

COVID-19: **HOW CAN RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) INCLUDE MARGINALIZED AND VULNERABLE PEOPLE IN THE EASTERN MEDITERRANEAN REGION**

WHY INCLUDE A PROTECTION, GENDER, DISABILITY AND INCLUSION LENS IN RISK COMMUNICATION AND COMMUNITY ENGAGEMENT?

Some segments of our societies, particularly women, internally-displaced people, migrants, refugees, the elderly and people with disability are among those who may experience the highest degree of marginalization.

People who experience marginalization, particularly those facing intersecting forms of discrimination across diverse factors - including gender, age, disability, migrant or refugee status, nationality, ethnicity, health conditions, geography and socioeconomic status - become even more vulnerable in emergencies.¹ This is due to many factors such as their lack of access to effective surveillance and early-warning systems and health services.

The COVID-19 outbreak is predicted to have significant impacts on various sectors. Among the vulnerable groups outlined below, the people most at risk of experiencing the greatest health, social and economic impacts are those who:

- Depend heavily on the informal economy;
- Live in areas prone to conflict and in humanitarian settings;
- Have inadequate access to social and economic services, community support or political influence;
- Have limited capacities and opportunities to cope and recover;
- Have limited or no access to technologies and public infrastructures;
- Live in camps, informal settlement settings or densely-populated areas or housing units;
- Live in host communities without formal residency permits;
- Are in prisons or detention centers;
- Fully depend on protection services and unpaid care work;
- Are already subject to discrimination and violence;
- Survivors of gender-based violence.

By understanding these issues, and how they impact women, men, boys and girls of diverse ages, backgrounds and physical abilities, we can support them better in emergencies by prioritizing their needs and engage them in decision-making processes for preparedness, response, recovery and risk reduction.

1. <https://idpjournal.biomedcentral.com/articles/10.1186/s40249-017-0375-2>

WHAT HAVE WE LEARNED ABOUT PROTECTION, GENDER, DISABILITY AND INCLUSION IN RISK COMMUNICATION AND COMMUNITY ENGAGEMENT IN OTHER EPIDEMICS?

Previous epidemics illustrate the value of meaningfully engaging with people, especially with women of diverse backgrounds who experience marginalization and vulnerability, when communicating about risks because:

- Women not only constitute half the human population, but are also a disproportionate part of the health workforce in most countries;
- Women are primary caregivers to children, the elderly and the ill. As such, we must recognize the specific risks facing them in this key role and engage them in risk communication and community engagement;
- When we do not recognize gendered dynamics and intersecting inequalities during outbreaks, we overlook the needs of people experiencing vulnerabilities. This limits the effectiveness of risk communication efforts;
- When community engagement teams are dominated by men, women's access to information about outbreaks and available services are severely constrained², particularly for marginalized women, such as internally-displaced, migrant, refugee, pregnant, and lactating women as well as women and girls with disabilities and women in conflict zones.
- Tailoring community engagement interventions based on age, gender, disability, diversity, local language, literacy and culture improves community intervention buy-in and involvement.³

2. UNGA A/70/723. *Protecting Humanity from Future Health Crises: Report of the High-Level Panel on the Global Response to Health Crises*.

3. Deborah Toppenberg-Pejcic, Jane Noyes, Tomas Allen, Nyka Alexander, Marsha Vanderford & Gaya Gamhewage (2019) *Emergency Risk Communication: Lessons Learned from a Rapid Review of Recent Gray Literature on Ebola, Zika, and Yellow Fever*, *Health Communication*, 34:4, 437-455, DOI: 10.1080/10410236.2017.1405488



Addressing Stigma and Misinformation

The rise of harmful stereotypes, (e.g., that COVID-19 is a “problem” of particular populations such as refugees or migrants) and the resulting stigma and pervasive misinformation can potentially contribute to more severe health problems, ongoing transmissions and difficulties controlling the outbreak. Stigma and misinformation could prevent potentially infected persons from seeking care immediately, and push them to hide the sick people and/or evade treatment for themselves to avoid discrimination.

