CRISIS
COMMUNICATION
FOR IEC OFFICERS

FACILITATOR GUIDE

Editorial
Core Committee

This module has been developed with contributions
from the following.

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Acknowledgements

Preface

The global concern of emerging or re-emerging health infections and diseases is posing a threat to health security and livelihoods worldwide. Past two years in addition to posing health challenges has impacted the socio-economic aspects of people. This has earmarked the necessity towards making preparations for addressing the community health so as to be ready to handle the crisis. This preparedness in health could become a fulcrum for other sectors to base their recovery plans. Communicating during an emergency is very different from communicating outside of one. People affected by an emergency have special and specific communication needs. Risk Communication and Community Engagement planning is therefore necessary to decrease the negative impacts of the health threats given this importance and need.

Given this objective, The National Institute of Health and Family Welfare in collaboration with the UNICEF has developed a training package on Crisis Communication for the IEC officers and the media professionals.

The training package is an effort to empower the IEC officers and communication mangers to handle the emergency responses during public health emergencies. Given the current scenario, the trainings are planned in an online mode. However, the training package can be adapted for face to face learning opportunities also. Case studies have been cited to help the participants learn and share their experiences from actual settings. I am sure that the contents of this training package will be useful to the trainers and professionals working on different aspects of risk communication and community engagement.

Nidhi Kesarwani, IAS
Director (Additional Charge)
The National Institute of Health and Family Welfare

Risk communication and community engagement (RCCE) provides us a systematic approach for public health emergency response with real time scenario, information, and evidence, building a bridge between health communicators and the community facing the risk. It is an integral part of public health emergency response at every level.

Through effective communication, we can impact the right community response and support recovery and resilience. Risk communication uses techniques like mass media, mid media, and social media. Intensive community engagement and proactive communication strategy can save lives and minimize adverse consequences.

This training package comprises of a facilitator guide, a participant workbook, and a slide deck. The objective is to enhance the skills of government functionaries and key stakeholders in RCCE for increased preparedness and coordinated response for health emergencies, including COVID-19.

The development of this manual is a collaborative effort between National Institute of Health and Family Welfare, UNICEF and its technical partner, Envisions Institute of Development and supported by CDC.

I believe this will be another important contribution towards increased skills development for health emergencies.

Siddartha Shrestha
Chief, Communication for Development
UNICEF India

The right message at the right time from the right person can save lives, as we have seen during the COVID-19 pandemic. Effective public health risk communication plays a vital role to implement evidence-based principles in crisis and risk communication to respond rapidly and effectively to public health threats. Moreover, scientific evidence must be communicated to the public with information to make the best decisions within incredibly challenging time constraints and to accept the imperfect nature of choice.

A well-defined training package, which not only provides accurate guidance but also support our health professionals/researchers in handling health related challenges more confidently, is a public health priority for the Ministry of Health and Family Welfare, Government of India. The risk communication and community engagement (RCCE) technical pillar for COVID-19 response provides a systematic approach toward public health emergency response with real-time scenarios, information, and evidence, which builds a bridge between health communicators and the community facing the risk. As an integral part of a public health emergency response at every level, RCCE contributes to developing relevant behavior change in the community as-a-whole.

Undoubtedly, crisis and emergency risk communication capacity, both at institutional and community level, are necessary within the current COVID-19 pandemic. This training package draws from CDC's Crisis and Emergency Risk Communication (CERC), past public health emergencies, and research in the fields of public health, psychology, and emergency risk communication. Furthermore, it describes how an intensive community engagement and proactive communication strategy can save many lives and minimize adverse consequences well in advance. This also requires early identification and management of rumors, misinformation, disinformation, and other challenges. Proactive communication should be about what is known, what is unknown and what is being done to get more information and to prevent misinformation; only then, trust will strengthen in communities.

This package provides training, tools, and resources to help health communicators, emergency responders, and leaders of organizations communicate effectively during emergencies to further boost ongoing COVID-19 response efforts.

I wish to take this opportunity to extend my gratitude to all key stakeholders who have contributed to the development of this training package. Our hope is that this valuable resource will guide, support, and strengthen the existing RCCE capacity in India for COVID-19, as well as prepare for future pandemics.

With regards,

Yours sincerely,

Dr. Meghna Desai,
Country Director,
U.S. Centers for Disease Control and Prevention (CDC)
Delhi, India

Table of Contents

Abbreviations

AES	Acute Encephalitis Syndrome
BBC	British Broadcasting Corporation
BCC	Behaviour Change Communication
BRD Medical College	Baba Raghav Das Medical College
CDC	Centre for Disease Control
CERC	Crisis and Emergency Risk Communication
CMO	Chief Medical Officer
COVID-19	Corona Virus Disease of 2019
DM	District Magistrate
FAQ	Frequently Asked Question
ICDS	Integrated Child Development Scheme
ICMR	Indian Council of Medical Research
IEC	Information, Education and Communication
JE	Japanese Encephalitis
M&E	Monitoring and Evaluation
MO	Medical Officer
PHE	Public Health Emergency
PRI	Panchayati Raj Institutions
RCCE	Risk Communication and Community Engagement
SHG	Self Help Group
TB	Tuberculosis
UNICEF	United Nations Children's Fund
UP	Uttar Pradesh
VHND	Village Health and Nutrition Day
VHSNC	Village Health Sanitation and Nutrition Committee
WHO	World Health Organization

Definitions

Crisis

A time of great danger or difficulty; the moment when things change and either improve or get worse.

Crisis coordination

This implies a minimal level of involvement between organizations to achieve synchronized crisis response and mitigation.

Crisis collaboration

The term "crisis collaboration" suggests a deeper alliance where each values the other's interdependence and promotes equal input of participants in shared decision making. Collaboration is based on shared goals of effective crisis response and mitigation, shared values, and usually a longer history of interaction, communication, and community engagement.

Risk

The probability or threat of quantifiable damage, injury, liability, loss, or any other negative occurrence that is caused by external or internal vulnerabilities, and that may be avoided through pre-emptive action.

Risk Management

Is the weighing and selecting of options and implementing controls as appropriate to assure an appropriate level of protection.

Risk Assessment

Is a systematic examination of a task, job, or process that you carry out at work for the purpose of identifying the significant hazards that are present. Risk Communication is the exchange of information and opinions concerning risk and risk-related factors among risk assessors, risk managers, consumers, and other interested parties.

Rumor

A rumor is defined as an unverified information that is transmitted from one person to others. It may be with the intention of causing harm (disinformation) or transmitted unwittingly without malice (misinformation).

Background

With the growing threat of public health emergencies, it is imperative that health sector is prepared to face the need to prevent, protect against, control, and provide a rational public health response to the series of health threats that are seen on a more regular basis.

During health crisis, the travel, trade, livelihood all effect the spread of vectors that seem to grow in threatening proportions. In order to face this a strong communication system is necessary. This prevents panic, misinformation and helps communities prepare for a health emergency. A good communication decreases the negative impacts of the health threats and supports the necessary behavior change to be brought about at national scale.

This module addresses the critical areas to build up a strong and credible partnership between various stakeholders including the public, government, and civil society. This module is an attempt to help Communication Officers and Health Communicators at various levels provide information that allows stakeholders communities to make best possible decisions for their well being during a crisis or emergency.

There are templates for understanding components of risk communication and community engagement and making communication and monitoring plans to prepare communities and related government functionaries to put up the best possible response to any crisis or health emergency.

About the Training Package

The Training package comprises of the Facilitator Handbook and the Participant Workbook. The complete Training Package is divided into three sections:

Module A: Introduction to Risk Communication and Community Engagement

Module B: Practice of Risk Communication and Community Engagement

Module C: Planning Risk Communication and Community Engagement

Each section has key notes on the Introduction, Practice and Planning of Risk Communication and Community Engagement and exercises that will help the participant practice the learning from the session by using it in a potential situation. The simulation will help the participant sharpen the analytical skill and implementation skill from the learning.

Additional references have been provided for more detailed reading.

How to Use the Training Package

The Facilitator Handbook comprises of the case studies and slides that should be used for the presentation. The facilitator should read through and make use of local examples wherever possible.

Facilitator handbook will also have the solutions to the case studies.

Participant workbook has extra reference notes for the participants. The facilitator should make use of the slide and slide notes to conduct the training. Wherever participants have an exercise to be attempted either individually or in a group, this is indicated in the facilitator manual. The exercise is given in the participant workbook in detail whereas the solutions are given in the facilitator handbook.

Facilitator can guide the participants using this.

Participants should be encouraged to think and use their experiences in attempting the exercises.

Duration

The Training of Trainers will be a three-day course whereas the actual training can be conducted over two days or short sessions over three days.

Session 1.1: Rationale for Risk Communication and Community Engagement

Duration

30 Minutes

Session Objectives

At the end of this session participants will be able to

1. Describe the evolution of risk communication and community engagement (RCCE)
2. Describe the necessity of RCCE in their work
3. Describe how Gender is integrated as a cross cutting issue across all RCCE intervention

Key Learning from the Session

- Evolution and relevance of RCCE in public health emergencies
- Gender balancing in RCCE work

Facilitation Notes

1. RCCE evolved over a period of time. Show **Slide 1.1.1.** The 1918 influenza caught an illprepared world – most of the countries did not even have a public health sysytem in place.
2. From an understanding where disease was perceived as an individual's problem, the nations reached an understanding that pandemics are a social and not an individual problem.

Slide 1.1.1

EVOLUTION OF RCCE

- 1918 Influenza pandemic (policemen in Seattle Dec 1918)
- 50-100 Million deaths as per current estimates* (World War I – 18 million, WWII – 60 Million)
- 1920s - many governments embraced the concept of socialized medicine—healthcare for all
- 1924 – Soviet vision of physician "the ability to study the occupational and **social conditions** which give rise to illness and not only to cure the illness but to suggest **ways to prevent** it."
- 1946 – WHO formed, gradually the governments in the world developed an understanding that **pandemics are a social, not an individual problem**.
- Risk communication and community engagement was gradually practiced

*Source: https://www.smithsonianmag.com/history/how-1918-flu-pandemic-revolutionized-public-health-180965025/

3. Initially the 'health belief communication' approach assumed that when told about what is good for them, people may not agree in the beginning. They will observe and if found useful, will do it. However, subsequent research showed that the inter-personal and social environment of people influence their decisions. The more inclusive approach involved risk communication on the one side and the community engagement on the other.

4. For example, COVID appropriate behaviors can be better practiced with community involvement. Steps like physical distancing of two meters, wearing masks when outside, etc. require a community involvement.

5. Similarly, Zika prevention requires regular cleaning and scrubbing of water storage containers, a good solid and liquid waste management to keep the Aedes aegypti mosquito at bay. This can only be achieved when communities change their behaviours. Thus without RCCE it is not possible.

6. Gender also plays an important role. The example of Zika explains how women are at greater risk – because traditionally they do the cleaning and scrubbing in house. It is very necessary to give these messages to enable them and the men in the family to take precautions. In most health emergencies, women – being the home makers, always have dual responsibility. They have to keep themselves and the family – specially the children – safe. It has to be adequately and effectively covered in the risk communication.

7. Discuss Exercise 1 and Exercise 2 with the group.

Exercise

Exercise 1 – COVID-19 Case Study : Edamalakkudy

In India, Edamalakkudy - a gram panchayat in Idukki district of Kerala – managed to remain COVID free between January 2020 to June 2021. Even during the peak of second wave of COVID-19 between February-May 2021, the gram panchayat with a population of 2236 remained COVID-free. First cases were reported in July 2021. The resistance against the virus is especially remarkable for Edamalakkudy considering the fact that its residents participated in two democratic exercises— the local body elections in December 2020, and the Assembly elections in April 2021.

District Medical Officer Priya N. for Idukki district said, "Edamalakkudy is a case study for preventing the pandemic as the tribespeople took it upon themselves and behaved more responsibly, limiting their interactions with the outside world. Self-restraint has proved effective in preventing the pandemic." (The Hindu, https://www.thehindu.com/news/national/kerala/how-edamalakkudy-kept-covid-19-at-bay/article34642499.ece).

