

# RISK COMMUNICATION & COMMUNITY ENGAGEMENT GUIDANCE

for COVID-19 pandemic response  
UNICEF New York HQ April 23

## PURPOSE OF THE DOCUMENT

The goal of this guidance is to provide an overview of UNICEF’s Risk Communication and Community Engagement (RCCE) response components and mechanisms, various approaches and technical areas of action, as well as support available to regions and countries to help prevent the spread of COVID-19 and mitigate some of its secondary impacts. It offers quick links to tools and tips available to ensure the quality of each step of the development process and each specific area of work.

The main objectives are as follows:

1. Provide an RCCE guiding framework to enable an effective country preparedness and response across the main pillars of the public health component.
2. Scale up RCCE approaches to promote and sustain critical healthy behaviours in all four scenarios of the preparedness and response strategy. ([RCCE Global strategy](#))
3. Foster community/citizens participation and ownership of preventive and response measures and promote an enabling environment for change to contain the spread of virus.
4. Ensure all RCCE approaches, messages, interventions and locally developed materials shared at all levels and are technically accurate. ([Key Tips and Discussion Points](#))

## KEY CONSIDERATIONS

UNICEF Communication for Development (C4D) is co-leading COVID-19 RCCE efforts at the Interagency level (jointly with WHO and IFRC) as well as UNICEF-specific RCCE work (together with sectors, and collaborating with polio and immunization C4D teams) in support to governments and partners. In keeping with the philosophy of communities’ self-reliance and social justice that have been at the heart of UNICEF’s overall organizational response, UNICEF’s RCCE strategy should embrace the following key principles.

- **Rights-Based approach:** recognizing people’s fundamental right to the highest attainable standard of health and well-being, with an equity focus on the most vulnerable populations. See for example this [policy guidance](#), the [statement](#) on child rights in the context of COVID-19 issued by the Committee on the Rights of the Child (providing indications to States on how to protect and empower children whose vulnerability has been further exacerbated by the COVID measures) as well as the [UN DESA briefs and statements](#) on Indigenous Peoples and COVID-19.
- **Evidence-based:** collect and use social and behavioural insights to influence policies, develop contextualized public measures and interventions tailored to ground realities, in particular low-income contexts.
- **Systems approach:** RCCE interventions should be streamlined through the country systems - from

national to community level, and ensure linkages to functional referral systems to services.

- **People-centred:** pursue a participatory process, empowering and strengthening community capacity to explore, plan, and act together on issues identified by communities themselves, following [Community Engagement standards](#).
- **Accountability:** enable community feedback to

develop control and improvement mechanisms, raise community voices, ensure effective and quality service provision.

- **Do-no-harm:** leverage digital platforms as much as possible to maximize information access, engagement, dialogue and feedback in times when physical proximity and direct contact are challenged.

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## BACKGROUND: PUBLIC HEALTH RESPONSE AND MITIGATION OF SECONDARY IMPACTS

With the increase in COVID-19 cases, the number of countries/territories reporting cases and the declaration of a global pandemic, it is critically important to enable countries to respond in the most context-appropriate way, not losing sight of local specificities beyond the global crisis. At-risk and affected people need to be empowered to lead in generating solutions that address disease outbreaks in their own communities and in ways that are locally relevant. UNICEF views communities as a full and fair shareholders in public health emergency preparedness and response and works closely with the national and sub-national authorities, the medical community, health workers and local groups and influencers to ensure that public measures and strategies to increase protective behaviours are implemented with all affected communities, especially the most vulnerable ones.

Additionally, 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, and can lead to suboptimal uptake of protective practices, adoption of unsafe behaviours and social phenomena such as mistrust and stigma.

The COVID-19 outbreak poses a significant threat to children, their families and communities. All are facing various secondary impacts, especially those in most vulnerable conditions (refugees, migrants, people living in camps or camp-like settings, etc.). The swiftness of the outbreak and global scale of the disruption is unprecedented: an estimated 42-66 million children could fall into extreme poverty as a

result of the crisis this year; 188 countries have imposed countrywide school closures, affecting more than 1.5 billion children and youth; economic hardship experienced by families as a result of the global economic downturn could result in hundreds of thousands of additional child deaths in 2020; lockdowns and shelter in place measures come with heightened risk of children witnessing or suffering violence and abuse.

