RCCE in special settings

Refugee camps and migrants, urban settings, informal urban settings, rural settings and gender considerations

key considerations in the context of Covid-19

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INTRODUCTION

Risk Communication and Community Engagement (RCCE) plans aim to[1]:

- Ensure that people have the lifesaving information they need to protect themselves and others (from the virus and to reduce its impact on health, social life, and the economy) and effective feedback mechanisms are in place and used to ensure dialogue between communities and the response is established.
- Ensure that healthcare workers know how to engage with patients and care givers, detect possible cases, communicate with patients about COVID 2019, and report to the relevant health authorities and to protect themselves in context of their exposure to the disease.
- Position country health officials as the main/first trusted source of information about COVID 2019.
- Ensure consistency in information and language from all partners and avoid misinformation and rumours.

The purpose of this guidance is to inform considerations for adjustment of existing interventions described in the national RCCE plans so that they address and mitigate challenges faced by vulnerable population groups, particularly refugees and migrants, urban populations, populations living in informal urban settings. The document also presents some gender considerations for the COVID-19 RCCE response. The RCCE structure and guiding principles remain valid and can be checked against the following guiding questions:

Sub-categories	Guiding questions
Government National plan	Is there a national Covid-19 RCCE plan?
	Does the plan include a communication channel analysis?
	Does the plan include a behavioural analysis – KAP desk review and rapid assessment?
Coordination mechanism	Is there a coordination mechanism in place and functional at: 1. National Level 2. Sub-national level
	Does the process highlight opportunities to bring relevant partners together to ensure coordination and harmonization of messages?
Strategy	Are key and specific objectives defined and quantified?
	Are the different audiences defined and classified? Including priority areas/sites or at-risk populations identified?
	Does the plan include different crisis communication scenarios to be activated depending on the impact of the crisis, including templates (press release, media statement, etc.)
	Are the key activities clearly defined? Including:- activities to track rumours and misinformation, social and mass media monitoring- capacity building of government structure and journalists- communication materials production and dissemination (Q&A, TV and radio spots, social media materials)- social media engagement – mass media engagement – community and key influencers engagement – adolescents/youth engagement- doorto-door activities
	Does the plan include feedback mechanisms?
M&E	Does the plan include an M&E component?
	Does the plan include details on data collection and analysis methods (qualitative, quantitative)?
	Does the M&E system focus on process indicators such as: 1. Activities conducted 2. # of people reached with messages
	Does the M&E system focus on impact indicators such as: 1. % of people who recall at least 2 preventive measures (handwashing and self-isolation) 2. % of people that intend to go to the recommended health facilities in case of symptoms
	Does the M&E plan include baseline and target for all indicators?
Budget	Does the plan include a detailed budget?
HR	Does the plan include detailed list of HR needs (short- and longer-term support)?

[1] IFRC, UNICEF, WHO (2020). RCCE action plan guidance- COVID-19 preparedness and response.

Documentation	Is there a plan to document lessons learned and good practices?

REFUGEES AND MIGRANTS

Including migrant workers and their families; irregular migrants; cross-border populations (While legally distinct, refugees and migrants are jointly addressed here as both populations could face similar challenges in a public health crisis as non-nationals and a mobile or potentially mobile population)*

Reasoning

- High population density and limited access to water and sanitation infrastructures make physical distancing and hand washing challenging
- Social tensions, linked to strained socioeconomic conditions, uncertainty about future, high proportion of population in need of psychosocial support
- Heterogenous sub-populations, with potential social tensions and needs to have tailored RCCE approach according to cultural/religious/ethnic sensitivity.
- Legal status, discrimination, and language barriers may limit access to otherwise publicly available preventative materials, health care and social services. Health service information and government announcements may not reach them. This lack of access to information/materials might increase the spread of rumors, mis and disinformation
- Refugees and migrants may not be included in the national strategies / plans / interventions, including the RCCE dimension
- Refugees and migrants' mobility may make them difficult to reach, including during cross border movement.
- Multiple deprivations of displaced people, elders, people with disabilities, women and people with mental ill-health problems should be taken into consideration in terms of access to appropriate information

Source: Adjusted from: Risk Communication and Community Engagement Working Group on COVID-19 Preparedness and Response in Asia and the Pacific. COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement.

RCCE action to include for this group/environment

Also refer to WHO interim guidance on Preparedness, prevention and control of Covid-19 for refugees and migrants in non-camp settings.

