



COVID-19

Global Response

RISK COMMUNICATION & COMMUNITY
ENGAGEMENT (RCCE) STRATEGY
ALL PARTNERS



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Useful resources

- [WHO Novel Coronavirus 2019 Advice for Public](#)
- [UNICEF-WHO-IFRC Technical Guidance on Safe School Operations](#)
- [UNICEF- COVID-19: What parents should know](#)
- [Health information and myth busters are on the multilingual WHO EPI-WIN site](#)
- [Coronavirus Guidance 2020- Sphere](#)
- [Epi-Win- Helping Children Cope With Stress During the COVID-19 Outbreak](#)
- [RCCE rapid assessment- some useful tools](#)
- [RCCE joint \(WHO/UNICEF/IFRC\) planning guide](#)
- [Community guidance for social mobilizers, frontline workers and volunteers](#)
- [Guide to preventing and addressing stigma](#)
- [Quality of community engagement- minimum standards and indicators](#)
- [Guide on Mental health and psychosocial support](#)

COVID-19 Global Response

RISK COMMUNICATION & COMMUNITY ENGAGEMENT (RCCE) STRATEGY

1. Introduction

A clear and integrated Risk Communication and Community Engagement (RCCE) strategy and response is vital for individual, family, and community uptake of essential public health and biomedical interventions to prevent and control the spread of disease. This strategy ensures dialogue and participation of all stakeholders and affected communities during preparedness, readiness and response. The strategy outlines outreach, communication, and engagement approaches with a full component of at-risk groups and stakeholders. Some audiences are loosely connected to their geographic communities but are well connected to mass media channels and trust national health authorities. Other communities are harder to reach with national-level messaging and must be engaged through local trusted partners. At the foundation of the RCCE strategy, regardless of approach, is sharing scientifically-verified public health information and guidance that is consistent across all levels.

The importance of dedicated attention to RCCE in a response has been illustrated in the past experience of many recent infectious disease outbreaks including Zika and Ebola viruses.

Infectious diseases respect no borders, and viruses don't discriminate on host populations. At the same time, at risk and affected people need to be part of the solution to their own problems. Hence, communities are a full and fair shareholder in the preparedness and response, working closely with the medical community, health workers and others in the implementation of protective measures and the improvement of health seeking behaviors.

It is crucial for the response to understand the national, regional, and local factors that may act as barriers or facilitators for the uptake of public health services and recommendations. Often, responses look only at the negative aspects, failing to identify, consider and map the capacities of regions, communities and professional associations to work together to facilitate adoption of public health measures. Certain behaviour and practice changes might require logistic and material support. For instance, for people to adopt proper hand washing demands the availability of water and soap for its realization.

The COVID-19 outbreak and response has been accompanied by an "infodemic:" an overabundance of information from various sources— some accurate and some not — that makes it hard for people to decide which is a trustworthy source of information.

The onus on the Risk Communication and Community Engagement (RCCE) pillar of the response for COVID-19 lies with each country facing the threat of the disease. All countries are at risk and need to prepare for and respond to COVID-19. Controlling this outbreak will require a multisectoral response with RCCE central to connecting the response actions and biomedical guidance from the regional and global levels with the realities of individuals, families, and communities.

2. Goal for RCCE response to COVID-19

The overall goal of this strategic framework for preparedness and response is to provide an overview of how RCCE coordination mechanisms are set up at the global level with suggested technical resources and approaches to prevent the spread of COVID-19 at the global, regional, national and subnational levels, and to mitigate the impact of the outbreak in all countries.

The purpose of proactively carrying out RCCE activities along with other interventions essential for COVID-19 outbreak response is to work with other experts to reduce illness and deaths caused by this virus and minimize disruption to daily lives of communities. This is achieved through building upon existing networks and past preparedness efforts, systematic gathering of social science knowledge to inform the response and active engagement with key gatekeepers and stakeholders including governments, community influencers, health care workers, media and local communities (including women, adolescents and young people and persons with disabilities). This response strategy is aiming to address all relevant groups affected and vulnerable to the disease (both biological and social vulnerability). These groups are as varied as the elders, health workers, emergency response officers, religious groups, business sector, women, the youth, children etc.

Achievement of this goal will require countries to plan and implement a rapid and comprehensive RCCE strategy that will be transversally working with:

- Health service preparation and planning
- Community engagement and psychosocial support
- Infection prevention and control
- Non-pharmaceutical measures
- Surveillance and laboratory strategies
- Negotiating political will and commitment

3. Strategic objectives

The global RCCE framework supports the goal of the Strategic and Preparedness Response Plan (RSP): to prevent the spread of COVID-19 globally and to mitigate the impact of the outbreak in all countries by focusing on four RCCE objectives:

1. Provide a RCCE guiding framework and coordinated approach to enable an effective country preparedness and response across the [main pillars](#) of the public health approach.
2. Scale up RCCE approaches to promote and sustain critical healthy behaviours in all four scenarios of the preparedness and response strategy.
3. Foster community/citizens participation and ownership of preventive and response measures to enhance people's knowledge, motivate action, promote and create an enabling environment for change to contain the spread of virus.

4. Ensure all RCCE approaches, messages, and materials shared at all levels and in all phases of the response are based on technically accurate medical and public health science.

These objectives can be achieved by:

A coordinated and considered community-centred approach taken by all actors across preparedness, response and recovery interventions. Approaches in epidemics like COVID-19 will only be their most effective when they are relevant, contextually appropriate and co-owned by affected populations and when two-way trust between providers and affected populations is established and respected.¹

Some enabling actions include:

1. Establishing a strong and cohesive RCCE partner coordination at global, regional and country levels for a more effective response.
2. Communicating science-based information and recommendations in a timely manner that address critical risks and counter misinformation.
3. Accelerating priority research and innovation in risk communication and social sciences to support the implementation of public health measures and to ensure participation of at-risk and affected groups and communities to ensure effectiveness and efficiency of the response and accountability towards all stakeholders.
4. Enhancing country-level capacity to roll out effective and coordinated RCCE approaches through identification of capacity needs, provision of simplified tools and resources, distance-based training and guidance and rapid deployment of RCCE expertise.