Things to keep in mind:

- Public health information pertains to all of the public: To avoid inadvertent stigmatization, support the broader dissemination of public health messages to reach marginalized and/or vulnerable communities, without labeling them specifically;
- Spread the facts: Stigma can be aggravated by insufficient knowledge about how the new coronavirus disease is transmitted and treated and how to prevent infection;
- Engage with social influencers, such as religious leaders, on prompting reflection about people who are stigmatized and how to support them, or respected celebrities to amplify messages that reduce stigma;
- Amplify the voices, stories and images of people who have experienced COVID-19 and have recovered, or who have supported a loved one through recovery to emphasize that most people do recover from COVID-19;
- Make sure you portray different ethnic and religious groups. Materials should show diverse communities that are being affected, and how communities work together to prevent the spread of COVID-19;
- Ensure balanced reporting: Media reporting should be balanced and contextualized, disseminating evidence-based information and helping combat rumor and misinformation that could lead to stigmatization;
- Link up: There are a number of initiatives to address stigma and stereotyping. It is key to link up to these activities to create a movement and a positive environment that shows care and empathy for all;
- Avoid using geographic/ethnicity labels (e.g. Wuhan Virus), “victim”/” suspected cases”, “infecting” or “spreading to others”;
- Only repeat information based on reliable scientific data and the latest official health advice (use simple language and avoid clinical terms and abbreviations) – use this to address myths and stereotypes if necessary, and promote the importance of proper prevention etc.;
- Use a variety of communication channels (if possible off – and online) and influencers to amplify positive, sympathetic and diverse voices and provide reliable and accurate information at a community level;
- Ensure public health information and communication is available in accessible formats (e.g. sign language, audio and visual and Easy Read format);⁴
- Communications should proactively address potential mistrust from marginalized populations to make clear that all people will receive appropriate testing and care without retribution or stigmatization. For example, Syrian refugees often fear added levels of discrimination and stigmatization if they contract COVID-19, with some expressing fears of deportation if they exhibit COVID-19 symptoms. They cite these fears as a deterrent from seeking medical care, even if they experience symptoms;⁵
- Take into consideration groups who are already subjected to pre-existing discrimination (related to gender, socio-economic conditions and physical and mental disabilities). For those groups, access to testing and treating facilities may be difficult.

FOR FURTHER RESOURCES, SEE: [IFRC, UNICEF, WHO \(2020\). A GUIDE TO PREVENTING AND ADDRESSING SOCIAL STIGMA ASSOCIATED WITH COVID-19.](#)⁶

4. WHO Disability considerations during the COVID-19 outbreak (2020)

5. <https://www.hrw.org/news/2020/04/22/lebanons-refugee-restrictions-could-harm-everyones-health>

6. [HTTPS://WWW.COMMUNITYENGAGEMENTHUB.ORG/WP-CONTENT/UPLOADS/SITES/2/2020/02/COVID19-STIGMA-GUIDE-2002.PDF](https://www.communityengagementhub.org/wp-content/uploads/sites/2/2020/02/COVID19-STIGMA-GUIDE-2002.PDF)

POPULATIONS AT DISPROPORTIONATE RISK IN CASE OF COVID-19 OUTBREAK, AND KEY IMPLICATIONS FOR RISK COMMUNICATION AND COMMUNITY ENGAGEMENT⁷



CHILDREN

● Why are they vulnerable?

- Younger children might not have access to or might find it difficult to understand publicly available information on COVID-19;
- Girls and young female adolescents could also be partial caregivers, supporting their mothers and caring for ill in their family;
- Children with disabilities have more barriers to accessing care, protection services and homeschooling;
- Unaccompanied and separated children may be particularly challenged in accessing timely and relevant information and health services;
- Children are usually unable to express their fears and anxieties;
- Prolonged periods of school closure and movement restrictions may lead to emotional unrest and anxieties;
- Caregivers might not be able to take effective care of the children who depend on them;
- If parents have to go out for work and children have to stay at home due to closure of schools, it has implications on their safety and security;
- Increased parental anxieties and frustrations might lead to an increase in violence against children at home;
- If the caregivers are infected, quarantined or pass away, it could lead to protection and psychosocial issues for children;
- While children seem to be less likely to become severely ill with the virus, they can transmit to caregivers who may be more vulnerable to infection and to severe illness.

