COVID-19: Emergency Operations Centres Capacity Building in Risk Communication and Community Engagement (RCCE)
The fight against diseases such as COVID-19 requires the collaboration of all. Citizens look to health officials for advice on how to protect themselves; health officials and policymakers rely on citizens to provide information on new cases and allow health workers safe access to provide a medical response. Therefore, successful responses to health crises depend on communities' involvement and trust in the health system.

In Senegal and Burkina Faso, Search for Common Ground (Search) addresses the pandemic and future health crises by strengthening collaboration between communities and national and regional health officials.

For 12 months, with funding from the Bill & Melinda Gates Foundation, we engage key community stakeholders to work with health officials to develop work plans for coherent national and regional RCCE interventions based on their respective priorities.

In Burkina Faso, we intervene in COVID-19 households and the border regions between the Center, the Upper Basin, the Boucle du Mouhoun, and the Sahel. In Senegal, three priority regions are to be determined among Kedougou, Tambacounda, Ziguinchor, and Diourbel.
In both countries, we operate with the support of the Ministry of Health (MOH) and other official health institutions: the “Centre des Opérations d’Urgence Sanitaire” (COUS - Health Emergency Operations Center) for Senegal and the “Centre des Opérations de Réponses aux Urgences Sanitaires” (CORUS - Health Emergency Response Operations Centre) and the “Direction Régionale de la Santé” (DRS - Regional Direction of Health) for Burkina Faso. Our activities are carried out in five stages:

1. Assess the needs and capacities of national and regional stakeholders in risk communication and community engagement (RCCE). These consultations also provide recommendations for collaborative rumor management between communities and health officials.

2. Bring together health officials and other identified stakeholders to present and validate the assessment results, select priority areas for RCCE intervention, and initiate a participatory co-design process to develop a work plan.

3. Train health officials on RCCE-related topics such as rumor management, communication techniques for social behavior change, community engagement methods, and early warning and response systems. Government actors can thus train community workers to deal with current and future health crises.

4. Facilitate the development of a national RCCE strategy with national, regional, and community actors (governments, health officials, civil society, media, community leaders) that address the need for a coherent communication approach. This national plan defines the fundamental principles for the development of consecutive regional strategies.

5. Support health officials to work with a broader group of community partners to implement regional RCCE plans. For example, in Senegal, we are helping the COUS leverage the influence of community-based surveillance and alert committees and the media. Defined activities may include training community health workers, religious leaders, the media, or civil society organizations to create awareness campaigns for hard-to-reach communities.

At the end of these interventions, government stakeholders will better understand RCCE practices, their key community stakeholders, and how to engage them, thereby building public trust and collaboration for sustainable government and community systems.