CRS Guidance

KEY MESSAGES AND RISK COMMUNICATION

PRINCIPLES FOR COVID-19 RELATED GUIDANCE

In undertaking programming activities, CRS project staff and partners should:

- **Assess risk of transmission:** At this stage in the pandemic, testing remains limited. This means that data on positive cases is unreliable. CRS recommends that teams assume wide community spread and adjust programming accordingly. Keep in mind that CRS programs should operate under the assumption that anyone they encounter is a suspected COVID-19 case.
- **Ask ourselves how critical it is** to carry out the activity against risk to staff, partners and participants, and weigh the risk to project participants of not carrying out the activity. Life-saving (e.g., emergency food distributions, clinical care for emergency conditions) and life-sustaining (e.g., malaria prevention and treatment, vaccinations) activities should be prioritized.
- **Adopt a "Do No Harm" approach**: CRS and partners need to understand how COVID-19 is transmitted and implement general basic preventative measures to both protect themselves and reduce the risk of spreading the virus during program implementation (See guidance at WHO - COVID 19). These measures include the following for all people with whom we work, including CRS staff, partners, volunteers, program participants and community members, service providers, vendors, etc.
    - **Do Not Participate in program activities when** feeling unwell. Stay home and seek medical advice.
    - **Maintain Physical Distancing**
    - **Follow Recommended Hygiene Practices**
    - Wear **nonmedical masks** (cloth masks or face cloth covering) when in line with host country government and/or WHO guidance.
    - Make special considerations for **populations who are most-at-risk** of developing severe illness (e.g. elderly, immunocompromised, those with existing health conditions, pregnant women)

      Those who have come into contact with someone exhibiting or reporting COVID-19 symptoms should **self- quarantine** and monitor for onset of symptoms. Those experiencing symptoms should **self-isolate** and seek medical support/advice as per Ministry of Health (MoH) protocols (e.g. calling before seeking medical care).
- Consider **protection of the most vulnerable and include safeguarding measures.**
- Maintain constant and transparent **communication with communities** about activities, changes, and the community's comfort level and needs related to the health implications of continued programming.
- **Keep up to date on and follow *WHO* and *Government/MoH* protocols and messaging around COVID-19:**
    - Follow government restrictions and request authorization for carrying out essential services/activities, as needed;
    - Work with local health actors/cluster to ensure health messaging related to COVID-19 is consistent and contextualized.

- Stay updated and inform staff, partner staff, and volunteers how to refer to appropriate national or local COVID response services or hotlines.

- **Adapt programming guidance to your context and be ready to further adjust as the situation evolves:** Elements of the guidance may need to be modified based upon community risk levels, types of programming activities undertaken, social norms and perceptions, local capacities, operating environment, new WHO guidance, and feedback from donors in each country we work in.

This document provides additional recommendations from CRS, to be used in conjunction with and to supplement guidance provided by Inter-Agency Standing Committee (IASC), WHO and MoH as relevant.

This guidance will be updated periodically. Check CRS Institute for Capacity Strengthening website to ensure you are using the latest version.

Disclaimer: CRS COVID-19 program resources and guidance are developed after consideration of international guidance from relevant international organizations such as the World Health Organization (WHO), Inter-Agency Standing Committee (IASC), and other humanitarian bodies. CRS COVID-19 program resources and guidelines are updated regularly as new information becomes available. Partner and peer organizations wishing to refer to and use CRS resources and guidance should ensure that they are also referring to the latest information available from WHO and IASC.

As the backbone of the response to COVID-19 depends on the adoption of a few critical behaviors, clear and effective communication is essential. The ultimate purpose of **risk communication** is to enable people to take informed decisions to protect themselves and their loved ones. It should use **many communication techniques**, ranging from mass communications, social media, and community engagement. Good communication requires a sound **understanding** of people's perceptions, concerns and beliefs, as well as of their knowledge and practices. It also requires the early identification and management of rumors, misinformation and other challenges. (WHO 2014)

The World Health Organization refers to this as RCCE, or **Risk Communication and Community Engagement**, whereas the Centers for Disease Control uses the term CERC, or **Crisis and Emergency Risk Communication.** Under normal circumstances, development field often refer to this as SBC, or **Social and Behavior Change** Communication.