The gram panchayat spread over 24 settlements is inhabited by tribal population. Each kudi (settlement) has a mooppan (chieftain) as head. Decisions of the chieftains are obeyed by the community and sometimes common decisions are taken at the chieftains' meetings.

Answer the following questions:

1. What role can be played by the community in practice of COVID appropriate behaviours?

2. Who or what could have influenced the people living in Edamalakkudy to keep themselves safe from the pandemic?

Discussions ?

- The local chieftains played an important role. After a meeting with government officials from tribal department, forest department and health department it was decided that no one would enter or leave the village without permission.

- To bring essential food supplies, one or two persons they approve would go to the nearest town. Upon return, they would enter quarantine for 14 days.

- The health department also responded by doing their bit – before sending staff to Edamalakkudy, they underwent RT-PCR testing and only those testing negative were allowed to go.

- Harindra Kumar S, range forest officer, Munnar, said, "On the request of the tribals at the start of the lockdown last year, we had closed the only motorable road from Pettimudi, ensuring that nobody gets in. We shut forest paths from Mankulam, Valparai and 9th block too from the Tamil Nadu side. Our watchers and staff who live in Edamalakkudy have also helped in spreading awareness." (The Indian Express https://indianexpress.com/article/india/kerala-village-edamalakkudy-has-no-covid-cases-during-second-wave-7341436/)
- It has been a two-way dialogue between the community and government officials. The community members and their local leaders (mooppans) were important stakeholders in RCCE efforts.

Exercise 2 – Zika Case Study

Zika, which sickened more than 220,000 people in the Americas from 2015 to 2018, is still a threat throughout the region. It disproportionately impacts women and can cause serious neurological birth defects and development delays in babies born to women who contract Zika during pregnancy. While it is mostly spread by mosquitoes, it can also be sexually transmitted.

Reducing the transmission of Zika is complicated because it requires people to engage in multiple prevention efforts, from scrubbing water storage containers regularly in order to get rid of any mosquito larvae to wearing insect repellent to using condoms during pregnancy, which can help prevent sexual transmission to the mother and her unborn child.

Answer the following questions:

1. What role can be played by the community groups in practice of regular scrubbing and cleaning of water storage containers and wearing insect repellent or using the repellent mosquito net?
2. About 88 men and women - in 12 focus group discussions - told researchers that their partners would perceive suggesting condom use or abstinence during pregnancy as a sign of unfaithfulness. As risk communicators, how would you promote the use of condom to couples?

Discussions ?

Through RCCE community engagement interventions which can be used are

- Use of local community influencers like religious leaders, volunteers, local government representatives, etc.
- Youth groups and other community-based organizations can take-up the role of 'community audit' and inspect the cleanliness conditions in homes and public areas.
- Programs can begin to tackle the gender roles that affect condom use during pregnancy and address myths, beliefs and misconceptions about condom use.
- Condom use during pregnancy can also be framed as a way that men can protect their families and a way couples can work together to protect their families.
- Gender balancing is possible through pictorial depiction of both women and men in the messages, avoiding any 'gender biased' images – for example, a woman cleaning the cow v/s a man cleaning the cow, and a girl working on computer v/s a boy working on computer, etc.

Conclusion

- Risk communication and community engagement is a two-way process to empower communities to take informed decisions to practice safe preventive behaviours.
- RCCE acknowledges that community involvement improves the effectiveness of risk communication and increases the probability of information bringing about behaviour change to adopt safe practices.
- RCCE recommends balancing of gender in all communication as gender is cross-cutting for all emergencies.

Session 1.2: Understanding RCCE: Relationship between Risk Communication and Community Engagement

Duration

30 Minutes

Session Objectives

At the end of this session participants will be able to

1. Define RCCE
2. Explain what is different about Risk Communication and Community Engagement
3. Define the community with whom they work and their communication needs during disasters

Key Learning from the Session

- Risk Communication and Community Engagement
- Communities and their communication needs

Facilitation Notes

1. Risk Communication and Community Engagement (RCCE) is defined by World Health Organisation as a two-way multidirectional communication and engagement with populations affected by public health emergencies to enable them to take informed decisions for their and their families' protection. Show **Slide 1.2.1.**

Slide 1.2.1

WHAT IS RCCE?

Risk Communication and Community Engagement

- The two-way and multi-directional communication and engagement with affected populations so that they can take informed decisions to protect themselves and their loved ones (WHO)
- Delays in communication may result in incorrect information reaching the people through alternate sources giving rise to myths and misconceptions.

Emergency risk communication can be used to help an individual make a decision in response to many questions – some of the examples are:

When there is a cholera outbreak in town

a) Should I seek medical treatment?

b) Do I need to treat my drinking water?

c) Should I evacuate my home?

d) Should I keep my child home from school?

2. For every public health emergency there could be several such questions in peoples' mind. The purpose of RCCE is to provide correct, timely and trustworthy information to enable people to make correct decisions. In the absence of correct and timely information by risk communicators, there is a risk of their information needs getting fulfilled by fake news and misconceptions reaching them through the social media platform.

3. Risk communication provides the community with information about the specific type (good or bad) and magnitude (strong or weak) of an outcome from a public health emergency. Risk communication helps people in making decisions which are well-informed.

Slide 1.3.1

RISK COMMUNICATION: THE INFORMATION SIDE	COMMUNITY ENGAGEMENT: THE ACTION SIDE
Provides information about • Negative effects / harms in public emergencies • Positive / safe practices which can reduce the harm **Done by an expert, it must be time bound**	• Inclusion of community in planning and responding to health emergency.

4. Community engagement, on the other hand, attempts to include members of community and local leaders (i.e., religious leaders, PRI, corporators, SHGs, Mahila Arogya Samiti, representatives from community-based organizations, etc.) in planning for and responding to a health emergency.

5. While the risk communication represents the "information side of RCCE", community engagement promotes and is on the "action side of RCCE".

6. The communities include those affected by the health emergency and also those people or organizations in the local community who can influence people. For example, during COVID-19 epidemic, the entire population in a village, the health service provider (Auxiliary Nurse Midwife / Accredited Social Health Activist), the Panchayati raj institution (PRI) members, the local religious leaders, and even the resident migrant labour returning from the cities were all a part of community for the risk communicators. It will be discussed in greater details in module 2 session 1.

Exercise

Dharavi, a slum in Mumbai is densely populated. Given below is a news report. As per this report there are fewer new cases of COVID-19 in Dharavi than other areas of Mumbai. Everyone knows that Dharavi is very congested.

'Chase the virus' model followed in Dharavi included the following major steps.

- Private doctors practicing in Dharavi were included in screening teams along with government staff.
- These doctors (about 350) have established relationships with residents in Dharavi.
- Their existing trust level helped in community engagement, destigmatized testing, and improved early reporting.
- These steps helped in early treatment seeking and reduced the transmission.

Mumbai: Dadar and Mahim witness surge in COVID-19 cases; Dharavi reports just 1 fresh case

Written by Poonam Ahuja / Updated: Aug 5, 2020, 18:00 IST

The slum-clusters of Dharavi in the city, reported just one fresh COVID-19 positive case on Wednesday inching closer towards flattening the curve.

There are now only 77 active cases in Dharavi. A total of 2,589 positive cases have been detected in Dharavi so far and 2,254 have been cured/recovered.

Swab tests at Dadar west (Representational image). Photo by Satish Malavade / MMCL

However, the war is still not over. Dadar continues to record a growth in COVID-19 figures. On Wednesday, 41 fresh cases were reported, just a day after reporting a dip in daily coronavirus cases. On Tuesday (August 4), Dadar and Mahim recorded only seven new covid-19 cases respectively.

Answer the following questions:

1. How was the community engaged in tracing and tracking in Dharavi?
2. How did the health communicators earn the public trust?
3. Discuss whether the 'chase the virus' is an example of RCCE?

Discussions

- Community was engaged through their 'family doctors' – the existing medical practitioners in the area who acted as influencers.
- The local doctors in surveillance teams already enjoyed public trust. The existing relationship between the community and local practitioner formed on mutual trust was leveraged.
- 'Chase the virus' is a good example of RCCE: the health department doctors, and frontline workers were on the 'information side of the communication', the local doctors provided a vital link with the community and influenced the 'action side of the communication'.

Conclusion

- Risk communication provides timely information enabling informed decision making and community engagement promotes positive behaviour change. Together, risk communication and community engagement (RCCE) provide two-way communication and facilitates enabling environment for behaviour change in health emergencies.

Session 1.3: Role of IEC Officers

(Note: IEC Officers include managers, consultants for community process, any other official responsible for risk communication)

Duration

30 Minutes

Session Objectives

At the end of this session participants will be able to:

1.   Enlist their roles and responsibilities for RCCE

Key Learning from the Session

- Understand the role of IEC Officers in RCCE

Facilitation Notes

1. Participants are requested to read Exercise 1 and discuss within their groups.
2. RCCE requires a special focus and hence adds few special responsibilities to IEC officers. Show **Slide 1.3.1** and explain.

ROLE OF IEC OFFICERS IN RCCE

- Be eyes and ears of the department - speed and accuracy is crucial.
- Obtain community feedback, collect monitoring data, use the evidence for better planning.
- Help districts in development of district specific RCCE plans: keep children, women and disadvantaged people in focus.
- Keep the spokesperson (it could be DM, CMO in the district; a director or any other senior official in the state) abreast of latest data and developments - including failures, if any.
- Network with other departments, particularly ICDS, education, water and sanitation, to achieve convergence.
- Develop state level RCCE plan which should include mass media support to districts.
- Take charge of media coordination.

a) IEC Officers are expected to be eyes and ears of their department during health emergencies. This will keep them abreast of changing communication needs and dynamic situation to enable the department maintain speed and accuracy in communication.

b) Regular community feedback provides crucial information to adapt communication plans to changing needs. Monitoring and use of monitoring data is another role IEC officers have to perform.

c) IEC Officers will help the districts in development of district specific RCCE plans. IEC officers will help them keep children, women, and disadvantaged sections of society in focus as they are generally among the most vulnerable.

d) It is the IEC officer's responsibility to keep the designated spokesperson abreast of latest data and developments – including successes, achievement, and failures, if any. This is a very important role which IEC officer must perform. This can make the spokesperson's communication relevant to recent events.

e) During emergencies, multiple services including communication itself may get disturbed. One of the important roles of IEC officers is to network with other departments, particularly ICDS, education, water, and sanitation, to achieve convergence and also to explore alternative options.

f) Develop state level RCCE plan which should include use of various media channels and modes to support the districts.

g) While the designated spokesperson interacts with media, the media coordination should be the responsibility of IEC officers.

3. These are the general key responsibilities IEC officers have to shoulder. However, depending upon specific situation in state, these responsibilities can be contextualized.

Exercise

Seema is working as IEC Officer in health department in a state. She is concerned about rising cases of diarrhoea among children in three districts. She reports it to her boss who tells her that timely care and treatment of children is her responsibility. She says, "But there are CMOs and MOs with frontline workers in these districts." The boss smiles and says, "I know. But I repeat it is your responsibility. Go back and write on a piece of paper what you can do and discuss it with me after an hour."

Please help Seema and write what she can do? Or more simply, which will you do as an IEC officer?

Discussions ?

While treatment will be the task of medical teams there are several preventive measures which need to be communicated. Drinking safe water would require some convergence with water and sanitation. Making ORS and zinc freely available may need convergence with ICDS. Direct feedback from parents is important to keep track of severe dehydration so that hospitals can be prepared to receive them. A monitoring system will have to be put in place to capture, analyse, and share such information. IEC officer has to play a role in each one of these.

Conclusion

- IEC officers are eyes and ears to the department.
- During health emergencies they play the role of anchoring the RCCE in state and/or districts.
- Timely feedback to spokespersons by the IEC officers can keep them up to date for appropriate communication.

