

# RISK COMMUNICATION AND COMMUNITY ENGAGEMENT IN THE AUSTRALIAN HUMANITARIAN PARTNERSHIP'S COVID-19 RESPONSE IN PAPUA NEW GUINEA

## EVALUATION AND LEARNING REPORT

April 2023



# ACKNOWLEDGEMENTS

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# ABBREVIATIONS

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ABCID	Australian Broadcasting Corporation International Development
AHP	Australian Humanitarian Partnership
AHPSU	AHP Support Unit
ARoB	Autonomous Region of Bougainville
COSSI	Collaboration on Social Science and Immunisation
DFAT	Department of Foreign Affairs and Trade
EHP	Eastern Highlands Province
FSL	Food Security and Livelihoods
GBV	Gender-Based Violence
HAG	Humanitarian Advisory Group
HCF	Healthcare Facility
HCW	Healthcare Worker
IEC	information, education and communication
IHSSC	Institute for Human Security and Social Change
LTU	La Trobe University
NCD	National Capital District
NGO	Non-Governmental Organisation
OPD	Organisation for People with Disabilities
PHA	Provincial Health Authority
PNG	Papua New Guinea
PPE	Personal Protective Equipment
PSA	Public Service Announcement
PSEAH	Prevention of Sexual Exploitation, Abuse and Harassment
RCCE	Risk Communication and Community Engagement
UN	United Nations
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WNB	West New Britain

# EXECUTIVE SUMMARY

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The Australian Government has provided funding to the Australian Humanitarian Partnership (AHP) to support the COVID-19 response in Papua New Guinea (PNG) over the last three years. In 2021–22, five AHP consortiums received additional funding to support the rollout and uptake of the COVID-19 vaccine and reduce the spread of the virus, through a focus on risk communication and community engagement (RCCE). The AHP Support Unit commissioned a research project on this phase, with an emphasis on learning.

The project was undertaken by Humanitarian Advisory Group in close partnership with the Institute for Human Security and Social Change at La Trobe University and a national consultant based in PNG. This report, which assesses the effectiveness of RCCE approaches and activities undertaken by the AHP agencies, is the final component of the project.<sup>1</sup> It details the achievements, enablers, challenges and learning in relation to RCCE approaches in AHP programming throughout this phase of the response. This executive summary gives an overview of the key learnings from and positive outcomes of the response.

The evaluation found that RCCE programs undertaken by the AHP-led consortiums in PNG reached several hundred thousand people and had a range of positive outcomes. More people were able to access simple information about COVID-19, and the vaccine and testing were more readily accessible. Specific groups received information relevant to their needs through targeted campaigns. Healthcare providers had access to resources and information that enabled them to provide vaccines, and community members had access to information and advice to inform their decision-making. Inclusive approaches to programming had important benefits for women and people with disabilities.

The study found that agencies successfully adapted programming to contextual needs and priorities, including revising planned activities to support more effective outreach to communities. AHP agencies increasingly adapted their programming to the understanding that mass information campaigns needed to be delivered alongside community engagement activities or other mechanisms to enable people to use the information provided. Questionnaires conducted among community members and healthcare workers showed that agencies' information, awareness and training activities contributed to increased knowledge about COVID-19 and the vaccine. Women and people with disabilities benefited from AHP programming by participating in the design and rollout of messaging and information campaigns.

However, there was less evidence of the desired results at the program outcome level, namely, increased uptake of the COVID-19 vaccine and reduced spread and impact of the virus among targeted communities in PNG. PNG's overall vaccination rate remains low, with just 4.22% of the population receiving at least one dose of the vaccine by March 2023. Additionally, while there were examples of good practice by agencies and community views were positive overall, measuring the contribution of the AHP is difficult due to insufficient information at the outcome level. This, combined with unrealistic outcomes and lack of targets, means that reporting only offers a series of snapshots rather than an end-to-end view of the AHP's work.

This report details the key achievements, enablers, challenges and learning in relation to RCCE approaches in AHP programming throughout this phase of the response. An overview of the key learning and positive outcomes of the response is provided in this executive summary.

## KEY POSITIVE OUTCOMES OF THE RESPONSE

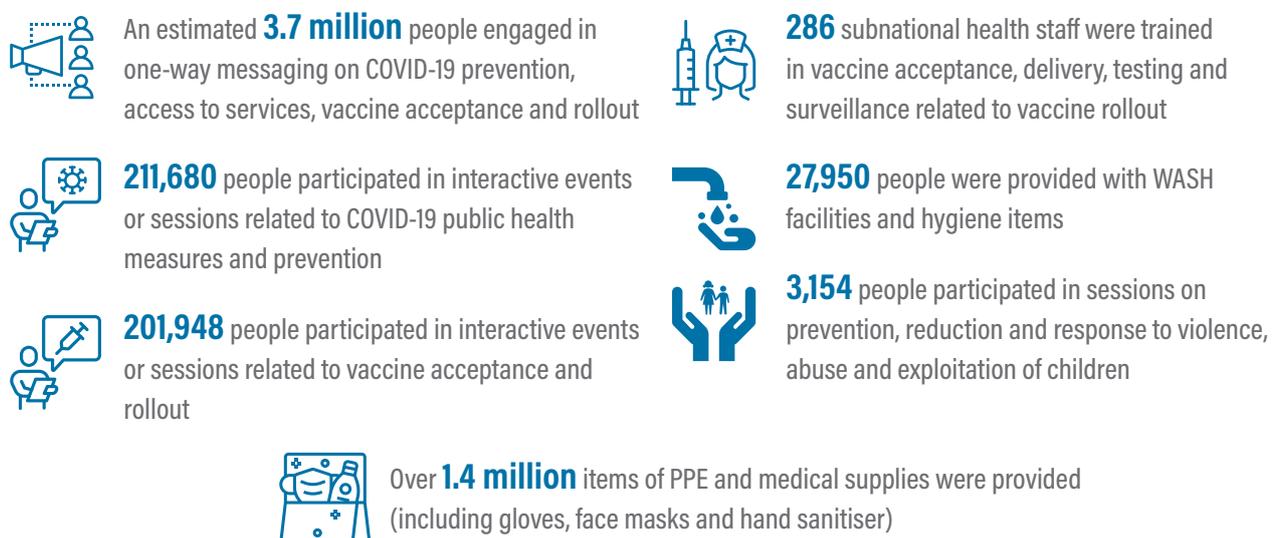
This evaluation found that programming delivered by AHP agencies resulted in numerous positive outcomes. While monitoring and evaluation data and endline reporting was not available across the full extent of agencies' programming, limiting the visibility of the AHP's impact, significant evidence demonstrates benefits to affected communities. The evaluation identified the following four key positive outcomes achieved throughout the response.

- ▶ **Wide reach across communities:** the AHP agency-led consortiums' response to COVID-19 directly reached 300,852 people across PNG in this phase. Agencies had a wide reach across the country, including programming in 13 of the 22 provinces and regions.
- ▶ **Strengthened ability of government health authorities to lead vaccine rollout:** there was good evidence of benefits for government health authorities, through improved public

communication and direct assistance to 10 Provincial Health Authorities in strengthening health systems and supporting their readiness for vaccine rollout. Agencies were able to build on strong relationships with subnational government bodies.

- ▶ **Strengthened knowledge of COVID-19 and the vaccine for healthcare workers (HCWs):** agencies trained a substantial number of HCWs, and evidence shows that this had benefits in terms of vaccine delivery and building knowledge and skills, but also information provision to communities.
- ▶ **Strengthened community awareness:** there was good evidence that NGO awareness sessions and activities, which included developing contextually appropriate materials and approaches, led to increased COVID-19 knowledge in communities.

Figure 1: Overview of AHP COVID-19 response achievements in phase 4<sup>2</sup>



## SUMMARY OF FINDINGS AND LEARNING

This evaluation analysed effectiveness at three levels:

- ▶ Approaches within five key RCCE practice areas: enabling access, broad communications campaigns, targeted communications campaigns, support to healthcare providers (known as 'provider support'), and community engagement
- ▶ Inclusive approaches to programming such as for gender and disability inclusion
- ▶ Overall program effectiveness across the practice areas, including assumptions behind the activities, balance of program activities, program design and consideration of external factors.

Findings and learnings and/or recommendations for each of these levels are summarised in the table below.

### Risk communication and community engagement approaches

#### Enabling access

##### Finding

Activities designed to improve vaccine access were successful and welcomed by community members and health authorities. However, they were small in scale and therefore did not significantly increase the number of people able to receive vaccines.

##### Learning

Enabling access requires greater investment as a key area of programming, including leveraging work with other stakeholders.

#### Broad communications campaigns

##### Finding

Broad communications campaigns through mass and social media, especially in local languages, were effective in giving people the right information, but unlikely to have increased vaccine uptake in isolation.

##### Learning

A holistic program of specific and tailored interventions to support vaccine uptake should be articulated first, in order to act as the foundation for broad communications campaign activities.

#### Targeted communications campaigns

##### Finding

Early evidence suggests that targeted communications were effective at reaching different populations, but their impact on vaccine uptake is unclear.

##### Learning

More tailored information about the value and impact of communications campaigns is needed, requiring strong monitoring and close collaboration with communities to incorporate their feedback and input.

#### Provider support

##### Finding

The focus on provider support was effective at improving timeliness and quality of service provision and the accuracy of information disseminated.

##### Learning

Provider support contributes to localisation but needs to be articulated with targets and tracked accurately to provide meaningful insights.

#### Community engagement

##### Finding

Collaborative approaches with stakeholders such as government, community influencers, HCWs and churches helped in the provision of information to guide individual decision-making on COVID-19 vaccination and prevention.

##### Learning

More sustained and locally grounded consideration of how to leverage key drivers of and overcome key barriers to community engagement would strengthen its effectiveness.

## Inclusion

### Finding

Women benefited from AHP programming as a result of mainstreaming practices and targeted programming.

### Finding

Examples of people with disabilities benefiting from programming exist, but consistent impact was not demonstrated.

### Learning

More consideration of effective strategies for inclusive RCCE programming is needed, including greater investment in enabling inclusion of diverse groups in design and implementation.

## Program effectiveness

### Learning

A commonly agreed and articulated program logic and indicators of success for RCCE programming are needed to deliver a coherent and feasible program that contributes more than the sum of its parts, particularly in seeking to increase vaccine uptake.

### Recommendation

AHP agencies and AHPSU should work together to develop commonly agreed project impact and outcomes, as well as measures of success.

### Learning

Processes to establish and check assumptions are critical to making effective adaptations to programming.

### Recommendation

AHP agencies should jointly review assumptions behind program designs and revisit these throughout programming to ensure adaptations can be made to strengthen effectiveness.

### Learning

An appropriate balance of overall activities within programming is important to effectively lower barriers to and leverage drivers of vaccine uptake.

### Recommendation

As part of the design process, AHP agencies, AHPSU and DFAT should consider the overall balance of the program activities to deliver a holistic program that complements existing government, UN and other organisations' programming.

### Learning

Realistic intended outcomes that provide a clear sense of the intended change in people's lives support effective programs. Reviewing these intended outcomes as part of the design phase would help agencies to develop more realistic and appropriate outcomes in context and within designated timeframes.

### Recommendation

AHPSU, DFAT and AHP agencies should review what is realistic in the context and timeframe to support more appropriate and realistic intended outcomes. This includes pragmatic discussions on what is achievable. Proposing expansive outcomes and impacts in short-term humanitarian interventions should be avoided unless there is clear and identifiable contribution or attribution.

### Learning

External factors outside the control of AHP programming need to be clearly articulated and understood as part of reviewing assumptions and feasibility.

### Recommendation

AHP agencies should incorporate mapping of external factors into the program design phase, including how these may affect program outcomes, as part of the assumptions underpinning theories of change.

# INTRODUCTION

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The COVID-19 pandemic significantly impacted PNG. In addition to straining the country's under-resourced healthcare system, the pandemic's effects on the economic, civil and social sectors will have wide-ranging impacts on communities in future years. PNG is a particularly challenging context for pandemic prevention and mitigation. The country's many air, sea and land ports facilitate COVID-19 exposure and transmission, the health system has limited capacity to manage large case numbers, and the population has become highly sensitised to the perceived risks of vaccination, with considerable disinformation through social media and networks.<sup>3</sup>

Across the Pacific region, the Australian Government has provided technical and financial support to partners to support vaccine awareness raising and rollout as part of the response to the COVID-19 pandemic. In PNG, it provided additional funding to Australian Humanitarian Partnership (AHP) agencies, with an explicit focus on risk communication and community engagement (RCCE). To understand the effectiveness of RCCE programming in PNG, the AHP Support Unit (AHPSU) requested additional research as part of a broader longitudinal evaluation of the COVID-19 AHP response.