- Support the translation and dissemination of officially approved and culturally appropriate health advisories and public health information on COVID-19 and its prevention into preferred languages of refugees and migrants.
- Ensure that the health information is complemented with messages addressing other sectors such as appropriate and safe complementary foods and feeding practices, parenting practices, Child Protection and Gender-based violence prevention messages, HIV prevention messages.
- Disseminate the information through efficient and credible channels including government authorities, UNHCR, NGOs, refugee or migrant volunteers and respective communities.
- Ensure that specific interventions are designed for young people and engage them on peer-support interventions.
- Work with NGOs, refugee or migrant volunteers to engage community leaders and influencers in refugees' camps and points of care (POCs) to identify culturally appropriate and concretely feasible options to comply with the recommended prevention practices
- Include refugees and migrants in all national, provincial and local contingency, prevention and response plans and interventions with clear and budgeted RCCE interventions.
- Partner with refugee and migrant community networks to track risks associated with human mobility in affected areas and to track change in behaviours.
- Tailor all activities to the context, adjusting for community perceptions, beliefs and practices.
- Diversify communication tools and format and simplify messages, ensuring pre-test of messages with target groups.
- Use continuous feedback to adapt messages to the evolving situation.

- Consider the use of digital, broadcast and social media platforms to communicate correct information and to manage misinformation and rumours.

URBAN SETTINGS

Source: Adjusted from: The Lancet, 2020. Epidemic preparedness in urban settings: new challenges and opportunities

Reasoning

- High population density and high volume of public transportation. A larger population to be managed; ease of disease spread between humans in congested areas; difficulties in contact tracing, especially causal contact in public areas; closer encounters with wildlife via food markets or because of expansion into previously untouched ecosystems.
- People movement in city and inter-cities (work, visit relatives in rural areas for support /specific events (funerals etc.)
- Heterogenous sub-population (migrant workers or students from rural areas or neighboring countries) with special needs to have tailored RCCE information (language and culturally appropriate)
- Areas of poor sanitation with rodents and other animal vectors; live domestic and wild animal markets; animals raised in backyard farms or industrial agricultural facilities in close proximity to humans.
- Competing interests within a finite local budget; insufficient authority to institute response measures promptly; insufficient epidemic preparedness capabilities or capacities at a subnational and local level; difficulties in accessing national capacities.
- A wide range of cultural factors, including modes of social interactions and acceptable control measures; some subpopulations might be difficult to reach.
- Greater disruption to economic activity, stability, and growth.
- Unconventional communications and interactions. Multiple information sources leading to misinformation; false information might spread quickly.

RCCE action to include for this group/environment

- Capture social evidence to understand the social organization of the city, per neighborhood, identify key influencers (formal and informal) and any socioeconomic, ethnic/nationality or religious constructs.
- Support the translation and dissemination of officially approved and culturally appropriate health advisories and public health information on COVID-19 and its prevention into required languages.
- Build the capacity of service providers, local authorities, local civil society organizations and associations active in social work in the city on RCCE COVID 19 to reinforce awareness raising, participatory surveillance and data collection.
- Raise awareness of and through private and public transport companies (both in-city and inter-city) and market vendors – Engage them to comply and promote adequate behaviours.
- Advocate for improved individual and community sanitation.
- Engage leaders and influencers in cities to advocate for, develop and implement effective and contextually appropriate solutions
- Work closely with local surveillance teams to ensure targeted RCCE interventions are informed by consolidated surveillance data.
- Mobilize religious, community leaders and influencers for targeted approaches including identifying alternatives to mass religious and social gatherings and compassionate management of the deceased.
- Engage businesses and corporations on awareness raising around COVID-19 prevention in the workplace.
- Use continued feedback to adapt messages to the evolving situation.
- Consider the use of digital, broadcast and social media platforms to communicate correct information and to manage misinformation and rumours.

