

The survey results showed that most respondents felt **decision-making became somewhat less centralised** during the pandemic (see Figure 12), even though messaging tended to be top-down. Some decision-making was passed to local partners or others with knowledge from the field, but this was patchy at best. A majority of FGD participants and all key informants reported that decision-making had in fact become *more* centralised.

<sup>76</sup> <https://www.unicef.org/zimbabwe/stories/zimbabwe-works-consolidated-vaccination-campaign-strategy>

<sup>77</sup> Petrus, J. (2020). The Role of Community-based Organizations in COVID-19 Response: Case studies of Bangladesh, Burkina Faso, Nigeria and Syria. USAID and iMMAP.

**Figure 14:** Perceived extent to which decision-making became less centralised during the pandemic



Some respondents emphasised the need during a global pandemic for top-down messaging, both for accuracy and clarity, and to ensure compliance. However, in programmatic and coordination terms, this complicates the importance of, and need for, community-based, “people-centred” messaging. According to one informant: “There was a lot of talk of engaging nurses to communicate on the messages that we designed, but the nurses were not in the room.”

## 7.2 Localisation requires investment

While local actors were doing much of the work on the ground, they rarely took the lead in CCE, nor was their work **accompanied by direct funding**. CBOs cannot compete with large national and international organisations for funding. Despite global commitments, “just 0.1% of the Global Humanitarian Response Plan funds for COVID-19 are going to national and local level actors”.<sup>76</sup> With funding comes a certain amount of **decision-making** power, which also did not materialise. As one respondent put it: “I haven’t seen the money increase. Show me that funds have changed hands and I’ll believe that localisation is happening.” However, several informants said many local organisations were working relatively autonomously from headquarters.

Pre-pandemic investment in the capacities of local actors with existing community ties was also seen as vital to the success of programmes and to ensuring local actors had the necessary skills, tools and structures to lead on CCE. One informant emphasised: “It does pay off to invest up front in capacity of front-line workers and media partners, as audiences went back to platforms that they already trusted. If journalists [for example] know the public health people already... they don’t know need to build that relationship going forward.” As another informant noted: “If I had to go back in time, I would ensure that community structures were in place to deliver timely, appropriate information and that skills were already developed and ready.”

<sup>76</sup> <https://www.unicef.org/zimbabwe/stories/zimbabwe-works-consolidated-vaccination-campaign-strategy>

<sup>77</sup> Petrus, J. (2020). The Role of Community-based Organizations in COVID-19 Response: Case studies of Bangladesh, Burkina Faso, Nigeria and Syria. USAID and iMMAP

<sup>78</sup> <https://reliefweb.int/sites/reliefweb.int/files/resources/Street%20Child%20%26%20Child%20Protection%20AoR%20-cvss>

### 7.3 Will reliance on local actors continue, post-pandemic?

This study found a consistently increased reliance for message dissemination on local intermediaries, faith leaders and local actors who had community standing, trust and reach. Some CBOs played key roles in adapting and disseminating messages, combatting misinformation and involving their communities. However, it was clear that the reliance on local actors “was a consequence of disruptions to international actors’ conventional ways of working, with the localisation agenda advancing ‘out of necessity’, not ‘out of choice’”.<sup>79</sup>

While the importance of local actors in the COVID-19 response seems to be universally acknowledged, the challenges noted in the localisation literature remain. These include: “(i) a lack of accessible, available funds for local level actors; (ii) a lack of fund-absorption capacities amongst local level actors; (iii) low donor appetite for risk, resulting in highly bureaucratic management and monitoring; (iv) low leadership and representation of local actors in the humanitarian architecture – in particular decision-making mechanisms; and (v) entrenched conflicts of interest that affect the allocation and use of funds”.<sup>80</sup>

ODI’s online localisation and COVID-19 mapping tool records 105 projects globally. While these provide positive examples of localised initiatives, in the global context they represent a low percentage of total COVID-19 programming.

