



From Crisis to Coordination: What have we learned from the Evaluation of the Collective Service?

IFRC, UNICEF, WHO – November 2023

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Introduction: the Collective Service

WHAT LED TO THE COLLECTIVE SERVICE?



Lack of Effective Coordination: Previous disease outbreaks highlighted shortcomings in coordinating risk communication and community engagement efforts, necessitating a more unified approach.



Urgent Need for Coordinated Response to COVID-19 pandemic: The emergence of the COVID-19 pandemic intensified the need for effective coordination.



Added Complexity Amidst Pandemic Constraints: In addition, the pandemic presented unprecedented challenges, such as remote work and limited on-site support, necessitating innovative solutions to maintain coordination and collaboration.

The 'Collective Service'

A collaborative partnership to increase the **scale and quality of RCCE approaches.**

It catalyzes and accelerates expert-driven, collaborative, consistent, and localized **RCCE support and capacity for emergency responders, governments, and partners involved in national and local response** to public health emergencies.

The Collective Service **leverages the expertise and leadership of its partners and key stakeholders** within public health and humanitarian sectors who are on the forefront of delivering RCCE in communities around the world.



Collective Service: Strategic Approach

Strategic Priorities (under revision and soon to be updated)

The Collective Service supports governments and partners involved in national and local responses for public health emergencies through its three major platforms:

1

RCCE COORDINATION



Increasing the uptake of health-seeking behaviours by affected communities through the coordination of partners and governments in their delivery of RCCE.

2

DATA FOR ACTION



Supporting evidence generation and use to inform policy and programming, decision-making, and community response through information management, social science, and M&E.