4. Scope

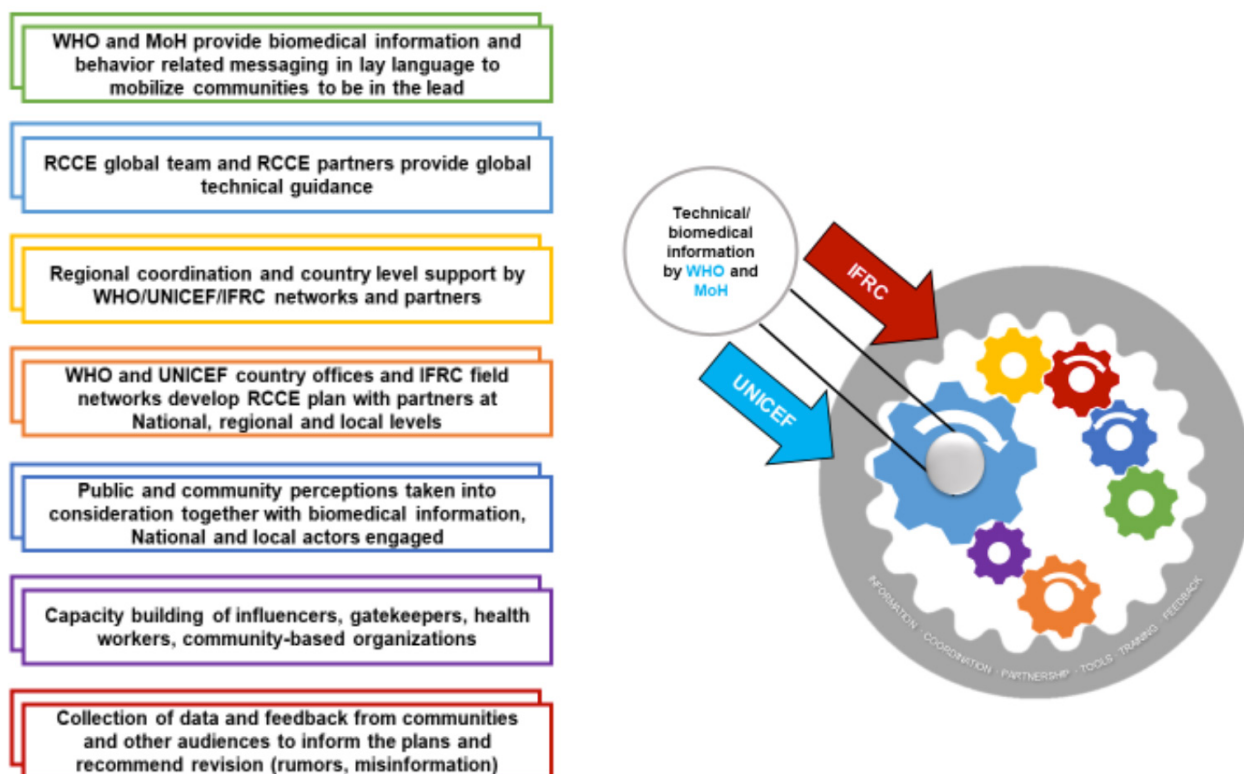
This global strategy is aimed at global, regional and country level audiences such as Government (including Ministries of Health and local governments), the UN, local and international civil society organisations, National Red Cross and Red Crescent Societies and academia.

5. RCCE information flow and coordination (all partners)

How do we work together: the information flow mechanisms are explained through the visual below. All partners are a part of a large global response with specific technical expertise and field presence. WHO provides the key biomedical technical information, guidance and messaging to partners for further use. UNICEF, IFRC and civil society partners globally and locally amplify and contextualize this key knowledge and roll out processes and approaches to systematically engage and communicate with people and communities to encourage and enable them to foster healthy behaviours and help prevent the spread of the disease.

1. From words to action: Towards a community centred approach to preparedness and response in health emergencies http://apps.who.int/gpmb/assets/thematic_papers/tr-5.pdf

RCCE is a joint effort of all partners (UN, INGOs, Research and Academia)



Global coordination

This plan addresses response coordination from global, regional and to country level of RCCE technical expertise, capacities and resources and joint actions to ensure that the COVID-19 outbreak response is achieved in a timely and effective manner. The coordination among key stakeholders ensures that the efforts are aligned, based on consistent scientifically-based public health messages, and focused on a common set of goals and objectives that builds on the strengths of each organization and those of other partner organizations with roles in the COVID-19 response.

RCCE partners are active at the global, regional, and country levels to ensure an effective risk communication approach and a coordinated and considered national and community-centred preparedness and response that ensures affected populations have guidance needed to make informed decisions to protect themselves and others. It also ensures that at-risk groups, stakeholders, and communities have a voice and are part of the response.

At the global level, the RCCE coordination mechanism focuses on:

1. Providing RCCE technical support to COVID-19 preparedness, readiness and response.

2. Expand RCCE partnerships to include a broader network of iNGOs, research and academic institutions and the private sector with technical expertise, capacity to reach and engage different audiences, and on ground presence.
3. Developing relevant technical guidances and tools including rapid behaviour assessments and M&E components with standards and indicators for regional and country level adaptation.
4. Engaging and coordinating with global partners to nurture synergies and collaboration on key aspects of the RCCE strategy.
5. Assessing regional and country level needs and channeling support including from global partners.
6. Mapping RCCE response partner activities and capabilities to address country needs through strategic objectives.
7. Managing 'infodemics' to better ensure that individuals and communities can get the guidance they need to protect their health.
8. Strengthening dialogue with media outlets and teams to amplify trustworthy information and address misinformation.
9. Triangulating feedback and rumours data to inform RCCE global and regional approaches.