Even though many international organisations pride themselves on having direct relationships with communities, they often fail to work through local partners in terms of providing service agreements or funding, or handing over programmatic control. International organisations retain control and management of personnel on the payroll instead of working through volunteers or groups at community level. This sounds and looks like direct community engagement but, while it may involve working in partnership with local actors, it is not true localisation.

Ultimately, further research is required to examine the longevity of project-based engagement, and whether the use of local organisations in COVID-19-related CCE has brought a real and lasting shift in power, decision-making, increased capacity and fund management.



**WHILE ACTION HAS SHIFTED TO LOCAL HANDS, THE RESOURCES AND SUPPORT REMAINS WITH INGOS, SUVA-CENTRIC. THE SHIFT FOR RESOURCES HASN'T HAPPENED [WHILE] THE SHIFT FOR ACTION HAS HAPPENED IN FIJI.**

INFORMANT

<sup>79</sup> Khan, A., et.al. (2021) Learning from Disruption: evolution, revolution, or status quo? ALNAP 2021 Meeting Background Paper. London: ODI/ALNAP.

<sup>80</sup> <https://reliefweb.int/sites/reliefweb.int/files/resources/Street%20Child%20%26%20Child%20Protection%20AoR%20-%20Accelerating%20localised%20response%20to%20COVID-19%20-%20Practical%20pathways%202020.pdf>



#### 7.4 Key takeaways

- Community leaders, including faith leaders and community health workers, played a critical role in the success of CCE during the pandemic.
- Messages that were delivered in local languages by community-based messengers, and often via face-to-face interactions, were deemed to be most effective in informing communities with accurate information and dispelling myths.
- International reliance on local actors appeared to have been driven ‘out of necessity’ from the disruptions to regular ways of working, rather than to further the localisation agenda or meet international commitments.
- While local actors were recognised as instrumental to successful CCE during the pandemic, decision-making tended to be centralised and local leadership was often tokenistic at best, as local actors lacked direct funding and capacities to take the lead on the ground.



**DON'T JUST TELL US WHAT TO SAY. GIVE US FUNDING.**

INFORMANT



#### FURTHER READING

Beyond Command and Control: A rapid review of meaningful community-engaged responses to COVID-19. 2021. Available at: <https://www.tandfonline.com/doi/full/10.1080/17441692.2021.1900316>

Citizen Voice in the Pandemic Response: Democratic innovations from around the world. 2021. Available at: <https://www.jstor.org/stable/j.ctv1v3gqz6.24?seq=1>



## 8. Conclusion and recommendations

The COVID-19 pandemic put communication and community engagement at the forefront of humanitarian action, perhaps at a scale like never before. Effective communication to provide accurate and contextually appropriate information became a key priority for many response agencies and governments around the world. With social restrictions accelerating the use by some of technology and digitalisation, humanitarian organisations were confronted by the need to consider new ways to engage with communities and support locally driven and inclusive CCEA.

Heavy disruptions to normal ways of working as a result of the pandemic presented opportunities for critical reflections. This study provides a reflection on the changes to the humanitarian CCE landscape during the pandemic, and provides a snapshot of common trends around localisation, engagement and digital access across four countries. The study pointed to nuanced differences in trends that were observed across countries, but little to suggest substantial and sustainable change to the landscape as a whole. There was a gap between the perceived change in the CCE landscape amongst global and community-based study respondents, but it appeared that changes at the local level tended to be an increased use of existing channels rather than the introduction and use of new approaches and technologies for CCE.

The bottlenecks to effective CCE were old and familiar. The urgent nature and scale of the pandemic – along with new coordination and leadership challenges – exposed and amplified existing weaknesses in CCEA. Communication too often remained top-down and information not contextually appropriate, worsened by the limited engagement of local and trusted communicators in decision making. People with different vulnerabilities, ages and gender experienced different information needs and the consistent challenge of inclusion in CCEA was accentuated during the pandemic. It was noted that the volume and direction of information, paralleled with limitations to face-to-face interactions, may have exacerbated existing vulnerabilities. The gender digital divide was amplified in many cases, while marginalised groups were often more likely to suffer from mis and dis-information.