RCCE approaches were successful in several areas. Overall, this evaluation found that AHP agencies enabled access to vaccines and COVID-19 testing, supported information provision about COVID-19 and the vaccine through broad-based and targeted information campaigns, trained healthcare providers and increased awareness and knowledge in communities. These activities enabled the achievement of several intermediate RCCE outcomes, such as access to simple information, and ensuring health providers have the resources and information they need to provide vaccinations. However, the program has faced challenges in achieving greater

impact in vaccination uptake. Several valuable learnings were identified in the research and are highlighted throughout this report.

## About the evaluation research

The evaluation research is taking an in-depth learning approach to the specific country context of PNG to understand the effectiveness of different approaches to supporting COVID-19 prevention and awareness and vaccine rollout. It does not capture all aspects of the COVID-19 interventions delivered by AHP agencies in PNG during the COVID-19 pandemic.<sup>4</sup> It focuses on the fourth phase of the program (see Appendix 1), which concentrated on supporting the vaccine rollout. Some activities are ongoing at the time of publishing this report (April 2023).

The evaluation research's three stages over 2022–23 are as follows:

- ▶ **Stage 1** – capturing existing learning through production of a discussion paper
- ▶ **Stage 2** – analysing of data collected from individuals who had received the COVID-19 vaccine, and HCWs, to understand what factors drove decision-making, and the influence of AHP partners' RCCE approaches
- ▶ **Stage 3 (this report)** – presenting findings about the effectiveness of the program and consolidating learning.

Key evaluation questions guiding this process are included in Appendix 2. Key terms used throughout this report are outlined in Box 1 below.

The intended audience for this evaluation research is organisations implementing the program in PNG (AHP agencies and partners). A secondary audience is organisations managing partnership operations from Australia: DFAT, the Evaluation Reference Group, and AHPSU.

## About this report

After this introduction, the report outlines the methodology used in the evaluation, some background and context, and key program achievements.

The findings on effectiveness are presented in three parts:

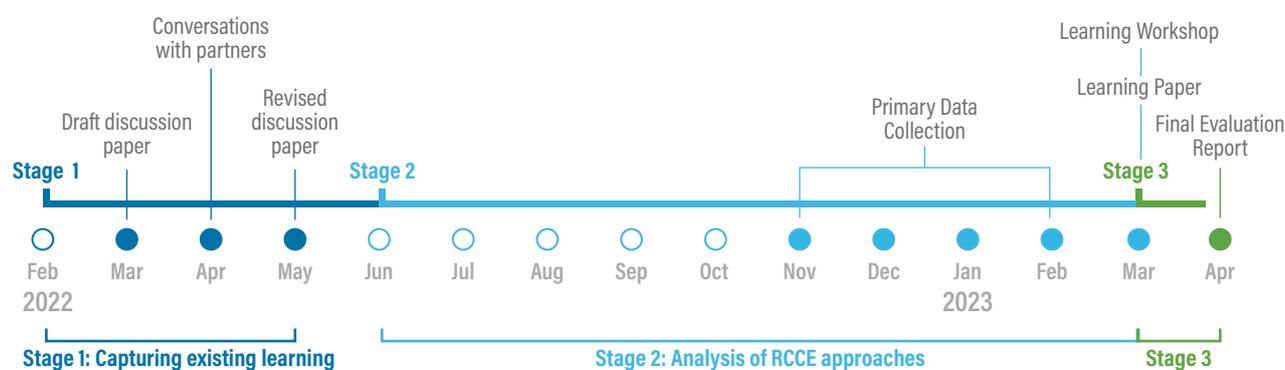
- ▶ Analysis of the effectiveness of the components of RCCE programming in PNG: enabling access, broad communications campaigns, targeted communications

campaigns, activities to support health care centres and workers (known as provider support), and community engagement approaches

- ▶ Analysis of inclusion approaches
- ▶ A discussion of the cross-cutting factors shaping the program outcomes.

Learnings and recommendations are presented in the final section.

Figure 2: Overview of evaluation research stages



### Box 1: Key terms

*Risk communication and community engagement (RCCE):* activities that aim to provide people with information that encourages them to make informed decisions about their behaviour.

*Impact:* For the purpose of this evaluation, we define impact as ‘lasting or significant change – positive or negative, intended or not – in people’s lives brought about by an action or a series of actions.’<sup>5</sup>

*Effectiveness:* ‘The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.’<sup>6</sup>

*Behavioural science* is concerned with understanding how people think, feel and act. It draws on insights from a range of fields, including psychology, neuroscience, sociology, and anthropology.

*Social norms* are informal, unwritten expectations about how people should behave socially.

*Vaccine hesitancy* is when people are reluctant or refuse to be vaccinated even when vaccines are available.

*Vaccine uptake* is when people ‘accept’ the offer of a vaccine and are vaccinated.

*Anti-vaccine sentiment* refers to when people are opposed to vaccination.

*Misinformation* is incorrect or false information that is presented as fact. It is not necessarily intended to deceive. *Disinformation* is incorrect or false information that is deliberately intended to deceive.

# METHODOLOGY

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Humanitarian Advisory Group (HAG) undertook the evaluation in partnership with the Institute for Human Security and Social Change (IHSSC) at La Trobe University and Shedrick Singip, an individual national consultant based in PNG. The evaluation research was conducted in three stages between February 2022 and April 2023 (see Figure 2).

Three questions guided this evaluation (see Appendix 2 for the detailed sub-questions):

- ▶ What risk communication and community engagement activities are AHP agencies implementing to support the vaccine rollout in PNG?
- ▶ What approaches to risk communication and community engagement have been most effective and why?
- ▶ What learning can be shared across partners to inform ongoing programming in PNG?

Data collection employed a mixed methods approach, combining primary and secondary qualitative and quantitative data. This report draws on the data collected across all stages of the evaluation research. The evaluation team used target, reach and influence criteria to assess the strength of evidence for meeting the intended outcome identified for each RCCE area. This assessment was used as a basis to inform the discussion, and development of findings and learning for each RCCE area. This process is further detailed in Appendix 3. The methods used across the three stages are outlined below and summarised in Figure 3. Insights and principles from behavioural science informed the research process and approach, development of data collection tools, and analysis.



**Document review:** The focus of the document review was AHP agency documentation, although the project was also informed by other material on RCCE globally and on the PNG COVID-19 response and effectiveness specifically. During stage 1,

documents reviewed included project proposals, project implementation plans, progress reports and updates, minutes from eight roundtable meetings between DFAT and AHP partners, and other public reports and documents that were either directly shared with the evaluation team or available publicly. During stage 3, documents reviewed included end-of-project reports and end-of-program evaluations done at the agency level. An analysis and coding framework was developed for assessing the strength of evidence available across the five RCCE categories.

The primary focus of the document review was the AHP agency documentation.



**Learning workshops:** a learning workshop was held after primary data collection in stage 2. A subsequent learning workshop will be held as a briefing for the final report (this document) in stage 3. Learning workshops enable partners to share learning and are intended to support integration of learning into programming.



**Key informant interviews:** interviews were conducted with AHP partners (mostly in country) as part of data collection in stage 1 to capture reflections that were not available in reporting documentation.



**Questionnaires:** questionnaires were employed in stage 2 to gather primary data. This method was chosen to access individual perspectives as well as to minimise health risks associated with group settings. Sampling targeted two groups: community members who have had the vaccine and healthcare workers.<sup>7</sup> Data collection was led by the national consultant in-country with support from additional sub-contracted evaluators.

Figure 3: Data collection methods



## Limitations

- ▶ *Attribution and apportionment:* AHP agencies' COVID-19 activities are often integrated into existing programs, and therefore may not be easily separated out for COVID-specific program reporting. Many organisations, including government and private sector bodies, are involved in vaccine awareness raising and rollout, which makes it hard to identify the specific contributions of AHP agencies and partners. Interviews were also only undertaken with a small pool of partner representatives to understand focus of programming.
- ▶ *Cross-checking reported data:* the evaluation research relied heavily on AHP agency reporting, which was focused on activities and outputs. The team had minimal ability to cross-check reported data using ground-level monitoring and validation with communities. Additionally, most agencies did not set gender and ability targets at the activity level, or targets for the number of people being vaccinated, limiting the ability to measure success against intended outcomes.
- ▶ *Power dynamics:* the collection of questionnaire data was conducted in collaboration with AHP partners. The presence of AHP staff may have affected responses due to power dynamics and a sense of obligation. Understandings and interpretations may also be influenced by language and context.

Photo: Shutterstock



# BACKGROUND AND CONTEXT

The impacts of the COVID-19 pandemic and vaccine uptake in PNG have been influenced by a range of contextual factors, including limited access to healthcare across the country and high levels of misinformation and vaccine hesitancy. PNG has an estimated population of 9 million people.<sup>8</sup> According to the World Health Organization (WHO), in 2021 PNG had an average of 0.63 doctors per 10,000 people.<sup>9</sup> The availability of health services varies across the country, with implications for health outcomes particularly in rural areas. PNG has three official languages: English, Tok Pisin (Pidgin) and Hiri Motu, but there are over 800 known languages. As of 2011, 67.6% of the population aged 10 years and over were literate (48.9% in English, 57.4% in Pidgin, 4.7% in Motu, and 55.8% in Tokples), with men on average reporting higher literacy rates than women across all four languages. PNG is divided into 21 provinces (in addition to the Autonomous Region of Bougainville – ARoB), and has three levels of government: national, provincial and local.<sup>10</sup>

Between the onset of the pandemic and March 2023, PNG recorded 46,826 COVID-19 cases and 670 deaths.<sup>11</sup> Governments at all levels have been involved in the response, with Provincial Health Authorities (PHAs) key actors in RCCE activities and the vaccine rollout. RCCE is one of 10 priorities outlined in the national COVID-19 Preparedness and Response Plan, with the government implementing a nationwide 'Sleeves Up' campaign to promote vaccination, through awareness raising and information provision, and the use of vaccine 'champions'.<sup>12</sup> International partners and multilateral donors have provided significant support to the response and vaccine rollout, including through the AHP.<sup>13</sup>

## Vaccine rollout

As of March 2023, 4.22% of the population have been vaccinated with at least one dose of the COVID-19 vaccine.<sup>14</sup> Data reported by the Government of PNG indicates that the

National Capital District (NCD) has the highest rate of vaccine receivals, with 41.6% being fully vaccinated. Western Province has the second highest rate, with 9.4% of its population having received both doses of the vaccine. The ARoB and Southern Highlands have the lowest vaccination rates, with 1.5% and 0.7% respectively.<sup>15</sup> The low rate of vaccination shows that there continues to be considerable vaccine hesitancy across PNG. The discussion paper produced in May 2022 as part of this research mapped key influencing factors for both vaccine uptake and hesitancy in PNG, outlined in Box 2 below.

### Box 2: Key influencing factors for vaccine and uptake and hesitancy<sup>16</sup>

- ▶ A main driver of vaccine hesitancy is concern about the safety of COVID-19 vaccines. Misinformation (and consequent vaccine hostility) is contributing to vaccine hesitancy, but does not appear to be the main driver across the population.
- ▶ Many practical barriers prevent uptake of the COVID-19 vaccine (such as distance to a vaccination centre).
- ▶ Giving people opportunities to ask questions and share concerns, providing information that people need to make informed decisions, and sharing information through trusted sources can be effective ways to engage people.
- ▶ People's decision to get vaccinated is often influenced by what they think other people expect them to do or what they believe other people are doing. Approaches that make use of such social perceptions can be effective in encouraging people to be vaccinated.
- ▶ Behavioural science and evidence from past vaccine campaigns suggest that addressing multiple barriers in combination is the most effective approach.

