

COVID-19

Risk Communication and Community Engagement

UNICEF India's Response

March – September 2020



unicef 
for every child

Translation of the slogan in cover picture:

COVID-19: Avoid unnecessary travel. Stay at home. Stay safe.

© UNICEF India Country Office
October 2020

Photo Credits: UNICEF/India/2020

Permission is required to reproduce any part of this publication. Permission will be freely granted to educational or non-profit organisations.

Please contact:

Communication for Development (C4D) Section, UNICEF India
United Nations Children's Fund
UNICEF House, 73, Lodhi Estate, New Delhi 110 003

C4D, in synergy with the Communication, Advocacy and Partnership programme, contributes to the programme results of Health, Nutrition, Water, Sanitation and Hygiene, Education, Child Protection and Disaster Risk Reduction programmes in India, complementing efforts for the attainment of the India Country Office results.

COVID-19

**Risk Communication and
Community Engagement**

UNICEF India's Response

March – September 2020

Table of Contents

<i>List of abbreviations</i>	<i>v</i>
1. Risk Communication and Community Engagement in COVID-19 Response	1
What is Risk Communication and Community Engagement	1
Why is RCCE critical	1
UNICEF India and COVID-19 RCCE	2
2. COVID-19 RCCE Approaches	4
Right information to the communities at the right time	4
Communication to build trust and confidence among communities	4
Leveraging partnerships	5
3. Reaching Families and Communities - Implementation of COVID-19 RCCE	7
UNICEF's RCCE plan	7
Key participant groups in RCCE interventions across the states	9
4. COVID-specific and COVID-sensitive RCCE Messaging	10
COVID-specific messaging	10
COVID-sensitive messaging	11
Diverse multimedia products designed for dissemination	11
5. Adapting Learning Methodologies for Online Capacity Building	13
6. Channels of Communication and Community Engagement	15
Communication through multiple channels	15
Avenues for two-way communication	15
Partnerships, structures and platforms for community engagement	16
7. Challenges Faced and Lessons Learned	24
Sustainable capacity development	24
Data and evidence generation	24
Exploring the power of partnerships	25
Making an integrated package of RCCE messaging	25
Gender and equity lens	26
8. Results and Achievements	27

List of abbreviations

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BCC	Behaviour Change Communication
BIFC	Bihar Inter-faith Forum for Children
BMGF	Bill and Melinda Gate Foundation
CBO	Community-based Organisation
C4D	Communication for Development
CHAI	Clinton Health Access Initiative
CORE Net	COVID Research Network
CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
DWCD	Department of Women and Child Development
FBO	Faith-based Organisation
GIWA	Global Interfaith WASH Alliance
HPM	Humanitarian Performance Monitoring
IAP	Indian Academy of Pediatrics
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
IHA	Inter-Faith Humanitarian Alliance
IMA	Indian Medical Association
IVRS	Interactive Voice Response System
KAP	Knowledge, Attitude and Practices
MEMPA	Mission for Elimination of Poverty in Municipal Areas
MISAAL	Moving India Towards Sanitation for All
MoHFW	Ministry of Health and Family Welfare
NCC	National Cadet Corps
NCDC	National Centre for Disease Control
NGO	Non-Governmental Organisation

NIPi	National Iron Plus Initiative
NSS	National Service Scheme
NYKS	Nehru Yuva Kendra Sangathan
PHFI	Public Health Foundation of India
PIB	Press Information Bureau
PPP	Public-Private Partnership
PRI	Panchayati Raj Institution
PSA	Public Service Announcement
RCCE	Risk Communication and Community Engagement
RMNCH+A	Reproductive, Maternal, Newborn, Child and Adolescent Health
ROB	Regional Outreach Bureau
RWA	Residents Welfare Association
SBCC	Social and Behaviour Change Communication
SHG	Self-Help Group
SIHFW	State Institute of Health and Family Welfare
SOP	Standard Operating Procedure
TMC	Temporary Medical Centre
TRIFED	Tribal Cooperative Marketing Development Federation of India
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UP-SRLM	Uttar Pradesh State Rural Livelihoods Mission
USAID	United States Agency for International Development
WADA	Women Activists for Development Action
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
YRG CARE	YR Gaitonde Centre for AIDS Research and Education