### 8.1 Recommendations

There are several recommendations that can be made for those working on CCEA responses across humanitarian action, public health crises and the development interface. The following recommendations are not exhaustive but intend to trigger reflection and action to deliver more effective, appropriate and inclusive collective CCEA in future crises.

#### **Tackle long standing CCEA blockages by investing in systems, relationships and structures before, during and after a crisis**

- Ensure coordination is context appropriate, inclusive and well communicated. Where coordination was understood, common information sharing and messaging was reported as more appropriate.
- Focus on long term investment in systems, relationships and structures through better cooperation and linkages with audiences and communicators, people and communities engaged in CCEA outside of the humanitarian context.
- Understand that meaningful dialogue occurs when it is timely, in the correct language and format and when it is trusted and relatable. This necessitates engagement with and between people and communities *before* action occurs.





**Invest in audience-centred design of CCEA approaches. Understand that engagement strengthens communication outcomes.**

- Map community structures and trusted leaders in communities at the outset of a programme to ensure that any internationally developed and curated information can be adapted, contextualised and disseminated via appropriate channels.
- Greater investment is needed in community structures for engagement. Typically chronically underfunded, this investment may have yielded more immediate impact and would have supported community engagement in decision making.
- Efforts to make partnership more meaningful need to consider incentives and access requirements.
- Prioritise two-way communication and contextualised information disseminated by trusted community actors.
- Be cautious of the difference between information and messaging. Global information sharing may have been necessary during the pandemic, but messaging developed locally often meant it was more appropriate and impactful.

**Technology, but not for technology's sake – use contextually appropriate and inclusive digital tools where there is a need and desire by stakeholders**

- Digital and technology approaches must take into account the diverse capacity and demands of its stakeholders. Design should take an audience-centred approach and be complemented by alternative, non-digital methods to ensure inclusion
- Balance the use of social media as a CCE tool with a multifaceted communication strategy and understand the risks related to mis- and disinformation.
- Invest in ways to better integrate legacy and community media. Given the importance of radio and other methods of communication, a focus on partnership and capacity will ensure such actors are not overlooked.
- Understand data risks associated with increased reliance on digital technology. Those working in the sector should understand how these risks can affect personnel, organisations and beneficiaries, and work to mitigate these risks.

**Examine holistic approaches to counter mis- and disinformation that hinges on building trust**

- Mis- and disinformation require concerted and context wide focus. Successful examples include a holistic and multi-faceted approach using technology, capacity-building and media literacy efforts. *Better understanding is required in this.* There have been efforts at developing frameworks that can guide work in this area.<sup>82</sup>
- Embed efforts to counter rumours and harmful myths in development work to address underlying drivers and ensure sustained, in-depth and multi-direction communication.
- Trust is a critical determinant of effective CCEA. Investment is needed in understanding community trusted sources. It is easy for international actors to make the wrong assumptions on trust.

<sup>82</sup> WHO, for example, developed an initiative called the WHO Information Network for Epidemics (EPI-WIN). EPI-WIN covers four strategic areas of work to respond to infodemics: (i) identifying, gathering and assessing real-time evidence to help form public health recommendations and policies; (ii) simplifying this knowledge into actionable, behavioural change messages; (iii) amplifying impact by engaging communities and reaching out to key stakeholders in communities with tailored advice and messages; and (iv) quantifying, monitoring and tracking the infodemic through social media to guide the effectiveness of public health measures.