While the government of PNG and international actors' response to the crisis in 2021 and 2022 is well documented, there is little data available regarding vaccine rollout. It is possible that reporting on vaccination progress has declined due to the shift to 'living with the virus'. The available data continues to highlight significant vaccine hesitancy. A study undertaken by the National Research Institute of PNG in June 2022 in the retail and wholesale sectors reported only 40% of respondents were willing to get vaccinated, and of this group, 26% did not have the vaccine when it was made available.<sup>17</sup>

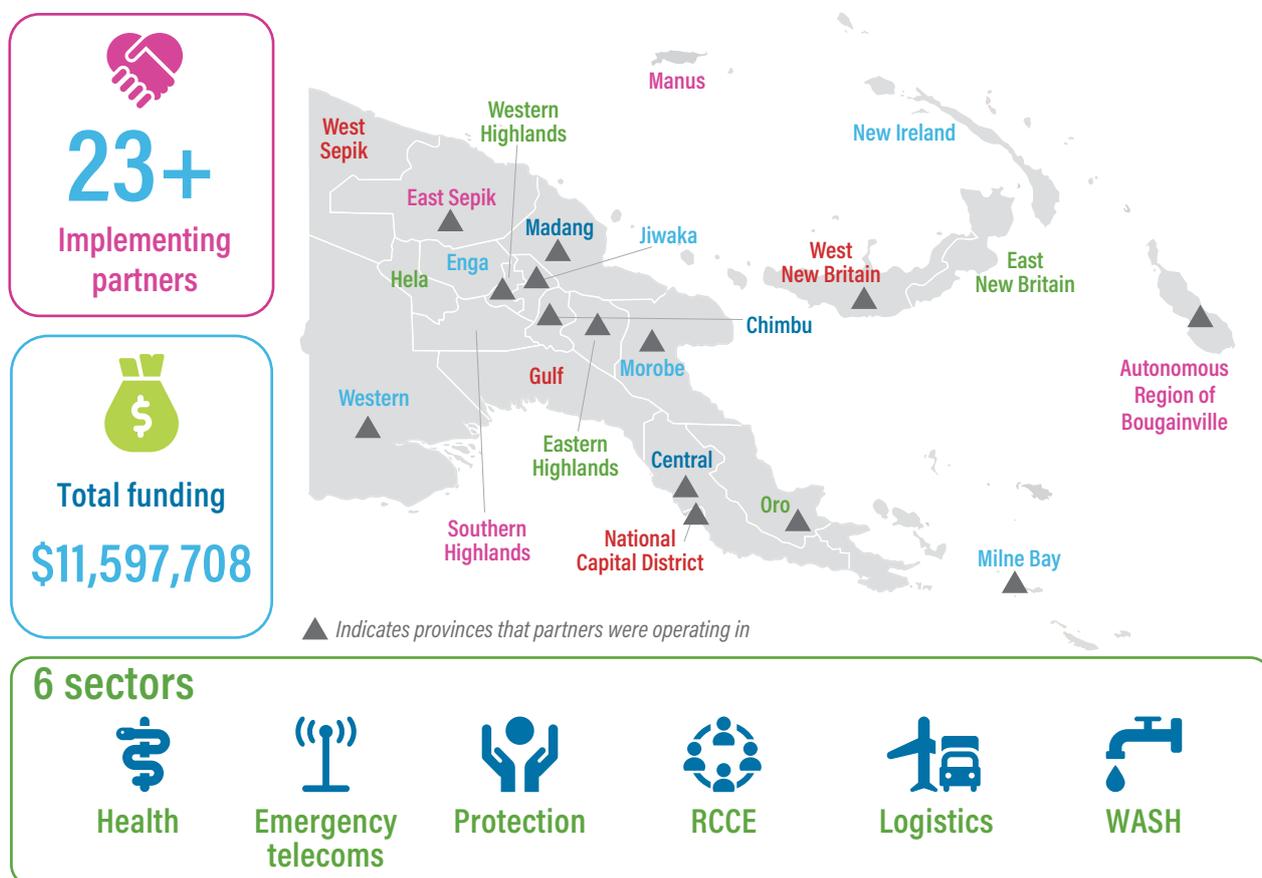
## ABOUT THE AHP RESPONSE

Phase 4 of the AHP COVID-19 response in PNG focused on vaccination and transmission rates. It included five consortiums of over 23 implementing partners (each with an AHP agency lead or co-lead) and was enabled by AUD 11 million in funding (see Figure 4). The proposal process for the phase 4 activation was

a competitive process (whereas phase 3 involved an all-partner collaborative process). AHP partner programs were intended to increase vaccine uptake and reduce COVID-19's spread and impact among targeted communities in PNG.

Activities undertaken by consortiums and partners included communication campaigns to increase understanding of how to protect communities from COVID and how to access vaccines, provider support to sub-national health systems, and community engagement. Some consortiums were active nationwide, while others focused on particular provinces. Some projects were described as single sector (health), while others were identified as comprising multiple sectors. Although the program had some shared indicators, for the purposes of this evaluation the research team established a retrospective program logic that formalises informally held theories of change (see Figure 7), drawn from individual agency proposals. A summary of the consortiums' objectives and outcomes is provided in Appendix 1.

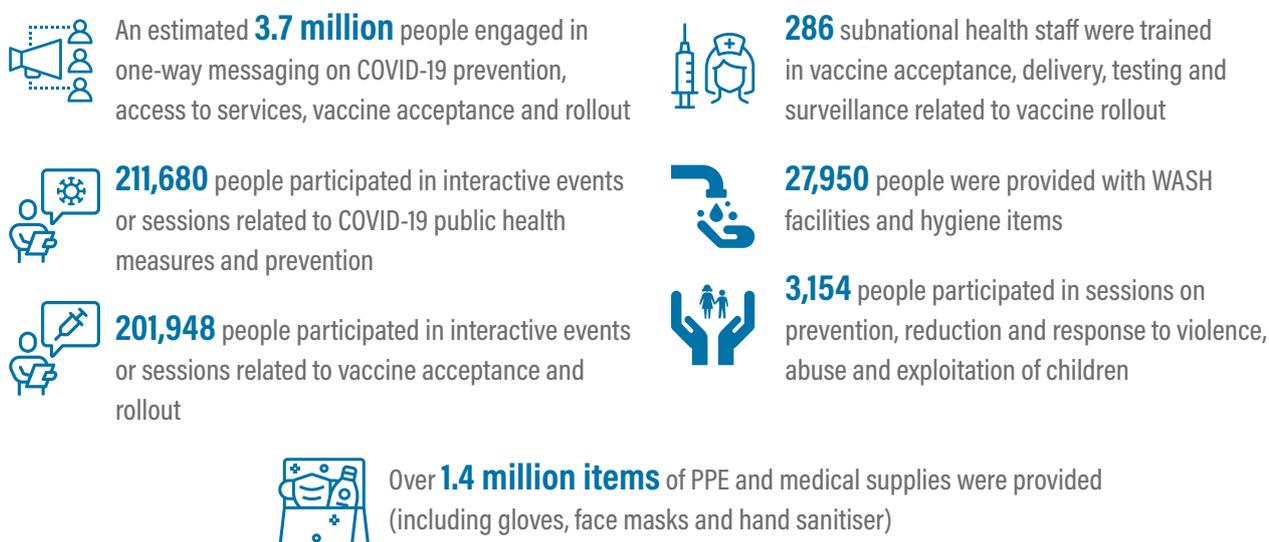
Figure 4: Overview of funding, geographic spread and partners for phase 4



# ACHIEVEMENTS

The AHP agency-led consortiums' response to COVID-19 directly reached 300,852 people across PNG. Key achievements included substantial support to the government of PNG, through direct assistance to 10 PHAs in strengthening health systems and supporting their readiness for vaccine rollout. Additional achievements include training a substantial number of HCWs, developing theological messaging and training on COVID-19 prevention and vaccination, direct support for the National Department of Health on communications, supporting a full-time communication and multimedia role in the National Control Centre for COVID-19 (NCC), training women leaders to co-design and implement a bulk SMS campaign, and supporting contextualised and appropriate information and messaging for communities overall. Agencies had a wide reach across PNG, including programming in 14 of the 22 provinces and region<sup>18</sup>, and were able to build on strong relationships with community leaders and subnational government bodies.

**Figure 5: Overview of AHP COVID-19 response achievements in phase 4<sup>19</sup>**



A summary of key achievements in phase 4 of the program over 2022 is outlined above. A breakdown of the total number of people reached directly, by gender and ability, is provided in Figure 6.<sup>20</sup>

**Figure 6: Overview of total number of people reached (direct)**



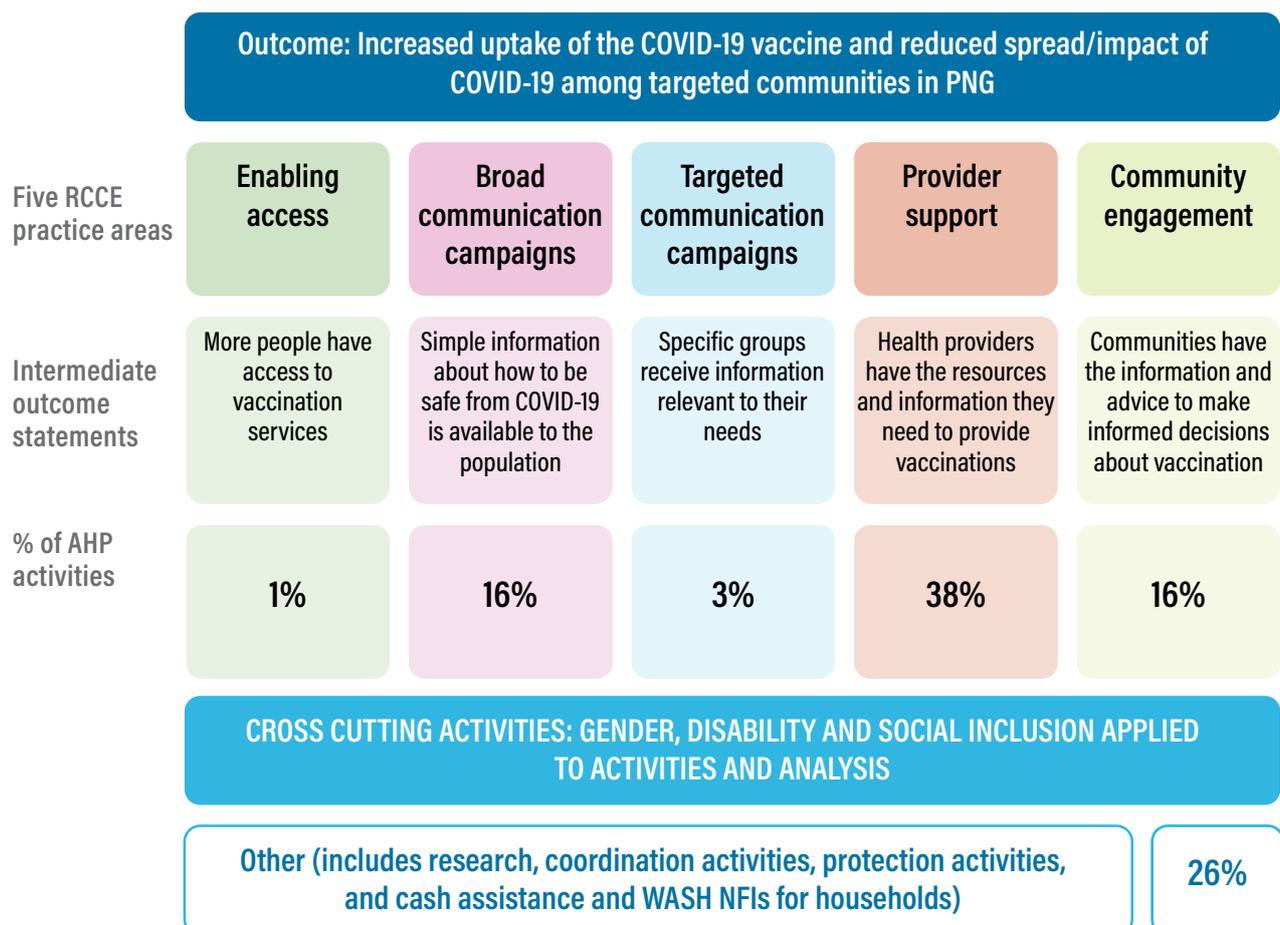
# EFFECTIVENESS OF RCCE APPROACHES

This section describes the extent to which the AHP agencies collectively achieved their intended objectives with respect to COVID-19 RCCE activities. Analysis of effectiveness drew on primary data collection (predominantly questionnaires with community members and healthcare workers); partner reports and one independent evaluation from CAN DO.

Agencies used a variety of approaches and activities to support RCCE and vaccine rollout, all articulated under *individual* agency or consortium objectives and outcomes. However, they were also intended to contribute to

a broader AHP program, and in order to understand what was achieved *collectively*, the evaluation team retrospectively developed a program logic to articulate held collective AHP intermediate outcomes and an overarching program outcome statement. These draw on the agency outcome and objective statements and capture agency activities in five areas of RCCE practice. The five RCCE practice areas are outlined in Figure 7,<sup>21</sup> which depicts the collective program logic across AHP programming that was used as a framework for analysis of effectiveness.