INFORMAL URBAN SETTINGS (IUS)

Reasoning

- Population density and inadequate access to water and sanitation might make physical distancing and washing hands implausible.
- More opportunities for social mixing and more limited options for physical/social distancing. People moving between houses, sharing food or sleeping space.
- Children are often cared for by grandparents or older family.
- There are varied vulnerability profiles with pockets of wealth and deeper pockets of marginalization.
- Governance structures within informal settlements are often contested and plural.
- Mobility within and between cities is high. Urban transport hubs and travel modes for the urban poor require specific focus.
- Very limited savings or capacity to save and have no capacity to store food for several days and social tensions linked to strained socio-economic conditions.
- Multiple barriers hampering the access and utilization of health services : norms that prioritize work and daily survival, visiting multiple informal providers to buy treatments, taking recommendations from friends and family, difficult access to critical care facilities, inadequate or inappropriate care at health facility, lack of financial resources, poor experience of care, social distance.

Source: Adjusted from: Anthrologica for SSHAP (20202). Key considerations: informal urban settlements and COVID-19.:

Also refer to Interim IASC Guidance COVID 19 Informal Settlements Guidance FINAL alignment with WHO on low resource settings

RCCE action to include for this group/environment

- Capture social evidence to understand the social organization of the IUS, commonest and trusted sources of information per neighborhood and any socioeconomic, ethnic/nationality or religious constructs.
- Support locally led alternatives such as networked savings and community-based groups to collect data (counts of households, access to services, physical infrastructure and space and community mapping).
- Engage community leaders and influencers to facilitate local solutions so that control measures such as physical distancing, home care, self-isolation or movement controls are contextually appropriate. Provide adequate and accurate information on how COVID-19 and the associated response are different from other diseases to avoid hindering trust and collective action.
- Connect urban stakeholders to the leadership of local administrative and government units.
- Engage community leaders and influencers to create alternatives to mass religious, community and social gatherings including compassionate management of the deceased.
- Engage the informal, unregulated and private providers such as private pharmacists, local drug sellers, community health workers, travelling healthcare workers and those who live in the community and provide care.
- Leverage radio and social media to communicate, manage misinformation and rumors, support community responses, capture crisis alerts from communities and facilitate timely response. Include opportunities for two-way dialogue, such as Q&A sessions with experts. Special focus on vulnerable groups who may not have access to information.
- Work closely with local surveillance teams to ensure targeted RCCE interventions are informed by consolidated surveillance data.

- Use continued feedback to adapt messages to the evolving situation.

RURAL SETTINGS

Reasoning

- Low population density, scattered communities on widespread geographical areas, multiple ethnicities and languages, hard to reach populations such as nomadic with inadequate access to water and sanitation make hand washing challenging.
- High values in social and economic interactions (markets, social and religious gatherings) both in and inter-communities hence making physical distancing challenging.
- Overall high level of deprivations, very limited savings capacity, and low level of resilience.
- High level of illiteracy, understanding of the pandemics and preventive measures closely linked with religious and traditional beliefs/interpretations.
- Existing networks of trained Frontline Workers, influencers and local leaders cannot use regular SBCC approaches (IPC, social and religious gatherings, community dialogue, etc.) to raise awareness and mobilize communities for the adoption of preventive practices.
- Frontline Health Workers both at facility and community levels, who are among the primary source of information for communities, are at high risk of infection and transmission to communities.
- Multiple barriers hampering the access and utilization of health services: norms that prioritize daily survival, relying on traditional healers for initial diagnosis and treatment, inadequate or inappropriate care at health facility, lack of financial resources, poor experience of care, social and geographical distance.
- Low access to online/digital media.

Sources: Adjusted from BBC Media Action Community Engagement from a distance";
UNICEF Approaches for Social and Behavior Change, and Risk Communication and Community Engagement a Component of Government Responses to COVID-19

RCCE action to include for this group/environment

- Support the translation and dissemination of officially approved and culturally appropriate health advisories and public health information on COVID-19 and its prevention into preferred languages of communities.
- Reinforce the availability of social evidence to understand the impact of COVID-19 on the social organization; Engage community leaders and influencers to facilitate local solutions so that control measures such as physical distancing, home care, self-isolation are adjusted to local realities.
- Engage community leaders and influencers to create alternatives to mass religious, community and social gatherings including compassionate management of the deceased.
- Ensure that established and trusted networks are equipped/trained to share information by phone or online.
- Consider mounting fixed-site loudspeakers through the community – or piggy-backing on existing loudspeakers systems (such as the mosques) to share information.
- Leverage radio, social media and other trusted media to communicate, manage misinformation and rumors, support community responses. Include opportunities for two-way dialogue, such as Q&A sessions with experts and edutainment. Special focus on vulnerable groups who may not have access to information.
- Support locally led alternatives such as networked savings and community-based groups to collect data (counts of households, access to services, physical infrastructure and space and community mapping).
- Engage the informal, unregulated and private providers such as traditional healers, local drug sellers, community health workers, travelling healthcare workers and those who live in the community and provide care.
- Work closely with local surveillance teams to ensure targeted RCCE interventions are informed by consolidated surveillance data.