### **Continue to advocate to donors and policy makers through evidence generation**

- Unless community engagement is a condition of **funding**, it is unlikely to feature systemically beyond an ad hoc basis. Donors need to consider this. The requirement of a CCE strategy from implementing partners would incentivise community participation at all levels of humanitarian action and prioritise approaches that support localisation.
- Develop a common funding ask for donors, focused on people-centred and community led CCEA. Ensuring that a funding ask focuses on demand, need and capability at community level avoids investment leaning to a specific entity or crisis.
- Invest in further research to generate evidence-based justification for CCE funding. In order to improve engagement by communities in decision-making, research that focuses on better understanding trust, communication and existing systems is critical. Potential areas for further research include:
  - How communities communicate and engage with the information ecosystem as a whole
  - The challenges and opportunities of face-to-face engagement and digital outreach when working with different segments of populations, particularly when considering hard-to-reach populace and access to healthcare workers.
  - The impact of the political economy of disaster-affected contexts on communication and information ecosystems and the quality of CCEA is implemented and received. Exploring contexts where communities are dependent upon the authorities for survival, and these power dynamics overshadow the relationship between communication actors and audiences.
  - Comparative study on Bangladesh, Burkina Faso and Zimbabwe as GHRP priority countries that received additional resources and Fiji.



## Annex 1: List of key informant interviews

1. Aarni Kuoppamäki, DW Akademie
2. Irene Scott, Internews
3. Walter Taminang, Plan International
4. Kate Gunn, BBC Media Action
5. Mahbubur Rahman, IOM, CWCWG
6. Shamnaz Ahmed, IRC
7. Francois Laureys, Viamo
8. Emma Heywood, The University of Sheffield
9. Denis Vincenti, Fondation Hironnelle
10. Stéphanie Nikiema, Action Sociale
11. François Kombassere, WHO Burkina Faso
12. Romaine Raïssa Zidwemba, Réseau d'initiative des journalistes (RIJ)
13. Sandra Zerbo, UNOCHA
14. Lepani Kaiwalu, Rainbow Pride Foundation
15. Vani Catanasiga, Fiji Council of Social Services (FCOSS)
16. Vasiti Soko, National Disaster Management Office, Fiji (NDMO)
17. Jennifer Poole, Min of Women, Children and Poverty Alleviation
18. Salote Biukoto, Ministry of Women, Children & Poverty Alleviation (MWCPA), Fiji
19. Joeli Vueti, MWCPA
20. Josefa Lalabalavu, Plan International, Fiji
21. Seema Naidu, Gender equality and inclusion, Fiji Program Support Facility
22. Talei Tora, Fiji Program Support Facility
23. Kshitij Joshi, UNICEF Pacific
24. Verity Johnson, Catholic Agency for Overseas Development (CAFOD)
25. Samuel Kapingizda, UNDP
26. Virginia Moncrieff, WHO
27. Hasiba Haman, MRDI Bangladesh
28. Naureen Naqvi, UNICEF
29. Catherine Green, World Vision Global
30. Melinda Frost, WHO
31. Ombretta Baggio IFRC
32. Silvia Magnoni, IFRC
33. Ginger Johnson, UNICEF
34. Agnes Mahomva, OPC National COVID-19 Task Force
35. Richard Lace, BBC Media Action
36. Ahona Azad, BRAC
37. Nelson Paundi, CBO
38. Tanzim Walid Rahman, BRAC
39. Gabriella Prandini, GOAL
40. Farai Shonhai, Plan International
41. Conrad Gweru, Plan International
42. Tanvir Chowdry, Al Jazeera
43. Joelle Petrus, IMMAP
44. Kai Hopkins, Ground Truth Solutions



## Annex 2: Key informant interview instrument

### Accessing info

- What are the main changes you've seen in the last couple of years in the ways that disaster-affected communities (DACs) access information?

### Mis/disinformation

- To your knowledge, how did mis/disinformation affect covid communications in DACs?
- Did mis/disinformation affect trust in communication actions by INGOS/GOVT?
- What have been the main sources of mis/disinformation?

### Innovation

- What innovations in information/communications/media/messaging happened during COVID-19 that can be learnt/built upon?

### Communication strategies during COVID-19

- Did Covid comms strategies factor in competing messaging, that you know of?
- As far as you're aware, in the countries your org operates, did Covid change where people go to get information?
- Did your organisation change the way it engages with target audiences? How?
- How has COVID-19 changed the way that DACs are engaged with, by humanitarian and development communication and by governments and private sector actors?