1 Risk Communication and Community Engagement for COVID-19 Response

What is Risk Communication and Community Engagement

During public health emergencies, people need to know what health risks they face, and what actions they can take to protect their health and lives. Risk Communication and Community Engagement (RCCE) is about accurate information provided early, often and in languages and channels that people understand, trust and use. It enables individuals and communities to make choices and take actions to protect themselves, their families and communities from life-threatening health hazards.¹

In the context of COVID-19, RCCE is the transmission of accurate information on concerning issues, on time, to enable the community members to make informed decisions to protect themselves and their families by adopting and maintaining COVID-appropriate behaviours.

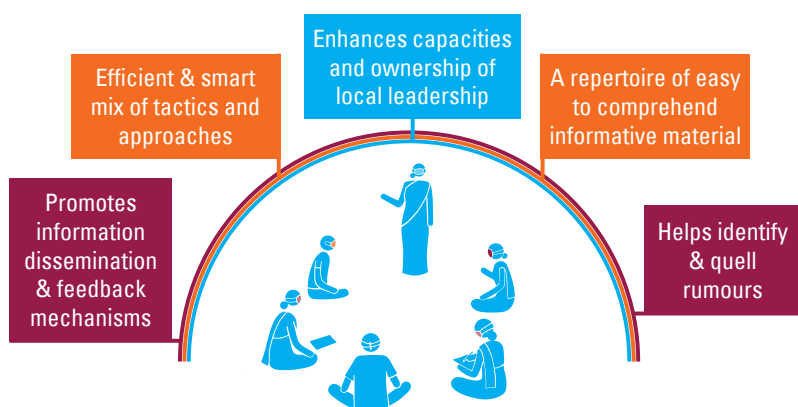
This communication is done in suitable languages, formats and media that are relevant, applicable and accessible to all groups in the community, including the most marginalised and vulnerable populations.²

Why is RCCE critical

For COVID-19, it is critical to communicate the known as well as the unknown aspects of the disease, steps being taken to alleviate the crisis, and the actions that need to be taken by individuals, and community at large, to contain the spread of virus.³

Regular and proactive communication and engagement with the public and at-risk populations can help alleviate confusion and avoid misunderstandings. RCCE helps inform people and makes them understand the health risks that they face. Effective RCCE helps transform complex scientific knowledge into simple, understandable and accessible information that is trustworthy.

Risk Communication and Community Engagement



¹ WHO. *Communicating Risk in Public Health Emergencies*. 10 January 2018.

² UNHCR. *Risk Communication and Community Engagement (RCCE) – COVID-19*. Version: 21 March 2020.

³ WHO. *COVID-19 Strategic Preparedness and Response Plan – Operational Planning Guidelines to Support Country Preparedness and Response*. 12 February 2020

UNICEF India and COVID-19 RCCE

UNICEF is working with the World Health Organization (WHO) and partners, under the leadership of the Ministry of Health and Family Welfare (MoHFW), Government of India, for a coordinated multi-sectoral response to protect the children, women and communities from exposure to the novel coronavirus, and its impact.

RCCE for COVID-19 is one of UNICEF's priority areas to share information and advice among communities, mitigate rumours, effectively involve communities in response to the pandemic, and inform decision-making related to personal risk.

Through its efforts, UNICEF aims to increase awareness, knowledge and understanding on preparedness and response practices against COVID-19 disease in order to reduce its impact on general public, including children and women, by encouraging the communities to adopt and maintain COVID-appropriate behaviours, and enabling them to build their resilience.

UNICEF India's key RCCE strategies and interventions for COVID-19:

- Development of national and state-specific RCCE communication strategies.
- Development of a message matrix to be standardised, contextualised and reiterated for delivery.
- Layering COVID-appropriate messages with COVID-sensitive messaging.
- Production of communication and capacity building material.
- Capacity building of state and district level health workers, civil society organisations (CSOs), community-based organisations (CBOs), youth volunteers and other stakeholders to ensure effective response.
- Social mobilisation through frontline workers and other community platforms.
- Digital media engagement alongside community media media, such as radio.





