

International Federation of Red Cross and Red Crescent Societies (IFRC)

Guidance for National Societies on safe and remote risk communication and community engagement during COVID-19

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Purpose

This guidance note provides clear recommendations to National Societies on how volunteers can carry out face-to-face social mobilization safely, how to advocate for continued access to communities with Governments in the face of movement restrictions and options for remote risk communication and community engagement (RCCE), when face to face access is no longer an option. **Please use the sections of this document most relevant to you.**

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SECTION 1

Safe social mobilization and community engagement

Social mobilization is the process of engaging community members, civil society, religious leaders, grass root organizations and activists among others around a common cause in order to promote healthy behaviours and sustainable changes.

During COVID-19 it is essential to ensure that all community members, with a focus on the most vulnerable and at risk of contracting COVID-19, understand and uptake prevention measures and are able to ask for and provide feedback and concerns.

For countries where conducting face-to-face social mobilization does not represent a major risk, or for National Societies where volunteers are still able to conduct house-to-house community outreach or small group meetings, it is fundamental to protect the safety and health of all volunteers and communities from contracting COVID-19. In countries where Governments have placed restrictions on face to face social mobilization activities, National Societies should aim to train volunteers carrying out screening, contact tracing, active case finding, quarantine and community case management activities in risk communication and community engagement in order to still be able to share information on safe practices, gather community feedback and address community concerns.

Regardless of the country regulations or the phase of the epidemic, there are certain face to face social mobilization activities that are **not recommended** because they increase the risk of transmission by bringing crowds together. These include;

- Mobile cinemas
- Community theatre
- Information desks
- Social mobilization in busy public places
- Community meetings, with more than five people
- Face to face meetings with community clubs and groups, with more than five people
- Focus group discussions with more than five people
- Activities in schools, mosques and churches

Safe household visits: protocol for National Societies¹

The below **risk assessment questions** can guide National Society decisions on whether to continue to carry out household visits as part of social mobilization:

1. Does your government allow house-to-house visits?
2. Can the volunteer practice social distance during house-to-house visits?
3. Can the volunteer avoid large gatherings?
4. Does the volunteer have hand sanitizer?
5. Can the volunteer get to and from work safely?
6. If required by government, does the volunteer have a face mask?

¹ Adapted from the CORE Group's COVID-19 House to House Community Outbreak Protocol

7. Is there safe access to the community, free from the risk of hostility or physical attacks?
 - **If you answer NO to the any of the above questions, STOP. Do not recommend that volunteers conduct house-to-house activities.**
 - **If you answer YES to ALL of the questions above, PROCEED:**

8. Can volunteers engage people just as effectively through remote options, such as telephone calls, SMS, messenger applications, social media, posters or megaphones/loudspeakers?
 - **If you answer NO to the above question, PROCEED with safe house-to house visits and minimize direct contact when possible.**
 - **If you answer YES to the above question, conduct social mobilization remotely. See section 3 for ideas on how you can do this effectively.**

Safe face to face social mobilization: guidance for volunteers²

National Societies must provide guidance to staff and volunteers on how to safely perform face to face social mobilization activities, such as household visits, focus group discussions, key informant interviews, training in small groups or using megaphones in public places. It is essential that volunteers are trained on the required measures and actions to take to protect themselves and the community from infection. This section provides guidance on how volunteers and communities can stay safe during face to face social mobilization activities.

Before the activity

- If you or a family member has any symptoms of COVID-19, malaria, or a cold, no matter how mild, you should stay home until symptoms are gone. No house to house visits or social mobilization activities should be done if you are unwell to avoid risk of spreading any sickness to others.
- Avoid wearing jewellery, watches or other things that would need to be cleaned afterwards.
- If you have to use a mask (if required by Government), it will only protect you if you use it properly and if you regularly wash your hands with soap and water or use an alcohol-based hand sanitizer. Here is how to use your mask properly:
 - ✓ Wash your hands with soap and water or use alcohol-based hand sanitizer BEFORE you put on the mask
 - ✓ Cover your mouth and nose with the mask and make sure there are no gaps or spaces between your face and the mask
 - ✓ Do not touch the mask while using it. If you do, wash your hands with soap and water or use an alcohol-based hand sanitizer

² Adapted from the CORE Group's COVID-19 House to House Community Outbreak Protocol)

- ✓ To remove the mask, do not touch the front but remove the mask from the back and throw it away immediately into a bin that can close. Wash your hands with soap and water or use an alcohol-based hand sanitizer
- ✓ You must always replace the mask when it becomes damp and you must never use a mask two or more times if it is a single use mask.
- Group meetings, trainings or focus group discussions must be in line with government requirements on number of people allowed to gather.
- When conducting a specific activity such as a focus group discussion or a meeting with key influencers, prepare for it to take place outside if possible. Position chairs at least 2m apart from each other. Do not allow more than 5 participants, with a maximum of 2 facilitators from the National Society.