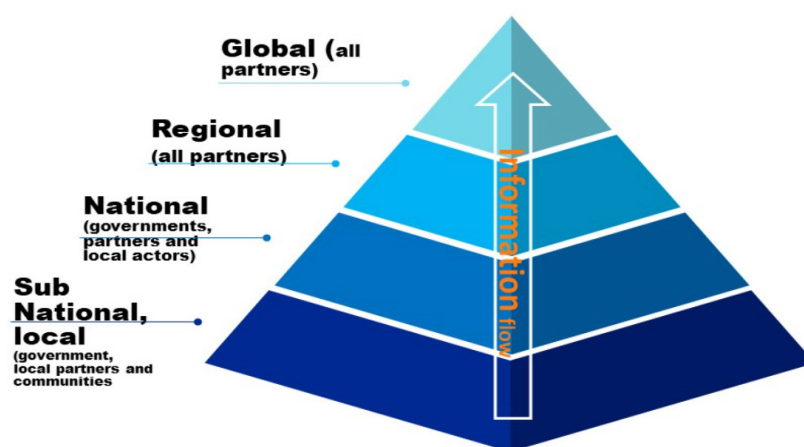


Diagram 1 - coordination

Regional coordination

COVID-19 RCCE will be coordinated by the regional offices of the WHO, UNICEF and IFRC as the main agencies involved in delivering the response. Regional strategies will reflect the global strategy with adaptations for regional contexts as needed. Regional teams are responsible for the following

1. Weekly review of alerts and requests from countries
2. Establishing a regional RCCE response strategy and plan to cater to the needs of the region
3. Connecting country partners to resources
4. Overseeing response plan implementation
5. Escalating concerns and needs to global teams for support
6. Working with and coordinating with the regional IMST, media and community engagement teams to ensure that the RCCE actions and observations are incorporated into and inform the overall disease response plan

Each institution has a different regional footprint that can prove effective in the response, if managed strategically to maximize resources due to overlaps and ensure gaps are identified and addressed if countries fall in between.

Country coordination

Every country context presents a unique set of cultural, social, political and economic factors that make it essential to adapt the COVID-19 response planning specifically for that context. Additionally, each country will be challenged with different response needs according to the severity and impact of COVID-19 outbreak and how it manifests in each country. RCCE focuses on the needs of at-risk communities, and other stakeholders. Effective response requires strategies that are most co-created and co-implemented by national, regional, and local authorities and organizations, at-risk groups and local communities with an objective of establishing recognition of and trust in the credibility of the health response authorities.

Key behaviours, frequently asked questions and dialogue points are supported by key messages led by MoH with partners such as WHO (for biomedical information), UNICEF for community engagement and participation through national and local partners including media to inform about the risks and protective behaviours linked with participatory community engagement and community level work. Harnessing a local team comprising of local partners, to shape and implement risk communications and community engagement is essential to the success of engaging individuals, households and communities in the response.

Armed with their local knowledge of the community, the nuances of language essential at times of panic or mistrust and most importantly their professional networks, risk communication and community engagement activities are more easily tailored and delivered in a timely manner – all aspects essential to preventing transmission of a disease and protecting the health of people. People centered approaches (meaning community inclusion in planning and response to ensure relevant and acceptable measures and feedback mechanisms) for delivery and risk communication are critical to achieve effective control of an outbreak closer to the ground for which local influencers and culturally specific strategies are essential.

Key steps to country level RCCE readiness and response

Below is a checklist for country teams to consider in setting up the risk communications and community engagement strategies. See highlight below for details.

COVID-19 STRATEGIC PREPAREDNESS RESPONSE PLAN

Operational Planning Guidelines to Support Country Preparedness and Response

It is critical to communicate to the public scientifically-verified information about COVID-19, what is still unknown, what is being done to find answers, what actions are being taken by health authorities, and what actions at-risk people can take to protect themselves. Preparedness and response activities should be conducted in a participatory way at the national, regional, and community levels. Activities should be

informed and continually optimized according to public feedback from all levels of the response to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time, and be developed based on a variety of stakeholders' perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication is required, including community-based networks and key influencers. Building capacity of national, regional, and local, entities, is essential to establish authority and trust.

STEP 1.

Develop and roll out a national risk-communication and community engagement plan for COVID-19 (develop localized plans particularly if the country has areas at different stages of the epidemic), including details of anticipated public health measures (use the existing procedures for pandemic influenza if available) for the 4 phases of the epidemic. The plan should include activities such as:

- Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
- Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
- Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc)

STEP 2.

Integrate risk communication and community engagement approaches into public health plans to promote dialogue and increase acceptance and trust in communities. This should include activities such as:

- Establish and utilize expedited clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
- Engage with existing public health and community-based networks, media, local NGOs, Red Cross Red Crescent volunteers, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors to ensure a consistent and sustained approach to public engagement, listening and communication about COVID-19, 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 local and social media (e.g., women's groups, youth groups, religious leaders)
- Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows. Develop systems to monitor these channels, as well as social and traditional media, to detect and rapidly respond to and counter misinformation

- Establish large scale national campaigns and community engagement interventions to promote social and behaviour change with focus on promoting preventive individual and community health and hygiene practices in line with the national public health containment recommendations.

STEP 3.

Systematically establish national, regional, and community information and feedback mechanisms including through: social media monitoring; community feedback systems to capture rumours, beliefs, misinformation and critical questions, community perceptions, knowledge, attitude and practice surveys; focus group discussions with health workers and volunteers; and direct dialogues and consultations.

Also please do:

- Ensure changes to community engagement approaches are regular and based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
- Share community perceptions with health experts to inform biomedical approaches and ensure response teams respond to community feedback, suggestions and concerns
- Document lessons learned to inform future preparedness and response activities.



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Scaling up country readiness and response operations

All countries are at risk and need to prepare for COVID-19. The spread of COVID-19 is rapid and the evolution unpredictable, however, it can be influenced by effective control measures. Countries will be affected by COVID-19 at different times and with different magnitudes. There is still a lot to discover about the disease and its impact in different contexts hence the importance of implementing fast and agile public health response commensurate to the national risk.

Countries need to prepare for four scenarios. **1)** Countries without cases need to prepare now to stop transmission and prevent spread. **2)** Countries with sporadic cases (imported or locally transmitted) need to shift into early response to slow transmission and prevent spread of the disease. **3)** Countries with clusters of cases existing community spread need to activate control measures to slow transmission and reduce impact. **4)** Countries experiencing larger outbreaks of local transmission (community transmission) need to intensify interventions to slow transmission and reduce case numbers and community outbreaks. Each of these actions requires coordinated communication with affected populations and early involvement of communities to contextualize response measures that will work.

