Risk communication and community engagement

GUIDANCE NOTE FOR THE NATIONAL SOCIETY & IFRC RESPONSE TEAMS

OVERVIEW

The information below provides a quick overview of the key tools and guidance you need to be aware of when planning for risk communication and community engagement approaches within the novel coronavirus (2019-nCoV) outbreak preparedness and response operations.

It is essential that health and WASH colleagues leading preparedness and response actions coordinate with communication and community engagement focal points to roll out effective risk communication and community engagement initiatives.

What is risk communication and community engagement?	Risk communication and community engagement (RCCE) refers to the processes and approaches to systematically engage and communicate with people and communities to encourage and enable communities to promote healthy behaviours and prevent the spread of infectious diseases during public health events, like the current nCoV outbreak. We do so by: • Asking people what they know, want and need, and involving them in designing and delivering nCoV-related services and prevention approaches improves the effectiveness of our community interventions and sustains the changes we promote. It is important to give opportunities and open channels of communication for people and communities to ask questions and debate issues of concern. • Employing a variety of community engagement approaches and trusted communication channels to reach, influence, include, enable and engage communities with accurate, easily understood and trusted health information about nCoV risk and transmission, causes, symptoms, prevention and treatment through trusted communication channels. • Building on local capacity by listening to and using community feedback and ideas about how to prepare for and respond to the nCoV outbreak – it's important to build community ownership of nCoV prevention, preparedness and response.
Why is Risk Communication and community engagement important in the response to nCoV?	Some lessons from previous epidemics outbreaks: • As much as we try to provide solutions, it will be the people and communities who are the main implementers and leaders in promoting individual and collective action to prevent and respond to nCoV. • Building trust is essential. Once communities recognize us as a trusted source of advice, it will influence if they accept volunteers' advice and act on it. • People and communities need to fully understand and embrace public health recommendations. If not, they might refuse access to their communities and even reject prevention measures, contributing to the spread of the disease. • When rumours spread faster than the truth and contradict real health information, it can stop people from protecting themselves and undermine our risk communication • We need to check how messages are being interpreted by the communities. For example, the message 'Ebola kills' during Ebola outbreaks led people to believe it was incurable and so they

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	chose to die at home rather than go to a treatment centre, contributing to the spread of the disease. Messages about nCoV must likewise be tested to ensure they are clear and do not result in unwanted behaviour changes. • Working with communities and getting trusted leaders and key influencers on board mobilizes communities much faster and more effectively than working only through our own volunteers.
What risk communication and community engagement activities should be prioritized?	**Communities are central to all interventions for the nCoV outbreak and community engagement approaches are mainstreamed into the health-led operations to support and ensure that responses can help to prevent transmission of the virus, protect vulnerable people, and end the outbreak. Check [ANNEX 3](#) for planning tips.** • Be prepared to communicate what we know and do not know about nCoV based on the latest evidence from WHO and your Ministry of Health by addressing populations' concerns and questions while offering actions that can be taken to protect their health (check the latest risk communication tools). Communicating what we don't know yet is better than silence as this will often be interpreted as supressing information or grow and information vacuum in which rumours will grow easily • Assessments should cover social and behaviour change needs (i.e. knowledge, attitudes, practices and beliefs as well as trusted channels of communication) and are undertaken in coordination with other partners to develop a coordinated risk communication, community engagement and social mobilization approach • Establish a system for listening to public perceptions as well as for finding out about rumours and misinformation, for example, by monitoring media and social media, linking into existing or building community feedback mechanisms and by gathering feedback from healthcare workers and hotlines; if necessary, establish systems for responding to rumours, misinformation and frequently asked questions. • Integrate risk communication and community engagement approaches into public health and WASH plans to promote dialogue and increase acceptance and trust in communities. • Engage the public through volunteers door-to-door visits, radio and/or social media to proactively inform audiences and collect and answer all questions, misconceptions concerns. • Targeted use of communication campaigns, with focus on localized engagement approaches, key preventive measures with focus on hygiene practices and social distancing behaviours • Train volunteers on how to better engage, listen and communicate about nCoV including crucial unknowns • Identify key influencers (e.g., trusted public figures, community leaders, religious leaders, health workers, traditional healers, alternative medicine providers) and networks, including on social media (e.g., women's groups, youth groups, religious groups) that can help with informing and mobilizing people.