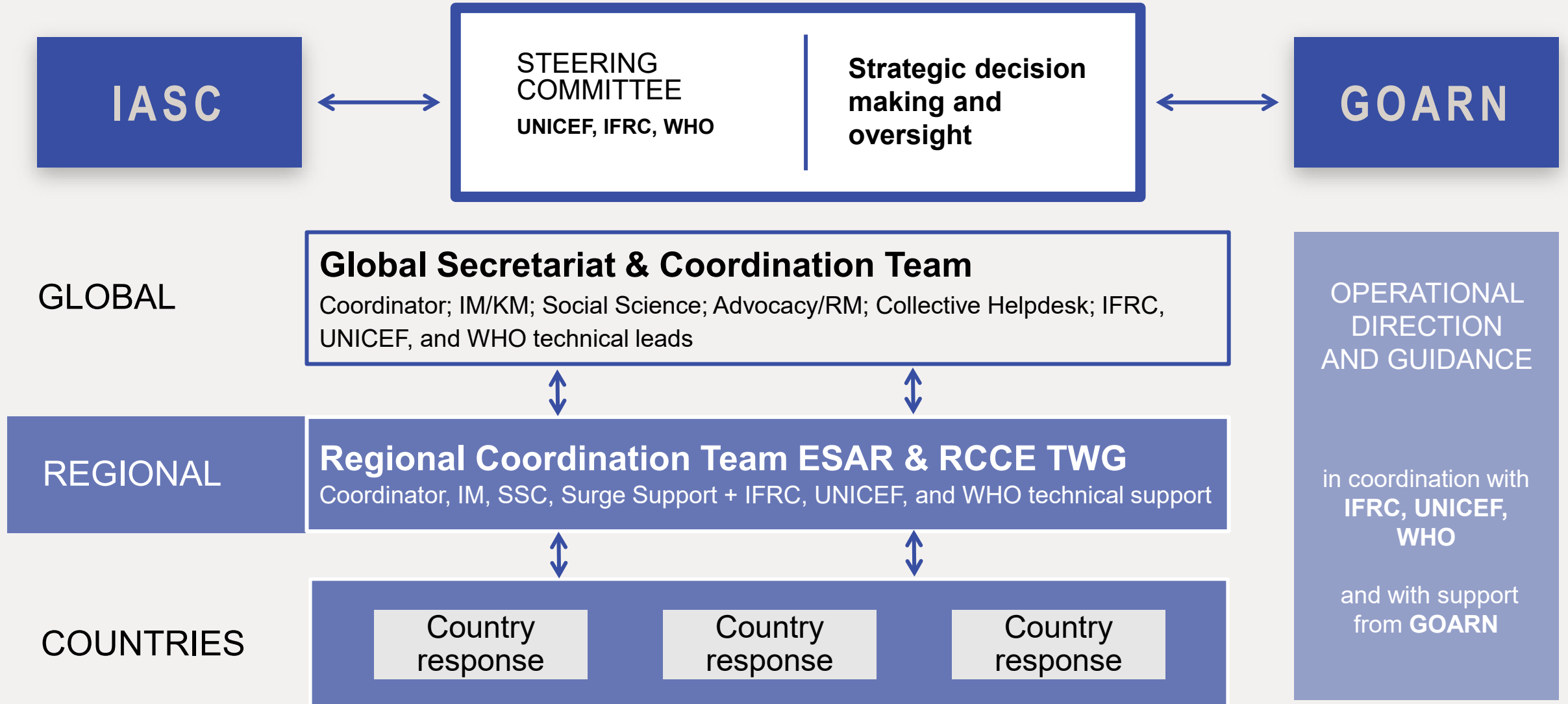
3

ON-DEMAND CAPACITY
& SURGE SUPPORT



Sustainable, demand-driven community engagement support at the country level for prevention, preparedness, and response.

Collective Service: Organizational Structure



Collective Service: Country Support

72 Countries received support from the Collective Service in 2021 - 2023

SERVICES PROVIDED:

