

# Rethinking Humanitarian Responses Gaps in existing RCCE Guidance

Susannah Mayhew  
Ebola Gbalo team

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



# Existing Humanitarian Guidance on RCCE

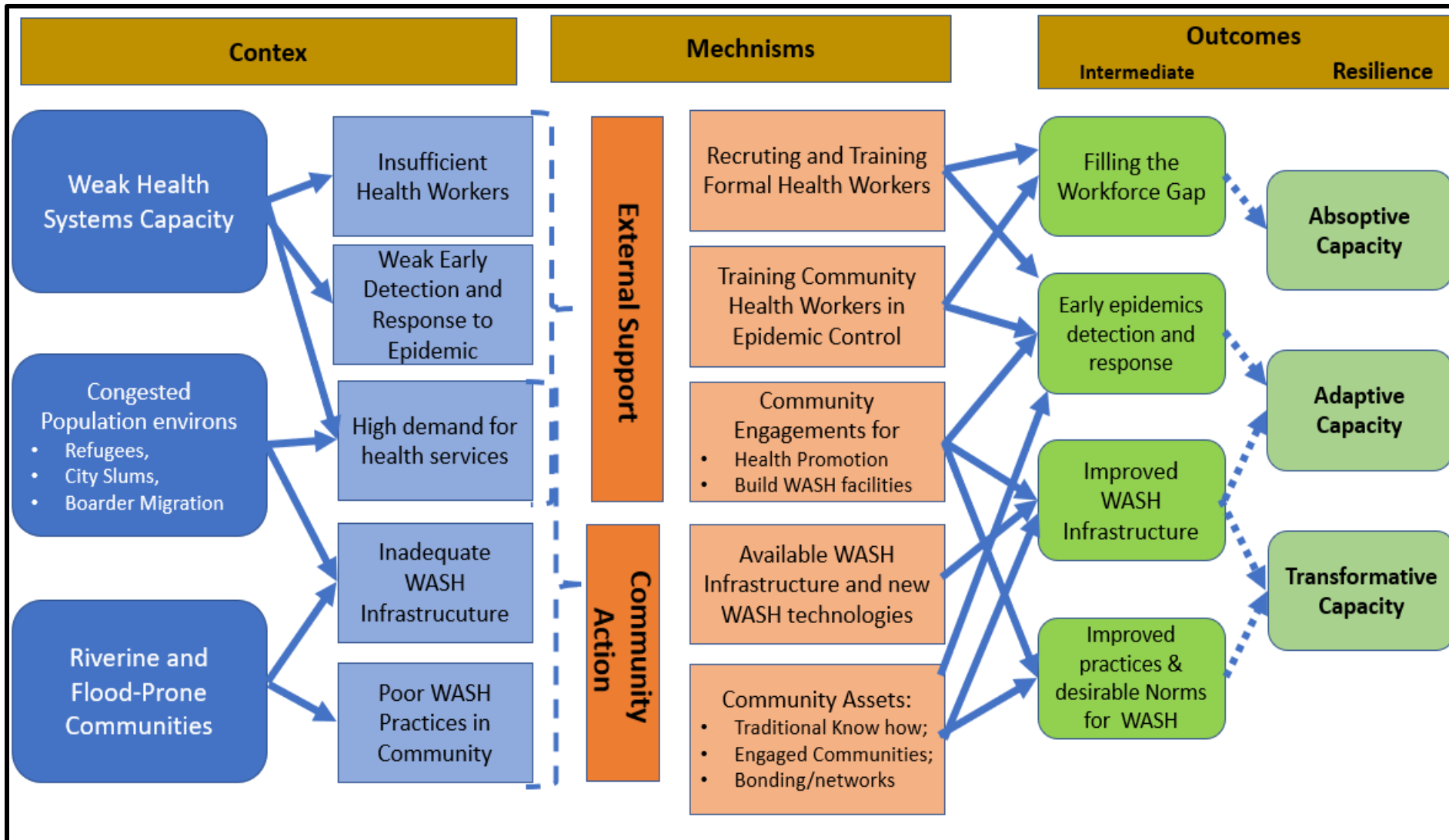


Agency	Guideline
<b>GLOBAL FRAMEWORK AGREEMENTS</b>	
UNFCCC	Framework Convention + Paris Agreement
UNDRR	Sendai Framework for Disaster Risk Reduction
UN	Sustainable Development Goals
<b>PRE-DISASTER PLANNING</b>	
UK PFE 2016	Preparing for Emergencies: A guide for communities
EU ECDC 2017	Review of barriers and enablers for cmty and institutional preparedness
<b>DISASTER RESPONSE (DURING)</b>	
USAID 2019 / 2022	Risk Communication and Community Engagement (RCCE)
WHO/GOARN; RCCE Interag Tech WG 2020	Finding community-led solutions to covid19
GOAL Global	Community-Led Action for COVID-19. A Field Manual for Mobilisers
<b>POST DISASTER</b>	
UNDP 2020	Guidelines for Community Participation in Disaster Recovery

# Review of literature on common mechanisms for community involvement in crisis-response

- ❖ Map community members and views
- ❖ Identify and use existing community structures
- ❖ Establish partnerships and coordinate actors
- ❖ Build trust (existing relationships important)
- ❖ Involve community members in planning and feedback
- ❖ Use digital/social media to communicate + for data collection /transfer (surveillance/early warning)
- ❖ Rapid disbursement/decentralisation of resources (incl PPE, mobile labs, ambulances/transport)
- ❖ Sustain community response-capacities/activities during non-crisis periods

