

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

Communication is essential in providing information to the public that will equip them with stronger coping mechanisms for COVID-19. Risk communication is the real-time exchange of information and advice between authorities and experts and the people and communities who are at risk. Accurate information provided early and often and in language and channels that people use and trust will enable communities to understand the health risks they face and take the action required to protect themselves and others. It is crucial to communicate what is known about COVID-19, what is unknown, what is being done and actions that are being taken on a regular basis by relevant authorities and stakeholders. Preparedness and response activities should be conducted in a participatory, community-based manner.

The Ministry of Health and Child Care (MOHCC) has developed a risk communication and community engagement preparedness, readiness response plan to COVID-19 (February 2020) with the following objectives:

- i. Provide timely communication about COVID-19 to the general population
- ii. Engage community influences, networks and stakeholders in the prevention and control of COVID-19
- iii. Provide risk communication messages on COVID-19 to health service providers at all levels including at points of entry
- iv. Support relevant authorities to build and maintain public trust about efforts to prevent, control and respond to COVID-19

The strategic approaches of the risk communication and communication engagement preparedness, readiness response plan to COVID-19 (February 2020) include:

- i. Strengthening coordination
- ii. Situation and communication analysis
- iii. Building capacities of communities
- iv. Community engagement, social mobilization and advocacy
- v. Individual and house household level (behavior change communication)

Stakeholders at high-risk for COVID-19 identified in the risk communication and communication engagement preparedness, readiness response plan to COVID-19 (February 2020) include:

- i. People moving across borders
- ii. People working at POE
- iii. Business Persons engaged in cross border trading
- iv. Workers in health care settings including traditional healers, personnel in pharmacies
- v. Persons with underlying medical conditions, their family members and immediate contacts

Priority activities for risk communication and communication engagement include:

- i. Conduct rapid behavioral assessment to understand target audience perceptions, concerns, influencers and preferred communication channels;
- ii. Prepare local messages and pre-test through participatory process, specifically targeting key stakeholders and at-risk groups

- iii. Identify trusted community groups (local influencers, community leaders, religious leaders, health workers, community volunteers, local networks such as women's groups, youth groups, business groups, traditional leaders, traditional healers)
- iv. Finalize clearance processes for timely dissemination of messages and materials including in local languages and adopted to appropriate communication channels
- v. Engage with existing public health and community-based networks, media, local NGOs, schools, local authorities, relevant Government line ministries, private sector etc....
- vi. Establish and utilize hotlines and other 2-way communication channels such as radio talk shows, U report/rural WASH report and appropriate social media channels
- vii. Establish large scale community engagement for social and behavioral change approaches to ensure preventive community and individual health and hygiene practice surveys and community dialogues
- viii. Establish community information and feedback mechanisms
- ix. Ensure changes to community engagement approaches are based on evidence and needs and are culturally appropriate and empathetic