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What do I need to remember in relation to risk communication and community engagement?	• **Adapt to the local context:** Focus on dialogue points based on locally approved messages, which are tailored to the local context and local questions, perceptions, beliefs and practices (see ANNEX 6 and ANNEX 4). • **Change your dialogues points to adapt to the information needs and perceptions of people as the response evolves**: to respond to the increasing knowledge of the population and the feedback they provide, as well as rumours and false information spreading in the area • **Test your messages**: any news materials and messages need to be tested with the targeted community before being widely disseminated to ensure they are well understood, and don't contribute to confusion or even potentially cause harm • **Listen! Collect and analyse rumours and feedback regularly**: they will be key to shaping your messages and communication (see template on ANNEX 2) • **Train staff and volunteers**: not everyone is a natural communicator and some may need help to build up their communication, listening and feedback collection skills.
Who is leading RCCE and with whom do we coordinate?	While everyone has a responsibility for good risk communication and community engagement, this is led by the health team. The focal points are the health promotion, communication and community engagement staff in your organisation. Make sure you find out if your Ministry of Health and/or WHO and UNICEF have activated an RCCE/health promotion coordination group. IFRC community engagement and accountability contacts: Global: alexandra.sicottelevesque@ifrc.org ombretta.baggio@ifrc.org; Asia Pacific: viviane.fluck@ifrc.org; Africa: Sharon.reader@ifrc.org; Americas: diana.medina@ifrc.org; Europe: mark.south@ifrc.org
Where can I get more help, templates, guidance etc?	• WHO assets for risk communication and community engagement work: questions and answers; interim technical guidance on risk communication and community engagement; advice and comms assets for the public • Public communications assets: key messages ; Tweetable health advice; social media memes in different languages ; editable social media health advice (using free app Canva) • Rumour and myths factsheet/ questions and answers for volunteers is coming soon • Community engagement and accountability hub https://www.communityengagementhub.org/: tools, templates and tips for rolling out community communication and accountability programmes.

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USEFUL DOCUMENTS IN THIS GUIDANCE NOTE

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ANNEXE 1: Key community engagement tips

With the increase of nCoV cases, public fear rising and rumours spreading, it is important that we engage people and communities in discussing solutions and taking effective action to protect themselves, their families and their communities.

1. **Don't only tell people what to do:** recognizing **the community as experts is key to tackling the epidemic.** Telling people what to do, however scientific, does not always work. Engaging them through two-way communication is more effective and taking the discussion from a top down "don't" to a partnership of "can" with communities is key.

2. **Get peers and leaders to talk:** People are more likely to pay attention to information from people they already know, trust and whom they feel are concerned about their wellbeing. People live in unique social-cultural contexts, with relationship dynamics, and their own perception of risks, and trusted sources of advice, that influence whether they accept health advice. Don't just invite 'experts from the capital', find 'local experts' like the nurse from a local hospital who can both provide useful information and do so in the right language and with details relevant to the community.

3. **Establish participation and feedback approaches**: Asking people what they know, want and need, and involving them in designing and delivering nCoV-related services and prevention approaches improves the effectiveness of our community interventions and sustains the changes we promote. It is important to give opportunities and open channels of communication for people and communities to ask questions and debate issues of concern.

4. **Ask for feedback:** Feedback helps Red Cross Red Crescent (RCRC) shape communication and programmatic efforts. For example, if communities are asking lots of questions about the risk of nCoV to children, it is important we address those concerns through all our risk communication, community engagement, and social mobilization activities. Feedback provides an early warning system that allows issues to be resolved quickly, before they get worse. Red Cross Red Crescent also has a responsibility to listen to and respond to complaints – even if we can't address some of them, people still appreciate being listened to and acknowledged.

5. **Disseminate accurate information immediately** (as recommended by the Ministry of Health and WHO): disseminating information before actual cases are diagnosed will help mitigate concerns and promote prevention actions which will contribute to preventing nCoV transmission and encouraging care-seeking behaviour. As information changes quickly, always provide a date stamp on all meeo,ssages you share (video, audio and text).

6. Communicate in the language individuals are most comfortable in. It is important to use the language that people speak 'at home' in order to ensure they understand everything we want to share with them and ensure they are confident to speak up without language barriers.

