# Risk communication and community engagement

Experience in other epidemics, such as the Ebola responses in West Africa and DRC, highlight the importance of risk communication and community engagement (RCCE) as an essential component of emergency preparedness and response action planning. The purpose of this guidance note is to give an overview of key points to enable you to develop, implement and monitor an effective action plan for engaging and communicating effectively with the public and other stakeholders to help protect people's health during responses to Covid-19. We would also love to hear from you as to what you have found does/does not work in your context. Please email your ideas to rachel.stevens@tearfund.org and frank.greaves@tearfund.org

Five steps to developing an RCCE plan

There are five key steps to developing an RCCE plan as shown in the diagram.
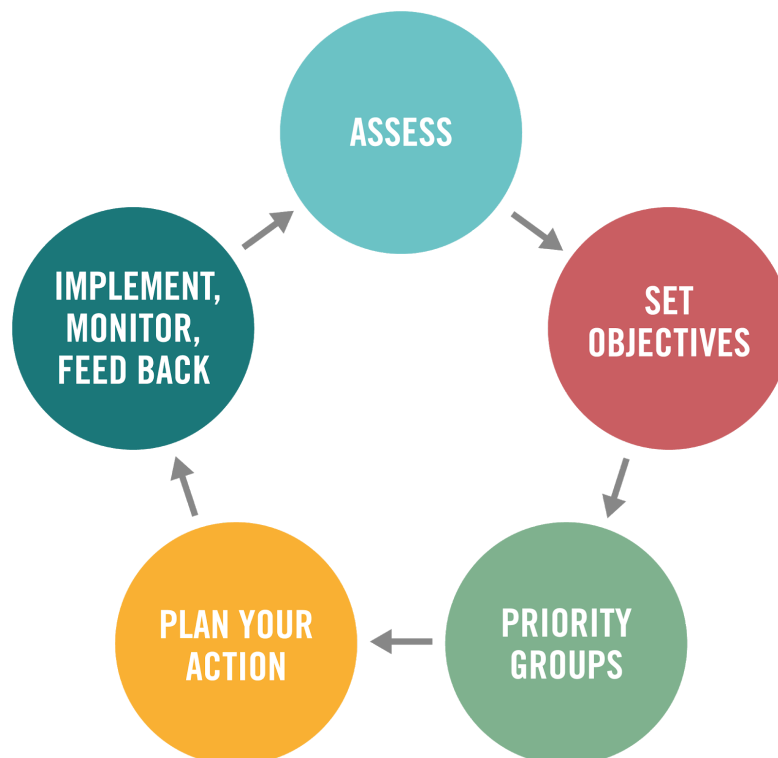
ASSESS

1. Assess
Collect existing information about communities and conduct rapid assessments. You may have to rely on secondary information, your existing knowledge of a context, or contact by phone people you already know. Information to focus on includes: their knowledge, attitudes and perceptions about Covid-19, who are the most at-risk population, their preferred communication patterns and channels, language, religion, influencers, health services.

SET OBJECTIVES

2. Set objectives
Define and prioritise your key RCCE objectives. Any action plan needs to be **reviewed and revised as the situation in your context evolves, and as people react to the response.**

PRIORITY GROUPS

3. Priority groups
Identify both your target audience and the key influencers. The influencers may include policy-makers, influential bloggers or other social media leaders, local leaders, women, elders and youth group leaders, religious leaders, health experts and practitioners, volunteers, people who have real-life experience of Covid-19. Match audiences with influencers and communication channels that will reach them.

PLAN YOUR ACTION

4. Plan your action
Develop an RCCE strategy based on findings from your analysis, objectives and audiences. Make sure your action plan is in line with your country's Covid-19 response. In this step, you need to describe actions that will contribute to achieving your RCCE objectives. Messages and materials should be tailored to reflect audience perceptions and knowledge – information you will have gathered through the 'Assess' step. Pre-test your information, education and communication (IEC) material with representatives of the intended audience. As far as possible, your IEC material should contain an **instruction to follow** (a simple, doable action), **a behaviour to adopt,** and **information to share with family and friends.**

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IMPLEMENT, MONITOR, FEED BACK

5. Implement, monitor, feed back

Implement the RCCE plan, with close monitoring of the field work. If minimal or no positive changes are achieved, investigate these three elements to see where the problems are:

- Message - is the advice and information you are sharing understood, appropriate and accessible
- Method - is the approach you have chosen reaching the right people, in the right way, at the right time
- Quality - are your messages and methods of sufficient quality

Consider setting up a rumour-tracking system to watch misinformation closely and report it to relevant partners. Be prepared to respond to rumours and misinformation with evidence-based guidance. Adapt materials, messages and methodologies as the impact of the virus changes.