Session 2.1: The Community Engagement Continuum

Duration

45 Minutes

Session Objectives

At the end of the training participants will be able to:

a. Prepare the community engagement continuum for their area based on their understanding of the session

b. Prepare the CERC Rhythm matrix for community engagement and risk communication to include outreach, consult, involve and develop shared leadership

Key Learnings from the session

- Affected communities will include different peoples and groups with different needs.

- Community engagement continuum requires interventions to cover four specific steps: (1) Community outreach and education; (2) Community mobilization; (3) Community organizing; and (4) Community accountability.

- The continuum can be applied to risk communication situations through the CERC rhythm matrix

Facilitation Notes

1. In the context of public health emergencies 'community' is defined as the group or groups of people who are affected and/or connected with the health emergency. Thus, community will include the following. Show **Slide 2.1.1**

Slide 2.1.1

COMMUNITY

First Level
- People directly affected by a crisis
- Front line health workers
- Other frontline support workers like Police, NDRF, etc.
- Local government entities
- Community organizations and volunteers

Second Level
- Family members of those directly affected by a crisis
- People living close to the affected areas
- Schools, colleges, and universities in and around affected areas
- Media

Third Level
- Advocacy groups
- Local businesses and national businesses

2. Explain that the communities can be divided into three levels. The first level comprises of those who are directly affected by the health emergency. They are the immediate recipients of risk communication and community engagement interventions planned by us.

3. In the second level are the people who are concerned about those affected, for example their family members living elsewhere, the media, or the youth volunteers from school / colleges near the affected areas. This level also includes communities who are in the 'line of danger' who are likely to get affected if the emergency is not contained. Depending upon the type of health emergency, its mode and speed of transmission the line of danger could be within few kilometers (example a Cholera outbreak) or even as far as hundreds of kilometers (example COVID-19).

4. The third level comprises of people and organizations who may be far away from the actual scene of health emergency, yet they may have a high stake in the management of emergencies. This level could include advocacy groups, businesses, etc. Take the example of COVID-19 prevention and management. Oxygen manufacturers as well as transporters become a very important 'community' so that there is no shortage of oxygen at hospitals.

5. Communication needs for community engagement may vary and change with the severity and length of the public health emergency. Show **Slide 2.1.2** and explain.

a. Community outreach and education: There is an immediate requirement of spreading awareness on prevention, danger signs, and treatment seeking for the public health emergency.

b. Community mobilization: Require risk communicators to seek active participation and engagement of communities. The communication should exhort and empower people to take actions.

c. Community organizing: It involves longer-term strategies meant to increase sustained community-based capacity to address the emergency. Communities should be able to plan actions to deal with the emergency; and

d. Community accountability: It develops the capacity of community members to support people and take charge of the situation.

6. Take example of the Community Engagement Continuum for Acute encephalitis syndrome (AES) / Japanese encephalitis (JE). Show and discuss **Slide 2.1.3**

COMMUNITY ENGAGEMENT CONTINUUM FOR AES / JE

- Community outreach and education - Communicate to inform about AES / JE: Threat, Prevention, Care & Treatment

- Community mobilisation - Communication to enable and motivate people keep their domestic animals clean and pigs away from place of residence, keep water sources clean, ensure to give JE vaccine to children, etc.

- Community organizing - Community creates public cow sheds, piggeries at common village lands away from residences, takes charge of village sanitation and ensures compliance, etc.

- Community accountability - Village health and sanitation committee is activated, reviews the AES/JE situation and takes charge for preventive actions.
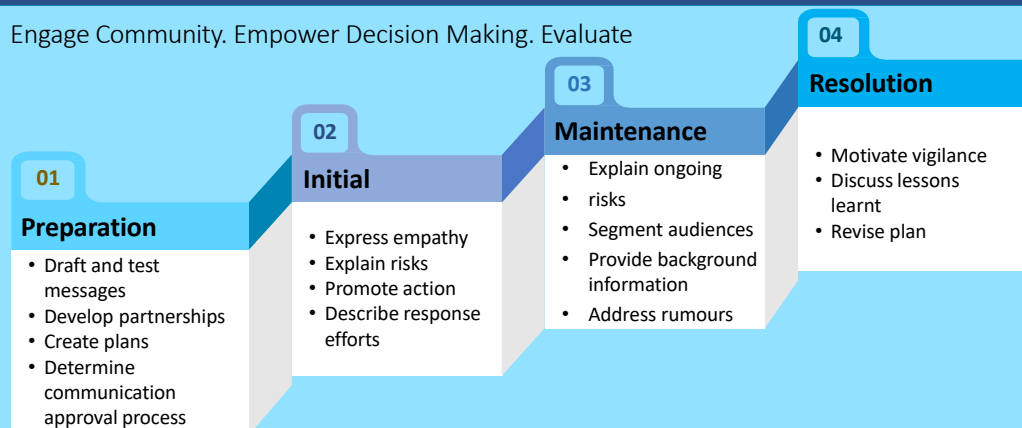
7. Crisis and Emergency Risk Communication (CERC) recommends that community engagement should follow the four phases of crises. Show **Slide 2.1.4** and explain.

CERC RHYTHM

Engage Community. Empower Decision Making. Evaluate

01 Preparation
- Draft and test messages
- Develop partnerships
- Create plans
- Determine communication approval process

02 Initial
- Express empathy
- Explain risks
- Promote action
- Describe response efforts

03 Maintenance
- Explain ongoing
- risks
- Segment audiences
- Provide background information
- Address rumours

04 Resolution
- Motivate vigilance
- Discuss lessons learnt
- Revise plan

8. Community engagement during the preparation phase – before the emergency – builds a strong base for collaboration. It increases the positive impact of messages. After the emergency, communities may get too overwhelmed and disturbed to respond positively. Therefore, communication during prepareteory phase helps. Various ways to communicate in the preparatory phase could be:

a. Meet face-to-face or by phone.

b. Use social media to directly reach community members.

c. Identify point of contacts for direct access in an emergency.

d. Determine how members of each community prefer to receive information and communicate during a health emergency.

e. Determine who are advocates, ambivalent, and adversaries and use them appropriately. Show **slide 2.1.5** and explain their characteristics and the action to be taken by the risk communicators.

Slide 2.1.5

3 As OF COMMUNITY INFLUENCERS

Advocates
- They trust your guidance and support you.
- Maintain their loyalty and support and engage them to spread messages.

Ambivalent
- They do not strongly support or trust, appear to be neutral.
- Identify their specific needs and interests and then engage them positively.

Adversaries
- They do not trust or support, sometimes compete.
- Assess the possible harm and plan for it. Try to approach them through organizations/ people they trust.

9. During the initial and maintenance phase of health emergency, the purpose of community engagement is to empower decision making. For example, during high prevalence of COVID-19, community should be able to take a decision to organize weddings only with the permissible number of guests with physical distancing protocols and also monitor it. Effective community engagement at these stages can reduce risk and save lives.

a. Communication could be for low engagement, medium engagement, and high engagement.

b. We can use low engagement communication for community outreach and education. But community mobilisation requires higher engagement. Community organising and accountability needs the highest level of community engagement. **Show Slide 2.1.6** and explain.

Slide 2.1.6

COMMUNICATION IN INITIAL & MAINTENANCE PHASES OF PHE

Community Outreach And Education
Low Engagement Communication: Press release, advertisements, social media posts

Community Mobilisation
Medium Engagement Communication: Direct emails, public announcements, Radio & community Radio programmes, scheduled social media posts, Video shows / outreach vans

Community Organizing
- Medium Engagement Communication: As described above PLUS tele conferencing, web meetings, group meetings.
- High Engagement Communication: Advocacy, Risk assessment meetings with 'advocates'

Community Accountability
High Engagement Communication: Advisory groups, Community forums and platforms like VHND / VHSNC

10. The fourth phase of health emergency – resolution – requires high engagement communication with the stakeholders. It builds on the existing bilateral relationships developed during the maintenance phase. Tips for effective communication, which can strengthen bilateral relations for community engagement are: (Show **Slide 2.1.7** and explain).

COMMUNICATION TIPS FOR COMMUNITY ENGAGEMENT

- Understand and be prepared to face anger
- Practice active listening (listen for both intent and content, ask questions for better understanding, pay attention)
- Look for common interests to start a dialogue. Avoid one-way communication. Allow communities to participate in finding solutions.
- Ask questions which can persuade people to find and own solutions.

Exercise

Exercise 1: Japanese Encephalitis (JE)/ Acute Encephalitis Syndrome (AES) Endemic in Uttar Pradesh - Identify Communities for Risk Communication

1. Official figures for the number of deaths due to AES and JE in UP are given below.

Year	AES Deaths (UP)	JE Deaths (UP)	Deaths at BRD Medical College Gorakhpur (% of UP deaths)	
2019	122	21	54	38%
2018	248	30	130	47%
2017	655	93	475	64%
2016	641	74	466	65%

2. AES / JE cases are reported from 34 districts in UP. These districts include 1. Allahabad, 2. Ambedkar Nagar, 3. Azamgarh, 4. Ballia, 5. Balrampur, 6. Barabanki, 7. Bareilly, 8. Basti, 9. Behraich, 10. Deoria, 11. Faizabad, 12. Fatehpur, 13. Ghazipur, 14. Gonda, 15. Gorakhpur, 16. Hardoi, 17. Jaunpur, 18. Kanpur Nagar, 19. Kheri, 20. Kushinagar, 21. Lucknow, 22. Maharajganj, 23. Mau, 24. Muzzafarnagar, 25. Pratapgarh, 26. Raibareilly, 27. Saharanpur, 28. Sant Kabir Nagar, 29. Shahjahanpur, 30. Siddharth Nagar, 31. Sitapur, 32. Shrawasti, 33. Sultanpur, and 34. Unnao.

(Source: Operational Guidelines, National Programme for Prevention and Control of Japanese Encephalitis/ Acute Encephalitis Syndrome, Government of India)

3. The epidemiological analysis of the data collected for the States from 2008-2013 revealed the following:

- Most vulnerable age groups between 1-5 years followed by 5-10 years and 10-15 years in that order.
- Least JE infections in infants (0-1 year).
- All the endemic States except Assam start reporting JE cases from July onwards attaining a peak in September- October.

- In Assam the cases start appearing from February and attain a peak in the month of July.
- Due to circulation of entero-viruses particularly in Eastern Uttar Pradesh AES cases are reported round the year.

(Source: Operational Guidelines, National Programme for Prevention and Control of Japanese Encephalitis/ Acute Encephalitis Syndrome, Government of India)

4. These operational guidelines also list the following objectives of IEC/BCC in the Programme:

   a. To promote individual services and all other interventions of the project by creating demand and acceptance among target groups.

   b. To bring about desirable behavioral changes in the household maternal, childcare and feeding practices.

   c. To mobilize community participation and support for project activities.

   d. To empower the communities to plan and implement sustainable interventions to reduce malnutrition among adolescent girls, women and children and improve health and nutrition status of the community.

Answer the following questions:

1. Identify the communities for AES/JE risk communication.

2. At what levels will you classify them as per the diagram given?

Request the participants to read the exercise given in their workbook. Form groups of 6 each and ask them to discuss within their groups to prepare the list of communities.

Discussions ?

Please review the group work and discuss the following points.

- That health system and other converging department like water and sanitation are included in the list of community – particularly for district Gorakhpur as it continues to be the epicenter of AES/JE accounting for 38% of deaths.
- That the same departments in bordering district of Gorakhpur are included.
- That community organizations from these districts are included for community engagement.
- That influencers like religious leaders, PRI members, and VHSNC members are listed to strengthen JE/AES vaccination communication.
- That VHSNC / local municipal bodies are identified to play their role in improved sanitation and clean drinking water.

Exercise 2: COVID-19 Vaccination Communication – Identify advocates, ambivalent, adversaries

Request the participants to read the exercise given in their workbook. Form groups of 6 each and ask them to discuss within their groups to identify the advocates, etc.

Discussions ?

Please review the group work and discuss the following points.