7. **Promote awareness and action:** Action-oriented risk communication and community engagement typically contains information targeted to communities, including:

   a. an instruction to follow (e.g. if you get sick, seek medical care at hospital x),
   b. a behaviour to adopt (e.g. wash your hands frequently to to protect yourself and others from getting sick, and,
   c. information you can share with friends and family (such as where and when to access services, e.g. treatment is free of charge and available at health facilities).

8. **Test your approach**: Pilot-testing messages and materials with communities aims to ensure that messages are understandable, acceptable, relevant, and persuasive. It will also help prevent the dissemination of either meaningless or potentially harmful information. It should also be noted that too much dissemination may have adverse effects.

9. **Accountable to those we seek to help**: One way to achieve greater accountability to the communities we work with is a more systematic and coordinated approach towards communicating with 'at-risk' communities and acting on their feedback to us (i.e. people might not agree and complain about volunteers doing community surveillance and contact tracing).

10. **Changing behaviours takes time:** Telling people to go for treatment in case of symptoms is not enough – we need to understand why they do certain things and what the barriers are to safer practices and sustain our communication with them based on this analysis. It is key that we analyse (if available research has been done) or gather information on peoples' knowledge, attitudes and practices and offer innovative, engaging tools to support nCoV prevention and control programmes.

11. **Be open, honest and timely**: communicate clearly and timely what we know and do not know about the disease and focus on the action that people and communities can take to reduce the risk of transmission and illness. This is a mark of respect, which builds trust between the RCRC and communities.

12. **Stay informed on the latest news and work with others:** approaches, recommendations and information may change as more is learned about the disease. Regularly check information coming from your health ministries or other organizations like WHO and UNICEF. It is also important to make sure information shared by the RCRC does not contradict Ministry of Health or WHO information as this only adds to confusion and mistrust in communities.

13. **Red Cross Red Crescent cares**: It is easy for people affected by an epidemic or living in vulnerable conditions to assume society has forgotten about them. Community engagement strategies can have powerful psychological benefits.

14. **Use new and innovative ways of communicating with people and communities**: The explosion in access to mobile phones, the Internet and social media has changed the way people communicate. Communication is no longer top down – people can speak publicly and directly with and about the RCRC, and they expect us to listen and engage them in all we do (check TOOL 8 for more tips on the communication channels used).

ANNEX 2: Questions and information to find out in assessments to help you plan risk communication and community engagement

This information can be collected through assessment surveys, focus group discussions, key informant interviews, through secondary data or even just observation. See Tool 1: CEA assessment checklist and methods overview for more detailed guidance or check partners survey tools.

Topics to find out to help you plan risk communication and community engagement include:

- Who are the most at-risk groups in the community?
- Knowledge, attitudes and perceptions about nCoV,
    - Including rumours, local descriptions of the disease, people's perceptions of the risk posed by nCoV and previous experience of outbreaks of respiratory illness
- Information sources, channels and settings – see below for some suggested questions
- Preferred language(s)
- Household and community practices
    - People's willingness to seek treatment, health practices (and if they increase or reduce risk of infection), beliefs and values around these practices, how decisions are made at community level
- Sociocultural, economic and environmental context
    - Social and political tensions that could affect adoption of safe practices, access to resources, such as money, healthcare services, or hygiene items, traditional beliefs and social norms that might affect uptake of proposed practices, level of trust in the response within the community.

Some specific questions to ask, more questions, with suggested answer options, can be found in the CEA toolkit 'Tool 2: CEA Questions for assessments, baselines, monitoring and evaluation'. Make sure to use the local term for nCoV

1. Can you read and / or write?
2. What language do you speak at home?
3. Does anything stop you or make it difficult to get information on nCoV?
4. Where do you get your health information from in general?
5. Where do you get information about nCoV?
6. Which sources of information do you trust the most for information about nCoV?
7. What information do you need to know most about the current nCoV outbreak?
8. What information have you already heard about nCoV?
9. Have you heard anything about nCoV that you are not sure if it's true or not? By whom?
10. What did you do with information you heard about nCoV? Was it shared? With whom?
11. If you did not use some or all information, what are the most common reasons for this?
12. If you wanted to ask questions, provide feedback or raise complaints to an organisation (like the RCRC) how would you feel most comfortable doing this?
13. Do you think it is possible to get nCoV in your community / local area now?
14. Do you think that nCoV is an important issue / problem in your community?
15. If a person gets nCoV, are they discriminated against or stigmatised because of it?
16. What worries or concerns you most about nCoV?
17. If you had a question about nCoV, who would you ask?