During the activity

- Avoid typical physical greetings, such as handshakes, kisses on the cheeks or hugs. Do not touch others, even if socially expected. Practice new ways to greet people without touching, for example by bumping elbows or a slight bow.
- Ensure respiratory etiquette: cough into elbow or tissue, and then throw the tissue away and wash your hands with soap and water. Do not spit, as this can cause transmission of the virus via respiratory droplets reaching and infecting others.
- Do not touch your face, mouth or nose.
- Make sure to explain basic prevention methods, such as physical distancing and coughing etiquette before starting to make sure nobody is put at risk. Physical distancing means:
 - As above, avoid traditional physical greetings like shaking hands.
 - At any point, you must stand 2 meters away from others, which is about the arm span of an average adult (if you stand with both arms outstretched, the length from one fingertip to the other fingertip is your arm span)
 - **Do not enter homes.** Conversations should be held outside while observing 2 meters of distance, if household members do not wish to come outside, volunteers may speak with them through windows or doorways while maintaining a 2-meter minimum distance.
 - If conducting conversations outside, there should no more than 5 people and household members should sit at least 2 meters from each other.
 - Any participant who displays symptoms of COVID-19, such as a cough, fever, or shortness of breath, should be sent inside the home immediately and advice given on how to avoid infecting other people within the household.
- Limit the number of households visited in order to minimize exposures. Check your Ministry of Health Guidelines on this, or as a good rule of thumb aim for no more than half the normal number of visits you would carry out in one day.
- Limit the number of hours conducting outreach. As above, aim to spend around half the amount of time you would spend in the community on a normal day.

- Use large format IEC materials (large print flip books, posters and banners) so you can maintain a safe distance with community members.

After the activity

- Wash hands with soap and water or use hand sanitizer after each household visit or community interaction. If health authorities have mandated the use of gloves for community level activities, gloves **MUST** be changed after each household visit or community interaction, and hands disinfected.
- Upon returning to your National Society office or home, you need to designate a space for removing and cleaning clothing. Cloth masks must be washed and disinfected daily. Disposable masks need to be discarded safely each day and not reused.
- Ensure bleach solution is available to disinfect pens, mobile phones, clipboard, other items that you used during your visits

SECTION 2

Negotiating humanitarian access for preparedness and response efforts during the COVID-19 pandemic

Introduction

In the current COVID-19 pandemic, National Red Cross and Red Crescent Societies ('National Societies') are working around the clock to prevent transmission of the virus, help communities already affected by the outbreak to maintain access to basic social services, and reduce the economic, social and psychological impact on people. In order to execute their mandate as auxiliary to the public authorities in the humanitarian field, National Societies need the necessary legal facilities to undertake preparedness and response activities. At the same time, they should not be required to take on tasks that are beyond their capacities or mandate to deliver.

National Societies' Auxiliary Role

Pursuant to the Statutes of the Movement (as endorsed by the state parties to the Geneva Conventions), all admitted National Societies must be recognized by domestic law as "auxiliaries to the public authorities in the humanitarian field."

The auxiliary role establishes a space for dialogue between the NS and its government and for a two-way relationship. In essence, the auxiliary role gives National Societies a unique positioning and a seat at the decision-making table. Based on this, National Societies are well positioned to **request that legal facilities are in place to enable them to undertake their responsibilities and provide preparedness and response activities in the COVID-19 pandemic.**

At the same time, the auxiliary role does not mean that National Societies must agree to undertake any task related to COVID-19. Resolution 2 of the 30th International Conference of the Red Cross and Red Crescent in 2007 on the auxiliary role, further provides that:

- National Societies as auxiliaries to the public authorities in the humanitarian field have a duty to consider seriously any request by their public authorities to carry out humanitarian activities within their mandate,
- States must refrain from requesting National Societies to perform activities which are in conflict with the Fundamental Principles or the Statutes of the Movement or its mission, that National Societies have the duty to decline any such request and underlines the need for the public authorities to respect such decisions by the National Societies

This should be understood to mean that National Societies should seriously consider requests for support from their authorities – but are not required to assent to them if they do not feel able to do so. It also means that those requests must avoid conflicts with the Fundamental Principles.

National Societies role and work in the COVID response and ensuring needs of the most vulnerable are met:

1. **How we work:** IFRC and the Red Cross and Red Crescent National societies are on the ground working with governments in 192 countries. We endeavour to support

- communities that are in critical need of assistance, with volunteers who are in the community and from the community.
2. National societies are auxiliary to their governments. This is a specific and distinctive partnership, whereby the National Society supplements or substitutes for public humanitarian services. The National Society must be able to deliver humanitarian services at all times in conformity with the Fundamental Principles. National Societies may undertake preparedness and response activities and be supported to do so but should not be required to take on tasks that are beyond their capacities or mandate to deliver.
 3. **What we do:** National Red Cross and Red Crescent Societies ('National Societies') are working to prevent transmission of the virus, help communities already affected by the outbreak to maintain access to basic social services, and reduce the economic, social and psychological impact on people.
 4. National societies are therefore providing a range of services, including clinical care of persons affected, provision of information on how to stay safe, supporting those in quarantine and isolation to ensure they have their basic needs met, providing mental health and psychosocial support, contact tracing and scaling up preparedness. National Societies are continuing to undertake traditional activities – such as running ambulance services and blood-banks. Many of these services are seen as essential and are able to continue operating when others have to close. However, National Societies, just like all services and organizations, are likely to find that needs will overwhelm existing capacities and are doing their best to respond or get prepared.
 5. **IFRC** is coordinating with all National Societies - especially those with active cases – to support monitoring, issuing advisories, asking all offices to pre-position personal protective equipment for high-risk activities, scenario planning and analysing risk, etc. We are working closely with the World Health Organization (WHO) and encouraging National Societies to work closely with their health ministries.

Addressing humanitarian access and movement restrictions

Challenge: COVID-19 clearly needs a response that brings the collective expertise, resources, and presence of governments and communities, as well as the full range of humanitarian and development actors. However, in some contexts local and national organizations, including National Societies, who can help in the crisis, have been prevented from doing so due to the limitations in emergency decrees, regulations and quarantine rules.