“ It is well recognised that risk communication is a vital prerequisite for successful engagement and empowerment of communities to mitigate risks during public health emergencies. The COVID-19 pandemic has drastically changed the way in which we operate, communicate and deliver services, and we are now compelled to rethink and identify newer communication modalities for raising awareness, capacity building and behavioural change interventions. The “New Normal” requires us to reimagine our communication interventions to help reduce the spread and negative impact of the COVID-19 pandemic on children, families and communities. ”

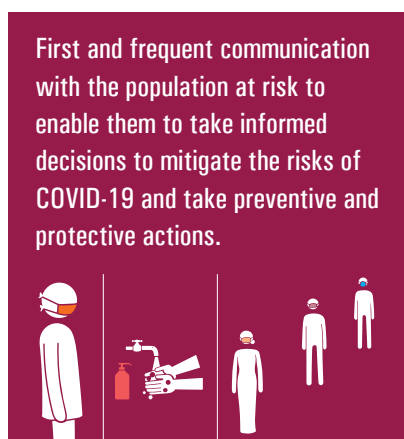
- Dr. Yasmin Haque, Country Representative, UNICEF India

COVID-19

2 RCCE Approaches

Right information to the communities at the right time

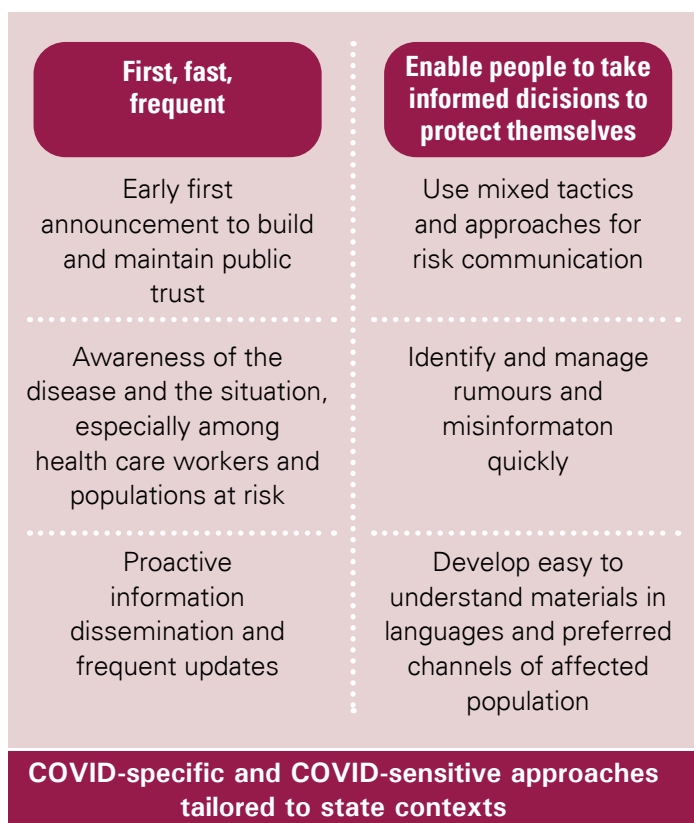
The key approach in RCCE for COVID-19 is to be first, be fast and be frequent to create confidence and enable access to right information at the right time among the communities to help them adopt the right practices. It aims to minimise the consequences in keeping with the decentralised governance systems at the central and state levels.



RCCE's COVID-specific and COVID-sensitive programming is strategic and systemic, mindful of the scale and diversity of the country and state-specific contexts, to tailor strategies as per the requirements of each state.

Working closely with MoHFW and WHO, UNICEF provided support in developing a comprehensive COVID messaging matrix, in adherence to the Government of India and National Centre for Disease Control (NCDC) guidelines. This messaging can be categorised into two broad categories – COVID-specific and COVID-sensitive. It enabled the UNICEF field offices to design RCCE communication materials and products, adapted to local context.