Sarpanch of Bohari – Advocate

Ex-sarpanch Dhunmal – Though he appears to be opposing but he is actually an advocate. He is only giving a suggestion for improvement.

Dr Pragati – Adversary

Appaji – He is providing evidence from his experience and advocating for better planning. He is not opposing. Is an advocate.

Hudhudchal – Though he has not spoken against the vaccination but his claim to offer 'better' remedies actually make him an adversary of vaccination.

Media persons – Ambivalent

Chaya – She has not spoken about vaccination. She only expects the government to take charge. She is neither in favor of nor against vaccination. She is ambivalent.

Ronjona – Though her message 'Bohari ke liye, Bharat ke liye", etc.' appears to be harmless and ambivalent, but the fact that she has retweeted Dr Pragati's message actually makes her an adversary.

Conclusion

- Communities can exist at three levels: those directly affected, those indirectly affected, and the advocacy and support groups.
- Communication needs could be for the purpose of a) Community outreach and education; b) Community mobilization; c) Community organizing and for d) Community accountability development.
- As risk communicators it is important to identify who are the people in the community who are favorable to our messaging (advocates) and who oppose them (adversaries) and manage our communication to them accordingly.
- Risk communication can be planned for low, medium, or high engagement of communities.

Session 2.2 Designing Risk Communication (Objectives, Audiences, Key messages, Channel and Activities)

Duration

45 Minutes

Session Objectives

At the end of the training participants will be able to

a. Define communication objectives as distinct from program objectives.

b. Identify audiences with common needs and motives.

c. Prepare communication messages as per the need of the situation and audience.

Key Learnings from the Session

- Get a clear understanding of communication objectives as distinct from programme objectives.
- Be able to identify communication audiences with common needs and motives.
- Preparation of communication plans

Facilitation Notes:

1. *"During an emergency, the right message, from the right person, at the right time can save lives"*, so says a training manual on Crisis and Emergency Risk Communication released by the Centers for Disease Control and Prevention (CDC), the U.S. Department of Health and Human Services.

2. Communication of any kind, including the risk communication, is all about answering the 4Ws.

   a) Whom to communicate (Audiences)

   b) What to communicate (Messages)

   c) Who will communicate (Messenger and Channel)

   d) When to communicate (Timing)

3. Sierra Leone, a country of about 71 lac population on the southwest coast of West Africa was hit by Ebola in 2014. Between January 2014 to August 30, 2015, 13,609 cases (8,698 [63.9%] confirmed) with 3,953 (29.0%) deaths were reported. *(Source: CDC, https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6435a6.htm)*. Discuss other details from **Slide 2.2.1**.

SIERRA LEONE 2014-15 EBOLA ENDEMIC

Community perceptions of Ebola Response System

a) People feared that calling the national hotline for someone they believed had Ebola would result in that person's death.

b) People thought the chlorine sprayed by ambulance workers was toxic.

c) Many feared that a trip in the ambulance will end in death in an Ebola treatment centre or holding unit.

d) Others were worried that the ambulance was not properly disinfected.

(Sources: a) & b) Yamanis T, Nolan E, Shepler S., Fears and Misperceptions of the Ebola Response System during the 2014-2015 Outbreak in Sierra Leone, https://pubmed.ncbi.nlm.nih.gov/27755553/ ; c) & d) WHO report https://www.who.int/features/2015/ebola-ambulance-sierra-leone/en/)

Ambulance utilisation was extremely poor because:

• Across much of Sierra Leone, in fact, an ambulance was foreign and fear-inducing.

• For many, it was an unwelcome sign that someone was about to embark on "a journey of no return."

• The noise of the sirens and the speed of the vehicles scared people.

4. Avoiding use of ambulances delayed the treatment and care resulting in the diseases burden in the country.

5. Risk communicators from WHO, CDC, UNICEF and the District Health Management Teams came together to work on community perceptions. It was called 'The Ambulance Project'. If you were a part of that team what would be your goal? Discuss.

6. The Ambulance Project set very simple target for communication. Show **Slide 2.2.2** and explain.

THE AMBULANCE PROJECT - COMMUNICATION OBJECTIVE

Stated Goal: To destigmatize ambulances and change public opinion.

• Change in opinion is more than just receiving information.

• It is the first step in behaviour change.

• So, actually the communication objective was change in knowledge leading to positive opinions.

Communication Objective: Is simply what communication will achieve.

It is different from Programme Objective.

7. For routine immunization programme the programme objective is to increase the number of vaccinations, but the communication objective could be reduction in fear of adverse events following immunization (AEFI), or change in opinion of left out, dropped out, or resistant families.

8. Communication objectives are derived from the 'behavioral problems' being faced in the field. In the case of the Ambulance Project, the behavioral problem was that people were scared of using ambulance, most thought a journey in the ambulance as the last journey.

9. In the recent COVID-19 pandemic times, all of us have seen people in the public places not wearing a mask or with improper masks. For example, their mask is pulled under the chin. If you want to plan a risk communication, what will be the communication objective? Discuss.

10. There are specific steps which can help in formulation of strategic communication objectives. Show **Slide 2.2.3** and discuss the questions with an example of TB testing.

STRATEGIC COMMUNICATION OBJECTIVES - STEPS

Three simple questions to be answered:

1. **What is the behaviour change required?**
   Want people to report early for testing for TB

2. **What are the barriers / what can stop it?**
   Stigma may prevent them from self-reporting
   Hostile attitude towards frontline workers (FLW) may prevent screening

3. **What can be done to tackle this / these barriers?**
   Reduce / remove stigma around testing: "it is normal to get tested"
   Build trust in FLWs: "FLWs are your friends, not foes"

So in this example two strategic objectives are to remove stigma around TB testing and to build community trust in FLWs

11. Answering three simple questions will lead to formulation of relevant strategic communication objectives. Once the strategic communication objectives are formulated, the next step comprises of identifying the audiences, channels, and the approach to risk communication. Getting back to the Ambulance Project, let's review what was done. Show **Slide 2.2.4**

THE AMBULANCE PROJECT - INTERVENTIONS

1. Paramount chiefs, the high-level leaders in country's tribal governing structure were used as 'advocates.'
2. They participated and endorsed the importance of ambulances and convinced people that ambulances were both safe and essential.
3. At each village/stop, **the chief** was requested to climb into ambulance **along with partner organization representatives** and **the driver** to complete a short ride.
4. On return, the doors of the ambulance were opened for the community to see that everyone inside was fine, and safe.

12. While the entire population was selected as 'audience' but the Paramount chiefs, due to their influence, were enrolled as 'first level' audiences. They worked as advocates for the community. Another important part of the communication, the partner organization staff (from WHO or CDC or UNICEF) who rode the ambulance with the chiefs were actually the 'catalysts' who induced community trust. Show **Slide 2.2.5** and explain.

THE AMBULANCE PROJECT - AUDIENCE

- Audiences are segmented as groups who **share common knowledge, concerns, and motivations** with respect to the health emergency - they may have
    a) Demographic differences
    b) Psychological differences
    c) Difference in their relationship with the emergency
- They can be **reached through similar media, organizations, or interpersonal channels.**
- In the Ambulance Project the audience (in villages)
    a) Shared the common fears, misinformation, and perceptions about the ambulance.
    b) Shared the common chief - who was well respected - who could be a trustworthy source of interpersonal communications.
    c) Were reached by common partner organisation staff who were a part of larger source of information and awareness.

An indicative list of primary concerns of various audiences is given in the workbook.

While desiging messages for audiences it is also imporrtnat to understand the various groups present in a community.

13. RCCE efforts will need to be prioritized to reach those who are most vulnerable. Two broad types of vulnerability should be considered in a Public Health Emergency

- Medical: those who are at a higher risk to develop severe infection or amongst whom the fatality rates can be higher due to certain markers

- Socio-economic: those who are more likely to be exposed, be unable to receive or follow recommended advice, or be unable to access services due to their physical, social or economic situation.

The table below lists vulnerable groups and reflects these two types of vulnerability. IEC officers should consider these in terms of challenges and gaps in reaching out with messages or posssible barriers to behaviour change or uptake of preventive measures.

Community Audience types	How can context affect the vulnerability
Health workers	Doctors, Nurses, Frontline health workers, health volunteers are at the forefront of a health emergency and may be at greater risk of exposure.
Essential services personnel	During delivery of essential services like municipal work, law enforcement etc, many of the essential service personnel will have no option to avoid exposure.
Older persons	Older persons generally have a lowered immune reponse making them vulnerable to infections. They may also have more difficulty in accesssing information on prevention and services for treatment if required. Crucial time may be lost. Older persons living in assisted living facilities may also find isolation and seperation difficult if necesssay for controlling epidemics.
People with pre-existing medical condition	Underlying medical conditions (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer) make the body immunocompromised thus making it vulnerable to infections. These people may not have access to clear information about why they are at higher risk and may also need information on how they can take care.
Pregnant /Lactating women	The impact of a new infection may not be understood in case of transmission to fetus or to an infant through the mother's milk. Both the situations can give rise to stress and thus affect the well being of the fetus or the infant.
Children	Children are particularly vulnerable to the socio-economic impacts and, in some cases, by pandemic mitigation measures e.g. school closures. They may not be able to access appropriate information or understand the recommended behaviours and also suffer from the psychosocial impacts of the pandemic. There may also be disruptions in care due to the socio-economic impacts.
Youth	Youth may also be faced with socio-economic impacts and problems like gaps in their education. Many of them may be on the verge of getting a job and starting their careers. All this is affected leading to a pyschological impact. Socially as well, the youth who considers himself as strong, young and therefore able to face any infection, may be impacted by lockdowns and closure measures leading to several frustrations.
Women	Women make up the majority of the health workforce and are the primary caregivers to those who are ill. Women and girls are more likely to work in the informal economy. They experience increased risks of gender-based violence. Cultural factors may exclude women from decision-making spaces and combine with limited educational and language learning opportunities to restrict their access to information.
Ethnic groups, Tribals, Minorities	They may not have access to health and other services and may not be able to leave an affected area. They may experience stigma and discrimination in healthcare settings and face difficulties accessing information in their own languages. The health and health information services may not reach the area that they live in. They may be mistakenly under the impression that they are safe and the infection may not reach them.
Homeless	They may live isolated from society and not have a network of family and friends to share information. They may be more focused on surviving and obtaining food than accessing official public health information and may be suspicious or fearful of government service. Their priorities are food and survival from street violence

Refugees	Legal status, discrimination, and language issues may create additional barriers for refugees and migrants' understanding of official public health information. They may not be included in the national response plans. Refugees and migrants' mobility may make them difficult to reach, including during cross-border movement.
Migrants	Language barriers, accesss to government health services, schemes, etc. may be a problem. Coupled with possible loss of livelihood may result in back migration leading to possibility if infection being carried back to less populated areas.
People living in crowded places	Crammed and crowded quarters always carry a high risk of infection transmission due to challenges in sanitation, education, population etc. Rumors and misinformation also spreads rapidly leading to increasing issues of trust in communication given by health authorities.
People with disabilities	Even under normal circumstances, people with disabilities are less likely to access health care, education and employment and to participate in the community. They are more likely to live in poverty, experience higher rates of violence, neglect and abuse, and are among the most marginalized in any crisis-affected community. They are often excluded from decision-making spaces and have unequal access to information on outbreaks and availability of services, especially those who have specific communication needs.
Wokers in informal economies	Informal economies are notorious for not following health safety norms and regulations put in place by the governmnet. TB is a classic case in point . Workers face a double burden of danger from infection due to lack of due diligence in health protocols and safety standars and due to losss of livelihood on being infected. Health services may not be easily accessible to them.
Street children	Children as we saw are already a vulnerable population. Added to this parameter is the parameter of homlessness which furthe exposes street children to any public health infection more than any other. Parents may not be able to take any preventive measures for keeping infection at bay.
Urban poor	The urban poor may have lack of information required for their safey and survival. Even after having information, many may not be in a aposition to adhere to the informationn shared.