**Figure 7: Overview of logic underpinning RCCE activities**



# 1. ENABLING ACCESS



Percentage of overall activities categorised as enabling access

RCCE activities designed to enable access to vaccinations, such as providing transportation and logistics support, were a small focus of AHP programming. The World Vision & Save the Children consortium provided logistical support to the Western Province PHA to conduct contact tracing and home visits. As a result, 140 people were able to access the testing facilities for swabbing in the province (no target was set). World Vision also provided support to PHAs for activities intended to enable access, including logistical support to PHAs for community outreach and home visits during COVID-19 waves (*discussed further in section 4 on provider support*).



**140** people received transport or logistics support to participate in vaccine rollout, testing or tracing procedures

Physical access continues to be a key barrier to vaccination uptake. The evaluation discussion paper (completed in stage 1 of the research) identified some of the practical barriers, including distance from health facilities or their irregular operating times, staff shortages and issues with vaccine supply.<sup>22</sup> In the primary data collection undertaken during stage 2 of the research, community members identified 'distance to travel' as one of the top three barriers to vaccination (chosen by 16% of questionnaire respondents). One respondent noted that they had to walk for half a day to get vaccinated,<sup>23</sup> and others noted that subsidised transport to vaccination sites would encourage more people in their community to be vaccinated.<sup>24</sup> At the learning workshop, AHP agencies noted the importance of easy access to vaccination through integrated health services with Provincial/Regional Health Authorities to encourage vaccine uptake, especially in rural areas.<sup>25</sup>

**'Vaccination teams must reach all communities and also transport must be provided to those who are willing to be vaccinated.'** Community member, National Capital District<sup>26</sup>

An independent evaluation of the CAN DO program also noted that inability to access vaccinations was a key barrier. Thirty-nine per cent of respondents to a survey conducted with people (from West New Britain – WNB) who attended church-run interactive sessions reported that they wanted to get vaccinated but no vaccines were available. The CAN DO program evaluation concluded that people from WNB could learn about COVID-19 and the safety of the vaccine, but were not always able to act on this understanding due to difficulty in accessing a vaccination service.<sup>27</sup>



**Finding:** Activities designed to improve access were successful and welcomed by community members and health authorities. However, they were small in scale and therefore did not significantly increase the number of people able to access vaccines



**Learning:** Enabling access requires greater investment as a key area of programming, including leveraging work with other stakeholders.

## 2. BROAD COMMUNICATIONS CAMPAIGNS

**16%** Percentage of overall activities categorised as broad communication campaigns

All five AHP consortiums' projects included broad communication campaigns. They featured public service announcements (PSAs) and multimedia information campaigns through SMS, TV, radio, print and social media.

AHP partners undertook varied approaches to broad communication campaigns. They used a variety of channels which support addressing issues such as the digital divide and ensured messages reached individuals in different demographics. For example, the ActionAid consortium, in partnership with Digicel, undertook an SMS campaign in which

women leaders were trained to use bulk SMS technology to disseminate COVID-19 messages. CAN DO, partnering with Australian Broadcasting Corporation International Development (ABCID), developed a multimedia information campaign on COVID-19 awareness supported with theological messaging profiling influential church leaders. This was rolled out via TV, radio and newspapers following interactive community sessions. Oxfam also partnered with ABCID and developed PSAs for mainstream media, as well as videos and audio pieces on health/vaccination champions for community empowerment. Figure 8, below, shows the number of people AHP partners reached through, and engaged in, one-way messaging in phase 4.

**Figure 8: Number of people reached through, and engaged in, one-way messaging (indirect reach)**

Consortium	Number of people indirectly reached through one-way messaging	Estimated number of people who engaged*
ActionAid consortium	2,600,000 <sup>†</sup>	1,040,000
CAN DO & ABCID consortium	2,150,671 <sup>∇</sup>	860,268
CARE consortium	214,810 (project ongoing)	85,924 (project ongoing)
Oxfam & ABCID consortium	No data reported to date. Project ongoing	
World Vision & Save the Children consortium	4,485,540 <sup>□</sup>	1,794,216

\* AHPSU, in consultation with DFAT, recommended a 40% engagement rate across all mass communication activities. The 40% figure takes into account the mix of media types used in RCCE activities in PNG and the Pacific, as well as the concentrated nature of media markets in the region, accessibility limitations increasing the likelihood of audience overlap, the generalised nature of audience measurement in the region for broadcast media in particular, and the challenges in calculating true engagement/learning from these activities. See AHPSU, *Audience Engagement Estimate Literature Concept Note*.

† Initial reporting from ActionAid based on figures provided by Digicel noted a reach of 9,002,195. However based on advice from AHPSU, the figure was reduced to 2,600,000 due to open sources noting the number of Digicel subscribers (See Penn, A. 'Expanding the Telstra family with Digicel Pacific,' 25 October 2021, <https://www.telstra.com.au/exchange/expanding-the-telstra-family-with-digicel-pacific>; McLeod, S. 'Debt threatens Digicel's Pacific dominance,' *The Interpreter*, Lowy Institute, 22 June 2020, <https://www.lowyinstitute.org/the-interpreter/debt-threatens-digicel-s-pacific-dominance>)

∇ Initial reporting from CAN DO noted a reach of 9,168. However, the CAN DO program evaluation revised this figure, in consultation with ABCID, noting that the approximate reach of CAN DO outputs (based on market share) was: 2,150,671 (indirect reach).

□ The estimated number of people reached through one-way messaging (indirect reach) for World Vision and Save the Children was calculated by aggregated indicators H.08, HV.08 and the number of people reached by messages, informed by the analysis system, put out/posted by social media engagement.

Broad communication campaigns were an important activity and non-governmental organisation (NGO) engagement in messaging was helpful. Respondents to the questionnaire undertaken as part of the stage 2 primary data collection confirmed that NGOs and community mobilisers were a key trusted information source (56% respondents) and that communication channels used in broad communication campaigns such as radio are among the top six sources of information that people trust (24% respondents). The biggest contribution of these materials and awareness raising was clarifying misinformation. There were also mentions of materials being easy to read and understand.<sup>28</sup> Forty-five per cent of community respondents referred to information, education and communication (IEC) materials such as posters, pamphlets, radio and billboards (especially when in Tok Pisin) as helpful. This echoes findings from the learning workshop, with participants noting radio and TV campaigns, material in local languages and theological messaging as amongst those that were effective.<sup>29</sup>

**'The pamphlets and posters in Tok Pisin helped in clarifying misinformation about COVID-19.' Community member, Eastern Highlands Province<sup>30</sup>**

Agencies reported that broad communications campaigns contributed to increased reach to people in high-risk provinces with COVID-19 prevention, response and vaccine messages; improved community knowledge, attitudes and practices in relation to vaccine rollout; and improved vaccination information aligned with the national campaigns. In some cases, community respondents to the evaluation questionnaire directly attributed their decision to get vaccinated to the information they had received in these campaigns.

**'Pamphlets and posters given to my community were in both English and Tok Pisin and were easy to understand. The awareness was helpful in my decision to get vaccinated.' Community member, Eastern Highlands Province<sup>31</sup>**

However, when respondents were asked in the questionnaire what information and support helped them with a decision to get the vaccine, most noted the importance of information being provided alongside other activities (58% of respondents).<sup>32</sup> This insight was reiterated multiple times during the course of this evaluation, and there are signs that agencies have been able to adapt their approaches. The stage 1 discussion paper concluded that methods that allow discussion and two-way communication are more likely to be effective.<sup>33</sup> During the learning workshop, AHP partners also noted some of the approaches that they felt were less effective, including social media campaigns, signs/billboards and SMS campaigns. Partner reports noted some problems with broad communication campaigns, including poor network coverage and defective SIM cards in handsets. As work continued, broad communication campaigns were often paired with other types of engagement such as training and community engagement activities (see the fifth RCCE practice area for more on community engagement approaches).



**Finding:** Broad communications campaigns through mass and social media, especially in local languages, were effective in giving people the right information, but unlikely to have increased vaccine uptake in isolation.



**Learning:** A holistic program of specific and tailored interventions to support vaccine uptake should be articulated first, in order to act as the foundation for broad communications campaign activities.

### 3. TARGETED COMMUNICATION CAMPAIGNS

**3%** Percentage of overall activities categorised as targeted communication campaigns

Some of the AHP partners' campaigns included targeted messages or information for specific groups of people. A relatively small number of activities were categorised as targeted communication campaigns, but it is worth noting that gender equality and disability inclusion are thematic priorities that are mainstreamed throughout activities as well (discussed further in the section inclusion on page 28), and AHP partners covered a range of geographical locations (see map on page 14), and therefore activities and approaches were sometimes already tailored to specific audiences or urban or rural locations.

This section focuses on activities that were grouped as targeted communication campaigns by two consortiums:

- ▶ CAN DO & ABCID developed culturally relevant and biblically based IEC resources
- ▶ Oxfam & ABCID developed COVID-19 health/vaccination IEC materials specific for HCWs' sensitisation and empowerment (activity ongoing at the time of writing).

The ActionAid consortium's activities had a strong focus on supporting women leaders to implement the SMS campaign as part of the project. Whilst this is included in the above section on broad communication campaigns due to the broad targeting of the campaign, it is also discussed further in the inclusion section on page 28.

The CAN DO consortium tailored its campaign to profile church leaders and include biblically based IEC materials. The consortium drew on the strength of local church partners, and the partnership with ABCID, to develop theological messaging in a workshop with church leaders that were then tested through interactive workshops with communities. Messages were packaged to create PSAs for radio and television in Tok Pisin, Motu and English, animations in two languages for television and social media, newspaper strips, large poster animations for billboards, long audio packages for radio and a video documentary for television. The communication campaign extended church public health messaging to a broader audience and ran from April to July 2022.

Figure 9: Number of people reached by the CAN DO communications campaign

Platform	Air date	Station	Weekly market share of PNG population (N=9.3 million)	Approximate reach
 TV (EMTV)	1 May - 30 June 2022	EMTV (30 sec TV spots; 30 min documentary)	36%	870,480
 Radio (Kalang Radio)	1 May - 30 June 2022	FM100 (30 sec radio spots; 1 hr talkback)	31%	696,244
		NBC	26%	583,947
 Print	3 May - 12 May 2022	Post Courier	NA	NA
	7 June -16 June 2022	The National	NA	NA
<b>Total approximate reach</b>				<b>2,150,671</b>



Example of CAN DO's theological messaging campaign

An evaluation of the CAN DO program found multiple strengths to the program (of which the targeted communication campaign was one component), including:

- ▶ the churches' broad geographic relationships and extensive networks throughout the country, including both urban and rural locations
- ▶ ensuring the program aligned with the national public health pandemic response
- ▶ well-established localisation strategies, with church-based NGOs and leaders at the centre of making operational decisions around priorities and geographical focus as part of the project design process.<sup>34</sup>

The CAN DO program evaluation noted that the mass media information campaign on COVID-19 awareness with theological messaging aligned with several good practices, including:

- ▶ consistency of message but variety of formats
- ▶ messages tailored to an audience (including suitable approaches for different literacy levels, in three languages, and involving church leaders of different genders and denominations)
- ▶ range of mediums that suited the environment
- ▶ simplicity
- ▶ repetition and frequency
- ▶ leveraging relationships with media owners to maximise exposure and available budget.<sup>35</sup>

Whilst only 8% of community respondents to the questionnaire said they had received information or support from CAN DO that helped with decision-making (compared to 34% for World Vision, and 14% for Save the Children), this probably reflects differences in funding and the locations where the questionnaire was completed (Eastern Highlands Province [EHP], Simbu, North Fly, NCD and ARoB; CAN DO's activities primarily focused on Western Province, Milne Bay, WNB, Oro and Western Highlands).<sup>36</sup> However, the evaluation of the CAN DO program also found that 'there is insufficient data to indicate the impact of the mass media campaign.'<sup>37</sup> It found the weaknesses of the campaign included lack of television and radio access in remote areas and not enough translation into local languages, as well as general challenges in PNG such as poor access and lack of logistical support.<sup>38</sup>

Within the Oxfam consortium, ABCID is developing COVID-19 health/vaccination IEC materials specific for HCWs' sensitisation and empowerment that will be rolled out through various media platforms. At the time of writing, this activity was ongoing, following research on HCW's perceptions of COVID-19 communities.<sup>39</sup>

Although most of the available data for tailored communication at the time of writing is limited to CAN DO programming, analysis of the primary

data collected for this evaluation suggests that more tailored approaches should be adopted across the suite of programming. When asked what would encourage more people in the community to be vaccinated, several people suggested approaches including delivering information through youth and church groups or engaging with workplaces.<sup>40</sup>



**Finding:** Early evidence suggests that targeted communications were effective at reaching some populations, but their impact on vaccine uptake is unclear.