● How to help them?

- **Ensure active outreach to collect feedback from boys and girls of diverse ages, backgrounds, literacy levels and physical abilities;**
- **Advocate to ensure that government and other stakeholders prioritize the information and communication needs of children and adolescents, particularly girls of diverse backgrounds;**
- **Advocate for disability-inclusive national and community COVID-19 response in line with WHO guidelines on Disability;⁸**
- **Consult children and adolescents, of diverse backgrounds, particularly girls, including unaccompanied and separated children, as well as children with disabilities to understand their concerns, fears and needs;**
- **Design information and communication materials in a child-friendly manner;**
- **Provide information about psychosocial issues, as well as general health and hygiene;**
- **Provide parents with skills to handle their own anxieties and help manage those in their children;**
- **Advocate for family-friendly workplace policies so that parents can take better care of their children. In cases where parents work in informal sectors, community-based support to parents can be helpful;**
- **Promote fun activities that parents and children can do together to reduce anxieties and tensions;**
- **Advocate for counselling and support services for affected families.**

7. Adapted from BBC Media Action (2019). A guide for the media on communicating in public health emergencies. <http://communityengagementhub.org/wp-content/uploads/sites/2/2019/12/communicating-in-public-health-emergencies-english-1.pdf>

8. WHO Disability considerations during the COVID-19 outbreak (2020)



PERSONS WITH DISABILITIES

● Why are they vulnerable?

- Access to information is often a barrier for persons with disabilities who have specific communication needs according to the kind of disability they have;
- They are often excluded from decision-making spaces and have unequal access to information on outbreaks and availability of services;
- They can be socially isolated if they do not access the community regularly through employment or education, for example.

● How to help them?

- **Ensure active outreach to collect feedback from persons with disabilities and care-givers of different ages, genders and backgrounds;**
- **Disseminate information that uses clear accessible, inclusive and simple language;**
- **Provide information in accessible formats. For example, braille, large print;**
- **Offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, on-line materials for people who use assistive technology;⁹**
- **Involve organizations working on persons with disabilities in consultations, decision making and information dissemination;**
- **Provide a tailored approach to meet individual needs, work with personal care-givers and other social support networks;**
- **Target, engage and inform their caregivers on how to detect symptoms and mitigate risks in case the person is in need of continuous medical assistance.**



WOMEN AND GIRLS

● Why are they vulnerable?

- Women are half the population and globally, they constitute 70% of workers in the health and social sector;¹⁰
- Women are the primary caregivers to the ill;
- Women are 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, particularly in the context of COVID-19 response measures, such as lockdowns;
- Gender, geographic and 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 prevent women from obtaining health services independently or from male service providers;

● How to help them?

- **Ensure that community engagement and decision-making teams are gender-balanced and represent the diversity of populations they engage with where possible, and promote women's leadership within these teams;**
- **Provide specific and easy-to-understand advice in the appropriate language/dialect for women who care for children, the elderly and other vulnerable groups in quarantine, and who may not be able to avoid close contact;**
- **Design online and in-person surveys and other engagement activities so that women in unpaid care work can participate;**
- **Provide safe access and provisions for childcare, transport, and safety for any in-person community engagement activities;**
- **Prioritize women and girls with disability who need uninterrupted healthcare (psychological, and physical);**
- **Ensure frontline medical personnel are gender-balanced and represent the diversity of women and girls where possible and health facilities are culturally and gender sensitive and physically accessible.**

10. UNGA A/70/723. *Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises & Measure Evaluation (2017). The Importance of Gender in Emerging Infectious Diseases Data.*



PREGNANT AND LACTATING WOMEN

● Why are they vulnerable?

