2009, Outside a National influenza testing laboratory
Risk Communication during Public Health Emergencies (and we are also seeing this with COVID-19)

• Charged environment
• Substantive political component
• Significant media interest
• An information vacuum
• Public seeks health advice from online sources
• Rising citizenship journalism and social media
• Experts and authorities less likely to be trusted
• Communication--More often than not a messy business
Risk Communication is not just IEC
Awareness does not always translate into behaviour change
National Training of Trainers for COVID-19
6 March 2020 | New Delhi

Risk Communication and Community Engagement
(MoHFW, WHO and UNICEF)
Presentation Outline

1. Risk Communication and Communication Engagement (RCCE)-Understanding the concept


3. RCCE Resource Packages (Community, Health Service Providers and Workplace) and Communication Planning tool (proposed for State Government Planning)

4. List of key RCCE focal persons
Risk Communication-what is it?

A real-time dialogue (a two-way exchange of information advice and opinions) between experts/officials and the people facing a threat (from a hazard) to their health or economic or social well being.

Why? So everyone at risk are able to make informed decisions to mitigate the effects of the threat -such as COVID-19 Outbreak -and take protective and preventive measures.
What are the Risk Communication intervention points in epidemics and pandemics?

- Anticipation and preparedness
- Early detection
- Containment
- Mitigation

Emergence (human-animal interphase)
Outbreak (localized transmission)
Epidemic amplification
Control
Why Risk Communication interventions during epidemics and pandemics are important?

1. Cultural practices and harmful social norms hamper uptake of preventive measures and safe behaviours (Fever is not seen as a threat, limited handwashing etc)

2. Concerns related to spread of COVID-19 due to direct close contact with suspected or confirmed patients (Close living quarters, taking care of sick family members)

3. Possibility of cross-infection in hospitals caring for patients with COVID-19 Infection

4. Access to limited trusted and correct information

5. New virus with an evolving aetiology - lack of knowledge on how disease is transmitted
Risk Communication and Communication Engagement for epidemics and pandemics (COVID-19)

Be first, be fast, be frequent

1. Early first announcement essential to build and maintain public trust

2. Awareness of the disease and the situation is key, especially among health care workers and the populations at risk

3. Be proactive in information dissemination with frequent updates
Risk Communication and Communication Engagement for epidemics and pandemics (COVID-19)

Help people take informed decisions to protect themselves

1. Develop easy to understand materials in languages and preferred channels of affected population
2. Identify and manage rumors and misinformation quickly
3. Use a mix of tactics and approaches for risk communication, including

Mass Communications, Community Engagement and Interpersonal Communications (One to one and Group Meetings)
Risk Communication and Community Engagement (RCCE)- How?

1. Ensure RCCE is part of National Outbreak/State Preparedness and Response Plan

2. Develop a national RCCE plan with state guidance, clear objectives, outcomes and resource requirement

3. Establish RCCE coordination mechanism for information sharing, addressing rumours and fast-track mechanisms for release of information

4. Establish a mechanism for monitoring media, social media and rumours, for timely management of misinformation
National COVID-19 Risk Communication and Community Engagement (RCCE) Approach
National COVID-19 Risk Communication and Community Engagement Approach

Aligned with Ministry of Health Family and Welfare Cluster Containment Plan

- Anticipation and preparedness
- Early detection
- Containment
- Mitigation

Local Clusters (Single Cluster and Multiple Clusters)

Community Transmission (Large outbreaks)

Emergence (human-animal interphase)

Epidemic amplification

Control

Recovery & Resilience
Challenges to Containment to COVID-19

The Disease itself:
• New virus and evolving
• Less is known about it
The knowledge is limited on disease transmission

Health Systems with varied capacities:
• Facilities are not fully equipped in IPC to manage COVID-19
• Despite training on Syndromic Surveillance, health staff and workers have limited COVID-19 skills
Community and patient Safety and Security needs to be strengthened

Geographic diversity and harmful social-cultural practices:
• Low threat perceptions related to flu
• Poor health seeking behaviours
• High prevalence of rumors and fake news
Risk of misinformation is higher

COVID-19 is more than a public health intervention having social, political, economical implications
Travelers and travel contacts are driving the virus

Strategic Directions for RCCE: Keeping pace with the evolving epidemiology of the disease; timely availability of correct information and strengthening of skills of Health Staff and Health* Frontline Workers,
National COVID-19 Risk Communication and Community Engagement Approach-Guiding Principles