- Use continued feedback to adapt messages to the evolving situation.

Engagement Working Group on COVID-19 Preparedness and Response in Asia and the Pacific. COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement.

GENDER CONSIDERATIONS

Reasoning

- Women make up large parts of the health workforce.
- Most primary caregivers of children (noting the school closure) and to the ill are women.
- Women are less likely to have access to digital and mobile platforms, more likely to be engaged in the informal sector and be hardest hit economically by COVID-19.
- Women experience increased risks of gender-based violence, including sexual exploitation.
- Cultural factors may exclude women from decision-making spaces and restrict their access to information on outbreaks and availability of services.
- Women might experience interrupted access to sexual and reproductive health services, including to family planning.
- In some cultural contexts, gender roles may dictate women cannot obtain health services independently or from male service providers.
- Pressure to respond to COVID-19 cases may disrupt care and support for gender-based violence survivors. This may affect services in one-stop crisis centers in tertiary level hospitals.

RCCE action to include for this group/environment

- Design and implement gender sensitive interventions. Ensure that community engagement teams are gender-balanced and promote women's leadership within these.
- Provide specific advice for women who care for children, the elderly and other vulnerable groups in quarantine.
- Promote GBV and/or violence against children free-toll helplines.
- Design online and in-person surveys and other engagement activities so that women can participate.
- Take into account provisions for childcare, transport, and safety for any in-person community engagement activities. Ensure that community engagement teams are gender balanced.
- Ensure national RCCE plans are informed by gender analysis and sex, age, and disability disaggregated data where available.
- Design plans with input from women's networks and organizations of persons with disabilities.
- Ensure rapid community engagement assessments collect sex and age disaggregated data to allow for targeted RCCE activities for vulnerable populations.
- Ensure radio shows and communication materials do not reinforce gender or other stereotypes. For example, do not only depict women in childcare or domestic work contexts.

Source: Adjusted from: Risk Communication and Community

M&E FRAMEWORK

This generic M&E framework aims to assess progress of the implementation of Covid19 RCCE response. Indicators in yellow are mandatory or highly recommended. The ESAR C4D full Covid-19 M&E package includes a monitoring template with additional information on means of verification, indicator explanations and comments, as well as associated survey questions.

Kindly note that additional indicators to monitor and evaluate key interventions targeting the vulnerable populations described in previous pages can be added. ESARO C4D team remains available for technical support. Also, the below indicators will require disaggregation to reflect the interventions conducted in those various settings.

Activity-level indicators	
1.1	# of people trained on IPC, community engagement and risk communication
1.2	# of household reached with door-to-door or other community-based activities
1.3	# of IEC material produced (TV, radio spots, printed material, media statement etc.) and disseminated / broadcasted
1.4	# of people reached through social media on key lifesaving behaviour change messages
1.5	# of high-level advocacy events conducted
1.6	# National RCCE coordination team meetings
1.7	# Sub-national RCCE coordination team meetings
1.8	# of rumor tracking reports shared
1.9a	# of people engaged with accessible information on COVID-19 and targeted messages on prevention and on access to services
1.9b	# of people reached on COVID-19 through messaging on prevention and access to services
Output-level indicators	
2.1	% of respondents reached with accessible information who recall at least 3 preventive practices
2.2	% of respondents reached with accessible information who recall at least 2 signs and symptoms of COVID19
2.3	# of people using established feedback mechanisms
2.4	% of respondents reached with accessible information who know what to do in case they demonstrate symptoms of the disease
2.5	% of respondents who think they would be stigmatized if they contract COVID19
Outcome-level indicators	
3.1	% of respondents reached with accessible information that declare being willing to take the recommended actions in case of signs and symptoms

3.2	% of respondents reached with accessible information who consider important to take the recommended actions to prevent the spread of COVID19
3.3	% or respondents reached with accessible who feel confident that they can prevent COVID-19
3.4	% of respondents reached with accessible information who perceive COVID19 as high-risk disease