**Learning:** More tailored information about the value and impact of communication campaigns is needed, requiring strong monitoring and close collaboration with communities to incorporate their feedback and input.

## 4. PROVIDER SUPPORT

38%

Percentage of overall activities targeted at provider support

Three of the four AHP consortiums included activities to support healthcare facilities (HCFs) and workers:

- ▶ training on COVID-19 prevention and vaccine rollout
- ▶ supporting readiness for and implementation of vaccine rollout
- ▶ strengthening supply chain systems
- ▶ support to healthcare providers on vaccine outreach
- ▶ testing and tracing
- ▶ provision of information
- ▶ support with coordination
- ▶ provision of PPE, WASH, hardware, software and other materials.

These activities formed 38% of all agencies' RCCE activities. Note that, despite the number of activities that fell into this category, targets were only set for provision of PPE.

Many agencies gave support to national and provincial health and coordination structures. This included supporting the planning, coordination and service delivery of the National Department of Health, PHAs, and government-run and church-run health facilities and providers. This component of the program aligned with articulated intent to strengthen locally led action in COVID-19 response and vaccination activities, but localisation indicators were only included in one AHP agency report, limiting the ability to track the impact of these approaches on localisation.

Providing information and training to HCWs on COVID-19 prevention and vaccination was a key focus for this phase. Partners conducted training and awareness sessions for HCWs and other staff working in HCFs and within PHAs, including through United Nations Children's Fund (UNICEF) and WHO-led training. This reached over 800 HCW and staff working in HCFs.



**Over 800 health facility staff trained on vaccine acceptance, delivery, testing and surveillance related to vaccine rollout, and provided with COVID-19 awareness sessions**

### **Box 3: Providing information and training to healthcare workers on COVID-19 prevention and vaccination**

As part of primary data collection undertaken during stage 2 of this research, questionnaires completed by 69 HCWs in five locations showed that all respondents received information on protection and transmission. Almost all (96%) indicated that they had received information on symptoms, risks and complications, and vaccines. This suggests that AHP agencies' focus on training HCWs made some contribution to overall knowledge and awareness. HCWs also indicated that training should focus on scientific details, efficacy and benefits of the vaccine that can be then shared with community leaders such as chiefs.

Provider support was effective at improving the timeliness and quality of service provision. At the national level, this was evidenced in the timely support to press releases and the setup of systems and guidelines that enabled standard messaging and branding.<sup>41</sup> At the provincial and local level, HCWs were better protected as a result of PPE, medical equipment and WASH supplies provided by AHP agencies to HCFs and hospitals.<sup>42</sup> As a result of improved equipment and supplies, HCFs were able to increase the number of people they could test and refer for treatment.

**'As frontline workers, we were scared due to our limited knowledge on COVID-19 transmission and prevention, and we also do not have proper protective gears. Our chances of getting COVID-19 were high but we were fortunate to have Anglicare and the Diocese Health secretary team**

**who came to our aid by providing us with correct COVID-19 prevention information, setting up the hand washing facilities and supplied us with the PPE kits.' Officer in Charge, Health Centre<sup>43</sup>**

There are examples of positive outcomes from HCWs' improved knowledge and skills as a result of training. Outcomes include improved HCW confidence in identifying and managing COVID-19 cases, communicating to communities more broadly, as well as linking in more closely with government coordination and messaging. In the HCW questionnaire undertaken in stage 2 of this research, most respondents had provided information to community members verbally at an individual level and through IEC materials, which included doing so after they had received training. HCWs also reported getting vaccinated, or expressing a desire to be vaccinated, after training sessions. HCW vaccination was also reported as encouraging direct relatives and other community members to be vaccinated.<sup>44</sup>

The strong focus on supporting HCWs is particularly important because they are highly trusted in the community, making the accuracy of their knowledge and ability to communicate even more important. In the community questionnaires undertaken in stage 2 of this research, most respondents indicated that they received information about COVID from the health unit or its HCWs (68%) or from community HCWs (55%).<sup>45</sup> The questionnaire also verified that the communities themselves appreciated the support to their HCWs and facilities, and the confidence in the information subsequently provided.

'Their [NGO] continuous support to the HCWs here and the posters and pamphlets distributed by them has clarified many doubts and rumours in the community.'  
Community member, Eastern Highlands Province<sup>46</sup>

There remains insufficient numbers of national health staff in PNG, and this reduces their ability to engage with the public to answer technical questions on COVID-19 impact and vaccination.<sup>47</sup>



**Finding:** The focus on provider support has been effective at improving timeliness and quality of service provision and the accuracy of information disseminated.



**Learning:** Provider support contributes to localisation but needs to be articulated with targets and tracked accurately to provide meaningful insights.

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## 5. COMMUNITY ENGAGEMENT APPROACHES

16%

Percentage of overall activities categorised as community engagement

All AHP consortiums implemented activities that were focused on community engagement. This included a range of activities designed to provide information, training or support directly to communities and community groups on COVID-19 prevention (some of which involved a focus on activities related to WASH), awareness and vaccination, as well as working with government bodies and other HCFs to support and strengthen their engagement with communities. In addition to COVID-specific activities, agencies conducted training on implications for prevention and response to gender-based violence (GBV), prevention of sexual exploitation, abuse and harassment (PSEAH), food security and livelihoods (FSL) and psychosocial support. This included targeted outreach to vulnerable women, people with disabilities and children.

Key community engagement achievements include:

- ▶ 22 interactive community sessions on COVID-19 theological content in conjunction with the trainings in COVID-19 theological messaging
- ▶ 211,680 people participated in interactive events or sessions related to COVID-19 public health measures and prevention
- ▶ 201,948 people participating in interactive events or sessions related to vaccine acceptance and rollout<sup>48</sup>
- ▶ 12,538 people reached through community awareness campaigns led by civil society organisations and community/faith based leaders

Agencies had significant reach into communities, including a presence in 13 of the 22 provinces and regions through local partners, enabling engagement at scale. There were some targets

set for GBV prevention and response sessions, training on gender awareness, PSEAH and FSL, but none for assessing the increase in knowledge of communities or measuring behaviour change through vaccine uptake or other preventative behaviours.

Community engagement approaches did influence some community member decision-making on vaccination, either directly or through support for government approaches. Most community respondents to the questionnaire undertaken in stage 2 of the research said that they received information from the government health unit or HCWs, or community HCWs, or from NGOs or community mobilisers. Some were able to identify specific training from AHP agencies that supported decision-making:

**'The training I received on COVID-19 conducted by Care International and Save the Children helped me make my decision to get vaccinated.' Community member, Eastern Highlands Province<sup>49</sup>**

**'Receiving a training from Save the Children on COVID-19 earlier helped clarified my understanding on the vaccine and COVID-19.' Community member, Eastern Highlands Province<sup>50</sup>**

Approaches that were noted as effective included:

- ▶ working with government-led outreach activities through the use of community influencers, because this implied legitimacy and safety (see Box 4)
- ▶ working with HCWs (trusted sources) to disseminate information
- ▶ working closely with faith leaders and churches to develop and share theological messages

- ▶ supporting two-way interactive sessions in which communities could ask questions and receive appropriate information, either one on one or in focus group discussions
- ▶ locating training and awareness sessions at vaccination facilities to enable community members to get vaccinated after sessions
- ▶ ensuring information was contextually relevant and appropriate.

The provision of WASH facilities, materials and messaging supported understanding of reducing transmission of COVID-19.<sup>51</sup> In particular, the preference for one-to-one interactions correlates with evidence from other studies that shows that tailored personal exchanges, particularly when a person provides or asks for stories about personal experiences and listens to different views without judgement, can be effective for shifting behaviours in a range of settings, including health care.<sup>52</sup>

#### **Box 4: Community influencers and behavioural science**

Community influencers were drawn upon in outreach activities – an important way to build trust and legitimacy amongst communities and to role model vaccine uptake. World Vision and Save the Children supported PHA outreach activities through an integrated approach with community and faith leaders to ensure information and messaging about COVID-19, the vaccine and general health services reached more remote and disadvantaged communities. Community influencers, such as community and faith leaders – teachers, church leaders, chiefs, women leaders, musical band members and comedians – were identified and supported to accompany PHA-led outreach activities.

This role modelling approach supported and strengthened existing healthcare outreach services and networks to communities, rather than working in parallel, and strengthened HCW safety and security through the accompaniment of community and faith leaders, resulting in no additional reported incidents of violence against HCWs.<sup>53</sup>

Role models are thought to influence change in three ways: by acting as behavioural models to demonstrate the action by representing what is possible and achievable, and by providing inspiration to make the behaviour desirable. The process of identifying as a role model itself may also increase vaccination uptake.<sup>54</sup>

*Photo: Jelilah Kum on Unsplash*



Despite some signs of positive outcomes from community engagement, there is little evidence that the approaches were able to increase vaccination uptake and minimise the spread of COVID-19. Agency reporting highlights some positive outcomes in terms of correcting misconceptions and reducing stigma about the vaccine.<sup>55</sup>

**'These sessions have a huge impact on the lives of the church congregation members during the Sunday Church services. The parish priests were able to share the gospel and relate some of COVID-19 facts on transmission and prevention to the congregation members.' Anglicare FGD, KII, Theological Sessions and events to Anglican Congregations<sup>56</sup>**

Nonetheless, responses to questionnaires showed that community members and healthcare workers continue to report concerns about vaccine safety and misinformation as reasons for

not receiving the vaccine.<sup>57</sup> While this indicates that information and awareness campaigns on COVID-19 prevention and vaccine facts for communities were appropriate activities, it is not clear whether community messaging did not adequately leverage the key reasons why people want to get vaccinated (to protect love ones),<sup>58</sup> or did not adequately build awareness, harness social influences or tackle misinformation.



**Finding:** Collaborative approaches with stakeholders such as government, community influencers, healthcare workers and churches helped in the provision of information to guide individual decision-making on COVID-19 vaccination and prevention.



**Learning:** More sustained and locally grounded consideration of how to leverage key drivers of and overcome key barriers may help to increase the effectiveness of community engagement.

*Photo: Shutterstock*



# INCLUSION

The AHP agencies strove to implement inclusive approaches to RCCE programming through targeted and mainstreamed activities. They included activities focused on analysing and reducing the gendered impacts of the pandemic, as well as specific issues for people with disabilities. Most agencies, however, did not set gender and ability targets at the activity level, limiting the ability to measure success against intended inclusion outcomes.

## GENDER EQUALITY

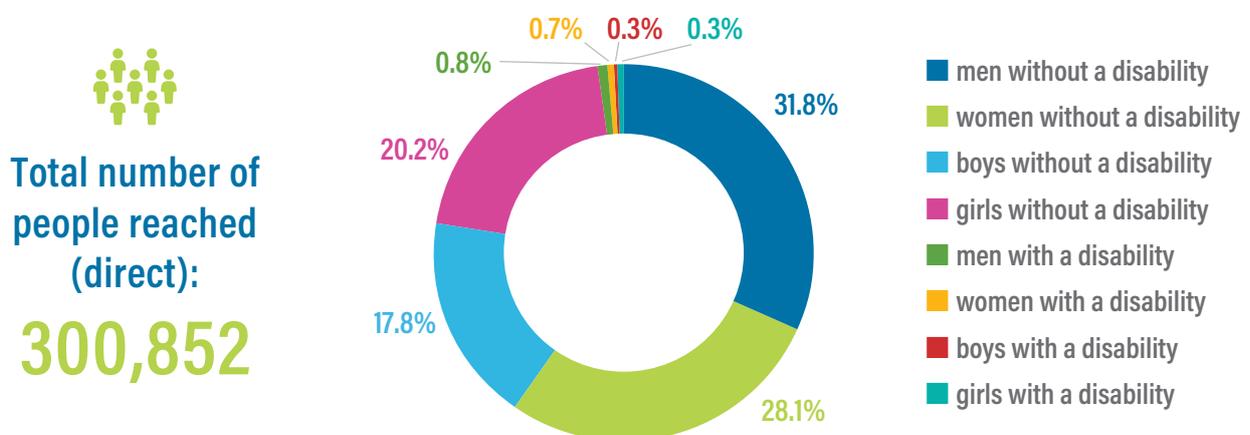
Agencies used a variety of strategies to engage with women, including undertaking assessments of the different informational needs of men, women, boys and girls, specific targeting of women (including women leaders) and partnering with women's organisations.