1. Phased approach for RCCE

2. KAP in the affected states and regular community monitoring and listening

3. RCCE (MoHFW/State Department of Health) institutional mechanisms for planning and implementation and monitoring

4. Respect geographic diversity, social and cultural practices including local customs.

5. Keep it simple and sensible and to be based on the social data, media habits for effective and relevant content and communication

6. Accept power of social media and use it innovatively

Knowledge, Attitude and Practices
National COVID-19 Risk Communication and Community Engagement Approach-Guiding Principles

• COVID-19 virus is creating fear
  ✓ Communication needs to be direct, transparent & consistent

• Potential of Panic is very high
  ✓ Positive tone, a sense of reassurance as 81% of cases are mild*

• Prevention is crucial, provides meaningful rationale
  ✓ Enhance understanding of risks/risk factors among general public and high risk groups
  ✓ Everyone has a role to play

Source: WHO Epi-win
Overall Role for COVID-19 RCCE

Response and Control
2 RCCE Components

1 Clusters of Novel Coronavirus Disease

• Encourage early health seeking behavior focused self reporting and monitoring especially in those with recent travel history or history of potential contacts

• Augment hand hygiene and respiratory etiquettes among general public as a routine/regular practices against everyday respiratory

2 Widespread Community Transmission

To reassure the public reinforce the critical need to protect themselves, their families and others-social distancing measures, continued focus on hand-hygiene, respiratory etiquettes and early heath seeking behaviours (especially among high risk groups)
COVID-19 Key Stakeholders

**Community**
- General Public
- Indians living abroad
- School teachers, SMCs and children
- High Risk Group: Travelers and their family members, Elderly and those with co-morbidities

**Health Service Providers**
- Health staff and workers at General Health Facilities and Designated Hospitals
- ANMS/ASHAs

**Influencers and Opinion makers**
- Media
- Policy makers
- Partners
- Professional Associations (IMA, IAP) and private sector
COVID-19 Preventive Measures

1. Cover your mouth with handkerchief/tissue while coughing and sneezing.
2. Throw used tissue into closed bin immediately after use.
3. Wash hands with soap or water.
4. Keep distance and avoid close contact with anyone with cough, fever or breathing difficulties.
5. Avoid touching your eyes, nose and mouth.
6. Contact your doctor immediately if you have cough, fever or breathing difficulties.

If you have returned from Coronavirus affected countries or have cough, fever or breathing difficulties. Call at MOHFW helpline +91-11-23978046.
COVID-19 Intervention Framework: Motivating to act

Building Trust and Enabling local environment

Advocacy & Media Management

IEC Posters & Ports of Entry materials

Mass Media (TV, Radio, Print & local Media)

Creating general awareness

Targeted information

Phase

Local Cluster/Multiple Clusters

Community Transmission

Epidemic

To address fears and promote positive practices

• Roll out Community Engagement activities-Community
Interventions by MOHFW and partners for COVID-19

- MoHFW collaboration with WHO, UNICEF and other key partners for RCCE
- Letters written to all Chief Secretaries towards disseminating do’s and don’ts
- Intensive content posting-travel advisory, preventive measures on MOHFW social media handles
- Regular press conference and press releases-interaction with Hon’ble Minister and Senior Officials
- Community resource package with Posters, print ads AV products shared across ministries, states and social media platform
- Toolkit for Health Service Providers developed.
- Meeting with Private Sector Hospital conducted.
Creating Community Monitoring and Listening System

To address rumors, fake news and harmful practices and norms

- Partnership with Facebook and Google
- Rumour and fake news tracking
- Myth-busters on all social media and community platforms—to provide correct information from trusted sources
Resource Packages and RCCE Planning tool

Communities, Health Service Providers including ASHAs/ANM and Workplace

(Risk Communication and Community Engagement)
Resource Packages

- General Public
- Indian Staying Abroad
- Travelers and their families

- Designated Hospitals
- General Health Facilities

- Private and Public
- ASHAs/AN Ms
- Others (TBC)

Community

Health Service Providers

Workplace

Frontline Workers

Developed and Shared

Under Development
Community Resource Package

Print Materials

• **Press Ads** (MoHFW)
• **Posters**-Dos and Donts, 5 key Behaviours, Home Quarantine (only when there is community transmission)
• **Standee for Indian Consulates for Indians Abroad**

TV and Radio Materials

• **4 TV Spots**-Cover your mouth, stay at home, hand washing and seek treatment
• **2 Radio Spots**
ININDIANS STAYING ABROAD
Help to protect yourself and your children from potential exposure to Coronavirus by following these simple practices at all times.