Figure 1: Key RCCE approaches



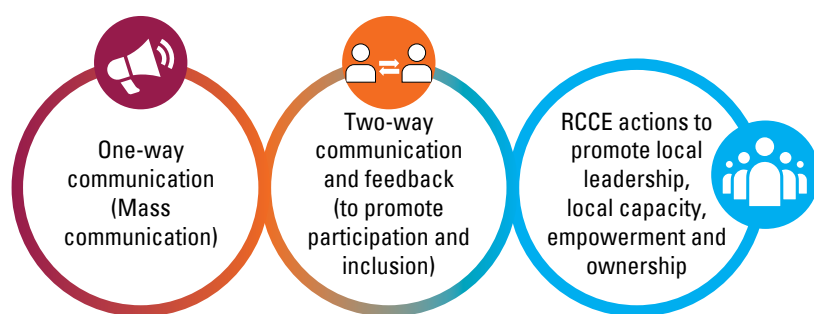
UNICEF also supported the Ministry of Jal Shakti in developing COVID-specific as well as COVID-sensitive messages as part of the Ministry's RCCE campaign – *Badal Kar Apna Vyavahar, Karein Corona Par Vaar* – under the larger umbrella of MoHFW guidelines. The Ministry of Jal Shakti's advisories took the communication campaign forward through the Departments of Rural Development and Panchayati Raj, at the state level.

Communication to build trust and confidence among communities

Communication for RCCE focuses on one-way communication for information dissemination and on two-way communication to promote participation and inclusion, building local ownership and capacity to deal with misinformation. It puts emphasis on addressing the threat of infodemics across the country through trust and confidence building among the communities, and bridging the gap between knowledge, attitude and practices (KAP) through defining the risk perception among populations and decision makers.

⁴ Excessive information, often unverified, about a problem, quickly through various channels and fueling fear and speculation.

Figure 2: Modes of communication for RCCE



Leveraging partnerships

UNICEF has adopted a convergent approach to work with a wide network of partners, including the Government of India ministries, departments at the state level, media organisations, CSOs, development partners, community influencers and youth volunteers to consolidate the RCCE response to COVID-19 (Table 1).



Table 1: Partnerships leveraged by UNICEF at the national and state levels

National Level	Inter-ministerial collaboration	Ministries/State departments of Women and Child Development (WCD), Panchayati Raj, Minority Affairs, Information and Broadcasting, Housing and Urban Affairs, Defence, Home Affairs, Youth Affairs and Sports, Railways, Labour and Employment, Tribal Affairs, Rural Development, Corporate Affairs, and Agriculture and Farmers' Welfare
	National level development partners	Development partners, UNICEF, WHO, United States Agency for International Development (USAID), Bill and Melinda Gate Foundation (BMGF), United Nations Development Programme (UNDP), Tata Trust, Clinton Health Access Initiative (CHAI), United Nations Population Fund (UNFPA), National Iron Plus Initiative (NIPI), Tribal Cooperative Marketing Development Federation of India (TRIFED)

State Level

Professional bodies/ institutions	Indian Medical Association (IMA), Indian Academy of Pediatrics (IAP), Red Cross, Rotary
Panchayati Raj Institutions (PRIs) and other local bodies	Elected representatives, tea garden labour unions, employee's unions, brick kiln labour unions/committees
Urban Local Bodies	Mayors, Municipal Corporators, Officers, Resident Welfare Association (RWA) Presidents and members, and ward members
Faith leaders	Priests, Maulavis, Granthis, Bishops, tribal faith leaders
Non-governmental organisations (NGOs), lobby groups	NGOs/CBOs/Self-Help Groups (SHGs) and Federations, Women's Welfare Societies, Army/Police/Air Force Officers/Wives Associations, Milk Cooperatives, NGO alliances, Charitable organisations/Trusts, Lawyers' associations, Relief committees
Private Sector	Corporate Social Responsibility (CSR) Foundations, Corporate Clubs, Public-Private Partnership (PPP) initiatives
Media	Media agencies, media houses, various media channels
Public personalities	Celebrities – actors, sportspersons, local celebrities, champions