### Participation

- How has your organisation integrated community feedback in its COVID-19 response?

### Localisation

- Has COVID-19 led to greater involvement and leadership of local actors in communication and engagement activities?
- Has there been a growth in subnational and transnational partnerships and networks between local actors?
- How has localisation influenced the effectiveness of CCEA responses to COVID-19?

### Digital

- Which digital tools and innovations developed during Covid-19 are helpful to effective communication and information sharing with DACs?
- What are the pros and cons of relying on digital solutions?
- Which digital tools does your organisation rely upon for its community engagement work?

### General

- Is power and decision-making (in programming/content) more or less centralised?
- Are governments, private sector and humanitarian actors listening more, less or the same?
- Do the changes in the communication landscape as related to localisation and digitalisation require a rethink in CCEA investment?
  - What, if any changes, there may be have been in how disaster-affected communities are accessing information?
  - What communication strategies have been adopted?
  - Have organisations changed the way they engage with their target audiences?
  - How have organisations integrated community feedback in their Covid response?
  - Has COVID-19 led to greater involvement of local actors in communication and engagement actors?
  - What types of tools have been used?



## Annex 3: Survey for global and national stakeholders

### CDAC Network: COVID-19 and Communication and Community Engagement Survey

CDAC Network is conducting research on how communication and community engagement may have changed during the COVID-19 pandemic. As part of this research, we have developed the following survey and are seeking input from development, humanitarian and communication stakeholders around the world. Research findings will be made public in April 2022. To that end, we hope you can help us out and take 10 minutes to complete the survey.

Thank you very much!

**1. In what country are you based?**

**2. What organization do you work for?**

**3. What type of organization do you work for?**

INGO, national NGO, academic/think tank, private sector, UN, other

**4. What is your role/position?**

**5. To what extent has the pandemic changed or affected what sources you access to get information?**

- Not at all  
 To a great extent

5a. Please elaborate on your response to Question 5.





**6. To what extent has the COVID-19 pandemic prevented your organization from communicating with communities?**

- Not at all
- To a great extent

**7. To what extent have you changed the way you engage or work with your intended target populations?**

- Not at all
- To a great extent

7a. Please elaborate on your response to Question 7.

**8. To what extent did your organization have to shift or respond to competing messages when it came to Covid-19?**

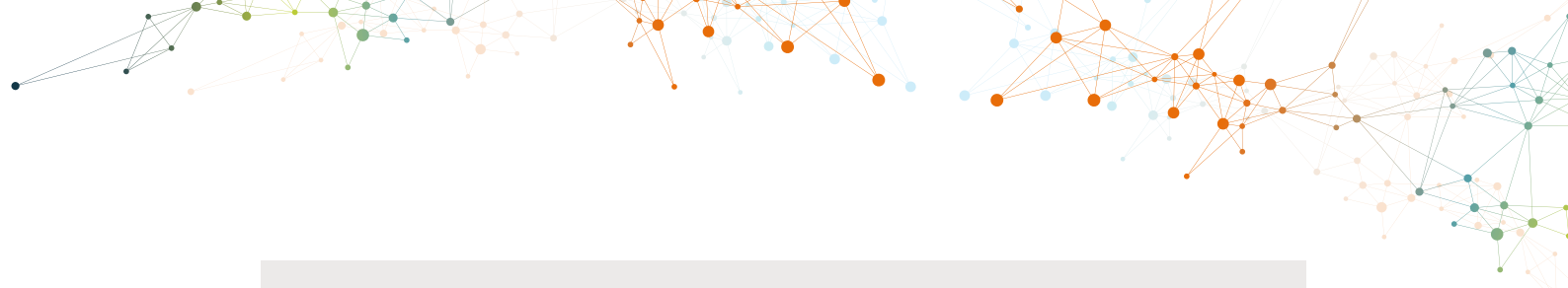
- Not at all
- To a great extent

**9. If COVID-19 impacted your organization's communication programming, how was it impacted?**

**10. To what extent have you seen changes due to the impact of mis- and/or disinformation since the pandemic began?**

- Not at all
- To a great extent

**11. What do you feel have been the main sources of mis- and dis-information?**



**12. To what extent did limitations on movement affect your organization's community engagement?**

- Not at all
- To a great extent

12a. Please elaborate on your response to Question 12.