**AVOID NON ESSENTIAL TRAVEL**

- **Do's**
  - Practice frequent hand washing. Wash hands with soap and water or use alcohol based hand rub. Wash hands even if they are visibly clean.
  - Cover your nose and mouth with a face mask if you are coughing or sneezing.
  - Throw used tissues into closed bins immediately after use.
  - See a doctor if you feel unwell, have difficulty breathing, or cough. While visiting doctor wear a mask/tissue to cover your nose and mouth.

- **Don'ts**
  - Have close contact with anyone if you're experiencing cough and fever.
  - Touch your eyes, nose and mouth
  - Spit in public

If you have been in contact with or are experiencing symptoms, please contact Ministry of Health and Family Welfare's COVID helpline at +91 1234567890

**Reduce the risk of Coronavirus**

*Remain at home for 14 days if you have been in contact with a person suspected/confirmed with coronavirus disease.*

Follow these important precautions if you are under home quarantine.

1. **Wash your hands frequently with soap and water or use alcohol based hand rub.**
2. **Cough into a tissue or your elbow.**
3. **Wear a surgical mask if you have a respiratory illness.**
4. **Stay away from family and contact a doctor immediately if you have cough, fever or difficulty in breathing.**

**Stay protected!**

If you have returned from Coronavirus affected countries or have cough, fever or difficulty in breathing, REPORT IMMEDIATELY by calling the Ministry of Health and Family Welfare Helpline at +91 1234567890.

**Stay safe from Coronavirus!**

Contact 24X7 Ministry and Family Welfare Helpline:
+91-11-23978046
ncov2019@gmail.com

**POSTER: HOME QUARANTINE**

-To be used when there is community transmission.

**Standee for Indians living Abroad—Yet to be approved**
Community Resource Package

TV Spots: English and Hindi
<table>
<thead>
<tr>
<th>Items</th>
<th>General Health Facility</th>
<th>Designated Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poster 1: What is Novel Coronavirus Disease</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Poster 2: Is your healthcare facility ready to manage patients with COVID-19?</td>
<td>Yes (with referral message)</td>
<td>Yes</td>
</tr>
<tr>
<td>Poster 3: Hand Hygiene</td>
<td>Hand Rub</td>
<td>My moments of Hand Hygiene</td>
</tr>
<tr>
<td>Poster 4: How to manage suspected or confirmed patients with COVID-19 at designated Hospitals?</td>
<td>x</td>
<td>Yes</td>
</tr>
<tr>
<td>Poster 5: How to protect all health workers at designated hospitals?</td>
<td>x</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Information Leaflets (2)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Letter from Health Minister</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Health Service Provider Toolkit (Designated Hospital)
Health Service Provider Toolkit
(General Health Facility)

Novel Coronavirus Disease
COVID-19

What is Novel Coronavirus Disease?
Coronavirus disease (COVID-19) is caused by Novel Coronavirus that leads to cough, fever or difficulty in breathing.

Symptoms of COVID-19:
- COUGH
- FEVER
- BREATHING DIFFICULTIES

Take precaution. Protect yourself.
1. When coughing and sneezing, cover mouth and nose with handkerchief or tissue.
2. Wash hands with soap and water frequently.
3. Keep distance and avoid close contact with anyone with cough, fever or breathing difficulties.
4. Avoid touching your eyes, nose and mouth.
5. If you have cough, fever or breathing difficulties with travel history or contact with travelers from Coronavirus affected countries, contact your nearest health facility or report to the helpline number.

Stay protected! Stay safe from Coronavirus!

Ministry of Health & Family Welfare
Government of India

World Health Organization

Establish a triage station at the healthcare facility entrance, prior to any waiting area, to screen patients with COVID-19.

Display information, such as posters and flyers, reminding patients and visitors to practice good respiratory and hand hygiene.

Prepare a well-defined and separate waiting area for suspected cases.

Ensure availability of alcohol-based hand rub or soap and water and at handwashing stations for the use of healthcare workers, patients and visitors.

Maintain one meter distance from those who have symptoms such as cough, fever or difficulty in breathing.

Any case with cough, fever or breathing difficulties with travel history or contact with travelers from Coronavirus affected countries should be referred to designated hospitals.

Stay safe from Coronavirus!

+91-11-23978046

Ministry of Health & Family Welfare Helpdesk
World Health Organization

Stay safe from Coronavirus!