14. The next step in preparing the communication plan is preparation of messages and finalisation of channel for the communication. Messages must be culturally relevant. Consider the example given in **Slide 2.2.6A**. Discuss for 2-3 minutes and collect participants views on the message.

THE MESSAGE & CULTURAL CONTEXT

What is wrong with the message given below?

Three COVID-19 Appropriate Behaviours

Wear a mask

Maintain physical distance of 6 feet

Frequently wash/sanitize your hands

15. In many cultures like India and Thailand, etc. the sign shown in the message symbolises Vitarka Mudra – in Budhism, Jainism and Hinduism it symbolises a positive sign of discussion. In countries like America and many parts of Europe it is recgnised as an OK sign. However, the sign has negative connotations in some cultures: in France and Tunisia it is also used to convey a 'big zero'; in Kuwait and few other Arab countries it is the sign of evil eye; in some countries like Greece, Turkey, Iran, Brazil and Argentina it is a vulgar sign and is not culturally acceptable. So, how will this message be perceived in countries with negative connotations of the sign used therein? Also, merely a sign of mask will not tell viewer how the mask is to be used. What will happen if this message is disseminated in a community which has never used / seen face masks. Or the icons showing physical distancing show only men: it may be misinterpreted that physical distancing is not for women.

Another example of culture sensitive messaging comes from Ebola management in Africa. Show and discuss **Slide 2.2.6B**. In this case a deeply religious custom of 'touching and washing' the body was changed by involvement of local chiefs and community.

CULTURE AND HEALTH MESSAGING: EBOLA

- Traditional burial practices were spreading the infection to family and friends of Ebola victims who touched and washed the dead bodies.
- CDC worked with the ministries of health in Sierra Leone, Guinea, and Liberia to establish standard operating procedures for safe and dignified burials.
- Community and family interviews helped inform **how to make the medically sound burials dignified and consistent with a person's custom.**
- Authorities promoted community burials where the **chiefdom leader would select the location for the burial and community members could look on** while official burial teams carried out the safe burials.

Source: CERC Manual

16. This example highlights three important aspects of culture which affect a community's understanding of health messages and their practice.

    a) **Community risk perceptions may differ:** In this case the community did not perceive any risk in touching and washing the bodies. In some cultures, open defecation or spitting in public is not seen as a risky behavior. Whereas the same practices are taboo in some other cultures. Therefore, risk communication must take into account the culturally sensitive risk perceptions while drafting the messages.

    b) **Some communities are more group oriented than others:** Some cultures are more inclined towards group living and therefore think more in terms of group actions which benefit all. Whereas some other cultures are more individualistic. In India these difference can be seen between urban and rural populations and also between tribal populations and non-tribal populations. In the Ebola example discussed earlier, it was important to communicate to the group as a whole because of the inherent nature of burials.

    c) **Trusted institutions and credible sources of information can be 'cultural gatekeepers':** Faith based organizations / faith leaders, community level civil society organizations, village elders, etc. can be the cultural gatekeepers. They can open the doors for risk communicators. In the Ebola example, the paramount chiefdom leaders were used as cultural gatekeepers. In the polio eradication campaign in India, faith leaders and faith-based organizations were used to convey the polio vaccination messages and remove myths and miscommunications.

17. Communication during emergency is different from normal communication. During emergencies people are looking for quick and simple solutions. Care should be taken while drafting messages. Show and explain **Slide 2.2.7.**

EMERGENCY MESSAGING: KEY POINTS

What do people want?
- **Facts** to protect themselves and their families
- The ability to make **informed decisions**
- The ability to **participate actively** in the response and recovery
- Confidence that **resources** are being administered effectively and fairly
- Return to **normal**

How to deliver?
- Be Concise
- Repeat
- Call to action with limited steps
- Messaging should be personalized, fast and accurate
- Respect people's fears and perceptions
- Give people options
- Avoid humour

a) Concise message: Keep it simple with immediate relevant information. Avoid giving a lot of background, jargon, and technical terms.

b) Repeat message: Repetition helps people remember the message, especially during an emergency when memory retention is shorter due to anxiety and racing thoughts.

c) Give action steps in positives (when feasible) and a few: Use positive messages such as "boil drinking water". Avoid messages with "no" as words like "no" can be forgotten. Remember, during normal times, people tend to only remember three to seven pieces of information at a time. But, in an emergency, this drops down to only three simple directions.

d) Personalize the message: Use personal pronouns like 'we', it helps with credibility and cohesion. Speed of releasing the information and its accuracy also builds credibility.

e) Respect people's fears and perceptions: Do not judge or use condescending phrases. Instead say things like "It is normal to feel anxious in times like this."

f) Give people options: Avoid being paternalistic. Instead of just telling them what to do, give people options and inform their decisions.

g) Avoid humor: As it can be counter-productive during emergencies.

18. The third and last part of the communication plan is selection of channel. The communication channel used in the Ambulance Project was inter-personal communication. In the Ebola burial practices behavior change example, a mix of inter-personal, mass media channels, and mid-media communication channels were used. Channels can be classified into many ways. Show **slide 2.2.8** and discuss.

EMERGENCY COMMUNICATION: CHANNELS

- Inter-personal
- Small group
- Mid-media
- Mass media
- Social media
- Organizational communication

Channels are classified as:

a) Inter-personal: Such as health-care professional to patient, organization's staff member to state partner organization, and organization's staff member to individuals in the community

b) Group communication: Such as communicating to a small group and participating in smaller public meetings

c) Mid-media communication: Such as video vans, public presentations to larger meetings, street play, etc. Community radio depending upon its reach can be classified as mid-media or mass media.

d) Mass media: Such as radio, television, newspaper, and direct mail

e) Social media: Such as WhatsApp, Signal, Twitter, Facebook, and YouTube

f) Organizational communication: By stakeholders and partners, via organizational messages, web pages, and publications. For example, an emergency message shared within the members of a self-help group.

19. Answering few simple questions is the key to select most appropriate channel(s) for risk communication. Show **Slide 2.2.9** and explain.

SELECTION OF CHANNELS

- Reach
- Appropriateness
- Accessibility
- Credibility
- Timeliness
- Purposeful
- Economy

a) Reach: Which channels are most likely to reach the target audience?

b) Appropriateness: Which channels are most appropriate for the health-risk problems, issues, and messages?

c) Access: Which channels will be most accessible given the specific event?

d) Credibility: Which channels will the target audience find credible?

e) Timeliness: Which channels will deliver the message in the appropriate time frame?

f) Meet program's purpose: Which channels fit the program's purpose? (Are you trying to inform, influence, allay fears, sway attitudes, or change behaviors?)

g) Schedule and Budget: Which channels should be used and how many channels are feasible, considering the budget?

Exercise

Exercise 1:

A combination of pictures shows toilet facilities in two primary schools in Bangladesh – before and after some painting and retrofitting work.

BEFORE

AFTER

a) Direct observation of children behaviors in these schools was made at baseline, after providing traditional handwashing infrastructure, and at multiple time periods following targeted handwashing nudges (1 day, 2 weeks, and 6 weeks).

b) No additional handwashing education or motivational messages were given.

c) Handwashing with soap among school children was low at baseline (4%), it increased to 68% the day after nudges were completed and 74% at both 2 weeks and 6 weeks post intervention.

Source: Dreibelbis R, Kroeger A, Hossain K, Venkatesh M, Ram PK, *Behavior Change without Behavior Change Communication: Nudging Handwashing among Primary School Students in Bangladesh,* Int J Environ Res Public Health. 2016 Jan 14;13(1):129. doi: 10.3390/ijerph13010129. PMID: 26784210; PMCID: PMC4730520.

Answer the following questions:

1. What prompted the behavior change?
2. How will you apply this to improve physical distancing of 6 feet on escalators in malls, metro stations, etc.?

1. The answer lies in the 'nudge theory'. In communication, 'nudges' are environmental cues engaging unconscious decision-making processes to prompt behavior change. In this study, an inexpensive set of nudges to encourage handwashing with soap after toilet use was developed and used in two primary schools in rural Bangladesh.

2. Taking cues from the example, painting alternating steps green and red with signage discouraging standing on red step and promoting standing on green steps could achieve the desired behavior change.

Exercise 2:

August 2005 hurricane Katrina along the U.S. Gulf Coast caused about 1800 deaths and forced about 100000 people into exile with overall damage estimated at US$ 161 billion. Excerpts from a research paper are reproduced below.

(Source: Terry W. Cole & Kelli L. Fellows, Risk Communication Failure: A Case Study of New Orleans and Hurricane Katrina, Southern Communication Journal, Vol. 73, No. 3, July–September 2008, https://www.researchgate.net/publication/233299502 Risk Communication Failure A Case Study of New Orleans and Hurricane Katrina)

" while the care communication was adequate, inadequate clarity, insufficient credibility, and a failure to properly adapt to critical audiences resulted in a failure of consensus communication and crisis communication. Several lessons learned are advanced: (a) effective care communication is to little avail if the subsequent consensus and crisis messages are inadequate, (b) message preparation before the crisis is essential, (c) to be effective, messages must be credible to their recipient audiences, and (d) ethnicity, class, gender, and similar demographic characteristics of audiences must be adapted to if risk communication messages are to be effective."

Which of the findings are not applicable to risk communication for health emergencies?

None. (a) Talks about repeat messages and call to action (consensus), (b) Talks about message preparation, (c) Talks about credibility and relevance to audience, (d) Talks about customizing message with respect to the audiences – specially to their cultural and other characterstics.

Exercise 3

Give five group types of vulnerable population (Homeless, Older, Health workers etc) from the matrix to a group of 5 participants (Some of the types may be repeated) and ask them to identify how the context will affect vulnerability in a Public Health Emergncy situation

Conclusion

- Identification of audiences, drafting of appropriate messages, and selection of effective channels are three important parts of a communication plan.
- Audience's specific communication needs, their culture and the programme's communication objectives together support fine-tuning the risk communication to specific needs and make it relevant to the community.

Session 2.3 Working with the Media

⏱ Duration

30 Minutes

🎯 Session Objectives

At the end of the session participants will be able to

a. Prepare media communication strategy and write the do's and don'ts of working with the media

b. Define the media protocol in terms of how to manage media and use media to reach out to people during a disaster

c. Plan use of social media and controlling fake news and misinformation during a disaster

Key Learning from the Session

- Importance of media communication and do's and don'ts of working with media.
- Protocols for media management
- Planning for use of social media as a source of correct information and handling misinformation on social media

📖 Facilitation Notes

1. A study by Leesa Lin, et al., *Media Use and Communication Inequalities in a Public Health Emergency: A Case Study of 2009–2010 Pandemic Influenza a Virus Subtype H1N1* shows that news exposure improves adoption of correct prevention behaviors: "*…people with higher socio-economic status, **higher news exposure**, and higher levels of pH1N1-related knowledge, as well as those who actively seek information, are less likely than their counterparts to adopt incorrect prevention behaviors*." So, 'higher news exposure' through media has an important role to play. However, events of 2020 on COVID-19 reporting have also shown how media was responsible for misinformation and stigmatizing certain communities and people in India. **Show Slide 2.3.1**.

Slide 2.3.1

BOMBAY HIGH COURT ON ROLE OF MEDIA IN PHIE

- "…Despite the electronic and print media having a pivotal role to play … reflection of a proper balance is often missing."

- "…At times, we find media houses to be divided in their loyalties and the reports colored by partisan spirit and motivation."

PIL-CJ-LD-VC-21/2020, Jan Swasthya Abhiyan and Anr. .. Vs State of Maharashtra and Ors 12.06.2020

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2. To achieve the prime objective of reaching out to the community with correct and timely information, it is crucial for the risk communicators to manage media relations. So, media management is an important role played by the risk communicators.

3. Risk communicators must realize that media persons have their own responsibilities – while they will collect the headlines and briefs, they will also ask difficult questions to get a complete picture. Sometimes, such questions may be asked from different angles and from different sources to develop a complete story. It is not very difficult to facilitate a positive relationship with media if few simple steps are followed. Show **slide 2.3.2** and discuss.

