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 (for State Government Planning)

4. List of key RCCE focal persons
Risk Communication and Community Engagement
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 intervention during in 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)

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

Be first, be fast, be frequent
Risk Communication and Communication Engagement for epidemics and pandemics (COVID-19)?

- **Help people take informed decisions to protect themselves**
  - Develop easy to understand materials in languages and preferred channels of affected population
  - Identify and manage rumors and misinformation quickly
  - 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 → Large outbreaks

Emergence (human-animal interphase) → Outbreak (localized transmission) → Epidemic amplification → Control
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
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
Overall Role for COVID-19 RCCE

Response and Control
Communication 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 illness/respiratory tract infections

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)
Therefore, National COVID-19 Risk Communication and Community Engagement:

- Ensure population at risk, is adequately protected from the infection of COVID-19 by creating awareness and knowledge on prevention behaviours and limits its impact by their improving hygiene and health seeking behavior

- Build capacities and strengthen Inter-personal skills of the frontline workers (ANM/ASHAs/AWWs), local health service providers and networks to ensure effective response of treatment and services

- Create an enabling environment at the national, state, and district level through strengthened coordination with partners, sustain political commitment and

- Effective advocacy for mass mobilization and minimize social disruption

(Possible objectives)
COVID-19 Key Stakeholders

Community
- General Public
- Travelers and their family members
- Indians living abroad
- School teachers, SMCs and children
- High Risk Group: 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

Protect yourself and others!
Follow these Do's and Don'ts

Do's:
- Practice frequent hand washing.
- Cover your nose and mouth with handkerchief/tissue while sneezing and coughing.
- Throw used tissues into closed bins immediately after use.
- See a doctor if you feel unwell (fever, difficult breathing and cough). While visiting doctor wear a mask/cloth to cover your mouth and nose.
- If you have these signs/symptoms please call State helpline number or Ministry of Health & Family Welfare's 24X7 helpline at 011-23978846.

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

Together we can fight Coronavirus

For further information:
Call at Ministry of Health, Govt. of India's 24X7 control room number +91-11-2397 8046
Email at ncov2019@gmail.com
COVID-19 Intervention Framework: Motivating to act

- **Targeted information**
  - Mass Media (TV, Radio, Print & local Media)
  - Advocacy & Media Management
  - IEC (Posters & Ports of Entry materials)

- **Creating general awareness**

- **Building Trust and Enabling local environment**
  - Roll out Community Engagement activities under VHNDs, H2H with increased frequency.

- **To address fears and promote positive practices**

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
(Risk Communication and Community Engagement)

Communities, Health Service Providers including ASHAs/ANM and Workplace
Resource Packages

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

- Designated Hospitals
- General Health Facilities

- Private and Public

- ASHAs/ANMs
  - Others (TBC)

Community

Workplace

Health Service Providers

Frontline Workers
Community Resource Package

Print Materials

• **Press Ads** (MoHFW)

• **Posters**-Dos and Dons, 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**
Community Resource Packages

Press Ad-Hindi and Eng) Standee for Indians living Abroad—Yet To be approved PMO

Poster: Home Quarantine-To be used when there is community transmission (Yet to be approved by PMO)
Community Resource Package

TV Spots: English and Hindi
# Health Service Provider Toolkit

<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>
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</table>
Health Service Provider Toolkit (Designated Hospital)
Health Service Provider Toolkit
(General Health Facility)
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>
<tbody>
<tr>
<td>Advocacy Meetings</td>
<td></td>
<td></td>
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<tr>
<td>RCCE group meeting</td>
<td>Date:…….</td>
<td>Date:…………</td>
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<tr>
<td></td>
<td>Responsible person:……</td>
<td>Responsible person:……</td>
</tr>
<tr>
<td>Orientation of RCCE group members</td>
<td>Date:…….</td>
<td>Date:…………</td>
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<tr>
<td></td>
<td>Responsible person:……</td>
<td>Responsible person:……</td>
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<tr>
<td>Orientation of CSO partners, including religious leaders and community influencers groups</td>
<td>Date:…….</td>
<td>Date:…………</td>
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<tr>
<td></td>
<td>Responsible person:……</td>
<td>Responsible person:……</td>
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<tr>
<td>Networking with school for supporting community mobilization</td>
<td>Date:…….</td>
<td>Date:…………</td>
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<tr>
<td>State media orientation workshop</td>
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<tr>
<td>Any Other</td>
<td>Date:…….</td>
<td>Date:…………</td>
</tr>
<tr>
<td></td>
<td>Responsible person:……</td>
<td>Responsible person:……</td>
</tr>
<tr>
<td>Capacity building</td>
<td>Capacity Building</td>
<td>Training of block level health officers and FLWs</td>
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<tr>
<td>Social Media</td>
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<tr>
<td>Social Media</td>
<td>Constitution of social media committee</td>
<td>Members:………… Frequency:…………</td>
</tr>
<tr>
<td>WhatsApp messaging</td>
<td>Members:………… Frequency:…………</td>
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<tr>
<td>Facebook messaging</td>
<td>Members:………… Frequency:…………</td>
<td></td>
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<tr>
<td>Any other</td>
<td>Members:………… Frequency:…………</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>District</th>
<th>Block 1</th>
<th>Block 2</th>
<th>Block 3</th>
<th>Block 4</th>
<th>Block 5</th>
<th>Block 6</th>
<th>Block 7</th>
<th>Block 8</th>
<th>Total</th>
</tr>
</thead>
</table>

### Note:
- This template will be completed by State and District MDR/IEO/Officer consultant. If there is no one dedicated for IEC activity, then District IEC Officer will be responsible to compile with consultations of Block MOC/IEO/IEC consultant. One copy needs to be with concerned person who is responsible for IEC communications and one copy needs to be submitted to Chief District Medical Officer/CMO/CDMO 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. Elnur Aliyev, Communication for Development, UNICEF India
Thank you