**13. To what extent do you believe the pandemic has led to greater involvement and leadership of local actors in communication and engagement activities?**

- Not at all
- To a great extent

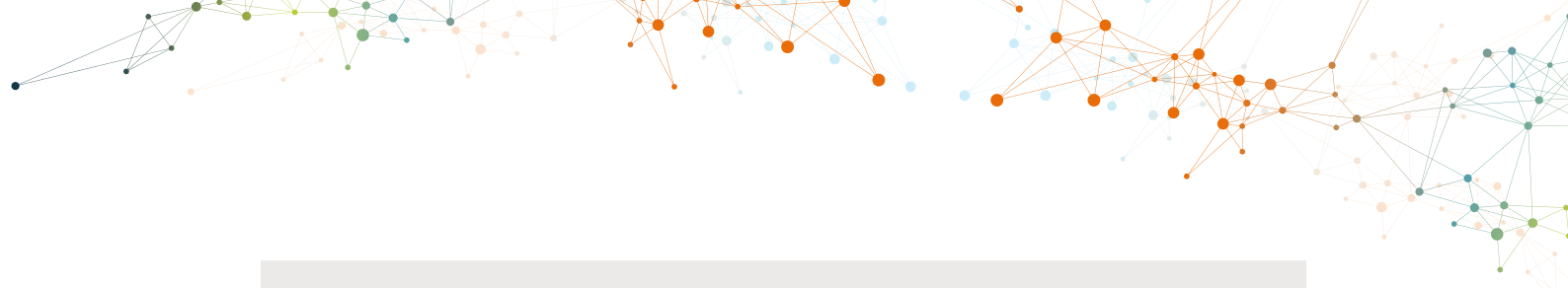
**14. To what extent do you believe there has been inclusion of diverse stakeholders in Covid responses, including international and national NGOs, faith-based organizations, private sector, media and online platforms, to support coordination between these diverse groups?**

- Not at all
- To a great extent

14a. Please elaborate on your response to Question 14.

**15. What technologies/digital platforms are you aware of that communities are using as their main source of communication since the pandemic began?**





**16. To what extent has your organization changed the technologies/digital platforms you use since the pandemic began?**

16A. Please elaborate on your response to Question 16.

**17. To what extent do you feel that decision-making about communication during the pandemic has become less centralized?**

**18. To what extent do you feel that your organization has responded creatively or innovatively to the challenges presented by the pandemic regarding communicating with communities?**

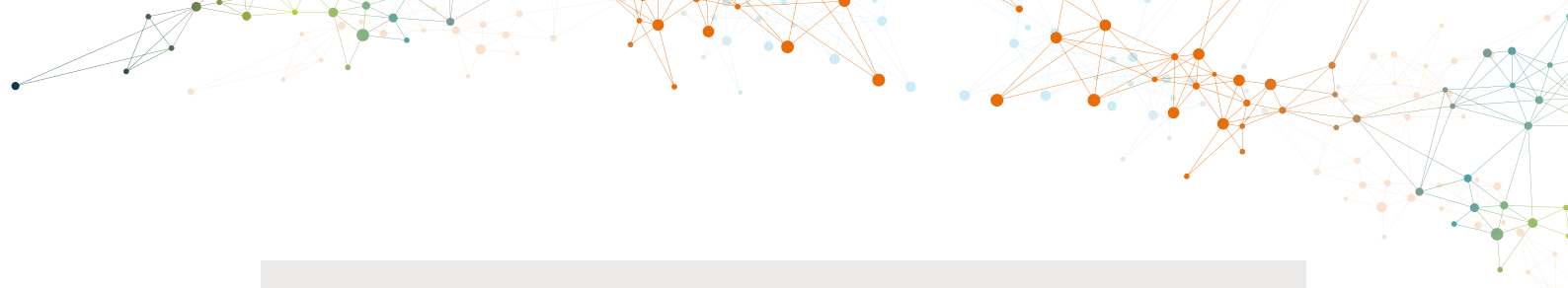
18a. Please elaborate on your response to Question 18.

