



OUTBREAK RESPONSE

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT STRATEGY (RCCE) PLAN

2 April 2025



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BACKGROUND AND RCCE STRUCTURE



- Risk Communication and Community Engagement (RCCE) key strategy used during public health emergencies to manage and outbreaks; Diphtheria, Measles , & Rubella
- There are RCCE structures at all levels, national, provincial, and district levels; these structures coordinate and strengthen prevention & responses to the outbreak,
- The NDoH-led RCCE includes the participation & leads of the provincial & district, communication, health promotion, Advocacy, & Social Mobilization, NGO sector, and support from inter-agencies and other implementing partners,
- RCCE workshops will be conducted starting in the second quarter of the 2025/26 financial year, these will be used to strengthen RCCE structures at the provincial and district levels.

Risk communication & community engagement



Core capacities



Core Capacity 1: Risk Communication Systems

RCCE has **strengthened the surge capacity of communicators and community engagement experts**, such as risk communication, health promotion and social science experts at national, provincial, district level and in some health care settings including hospitals.

Core Capacity 2: Internal and Partner Coordination

RCCE has **strengthened engagement with partners** to share information in a timely manner to avoid inconsistent and potentially conflicting guidance.

Broadened demand creation activities and the reach of community engagement by leveraging partners' strengths and outreach capacities.

Core Capacity 3: Public Communication

RCCE has made sure that **messages are consistent across sectors and levels**, information is **shared regularly (ideally each day at the same time of the day)**, while also ensuring that the public knows where to obtain up-to-date information regularly (e.g., **websites, daily press briefings, hotlines**).

Core Capacity 4: Community Engagement

RCCE has **maintained 2-way communication with affected audiences** to understand and respond to their concerns, attitudes, beliefs, and barriers to following health guidance through established mechanisms such as hotlines, operated by retired nurses and students and call-in radio programs.

Core Capacity 5: Addressing uncertainty, perceptions and managing misinformation (dynamic listening and infodemic management)

RCCE **convene multi-stakeholder feedback meetings bi-weekly to capture** common concerns, questions, misunderstandings and misinformation online and offline. They ensure that the results of monitoring traditional, social media and conversations in call centres and in the communities are assessed and analysed rapidly through a dedicated team set up for this purpose.



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RISK COMMUNICATION OBJECTIVES



- ❑ Provide accurate, timely information to all targeted audiences to make informed health decisions to mitigate the effects of the threat/risk and take protective and preventive measures and actions,
- ❑ Reach communities with behaviour-focused messaging combatting stigma and preventing misinformation, rumors and myths,
- ❑ Empower the public, especially the communities at high risk with regular information, in a timely and accurate manner,
- ❑ Foster partner collaboration for Diphtheria, Measles and Rubella infections with all relevant stakeholders, to jointly address the outbreak,
- ❑ Maintain or restore trust and confidence in our ability to manage the outbreak through rumour management and manage fear-driven feedback,
- ❑ Monitor community satisfaction, feedback and complaints and address them timely.

COMMUNITY ENGAGEMENT OBJECTIVES



- Coordinate the development, pre-testing and review of key messages,
- Coordinate the development, translation and distribution of mpox IEC materials,
- Provide technical support to the provincial health promotion units through training and regular updates,
- Contribute to the development of the RCCE plan, and coordinate stakeholder activities,
- Coordinate the community engagement activities in the affected districts, and consolidate feedback for reporting,
- Ensure community participation and ownership of the preventive and response measures; and ensuring feedback mechanisms.

KEY MESSENGERS



- Minister
- Deputy Minister
- Director General
- Department's spokesperson
- Subject Experts/clinicians/Programme Managers, and
- Provincial executives



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KEY AUDIENCES



- Parents and Care Givers
- Expectant Mothers
- General Public
- Health Workers
- At-Risk Population
- Community Leaders
- Key departments
- Partners

TYPES OF EVENTS



- RCCE weekly meetings to review progress
- Media Statements & Interviews
- Media briefings and updates
- Social media campaigns
- Radio talk shows with experts
- Blitz campaign in the high-risk areas
- Community outreach and engagement
- Health Awareness Calendars event
- Child Protection Week



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KEY MESSAGES AND IEC MATERIALS



- Key messages have been developed, requires dissemination in all relevant platforms, settings, and utilizing the social media, uploaded on the websites – NDoH, & other platforms
- IEC materials developed, printed and shared to all provinces including radio script.
- IEC distribution to the targeted population; parents, care givers, pregnant mothers, general public and health professionals.
- Key messages and IEC materials undergo pre-testing.
- key messages and IEC materials to be translated into different languages.

RCCE ACTION PLAN AND ACTIVITIES



- The RCCE strategy has been developed to reach high risk populations with preventable messages,
- RCCE weekly meetings with provinces and stakeholders conducted, to discuss implementation and progress reports on outbreak.
- UN-Agencies, NGOs & other partners collaborate including other key department in supporting prevention interventions.
- Media statements have been distributed regularly indicating country situation and prevention efforts for outbreak

RCCE PROJECTS: 2025-2027



- National, provincial and districts RCCE workshops for capacitation of the RCCE teams at all levels,
- Partnerships with the academic and research institutions will be strengthened to strengthen evidence based.
- Reactivate community feedback mechanisms to gain insights to understand fears, concerns, and needs of communities' regard immunization. To assist shape public health strategies that are culturally and contextually relevant.
- Intervention-coordination to involve community, local stakeholders and other relevant partners



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Thank you



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