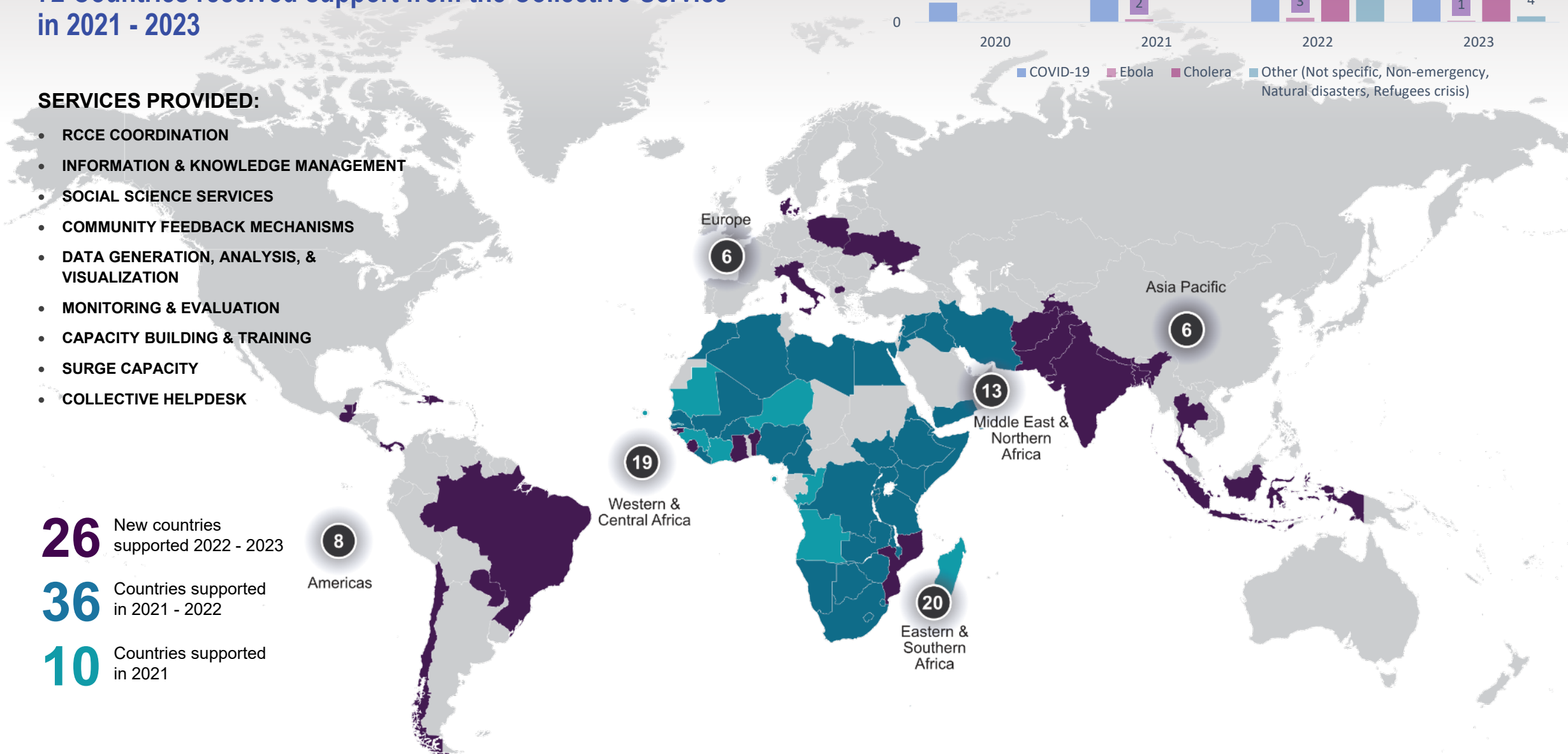
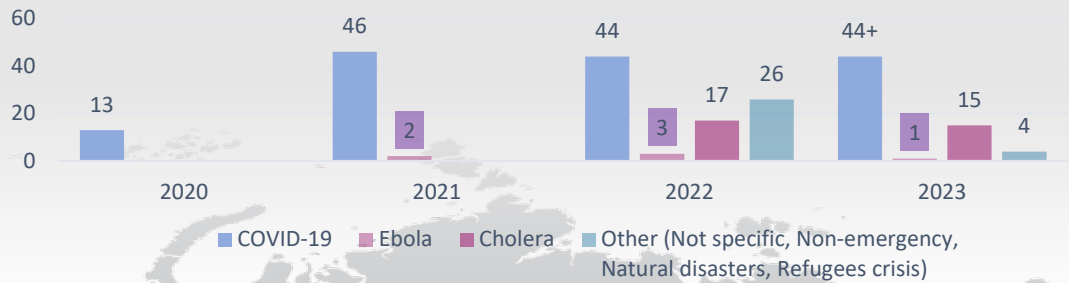
- RCCE COORDINATION
- INFORMATION & KNOWLEDGE MANAGEMENT
- SOCIAL SCIENCE SERVICES
- COMMUNITY FEEDBACK MECHANISMS
- DATA GENERATION, ANALYSIS, & VISUALIZATION
- MONITORING & EVALUATION
- CAPACITY BUILDING & TRAINING
- SURGE CAPACITY
- COLLECTIVE HELPDESK

26 New countries supported 2022 - 2023

36 Countries supported in 2021 - 2022

10 Countries supported in 2021

Countries Supported by Response



A photograph of two women walking away from the camera down a dirt path in a village. The woman on the right is wearing a light blue t-shirt with a logo and text that reads 'PROGRAMME ELARGI DE VACCINATION DE GUINEE' and 'LA VACCINATION SAUVE DES VIES!'. She is carrying a large white cooler with a red 'X' and the word 'RUSH' on it. The woman on the left is wearing a yellow and black patterned top and a blue headscarf. In the background, there are traditional houses with corrugated metal roofs, a brick wall, and a red motorcycle parked on the right. The sky is overcast.

Evaluation purpose and methodology

PURPOSE



To assess the Collective Service's contribution to strengthening RCCE systems in the public health and humanitarian response to the COVID-19 pandemic.



To make suggestions and recommendations to Collective Service partners' decision-makers on the future strategy, vision and coordination model.