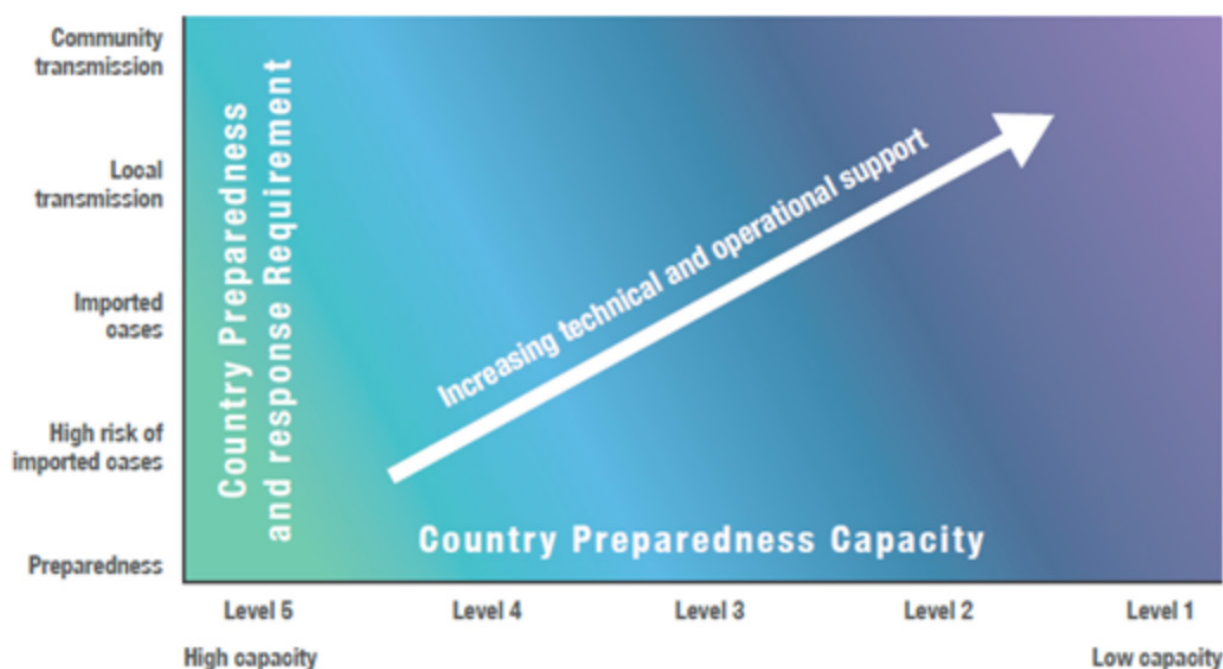
Communities have a critical role in helping to contain the spread of COVID-19. However, countries must be agile in order to shift from preparedness, to readiness, to response activities as their situation changes. Each action upon communities and each shift in response must be, at a minimum, preceded with communication. Some countries have a chance to prepare through people-centered approaches which will best serve the community intended and ultimately save lives. Partners will prioritize countries with weak health systems and significant gaps in preparedness capacity for technical and operational support (figure 3). A rapid risk and vulnerability mapping has been done based on country capacity as measured through Member States annual reporting of IHR (2005) core capacities, and the likelihood of importation of cases based in international travel volumes from high-risk cities in China in January 2020.



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Following these criteria, the SRP for COVID-19 classifies countries in the following table, as of 11 February 2020

Figure 3 Country risk and vulnerability mapping



Scenario 1- Response priorities – Countries with no cases

Definition No reported cases

Goal Stop transmission and prevent spread

Response priorities

- Activate your emergency response mechanisms;
- Educate and actively communicate with the public through RCCE;
- Conduct active case finding, contact tracing and monitoring;
- Quarantine contacts and isolation of COVID-19 cases;
- Test suspect cases per WHO case definitions;
- Prepare to treat cases and ready hospitals for potential surge; and
- Conduct case-based surveillance with laboratory diagnostics.

Scenario 2 – Countries with Sporadic Cases (imported or locally)

Definition Importation from affected areas or initial case(s), with known link to other cases.

Goal Stop transmission and prevent spread

Response priorities

- Enhance emergency response mechanisms;
- Educate and actively communicate with the public through RCCE;
- Enhance active case findings, contact tracing and monitoring;
- Quarantine of contacts and isolation of cases;
- Implement COVID-19 surveillance;
- Test suspect cases;
- Promote self-initiated isolation of people with mild symptoms

Scenario 3 – Countries with Clusters of Cases

Definition Increasing cases or clusters identified with or without an epidemiological link through diagnosis or surveillance.

Goal Stop transmission and prevent spread

Response priorities

- Intensify case finding, contact tracing, monitoring, quarantine, & isolation of cases;
- Prepare for surge health facilities' needs (triage/clinical referral, case management, & hospital services, including critical care & discharge planning);
- Provide guidance on home care for mild cases and identify referral systems for high risk groups;
- Promote self-initiated isolation of people with mild respiratory symptoms to reduce the burden on health system;
- Develop whole-of-society* resilience, business continuity, & community services plans; and
- Expand case-based surveillance.

Scenario 4 – Countries Experiencing Larger Outbreaks of Local Transmission (Community Transmission)

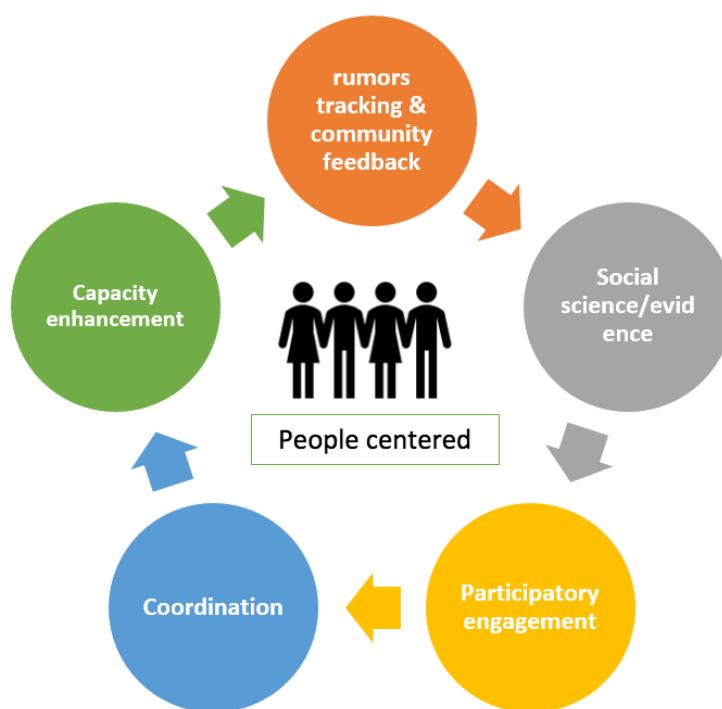
Definition large outbreaks of human-to-human transmission, some cases without an epidemiologic link.