Community engagement

This is something we tend to do all the time without really thinking what it is! It is **a process of working collaboratively with groups of people who are linked by geographic proximity or special interests, to address issues affecting their well-being.** Communities must be at the heart of any public health intervention. In this Covid-19 response, more than ever, we need to proactively communicate and promote a two-way dialogue with communities to understand risk perceptions, behaviours, existing barriers, specific needs and knowledge gaps, and then provide communities with accurate information tailored to their circumstances.

How can I do community engagement where physical distancing measures are in place?

We need to be creative here, and be prepared to think outside the box. Here are some ideas that you may want to consider in your context:

- Understand how people are continuing to communicate despite the lockdown – and use those methods wherever possible and appropriate.
- Use radio programmes, not just for giving messages, but also for providing an opportunity for two-way communication through hosting phone-in Q&A programmes.

- Send out mass SMS messages. Contact local mobile network providers to see how they can assist. Consider using organisations such as Viamo to disseminate behaviour change messages; organisations such as Geo-Poll can help with conducting SMS-based surveys to gather background data. However, bear in mind that reliance on SMS messaging alone may not reach those in greatest need who do not have access to phones or the internet.

- Don't just rely on the official communicators, especially where people have low levels of trust in government. The messenger is as important as the message. Engage and use trusted community influencers, such as: community, traditional and faith leaders; community groups (such as parent teacher associations, self-help groups, village development committees); peer educators and youth leaders; and local celebrities.

- Use loud speakers to broadcast messages, using known and trusted community influencers whose voice people may recognise.

- Put up attractive, pictorial posters in key places in communities which are in limited lockdown. Think about where people gather, such as water points, transport hubs, markets, health centres. Consider using the services of a marketing agency to develop these resources: these should be in addition to any which are already produced by trusted authorities eg the Ministry of Health, WASH Cluster (humanitarian coordination mechanism).

- If you're planning to distribute hygiene or WASH-related, non-food items, consider including a printed leaflet with public health information; also consider printing an attractive sticker to place on items such as buckets for handwashing/water storage to remind people how and when to wash their hands.

- Use WhatsApp groups to target specific groups of people such as mothers or self-help groups (if personal data such as mobile numbers is available). But consider data protection when setting up groups.

- Consider setting up your own helpline for people to call (ideally, a toll-free line) if you have staff available who are trained and equipped to give advice, or you have a referral pathway in place.

- Use social media to encourage people to be socially responsible and comply with regulations to protect both themselves and others.

- Where there is reasonable internet connectivity, use a medium such as Zoom, Google Hangouts or Skype to conduct training.

- Where religious services can still be conducted, encourage faith leaders to include messaging in their sermons.

- Consider partnering with other organisations/networks that work specifically with excluded or special interest groups.

- Install noticeboards at key points in the community which can be used to display information about the virus and key steps for protection, including physical distancing, the importance of hand hygiene, and how to make simple handwashing stations. Have leaflets available for people to take away. This could also be used as part of your mechanism to be accountable to beneficiary communities by including information on feedback channels.

- Set up physical cues/nudges to influence people to behave in a certain way, including.

    - painting or sticking bright and cheerful footsteps on pathways between latrines and handwashing stations

    - making handwashing stations look attractive, such as decorating them with handprints or providing mirrors

    - marking out two-metre distances with bright ribbon or paint at water points to encourage people to adhere to physical distancing

    - the use of face masks may deter people from touching their mouth/nose

Principles for community engagement

The following principles must be the foundation on which we build our RCCE strategy:

- **Participation:** Involve those affected to understand how their perceptions of their susceptibility to risk and their resulting behaviours might contribute to the spread of Covid-19. Work together with beneficiary communities on every step of RCCE.