Key Messages

To Government authorities:

Why is access needed?

The Movement does its utmost to continue to provide basic humanitarian services focusing on preparedness and response to medical and non-medical needs arising from the Covid19 Pandemic. Additionally, the RCRC Movement is committed to continue working in other crisis that are ongoing, addressing the needs of population affected by the humanitarian consequences of natural disasters and armed conflicts.

Where is access needed?

- NS, the Movement (and relevant humanitarian actors) should be able to enter and leave the country as needed and to move freely within the country to carry out its humanitarian mandate.
- Freedom of mobility to the NS, the Movement (and relevant humanitarian actors) throughout the territory of the country with no restriction of hours or places that can be visited. In particular, it will be most important to access the persons in need of humanitarian aid such as:
 - Hospitals, medical structures and structures where sick people are located
 - Places where the most vulnerable population is located in rural and urban settings, throughout the country
 - To refugee, migrant and IDP Settlements/Camps
 - To places of detention
 - Access granted to places where the NS, RCRC Movement (and relevant humanitarian actors) can operate to/from, including:
 - RCRC Movement offices, residences, warehouses and logistics hubs (including airports, ports, land borders customs clearance, among others)
 - Access should be granted and guaranteed to all staff, volunteers, vehicles and goods/equipment of the RCRC Movement (and relevant humanitarian actors)

RCRC Movement Commitment

The Movement commits to equip its staff and volunteers with adequate training and to the extent possible with Personal Protective Equipment (PPE) in order to minimize their possibility of receiving or spreading infection.

After international travel Movement staff will observe quarantine for 14 days as globally advised.

How to ensure RCRC Movement Access?

We ask governments: to include in any and all emergency decrees, proclamations, regulations and plans (as relevant), provisions to enable Movement actors (and relevant humanitarian actors) to respond to needs according to their humanitarian mandate and principles. This includes:

- Freedom of movement and (appropriate) exemptions from quarantine: where they are carrying out activities critical to the safety and well-being of communities, they should be provided the same level of exemption as public health and social protection officials.
- Recognize the National Society, the Movement (and other relevant humanitarian actors) as essential service providers for public health and public safety in law, regulation, executive order or policing practice classifying their personnel and volunteers as 'frontline', 'emergency' or 'essential' workers, or equivalent that will allow them to remain exempt from curfews, limitations on business opening hours and other general population control strategies.
- Ensure, at the same time, that National Societies are not requested to take any actions that may be beyond their mission, their capacities (including the capacity to guarantee minimum safety precautions for staff or volunteers, as well as to ensure they do no harm in the process of carrying out their programming) or that would run contrary Fundamental Principles. Unfortunately, during this global crisis, the ability to provide

international support in the form of on the ground technical expertise to supplement local capacities will be extremely challenging.

- Presence in coordination mechanisms and communication channels put in place in the response efforts to the Covid-19. National Societies and other relevant local and national humanitarian actors should be included in multi-sectoral governmental coordination mechanisms and communication channels for this health emergency.
- Provide Movement actors deployed under the umbrella of the IFRC, mobility of movement to enter and leave the territory of the country, subject to appropriate precautionary and safety measures.
- Waiver of travel restriction for Movement personnel traveling to and from COVID-19 affected countries as well as visas on arrival for the IFRC humanitarian personnel, as well as for other key international humanitarian service providers.

To non- State actors:

In coordination with ICRC/whenever relevant - develop dialogue to access vulnerable communities in areas controlled by non-state actors.

To communities:

The COVID-19 outbreak has provoked social stigma and discriminatory behaviours against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus. In some places, communities are perceiving humanitarians as the source of the COVID-19 and therefore are preventing their access.

Outreach to vulnerable communities is essential to prevent the spread of COVID-19 and to ensure a timely response to the population's needs. To that end, access to vulnerable communities in rural and urban areas will be needed to ensure that the RCRC Movement can work on prevention and response at community level.

Advocacy for access to communities will also need to be conducted by:

- Working towards acceptance of the Movement to and within communities, through advocacy with local authorities and local leaders and influencers.
- Recruiting/engaging volunteers from the targeted communities.
- Involving communities in designing the prevention and response campaigns.
- Establishing community feedback mechanisms and responding quickly to complaints or concerns.

National Society considerations on Safer Access

Objective: work towards increasing acceptance, security and access to the people and communities in need. For this, it is necessary to:

- Ensure safer access methodology is incorporated in all operations/movements by all departments/units of the National Society.
- Incorporate into the NS work the following 8 interconnected elements of the Safer Access framework:
 - ✓ Evaluation of the context and risks
 - ✓ Legal and political base
 - ✓ Acceptance of the RCRC Movement
 - ✓ Acceptance of people
 - ✓ Identification
 - ✓ Internal communication and coordination

- ✓ External communication and coordination
- ✓ Risk management for operational security
- ✓ Carefully analyse what places and targeted population need to be accessed, how and when it should be accessed - to avoid unnecessary exposures to safety/security risks
- ✓ Ensure RCRC Movement Coordination (and with humanitarian actors) to avoid duplications and un-coordinated movements that could duplicate the safety/security risks and exposure of the local communities.