Goal Slow transmission and reduce case numbers, and community outbreaks

Response priorities

- Apply self-initiated isolation for symptomatic individuals;
- Continue, where possible, contact tracing, monitoring, and treatment of sick individuals quarantine, & isolation;
- Implement health facilities surge plans;
- Implement whole-of-society* resilience, business continuity, and community services plans; and
- Adapt existing surveillance systems to monitor disease activity (e.g. through sentinel sites).

Key overarching principles and RCCE approaches for COVID-19 (for all scenarios)



Global Coordination and Technical Support

RCCE approaches for COVID-19 engage news media and employ social media to share critical life-saving behavioral messages, broadly informing at-risk groups and communities about related risks and preventive measures, learn and engage with communities through participatory interventions. RCCE teams also monitor circulating misinformation and rumors and addresses them by providing accurate information about all aspects of the response. Each intervention is designed according to different stakeholder groups, considering their unique needs and levels of vulnerability. All RCCE approaches will be inclusive and consider gender lenses to make sure most vulnerable and people with special needs are being considered.

The COVID-19 response involves strategic implementation of appropriate interventions carried out with support from a broad spectrum of actors such as national and local organizations; governmental agencies; and international, national and local partners. This framework describes the actions necessary to build effective international and national coordination, capacity and systems for preparedness, prevention and response to current and future outbreaks.

Coordination is taking place for collaboration of technical support and activities to ensure that all resources are used most efficiently and effectively to prevent COVID-19 outbreak. This is also enabling key stakeholders and partners to operate as a unified team by mapping capacities of all partners,

consolidation of resources (human and others) with minimum duplication and disruption. This includes joint decision making, planning of activities and frequent information sharing at all levels. Partners that implemented other outbreak RCCE strategies and interventions are mobilized while at the same time expanding the partnership to other programs that relate to COVID-19 response.

Rapid social science assessments to know the perceptions, knowledge and understanding about the risk of the disease, concerns, behaviours and practices of communities. Incorporating social scientists as part of response teams can engage with different response teams to learn about community concerns, priorities, and needs at all stages of the response. Real-time data collection, whether qualitative or quantitative, can offer insights on many cultural and contextual factors that could help or hinder an effective response.

Risk communication analysis and findings to inform responders of the misinformation and rumors. Analysis of circulating misinformation provides information about barriers to public acceptance of biomedical and public health interventions. Assessments of target audiences' cultures, customs, concerns and risk behaviors and practices can provide additional data, helping RCCE teams to understand barriers and potential facilitators. Real-time information gathering through social media and other digital sources will offer insights on contextual factors that could help or hinder an effective response.

Building capacities of regional, national and local planners, community workers and change agents, media, frontline workers (including health promotion teams and health workers) will improve trust and build relationships with communities during prevention and response. When armed with locally adapted, scientifically accurate health information, these actors can reduce the spread of rumors and misinformation.

Integrating mental health and psychosocial support (MHPSS) is critical across all pillars of the response to reduce stigma and discrimination among affected populations. Community psychosocial support can be engaged to enhance RCCE through links with social science assessments and biomedical information, provision of technical inputs to the training needs of health workers, community workers, leaders and media groups. RCCE actors must be equipped to collect, design, and deliver information in a way that is sensitive to the needs of people in acute crisis. This may require additional training for all responders.

Audience engagement by assessment of how to engage each audience and larger community is being conducted through rapid qualitative and quantitative analysis. The results of the analysis will help countries to identify segments of audiences that require tailored messaging and interventions and identify trusted influencers. In the context of COVID-19, the following are suggested target audiences:

- Individuals, families and caregivers
- Health workers and service providers
- Children (outside schools), Women (including pregnant women) and Youth including people with disabilities
- Families and contacts of affected people

- Media (both local and International)
- Children, teachers and school administrations
- Local community members and religious leaders
- At risk communities and persons who are potentially exposed



Communication interventions are aimed to provide

- Life saving public information that target gaps in information, awareness and understanding about desired actions, including:
 - Health protection measures
 - Stigma
 - Personal and community preparedness

Mobilizing networks and partners at the global, regional and national levels for collaboration, coordination and joint action planning for disease prevention and early health seeking behaviour

a) Creating awareness on signs, symptoms and avoiding spreading the disease b) rapid information sharing c) technical advice and support.

Regular collection of community feedback at all levels as per types of communities (including response partners, donors, academia, researchers, national governments, media and general public.) Make sure to include community feedback in all stages of planning and implementation as part of accountability to affected populations.

Key Priority actions for readiness and preparedness

- A. Establish coordination at the national and subnational level
- B. Identify key partners
- C. Activate a coordination mechanism for RCCE
- D. Conduct an assessment of preparedness and jointly develop RCCE readiness and preparedness plan
- E. Prepare a Risk Communication strategy with all local media channels, local interventions promoting dialogues
- F. Map key stakeholders and partners. Identify key focal points for RCCE from other government organizations, International and national NGOs at all levels
- G. Identify/map out key activities, priority population groups and target audiences, geographical areas for which the COVID-19 RCCE related work needs to be immediately implemented
- H. Prepare plan with clear activities, responsible partners and budget
- I. Develop and implement M&E plan with key indicators (take reference from CE standards and indicators guide)

Monitoring and evaluation (M&E) to measure progress and success of all interventions with clear output and outcomes. The RCCE is to include an M&E framework developed at country level with clear output and outcome indicators taking reference from community engagement minimum standards and indicators guide. It is critical to document the quality of response and preparedness mechanisms by following key standards. Monitoring and evaluation in different scenario contexts will help analyzing situations periodically, report and make changes as necessary.