Women were able to influence the type of information and awareness-raising activities agencies performed, including leading information campaigns. Agencies undertook mapping work to understand the specific needs of women, so that these priorities could be factored in to program design. For example,

ActionAid conducted focus group discussions on awareness and impacts of COVID-19 messaging for diverse women to understand how they received and utilised this information. Such preliminary activities enabled agencies to target programming accurately and work with partners to meet these priorities.<sup>59</sup> Women leaders, including those with disabilities, were then trained on COVID-19 impacts and the use of technology to promote messaging and awareness within communities (see Box 5 below). Agencies also reported that interactive sessions with communities enabled women and other groups to discuss the gendered impacts of the pandemic, which contributed to overall awareness, including about issues such as GBV.<sup>60</sup>

Targeted programming for women included protection-focused activities, such training on prevention of and responding to GBV for HCW and GBV prevention stakeholders, referral services, and support for women and others experiencing violence. GBV training and PSEAH training was also provided to the broader community as part of protection efforts. There is limited data on the outcomes of these trainings.

Figure 10: Program reach by gender and ability (direct)



### Box 5: Supporting women's leadership and disability inclusion in the response

The objective of this project was to enable a women-led localised and inclusive crisis response, using information and communications technology to accelerate COVID-19 awareness raising and prevention in PNG.

Through the Shifting the Power Coalition, ActionAid, YWCA of PNG and Nazareth Centre for Rehabilitation, in collaboration with the national OPD women's network and Pacific Disability Forum, bulk SMS technology was used to reach over 2 million people via the Digicel network with lifesaving COVID-19 prevention, response and vaccine messages in local languages. These organisations also collaborated to conduct focus group discussions to understand community attitudes to COVID-19, prevention awareness and vaccine hesitancy.

The project included close collaboration with the Pacific Disability Forum and the PNG Assembly of Disabled People. COVID-19 communications and messaging were co-developed by women with disabilities to highlight the needs of this community.

The use of feedback loops also ensured that protection issues for women could be identified and addressed. For example, feedback loops resulted in safety and security issues being identified and addressed through greater safety measures for women, and strengthening advocacy activities related to issues facing diverse women.<sup>61</sup> Mainstreaming protection and safeguarding issues within interactive community sessions also supported greater awareness of these issues, and enabled information about referral services for GBV or other issues to be socialised with communities.<sup>62</sup>



**Finding:** Women benefited from AHP programming as a result of mainstreaming practices and targeted programming.

## DISABILITY INCLUSION

Agencies strove to ensure people with disabilities were included in RCCE programming. Most activities were mainstreamed as part of agencies' broader activities. This included individuals with disabilities participating in awareness-raising workshops, awareness raising about how to support persons with disabilities, disability inclusion messages in mass media campaigns, and ensuring accessibility when establishing WASH facilities. A key challenge identified was that for most community engagement activities participants usually had to walk to the location. This meant that individuals with physical impairments and limited mobility were unable to participate in these interactive sessions.<sup>63</sup>

Targeted activities included a focus on women with disabilities (as outlined above); and working in partnership with organisations for people with disabilities (OPDs), such as the Pacific Disability Forum and the PNG Assembly of Disabled Peoples, on messaging and information provision. Key achievements included OPDs being able to lead identification and development of messaging, and improved awareness of disability inclusion issues in the response. ActionAid noted that women leaders of the Meri Got Infomesen hub (established by the project) identified disability inclusion as an area for strengthening, because the impacts of COVID-19 on diverse people with disabilities are not well understood.<sup>64</sup>

Overall, however, there were few examples of targeted activities by agencies, or data about broader impact on access to information to support decision-making for people with disabilities. As shown in Figure 10, people with a disability comprised just 2.1 per cent of overall reach. Given access is still a key barrier for the community as a whole, it is likely to be more significant for people with disabilities. For example, the CAN DO program evaluation reported that its partners knew of only one person with a disability who had been vaccinated.<sup>65</sup>



**Finding:** Examples of people with disabilities benefiting from programming exist, but consistent impact was not demonstrated.

Overall, whilst a range of positive outcomes were achieved, it is not clear how these programs influenced or supported diverse and marginalised groups to make decisions about receiving the vaccine. There is also little evidence of engagement with or support to sexual and gender minorities as part of RCCE approaches. This may be for a variety of reasons, such as community pushback. This remains a gap in the AHP's COVID-19 programming.

Agencies did provide gender and ability disaggregated data for most program

components (as shown in Figure 10 above), apart from communication campaigns through mass media. However, there is less evidence to show that agencies used this disaggregated data to inform ongoing programming. There was also less evidence of activities or outcomes in relation to inclusion of a more diverse range of groups, including the elderly.



**Learning:** More consideration of effective strategies for inclusive RCCE programming is needed, including greater investment in enabling inclusion of diverse groups in design and implementation.

*Photo: Vika Joranov on Unsplash*



# PROGRAM EFFECTIVENESS: DISCUSSION

Across all five categories of RCCE practice areas, AHP activities have achieved the intended intermediate outcomes to some extent. However, there is less evidence of change at the program outcome level, namely, increased uptake of the COVID-19 vaccine and reduced spread and impact among targeted communities in PNG.

The vaccine rollout in PNG commenced around the same time as the first phase 4 AHP projects (March 2021 and April 2021 respectively), and by March 2023 3.6% of citizens were fully vaccinated – approximately 318,967 people.<sup>66</sup>

Given the continuing low rate of vaccination, this demonstrates the challenges faced by AHP actors and others in trying influencing vaccination rates. It is worth noting that the two provinces with the highest vaccination rates were the NCD (41.6%) and Western Province (9.4%), both of which were provinces targeted by AHP activities. Whilst we cannot attribute these differences to the AHP program alone, it is important to recognise that the low national rates may not capture some of the small but significant increases in local contexts and to which the AHP contributed.

Rates of COVID-19 transmission reduced over the last 12 months after an overall peak in case numbers in October 2021.<sup>67</sup> Whilst this may reflect a lack of detection or reporting, the AHP program has contributed towards providing communities and HCWs with information and resources related to reducing transmission.

## FACTORS CONTRIBUTING TO PROGRAM EFFECTIVENESS

This discussion section considers some of the reasons that the program did not achieve the overarching program outcome to a greater extent. Attribution challenges and the lack of

a common articulated program outcome with agreed measures make it hard to determine causality. This section explores four key factors influencing broader program effectiveness: in-built assumptions, program balance, intended outcomes and external factors. The competitive, rapid activation process for this phase of the response meant that agencies did not collaborate on overarching program design and articulation of intended impact. While many activities showed some level of success and evolved in response to changing understandings, without an overarching program logic there was little ability to determine whether the activities were lifting vaccination rates or reducing transmission rates, or how to adjust the program to achieve these goals.



**Overarching Learning:** A commonly agreed and articulated program logic and indicators of success are needed to deliver a coherent and feasible program that contributes more than the sum of its parts, particularly in seeking to increase vaccine uptake.

### In-built assumptions

The success of any project or program is dependent on a series of assumptions. The AHP COVID-19 response's lower-than-expected impact on vaccination rates in PNG may have been the result of inaccurate assumptions or those that did not hold in the context. There appeared to be an inherent assumption in some AHP projects, especially early in implementation, that more information would increase the number of people wanting to receive the vaccine. AHP agencies increasingly adapted their programming to the understanding that mass information campaigns needed to be delivered alongside community

engagement activities, or other mechanisms to enable people to use the information provided. This early learning was captured in the discussion paper from stage 1; examples of agencies adapting projects included reducing the number of WASH installations and instead conducting media training for young people to reduce misinformation on social media related to COVID-19, and undertaking awareness in focus groups instead of in public areas.<sup>68</sup>



**Learning:** Processes to establish and check assumptions are critical to making effective adaptations to programming.

### Program balance

The success of RCCE activities is dependent on delivering a coherent set of complementary activities. The Collaboration on Social Science and Immunisation (COSSI) framework suggests that the success of COVID-19 vaccination programs is dependent on the delivery of several core components or approaches within a holistic program.<sup>69</sup> The COSSI framework is one of many potential frameworks, but importantly, it suggests that the provision of improved information will not be successful unless it is delivered alongside other strategies. In particular, it highlights the importance of enabling access to vaccines:

**'Psychological science has shown that enabling the vaccination behaviour directly (such as changing the location or the way the vaccine encounter occurs), can have a superior influence on vaccination**

**behaviours than trying to just focus on changing what people think or how they feel. Therefore, changes at the system level such as amending policies, changes to health service provision, optimising logistics are critical for supporting COVID-19 vaccination behaviours.'**<sup>70</sup>

This evaluation determined that only 1% of AHP activities could be classified as enabling access and hence lowering structural barriers to vaccination. One possible explanation for the program not achieving program outcomes to the fullest extent is that the program itself did not reflect all the programming areas required to deliver successful outcomes. It is difficult to determine if this was the most important factor, because there is no comprehensive mapping of other actor programming. If, for example, other actors, including government or UN agencies, had a large focus on improving access, then lack of emphasis on this area in AHP program design would have been appropriate. However, the questionnaire results and independent research suggest that lack of access to vaccination continues to be a significant issue, and raises the possibility of AHP making it a more central focus for programming.



**Learning:** An appropriate balance of activities within programming is important to effectively lower barriers to and leverage drivers for vaccine uptake.

## Intended outcomes

The scale and funding of the program requires realistic intended outcomes in terms of what can be achieved. Expected individual agency outcomes included: increase resilience of communities to misinformation and empower them with knowledge and skills to promote COVID-19 awareness and vaccination; PHAs effectively coordinate and ensure delivery of the COVID-19 vaccine; and, women's organisations and coalitions inform and influence subnational and national COVID-19 response, based on data and diverse women's input and experiences (see Appendix 1 for a full list of projective objectives and outcomes for each consortium). Given the large geographic scope and relatively low funding of the AHP COVID-19 response compared to other agencies in PNG, it is important that DFAT, AHPSU and AHP agencies discuss and agree on realistic outcomes and associated indicators of meaningful change. This conversation could include how the agencies intend to track and understand attribution.<sup>71</sup>



**Learning:** Realistic intended outcomes that provide a clear sense of the intended change in people's lives support effective programs. Reviewing these intended outcomes as part of the design phase would help agencies to develop more realistic and appropriate outcomes in context and within designated timeframes.

## External factors

Papua New Guinea's access challenges, history of vaccine hesitancy, under-resourced health system, diversity of languages and low literacy challenge the delivery of an effective response. These factors are outside the control of AHP agencies, but it is important that they are considered and addressed as part of assumptions underpinning the program and when considering what is realistic and feasible to achieve.



**Learning:** External factors outside the control of AHP programming need to be clearly articulated and understood as part of reviewing assumptions and feasibility.

*Photo: Shutterstock*



# LEARNING AND RECOMMENDATIONS

This evaluation of AHP programming – which aimed to increase COVID-19 vaccination and decrease COVID-19 transmission in PNG – found that while the program achieved some important goals, its overall effectiveness and the specific contributions of and balance between components could have been more formally and cohesively conceptualised from the outset. This may have helped the program to reach its objectives in a complex and challenging environment.

The following learnings emerged in relation to five RCCE programming areas and inclusion.

## Intended intermediate outcome 1: More people have access to vaccination services

### Finding

Activities designed to improve access were successful and welcomed by community members and health authorities. However, they were small in scale and therefore did not significantly increase the number of people able to access vaccines.

### Learning

Enabling access requires greater investment as a key area of programming, including leveraging work with other stakeholders, such as government and UN agencies.

## Intended intermediate outcome 2: Simple information about how to be safe from COVID-19 is available to the population

### Finding

Broad communications campaigns through mass and social media, especially in local languages, were effective in giving people the right information, but unlikely to have increased vaccine uptake in isolation.

### Learning

A holistic program of specific and tailored interventions to support vaccine uptake should be articulated first, in order to act as the foundation for broad communications campaign activities.

## Intended intermediate outcome 3: Specific groups receive information relevant to their needs

### Finding

Early evidence suggests that targeted communications were effective at reaching different populations, but their impact on vaccine uptake is unclear.

### Learning

More tailored information about the value and impact of communications campaigns is needed, requiring strong monitoring and close collaboration with communities to incorporate their feedback and input.