# Community Responses to Cholera outbreaks in Uganda (from realist review of literature)

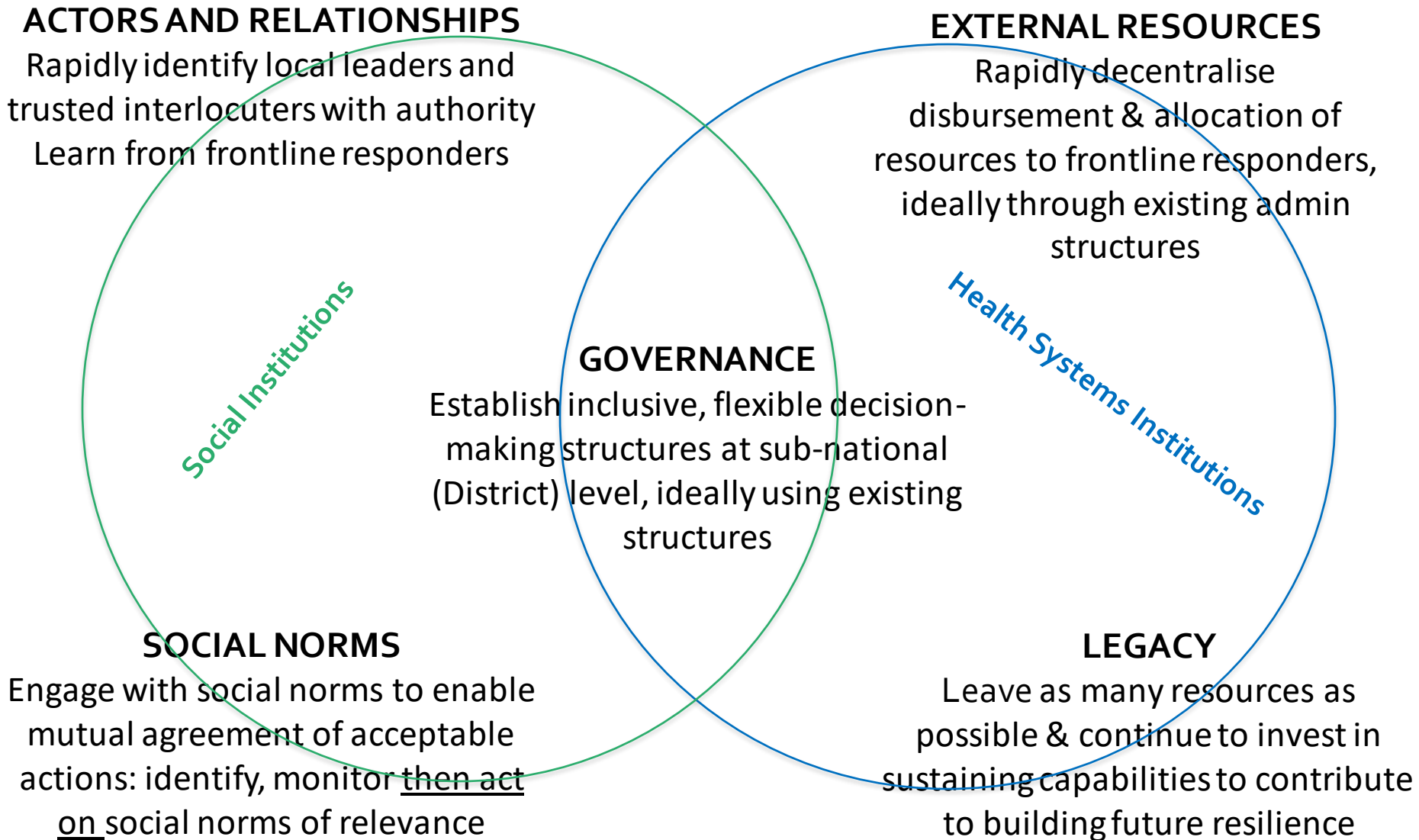


Credit: Dr Ssengooba and University of Makerere team, PARES 2022

# Common challenges and gaps

- ❖ Engagement and participation rather than transformative empowerment
  - Risk of convening people for information gathering rather than listening & conferring decision making authority
  - Often not meaningfully operationalised
- ❖ Focus on structures and process
  - Little detail on how to build trust & confer agency
- ❖ Limits to response without resources
  - Disbursement/decentralisation mechanisms not identified
- Shift from participation in process to active involvement in decision making requires a shift in power (and mindset)

# Ebola Gbalo lessons for actions



# Reflection & discussion: what is missing from existing RCCE guidance?

Guidance should:

- Reflect both dimensions of hardware (structures, processes) and software (trust, values, attitudes, autonomy of individuals in communities and in health systems).
- Enable trade-offs and compromise (e.g. on siting of treatment centres in disease outbreaks).
  - Requires *acting* on community perspectives and feedback, not merely structures for enabling that info to be gathered
- Seek to sustain capacities to reproduce responses over time - resilience.

***What steps or dimensions are neglected or missing?***

***How do you implement those missing or neglected steps?***

# Process for workshop discussion

1) What is the key neglected or missing step in effective RCCE ? Round robin: each participant to suggest one

*Lunch break while team distils suggestions to list of 10*

2) Vote on top 5 by importance

3) Rank the agreed top 5 in terms of importance

4) Discussion of rankings

5) Rank top five most important by most feasible to implement

6) Discuss rankings and practical steps for implementation

7) Second round of ranking of feasibility to implement

8) Organisational pledges: how could your organisation implement these steps?