The objective of the community engagement standards is to support implementation of high quality, evidence-based community engagement at scale in development and emergency contexts. Modelled on the IASC Minimum Standards, these standards include core minimum standards (see annexes), with six core standards (principles) driving three key areas of application: Implementation, Coordination and Integration, and Resource Mobilization. It also includes suggested indicators for governments, for implementing agencies (NGOs & CSOs); and tools (checklists and matrices) to support the localized development of indicators.

Defining the role of Social Science

It is necessary to have a comprehensive knowledge of at-risk groups and communities affected by the disease and ensure their participation in all stages: preparation, readiness and response. This approach and actions show respect and accountability towards the community, and at the same time it favours trust building and acceptance of public health measures.

- People centred participatory approach. The participation of the different communities must be continuously pursued in all stages and in all in all phases.

- There is a need to quickly understand the knowledge (explanatory models) of the disease local communities have, and the following aspects:
 - The health seeking behaviour pathway
 - The factors that condition it:
 - socio-cultural: includes explanatory models, gender roles, power dynamics
 - economic,
 - empirical and
 - practical
 - The key actors in the health seeking behaviours pathway:
 - gate keepers
 - decision makers
 - influencers and
 - practitioners

In order to be able to implement public health measures in a more comprehensive and holistic manner, the systematic inclusion of all these elements is vital.

Consider that:

- Key actors, e.g.: National and local health authorities, community gate keepers, decision makers, influencers, practitioners, religious leaders, national and local media, social media platforms, etc. will be the first target of RCCE
- The collection of this information about key actors and social factors in a systematic manner will contribute to developing and implementing a sound strategy across all levels of the response aiming at behavior change to prevent COVID-19 transmission.
- Respecting local cultural practices is the core of RCCE work. Always be respectful and refrain from judgements or to address practice change without having conducted a thorough qualitative and quantitative assessment.
- From “messages” to “engagement” and ensuring participatory approaches, established through dialogue and always based on negotiation and respect for local practices. The engagement narrative aims to promote positive actions and negotiate a change in an inclusive and localized manner.
- Community engagement standards and indicators will help improve the quality of RCCE interventions.

People in special situations and needs - the populations who are routinely moving across borders or within countries (refugees, migrants, displaced persons) are at risk of being affected or transmitting the virus.

Key actions for moving populations:

- a. Improve basic knowledge and understanding of the disease so they understand their risk.

- b.** Encourage them to watch for signs and symptoms.
- c.** If symptoms emerge, encourage them to follow the information provided that would minimize spread to others along the way (e.g., call hotline; or public health authorities).
- d.** Get appropriate medical care.
- e.** Provide practical information across these groups that lays out how they can seek care.
- f.** Equip with knowledge and information.

RCCE approaches in Scenario 1 – Countries with no cases

Preparedness GOAL (as per WHO definition): Stop transmission and prevent spread

RCCE Goals: **1)** To ensure RCCE systems and protocols are in place to respond effectively to behaviour related information demands in the event of COVID-19 cases/outbreak. **2)** To ensure people are engaged and aware of potential threat and what to do if it reaches their country. **3)** To reinforce trust in government officials as credible information source on COVID-19.

RCCE objectives: **1)** ensure RCCE systems and protocols are in place to respond effectively to information demands in the event of COVID-19 cases/outbreak **2)** ensure people are aware of potential threat and what to do if it reaches their country. **3)** address misinformation and motivate individual action, **4)** promote participation, enhance trust in public health authorities and create an enabling environment for adoption of recommended healthy behaviours and **5)** ensure all RCCE approaches, messages, and materials shared at all levels and in all phases of the response are based on technically accurate medical and public health science.

Response priorities: Activate emergency response coordination mechanisms, Educate and actively engage with the public through risk communication and community engagement.

OUTCOME (Behavioral, logistics, operational, etc.)	OUTPUTs	COUNTRY RCCE ACTIVITIES (To be considered and applied as appropriate for countries)
People and communities understand and address misinformation, have knowledge, acceptance and intention about signs and symptoms, transmission modes, preventive actions (handwashing, coughing etiquette and social distancing) Systems are in-place to engage broader public and hard-to-reach communities and groups with tailored information about COVID-19. Systems are in place to ensure information is released in a coordinated and consistent way. Systems are in place to gather and process information from the public to inform RCCE strategies, address rumors, and make mid-course corrections. Messaging reflects likely questions for this phase of response.	Timely sharing of verified health information through preferred channels Engagement with broad public audiences and tailoring of content and channels for hard-to-reach communities. Development of networks and capacity for CE Regular and wide communication about COVID-19 knowns/unknowns based on the latest evidence. Citizens are aware of threat and what to do if they experience symptoms RCCE trainings and capacity building Maximize communication coordination and consistency of messages Populations' concerns, beliefs and questions are regularly assessed and inform RCCE preparedness and public health strategies	Regularly communicate global situation to broad public audience, adapting Ministry of Health and WHO messages and materials (situation reports health guidance for prevention) to national audience through Web, broadcast and social media channels and local community engagement approaches. (Scenarios 1-4) Conduct analysis to identify audience segments and community engagement foci: - Communities who do not have access to mainstream channels; Communities who mistrust central government authorities; Communities/audiences whose culture, language, location vary greatly from country-majority group; groups who are most likely to be at-risk, based on situation reports; groups with barriers to COVID-19 prevention steps. - With local authorities and relevant local partners--create systems to rapidly tailor key messages and materials from national authorities for identified audience segments and communities and distribute them through trusted/accessible channels/partners. (Analysis/network establishment Scenario 1, implement Scenario 1-4) Develop a comprehensive multi-sector, multi-scenario strategy that coordinates RCCE at the national, subnational and community levels. The plan should include a focus on vulnerable groups: the elderly, women, migrants, people in slums/highly populated areas, persons with disability). Develop, test, and share tailored key message on relevant topics for this period: - What is COVID-19? Where has it spread? Who is at risk? How many people have been affected? How can I protect myself/my family if it comes here? What you should do if you experience symptoms consistent with COVID-19? - What are the national government and local health authorities doing to prevent COVID-19 from coming here? What are they doing to prepare for spread of COVID-19 to our country? - Integrate what is known and what is uncertain into each topic. - Set expectations for change in information and recommendations as more is known and based on citizens feedback, beliefs, questions and concerns, Establish two-way communication approaches (radio, social media, community mobilisation) to engage public/communities in discussions about COVID-19, including through community dialogues. Maximize RCCE coordination and message consistency (Establish Scenario 1, implement Scenarios 1-4) - Create RCCE coordination mechanisms between all levels of health authorities (national, subnational, local/community) including regular meetings and platforms - Create RCCE coordination mechanisms between health and other sectors (including private industry and faith-based organizations) - Create agreed-upon protocols to sharing of information and key messages, upcoming RCCE activities, timing of information releases up and down the National Health Ministry levels and across different sectors and partners Develop and activate a multi-level system (national, sub-national) to gather public/community concerns, questions perceptions, and rumors about COVID-19.Ensure RCCE strategy and messaging integrate the analysis of concerns/questions/rumors at relevant levels. (Develop Scenario 1, implemented Scenarios 1-4)