- Services may be diverted when health services are overburdened, resulting in interrupted pre- and post-natal care;
- Maternal mortality may potentially increase;
- Frequent and sometimes unnecessary contact with health facilities can increase the risk of infection, especially in health facilities with inadequate infection control measures.

● How to help them?

- **Develop education materials for pregnant women, midwives, healthcare workers especially in local communities, camps, informal settlements and densely-populated areas on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns;**
- **Translate materials into local languages and adapt them to local contexts in a variety of accessible formats, and ensure pregnant and lactating women, midwives, community healthcare workers have access to them.**



PEOPLE LIVING WITH HIV

● Why are they vulnerable?

- May have compromised immune systems and maybe be more at risk of severe illness;
- May feel that they have insufficient information on how to protect themselves from infection;
- May experience stigma and discrimination in health care settings, including being tested for HIV against their will;
- People living with HIV may be denied access to essential medications, such as standard antiretroviral therapy (ARV), due to overburdened health systems.

● How to help them?

- **Utilise established community systems to facilitate communication with people living with HIV, including utilising informal systems to avoid treatment disruptions;**
- **Ensure access to information on specific needs based on their feedback, including up-to-date information on where and how to access ARVs;**
- **Develop FAQs in consultation with the people living with HIV community that respond to their specific vulnerabilities and concerns;**
- **Where possible, provide multi-month prescriptions to ensure that people living with HIV are able to have a few month's supply of ARV;**
- **Suggest that people living with HIV keep a supply of non-perishable food that can be taken their medication;**
- **Provide psycho-social support to people living with HIV who may already feel anxious, stigmatized and vulnerable;**
- **Ensure that health facilities are informed and capable of assisting people living with HIV, including in terms of providing non-stigmatized services.**



GENDER-BASED VIOLENCE (GBV) SURVIVORS

● Why are they vulnerable?

- Gender-based and domestic violence is likely to increase during lockdown with perpetrators. These risks can be exacerbated as a consequence of heightened tensions in the household, the length of the confinement period and the stress and anxiety of the outbreak;
- Women and girls have limited access to phones and helplines. This is aggravated by disrupted public services like police, justice and social services;
- Disruptions may also compromise the care and support that survivors need, like clinical management of rape, and mental health and psycho-social support. They also fuel impunity for the perpetrators.
- Government institutions may shift resources from GVB services and centers to respond to the public health crisis;
- Primary and secondary health care facilities may be requested to take on the caseload of GBV survivors and only refer to tertiary hospitals when higher level of care is needed.

● How to help them?

- **Train service providers on how to provide safe and confidential care;**
- **Update GBV referral pathways to reflect primary and secondary health care facilities, and ensure the activation of alternative support and referral mechanisms for GBV services during lockdown;**
- **Inform key communities and service providers about the updated pathways;**
- **Ensure that GBV risk-mitigation measures are in place in quarantine facilities and evacuation processes;**
- **Reinforce support and surge capacities to other sectors, in addition to the health response. For example, reinforce staff for emergency response hotlines and in the safety and security sectors;**
- **Circulate Protection from Sexual Exploitation and Abuse (PSEA) Code of Conduct and other safeguarding measures, and remind staff of the need to comply with them;**
- **Disseminate public information on hotlines and legal services, for instance on peak times on TV and radios;**
- **Disseminate critical information, both offline and online, on available protection services (including hotlines, shelters and reporting channels);**
- **Ensure the provision of wider offline coverage (ex. radio stations, SMS, etc.) raising awareness on available services (example: hotlines numbers, clarifying that it is free of charge).**



ETHNIC, INDIGENOUS, NATIONAL AND RELIGIOUS MINORITIES

● Why are they vulnerable?

- These groups may not have access to health and other services;
- May not be able to leave an affected area;
- May experience stigma and discrimination in health care settings including medications.

● How to help them?

- **Translate information into local languages and make it available in accessible formats;**
- **Give individuals opportunities to share their questions and concerns in their own language. This is particularly important for those who do not know the local language (e.g., women who are more likely to be monolingual);**
- **Engage with tribal, indigenous and religious leaders to ensure the dissemination of trusted information in these communities.**



PEOPLE LIVING IN CONFLICT ZONES, CAMPS AND DENSELY-POPULATED AREAS

● Why are they vulnerable?