GOVERNANCE

- The evaluation was jointly managed by IFRC-UNICEF-WHO
- An Evaluation Team consisting of three external experts implemented the evaluation
- Focal Points from each organization for coordinating matters
- A Reference Group supported the evaluation in an advisory capacity

SCOPE

- Time: 2020-2022
- Thematic: Collective responses to public health and humanitarian emergencies, particularly those supported by the Collective Service



METHODOLOGY

a review

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



88 key informant interviews

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



98 responses to an online survey

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



four case studies

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



Findings



FINDINGS – RELEVANCE



Leadership

- The decision by IFRC-UNICEF-WHO to launch a global, inter-agency and coordinated effort on RCCE was appropriate, necessary and timely.



Coordination

- The Service brought actors together to coordinate RCCE on an unprecedented scale.



Adaptation

- As the pandemic receded, the Service evolved to respond to cholera, Ebola, and drought in Africa.

FINDINGS – RELEVANCE (2)



Theory of change

- The TOC provided a sound basis, though with gaps in stakeholder engagement



Branding

- The Collective Service achieved name recognition but made the Service appear distinct from the core partners.



Future demand

- Survey respondents (87%) considered the Service would likely or very likely be needed in future health emergencies.

FINDINGS – CONTRIBUTIONS



Products

- Collective Service RCCE guidance, methods and tools technical quality were positively reviewed
- Feedback on their use and utility was mixed (not all could be absorbed).



Global Coordination

- Global video conferences organized with GOARN were well attended and proved effective, especially in Year 1
- Regional coordination proved effective, especially (but not only) in East and Southern Africa



Data for Action (D4A)

- D4A was conceptually strong, bringing together social science, IM, M&E to inform RCCE programme design.
- Combining risk communication, social science research and community feedback informed RCCE in target regions and countries.



Helpdesk

- The Collective Helpdesk launched in 2022 was not widely advertised or utilized

FINDINGS – CONTRIBUTIONS (2)



RCCE Capacity building

- Training on coordination, social science, community feedback, and IM reached thousands of participants.
- Analysis of its effectiveness was not found



Learning

- The Service enabled the exchange of experience on RCCE at HQ and between regions.



Preparedness

- Systematic capacity development of health systems to prepare for future RCCE and long-term systems development planning featured little.



Equity

- The Service generated guidelines on youth, children, women, migrants/ refugees, and vaccine access but in practice attention to equity was uneven.



Expectations

- Some of the Service's objectives proved unrealistic due to limited funds, staffing levels, short funding cycles, and the emergency nature of the response.

FINDINGS – SUCCESS FACTORS IN NATIONAL RCCE

The evaluation found a series of factors that came together to make country level RCCE effective:

RCCE included as a pillar of the Emergency Incident Management System

RCCE coordinated between government, UN organizations, Red Cross Red Crescent, and non-governmental organizations

RCCE capacity at national and local levels, and with two-way communication

Multiple feedback channels from the community level, from various sources

RCCE messaging informed by community feedback

Decisions informed by: situation, media & data analysis, community feedback, and socio-anthropological studies

FINDINGS – OPERATIONAL CHALLENGES



Start-up

- The Service was launched quickly with little consultation at HQ and none with regions, leading to some resistance from regions.



Regional structures

- Top-down imposition of regional Service structures was seen to duplicate and complicate existing regional RCCE coordination.
- Regional engagement improved over time.



Partnership

- IFRC, UNICEF and WHO generally collaborated well over RCCE at country and HQ levels, with a few instances of competitive behaviour that eroded trust and frustrated partners.



Governance

- Post pandemic, the Steering Committee could not to resolve how far the Service should shift focus towards the IASC AAP agenda and/or the Health Emergency and Preparedness and Response agenda.

FINDINGS – OPERATIONAL CHALLENGES (2)



Funding

- The effectiveness of the Service was constrained by a competitive fundraising environment during the COVID-19
- Funding remains a challenge.



Commitment

- Strong commitment by staff members and organization focal points, enabled the Service to overcome some challenges.



Recognition

- The work of the Service was not well recognized or supported by the senior management of core partners.