ADVOCACY MESSAGES

National Societies undertake critical humanitarian work, and need to be supported and enabled to continue serving those in need:

- NS need freedom of movement and appropriate exemptions from movement restrictions in order to carry out activities critical to the safety and wellbeing of communities (both in response to COVID as well as other humanitarian emergencies). *(In particular we ask national level authorities)*
- NS should be included in the coordination mechanisms and communication channels put in place in the response efforts to the Covid-19 – but should not be required to take on tasks that are beyond their capacities to fulfil safely or contrary to their mission or the fundamental principles. *(In particular we ask national, municipal and local level authorities)*
- RCRC actors deployed under the umbrella of the IFRC, should be granted mobility of movement to enter and leave the territory of the country, subject to appropriate precautionary and safety measures, as well as the ability to import relief items. *(In particular we ask national level authorities)*

2. Volunteers and National Societies will need specific support: *(In particular we ask national, municipal and local level authorities)*

- Ensure that volunteers, like other emergency responders, who fall ill in the course of their activities are accorded coverage for medical care and, in the worst cases, death benefits for their families.
- Increase support to local humanitarian actors as well as listening to their priorities, needs and concerns, to ensure they are able to fulfil their vital roles during this crisis.
- Provide emergency support for National Societies, and other critical national service providers, when they face liquidity crises due to “lockdowns” related to the virus.

3. Governments need to ensure emergency measures address the needs of all people, including the most vulnerable. *(In particular we ask national, municipal and local authorities):*

- Provide effective public health information in relevant forms and languages accessible by all, including those with disabilities and those from linguistic minorities.

- Ensure RCRC access to communities to continue providing humanitarian assistance and addressing increasing humanitarian needs, in particular around health care, as well as food security and livelihoods connected to the current crisis.
- Ensure all people can access basic health care, free of charge and without fear of detention or deportation, including migrants in an irregular situation.
- Ensure some form of social safety net for those who are not getting paid during the crisis period (prevent evictions and ensure access to food).
- Identify groups and individuals who may be particularly vulnerable, marginalized or excluded and design measures to meet their specific needs.

Useful sources for humanitarian diplomacy on these issues:

- **WHO recommendations and guidance** on [responding to community spread](#), [considerations on quarantine](#), the [use of masks](#), [health worker exposure management](#), among others.
- **Resolution 3 of the 33rd International Conference of the Red Cross Red Crescent** '[Time to act: Tackling epidemics and pandemics together](#)' and **Resolution 2 of the 30th International Conference of the Red Cross and Red Crescent in 2007** on the **auxiliary role**
- **Key messages for National Societies in requesting humanitarian access from their authorities for their preparedness and response efforts during the COVID-19 pandemic** (23 March 2020)
- **NS Template:** Letter for Country / Attorney General / Ministry of Interior (25 March 2020)
- **IFRC Template:** Letter for Office of the Prime Minister / Ministry of Foreign Affairs (25 March 2020)
- [Guidelines for the domestic facilitation and regulation of international disaster relief and initial recovery assistance](#)
- [Checklist on Law and Domestic Disaster Response and Preparedness](#)
- **Status Agreements of the IFRC**



Advocacy in Disaster Preparedness and Response

DISASTER!

Does the NS / RCRC Movement have the necessary ACCESS to carry out their operations

No *Yes*

Is there a situation of NIAC, IAC or OSV?

No *Yes*

ADVOCACY with Government

Discuss access with ICRC for zones affected

ADVOCACY with Non-state Actors

Work on SAFER ACCESS

+CIFRC

Is there a National Coordination Mechanism in place

ADVOCACY for Vulnerable Persons & Compliance with Humanitarian Standards

ADVOCACY To create one that include coordination with humanitarian actors

No

Yes

Is the NS participating?

No

Yes

ADVOCACY to include the NS in its Auxiliary Role

Did the Government assigned roles and responsibilities to the NS

No

Yes

ADVOCACY offer the services the NS/RCRC Movement can provide

Does the NS/RCRC Movement have necessary legal facilities to fulfil their duties

No

Yes

ADVOCATE FOR:
- Tax exemptions
- Facilities to Import / Export
- IDRL
- Access

SECTION 3

Options for risk communication and community engagement

Although it is preferred to maintain some form of face to face engagement with communities for as long as possible, there may come a time when it is no longer safe or permitted within the context of your country. If face to face contact with communities is no longer an option, there are still many ways you can collect feedback and share information with communities to encourage them to follow measures to reduce the spread of infection and address fear, stigma and rumours. It is even possible to support communities to participate in decision-making and planning the response remotely. In this section of the guidance, we will outline some the creative ways you can implement effective risk communication, community engagement and accountability approaches remotely.

This section of the guidance is split into three sections;

1. Options for sharing health information and addressing rumours, misinformation and stigma
2. Options for collecting community feedback
3. Options for community participation in planning the response.

It's important to note that some activities can be used for all three purposes.

1. Options for sharing health information with communities and addressing rumours, misinformation and stigma

ACTIVITY	DETAILS	CONSIDERATIONS	RESOURCES TO SUPPORT
Radio jingles / spots	Short 30-60 second jingles or spots aired like advertisements on popular radio stations to share key health information about COVID-19. You can have multiple jingles covering different topics and they can be aired regularly throughout the day.	Who can produce these? Do you have someone in the National Society with the expertise? Or can the radio station do this for you? Which languages are the jingles produced in to reach all groups?	Link to jingles produced