Key partners in RCCE implementation

- Ministry of Health and Family Welfare
- National Health Mission
- National Centre for Disease Control
- Ministry of Human Resource Development
- Ministry of Women and Child Development
- Ministry of Jal Shakti
- Ministry of Rural Development
- Ministry of Panchayati Raj
- Ministry of Youth Affairs and Sports
- Ministry of AYUSH
- Ministry of Tribal Affairs
- TRIFED
- Information and Broadcasting Community Radio Association
- National Service Scheme (NSS)
- National Cadet Corps (NCC)
- Nehru Yuva Kendra Sangathan (NYKS)
- NGOs and CSOs
- Influencers

Reaching Families and Communities - Implementation of COVID-19 RCCE

3

UNICEF's RCCE response is gender responsive and aligns itself with the Social and Behaviour Change Communication (SBCC) Gender strategy. The six pillars, which form the foundation of the Gender Strategy, are also the guiding principles of RCCE strategy (see Figure 3).

Figure 3: Six approaches of SBCC Gender Strategy 2018-2022, UNICEF



UNICEF's RCCE plan

The RCCE plan is in accordance with the Government of India's containment strategy, which has placed a nationwide focus on Testing, Tracing and Treatment. It is in line with the national COVID-19 guidelines. The teams in 14 UNICEF focus states have developed state-specific RCCE Action Plans, corresponding to the state's needs, and supported the state governments in implementing these plans.



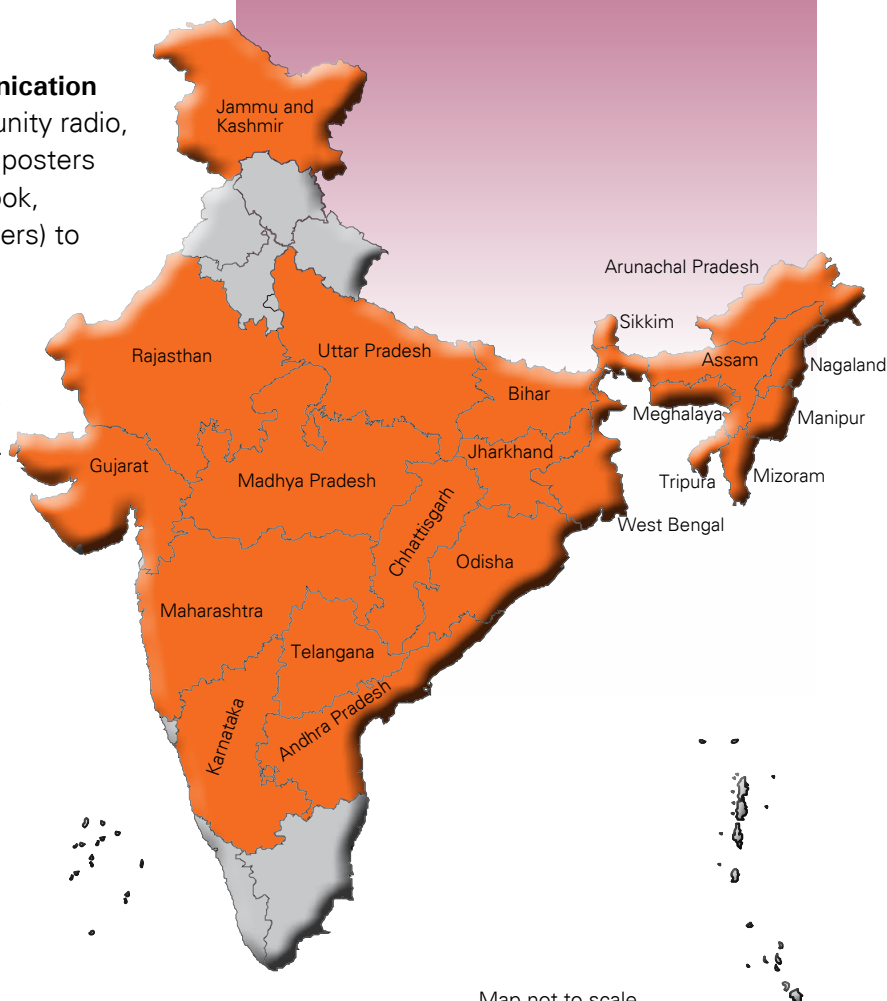
⁵ Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, Telangana, Andhra Pradesh, Karnataka, Rajasthan, Uttar Pradesh and West Bengal.