FACILITATING POSITIVE MEDIA RELATIONSHIP

- Communicate through ONE authorized person
- Share essential messages EQUALLY with all media including the local media
- Involve REMOTE location media persons through teleconferencing, etc.
- Fix a reasonable time frame to share new information. Establish a SCHEDULE.
- Understand and ACCOMMODATE MEDIA DEADLINES
- BE AVAILABLE-if necessary, around the clock-to help reporters get the facts right.

a) Unitary Source of Communication – First step is to maintain a single communication source. Only one person should be authorized to deal with media. If the health emergency is long drawn more than one person can be designated as spokes persons. Still the uniformity in their communication must be maintained.

b) All media / media persons are important – No preferences should be shown, and all media persons should receive the same information at the same time. Special efforts should be made to involve media persons from remote locations through technological means like teleconferencing, video conferencing, online meetings, etc. Generally, each media house has an identified media person covering a specific topic / area. Best is to know the person responsible for reporting on health emergency and develop a direct relationship with her / him.

c) Scheduled information sharing – A schedule to share more and new information helps both parties and builds mutual trust.

d) Media deadlines – Media works with deadlines. They have to submit their news / story by that deadline. Risk communicators should respect those deadlines and work to accommodate them. Media persons may require clarifications be available to answer questions all the time.

4. Show **Slide 2.3.3** and discuss the contents of a media brief. Media communication or media brief will comprise of a simple press release providing the basic facts to the media. Tips to develop a standard press release are:

MEDIA BRIEF - 1

Initial Phase
- Emergency Press Release

Press Release
- Clearly mention the name and contact details of the authorized spokes person
- Formal language with simple sentences
- Concise: Each paragraph not longer than five sentences. Entire length within one A4 size page.
- Keep it jargon free - yet give basic information

a) The language should be formal, and sentences should be simple and easy to understand. Long sentences with compound clauses could be misinterpreted sometimes.

b) The press release should be concise – preferably not longer than one A4 size sheet. Paragraphs should be no more than five sentences long.

c) Remember, media persons are not doctors. So, avoid use of technical language or jargon. However, complete basic information must be made available. Technical information which is necessary much be given in the simplest language possible.

d) And most important, the name and contact details of 'authorized spokesperson' must be given in the release to enable the media persons to seek clarifications, if required.

5. Show **Slide 2.3.4** and explain. If a health emergency gets prolonged, the media release could comprise of several other information and documents.

MEDIA BRIEF -2

Prolonged Crises - Next Phase

- Latest updates / new information

- Stories about individuals or units involved in the response

- Articles illustrating outcomes and their successes

- Personal accounts of those who were helped during the crisis

a) Latest updates and new information could be shared. For example, during COVID-19 pandemic, information on new strains and need for double mask was one information which could have been a part of media briefs.

b) Stories of individuals or teams involved in the response also interest media as these can create a positive environment in public.

c) Articles which illustrate successful outcomes help in restoring / building public trust in the health system. Media will be looking for success stories of recovered patients, medical personnel who were saved lives – such stories will enhance the confidence level of the community at large.

d) Similarly, personal account of those who were helped can create positive impact.

6. Several tools can be deployed to communicate with media. Show **Slide 2.3.5**. Some of these are:

COMMON MEDIA TOOLS

- Press statement by a high ranking official
- Press release - a written document giving complete details as discussed earlier
  - o Media fact sheets
  - o Background note
- Handouts with FAQs

a) Press statement by a high ranking official or a subject expert

b) Press release – a written document giving complete details as discussed earlier

c) Media fact sheets – in a bulleted form it presents the current status, data, definitions of medical / scientific terms, etc. It could be an addendum to the press release.

d) Background note – presents the history / technical background in slightly detailed form. It could also be an addendum to the press release.

e) Handouts – used for media orientation. These could include the background, explanation of the technical terminology, expected role to be played by media in spreading awareness on correct preventive behaviours, and FAQs on the health emergency.

7. Media is a part of the risk communication plan. Correct and timely messages through media may have a positive effect on the management of health emergency. An incorrect or inadequate messaging by media may give rise to misinformation, myths or misconceptions. It is risk communicator's responsibility to leverage the strength of media. Show **slide 2.3.6**.

MEDIA DO'S

While dealing with media

- Remain calm and composed - face difficult questions calmly
- Some media may follow the policy of "good news, no news" OR "it bleeds, it leads". Invest time there to get their reporting express both sides.
- Ascertain if a negative report is actually:
  - True - don't cover-up. Accept and present next positive information.
  - An unintentional factual error by the media - Present correct facts
  - An opinion or interpretation which is different - Present your side of story. Ask for another piece that conveys your perspective.
- Know media's chain of command. Keep you contact open to levels above the reporters

8. While dealing with the media care must be taken to remember that risk communicator is not in competition with the media-person: the two are, and should remain, on the same side. Therefore:

a) Difficult questions coming from the media should be faced calmly.

b) Sometimes, there could be media persons who try to only present a negative side of the story. As risk communicator spend more time with such media persons and persuade them to present both sides. If that does not work, express your version with facts in other media.

c) A negative report could be a true, a factual error, or a due to a difference of opinion. Analyze and deal with it accordingly.

   i) If the report is true, don't spend time in defending it. Move fast to move ahead with you next positive story. The negative story will get immersed in the current positive story.

   ii) If there is a factual error, it is very easy to correct it. Most media persons would happily issue a corrigendum to correct it.

   iii) If the negative slant in the story is a result of a difference of opinion, it is slightly difficult to counter it. In such a situation the risk communicator can request the media person to publish another story providing the counterview to balance the earlier negative report.

9. Social media has emerged as a major communication channel in the world and also in India. According to Digital 2021 Reports

a) More than 4.66 billion people now use the internet - nearly 60% of the world's population. India's internet penetration is 45%.

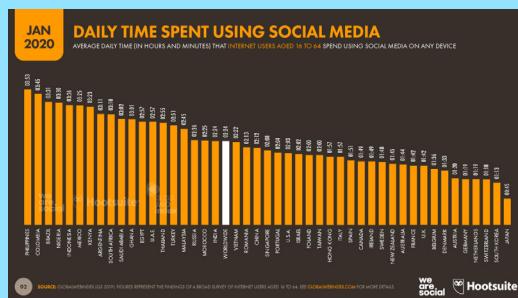b) More than 4.2 billion use social media. India's social media penetration is 32.3%.

10. Country-wise picture of social media usage is given in **Slide 2.3.7**

SOCIAL MEDIA STATUS: DIGITAL REPORTS 2020

- India - 45% population has access to internet
- India - 32.3% use social media and spend about 2.25 Hours / day
- World average is also 2.25 Hours / day

11. Social media can be used in many ways to improve risk communication in health emergencies. Some of these could be (Show **slide 2.3.8** and explain):

USE OF SOCIAL MEDIA

- Direct people to trusted source of information
- Tackle misinformation
- Use as a diagnostic tool and referral system
- Provide psychosocial first aid

a) Directing People to Trusted Sources of Information: A recent survey among 758 health professionals in India (https://pubmed.ncbi.nlm.nih.gov/32773929/) showed that "***Social media was the overall second choice, with 45.8% or respondents giving it either first or second rank***". Risk communicators can use social media posts to direct users to trusted sources of information like government websites and dashboards, information portals / webpages maintained and updated by National Centre for Disease Control, WHO, CDC, etc.

b) Counteracting Misinformation: Same survey showed that "***75% respondents received inaccurate information***" - major sources of misinformation identified in the survey were social media and family and friends. "***Social media' and 'family and friends' were ranked first and second, respectively, as sources***
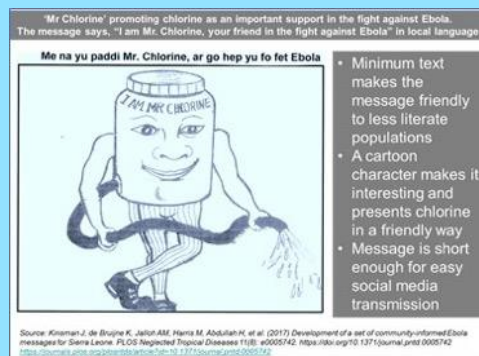
of misinformation by majority of respondents (47.2% and 26.7%, respectively)." Social media listening tools can be deployed to track misinformation and then feed appropriate counteracting information. Tagging counteracting information provided by credible sources like WHO, MoHFW, ICMR, etc. will also be effective.

c) Diagnostic Tool and Referral System: social media can also be used as a diagnostic tool and referral system. For example, a free vaccine reminder service is already available through Indian Academy of Pediatrics. Few other examples from the community groups are Corona Recovered Warriors (Facebook, 3.4 lac members), COVID19 PLASMA DONOR - RECIPIENT HELP INDIA GROUP (Facebook, 42100 members), Similar, tools and techniques can be deployed to improve diagnostics and referrals during health emergencies. Even a media agency the BBC has launched BBC's WhatsApp Ebola service.

d) Provide Psychological First Aid: Social media posts can also be used to provide first aid support on psychosocial issues. Mental Health and Psychosocial Support Network (mhpss.net) is an online platform for connecting stakeholders in the field and actively supporting sharing of knowledge and resources: it has provided support during major emergencies like Typhoon Haiyan, the Ebola crisis, and the Syrian crisis, etc. It has received 107,972 unique visitors from 219 countries/territories and 7793 cities (over 3 year period) and 862,865 page views, with visitors spending over 12935 hours on the site (over project period).

12. '3 Rs of Effective Social Media Messaging During a Public Health Emergency' model can be used to customize social messaging. Show **slide 2.3.9**. An important aspect of good social media communication is to know the people well and tailor communication to their exact needs. A simple example on social media communication to sensitize people on chlorine and take away the fear of chlorine is presented. This message proved to be very effective is Sierra Leone.

Slide 2.3.8

An example of tailor made communication

Exercise

Exercise 1: Developing messages to combat rumors.

In March 2011, the Japanese earthquake spread panic about effects of a possible radiation leak at Fukushima nuclear plant. Twitter was flooded with rumors – particularly the misconception that drinking iodized wound cleaner and consuming large quantities of iodized table salt would reduce the effects of radiation (rather than potassium iodine tablets taken before exposure, which is recommended). Sari Setiogi, communication officer at WHO, Geneva, learned that people had started stockpiling salt in China. One person had built up a five-year supply.

How can it be changed?

Setiogi tried to combat the wildfire spread of such rumors with some well-chosen advice. At the same time, WHO's China Country Office and other public health agencies in China worked hard to raise awareness inside

the country itself. Jointly, they tweeted asking people not to eat excessive amounts of table salt because it leads to hypertension, and within a couple of days the WHO teams heard people had run back to the shops and asked for refunds for the salt! People retweeted their message and the number of messages telling people to buy the salt went down.

Exercise 2: Effect of communication can be both positive and negative

Jyoti Kumari (15)'s father was injured and unable to walk. Due to sudden announcement of lockdown in 2019, they were stuck in Gurgaon. When they did not receive any reassuring news, a tenacious Jyoti Kumari invested all her money to purchase a bicycle. She asked her father to sit on the carrier of her cycle and took him to his native place in Darbhanga, Bihar, covering 1,200km in seven days.

As a risk communicator what would you have done to reach out to such people?

In the same town, Gurgaon ki Awaaz – a community radio decided to communicate with their listeners and support them during lockdown with useful information. "*I would always request them to stay where they are. We also guided people by telling them about the shops in their vicinity that would remain open and provide essentials*," said Preeti Jhakra, reporter at Gurgaon ki Awaaz.

A regular listener of the radio station, Taj Mohammad, who works in Sector 37 and hails from Jalaun near Kanpur in Uttar Pradesh, said **he deferred his plans to leave for his village**.