		Is any other organization already doing this? Good to check so you don't duplicate and waste resources.	
TV adverts	Short 30-60 second TV advertisements to share key visual health information about COVID-19. You can have multiple adverts covering different topics and they can be aired regularly throughout the day. Visual content can be very powerful and can explain complex processes like virus transmission using animation, which could be hard to explain or demonstrate.	<p>Do you have strong visual content you can use already or is this something you need to produce?</p> <p>If you need to produce content, who can do this? Is there a production company you can use? Be aware this may be very expensive.</p> <p>Is any other organization already doing this? Good to check so you don't duplicate and waste resources.</p> <p>Do the people you want to reach have access to TV?</p> <p>Which language do the adverts need to be produced in to reach all groups?</p>	<p>This is longer than an advert, but demonstrates the power of visual animation:</p> <p>https://globalhealthmedia.org/portfolio-items/the-story-of-cholera/?portfolioCats=73%2C14</p>
Radio or TV programmes	A radio or TV programme normally lasts for around 30-60 minutes and includes an interview with a health expert, from the National Society or the Ministry of Health. Shows can focus on specific COVID-19 topics such as prevention or transmission and address common rumours and fears. The show can also include questions from the public, either live calls into the show or pre-recorded.	<p>Do you have experience with making radio or TV shows already?</p> <p>Can National Society staff still travel to the radio or TV station for the show? If not, can it be produced remotely?</p> <p>Do you have health experts who can take part in the show and can speak in local languages?</p>	<p>COVID-19 Radio show guide and running order</p> <p>EN</p> <p>FR</p>

	<p>You can also think about inviting influencers such as community or religious leaders, people who have recovered from the disease or friends and family of a person that passed away due to COVID-19 to talk about their experience.</p>	<p>TV is usually expensive so be aware of budget implications.</p> <p>Do the people you want to reach have access to radio or TV?</p> <p>Which language do the programmes need to be produced in to reach all groups?</p>	
Radio drama	<p>A short play on the radio, using actors and a fictional story to share key facts about COVID-19 and encourage positive behaviours. Radio drama is a good way to share key information in an entertaining way and has shown impact in changing behaviours in the past. A radio drama could be aired regularly every week and follow the same characters and address a different issue around COVID-19 each week.</p>	<p>Who can produce these? Do you have someone in the National Society with the expertise? Or can the radio station or an external organization do this for you?</p> <p>Producing a quality radio drama can be expensive, so it can good to work with other organizations to produce these.</p> <p>Can you partner with multiple radio stations to broadcast the drama each week?</p> <p>Which language does the drama need to be produced in to reach all groups?</p>	<p>See below links to organizations who specialize in producing radio and TV drama to provide more information and ideas.</p> <p>https://www.developmentmedia.net/</p> <p>https://www.populationmedia.org/projects/</p> <p>https://www.soulcity.org.za/media/soul-city-series</p>
Guest interview on radio or TV	<p>Providing National Society staff as experts to take part in television or radio interviews to provide accurate information about COVID-19 and how to stop the spread of infection. Hard news formats for public health communication have been shown to be vital for community</p>	<p>Do you have spokespeople who are trained and confident to participate in media interviews?</p>	<p>IFRC COVID-19 key messages. These are regularly updated so sign up to receive the Newswire service from the IFRC communication team by</p>

	<p>understanding of risk, by making highly technical information accessible to the public in an easy to understand format.</p>	<p>Always work with your National Society communications manager for this activity.</p> <p>Do the people you want to reach have access to radio or TV?</p>	<p>emailing Benoit.Carpentier@ifrc.org</p>
<p>Journalist briefings</p>	<p>Organize a briefing session for journalists on COVID-19 to share accurate information about the disease and ask for their support to inform the public and counter rumours and misinformation. If you are collecting community feedback, you can share most common rumours, questions and suggestions you are hearing from community members, as well as provide information and advice on how to respond to and address these issues. In countries where Lifeline Platforms exist to share information between journalists, Ministries, humanitarian agencies and civil protection, these can also be used to share information about the new coronavirus.</p>	<p>This activity should be led by the National Society communications manager.</p> <p>Do you have spokespeople who are trained and confident to answer journalist questions?</p> <p>This event should be organized as a remote activity, for example through an online webinar.</p> <p>Are there any politically sensitive community feedback topics you need to be careful about when sharing?</p> <p>Always check with you communications manager on the information you are sharing with journalists.</p>	<p>IFRC COVID-19 key messages. These are regularly updated so sign up to receive the Newswire service from the IFRC communication team by emailing Benoit.Carpentier@ifrc.org</p>
<p>Social media (Facebook, Twitter, TikTok,</p>	<p>National Society social media platforms (Facebook, Twitter, WhatsApp, Instagram) can be used to share health information and address rumours through posts, graphics or video content. For example, IFRC Africa is</p>	<p>Who are your followers on social media? Are they the people you want to reach?</p>	<p>Tips for using social media for RCCE</p> <p>EN</p> <p>FR</p>

<p>LinkedIn, Instagram)</p>	<p>creating weekly videos with the head of health to address the main rumours and questions about COVID-19 across the continent. These can be shared on IFRC and National Society channels. The IFRC has produced a range of social media cards that can be easily edited into local languages – you can access these through the links on the right.</p>	<p>How many followers do you have? Can you reach enough people this way?</p> <p>Social media is often more popular with young people so be aware of who you may not be reaching with this channel.</p> <p>Social media posts have the potential to generate lots of comments, so do you have people to manage this?</p> <p>Which language should you use in your posts and content to reach all groups?</p>	<p>SP</p> <p>Example of an Ask Dr Ben video: https://twitter.com/IFRCAfrica/status/1245237581740113920?s=20</p>
<p>WhatsApp and messenger apps</p>	<p>WhatsApp and messenger apps are very versatile and can be used to share information, collect feedback and support community participation. For sharing information, you can create a group with staff, volunteers, or members of the public. It is possible to have a group where only you can send messages. If your group is with staff and volunteers, ask them to set up groups with their family and friends so information can be cascaded widely, maximising the strength of the network of Red Cross Red Crescent volunteers.</p> <p>When setting up WhatsApp groups with staff, volunteers or community members, make sure you have designated people with clear responsibilities on managing the groups</p>	<p>Is WhatsApp well used in your country? Do people have access to the app?</p> <p>Like any ‘live’ communication channel, it may be overwhelming to receive and respond to lots of messages if the group is very large.</p> <p>Who will manage the WhatsApp group(s)? Do they speak the local language(s)?</p>	

	(responding to questions, adding members, how to react to sensitive comments, which content to share etc.).		
Sound trucks and loudspeakers	Information shared with communities through loudspeakers or megaphones, either carried by volunteers or attached to a vehicle, with information shared live or as a pre-recording. Other options include placing a permanent loudspeaker near homes so messages could be passed to the community at certain times of the day or asking if loudspeakers at places of worship can be used to broadcast information. Kenya Red Cross have even used drones with speakers to share information with informal settlements. It could also be possible for community members themselves to be the ones sharing information with their communities.	<p>Are volunteers/vehicles permitted to enter communities?</p> <p>How can you make sure the information shared is interesting and holds peoples' attention – and avoids them feeling as though they are being lectured.</p> <p>Is there a risk people will leave their homes and gather in a crowd to listen, and so break physical distancing rules?</p>	
Mobile radio	It can be possible to broadcast an interactive radio programme from a vehicle, making it a mobile radio show. Rwanda Red Cross use this method in camps and as part of their COVID-19 response. Vehicles enter a community with loudspeakers and a full interactive radio show is broadcast so that people in their homes can still hear the show. You can collect questions from communities in advance or ask them to phone or SMS during the show.	<p>Do you have experience with running interactive radio shows already?</p> <p>Do you still have physical access to communities in a car?</p> <p>Do you have health experts who can take part in the show and speak in local languages?</p> <p>Have you gained the permission of local leaders to broadcast a radio show</p>	<p>See the option below on interactive radio programmes. A story on IFRC about Rwanda Red Cross' mobile radio shows</p> <p>https://media.ifrc.org/ifrc/2019/02/11/photos-integrating-music-dance-drama-tackle-health-issues-rwanda/</p>

		<p>in their community? Can community members who recovered from COVID-19 or families who lost a member because of the disease participate?</p> <p>Is there a risk people will leave their homes and gather in a crowd to listen and so break physical distancing rules?</p>	
Online religious services	<p>Many churches, mosques and other places of worship have moved to broadcasting their services online following bans on large gatherings. As before, National Societies can connect with religious leaders and request them to share important health information and dispel rumours and misinformation during their religious services.</p>	<p>Work with religious leaders to make sure that information they are distributing is accurate.</p> <p>Do you collect community feedback and can you inform religious leaders of the main trends you are hearing and provide information on how to best address them?</p>	
Music/dance	<p>In many countries, musicians have developed songs to help communicate key information about COVID-19 to the public. These can be a fun and memorable way to educate people about key prevention techniques. These can be shared through a range of channels, including social media, mainstream media and radio and TV. National Societies could partner with local musicians to produce these, or in some cases Red Cross and Red Crescent National Societies have developed their own songs and music videos.</p>	<p>Make sure the messages in the music are accurate and follow health guidelines.</p> <p>Volunteers or staff are not put at risk making the videos.</p>	<p>Here are some examples of COVID-19 songs, including;</p> <p>Nigerian Red Cross: https://www.youtube.com/watch?v=Awogp_beLB4</p> <p>Sierra Leone https://www.youtube.com/watch?v=_IBfgDYbzyw</p>

			<p>South Africa https://www.youtube.com/watch?v=GN94pZqP1Rc</p>
Chat bots	<p>Chat bots are automated services, usually embedded in applications such as WhatsApp, Skype or social media. A person can send a request for information, either by selecting from a menu of options or by writing a question, and they receive an automatic answer. Bots emulate human conversation and users may think they are speaking to a person, while an algorithm is sending messages or responding to questions. Translators without Borders is currently looking to roll out chat bots in Africa to share vital information about COVID-19 and to combat misinformation and rumours, with users able to ask questions and receive answers in local languages.</p>	<p>Chat bots work well in countries with higher smartphone ownership and access to internet.</p> <p>Both users and the National Society can incur data costs.</p> <p>This does rely on technology so you may need to partner with an organisation who is expert in using chat bots.</p>	<p>See Business Insider article on Chatbots for COVID-19</p> <p>IFRC has created relationships and accounts with</p> <ul style="list-style-type: none"> ▪ Twilio (SMS or Whatsapp chatbots, etc) ▪ RapidPro (SMS or voice applications) <p>Ian O'Donnell (IFRC Geneva, ian.odonnell@ifrc.org) can help you to access and test these services.</p> <p>Contact Sharon.Reader@ifrc.org if your National Society is interested in trialling a chat bot in Africa.</p>
Interactive voice response (IVR)	<p>Interactive voice response (IVR) uses recorded messages to provide a menu of options for callers to access information and provide survey feedback. For example, people call and</p>	<p>This does rely on technology so you may need to partner with an organisation who is expert in setting</p>	<p>IFRC has created relationships and accounts with</p>

	<p>select what to listen to by pressing numbers on their phone or answer questions by pressing numbers on their phone. IVR is a good option in contexts where people have low literacy or less access to internet.</p>	<p>up IVR if you do not have prior experience in this area.</p> <p>In low income countries, it would be important to make sure the IVR telephone line is free to call.</p>	<ul style="list-style-type: none"> ▪ Twilio (SMS or Whatsapp chatbots, etc) ▪ RapidPro (SMS or voice applications) <p>Ian O'Donnell (IFRC Geneva, ian.odonnell@ifrc.org) can help you to access and test these services.</p> <p>Other free IVR options include; https://verboice.instedd.org/</p>
First Aid App	<p>Developed by IFRC's Global Disaster Preparedness Centre (GDPC) IFRC First Aid app has been adopted by many National Societies and now has on COVID-19. The content can be added by National Societies to their existing versions of the app and then pushed out to anyone who has downloaded the app automatically.</p>	<p>If your National Society is using the First Aid app, the content is easy to localize and add.</p> <p>If you are not yet using the first aid app, there is a 3-4 month lead time to release the app.</p>	<p>Contact Jessica Robbins at GDPC jessica.robbins@redcross.org</p>
Atlas app	<p>Also developed by GDPC, the Atlas app supports small businesses and includes content on pandemic preparedness and COVID-19 and has been translated into 18 languages.</p>	<p>The app is available for global download.</p> <p>List of languages: Arabic, Bengali, Chinese (simplified and traditional), English, French, German, Hindi, Indonesian, Japanese, Luganda, Portuguese, Russian, Spanish, Swahili, Tagalog, Turkish, Vietnamese.</p>	<p>Contact Bonnie Haskel at GDPC bonnie.haskell@redcross.org</p>

<p>Internet of good things</p>	<p>Led by UNICEF, the Internet of Good Things (IOGT) provides COVID-19 information on a mobile-ready website configured for basic smartphones. This site is available for free in 65 countries through Free Basics. You could share this service with staff and volunteers to increase their access to information about COVID-19.</p>	<p>Can you connect with the UNICEF office in your country to add content to IOGT?</p>	<p>Internet of Good Things (IOGT)</p>
<p>Viamo 3-2-1</p>	<p>A free, demand-based information hotline that uses interactive voice response (IVR) and is available in 18 countries. Callers using any phone can access pre-recorded COVID-19 audio messages in their local language, free of charge. This allows those with low or no literacy to access the information. Countries using (or will be using) the 3-2-1 service include Burkina Faso, Madagascar, Malawi, Nepal, Nigeria, Tanzania Uganda and Afghanistan; Cambodia, Indonesia, Mali, Rwanda, Botswana, Ghana, Haiti, Mozambique, Niger, and Zambia. This service can be shared with staff, volunteers and community members to increase their access to information about COVID-19.</p>		<p>3-2-1 service</p>

2. Options for collecting community feedback

ACTIVITY	DETAILS	CONSIDERATIONS	RESOURCES TO SUPPORT
Telephone Hotline/Helpline	<p>A telephone hotline allows people to contact the National Society by telephone to ask questions and provide feedback. When they are well set up, telephone helplines can be useful to answer callers' questions and preoccupations, while also allowing to capture key feedback and misinformation.</p> <p>In case hotline exists but operators do not capture callers feedback, a quick group call with operators would enable you to capture feedback rapidly and use for informing action.</p>	<p>Hotlines/helplines are resource intensive—make sure the human and financial resources are available before you consider setting one up (see tool).</p> <p>It's important to ensure there is a referral system in place, especially in case sensitive issues are brought up.</p> <p>Other hotlines or helplines may already exist. Consider partnering with other organizations and/or national authorities before setting up a new hotline/helpline.</p>	<p>Hotline-in-a-box tool (developed by IFRC and partners) This tool is useful not only for setting up hotlines, but also for any communication channel.</p> <p>Feedback log sheet Africa EN NS</p> <p>Feedback log sheet Asia Pacific ENG SP</p> <p>IFRC Feedback Starter kit</p>
WhatsApp	<p>WhatsApp and other messenger apps can also be used to collect feedback from staff, volunteers and communities. For example, you can run simple polls or ask staff, volunteers or community members to report rumours or provide feedback on specific issues. As before, staff and volunteers can set up a cascade system to share and collect information within their own personal networks. Make sure to always provide the correct</p>	<p>Is WhatsApp well used in your country? Do people have access to the app?</p> <p>Like any 'live' communication channel, it may be overwhelming to receive and respond to lots of messages if the group is very large.</p> <p>To use WhatsApp for collecting and responding to feedback, you may</p>	<p>Social media guidelines have tips on running surveys: EN FR SP</p> <p>Or see: https://www.opinionstage.com/blog/whatsapp-survey-how-to-run-a-survey-on-whatsapp/</p>

	<p>information to any misinformation or rumours shared on the group.</p>	<p>need multiple people who can be admins on the group to share the responsibility of replying and moderating discussions.</p> <p>You can use the Excel feedback log sheet to document the feedback you are receiving through WhatsApp.</p>	<p>Feedback log sheet Africa EN NS</p> <p>Feedback log sheet Asia Pacific ENG SP</p>
<p>Social media</p> <p>Facebook, Twitter, TikTok, LinkedIn, Instagram</p>	<p>You can run surveys and short polls on social media to collect feedback on specific questions. These are usually short polls, with simple multiple-choice answers so will not provide detailed feedback but can provide a way to engage and get quick feedback on simple issues.</p> <p>You can also monitor discussions on social media and document common rumours, questions and suggestions in relation to COVID-19.</p>	<p>Can you reach enough and the right people through your social media channels?</p>	<p>Tips for using social media for RCCE EN FR SP</p> <p>Feedback log sheet Africa EN NS</p> <p>Feedback log sheet Asia Pacific ENG SP</p>
<p>TV and radio programmes and drama</p>	<p>Live radio and TV shows, and even radio drama, can also be used to collect community feedback. This can be done through sharing a telephone number people can call or send SMS to during the show. Some organisations have also used</p>	<p>As before, does the National Society have experience in running radio or TV shows or radio dramas?</p>	<p>COVID-19 Radio show guide and running order EN</p>

	<p>technology to ask open questions to listeners, such as ‘what have you heard about coronavirus’ and then analyse thousands of responses to understand how people perceive the virus, including across different demographic groups. The feedback is then used to shape the content of future shows. This operates like a large-scale SMS-based focus group discussion.</p>	<p>Is the number people call or SMS toll free?</p> <p>For large scale SMS feedback collection, it would be advised to partner with an organisation who can support this process, such as Africa’s Voices Foundation or GeoPoll.</p>	<p>FR</p> <p>To explore options to scale up SMS feedback in Africa, contact Sharon.Reader@ifrc.org</p>
<p>Remote surveys</p>	<p>You can also carry out surveys remotely by sending people a link on their phone to complete questions online, for example through an online Kobo or Google form. These surveys can also be done through voice options like IVR, where people record their answers by pressing buttons on their phone. For any remote survey it is important to keep the questions simple and test them in advance because there will not be an enumerator who can explain what the questions means if the respondent is not clear.</p>	<p>For online surveys, do people have access to the internet to complete the form?</p> <p>Do they have smartphone?</p> <p>Do you have the telephone numbers or WhatsApp contacts of people you want to send the survey to?</p> <p>For IVR, you may need technical support to set this up.</p>	<p>Tools for remote surveys include;</p> <p>Kobo toolbox</p> <p>Memria</p> <p>Speakalyze</p> <p>Viamo</p> <p>Twilio</p> <p>RapidPro</p> <p>https://verboice.instedd.org/</p> <p>Check survey samples here EN AR; Short version (adapted for South Africa); Asia Pacific version</p>

3. Options for community participation in planning the response.

Although many of the traditional ways of ensuring community participation, such as community meetings or working with project committees, are no longer an option due to lockdowns and restrictions on gatherings, communities still need to play an active participatory role across all phases of the response. Control measures, for example lockdowns, will not work without the consent of the people affected. It is only when local people are fully involved in planning and implementing epidemic control measures, that they will function effectively. This is because communities can provide the contextual details and knowledge of what has worked for them in the past - they are the ones who will know what will work for them, and how it can be monitored and enforced. Despite the restrictions on movement, existing community structures such as community committees, women’s clubs, community health workers or student associations will still be functioning in one way or another and can be mobilized to reach others and identify the best strategies to end the COVID-19 epidemic. Below are some suggestions for how you can identify and support community-led solutions to ending the pandemic.

ACTIVITY	DETAILS	CONSIDERATIONS	RESOURCES TO SUPPORT
Facebook, WhatsApp and SMS	Create a closed Facebook, Whatsapp or SMS group with key community representatives as a substitute for holding face to face community meetings. For example, with community leaders, project committees, mother’s clubs, religious leaders or groups, youth groups etc. Through these groups, you can share information on plans, ask for their input and suggestions, discuss challenges and listen to ongoing community feedback. You can also find out what local Facebook groups already exist and send a request to ask if you can join and ask for their input and feedback on plans.	Can you reach the right people through these channels? Are your groups representative of the community and consider who is excluded? Would you need to provide credit to people to pay for data?	
Key informants	Continue to communicate with key informants in the community, by telephone if face to face is not an	Do you have the telephone numbers of all the key people? Who is missing?	

	option. This will help ensure local experts can help plan the response and identify solutions, for example local health staff, community health workers, traditional healers, community leaders, religious leaders etc.	Can you set up a regular time to speak each week, so this isn't forgotten?	
Key service workers	Although movement is restricted, many key workers or essential services will still be working. For example, market vendors, pharmacists, gas stations staff, bus drivers and supermarket workers. Red Cross and Red Crescent Societies can support these groups to share information and identify solutions, taking on the role community volunteers would normally fill. This could include training these groups on COVID-19 and on approaches to community engagement.	Can you negotiate access to train these groups? How can you set up a communication network with these groups? WhatsApp or regular calls?	RCCE training pack EN FR
Virtual focus group discussions	There are a range of software options that would let you hold virtual focus group discussions. This would work in the same way as a normal FGD, by identifying 6-12 people from a community you would like to speak to and sending them a link to join an online meeting at a specified time. Applications like Jitsi (https://meet.jit.si/) allow you to hold virtual focus group discussions. Participants don't need to do anything other than clicking on the link when using a computer (for using smartphones an app needs to be downloaded).	This will only work in contexts where people have reasonable internet access, ownership and familiarity with smartphones.	Options include; https://meet.jit.si/ Focus Group Discussion guide for COVID-19 FGD Communities EN FGD Volunteers EN FGD Communities FR FGD volunteers FR

<p>Community-based Shielding Initiatives</p>	<p>During the 2014-2015 Ebola outbreak in Liberia, community leaders set up various by-laws that restricted movement of visitors coming from outside the community including mandatory quarantine, listed the locations where the person had travelled to and even banned visitors during the outbreak. Such local initiatives could be supported to shield the most vulnerable population and control infection.</p>		<p>Read more about this Liberia example</p>
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