- There is a higher risk of infection, especially if the infrastructure is damaged, and people reside in cramped conditions, such as formal and informal camps, without proper sanitation;
- Access to adequate shelter, food, clean water, protective supplies, healthcare, family or community support may not be adequate or be disrupted;
- Individuals in humanitarian emergencies may not have access to adequate nutrition and health care over the course of the emergency. This can lead to weakened immune systems and heightened risk of infection;
- May lack the access to timely and accurate information due to various reasons, including remoteness and isolation in living situation;
- Lack of documentation and financial resources may hinder access to life-saving health services, including essential medications such as ARVs.

● How to help them?

- **Seek to understand particular needs, preferred communication channels, and preferred languages;**
- **Tailor all activities to the context, adjusting for community perceptions, beliefs and practices;**
- **Disseminate information through diverse and appropriate communication channels to reach different groups of people;**
- **Make gender-responsive information available and accessible to women, men, girls, boys and persons with disabilities;**
- **Identify trusted sources of information or key influencers to support messages;**
- **Diversify communication tools and formats, and simplify messages after testing messages with target group;**
- **Ensure translation of key messages and materials into languages people understand;**
- **Use continued feedback to adapt messages to the evolving situation.**



ELDERLY

● Why are they vulnerable?

- The evidence for COVID-19 shows they are the most vulnerable group with higher fatality rate;
- Not always able to go to the health services or the services provided are not adequate or adapted for elderly;
- May have difficulty caring for themselves and depend on family or caregivers. This can become more challenging in emergencies;
- May not understand the information/ messages provided or be unable to follow the instructions;
- Elderly in assisted-living facilities live close to each other and social distancing can be difficult;
- Many of them lack access to modern technology (devices and channels, such as smartphones, social media, emails, or even a diversity of satellite channels).

● How to help them?

- **Tailor messages for the elderly, including for the illiterate, and make them actionable for particular living conditions (including assisted-living facilities), and health status, taking into account the needs of elderly women and men of diverse backgrounds;**
- **Engage the elderly using a variety of accessible mediums to address their specific feedback;**
- **Develop specific messages to explain the risk for the elderly and how to care for them, especially in homecare in ways that reduce risk for both elderly people and caregivers. Target family members, health care providers and caregivers;**
- **Collaborate with the authorities to give special attention to mainstream channels of communication (radio and TV) and community leaders;**
- **Design messages to other segments of society to make them aware of the needs of and risks facing the elderly at these times.**



REFUGEE AND MIGRANTS*

● Why are they vulnerable?

- Legal status, discrimination, and language barriers may limit access to otherwise publicly-available preventative materials, health care and social services;
- Women migrant workers including women domestic workers in private households can be alienated with no access to information;
- Like other official information, health service information and government announcements may not reach them;
- Refugees and migrants may not be included in the national strategies, plans and interventions;
- Refugees and migrants' mobility may make them difficult to reach, including during cross border movement;
- Lack of documentation and financial resources may hinder access to life-saving health services;
- Refugees and migrants may travel irregularly and inadvertently circumvent health screening and services at border points;
- Refugees and migrants may lose the main source of income, especially for migrant and seasonal workers. Without social security, these groups are also less likely to be able to access public aid.

● How to help them?

- **Support the translation and dissemination of WHO and ministry of health advisories and public health information on COVID-19 and its prevention into preferred languages of refugees and migrants;**
- **Disseminate this information through efficient channels, including NGOs, refugee or migrant volunteers and respective communities;**
- **Advocate for inclusion and non-discriminatory access of refugees and migrants to public health services;**
- **Include refugees and migrants in all national, provincial and local contingency, prevention and response plans and interventions;**
- **Advocate for the inclusion of refugees and migrants in all national stimulus packages;**
- **Partner with refugee and migrant community networks to monitor risks associated with human mobility in affected areas;**
- **Tailor all activities according to the context, adjusting for community perceptions, beliefs and practices;**
- **Diversify communication tools and formats, and simplify messages after testing messages with target group;**
- **Use continued feedback to adapt messages to the evolving situation;**
- **Advocate for public awareness campaigns targeting employers of domestic workers on wage payments, provision of food, healthcare, PPE and hygiene needs.**

** 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.)*



HEALTH CARE WORKERS

● Why are they vulnerable?