RCCE approaches in Scenario 2 – Countries with Sporadic Cases (imported or locally)

Readiness and response
Goal: Stop transmission and prevent spread

RCCE objectives: **1)** Contain COVID-19 through individual prevention behaviors and social responsibility towards the most vulnerable **2)** RCCE support for contact tracing and quarantine. **3)** Support public confidence in health system and outbreak response measures **4)** Enhance community participation in defining local solutions and address barriers to key containment measures

OUTCOME (Behavioral, logistics, operational, etc.)	OUTPUTs	COUNTRY ACTIVITIES (To be considered and applied as appropriate for countries) Note: several activities established in scenario 1, are ongoing through scenario 2. See scenario 1 to ensure continuity of sustained activities.
Stigma is reduced and mitigated All stakeholders and communities participate in sharing trustworthy information, addressing rumours and enhancing knowledge about the disease and how to contain its spread. People and communities are prepared and create an enabling environment for individual and social change (in support of the most vulnerable): self-reporting of sickness, social distancing and self-isolation if sick, no touch social behaviours (avoid touching face, handshakes and close contact) Increased acceptance and community understanding of contact tracing and movement restrictions measures and enhanced PSS support . Public confidence in health authorities and other responders is high	Timely sharing of verified health information Wider information available to general public about available services, government activities, and how to act individually to stop the spread of disease Populations’ concerns, beliefs and questions are regularly assessed and inform RCCE preparedness and public health strategies RCCE trainings and capacity building System to optimize production of national/local messaging is developed	Several activities established in Scenario 1, are ongoing through Scenario 2. See Scenario 1 for ongoing activities including RCCE coordination; communication and engagement with public and key communities; and monitoring for public/community concerns, questions, feedback, and rumors that would be intensified in Scenario 2. Announce the first case of COVID-19 early and update information after risk assessment and analysis of risk perception have been undertaken. Provide frequent and regular updates on the situation, even if information is not complete. Manage uncertainty by saying what is known/unknown, and how uncertainties are being resolved. Develop, test, and regularly share tailored messages/materials on relevant topics for this period, especially: • Messages to take appropriate protective action based on risk levels. • Information on how to find and use relevant available services • Motivation to accept and adhere to contact tracing, early isolation and quarantine • Help to determine how and when to report potential additional cases (Case definition, Who should be tested, etc.) • Trust-building regarding health authorities by highlighting what they are doing to protect people, stop spread of disease, and help those who are ill. (Continue uncertainty management in messaging) - Strengthen community engagement approaches and community feedback mechanisms that allow community voices, priorities and perspectives to be heard and responded to by the broader outbreak prevention and response partners, with focus on understanding perceptions and attitudes to recommended public health measures (such as quarantine, self isolation) and respond with appropriate approaches to their information gaps - Mobilize local actors, Red Cross Red Crescent staff and volunteers, and key influencers (i.e religious and community leaders) to enhance community dialogue, encourage promotion of healthy behaviours and address mistrust, misinformation and rumours with actionable and verified information. - Using monitoring system and partners trusted by communities, monitor for barriers to uptake of protective behaviors. - Produce community and social media campaigns to promote the use of trusted information channel - Identify and engage trusted community leaders and key influences through interpersonal communication sessions, - Promote social cohesion by addressing perceptions, rumors, and fears with a focus on reducing racial profiling or people of Asian descent, or those experiencing respiratory symptoms, people who have been cured, people who have been quarantined, and people seeking health care.

RCCE approaches in Scenario 3 – Countries with Clusters of Cases

Readiness and response goals: Stop transmission and prevent spread

RCCE objectives: **1)** ensure people have the information they need, capacity and trust to protect themselves, their families and communities (with focus on the most vulnerable) and to reduce illness and deaths due to COVID-19 **2)** Empower and foster resilience in individuals, groups and communities to reduce the effects of COVID-19 **3)** Enhance community participation in defining local solutions and address barriers to key containment measures

OUTCOME (Behavioral, Operational, Logistical, etc.)	OUTPUTs	COUNTRY ACTIVITIES (To be considered and applied as appropriate for countries)
Trust in health authorities is sustained as people are aware of activities the government is taking, and progress being made. Public and communities have information needed to play their role in protecting themselves, their families and the most vulnerable and preventing the spread of disease. Public and communities embrace public health measures and motivate social responsibility to slow down the epidemic, alleviate stretched health systems and protect the most vulnerable (movement restrictions, social distancing, avoid public gatherings, self-initiated isolation for symptomatic individual) Data is available upon which to base mid-course RCCE changes and improvements. Partner channels are leveraged to expand audience for health information. Stigma is minimized.	Regular and frequent updates on COVID-19 situation nationally, locally, and internationally. People debate barriers and solutions with peers and experts on how to tackle COVID19 and protect the most vulnerable RCCE training is provided to produce surge capacity staff needed in stage 3. Updated information is systematically issued to replace outdated information. Health and social services are designed based on people and communities feedback to mitigate negative impact of public health measures Psychosocial support to reduce the mental health and social wellbeing impacts of the outbreak	<u>Several activities established in Scenario 1, are ongoing through Scenario 3.</u> See Scenario 1 for ongoing activities including RCCE coordination/consistency; communication and engagement with public and key communities; and monitoring and addressing public/community concerns, questions, feedback, and rumors that would be intensified in Scenario 3. - As demands for information intensify, strengthen RCCE surge capacity across national and sub-national levels. - Using feedback monitoring system (described in Scenario 1) and/or other forms of evaluation assess the impact of RCCE interventions on public/community awareness, behaviors, and risk perception. Perform mid-course corrections as needed. - Based on community insights and social science data, adapt public health measures and services (i.e quarantine, isolation, treatment facilities and other response approaches) - Reinforce social cohesion by continuing to addressing perceptions, rumors, and fears with a focus on reducing racial profiling or people of Asian descent, or those experiencing respiratory symptoms, people who have been cured, people who have been quarantined, and people seeking health care. Develop/update, test, and regularly share tailored messages/materials on relevant topics for this period, especially: • Updates to local outbreaks and national data • New information about locations for available services related to COVID-19 (testing, psychosocial support, quarantine supplies, etc.) • Progress and/or success of interventions (contact tracing, quarantine protocols, # of recovered patients) • New activities by health authorities • Rationale behind leadership decision-making. (Continue uncertainty management in messaging) Amplify information and support from trusted health experts, community leaders and influencers Scale up trusted sources of mass media communication and promote social mobilization through peer to peer and community meetings Reinforce existing community-led activities and identify/amplify new community solutions to contain the outbreak