"The channel appeals to people because it also conveys the local culture, which is not possible through the bigger FM channels. Also, it has been around for many years and **has built trust with the masses by raising their issues**", Mohit Sharma, chief warden on Civil Defense, Gurgaon

Conclusion

- Media plays an important part in risk communication - they monitor and inform the public of risks and also serve as a watchdog function for public agencies and government.
- A systematic and planned approach facilitates working with the media and helps in developing a useful relationship.
- It is best to avoid an adversarial relationship with media.
- Social media can be leveraged to educate the public about risk, risk management, health, safety, and for those cases where information must be disseminated quickly about a crisis.

The 3 Rs	Action Steps
Step 1: **Review** the target audience	Prior to an emergency, conduct a needs assessment to: - Identify target population(s) in a community (e.g. high- risk groups, socio demographic) - Identify your specific target audience(s) (eg, 21- year-old urban student from Jagdalpur residing at a dormitory in Raipur at high risk for malarial infection) - Identify the social network for the target audience(s) and the social media communication platforms they use (eg, Twitter, Facebook, Instagram, Snap chat, Youtube) - Identify Literacy levels of the target audience(s) (eg, health literacy, language literacy, digital and social media literacy) - Identify your followers and relevant influencers Develop generic message templates and text message effectiveness with the various target audiences (eg, clear messages with visual and interactive content to be more engaging) Ensure that your social media accounts are verified (eg, blue check on Twitter). Build trust and credibility.

Step 2: **Recognize** the health communication needs	Identify immediate needs of the target audience(s) in the immediate aftermath of the emergency. Conduct a rapid surveillance of social media to monitor and identify gaps and/or detect misinformation/ disinformation on various communication platforms (eg, using social media analytics to understand the collective dialogue) Identify social media influencers who are shaping the communication (eg, celebrities, opinion leaders, organizations).
Step 3: **Respond** with tailored messages	Respond with customized messages for the various target audiences to meet the specific needs of the evolving crisis. Express empathy and continue to build and maintain trust and credibility, Continue to analyze social media metrics and dialogue to assess the message's impact and reach and further refine the tailored messages to manage the discourse and meet the needs of the population.

Session 3.1: Human Resources: Managing emotional issues of working in Crisis situations

Duration

30 Minutes

Session Objectives

At the end of this session participants will be able to

1. Enlist the types of psychological issues related to disasters
2. Plan to deal with panic, anxiety, stigma related behaviours during a crisis at the community level and individual level with special focus on women and children and other vulnerable groups

Key Learning from the Session

- Common psychological issues during crises
- Dealing with psychological issues through suitable communication messages

Facilitation Notes

1. Show **Slide 3.1.1** The newspaper report tells us that many people spent the night of April 26, 2015 in an open ground due to a panic triggered by a rumor of an earth quake. It happened in the backdrop of April 25 earthquake in Nepal which also caused damages in Bihar - according to Department of Disaster Management Department, Government of Bihar, as many as 61 people died 163 people were injured.

Slide 3.1.1

PEOPLE PSYCHOLOGY DURING CRISES

Quake rumour triggers panic; half of Patna's residents spend night in the open

Abhishek Mishra just refused to go back home. So did Madan Gupta and his family. They decided to spend the night in the open at Gandhi maidan in Patna.

Manoj Kumar | April 26, 2015 14:27:49 IST

Patna: Abhishek Mishra just refused to go back home. So did Madan Gupta and his family. They decided to spend the night in the open at Gandhi maidan in Patna. They were not alone. The fear of a fresh round of high-intensity tremor forced almost half of Patna's population to vacate their homes last night. They took shelter in parks and whatever open space they could find.

Bihar 2015, a WhatsApp message sent by a former legislator from Narpatganj, Araria triggered panic

Source: Report from Firstpost
https://www.firstpost.com/india/quake-rumour-triggers-panic-half-of-patnas-residents-spend-night-in-the-open-2213492.html

2. It shows that a crisis can create panic, it can also reduce decision-making ability of people, and the first information (it could be incorrect as in this example) is believed without verification.

3. Health emergencies can prolong. In such situations there are additional psychological problems which affect people. Show **Slide 3.1.2** and explain.

MENTAL STATES OF PEOPLE IN HEALTH EMERGENCIES

- Uncertainty –more questions than answers
- Fear and anxiety
- Hopelessness and helplessness
- Denial
- Panic

a) Uncertainty: Take the example of COVID-19. When people got affected in the initial days in late 2019 and early 2020, a lot of things were unknown. It caused uncertainties. People, and even doctors, were not sure of it, its transmission and its treatment. Health emergencies bring this type of uncertainty along. Way back in December 1984 during the infamous gas leak in Bhopal, people did not know why they were coughing, had severe eye irritation and a feeling of suffocation.

b) Fear and anxiety: Uncertainty may give rise to fear and anxiety. Sometimes fear can be used by communicators in such a way that a perceived threat motivates people to take desired actions. However, in other cases fear of the unknown or fear of uncertainty may be the most debilitating of the psychological responses to disasters and prevent people from taking action. When people are afraid, and do not have adequate information, they may react in inappropriate ways to avoid the threat. Communicators can help by portraying an accurate assessment of the level of danger and providing action messages, so that affected people do not feel helpless.

c) Hopelessness and Helplessness: According to psychological research, if community members let their feelings of fear, anxiety, confusion, and dread grow unchecked during a crisis, they will most likely begin to feel hopeless or helpless.[1] Through appropriate messages risk communicator shall try to help community members manage their negative feelings by focusing on constructive actions directly related to the emergency.

d) Denial: Sometimes community members may refuse to accept the severity of situation. Lack of information, inadequate information, or incomprehensive threat perception may result in denial. Clear and consistent communication coupled with group discussions with community influencers can be helpful.

e) Panic: Panic could be just opposite of denial. Natural instinct to take action may result into a fight or flight response. Communication which acknowledges such emotions and then presents information can help people deal with it.

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1 Benight CC, Bandura A., Social cognitive theory of posttraumatic recovery: The role of perceived selfefficacy. Behaviour research and therapy, 42(10), 1129–1148;2004.

4. Development of appropriate messages is based on a sound understanding of how information is processed by people. Show **slide 3.1.3.** People tend to simplify messages, or they hold on to their current beliefs. Sometimes people may expect additional information and they may believe the initial / first messages more.

PROCESSING OF INFORMATION

- Simplification – People tend to simplify messages
- Legacy – People hold on to current beliefs
- Additional Information – People may want more
- First Information – People believe first messages

5. Show **slide 3.1.4** and discuss. Four very simple do's to develop good messages are to keep them simple, release them from a credible source, keeping them consistent, and giving accurate information as fast as possible.

MESSAGES SUITABLE FOR WAYS OF PROCESSING

- Simplification - Use simple messages
- Legacy - Give messages from a credible source, credibility can challenge legacy in people minds.
- Additional Information - Use consistent messages
- First Information - Give accurate information as soon as possible.

Exercise

Carefully examine two messages released during COVID-19 pandemic.

Message 1 is from Lehigh Valley Health Network. This message addresses general public.

Message 2 is from WHO, UNICEF, CDC and other partners. Its primary audience is parents.

Answer the following questions:

1. Are these messages simple?
2. Do they have credibility?
3. Each example contains multiple messages: are these messages consistent with each other?
4. If you answer is no, what are your suggestions for improvement?

Discussions ?

1. LVHN Message:
   a) All the four messages are very simple. Messages have good icons which relate to the message.
   b) LVHN is a reputed health service provider organisation in Pennsylvania, USA.
   c) There is a convergence between four messages. They relate to individuals and their inter-personal space.
2. Parenting Message:
   a) Messages are simple
   b) All partners mentioned on the message are well reputed and considered credible.
   c) Messages are consistent

Conclusion

- People suffer from anxiety, stress, panic and even inaction during crisis situations.
- Four qualities in messages help in tacking the psychological barriers. These are: simplicity in messages, credibility in messages, consistency in messages, and timeliness – preferably being the first one.

Reference: CERC Module: Psychology of a crisis https://emergency.cdc.gov/cerc/ppt/CERC Psychology of a Crisis.pdf

Managing Stress During COVID-19

Be kind and compassionate.

Remember, you are not alone. We're in this together.

Stay connected with each other.

Find your inner peace. Try mindful breathing.

LVHN.org/COVID19

Lehigh Valley Health Network

2 COVID-19 PARENTING Keeping It Positive

It's hard to feel positive when our kids or teenagers are driving us crazy. We often end up saying "Stop doing that!" But children are much more likely to do what we ask if we give them positive instructions and lots of praise for what they do right.

Say the behaviour you want to see
Use positive words when telling your child what to do; like 'Please put your clothes away' (instead of 'Don't make a mess')

It's all in the delivery
Shouting at your child will just make you and them more stressed and angrier. Get your child's attention by using their name. Speak in a calm voice.

Get real
Can your child actually do what you are asking them? It is very hard for a child to keep quiet inside for a whole day but maybe they can keep quiet for 15 minutes while you are on a call.

Praise your child when they are behaving well
Try praising your child or teenager for something they have done well. They may not show it, but you'll see them doing that good thing again. It will also reassure them that you notice and care.

Help your teen stay connected
Teens especially need to be able to communicate with their friends. Help your teen connect through social media and other safe distancing ways. This is something you can do together, too!

For more information click below links:
Parenting tips from WHO | Parenting tips from UNICEF | In worldwide languages | EVIDENCE-BASE

Session 3.2 Planning RCCE

Duration

30 minutes

Session Objectives

At the end of this session participants will be able to

a. Explain and work on the components of an RCCE action plan

b. Prepare a sample communication plan

Key Learning from the Session

- Components of an RCCE action plan
- Preparing a sample communication plan

Facilitation Notes

a. A good RCCE plan has two major parts – an action plan detailing what will be done, by whom and how, and a communication plan detailing the nuances of risk communication.

COMPONENTS OF RCCE ACTION PLAN

1	Endorsement from top	It provides the authority to the plan and improves its acceptability
2	Define teams responsibilities	Teams for media, social media, public and partners and their responsibilities for communication and coordination to be outlined
3	Define communications processes	Who releases what, when and how
4	Procedures for joint information centres (JIC)	JIC with which organisation and their coordination mechanisms
5	Designated spokesperson	Names a single or a handful of persons as spokespersons. If multiple: define a clear line of succession - 1st spokesperson, 2nd, and so on
6	Team members contact details	Specially to meet 24/7 emergency communication requirements
7	Contact lists for partners	Details of emergency response partners for JIC
8	Contact lists of media persons	Reporters and their seniors' contact details - specially after office hours contact details for emergency communication
9	Resource plan	Procedures for additional resources if required

b. Show **slide 3.2.1** to explain the components of RCCE action plan.

    a) Endorsement – Systems work best when there is a clear direction from the top. The RCCE action plan must have a clear endorsement from a position of authority. At the district level it could be the district magistrate. At the state level it could be the chief secretary or any other senior official whose presence / endorsement can promote multi-departmental convergence.

    b) Teams and their responsibilities – Separate teams should be formed for preparing RCCE Communication plans for public, media, social media and partners and coordination and review of these plans.

    c) Clear Communication Processes – A clear process outlining the communication flow in terms of who / which team will release which communication, its timing and frequency and the approvals to be

obtained. For example, in the case of a health emergency which authority / official will clear the technical part of the communication?

d) **Joint Information Centers** – If joint information centers (JIC) are to be set-up with partners / community-based organizations, identify the partners and the coordination mechanisms of the JICs in the action plan.

e) **Designated spokesperson** – A designated spokesperson is must. It should be clearly identified in the action plan as it will facilitate uniformity in communication and will avoid multiplicity of communication source. In case of a prolonged emergency more than one spokesperson could be identified. In such a case their roles and succession line (who will replace whom) should be clearly mentioned in the action plan.

f) **Contact details** – Contact details for all team members, partners, media persons – both reporting level and senior level, should be given in the plan. These contact details should include after office hour numbers and emails to enable 24/7 connectivity within RCCE team.

g) **Resource plan** – Last component of the RCCE action plan is the resource mapping and projecting future requirements. This will help in making additional resources available as and when required.

c. RCCE communication plan is a consolidation of communication components discussed under module 2. Show **slide 3.2.2** and discuss. The sequential, six step process begins with setting the communication objectives for the RCCE communication plan. Key audiences who are the focus of the communication take centre-stage for development of messages and accompanying communication channels and activities. Monitoring of the communication is very important which will be discussed in a separate session. And lastly, the communication plan has to include budget forecasts.