- Due to their profession, they are at high risk to being infected;
- Given this risk and potential increasing workload, they also may be anxious, stressed, and fear for their health and the health of their families;
- They can lack access to information and PPE, and have poor IPC within health care facilities.

● How to help them?

- **Advocate for adequate PPE supplies and appropriate IPC to protect health care workers;**
- **Disseminate key messages including on the importance of use of PPE and identify/manage cases in a safe manner and perform hand hygiene frequently;**
- **Provide ways for them to cope with stress;**
- **Support spread of positive messages related to female health workers, and involve them in decision making process.**



PEOPLE WITH PRE-EXISTING MEDICAL CONDITIONS SUCH AS HIGH BLOOD PRESSURE, HEART DISEASE, LUNG DISEASE, CANCER OR DIABETES

● Why are they vulnerable?

- They are generally at higher risk of developing serious illness;
- Do not always get the clear information and explanation about why they are at higher risk;
- They already need specific medical treatment which makes it even more challenging if they get sick;
- They do not always follow the treatment advice or they might have limited access to health facilities during epidemics.

● How to help them?

- **Develop information on specific needs and explain why they are at more risk;**
- **Encourage them to be prepared in case there is a shortage of medication or they cannot access medical facilities.**



SEXUAL AND GENDER MINORITIES

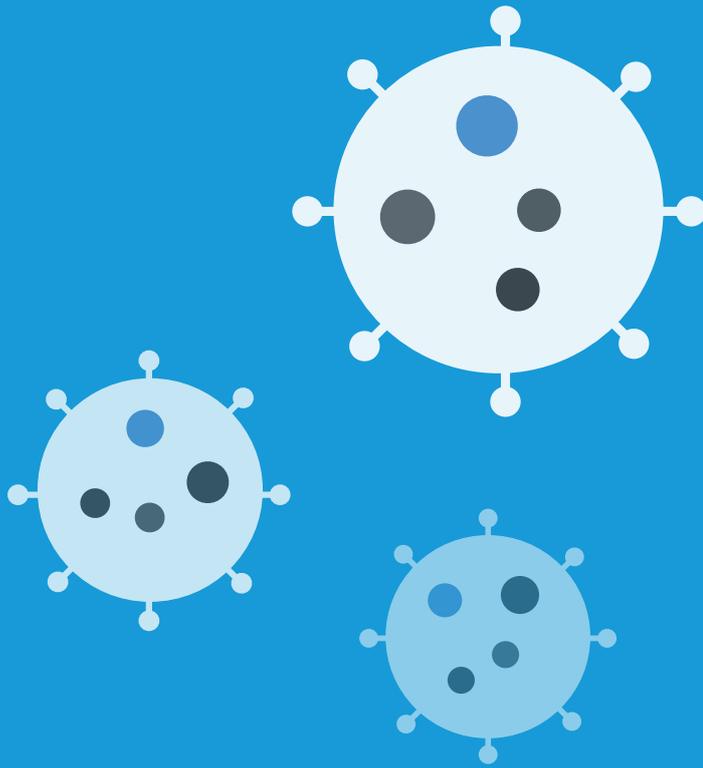
● Why are they vulnerable?

- These minorities might be more in need of psychological support as they might be at risk of violence during the confinement;
- Face challenges in accessing healthcare systems due to stigma and discrimination, and in contexts where they are criminalized, face threats to their security and lives;
- They are more likely to be isolated;
- They may face barriers in accessing COVID-19 services and/or humanitarian aid.