RCCE approaches in Scenario 4 – Countries Experiencing Larger Outbreaks of Local Transmission (Community Transmission)		
Goals: 1) To ensure people have the information they need and trust to protect themselves, their families, and their communities and to prevent the spread of COVID-19. 2) Gain acceptance, adherence, and community support for larger/broader nonpharmaceutical measures (school/business closings, cancelation of mass gatherings, etc.) 3) Empower and foster resilience in individuals, groups and communities to reduce the effects of COVID 19. RCCE objectives: 1) ensure people have the information they need and trust to protect themselves, their families, and their communities and to prevent the spread of COVID-19. 2) Gain acceptance, adherence, and community support for larger/broader nonpharmaceutical measures (school/business closings, cancelation of mass gatherings, etc.) 3) Empower and foster resilience in individuals, groups and communities to reduce the effects of COVID 19.		
OUTCOME (Behavioral, Operational, Logistical, etc.)	OUTPUTS	COUNTRY ACTIVITIES
Trust in health authorities is sustained as people are made rapidly aware of up-to-date activities the government is taking, and progress being made. Public and communities have information needed to play their role in protecting themselves and the most vulnerable and preventing the spread of disease including both personal actions, social responsibility and adherence to expanding nonpharmaceutical measures. Confusion is minimized by rapid replacement of outdated messages and materials with distribution of updated information. Risk perception is influenced to appropriate level for different individuals, community, and risk groups to facilitate appropriate action (including preventing overwhelming health system or hoarding of basic household and medical supplies). As more individuals and communities are affected by COVID-19, their questions, concerns, and barriers to implement prevention and containment measures are rapidly known and addressed to increase adherence and inspire confidence in the interventions. Scaled up community actions and solutions	Regular and frequent updates on COVID-19 situation (with emphasis on local situation). System is in place to review previously posted and distributed COVID-19 materials and messages, correct/update them, and REPLACE them on channels, platforms and communities where earlier versions were shared. RCCE training is provided to produce surge capacity staff for community-level engagement and outreach that expands in in stage 4. Increased public engagement and understanding of risky and safe activities with focus on protecting high-risk populations based on community values, questions and knowledge. Community concerns, questions, and rumors are assiduously monitored to rapidly address them in local channels and through trusted partners and inform wider outbreak response approaches and services..	<u>Several activities established in Scenario 1, are intensified during Scenario 4.</u> See Scenario 1 for ongoing activities: ensuring RCCE coordination/consistency; communication and engagement with public and communities; and monitoring and addressing public/community concerns, questions, feedback, and rumors. Establish other platforms for concerns, questions, feedback and rumors. Coordination and messages consistency protocols and platforms will need to be used even more frequently as more community sources are engaged as sources of messaging during Scenario 4. Develop and frequently/ regularly update/share tailored messages/materials on relevant COVID-19 topics for Scenario 4, especially: - Situation updates on location and numbers of new cases, deaths, and who is at high risk - Reinforcement of personal-protection steps and their effectiveness and where to find services, quarantine protocols, hotlines etc - Information about expanded measures to reduce transmission (cancelled/interrupted school, transportation, business, festivals, faith-based events, and other mass gatherings) - Progress and/or success of interventions (contact tracing, quarantine protocols, # of recovered patients) - New activities by health authorities and rationale behind leadership decision-making. Note: as the outbreak becomes more localized, more messaging will be needed at the community level. Surge capacity and training will need to be enhanced for messaging and outreach through local channels and partners During this period, changes in location and numbers of cases and deaths will occur rapidly. Availability of medical services, cancellations, guidance will also change. RCCE teams will need to carefully review previously implemented approaches and behaviour messages revising them to new information and participatory approaches. As an increasing number of highly concerned people attempt to follow COVID-19 in their homes and communities—questions, concerns, and barriers will emerge. RCCE teams will need to monitor these even more frequently during Scenario 4 at the ground-level. Roll out relevant research in priority areas to track understanding/acceptance of promoted health practices and mitigation measures, beliefs and trust in responder Intensify risk communication and community engagement/community health (from containment phase), with focus on strengthening community-led solutions to prevent and control the outbreak (closely linking to health care and PSS approaches). Scale community engagement approaches that allow community voices, priorities and perspectives to be heard and responded to by the broader outbreak response partners Motivate acceptance and adherence to community-based protection and home care for COVID-19 and other diseases, and other activities to mitigate the health and social impacts of the outbreak. Scaling up localized RCCE approaches tailored to local health epidemics (i.e many cases, no cases' communities) to promote and sustain healthy behaviours in targeted communities and adherence to public health measures

Acronyms and Abbreviations

CSOs	Civil society organizations
FAQs	Rapid Assessment
FBOs	Faith-based organizations
FGDs	Focus group discussions
HSB	Health seeking behaviour
HQ	Headquarters
IFRC	International Federation of Red Cross and Red Crescent Societies
IMST	Regional Director
KAP	Regional Evaluation Adviser Knowledge, attitude and practice (study)
M&E	Monitoring and evaluation
MHPSS	Mental health and psychosocial support
MoH	Ministry of Health
NGOs	Non-governmental organization
PSS	Psychosocial support
RCCE	Risk communication and community engagement
SBC	Social and behaviour change
SRP	Strategic Response Plan
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization