

This guidance on risk communication and community engagement (RCCE) is intended as a quick reference tool to support colleagues in the field who are working directly with populations of concern. It has been developed in collaboration with regional bureaux specifically in response to the continuously developing COVID-19 situation. Building on global guidance from UNHCR, WHO and other key actors, this document suggests key considerations and additional tips to help respond to some of the communications challenges we are facing at local levels.

Why

Persons of concern have the right to be informed about issues and decisions affecting their lives. Information is a form of assistance in itself; access to accurate information allows people to make informed decisions to protect themselves and their families. As outlined in UNHCR's [Age Gender and Diversity Policy](#) it is critical that UNHCR transparently communicates in languages, formats, and media that are contextually appropriate and accessible for all groups in a community, including children and persons with disabilities.

Accordingly, it is critical to **communicate to the public** what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a **participatory, community-based way** that are informed by **community feedback** and optimized to detect and respond to concerns, rumours and misinformation. Responsive, empathic, transparent and **consistent messaging** in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust. [WHO, [COVID-19 Strategic Preparedness and Response Plan – Operational Planning Guidelines to Support Country Preparedness and Response](#), 12 February 2020]

Key Considerations

You should follow the guidance and instructions from the [World Health Organization](#) and the **national Government** in your location. It is important to stay in contact with your Public Health Officer or Regional Senior Public Health Officer and to follow updates on the [intranet](#). A key document is the [Guidance Note on COVID-19 acute respiratory disease for UNHCR operations](#). Know [the key tips](#) for protecting one's self from COVID-19.

The health and well-being of vulnerable populations is a key priority for UNHCR. We are working with national authorities and advocating for beneficiaries to be included in national planning. Know any prevention and response activities that we are undertaking in your locale, i.e. capacity building of health workers, ensuring adequate access to clean water and waste disposal, providing additional hygiene materials. Identify any specific activities that pose potential risks and that can be addressed through adapted planning or communication (large gatherings during food distribution or cash distribution). Prioritize activities and identify which may need to be suspended or adapted depending on the criticality.

COVID-19 can also be a source of anxiety. [Mental health and psychosocial support considerations](#) should be integrated into your response to ensure the well-being of affected populations: acknowledge and normalize feelings of confusion, worry, stress during your communications with persons of concern, colleagues, partner staff and other stakeholders.

Keep in mind that persons of concern are also bombarded with information. All messages **should be contextualised** and adapted to the target community. Use clear and simple language and adopt multiple channels of communication, including social media, to reach diverse groups in your community.

Social media, posters and pamphlets are useful visual tools (UNHCR and WHO have ready to use and approved socially-optimized content and guidelines, examples can be found [here](#)). However, they may not reach everybody – it is essential to consider who is not being reached to reduce information disparities in communities. **Regular communication and engagement with the community is essential** to ensure messages are understood and will have an impact. Two-way communication will help increase acceptance and trust in communities and will allow you to find out and address rumours and misinformation.

Community management on social media is more important than ever – this includes replying to comments and direct messages, monitoring and listening to online conversations and analysing trends. This may be key to identifying and addressing rumours or misinformation.¹ You can find ready-to-use community management lines formatted for social media, along with how-to guidelines on the global social media [trello board](#).

Within the Business Continuity Plan, identify which **communication channels can remain open** and can continue in the event of an office closure and /or identify back-up systems to ensure there is continued communication with the community (i.e., helpline, Whatsapp/message trees, community outreach volunteers, social media, help.org, established links with community leaders and community-based organisations).

If staff are advised to work from home, messaging to the community on the closure of the office needs to be carefully developed and disseminated, ensuring that it does not cause additional stress or the perception of abandonment amongst the community.

Tips for Developing Risk Communications and Community Engagement

Map and assess any **on-going community-led awareness raising activities** regarding COVID-19 within the community.

If on-going community-led activities identified:

1. Support community-led initiatives to regularly update messages in-line with evolving guidance and instructions on COVID-19 from the Public Health Officers, WHO, the local Government and, if relevant, local communication and community engagement networks;
2. Where relevant, provide logistical support (i.e. translation, ensure language is simple and clear, printing or further disseminating same messages through various existing communication channels); and
3. Then see below [point 6](#) onwards.

If no on-going community-led activities were identified:

1. Identify key messages being shared by the local Government, local health organizations and WHO on COVID-19;
2. Identify standard messaging to communities on health services in the operation/context;
3. Identify and engage with local [Risk] Communication and Community Engagement (or Communicating with Community) coordination structures/networks;
4. Identify preferred and [trusted communication channels](#), trusted sources and local influencers within the target community;
5. With community organizations, identify key groups ensuring to consider age, gender and diversity to adapt and test messages (based on messages identified in points 1 and 2);
6. Monitor comprehension of messages and adapt/adjust – feeding changes back into local coordination structures;
7. Ensure **all feedback and communication channels are open** to identify issues related to social stigma, rumours and track misinformation (including monitoring social media pages); consider the potential for **new emerging issues** in this fast-changing situation, such as a rise in domestic violence;

¹ To support UN efforts to address rumours and misinformation about COVID-19 Facebook, Twitter and TikTok are offering free advertising credits to UN organizations to help ensure our communications reach audiences ahead of the plethora of rumours and misinformation. For more information, please contact Gisella Lomax (lomaxg@unhcr.org)

8. Adopt [strategies to counter social stigma](#), misinformation and rumours – address them head-on in real-time – further guidance see CDAC's *Rumour Has It*;
9. Provide opportunities for two-way dialogue to enable people to verify information; and
10. Ensure all staff, partner staff and community outreach volunteers involved with giving information through any of the identified communication channels have relevant, factual and updated information about COVID-19 and about strategies to counter social stigma. i.e. have access to a FAQ document – see example [here](#).

Frequently Asked Questions: COVID-19

Source: *World Health Organization*, 'Q&A on coronaviruses (COVID-19)', 9 March 2020, available and regularly updated at: <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

We are witnessing the dissemination of a lot of misinformation. This FAQ can help colleagues interact with beneficiaries who are asking about COVID-19.

What is COVID-19?

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

What are the symptoms of COVID-19?

The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually.

Will all people infected face the same symptoms?

Some people become infected but don't develop any symptoms and don't feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing.

Who is most at risk of developing serious illness?

Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. People with fever, cough and difficulty breathing should seek medical attention.

How does COVID-19 spread?

People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets.

Can COVID-19 be transmitted by air?

Studies to date suggest that the virus that causes COVID-19 is mainly transmitted through contact with respiratory droplets rather than through the air.

Can COVID-19 be caught from someone who has no symptoms?

The main way the disease spreads is through respiratory droplets expelled by someone who is coughing. The risk of catching COVID-19 from someone with no symptoms at all is very low. However, many people with COVID-19 experience only mild symptoms. This is particularly true at the early stages of the disease. It is therefore possible to catch COVID-19 from someone who has, for example, just a mild cough and does not feel ill.

Can I catch COVID-19 from faeces of someone with the disease?

The risk of catching COVID-19 from the faeces of an infected person appears to be low. While initial investigations suggest the virus may be present in faeces in some cases, spread through this route is not a main feature of the outbreak.

What can I do to protect myself and prevent the spread of the disease?

Regularly and thoroughly clean your hands with soap and water. **Why?** To kill viruses that may be on your hands.

Maintain at least 1 metre (3 feet) distance between yourself and anyone who is coughing or sneezing. **Why?** When someone coughs or sneezes they spray small liquid droplets from their nose or mouth which may contain the virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.

Avoid touching eyes, nose and mouth. **Why?** Hands touch many surfaces and can pick up viruses, then transfer to your face and enter your body.

Make sure you, and the people around you, cover the mouth and nose with a bent elbow or tissue when coughing or sneezing. Then dispose of the used tissue immediately. **Why?** Droplets spread virus.

Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of the local health authority. **Why?** National and local authorities should have the most up to date information on the situation in your area.

Should I worry about COVID-19?

Illness due to COVID-19 infection is generally mild, especially for children and young adults. However, it can cause serious illness: about 1 in every 6 people who catch it need hospital care. It is therefore quite normal for people to worry about how the COVID-19 outbreak will affect them and their loved ones.

Do Antibiotics prevent or treat COVID-19?

No.

Are there any medicines or therapies that can prevent or cure COVID-19?

While some western, traditional or home remedies may provide comfort and alleviate symptoms of COVID-19, there is no evidence that current medicine can prevent or cure the disease.

Is there a vaccine?

No, not yet.

Should I wear a mask?

Only those ill with COVID-19 are recommended to wear a mask.

How long does the virus survive on surfaces?

It is not certain how long the virus that causes COVID-19 survives on surfaces. Preliminary information on the COVID-19 virus suggests it may persist on surfaces for a few hours or up to several days. If you think a surface may be infected, clean it with simple disinfectant to kill the virus and protect yourself and others.

Myth Busters

Facts about COVID-19 addressing some of the rumours and myths [WHO, 'Coronavirus disease (COVID-19) advice for the public: Myth busters', available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>; and Centres for Disease Control and Prevention, 'Share Facts About COVID-19', available at: <https://www.cdc.gov/coronavirus/2019-ncov/about/share-facts.html>]

- COVID-19 virus can be transmitted in areas with **hot and humid climates**
- Cold weather and snow cannot kill COVID-19
- Taking a hot bath **does not** prevent COVID-19
- COVID-19 cannot be transmitted through goods manufactured in China or any country reporting COVID-19 cases
- COVID-19 cannot be transmitted through mosquito bites
- Hand dryers are **not** effective in killing COVID-19
- Spraying alcohol or chlorine all over your body will not kill viruses that have already entered your body. Spraying alcohol or chlorine over your body can be harmful to you
- Garlic is a healthy food, however, there is no evidence that eating garlic will protect you from COVID-19
- Swallowing or gargling with bleach, taking acetic acid or steroids, or using essential oils, saltwater, ethanol or other substances will not protect you from getting COVID-19 and can be harmful
- COVID-19 can make anyone sick, regardless of their race or ethnicity
- Someone who has completed quarantine does not pose a risk of infection to other people
- Smoking is not effective against COVID-19 and can be harmful

Useful References Documents / Websites

COVID-19 Information

UNHCR,

[COVID-19 Guidance \(intranet\)](#)

[Guidance Note on COVID-19 acute respiratory disease for UNHCR operations](#)

WHO, [Q&A on coronaviruses \(COVID-19\)](#)

COVID-19 Readiness and Response Resources

Website repositories of resources

ALNAP, [COVID-19 Response Portal](#)

IFRC, [Community Engagement Hub – COVID-19](#)

CDAC Network, [Resources for those responding to COVID-19](#)

ISAC, [COVID-19 Outbreak Readiness and Response](#)

Reference documents

IASC, [Interim Guidance – Scaling-up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situation – Including Camps and Camp-Like Settings](#), Version 1.1

Sphere, [The Sphere Standards and the Coronavirus response](#)

WHO, [COVID-19 Strategic Preparedness and Response Plan – Operational Planning Guidelines to Support Country Preparedness and Response](#)

Risk Communication and Community Engagement

IFRC, [Risk communication and community engagement: Guidance note \(version 2 Feb 2020\)](#)

IFRC, [Key tips and discussion points for community workers, volunteers and community networks \(with messages and FAQ\) – \(version 23 Feb 2020\)](#)

Regional RCCE Working Group (Asia-Pacific), [COVID-19: how to include marginalized and vulnerable people in risk communication and community engagement](#)

Rumours, Misinformation, Social Stigma and Myth Busters

IFRC, [Social Stigma associated with COVID-19](#), February 2020

World Health Organization, [Coronavirus disease \(COVID-19\) advice for the public: Myth busters](#)

CDC, [Share Facts About COVID-19](#)

CDAC, [Rumour Has It: a practice guide to working with rumours](#)

Internews, [Fighting an “Infodemic” about the COVID-19 \(Corona virus\) Outbreak](#)

Translators without Borders, [Fighting the COVID-19 info-demic with facts](#)

Tools + Materials

UNHCR, [Communicating with Communities during Emergencies Checklist](#)

WHO, [EPI-WiN](#) [useful risk communications material on COVID-19]

Innovations, [Understanding Information Ecosystems](#)

International SOS, [What you need to know about Covid-19](#) [posters and slides in Chinese, Japanese, Bangla, Hindi, Bahasa Indonesian, Korean, Malay, Myanmar, Thai, Tagalog, Vietnamese, French and Spanish]

Trello, [COVID 19 Social Assets & Mapping](#) [UN social media materials regarding COVID-19]

IFRC, [The New Coronavirus Radio Show Guide and Running Order](#)

IFRC, [Tips for using Social Media](#)

UNICEF Lebanon [Arabic]

[Coronavirus awareness materials](#)

[Awareness videos – General public](#)

UNHCR, [Remote Management in High-Risk Operations Good practice and lessons learned](#), October 2014

MHPSS

IASC, [Briefing Note on Addressing Mental Health and Psychosocial Aspects of Covid-19 Outbreak-Version 1.1](#), 2 March 2020 [English, Arabic, Chinese]

WHO, [Mental Health and Psychosocial Considerations During COVID-19 Outbreak](#)

Lessons Learned from Past Outbreaks/Epidemics

Translators without Borders, [Assessment: effective Ebola communication requires respect and transparency](#), December 2019

Useful Contacts

You can also contact UNHCR colleagues for additional support, to raise questions or provide feedback:

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