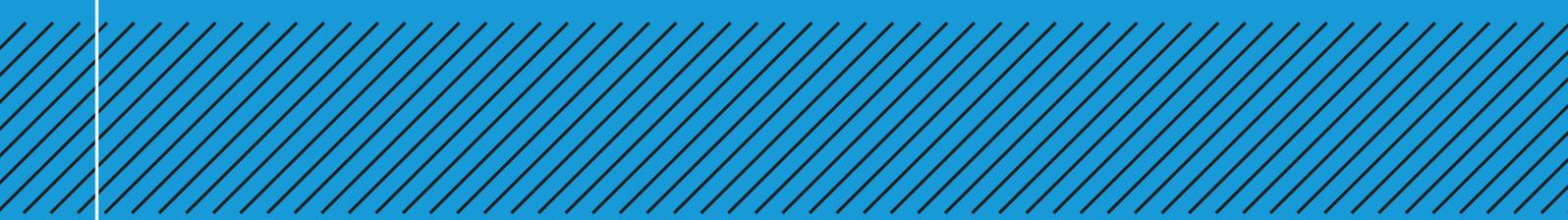
● How to help them?

- **Include sexual and gender minority groups, social media networks, communities, and centres in engagement and outreach efforts as they have key roles in supporting access to medical care;**
- **Develop FAQs in consultation with this community that respond to their specific vulnerabilities and concerns;**
- **Reach out to regional sexual and gender minority networks, if not safe or possible to do so at country or community level.**





**KEY PROTECTION, GENDER,
DISABILITY AND INCLUSION
ACTIONS FOR RISK
COMMUNICATION AND
COMMUNITY ENGAGEMENT**



RCCE actions to be taken as defined in WHO Operational Planning Guidelines (as of 12 Feb 2020)

Key actions for inclusive RCCE

-
- Implement a national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures. Use the existing procedures for pandemic influenza if available and appropriate.
 - Conduct rapid assessments to understand target audience, perceptions, concerns, trusted information sources, languages preferences, influencers and preferred communication channels.
 - Prepare local messages based on community questions and concerns 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 and community volunteers) and local networks (such as women's groups - including those representing the most excluded, such as poor women working in the informal sector, migrant women etc. - youth groups, business groups and traditional healers).
-
- **Ensure that national RCCE plans are informed by data and analysis disaggregated by sex, gender, age, maternal status, disability, migration status, taking account of the most vulnerable women (poor informal-sector women workers, including women migrant workers, pregnant and lactating women, poor female headed households, elderly women and women with disabilities, women in conflict contexts, minority and indigenous women);**
 - **Methods of data collection or information gathering should be both quantitative (e.g. surveys, questionnaires, review of statistics) and qualitative (e.g. interviews and observations);**
 - **Before gathering any data from respondents, especially children, the methodology should be cleared by the ethics board of the respective organizations;**
 - **Ensure rapid community engagement assessments collect sex- and age-disaggregated data, at minimum, to allow for targeted RCCE activities for vulnerable populations;**
 - **Put data privacy and protection guidelines in place for assessments and healthcare documentation;**
 - **Assessment teams should represent the communities they serve. They should be gender-balanced and include representatives of marginalized populations, such as persons with disabilities and the fore-mentioned marginalized groups;**
 - **Map existing community groups to be engaged in RCCE including women's groups, disability network;**
 - **Identify specific platforms to engage with marginalized groups, such as migrant workers and people living with HIV, especially woman.**
-
- Ensure engagement, ownership and commitment from the government, national authorities and civil society organizations to maximize outreach.
 - Establish and use clearance processes to disseminate messages and materials based on community questions and concerns. Provide them in local languages and use diverse communication channels
 - Engage with existing public health and community-based networks, media, local NGOs, women NGOs, schools, local governments and other sectors such as healthcare service providers, education, business, travel and food/agriculture sectors using a consistent mechanism of communication.
 - Use two-way channels for community and public information sharing and feedback collection. Consider hotlines (text and talk), responsive social media such as U-Report, and call-in radio shows. Establish systems to detect, document and rapidly respond to misinformation. Where safe, use face-to-face communication.
 - Promote large-scale social and behavior change. Introduce preventive community and individual health and hygiene practices in line with the national public health containment recommendations.
-
- **Disaggregate all data, including by sex, age and disability (see IFRC Starter Feedback Kit);**
 - **Involve vulnerable groups in community engagement work, including for social and behavioral change;**
 - **Disseminate information tailored to different needs based on community data: visual, hearing, intellectual and physical impairment;**
 - **Establish targeted forums to communicate with vulnerable groups. Consider factors such as their literacy and technology requirements;**
 - **Ensure TV and 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. In addition, do not depict COVID-19, or its spread as being a problem of particular populations;**
 - **Plan community engagement initiatives, including on social media, so that leadership and roles of vulnerable people are visible, and the full participation of women, especially from the most excluded groups, should be promoted at all levels;**
 - **Engage local groups working on women, people with disability, people living with HIV, migrant women, domestic workers and other organizations to engage in RCCE interventions;**