- **Empowerment and ownership:** The heart of our response is to empower our communities to take control of their own actions, to help reduce the spread of the virus and to protect themselves. Tearfund and local partners need to inform, build capacity and motivate. Our communities may make decisions for changed behaviours, but we must also work with them to help them understand their own limitations, and when and how to enlist further help, and from whom.

● **Inclusion:** Be aware of vulnerable groups within the population who are at greater risk and consider specific actions to include them. Examples of vulnerable groups and ways to include them in RCCE actions are set out in the table below:

Groups at risk, and reasons for risk	RCCE actions
CHILDREN ● They might not have access to or easily understand public information. ● Prolonged periods of school closure and movement restrictions may cause emotional unrest/anxiety. ● Caregivers may not be able to take effective care of children who depend on them: if they are infected or need to isolate, or if they die, this could raise child protection issues or cause psychosocial problems.	● Consult children/adolescents to understand their concerns, fears and needs. ● Design information and communications materials that are child-friendly. ● Provide information/referral pathways for psychosocial support. ● Teach parents the skills to handle their own anxieties and help manage those in their children. ● Promote fun activities that parents and children can do together to reduce tension.
PEOPLE LIVING WITH DISABILITY ● Access to information is often a problem for people who have specific communication needs: they are often excluded from decision-making processes. ● They can be socially isolated/invisible members of a community.	● Provide communication in a variety of accessible formats, considering different needs:eg recorded messages, hotlines, videos, posters, large-print info sheets. ● Use clear and simple language.
WOMEN AND GIRLS ● Women make up large parts of the health care workforce, and are the primary caregivers to family members who are ill. ● They are more likely to be engaged in the informal sector and be hardest hit economically. ● They may experience increased risk of sexual and gender-based violence (SGBV). ● Social norms may exclude women from decision-making spaces.	● Ensure community engagement teams are gender-balanced and promote women's leadership. ● Provide specific advice for people who care for children, elderly and vulnerable people, and who are unable to avoid close contact. Be prepared to answer questions such as: 'How do I manage a family of young children in household isolation?' ● Take into account the need for child care, transport and infection precautions for any face-to-face community engagement activities

● They might experience interrupted access to sexual and reproductive health services. ● They may face an increased burden of collecting additional water required for handwashing.	● Host a regular radio show, hosted by local women, to provide information on Covid-19.
PREGNANT WOMEN ● Health services may be diverted when they are overburdened with responding to the virus, resulting in interrupted pre- and post-natal care. ● Frequent contact with health facilities can increase the risk of infection for pregnant women.	● Develop specific contextualised material for pregnant women/new mothers on basic hygiene practices, infection precautions and how/where to seek care based on their questions/concerns. Translate them into local languages. ● Host a regular radio show, hosted by local women, to provide information on Covid-19.
PEOPLE LIVING WITH HIV ● They may have compromised immune systems and be more at risk of severe illness. ● They may experience stigma and discrimination in health care settings. ● They may be denied access to essential medication (eg ARVs) due to over-burdened health systems.	● Ensure public health information is based on their feedback and includes up-to-date information regarding where/how to access ARVs. ● Use established community systems to facilitate dialogue with people living with HIV.
SGBV SURVIVORS ● Pressure to respond to Covid-19 may disrupt care and support for this group. ● Safety, security and access to justice services may be disrupted as government institutions redirect resources.	● Inform communities and service providers about any changes to referral pathways. ● Ensure SGBV risk-mitigation measures are in place in isolation facilities and in any evacuation processes. ● Circulate 'Protection from Sexual Exploitation and Abuse' (PSEA) Code of Conduct and remind staff of it.
IDPs, REFUGEES AND MIGRANTS ● Legal status, discrimination and language barriers may limit their access to publicly available information. ● Health service and government messages may not reach them.	● Support the translation and dissemination of public health information into the preferred languages of refugees and migrants. ● Partner with refugee/migrant networks to monitor risks associated with human mobility.