Performance monitoring

- Key performance indicators and a results framework for the Collective Service were devised.
- Monitoring tended to focus on activity and outputs, less on changes at the systems level.



Conclusions and Future Options

CONCLUSIONS

- The Collective Service vision for global, inter-agency, coordinated RCCE was appropriate, necessary and timely.
- The pandemic emergency provided a driving force for coordination and cooperation.
- The Service made valuable contributions to RCCE coordination, technical guidance and information management, and enabled inter-agency coordination on RCCE at unprecedented levels.
- The achievements of the Collective Service offer much to build on for the future.

It is imperative to determine a future strategy, vision and structure for the Service that address the weaknesses and challenges that have reduced its effectiveness, including:

- Objectives mismatched with resources
- Limited communication about purpose
- Insufficient integration with core partners' mainstream work
- Inadequate partnership agreement
- Restrictions on fundraising

OPTIONS FOR THE FUTURE

Option 1

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



This 'nexus' approach combines the partners' institutional development and health emergency preparedness programming

Option 2

Maintain and/or expand the current regional Collective Service model



This maintains the status quo arrangements for the Service with the options to:

- a) keep it to East and Southern Africa,
- b) expand to all of Africa or
- c) add other regions

Option 3

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



Regions work on RCCE autonomously without HQ/central direction but using the RCCE resources already developed by the Service



Recommendations

RECOMMENDATIONS

Recommendation 1

Joint policy statement on the need to coordinate RCCE in countries/crises where relevant.



Recommendation 2

Base the Collective Service on demonstrated success criteria identified in the evaluation.



Recommendation 3

Develop and communicate a new vision and model for the Service by March 2024.



Recommendation 4

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



Recommendation 5

Expand the membership of the Collective Service, in line with its defined priority purposes.



Recommendation 6

Develop inter-agency funding proposals linked to strategic decisions on scale and reach.



RECOMMENDATIONS (2)

Recommendation 7

Link rather than merge the work of the Collective Service and the IASC Task Force.



Recommendation 8

Determine whether a pooled fund would be beneficial for the Collective Service.



Recommendation 9

Implement a Collective Service standby mechanism to support coordination, social sciences, IM, and community engagement.



Recommendation 10

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



Recommendation 11

Consider a change of name for the Collective Service, balancing its advantages and disadvantages.



Recommendation 12

Extend the current Collective Service to allow time for a new agreement.





Next steps

NEXT STEPS

In response to the evaluation, the Collective Service partners have defined these strategic priorities for 2024:

- The Collective Service should continue its work for the delivery of coordinated RCCE for public health emergencies, further integrating the mechanism into the core agencies beyond RCCE/SBC/AAP/CEA, and at all levels. While ambitious, this will ensure the continued, and increased, success of the work of the Collective Service.
- The Collective Service should ensure coordinated, predictable, and contextualized community-centered emergency response across different emergency settings, including health and potentially humanitarian emergencies.
- The Collective Service should determine its new scope, coordination and collaboration modalities by June 2024.



Further information

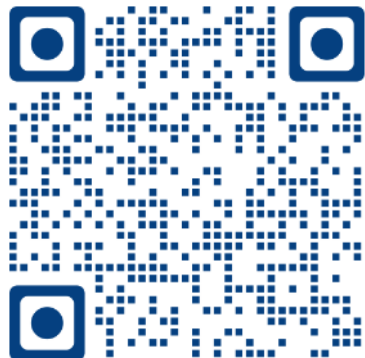
FOR MORE INFORMATION

The report and additional resources are available here:



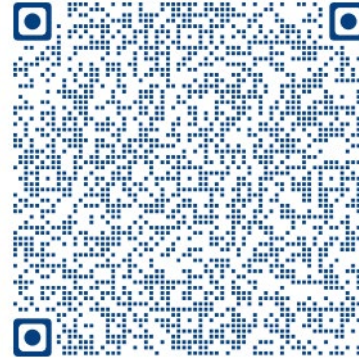
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