### RCCE PRIMARY OBJECTIVES

Accordingly, RCEE efforts should focus on the following main objectives:

- reaching communities, particularly the most vulnerable, with behaviour-focused messaging on COVID-19 transmission prevention (hygiene promotion, physical distancing) as well as promotion of continued and appropriate use of health services
- combatting [stigma and preventing misinformation, rumours and myths](#)
- providing parents and families with caregiving support, and empower communities to assist and protect their members
- fostering community participation and ownership of preventive and response measures, and ensuring feedback mechanisms for echoing community voice and real-time adaptation of the response
- accompanying sectoral efforts around adaptation, continuity and use of services, as well as mitigation of negative coping behaviours
- and ensuring that governments and organizations respond to the epidemic are doing so in a **socially-, culturally-, and context-appropriate manner**.

# RISK COMMUNICATION AND COMMUNITY ENGAGEMENT APPROACHES AND KEY COMPONENTS

Building on the lessons learned during 2014-2016 Ebola epidemic, RCCE prioritizes dialogue and participation of all stakeholders and affected communities during preparedness, readiness and response. UNICEF is proposing this people-centred approach “at-scale”. Understanding how stakeholders are connected to their geographic communities, social networks and influences, public sector services or authorities, as well as the communication sources and channels they trust are just the starting point to developing community engagement interventions.

Understanding people’s basic needs from their own perspective, as well as the social role of power and influence, are at the core of understanding what motivates behaviours - particularly during outbreaks when there are often fears, stigma, uncertainty, misperceptions, and a breakdown of trust in public authorities and systems. These are all critical to considering communities as meaningful stakeholders that are active and empowered to take decisions and implement actions that protect them.

Under this overarching principle, the following are the main components to consider for inclusion in a national RCCE strategy.



**DEVELOP LOCALLY-SPECIFIC COORDINATION MECHANISMS:** For collaborative decisions, common and aligned technical support across partners and sectors, joint mapping of assets and maximised sharing of resources, information and expertise. This will enable key stakeholders to operate as a unified team with minimum duplication and disruption and use resources most efficiently and effectively.

**RCCE PLANNING:** Work with governments and partners, in particular WHO, to ensure a quality national plan. Choose or adapt communication channels and engagement platforms that are specific to different population groups and contexts, to share information, get insights, ensure their participation in the response, track misinformation and rumours and inform course correction. See [Action plan guidance](#), guide to [include marginalised population](#), guide on [prevention of social stigma](#), as well as other sections below. Given the movement restrictions and physical distancing measures across the world, it is important

to reflect on adapted ways to engage communities on COVID-19, particularly in low-resource settings. [This document](#) compiles engagement tips and provides key considerations for both in-person and remote engagement.

**POPULATION SEGMENTS:** Conduct rapid qualitative assessments and desk reviews to determine key audiences and how to engage each group. The results of the analysis will help teams identify segments that require tailored interventions as well as trusted influencers and sources ([see Focus Group Discussion Guide for Communities](#)).

**VULNERABLE AND MARGINALIZED GROUPS:** Some groups face multiple challenges that could augment the risk of COVID-19 due to social, economic, administrative or physical impediments. It is priority to adapt the response to their specific needs. Special guidance is available to work with the various vulnerable groups as well as tips to plan dedicated RCCE initiatives. These groups

include migrants and refugees (see [quick tips](#) and [RCCE guidance](#)), [poor urban populations in particular living in slums](#) and informal settlements, children and people living with disabilities (see key considerations [here](#) and [here](#) as well as [RCCE advice](#)), women and girls (see [key actions for gender equality](#) in COVID response and an [IASC alert](#) on gender), and [practical tips on engaging adolescents and youths](#). As needed, this [IASC repository](#) includes various additional resources on specific age groups, gender-based-violence, prevention of section exploitation and abuse, inclusive tools for people with disabilities, and more.

### **RAPID SOCIAL SCIENCE ASSESSMENTS:**

Are needed to regularly determine the status and trends of perceptions, knowledge and understanding about the risk of the disease, concerns, typical and outlier behaviours, change in service utilisation and care seeking patterns, social dynamics, contextual behavioural drivers, impacts of the disease and outbreak response on people's lives. Incorporating social scientists as part of intersectoral response mechanisms will help different teams to adapt to community priorities and needs at all stages of the response (see for example the [adaptation of Ebola Social Science Cell \(CASS\)](#) to COVID-19, and the [repository of tools](#) put together at interagency level).