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ANNEXE 3: Planning tips for Risk Communication and community engagement

STEP 1: Define objectives (based on the community assessment conducted)
What do you want to achieve with risk communication and community engagement?
- Communicate about preparedness measures and the public health advice for your country, including what is unknown and about the uncertainty of what is known.
- Encourage people to adopt recommended behaviours to prevent the spread of nCoV (find out if there is a specific behaviour which is the most important one but it's very difficult for the communities to act on it e.g. people report suspected cases immediately or go to the clinic as soon as you have symptoms)
- Report suspected cases and seek treatment for nCoV promptly
- Collect information on community perceptions and rumours and respond to these
- Involve communities in finding solutions to contain the spread of nCoV
- Other...

Step 2: Identify your target audience
- People in affected neighbourhoods
- People in at-risk areas
- Travelers
- Schools and school children
- Businesses
- Caregivers
- Other...

Step 3: Know the most influential actors
- Health experts
- RCRC leadership, staff and volunteers
- Public figures (singers, youth champions, etc.)
- Community leaders – teachers, mayors, religious leaders, business leaders, leaders of different community committees
- People who have had nCoV or who have a family member who has had nCoV (real-life experience)
- People's family members
- Other people of influence or who the community look up to

Step 4: Identify the best community engagement channels to reach people
- Face to face (is very often the most trusted) – particularly through door-to-door visits by volunteers and community mobilizers
- Social media
- Using key influencers online/offline – football champions, religious leaders, business leaders, youtube stars…
- Religious communities/congregations
- Radio
- Messaging apps
- other

Step 5: Put it all together – decide which channels to use, to reach which audiences, with what messages. It is always better to use a diverse set of channels in order to reach a diverse set of people.

Step 6: Listen, monitor your impact and make changes
- Establish systems for collecting information, feedback and rumours from communities – communities might flag up issues, ideas or solutions we haven't thought of
- Adapt messages and response activities across all sectors based on this information to stay credible, effective and relevant.

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ANNEX 5: Message development advice

The essential elements of effective messaging for behaviour change for immediate threats such as nCoV are:

1. **Keep it simple:** Simplicity of messages is critical – too much text or images can be overwhelming and the message will be lost.

2. **Balance the threat/fear communication with actionable messages:** in an emergency situation such as epidemics it can be acceptable to combine more dire warnings with action recommendations like 'nCoV can cause serious illness, get treatment early' to communicate the immediate threat. These threat-based warnings typically result in behaviour changes lasting few weeks. Once the threat passes, old behaviours will continue. To ensure that you meet short-term and long-term risk reduction goals, ensure that a benefit is also indicated.

3. **Provide a call to action:** Providing a call to action tells community members what they can do to achieve the benefit. This could be 'wash your hands', or 'seek treatment if you are experiencing a respiratory illness'. This call to action should be relevant and achievable to the community (I.e. if people don't have soap to wash, don't tell them to 'always wash your hand with soap')

4. **You MUST test the developed messages with a test group**. Failure to do so can result in creating panic and confusion amongst community members. Test by fully developing the message, including the graphics and wording, and showing to a representative sample (women and men of different ages and abilities) set of community members to gauge their reaction. Use their feedback to revise the message as necessary. Pilot-testing messages with communities can ensure that messages are understandable, acceptable, relevant, and persuasive. It will also help prevent the dissemination of either meaningless or potentially harmful information.

5. **Contextualize the message**: Use the language or languages of the affected population and use words that the affected population understands; know and understand the cultural beliefs and practices of the community;

6. **Explain why:** Always explain why you are advocating for a certain behaviour, if people understand why it is important to do something they are more likely to do it – for example if people understand that washing their hands before eating stops germs getting from their hands onto their food and into their mouths they will more likely remember than if they just know they should wash their hands before eating, but they don't know why this is important.

ANNEXE 6: Responding to rumours & feedback

What is a rumour?

- Rumours are unverified information that can be spread intentionally or unintentionally.