## Intended intermediate outcome 4: Health providers have the resources and information they need to provide vaccinations

### Finding

The focus on provider support was effective at improving timeliness and quality of service provision and the accuracy of information disseminated.

### Learning

Provider support contributes to localisation but needs to be articulated with targets and tracked accurately to provide meaningful insights.

## Intended intermediate outcome 5: Communities have the information and advice to make informed decision about vaccination

### Finding

Collaborative approaches with stakeholders such as government, community influencers, HCWs and churches helped in the provision of information to guide individual decision-making on COVID-19 vaccination and prevention.

### Learning

More sustained and locally grounded consideration of how to leverage key drivers of and overcome key barriers to community engagement may help to increase its effectiveness.

## Inclusion

### Finding

Women benefited from AHP programming as a result of mainstreaming practices and targeted programming.

### Finding

Examples of people with disabilities benefiting from programming exist, but consistent impact was not demonstrated.

### Learning

More consideration of effective strategies for inclusive RCCE programming is needed, including greater investment in enabling inclusion of diverse groups in design and implementation.

The evaluation identified four learnings and recommendations that can support stages of preparing a collective program logic. These reflect the potential for clear assumptions and realistic expectations to shape program choices, the importance of planning the balance of programs as well as their spread, as well as the need to build in contingencies for external factors. In future, investments made in articulating shared goals and strategies for achieving them will support agencies to achieve their overall program objectives.

## Overall program learning and recommendations

### Learning

A commonly agreed and articulated program logic and indicators of success for RCCE programming are needed to deliver a coherent and feasible program that contributes more than the sum of its parts, particularly in seeking to increase vaccine uptake.

### Recommendation

AHP agencies and the AHPSU should work together to develop commonly agreed project impact and outcomes, as well as measures of success.

### Learning

Processes to establish and check assumptions are critical to making effective adaptations to programming.

### Recommendation

AHP agencies should jointly review assumptions behind program designs and revisit these throughout programming to ensure adaptations can be made to strengthen effectiveness.

### Learning

An appropriate balance of overall activities within programming is important to effectively lower barriers to and leverage drivers for vaccine uptake.

### Recommendation

As part of the design process, AHP agencies, AHPSU and DFAT should consider the overall balance of the program activities to deliver a holistic program that complements existing government, UN and other organisations' programming.

### Learning

Realistic intended outcomes that provide a clear sense of the intended change in people's lives support effective programs. Reviewing these intended outcomes as part of the design phase would help agencies to develop more realistic and appropriate outcomes in context and within designated timeframes.

### Recommendation

AHPSU, DFAT and AHP agencies should review what is realistic in the context and timeframe to support more appropriate and realistic intended outcomes. This includes pragmatic discussions on what is achievable. Proposing expansive outcomes and impacts in short-term humanitarian interventions should be avoided unless there is clear and identifiable contribution or attribution.

### Learning

External factors outside the control of AHP programming need to be clearly articulated and understood as part of reviewing assumptions and feasibility.

### Recommendation

AHP agencies should incorporate mapping of external factors into the program design phase, including how these may affect program outcomes as part of the assumptions underpinning theories of change.

## CONCLUSION

The AHP COVID-19 RCCE program achieved important outcomes that can be built on for future work with the healthcare system and communities in PNG. The learning focus of this research project enabled agencies to reflect with and learn from each other. Agencies can continue this learning approach in their work on pandemic recovery in PNG and in emergency preparedness more broadly. The AHPSU can continue to work with agencies to support application of the learnings in future responses in PNG, but also in program design and implementation more broadly in the Pacific region. Future pandemic preparedness work supported by the Australian government in PNG and the Pacific can be informed by this work, and applicable approaches translated into partnerships with government, UN, NGOs and other actors.

*Photo: Vinicius on Unsplash*

# APPENDIX 1: OVERVIEW OF AGENCY ACTIVITIES

Consortium lead	Implementing partners	Sectors	Locations	Project objective and outcomes	Funding (AUD)	Completed or ongoing?
ActionAid (under PLAN)	8 – ActionAid Australia (lead implementing agency), YWCA of Papua New Guinea (YWCA of PNG), Nazareth Centre for Rehabilitation, Bougainville Women’s Federation, Shifting the Power Coalition – Regional Hub, Pacific Disability Forum, PNG Assembly of Disabled Peoples, Digicel	3 – Health, Emergency telecoms, Protection	Nation-wide	<ul style="list-style-type: none"> <li>▶ To drive a women-led localised and inclusive crisis response, using information and communications technology to accelerate COVID-19 awareness raising and prevention in PNG. The project had two main intended outcomes:</li> <li>▶ PNG women leaders use innovative technology to reach up to one million people in high-risk provinces with localised and inclusive COVID-19 prevention, response and vaccine messages</li> <li>▶ Women’s organisations and coalitions inform and influence subnational and national COVID-19 response, based on data and diverse women’s input and experiences</li> </ul>	\$824,569	Completed
CAN DO	3 – Caritas PNG, Anglicare PNG, ABCID	4 – Health, Logistics, WASH, Protection	5 – Western Province, Milne Bay, WNB, Oro, WHP  Messaging distributed nationally via multiple media platforms	<ul style="list-style-type: none"> <li>▶ To mitigate the spread of COVID-19 nation-wide and amongst health frontline responders. The project had three main intended outcomes:</li> <li>▶ Improving community knowledge, attitudes and practices in relation to vaccine rollout, health promotion and social protection in the PNG COVID-19 context.</li> <li>▶ Improved workplace and community safety, and reduced risk to COVID-19 infection through access to WASH and PPE.</li> <li>▶ Improving readiness of church-based health facilities in vaccine rollout through training, information sharing, logistics and strengthening their supply chain.</li> </ul>	\$1,176,022	Completed

Consortium lead	Implementing partners	Sectors	Locations	Project objective and outcomes	Funding (AUD)	Completed or ongoing?
CARE	5 – CARE International in PNG, Family Voice PNG, Touching the Untouchables, Kafe Women and Voice for Change	4 – Health, WASH, Protection, Other (RCCE)	3 – EHP, Simbu, ARoB	<ul style="list-style-type: none"> <li>▶ To enhance the resilience of COVID-affected communities in PNG to future COVID-19 epidemics through: supporting sub-national health systems through RCCE, WASH and supporting provincial plans to rollout vaccines; and reducing adverse social COVID-19 impacts at the local level through activities focused on social protection and family and sexual violence. The project had four main intended outcomes:</li> <li>▶ Provincial and district-level HCWs and key stakeholders effectively coordinate vaccine rollout and provide prevention, testing, referral services to patients and caregivers</li> <li>▶ Target communities have increased capacity to protect themselves through vaccination and other measures, to prevent the spread of COVID-19 and reduce stigma and fear of COVID-19 vaccine through strengthened knowledge and practices</li> <li>▶ Communities, schools and HCFs in target districts have improved access to adequate WASH facilities and users adopt good hygiene practices to prevent spread of COVID-19</li> <li>▶ Women, girls, those living with a disability, and other vulnerable groups in target project locations have access to comprehensive GBV and protection support services</li> </ul>	\$2,601,292	Ongoing (until 30 June 2023)
Oxfam	2 – Oxfam Australia, ABCID	1 – Health	Nation-wide	<ul style="list-style-type: none"> <li>▶ Increased understanding by people over 18 years of age of COVID-19 precautions and safe practices through a coordinated partnership with key stakeholders at national and sub-national levels. The project had three main intended outcomes:</li> <li>▶ Strengthen systems required to effectively scale up public messaging and communications coordination on COVID-19.</li> <li>▶ Increase resilience of communities to misinformation and empower them with knowledge and skills to promote COVID-19 awareness and vaccination.</li> <li>▶ Improve COVID-19 vaccination information through aligning with the Sleeves Up campaign and rollout of tailored communications at district and provincial level</li> </ul>	\$2,995,825.50 plus GST	Ongoing (until 30 June 2023)

Consortium lead	Implementing partners	Sectors	Locations	Project objective and outcomes	Funding (AUD)	Completed or ongoing?
World Vision & Save the Children	5 – Save the Children Papua New Guinea, World Vision Papua New Guinea, Burnet Institute, Susu Mamas PNG Inc, and PNG Assembly of Disabled People	3 – Health, WASH, Protection	9 – ARoB, Central, East Sepik, EHP, WHP, Madang, Morobe, NCD, Western (North Fly)	<ul style="list-style-type: none"> <li>▶ To strengthen the PNG Government’s response to the ongoing surge in COVID-19 cases, while simultaneously supporting the vaccination rollout in order to increase uptake of available vaccines. The project had five main intended outcomes:</li> <li>▶ PHAs effectively coordinate and ensure delivery of the COVID-19 vaccine in accordance with the Government of PNG’s National Deployment Plan and Vaccination Plan for COVID-19</li> <li>▶ Communities, especially vulnerable groups, are accurately informed on the nature and purpose of the COVID-19 vaccine and participate in the vaccine rollout</li> <li>▶ PHAs are better equipped to respond to current COVID-19 outbreaks</li> <li>▶ Communities have increased knowledge and practice of COVID-19 safe behaviours through schools and HCFs</li> <li>▶ Vulnerable families and their children affected by COVID-19 are protected through Multi-Purpose Cash Assistance</li> </ul>	\$4,000,000	Completed
<b>Total</b>	<b>23 implementing partners</b>	<b>6 sectors:</b> Health, Emergency telecoms, Protection, RCCE, Logistics, WASH	<b>13 provinces and regions (of 22):</b> Oro, Milne Bay, WHP, WNB, Western Province, EHP, Simbu, ARoB, Central, East Sepik, Madang, Morobe, NCD		<b>\$11,597,708.50</b>	

# APPENDIX 2: KEY EVALUATION QUESTIONS AND SUB-QUESTIONS

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## KEQ 1: RCCE ACTIVITIES

1. What RCCE activities (planned and pivoted since 2020) are AHP agencies implementing to support the vaccine rollout in PNG?
  - a. To what extent have agencies 'pivoted' from their original plans and objectives?
  - b. What are the objectives and target audiences for AHP agency RCCE activities (planned and pivoted)?
  - c. What has supported AHP agencies to pivot and what has made it difficult?
  - d. What data do AHP agencies gather to understand impact?

## KEQ 2: EFFECTIVENESS

2. What approaches to risk communication and community engagement (RCCE) have been most effective and why?
  - a. What are the barriers and enablers to effective programming?
  - b. What approaches to RCCE have been most effective in promoting vaccine uptake?
    - i. To what extent are interventions addressing the main barriers to vaccine uptake (individual, social, and practical) and leveraging enablers?
    - ii. What evidence is there that certain approaches resulted in demonstrable behaviour change?
  - c. What approaches have had the most reach?
  - d. What approaches have been most effective at engaging diverse groups and communities?
  - e. What are any unintended outcomes?

## KEQ 3: LEARNING

3. What learning can be shared across partners to inform ongoing programming in PNG?
  - a. Can any adaptations be applied real-time to ongoing activities in PNG? What is feasible and what are the enablers and barriers?
  - b. What learning can be generalised and applied across other country contexts?

# APPENDIX 3 FINDINGS ASSESSMENT

## Evidence assessment process

The evaluation team used the following criteria to assess the strength of evidence from the below sources for meeting the intended outcome identified for each RCCE area:

- ▶ Identified / met targets – to what extent agencies had identified and met or exceeded targets
- ▶ Reach – the scope of reach of activities to targeted populations
- ▶ Influence – evidence of influence on community knowledge and awareness
- ▶ Effectiveness – evidence of behaviour change or practices in reducing transmission and vaccine uptake

The strength of evidence rating used was:

- ▶ No to limited evidence
- ▶ Moderate evidence
- ▶ Good evidence

This assessment was used as a basis to inform the discussion, and to develop the findings and learnings for each RCCE area in the report. Evidence for four of the RCCE areas was broadly found to be moderate, and one limited (enabling access).

The following data sources were used throughout the project across the five RCCE and program effectiveness discussion sections.

### Summary table of data collection methods

<b>Document and resource review</b>	<ul style="list-style-type: none"> <li>▶ AHP country-level COVID-19 funding proposals</li> <li>▶ AHP Program Implementation Plans (PIPs)</li> <li>▶ AHP Monitoring, Evaluation &amp; Learning Frameworks (MELFs)</li> <li>▶ AHP progress reports (and review comments)</li> <li>▶ AHP progress updates from AHP-DFAT roundtables</li> <li>▶ AHP field stories (as published on the AHP website)</li> <li>▶ AHP final reports</li> <li>▶ Relevant documents outlining DFAT's and national government's humanitarian/COVID-19 response priorities in PNG</li> <li>▶ Research reports</li> </ul>
<b>Key informant interviews</b>	Interviews were conducted with AHP partners (mostly in country) to capture reflections that were not available in reporting documentation.
<b>Questionnaires</b>	Questionnaires with community members who have had the vaccine and healthcare workers.
<b>Learning workshops</b>	The evaluation team conducted learning workshops with AHP agency staff and the AHP SU to enable reflection and learning on the emerging evaluation findings.