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● Lack of documentation/financial resources may hinder access to health services.	● Diversify communication tools and methods, and keep messages simple. Test them first with the target group.
OLDER PEOPLE ● Evidence shows they are the group most likely to become seriously ill with Covid-19, with a higher fatality rate. ● They may not always be able to go to health services. ● They may depend on others for care. ● They may not understand information or be unable to follow the instructions. ● They may feel socially isolated.	● Tailor messages so they are practical and feasible for their particular living conditions and health status. ● Engage older people to address their specific feedback. ● Develop specific messages to explain the risks for older people; target also family members, caregivers and health care providers.
PEOPLE LIVING IN EXISTING HUMANITARIAN EMERGENCIES/CONFLICT SETTINGS ● They may be at high risk of infection if infrastructure is damaged or lacking. ● People may be residing in cramped conditions without access to water and sanitation ● Local government services are likely to be non-functional or very limited at best.	● Identify those who are trusted communicators and work with them wherever possible. ● Engage with WASH actors to bridge any gaps in service provision. ● Understand particular needs, preferred communications channels, and their specific questions and concerns. ● Tailor all activities and messages to the context (see Tearfund's guidance for response in urban, informal settlements).
ETHNIC MINORITIES ● They may not have access to health and other services. ● They may be unable to leave an affected area. ● They may experience stigma and discrimination.	● Translate information into their local languages. ● Allow individuals opportunities to share their questions and concerns in their own language. Ensure your budget allows for these costs.

- **Two-way communication:** Communication should not be top-down; provide communities with the opportunity to ask the questions which concern them. Ensure feedback loops are in place to gather and then respond to these questions and concerns.

- **Adaptability and localisation**: Review your messages constantly, based on which phase the pandemic has reached in your context and based on global guidance from trusted sources. Always consider the context within which the messages will be given, in particular where:

  ○ communities are overcrowded or where large families live together

○   there is inadequate/limited access to health facilities

○   there is inadequate access to soap, water and basic items such as food

○   staying home from work means a loss of pay

○   cultural and social norms and religious practices encourage communal gatherings

● **Building on local capacity:** As mentioned previously, use local, trusted influencers in your messaging approaches.

● **Do no harm:** Regular and proactive communication with the public and at-risk populations can help to reduce stigma, build trust and increase social support and access to basic needs. Stigma undermines social cohesion and causes some groups to become socially isolated, which might contribute to the virus being more likely to spread. Accurate, relevant and timely communication can help alleviate confusion and avoid misunderstandings. Choosing careful and clear language in describing the outbreak, its origins and prevention steps can reduce stigma.

Risk communication messages for Covid-19

The following are suggestions of topics/issues which will need to be covered at different times, and in different ways, depending on the phase of the virus you are currently in. Always ensure your messages are in line with those mandated at national level by recognised agencies, such as the World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC). Rumours and misinformation are rife. Keep track of what is being said through social media and adapt your messaging to address any misinformation or rumours.

Focus on providing people with small, doable actions which help them feel they are taking positive steps, to reinforce official messaging on the following:

● signs and symptoms of Covid-19

● advice on caring for individuals with Covid-19 at home[1]

● preventing the spread of Covid-19

● physical distancing of two metres in public places, including water points

● hand hygiene (see Tearfund's [Covid-19 WASH programme guidance](#))

● staying informed

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[1] Isolate individuals in a separate, well-ventilated room, wear a mask if possible and limit direct contact. If direct contact is unavoidable, wear mask and gloves.

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- respiratory hygiene (see Tearfund's Covid-19 WASH programme guidance)

- avoiding public exposure if you have symptoms or are sick

- avoiding touching the face

- preparing home and family for isolation (planning for sick members, accessing supplies including food, medicine, water)

- use of face masks:[2] this could be a 'nudge' to prompt behaviour ie remind people not to touch their faces

- cleaning of surfaces

Useful resources:

Inter-Agency Standing Committee: Covid-19: How to include marginalized and vulnerable people in risk communication and community engagement

Oxfam: Community engagement during Covid-19: a guide for community-facing staff

Oxfam: Covid-19 Community engagement checklist

Paho/Unicef: Covid-19 Risk communication and community engagement (RCCE)

WHO: RCCE action plan guidance: Covid-19 preparedness and response

WHO, IFRC and Unicef: Social stigma associated with Covid-19. A guide to preventing and addressing social stigma

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[2] Only individuals with respiratory symptoms, or individuals who are taking direct care of someone with Covid-19

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