During an emergency or crisis such as the COVID-19 outbreak, people often do not process information as they normally would. As such, communication during a crisis should differ from routine communication in some key ways. The table below illustrates some examples of how people tend to respond to new information during an emergency, and suggestions on how to address each:

People tend to:	So we should:
Become overwhelmed with new information	Deliver few, essential messages
Simplify messages	Use brief, clear messages
Believe the first message	Deliver messages quickly and early
Hold onto existing beliefs	Use expert, credible sources
Look for additional information and opinions	Use aligned, consistent messages across multiple platforms
Want to control fear and risk	Provide clear actions to take

Additionally, some ***best practices and pointers*** when communicating during a crisis include:

Be Brief. Be as concise, plain, and clear as possible. Providing too much information overwhelms people, leaving them uncertain which points are the most important to focus on.

Focus on Facts. Lead with and focus on key facts. Be honest about what is known and what isn't.

Be direct and clear. Be simple, explicit and clear. Don't add noise or distraction with unnecessary opinion or perspective.

Amplify credible health experts. As much as possible, quote messages from WHO and Ministries of Health verbatim. Also draw on trusted figures or respected leaders to share these messages.

Use trusted sources. Draw on community leaders, religious leaders, social or church networks or other trusted sources to deliver messages.

One set of messages. There may be multiple sources of messages, but all messages should align and echo one another. Otherwise, trust may be lost and confusion generated. For this reason, it is recommended that CRS Country Programs use local Ministry of Health-sponsored materials and/or World Health Organization (WHO) resources; and as a last resort, adapt materials if necessary.

Foster trust. It is paramount to carefully maintain credibility and trust with the audience. Once trust is lost, the audience may ignore or disregard messages and look to other sources for information.

Communicate regularly. When too much time passes between communication, people tend to fill the void with inaccurate information or unreliable sources. Ensure people hear from expert sources and receive updated guidance at regular intervals, even if it repeats previous information.

Counter myths and misinformation. Do not ignore rumors or expect them to dissipate on their own. Quickly respond to misinformation with clear, accurate messaging. However, do no repeat or explain myths or rumors as this serves to validate and commit them to memory. Instead, simply counter with relevant factual information.

Promote action and a sense of control. Only increasing fear and anxiety does not spur change. It is important to also communicate specific, concrete actions that people can take to protect themselves and each other. Focus on increasing people's sense of control by practicing preventive measures, rather than just increasing fear and anxiety.

Communicate the behaviors that you want. Don't discuss at length or show images of behaviors that are being discouraged or debunked. Rather, use images or describe behaviors that you do want (ex: *don't* show image of someone coughing openly, *do* show an image of coughing into an elbow).

UNDERSTANDING AND ADAPTING TO THE CONTEXT

Thorough formative research and assessments are often conducted to inform social and behavior change communication campaigns, but these may not be feasible in the fast moving and operationally constrained context of COVID-19. However, to the extent that it is possible, it is still important to engage the community and understand their experience and perceptions. It is especially important to understand how audience members perceive COVID-19 in their community, their ability and willingness to adopt preventive behaviors, and any misconceptions or rumors as they arise. Whilst data collection is typically conducted in person through the use of individual and key informant interviews and focus groups, rapid assessments to inform a COVID-19 response may need to rely on data collected via telephone, text message, or other virtual means. Please reference the CRS Guidance on MEAL in the Context of COVID-19.

Rather than generating new messages or tools, whenever possible, **existing materials of the WHO or the local MOH should be used**. If those messages must be adapted, they should be **pre-tested**. Again, given current operational constraints, it may not be possible to rely on the usual means for pretesting. However, it is important to pretest materials to ensure that what is designed or adapted is understandable, acceptable and suitable for the intended audience, and conveys key messages clearly and accurately. Even if it is just a "quick and dirty" pre-test, such as by showing materials to local partner staff or key community members, soliciting any input from audience members is valuable.