# ENDNOTES

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- 1 HAG and La Trobe University. (2022). What works – and what doesn't – in promoting COVID-19 vaccination in Papua New Guinea: Discussion paper; HAG and La Trobe University. (2022). Evaluation research on the COVID-19 RCCE response in Papua New Guinea: Phase 2 Learning workshop report
- 2 Data from partner reporting. Not all agencies that contributed to each area measured their reach in the same ways or at all. AHPSU in consultation with DFAT, recommended that a 40% engagement rate is used across all mass communication activities. See the section on broad communication campaigns for further detail about indirect reach and engagement. The number of items of PPE and medical supplies aggregates the number of PPE items (CARE, World Vision and Save the Children) and the number of boxes of PPE (CAN DO), therefore the actual number may be higher.
- 3 Pogo, M. et al. (2021). Final Report: COVID-19 Vaccine Hesitancy in Papua New Guinea. National Department of Health, World Health Organisation, St John Ambulance and UNICEF, May.
- 4 See the broader evaluation report: HAG, CoLAB and La Trobe University. (2023). COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership: Final evaluation report
- 5 Roche, C. (1999). Impact Assessment for Development Agencies. Oxford: Oxfam/NOVIB
- 6 OECD/DAC Network on Development Evaluation. (2019). Better Criteria for Better Evaluation: Revised Evaluation Criteria Definitions and Principles for Use. OECD, <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>
- 7 The first stream of questionnaires with community members was conducted by the HAG and LTU evaluation team. Data gathered was only visible to and analysed by HAG and LTU team members. The second stream of questionnaires with HCWs was conducted by HAG–LTU in partnership with ABCID, as a member of the AHP Oxfam consortium providing technical support and advice across AHP partners on effective approaches to RCCE. The collaboration between the existing evaluation team (HAG–LTU) and ABCID was proposed because the teams were due to undertake research with similar objectives in the same timeframe. This enabled the collaborators to combine resources, avoid duplication and avoid oversaturation of the same target group (HCWs).
- 8 Estimates differ, because the last two censuses were in 2000 and 2011. Another census is due in 2024. See for example, Maholopa Laveil. (2023). 'PNG needs a census, not more population estimates.' The Interpreter, Lowy Institute, 13 January, <https://www.lowyinstitute.org/the-interpreter/png-needs-census-not-more-population-estimates>;
- 9 For comparison, in neighbouring Indonesia, WHO reported 6.95 doctors per 10,000 people (2021) and in Australia, 41.02 doctors per 10,000 people (2020) [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-\(per-10-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-(per-10-000-population))
- 10 DFAT. 'Papua New Guinea country brief,' <https://www.dfat.gov.au/geo/papua-new-guinea/papua-new-guinea-country-brief>; National Statistical Office. 2011 National Population and Housing Census, <https://www.nso.gov.pg/statistics/education/>; National Statical Office, <https://www.nso.gov.pg/statistics/population/>
- 11 WHO COVID-19 Dashboard. (2020). Geneva: World Health Organization, <https://covid19.who.int/region/wpro/country/pg> (last updated: 25 March 2023)
- 12 UNICEF. (2021). 'PM Marape launches nationwide COVID-19 vaccination campaign,' Press release, 4 May, <https://www.unicef.org/png/press-releases/pm-marape-launches-nationwide-covid-19-vaccination-campaign>; NDoH & WHO. (2021). 'Papua New Guinea Coronavirus Disease 2019 (COVID-19): Health Situation Report #77,' 16 June, [https://www.health.gov.pg/covid19/PNGSR75PCOVID-19\(2021-06-16\).pdf](https://www.health.gov.pg/covid19/PNGSR75PCOVID-19(2021-06-16).pdf)
- 13 Alinea. (2022). COVID-19 achievements: A synthesis of results from DFAT's global and regional civil society mechanisms, March.
- 14 WHO COVID-19 Dashboard. Given low levels of testing, it is likely that case numbers and deaths were significantly higher than reported.
- 15 PNG National Department of Health COVID-19 Dashboard, available from <https://covid19.info.gov.pg/>
- 16 HAG and La Trobe University. (2022). Discussion paper
- 17 Machine, E & Odhuno F. (2022). 'COVID-19 Vaccine hesitancy among wholesale and retail service employees with pre-existing medical conditions: Evidence from Papua New Guinea.' Discussion paper no. 198, The National Institute of PNG, September, [https://pngnri.org/images/Publications/Discussion\\_Paper\\_198\\_CHECK.pdf](https://pngnri.org/images/Publications/Discussion_Paper_198_CHECK.pdf)
- 18 Western, East Sepik, Western Highlands, Jiwaka, Chimbu, Madang, Eastern Highlands, Morobe, Central, National Capital District, Oro, West New Britain, Milne Bay and Autonomous Region of Bougainville
- 19 Data from partner reporting. Not all agencies contributed to each area measured. AHPSU, in consultation with DFAT, recommended a 40% engagement rate across all mass communication activities. See the section on broad communication campaigns for further detail about indirect reach and engagement.

- 20 Not all agencies provided targets for direct reach, and one consortium project was not contributing to direct reach. Two projects are ongoing.
- 21 There may be overlap between some categories and some activities might fall into multiple categories. The five RCCE areas are adapted from a [Collaboration on Social Science and Immunisation \(COSSI\)](#) publication. The graphic does not reflect the proportion of funding that went to the five categories; it is intended to provide an overview of the spread of activities across the five areas.
- 22 See HAG and La Trobe University. (2022). Discussion paper, p.21.
- 23 Response to questionnaire (Q11)
- 24 Response to questionnaire (Q13)
- 25 HAG and La Trobe University (2023). Stage 2 Learning Workshop Report. March
- 26 Response to questionnaire (Q13)
- 27 The CAN DO program evaluation notes that most participants from Oro did not want to be vaccinated, highlighting the difference between provinces. See the CAN DO program evaluation for further discussion: Hoatson, L. (2022). PNG C-19 Outbreak: 2020-2022 Evaluation. CAN DO, pp.20-22.
- 28 HAG and La Trobe University (2023). Stage 2 Learning Workshop Report
- 29 HAG and La Trobe University (2023). Stage 2 Learning Workshop Report; HAG and La Trobe University. (2022). Discussion paper, p.10
- 30 Response to questionnaire (Q12A)
- 31 Response to questionnaire (Q12A)
- 32 Responses to questionnaire
- 33 HAG and La Trobe University. (2022). Discussion paper, p.23
- 34 Hoatson, L. (2022). PNG Evaluation. CAN DO, p.36
- 35 Hoatson, L. (2022). PNG CAN DO Evaluation, pp.23-24.
- 36 5 of 65 respondents
- 37 Hoatson, L. (2022). PNG CAN DO Evaluation, pp.26, 35
- 38 Ibid., pp.24-25
- 39 As outlined in the methodology section, primary data collection during stage 2 was divided into two streams. The second stream of questionnaires with HCWs was conducted by HAG-LTU in partnership with ABCID, as a member of the AHP Oxfam consortium providing technical support and advice across AHP partners on effective approaches to RCCE.
- 40 Responses to the questionnaire
- 41 The consortium led by Oxfam, in partnership with ABCID, supported a communications and media officer to be based in the National Department of Health to support messaging to the public.
- 42 CARE. (2023). AHP Progress Report: PNG COVID-19 Outbreak – Phase 4, January; CAN DO. (2022). AHP Final Report: PNG COVID-19 Outbreak – Phase 4, October; World Vision and Save the Children. (2023). AHP Final Report: PNG COVID-19 Outbreak – Phase 4, March.
- 43 CAN DO. (2022). AHP Final Report: PNG COVID-19 Outbreak – Phase 4, p.15
- 44 CARE. (2023). AHP Progress Report: PNG COVID-19 Outbreak – Phase 4, p.4
- 45 HAG and La Trobe University. (2022). Discussion paper, p.24
- 46 Response to questionnaire (Q12A)
- 47 Hoatson, L. (2022). PNG Evaluation. CAN DO.
- 48 Targets not provided by all agencies contributing to this indicator, so the target is not included.
- 49 Response to questionnaire (Q12A)
- 50 Response to questionnaire (Q12A)
- 51 HAG and La Trobe University. (2022). Discussion paper; Stage 2 Learning Paper; CARE. (2023). AHP Progress Report; CAN DO. (2022). Final Report; World Vision and Save the Children. (2023). AHP Final Report
- 52 Gerber, A. S. & Green, D. P. (1999). Does canvassing increase voter turnout? A field experiment. *Proceedings of the National Academy of Sciences*, 96(19), 10939–10942; Brockman, D. & Kalla, J. (2016). Durably reducing transphobia: A field experiment on door-to-door canvassing. *Science*, 352(6282), 220–224; Velasquez, D. et al. (2021). GOTVax: a novel mobile COVID-19 vaccine program. *NEJM Catalyst Innovations in Care Delivery*, 2(3).
- 53 World Vision and Save the Children. (2023). AHP Final Report: PNG COVID-19 Outbreak – Phase 4, p.25.
- 54 Morgenroth, T. et al. (2015). The motivational theory of role modeling: How role models influence role aspirants' goals. *Review of General Psychology*, 19(4), 465–483; Marshall, S. et al. (2019). A systematic approach to map the adolescent human papillomavirus vaccine decision and identify intervention strategies to address vaccine hesitancy. *Public Health*, 177, 71–79; Rogers, T et al. (2014). Commitment devices: Using initiatives to change behavior. *JAMA*, 311(20), 2065–2066.
- 55 CARE. (2023). AHP Progress Report: PNG COVID-19 Outbreak – Phase 4, p.4; CAN DO. (2022). AHP Final Report: PNG COVID-19 Outbreak – Phase 4, pp.13-14.
- 56 CAN DO. (2022). AHP Final Report: PNG COVID-19 Outbreak – Phase 4, p.13
- 57 Responses to questionnaires
- 58 See key drivers for vaccination uptake in HAG and La Trobe University. (2022). Discussion paper.
- 59 CARE. (2023). AHP Progress Report: PNG COVID-19 Outbreak – Phase 4
- 60 CARE. (2023). AHP Progress Report: PNG COVID-19 Outbreak – Phase 4; CAN DO. (2022). AHP Final Report: PNG COVID-19 Outbreak – Phase 4

- 61 PLAN-ActionAid. (2023). AHP Final Report: PNG COVID-19 Outbreak – Phase 4, March
- 62 CAN DO. (2022). AHP Final Report: PNG COVID-19 Outbreak – Phase 4
- 63 Hoatson, L. (2022). PNG Evaluation. CAN DO
- 64 PLAN-ActionAid (2023). AHP Final Report: PNG COVID-19 Outbreak – Phase 4
- 65 Hoatson, L. (2022). PNG Evaluation. CAN DO
- 66 Kuku, R. (2021). 'PNG prime minister first to be vaccinated with Australian-supplied doses 'to show it's safe'', The Guardian, 20 March, <https://www.theguardian.com/world/2021/mar/30/png-prime-minister-first-to-be-vaccinated-with-australian-supplied-doses-to-show-its-safe>; UNICEF. (2021). 'PNG prepares for COVID-19 Vaccines,' Media advisory, 9 March, <https://www.unicef.org/png/press-releases/png-prepares-covid-19-vaccines>; UNICEF. (2021). 'PM Marape launches nationwide COVID-19 vaccination campaign,' Press release, 4 May, <https://www.unicef.org/png/press-releases/pm-marape-launches-nationwide-covid-19-vaccination-campaign>; WHO COVID-19 Dashboard. (2020). Geneva: World Health Organization, <https://covid19.who.int/region/wpro/country/pg> (last updated: 25 March 2023)
- 67 WHO COVID-19 Dashboard.
- 68 CARE. (2023). AHP Progress Report: PNG COVID-19 Outbreak – Phase 4; CAN DO. (2022). AHP Final Report: PNG COVID-19 Outbreak – Phase 4.
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- 70 Ibid., p. 5
- 71 This issue was also reflected in the broader COVID-19 evaluation. See HAG, CoLAB and La Trobe University. (2023). COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership: Final evaluation report, p.25.