+91-11-23978046

Ministry of Health & Family Welfare Helpdesk
World Health Organization

Stay safe from Coronavirus!
Health Service Provider Toolkit
(Yet to be approved)

Protecting yourself at work from COVID-19

Communicating with patients with suspected or confirmed COVID-19

- Be respectful, polite and empathetic.
- Be aware that suspected and confirmed cases, and any visitors accompanying them, may be stressed or afraid.
- The most important thing you can do is to listen carefully to questions and concerns.
- Use local language and speak slowly.
- Answer any questions and provide correct information about COVID-19.
- You may not have an answer for every question: a lot is still unknown about COVID-19 and it is likely to admit that.
- If available, share information pamphlets or handouts with your patients.
- It is okay to touch, or comfort suspected and confirmed patients when wearing PPE.
- Gather accurate information from the patient: their name, address, phone number, date of birth, travel history, list of symptoms etc.
- Explain the healthcare facility’s procedure for COVID-19, such as isolation and limited visitors, and next steps.
- If the patient is a child, admit a family member or guardian to accompany: the guardian should be provided and use appropriate personal protective equipment.
- Provide updates to visitors and family when possible.

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1. Rub hands palm to palm.
2. Rub hands back to back.
3. Rub thumbs with fingers advised.
4. Rub hands palm to palm.
5. Rub hands back to back.
6. Rub sides of fingers to opposing palms with fingers interlaced.
7. Rub hands palm to palm.
8. Rub hands back to back.

Stay protected! Stay safe from Coronavirus!
Workplace and Frontline Workers package being developed
# State level Risk Communication and Community Engagement Plan (Recommended)

<table>
<thead>
<tr>
<th>Name of the state:</th>
<th>Name of District:</th>
<th>District IEC/ Media officer:</th>
</tr>
</thead>
</table>

## Advocacy Meetings

<table>
<thead>
<tr>
<th>Orientation of RCCE group members</th>
<th>Date:</th>
<th>Responsible person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation of CSO group members, including religious leaders and community influencers</td>
<td>Date:</td>
<td>Responsible person:</td>
</tr>
<tr>
<td>Networking with school for supporting community mobilization</td>
<td>Date:</td>
<td>Responsible person:</td>
</tr>
</tbody>
</table>

## Capacity Building

| Training of block level health officers and FLWs | Date: | Responsible person: |
| Constution of social media committee | Members: | Frequency: |
| WhatsApp messaging | Members: | Frequency: |
| Facebook messaging | Members: | Frequency: |

## Social Media

## Social mobilization activities

<table>
<thead>
<tr>
<th>District RCCE meeting</th>
<th>Meeting with Schools (Govt and Pvt.)</th>
<th>Microplanning meeting (For risk communication planning and operation)</th>
<th>Meeting with key CSO, religious leaders/influencers at block level</th>
<th>Sensitization meeting with govt. line department staff i.e. ICDS, Edu.</th>
<th>Any other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation of ANMs on RCCE and Microplanning review</td>
<td>Orientation of ASHA/ASWs on RCCE</td>
<td>Orientation of ASHA/ASWs on mobilization for risk communication</td>
<td>Mother’s meetings</td>
<td>Community/Influencer’s meeting</td>
<td>Community meetings (VHNSC, SHGs, Mobile campaigns): Dedicated meetings on COVID-19</td>
</tr>
<tr>
<td>Govt. school teachers’ orientation/coordination meeting</td>
<td>Parent Teachers Meetings</td>
<td>Community dialogues</td>
<td>Date:</td>
<td>Any other</td>
<td></td>
</tr>
</tbody>
</table>

## Mid-medi activities

<table>
<thead>
<tr>
<th>Posters in community</th>
<th>Posters in Schools</th>
<th>Handings</th>
<th>Leaflets for community</th>
<th>Leaflets for Schools</th>
<th>Leaflets for ASHAs and AWW</th>
<th>Leaflets for MOH</th>
<th>Mobile/Local announcements</th>
<th>Any other activity</th>
</tr>
</thead>
</table>

Note: This template will be completed by State and District MERO/IEC officer/consultant. If there is no one dedicated for IEC activity, then District IEC Officer will be responsible to compile with consultations of Block MOCH/IEC consultant. One copy needs to be with concerned person who is responsible for IEC/communication and one copy needs to be submitted to Chief District Medical Officer/MOCH/DMO before the District Training start Risk Communication and Community Engagement.
Contact details of RCCE Key Persons
• Ms. Padmaja Singh, JS-IEC MOHFW
• Dr. Ritu Chauhan, Team Health Security and Emergencies, WHO India
• Mr. Siddhartha Shrestha-Chief Communication for Development and Mr. Elnur Aliyev, Communication for Development, UNICEF India
Thank you