Slide 3.1.2

COMPONENTS OF COMMUNICATION PLAN

1	Communication Objectives	Define the purpose of your communiaction. It could be awareness and information sharing for a desired community behaviour. Set strategic objectives as per desired behaviour change and barriers to them
2	Identify Key Audiences	Who are the people at the centre of communication. Know their demographic and socio-cultural features
3	Prepare Key Messages	Based on strategic objectives, develop key messages for each type of
4	Decide Communication Channel and Activities	Communication channels and activities to suit various audiences and their preferances
5	Prepare Monitoring Plans	Monitoring indicators, frequency of monitoring, process of monitoring, use of monitoring data in re-planning
6	Budgeting	Finalise budgets

Exercise

Exercise 1: Divide participants into four groups (A, B, C and D). Give each group a case study. For the given case study, the group will prepare

1. Communication objectives
2. Identify audiences: direct, indirect, and influencers
3. Select the list of channels which best suit the audiences

Case Study A: More than 60% of population from PQR district works as migratory labour in cities. Mostly elderly people above 60 years are living in the villages in the district. Occasionally, pregnant women return from the cities to their villages for delivery. Due to COVID-19 lockdown the migratory labour has returned to district PQR.

Case Study B: Frontline workers are abused when they go for contact tracing in DEF district. There have been instances of violence too. People avoid talking to them and even when they talk their answers are evasive.

Case Study C: The ABC district IEC officer, has prepared a very good social media communication plan. In his district, which is heavily forested, the tribal population goes to pick minor forest products (MFP) which is their main livelihood. They do not follow any prevention measures though the district IEC officer sends daily messages.

Case Study D: XYZ is a hilly district with altitudes ranging between 1200 – 1900 metres. District is full of lakes – big and small. It is nicknamed 'the lake district'. A big landslide in the higher ranges has breached a very large lake (spread over 171 square kilometres) causing flash floods in the lower areas. The accompanying silt and solid waste from surface has spoiled smaller water bodies – the only source of fresh water in the respective villages. There is a fear of water borne diseases.

Conclusion

- RCCE plan has two major parts – part one is the overall action plan which should contain the administrative details and part two is the RCCE communication plan which should contain the details of communication content and its process.

Session 3.3 Monitoring

Duration

30 Minutes

Session Objectives

At the end of this session participants will be able to

1. Detail out the relevance and importance of communication monitoring.
2. Prepare a Monitoring process plan for their districts.

Key Learning from the Session

*   Relevance and importance of communication monitoring
*   Monitoring process

Facilitation Notes

1. Monitoring for RCCE is necessary to know if the communication objectives set for the RCCE are being met. (Show **slide 3.3.1**) Monitoring during the first phase of an emergency often involves the systematic collection of quantitative, output level data that can strengthen accountability and inform progress (# leaflets distributed, # radio broadcasts, % of respondents knowing the hotline number to call for information, # calls received by the hotline, # workers trained etc)

MONITORING OF RCCE COMMUNICATION

Monitoring of RCCE should include assessment of:

*   If you are reaching the intended target audiences

*   If your messages are correctly understood

*   If the intended behaviour change is taking place

2. For communication, it is also important to monitor Qualitative data that can help inform messages and activities. This type of monitoring allows us to identify the challenges facing the ground team early on and do course correction. Some simple survey tools can be put in place to collect this type of data. Some examples are:

    a) Information needs of the community

    b) Myths and misinformation in the community

c) Barriers to adopt the recommended behaviors

d) Fears and concerns of the community members

e) Discriminatory behaviors that stigmatize a section of the community

Show Slide 3.3.2. In the context of RCCE, the monitoring process will help the risk communicator know if intended target audiences and being reached, if they are able to understand the messages correctly and if associated behavior change is taking place.

Slide 3.3.2

WHAT DO THESE PICTURES TELL YOU ABOUT COVID-19 RCCE?

3. Look at the pictures and tell if the messaging on 'maintain 6 feet distance' has reached people. Have they understood the meaning of 'markings on the floor'? A close scrutiny reveals that many people are not wearing their masks correctly – their nose is not covered.

4. These pictures were taken in Delhi in the first week of January 2021. If notice had been taken at that time to monitor the effect of communication, probably the risk communicators would have succeeded in changing / improving the communication resulting in behavior change. This could have reduced the burden of second wave of COVID-19 which hit Delhi in April 2021.

5. So, an important purpose behind communication monitoring is to do mid-course corrections.

Collection of Data and Feedback Process:

6. During an emergency, rapid and simple tools should be put in place for collection of data

7. See **slide 3.3.3** for Data collection methods

QUANTITATIVE DATA COLLECTION	QUALITATIVE DATA COLLECTION
Answers: "What", "To what extent" or "How many/much"	**Answer: "How", "Why"**
How to collect:	**How to collect:**
• Forms to be completed	• Observations
• Door to Door or Phone surveys	• FGDs
• Hotline call log	• IDIs
• Communication materials distribution	• Case Studies
• Communication materials display etc.	• Best Practices

8. Monitoring of communication is done as per a monitoring plan. **Show Slide 3.3.4**. and explain. A good monitoring plan comprises of four parts:

GOOD MONITORING PLAN

• Indicators for monitoring

• Frequency of monitoring

• Operational / Logistical details of monitoring

• Use of monitoring data

a) Monitoring indicators – To have an agreement before hand on how communication components will be 'measured'.

b) Frequency of monitoring – Indicates how often the monitoring data will be collected.

c) Operations aspects of monitoring – Include the who, how and where of monitoring. Who will collect data, how and where it will be forwarded for analysis.

d) Use of monitoring – It tells how the data will be used for decision making and re-planning.

e) Show **Slide 3.3.5** to share how a format for the communication monitoring can be prepared. Remember that all monitoring plans must be prepared based on the Communication objectives that are being prepared.

Slide 3.3.5

COMMUNICATION OBJECTIVE:

To increase proper mask usage among households in 20 villages of Block A by 50% by the end of 3 months.

Monitoring indicator	Data Source for measuring indicator	Frequency of data collection	Person responsible	Use of data

9. A weekly update from the baseline can be thus maintained for each of the objective and indicators using the format given below (**Show Side 3.3.6**). This can be prepared as an excel sheet and updated periodically. Graphs and charts can be used to represent the information visually. The columns can extend beyond Week 7 and if your data is collected on a monthly basis the division can be monthly instead of weekly

Slide 3.3.6

WEEKLY UPDATE

Key Indicator	Baseline	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7

10. Examples of monitoring indicators are given. Show **Slide 3.3.7** and discuss. Communication objectives set in the beginning of RCCE communication plan are used to define indicators for monitoring.

EXAMPLES OF MONITORING INDICATORS

Communication Plan Activity	Monitoring Question	Indicator
Web portal for information exchange with communities	Is the portal reaching select target audience?	# of persons who accessed the portal in XX months # of responses received and replies given in XX months
Mass media campaign on community radio	What is the recall of communication?	Proportion of persons who could recall a message out of total sample
Mass media campaign on community radio	What has been the community response to call for action? through tracker like # of phone calls received	# of calls received on the given number in XX weeks / months # of persons registered for the service from the radio catchment area v/s the total population reached

11. These indicative examples can be used to develop monitoring indicators for the communication objectives set in the RCCE communication plan.

Tracking of Rumors

12. When people perceive a new threat and there is less clarity or information about the issue, there is a high probability of rumors about the issue. The less is known about the issue, the higher will be the level of misinformation circulating about the issue. As more and more facts are known, the rumors will show a decrease. However, during emergencies, rumors and misinformation play a devastating role, making the work of communication all the more important. IEC Officers need to be tuned into catching rumors at the earliest in order to ensure that they do not undo the work that they have put in for handling the emergency. Rumors can be harmless but sometimes they can also threaten lives and create suffering. They can also harm the staff on duty and must therefore be monitored very closely.

This monitoring helps the IEC Officer decide to act on the rumor or ignore it. All rumors are not dangerous. Depending on the potential consequences, all rumors will not require a response. For example, a rumor about a visit by a dignitary to an area does not require intervention, but the rumor about a community not following precautions and therefore posing a threat to other members in the area is a potentially harmful rumor.

The risk that a rumor poses is based on two factors:

a. The severity of the potential consequences of the rumor and

b. The likelihood that those consequences will happen

13. The table below helps in identifying the potential consequences **Slide 3.3.8** (adapted from CDAC Handbook: "Rumor Has it")

POTENTIAL CONSEQUENCES

Questions to assess potential consequences	Examples of rumor and potential consequences
Could it cause harm?	You need to do hot steam inhalation daily to kill the virus in your nose (can lead to serious injury)
Could it stop people from accessing services?	The vaccine can lead to autism (Could lead to infections increasing and more variants coming up)
Could it cause conflict ?	X community members spit on the fruits before selling them (could lead to injurious and fatal attacks on the members of X Community)
Could it result in risky behavior?	Eating kadha and garlic will keep your immunity very high (Could lead to a false sense of protection against the disease)
Could it stigmatize any particular group?	X community members do not practice mask wearing as they want to spread COVID-19 (Could lead to cases of increased violence against the particular group)
Could it put the health staff at risk?	All health workers are exposed to COVID-19 and are carriers of the virus (Could lead to cases of violence against the health workers, negatively affect access to services)
Could it harm the reputation of the program /department?	There is no disease, it is just a way of companies and doctors earning money (Could lead to protests and /or problems of access)

14. Once this is assessed, categorize the rumor as having Major, Moderate or Minor consequences

This should then be mapped against the likelihood of the consequence happening. The assessment of likelihood of a consequence can be checked based on the following:

- Has such consequence happened earlier under similar circumstances?
- Have such consequences been already noticed with this rumor?
- How fast is the rumor travelling?
- How widespread is the rumor?
- Who is the source and are people likely to believe the source?
- How is the political leadership reacting to the rumor?

15. Having done that, plot a matrix of consequences v/s likelihood of consequences occurring

Use the matrix given below **Slide 3.3.9**:

MATRIX OF CONSEQUENCES V/S LIKELIHOOD OF CONSEQUENCES

Having done that, plot a matrix of consequences v/s likelihood of consequences occurring Use the matrix given below:

		Consequences		
		Minor	**Moderate**	**Major**
Likelihood	**Probable A**			
	Possible B			
	Impossible C			

LOW RISK   MEDIUM RISK   HIGH RISK

16. Using all the information IEC Officers should now monitor rumors during emergencies The Rumor log tool adapted from *CDAC Network's Rumor has it: A practice guide to working with rumours, 2017* is given below. **Slide 3.3.9**

POTENTIAL CONSEQUENCES

			Rumor Log for COVID-19				
Date	**Location**	**Rumor**	**Channel**	**Risk rating**	**Verification Status**	**Engagement activities**	**Monitoring Outcome**
When was the rumor first heard	Where did the rumor first appear?	Details of the rumor	Through which channel was the rumor heard	Low, Medium, High	True / Untrue	Details of who, what, where and how you will engage with the community to stop the rumor or verify it	Has the rumor stopped? What impact did it have on your communication?

Exercise

Groups A, B, C and D will continue to work on the same case study as in session 3.1. For your respective communication objectives, please develop atleast two communication indicators.

Conclusion

- Monitoring tracks and measures RCCE activities: what, when, where how many.
- Evaluation tracks the effect of RCCE activities: how.

- Indicator is a unit of measurement used to monitor the results.
- Strategic objectives set in the beginning provide clarity on what will be achieved and are linked with monitoring.
- Tracking of rumours is an important aspect of monitoring communication. Rumours can be dealt with more effectively when they are classified on the basis of consequences and likelihood.

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