**BEHAVIORAL INSIGHTS:** Instructions and directives released by governments to enforce Public Health Measures can be hard to follow. Key universal insights from behavioural sciences can be applied to bridge the "intention to action gap" and encourage the kind of decisions and habits that will help making these new practices easier. C4D HQ is developing guidelines and will provide technical support / capacity building for applying BI theory and methods during and after COVID-19. This includes [distilling existing relevant insights](#). See for example the [blog from ideas 42](#) providing concrete framing and communication advice, or the [BIT blog](#) also gathering pieces on BI applications.

**HUMAN CENTERED DESIGN (HCD):** HCD applies behavioral analysis and prototyping to tailor interventions aimed to promote the adoption of healthy behaviors and thereby increase sustainability of program results. The approach engages beneficiaries, providers, and other stakeholders

throughout the strategy development process to ensure that their needs and expectations inform design decisions and lead to a higher likelihood of adoption and sustained behavior practices. Simple guidelines, reference materials, capacity building through webinars and technical support to countries are available, see for example [www.hcd4health.org](http://www.hcd4health.org), see also the [Office of Innovation HCD page](#) which provides access to LTAS, case studies, guidance on [designing digital interventions](#) and more.

### **COMMUNITY FEEDBACK MECHANISMS:**

RCCE plans should include a Complaints and Feedback Mechanisms (CFM) that allow people to raise their concerns, share their views on the operational response, and allows UNICEF to track perceptions, rumours, misinformation, information gaps and satisfaction with the response. These community insights inform the adaptation of the programmes, and are the start of feedback loops going back to the population: see [AAP in COVID-19 Response](#).

- Use existing Community Feedback Mechanisms instead of reinventing or duplicating efforts
- If those CFMs do not exist, make sure to establish them. Where possible, coordinate this effort internally and with partners at interagency level for cost effectiveness and to avoid confusion
- Consider digital platforms that could support your CFM (see section on digital engagement and [U-Report on COVID-19 on WhatsApp, Viber, Facebook Messenger](#)).

### **DEVELOP ACCURATE BUT IMPACTFUL COMMUNICATIONS:**

A quality RCCE strategy will rely on the sharing of scientifically verified public health information and guidance (see for example the [EPI-WIN WHO page](#)). But behind the science is the art, and messages and communication pieces must be developed with the aim of speaking to people's emotions, their daily lives, and touch their hearts and realities beyond the sole rational and scientific arguments which will have limited impact. For guidance and inspiration see for example [this blog](#) hosted by Harvard's Center for International Development or [this one](#) on the British Medical Journal website. See also this guide from [Translators Without Borders](#) on using appropriate language.



**DIGITAL ENGAGEMENT:** As traditional community engagement techniques are challenged in the context of physical distancing, UNICEF's COVID-19 response activities need, more than ever, to leverage digital processes, global assets and products developed with the support of the Office of Innovation (U-Report Global), ICTD's Field Services Unit (RapidPro and MagicBox), DOC (Social Media), and C4D (Internet of Good Things): see [Digital Health and Digital Health Engagement for COVID-19 Preparedness and Response](#). U-report and RapidPro offer solutions for KAP and opinions polls/surveys, needs assessments, mis-information/rumour-tracking, concerns/complaints feedback and real time monitoring. The U-Report for Humanitarian Action initiative, a joint effort of Office of Innovation, PD-C4D and EMOPS, also developed and made available a COVID-19 Information chatbot to support Risk Communication and Community Engagement. Finally, the [IOGT platform](#) can help parents and young people in low-income hard to reach populations with public health information that is free of data charges, in 63 countries through partnerships with Mobile Network Operators and Free Basics by Facebook. IOGT currently hosts content modules in up to 13 languages and makes content accessible for people with feature phones. Further content such as Mobile-Based RCCE training for frontline workers available via downloads and COVID-related audio-visual content with targeted user groups (i.e. pregnant women, breastfeeding women, children, parents, caregivers, migrant populations/IDPs etc.) are being developed.