Additionally, throughout the life of a project, it is critical to stay aware of how messages are understood and acted on by audience members, and specifically any **rumors or misinformation** that arise. As the pandemic has evolved, an increasing number of myths and misconceptions related to COVID-19 have emerged. These may affect efforts to mitigate the spread of the pandemic, but may also affect other health or programmatic activities. For instance, concerns about COVID-19 have affected malaria ITN distribution campaigns as participants fear that nets originating in China may transmit the novel coronavirus. Also reported are families rejecting routine immunizations out of fear that a vaccine for the novel coronavirus is actually being tested on young children, or concerns that they will become infected by attending a health clinic. Tracking rumors and misinformation should be done continuously and through several sources. These could include 'active' data collection method such as doing brief in person or phone interviews, receiving feedback via a community hotline, or more 'passive' methods such as documenting rumors or related conversations heard during field work or monitoring social media, radio, and other local information sources. The WHO has established a Myth Busters site to debunk common misconceptions, however each setting may have its own unique rumors or misinformation to address.

HOW TO COMMUNICATE

Physical distancing may prohibit the kinds of interpersonal, peer to peer and group interactions that many CRS projects typically use. Whilst it is important to share key messages with communities about how they can protect themselves from and respond to COVID-19, it is essential that communication efforts do not put staff or communities at risk. Please stay aware of and follow local government and Ministry of Health physical distancing and face covering recommendations, and adapt program operations accordingly.

Children in a Syrian refugee camp learn about COVID-19, while practicing physical distancing, during a puppet show. source

Also consider how different audience members in a community can best be reached, and that different **segments** of a population likely have differing ability to access (and respond to) information. Messages pertaining to COVID-19 are relevant to *all* members of a community. However, not all communication channels will reach everyone equally. Do men and women receive (and trust) information from the same sources? How can elderly members of the population be reached? And adolescents and youth? Or minority or marginalized groups, or people with disabilities? Consider how each of these groups access information and select multiple channels for reaching as many community members via trusted sources as possible. See CRS Safe & Dignified Programming during COVID-19 for further guidance.

Providing **training** to staff who will be involved in RCCE is also important. There are many pre-existing resources on good communication techniques available, however, remember to underscore that (as much as possible) communication should be a **two-way exchange**, should emphasize listening, respect and joint discussion and decision making.

Even though not all outreach and communication methods are appropriate while measures to limit physical contact are in place, certain communication channels can be used or expanded to disseminate key messages related to COVID-19 and other programming areas, including:

- **Phone-based**: Cell phones can be used to deliver key messages via:
  - *Individual phone calls*: Project staff, community leaders or volunteers personally call individuals to deliver messages and discuss challenges.
  - *Automated phone calls*: Pre-recorded messages or interactive voice response (IVR) can be pushed out via phone call.
  - *Hotline*: This can be a toll-free call-in number where community members can ask questions or seek guidance on how to respond to symptoms.
  - *Text messages*: Many Ministries of Health are already delivering SMS with key messages and local guidance.
  - *WhatsApp*: In addition to delivering text messages, WhatsApp can also be used to deliver voice messages, images and videos. The World Health Organization launched a messaging service via WhatsApp that provides the latest news and information on COVID-19 in a variety of languages.
  - *Apps*: Apps can be used to deliver key messages to COVID-19, or as a replacement for project trainings and tools that would have been delivered in person.
- **Print-Based:** Printed materials are effective when simple illustrations and images convey key messages, particularly in low-literacy settings. Examples include:
  - *Posters:* Could be displayed throughout neighborhoods or in places where people pass or spend time (markets, health facilities, public toilets and handwashing facilities).
  - *Banners, Billboards:* Can be used for raising awareness of very simple messages or images in high trafficked areas.
  - *Leaflets, handouts*: Could be distributed at health facilities, within commodities or rations, or at other venues. *Note: there is currently limited evidence that paper transmits COVID-19, however, it is best to exercise an abundance of caution and limit use of handouts where they are passed directly from person to person.*
- **Medium and mass media:** A great deal of audio and visual content for radio and video has already been developed and can be disseminated via:
  - *Radio*: Can be used to communicate in various ways, from short public service announcements to longer form call-in talk shows, storytelling, game shows, etc.
  - *Town Criers / Mobile Loudspeakers*: To share key messages, updates, reminders among neighborhoods.
  - *Television or video*: Community or professionally produced videos can share information via infographics, stories, news, etc.

- **Social media**: *Facebook, WhatsApp, You Tube, Twitter, Tik-Tok, Instagram, etc.*: Effective for disseminating videos and other content, particularly among younger and more urban or digitally connected audiences.