**19. To what extent have there been changes in institutional structures, systems and/or policies at your organization since the pandemic began? (Sliding scale)**

NOT AT ALL A GREAT EXTENT

19a. Please elaborate on your response to Question 19.





**20. To what extent do you feel that there have been changes in access to and/or engagement with digital tools since the pandemic began? (Sliding scale)**

NOT AT ALL

A GREAT EXTENT

20a. Provide some examples regarding your answer to Question 20.

**21. In your experience, what do you see as the priorities for communication, community engagement and accountability moving forward? (Tick up to 3)**

- Capacity
- Additional resourcing
- Skills
- Technology development
- Collaboration
- Messaging
- Participation
- Other



## Annex 4: Focus group discussion protocols

### **Sample size and characteristics**

The goal for each focus group is maximum 8 people. Five would be ideal. Groups may be divided by gender. Age and literacy levels may also be a consideration if culturally appropriate.

### **Safeguarding participant information**

Staff have an obligation to safeguard confidential and private information. Confidential and private information is any information that is personal and discrete in nature and related to focus group participants.

This includes personally identifiable information. Personally identifiable information is information that can be used to distinguish or trace an individual's identity, either alone or when combined with other information. For example, a participant's full name, a participant's name and phone number, a participant's name and arrival date, etc.

The following are steps to protect participant information:

- 1 Always be vigilant in keeping sensitive data secure and confidential;
- 2 Never share/discuss participants' sensitive data with others that are not permitted to view this information;
- 3 Never discuss participants' sensitive information in public or in an open space where others might overhear you;
- 4 Never leave your screen or open documents containing participant related sensitive data unattended;
- 5 Delete documents and files being stored on your computer and/or other devices when asked to do so;
- 6 Never leave printouts of sensitive data – ensure they are always physically secured (e.g. in a locked drawer, cabinet, desk). In fact, you should refrain from printing out sensitive data all together. If you must print out information, shred printouts after the task is complete;
- 7 Report privacy incidents as soon as they occur.





### **Conducting the focus group discussion**

It is essential that participants feel they are being listened to with empathy. Similarly, if a participant becomes upset or frustrated during the FGD, the facilitator should provide reassurance or ask the participant if they would like to leave. Additionally, at the beginning of the FGD, it is necessary to receive informed verbal consent from participants.

Informed consent is permission granted in the knowledge of possible risks and benefits of participation. Informed consent ensures participants have the information they need to decide to or not to participate in the focus group discussion. To obtain informed verbal consent, the script below should be read by the facilitator to all participants at the start of the focus group discussion.

If everyone agrees to participate in the focus group discussion, the facilitator should select “yes” to the informed consent question(s) below. If any individual does not agree to participate, thank them for their time and ask them to leave. Once they have left, check the “yes” option to the informed consent question(s) and proceed with the FGD.

If any individual agrees to participate at the start of the FGD but decides to stop participating partway through, the facilitator should thank them for their time, then ask them if they agree to the evaluator using the responses that they have provided so far. If they agree, thank them for their time and continue with the FGD once they have left. If they do not agree, be sure to write the individual’s first name (do not write down their second name) in the “Notes” box below and note that they left the discussion early and would not like their responses used.

Also make sure that the number entered into the “Number of participants” row in the table below does not include any individuals who do not agree to participate in the focus group discussion at the start of the session, nor any individuals who decide to withdraw partway through the focus group discussion and do not give permission for use of their responses before withdrawing.



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**Disclaimer:** This publication has been funded by the Australian Government through the Department of Foreign Affairs and Trade. The views expressed in this publication are the authors' alone and are not necessarily the views of the Australian Government.

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