**FRONTLINE WORKERS AND INTERPERSONAL COMMUNICATION:** With no vaccine and no treatment available at the moment in the foreseeable future, the frontline of the fight against COVID is in communities. The sharp increases in caseloads is overwhelming health systems in countries already facing shortages of workers and supplies. Community Health Workers (CHWs) and other Frontline Workers (sanitation workers, social workers, delivery of essential services, etc.) have a pivotal role to play in fighting the pandemic, and are often the most trusted source of advice. Equipping them with the interpersonal communication skills needed to convey accurate messaging, reassure communities, empathise with patients who are often isolated, is even more

important. A comprehensive IPC toolkit is being adapted for use in the COVID-19 response (see <https://ipc.unicef.org/>). See also [this guide](#) for community workers, volunteers and community networks, and [this note](#) on community action.

### **ENGAGING WITH KEY FAITH INFLUENCERS (LEADERS, COMMUNITIES AND FAITH BASED ORGANIZATIONS):**

Working with religious partners is a key C4D strategy and countries should mobilize their existing platforms and agreements. In addition, offices can leverage the [Global Faith and Positive Change for Children and Communities initiative](#) (partnership between UNICEF, Religions for Peace - the world's largest inter-faith network - and the Joint Learning Initiative). The initiative aims at engaging faith communities in dialogue, exchange, feedback and action, and is being specifically repurposed to support the pandemic response, mobilizing local actors through Inter-Faith Councils to support COVID preparedness and response. The roll out of an Inter-Faith communication and mobilization package will offer a combination of technical information and religious teachings and sacred texts around preventing transmission amongst faith communities; communication within faith communities; promoting engagement within faith communities; provision of comfort and relief; children's protection and development (See [Faith resources repository](#)).

**PARENTING SUPPORT:** The COVID-19 has severely disrupted family life around the world, in particular because of school closures, movement restrictions, physical distancing and the rise of teleworking, creating a caregiving crisis in which parents have to adapt to continue doing the most important job in the world. Across disciplines and across nations, caregivers remain the foremost and strongest influence on child development and resilience. It is paramount that any RCEE strategy offers support for parents to be able to fulfil their role, especially, if they are burdened by risk factors. Countries can do so through adapting and leveraging existing parenting policies and programmes (local applications of the Nurturing Care Framework and Inspire Package) and/or additional COVID-specific parenting interventions. Multiple resources are available to that end, including an

overall [guide to parents](#), summary of [what they should know](#), advice on [supporting their children](#), [nutrition tips](#), information and recommendations on [navigating pregnancy](#) during the pandemic, [keeping children safe online](#), and [precautions to take when traveling](#). A specific [ECD and Parenting Response and Recovery Toolkit](#) is also available. Finally, UNICEF contributed to the development of parenting [Tip sheets](#) providing concrete advice available in over 60 languages.

**CARE FOR MENTAL HEALTH:** Ensure the inclusion of community-based support mechanisms and communication channels / engagement platforms to support innovative, low-cost and scalable solutions for psycho-social support, through the provision of behavioural advice focusing on skills for self-management and self-coping mechanisms. Resources to be adapted exist with [advice for teenagers](#), for [the whole family](#), for [staff, volunteers and communities](#), as well as example of [creative pieces from youth](#).

### **MONITORING AND EVALUATION:**

The global team is making COVID-19 M&E guidance

available (see global support below). Key considerations for developing RCCE-related M&E at country level include:

- Coordinate M&E plans, data collection, analysis and use with authorities and partners.
- Adapt indicators according to your country needs and situation. When choosing indicators:
  - Prioritize the use of indicators that are already available
  - Prioritize the use of indicators that can be validated
  - Be flexible about operational definitions
  - Extract data and replicate indicators from existing survey reports and databases
- Promote a two-way dialogue with communities, the public and other stakeholders. Plan to return to communities to share lessons learned from data collected.
- Avoid perpetuating vulnerability or stigma through M&E and learning processes.
- Develop practical approaches for quality and frequent of data collection (ongoing assessment).
- Use the data for decision-making and revise / improve RCCE actions.

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## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT GLOBAL SUPPORT

### **RCCE GUIDING DOCUMENTS AND**

**RESOURCES PACKAGE:** This [compendium](#) compiles the latest tools and guidance made available to regional, national and local partners. It includes overall guides, assessment tools, training modules, materials, survey samples, terms of reference, and other useful documents around COVID as well as taken from previous outbreaks such as H1N1 or Ebola. Regularly updated, the resources are selected to be practical and easily adaptable and help their users design and implement RCCE interventions.