-
- Systematically establish community information and feedback mechanisms. Achieve this through community perceptions, knowledge, attitude and practice surveys, direct dialogues and consultation and social media monitoring.
 - Base any changes to community engagement approaches on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
 - Monitor progress and document lessons learned and best practices to inform future preparedness and response plans.
- **Ensure all lessons learnt exercises and after-action reviews include targeted questions. Base these on the Inter-Agency Standing Committee Gender Accountability Framework, Inter-Agency GBV Accountability Framework, including GBV risk mitigations measures, and Inter-Agency Standing Committee Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action.**



RESOURCES FOR FURTHER ACTION

IFRC (2019) Feedback starter kit.

<https://media.ifrc.org/ifrc/document/tool-15-feedback-starter-kit/>

IFRC, UNICEF, WHO (2020). A Guide to Preventing and Addressing Social Stigma Associated with COVID-19.

<https://www.communityengagementhub.org/wp-content/uploads/sites/2/2020/02/COVID19-Stigma-guide-2002.pdf>

IFRC, UNICEF, WHO (2020). COVID-19 Key Tips and Discussion Points For community workers, volunteers and community networks.

https://www.communityengagementhub.org/wp-content/uploads/sites/2/2020/02/COVID19-Community-guidance-for-social-mobilizers-volunteers-2302_EN.pdf

Inter-Agency Standing Committee (2018). Gender Handbook for Humanitarian Action.

<http://gihahandbook.org/>

WHO (2018). Risk Communication and Community Engagement Considerations: Ebola Response in the Democratic Republic of the Congo.

<https://apps.who.int/iris/rest/bitstreams/1138918/retrieve>



ACKNOWLEDGEMENTS

This is an updated version of the original guide that was led by UN Women and Translators without Borders on behalf of the Risk Communication and Community Engagement Working Group on COVID-19 Preparedness and Response in Asia and the Pacific, co-chaired by WHO, IFRC and OCHA. We thank colleagues from WHO, IFRC, OCHA, BBC Media Action, Humanity & Inclusion, UNFPA, UNICEF, UNHCR, IOM, UNAIDS, ASEAN SOGIE Caucus, and the Regional Emergency Gender-Based Violence Advisory team for their inputs. The contextualizing of these guidelines for use in the Eastern Mediterranean region was led by UN Women Regional Office for the Arab States (ROAS) in close consultation with the members of the EMRO Regional RCCE Working Group.



The EMRO Regional Risk Communication and Community Engagement (RCCE) Working Group, co-lead by WHO, UNICEF and IFRC, is an inter-agency coordination platform established to provide technical support on risk communication and community engagement to the novel coronavirus outbreak (known as COVID-19) preparedness and response in the Eastern Mediterranean region. This Working Group consists of RCCE experts and specialists from a wide range of organizations including WHO, UNICEF, IFRC, UN WOMEN, UNFPA, IOM, UNDP, and Global Health Development/ Eastern Mediterranean Public Health Network (GHD/EMPHNET).



United Nations Population Fund



for every child



REGIONAL OFFICE FOR THE Eastern Mediterranean