Communication is essential to providing information to audiences so that they can adopt measures to protect themselves, but programmers should also consider how non-communication approaches might also influence behaviors. For instance, **'nudges'** or simple structural changes to the environment, can also be extremely effective in shifting people's behavior. This approach has been used successfully in getting people to wash hands (by putting hand washing stations in well-placed areas) or to maintain social distancing (by marking appropriated spaced marks on the ground).

WHAT TO COMMUNICATE

All programs should communicate the **World Health Organization Key Messages** and those of the local **Ministry of Health** (which should also closely reflect those of the WHO). Whilst it is possible to adapt messages where needed, keep messages as close to the original WHO key messages as possible—in fact, it is best to repeat them verbatim.

Along with messages about COVID-19, it will be important for staff to assess what messages from pre-existing programs are vital and life-saving and therefore essential to continue delivering as well. For instance, as peak malaria transmission season is approaching in many countries in Africa, messages about malaria prevention will be critical to maintain. Again, deciding which messages are essential to disseminate should be done with an eye toward evaluating and prioritizing the overall amount of information that is being communicated so as not to overwhelm or confuse audience members.

Below are Key Messages on COVID-19 from the World Health Organization:

WHO Key Message	WHO Additional Information
Stay home if you feel unwell. **If you have a fever, cough and difficulty breathing, seek medical attention and call in advance.**	Stay at home if you begin to feel unwell, even with mild symptoms such as headache and slight runny nose, until you recover. Avoiding contact with others and visits to medical facilities will allow these facilities to operate more effectively and help protect you and others from possible COVID-19 and other viruses. If you do develop fever, cough and difficulty breathing, seek medical advice promptly as this may be due to a respiratory infection or other serious condition. Call a health care provider in advance to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections. National and local authorities will have the most up to date information on the situation in your area.
Maintain social distancing (a distance of at least 1 meter / 3 feet between people).	When someone coughs or sneezes, they may spray small liquid droplets from their nose or mouth that may contain virus. If you are too close, you may breathe in the droplets, which may contain COVID-19. It is safest to avoid physical contact when greeting. Safe greetings include a wave, bow or a nod.
Wash hands frequently with soap and water for 20 seconds.	We frequently use our hands to touch objects and surfaces that may be contaminated. Without realizing it, we then touch our faces, transferring viruses to our eyes, nose and mouth where they can infect us. Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands—including the new coronavirus.

WHO Key Message	WHO Additional Information
Practice respiratory hygiene. Cover your mouth and nose with a bent elbow if you sneeze or use a tissue. Dispose of the used tissue immediately.	Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
Avoid touching eyes, nose and mouth.	Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.

Additional information related to COVID-19, including questions and answers to many common questions, can be found at WHO question and answer page.

RECOMMENDED RISK COMMUNICATION / SBC AND COVID-19 RESOURCES

Many resources currently exist (and many are being developed) related to risk communication / social and behavior change communication for COVID-19. Below are a few recommended resources for accessing more detail and examples related to COVID-19 communication.

Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response. World Health Organization, March 2020: https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance

COVID-19 NOVEL (new) CORONAVIRUS: KEY TIPS AND DISCUSSION POINTS For community workers, volunteers and community networks. UNICEF, WHO and IFRC, March 2020: https://www.unicef.org/documents/coronavirus-disease-covid-19-key-tips-discussion-points-community-workers-volunteers

Compass for Social and Behavior Change: COVID-19 Home Base (compilation of many COVID-19 focused SBC resources, guides, tools, examples): https://www.thecompassforsbc.org/trending-topics/covid-19-resources-social-and-behavior-change

Webinar on Risk Communication and COVID-19. April, 2020: https://www.youtube.com/watch?v=BWEkJi6N-Zk

Crisis and Emergency Risk Communication Resources. Centers for Disease Control: https://emergency.cdc.gov/cerc/

EPI-WIN WHO Information Network for Risk Communication: https://www.who.int/teams/risk-communication

Social Science in Humanitarian Action, brief on Social Distancing in East and Southern Africa: https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15221/SSHAP%20COVID-19%20Distancing%20ESAfrica%20brief.pdf?sequence=1&isAllowed=y

General resources on Social and Behavior Change, including training, segmentation, strategy development, etc.: https://healthcommcapacity.org/health-communication/sbcc-online-courses-2/