### **COMMUNITY ENGAGEMENT**

**STANDARDS:** UNICEF C4D approach to community engagement aims to promote the use and implementation of the 2019 interagency community engagement minimum standards and

indicators ([see here](#) for a summary and [here](#) for the full document), so that better results can be achieved at community level through improving practice and coordination of community engagement - ranging from strengthening accountability among key government and implementing partners that engage with communities, expanding the influence of local actors, facilitate the acceptance of information and communication with the public, and building on existing local capacities.

### **EMERGENCY SURGE ROSTERS AND**

**DEPLOYMENTS:** C4D HQ is currently working with Regional Offices to expand the C4D Global Consultants roster for candidates with expertise in delivering C4D in humanitarian, disease outbreak, conflict, and other emergency contexts. The existing roster for consultants for non-emergency

development contexts is also available to support non-emergency aspects of programming ([C4D Consultant Roster SharePoint Page](#)). Both are crucial in order to scale up the response to COVID-19. Please contact Sara Brownlow ([smbrownlow@unicef.org](mailto:smbrownlow@unicef.org)) for any further information if needed.

## CONTRACTING C4D TECHNICAL

**EXPERTISE:** Long term Arrangements for Service (LTAS): all offices have access and are encouraged to use this mechanism which allows for streamlined contracting of agencies with pre-vetted, high quality expertise in C4D. Pre-negotiated rates make this mechanism a faster contracting option. Seventy agreements with twenty-four vendors working across 6 categories of C4D services are available for utilization. Many of the LTAS agencies have considerable experience in disease outbreak and/or humanitarian settings. For an overview of the process, the list of vendors and categories of service, and recent COVID-19 related operational updates of each vendor, visit the [SharePoint Site](#). The C4D team is currently completing a tender to further expand this vendor pool and it is expected that additional vendors, with skills relevant to COVID-19 as well as broader programming and specific regional experience, will come online in the coming months.

## INTEGRATED APPROACHES AND JOINT TECHNICAL GUIDANCE:

Are available to cohesively address the needs of all populations through an inclusive approach with the main sectors including [Child Protection](#), [Health](#), [WASH](#), [Education](#) and [ADAP](#).

## TECHNICAL SUPPORT TO REGIONS AND COUNTRIES:

The C4D HQ team is providing continuing support as requested by the regional and country offices to help strengthen research, planning, implementation, monitoring and evaluation, documentation and reporting. The team also helps identify models of innovation and good practices in RCCE for PHE in close collaboration with relevant PD sections, Office of Innovations, and supports their integration into UNICEF advocacy, program processes and practices. The team also ensure linkages with institutional partners at the global level.

## SUPPORTING KNOWLEDGE

**MANAGEMENT:** The C4D team has worked on a COVID-19 RCCE [knowledge management plan](#) that includes lessons learned webinars, case studies, newsletters, deep-dive calls, technical tools, global guidelines and toolkits, M&E efforts, infographics, and audio-visual efforts.

## MONITORING & EVALUATION:

The C4D team is supporting countries and regions to (i) meet the immediate data collection needs to inform the RCCE strategies and plans (ii) support countries in monitoring the secondary impact of the outbreak or response. In the contexts of COVID-19, the RCCE team is developing an [indicator guide](#) and relevant [methodology](#) to support the following: availability of and access to real-time data through dashboards; ensure inclusion of community engagement data; ensure that key indicators used are in line with the globally recommended, that Country Offices will provide weekly reporting on.

### SOME KEY REMINDERS:

- Develop evidence-based, people-centred solutions for preventing the spread of infection and bringing the outbreak under control, ensuring local capacity- building and active community participation in the response)
- Ensure an inclusive approach with representation of the most vulnerable groups (people with disabilities, mobile populations, hard to reach, young people and women) in the response.
- The pandemic is a constantly evolving crisis. Keep up to date by consulting from time to time repositories where new guidance and briefing notes on particular clinical topics will be stored, including the [UNICEF COVID-19 SharePoint site](#) or the [IASC repository of guidance and tools](#).
- Stay safe yourself!

**Instruction on use of RCCE Guidance: If some links don't work, please try to open the PDF in a different software.**