- They may contain correct or incorrect information, or a mix of both. They flourish when there is either too little or too much information and people are unable to check what is right or wrong.

- Rumours can reflect a person or community's wishes, fears or hostility

- People generally share rumours because they believe them to be at least partially true

What causes rumours?

Behind rumours there are often fears or hopes, people who spread rumours are not stupid but simply have questions, hopes and fears.

- The 'basic law of rumours' states the importance of the issue and the level of uncertainty around it will dictate the amount of rumours circulating
- Misunderstood or poorly communicated messages can evolve into rumours and this can be fuelled when agencies sharing conflicting or contradictory information

Why should we pay attention to rumours?

Communities have their own communication networks, and rumours spread fast and are influential. Regarding infectious disease, there are typically two kinds of rumours: 1) about possible cases (alerts) and 2) about community explanations of causes.

- Rumours distract from and can compete with the health message. This can threaten lives and help spread the nCoV outbreak and so cannot be ignored
- Rumours can cause distrust of services and RCRC
- Rumours can provide honest feedback on RCRC performance and what communities think of us

How do we capture rumours?

Identifying rumours is not as simple as asking people about any rumours they have heard. This will not necessarily uncover rumours, for example because people may believe a rumour to be true and therefore not even consider it a rumour, or people may not trust you as someone to discuss this with. Listening is more than just hearing what is said. To effectively listen to rumours, you need to:

- Build on existing and trusted relationships as ways to listen.
- Ensure you can listen to the language the community is most comfortable using.
- Have open and unstructured conversations with the community
- Assess the potential risk that a rumour poses to help you decide on a response – and if that response needs to be immediate or can wait
- Some channels for collecting rumours include:
  - Asking volunteers and local staff what they have heard – either during their work or personal life
  - Focus group discussions
  - Through a feedback and complaints and system - see feedback starter kit (link)
  - Community-based networks, such as community committees, women or youth groups
  - Local media
  - Social media
  - ...
- You will have to train volunteers how to look out for, listen to and collect rumours and have a rumour and feedback logbook – see the next annexe for a template for this logbook

Deciding when to act on rumours

We need to reframe rumours as useful guidance, which similar to pain provide often uncomfortable but useful feedback. The rumours are useful indicators to understanding where communication efforts go wrong. This reframing might enable health experts to detect cases earlier and to more

effectively communicate with the public; it could also encourage a discourse about unusual disease events within communities.

Not all rumours will require a response. When deciding when to respond, consider:

- The risk a rumour poses (see below examples)
- The likelihood of the risk happening
- The potential damage to trust and reputation of RCRC
- Can you verify the rumour by checking where it came from the community and if it came from more than one independent and reliable source? Ask other trusted contacts about the rumour and if they have heard it too. But be careful not to spread a rumour in the process of verifying it!

The table below outlines some of the risks rumours pose, with examples of actual rumours collected in social media

Causes harm	
Stops people accessing services	*If you rinse your mouth with saltwater you won't be infected*
Causes conflict or stigmatization	*'Coronavirus happened because Chinese are dirty and eat snakes*
Leads to risky behaviour	*'I can identify whether an animal is sick because then it would act crazy'*
Puts certain groups at risk	*All people from Wuhan (Chinese people) are infected, don't let them into our village/country*
Puts response teams at risk	*'*

Responding to rumours

- Understanding what triggered the rumour can help you plan a response and prevent it from being repeated. For example, did the rumour start because a badly worded message? Something a volunteer said? A Government announcement? Or because of the way we carried out activities – for example around health care services?

- Don't just ignore or deny the rumour. Address it by sharing factual information through trusted communication channels using words and the language that the community best understands

- Check that the messages and the new narrative are being received, understood and believed by the community

- Make sure all staff and volunteers, especially community mobilizers are regularly informed about the latest rumours and how they should respond if they hear them.

- Respect local believes! For instance, a common rumour during the Ebola outbreak was that Ebola is caused by witchcraft; the conventional response was to refer to Ebola as a virus. However, more useful would have been to accept this alternative explanation and create recommendations consistent with community mind-set (e.g., don't touch this person unprotected, but provide food [and prayers] as a token of empathy).

Resources to help you

- IFRC Feedback starter kit
- Internews Rumour Tracking methodology part III how to