Each COVID-19 RCCE action plan contains the following key components:

- Situation **analysis**
- Key **strategies** and interventions
- Development of **RCCE materials** (audio and video messages, films, print materials) in diverse languages, for wider circulation, as per the states' needs
- Exploring and strengthening **partnerships** with state-level and regional institutes and organisations, CSOs, faith-based organisations (FBOs) and NGOs to disseminate COVID-related messaging among communities
- **Capacity building** of state and district officials for planning, implementation and monitoring of COVID-19 RCCE interventions
- **Orientation** of field-level functionaries, faith leaders, community influencers and volunteers on COVID-specific and COVID-sensitive messaging
- **Utilisation of various communication modes and platforms** (community radio, television, radio, newspapers, posters and hoardings, miking, Facebook, Twitter, WhatsApp among others) to reach the communities
- **Specific interventions for vulnerable populations** in the most marginalised community groups, including urban slums.

Geographic area covered under RCCE interventions

- Jammu and Kashmir
- Assam (all districts and support to other north-eastern states - Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura)
- Bihar (all districts)
- Chhattisgarh (all districts through State Communication cell)
- Gujarat (all districts)
- Jharkhand (all districts)
- Madhya Pradesh (all districts)
- Maharashtra (all districts)
- Odisha (all districts)
- Telangana, Andhra Pradesh and Karnataka (with greater focus on Vishakhapatnam, Bangalore and Hyderabad)
- Rajasthan (all districts)
- Uttar Pradesh (all districts)
- West Bengal (all districts with focus on five districts)



Map not to scale

Key participant groups in RCCE interventions across the states

Primary (targeted through message dissemination, engagement and feedback gathering): Community members of all age groups (urban and rural), slum dwellers, migrant population, underserved communities, elderly population, people with disabilities, children, adolescents, vulnerable age groups (24 to 45 years and 60 plus).

Secondary (targeted through orientations and capacity building initiatives): Frontline workers (accredited social health activists (ASHAs), anganwadi workers (AWWs) and auxiliary nurse midwives (ANMs) – three As), health functionaries, swachagrahis, sanitation workers, community workers, youth networks and volunteers (NYKS, NCC, NSS among others), religious leaders, FBOs, CSOs, NGOs, SHGs, PRIs, Helpline Counsellors, state and district-level government officials (specifically health officials), universities, teachers, state information, education and communication (IEC) cells.



COVID-specific and COVID-sensitive RCCE messaging

4

COVID-specific messaging

This messaging focuses on prevention and management of COVID-19. India's COVID-19 RCCE response stresses on trust building through communication and community participation, and unpacking new terminology, such as social distancing and quarantine, which has gained relevance due to the COVID-19 pandemic. Messaging around actionable ideas has simplified these terms.

These messages are standardised, contextualised and reiterated for delivery. This ensures uniformity in messaging across a wide range of mediums and platforms, and higher recall. Core messaging has been adapted to reach the most excluded and vulnerable populations. It addresses the unique diversity and context of the population across the country. All 14 UNICEF focus states and the north-eastern states have adapted RCCE materials and translated them into local languages, including multiple tribal dialects in states with a large percentage of tribal population, such as Jharkhand, Odisha, Chhattisgarh, Madhya Pradesh and Maharashtra.

New age multimedia mix:

- Media created to disseminate new social distancing norms and explain new terms
- Nudges and reminders designed to support social distancing choices
- Messages standardised and message delivery contextualised
- Multi-channel approach adopted
- Social listening undertaken to understand issues faced by communities.



COVID-specific messaging

- Handwashing with soap
- Respiratory hygiene
- Facial hygiene
- Social distancing
- Wearing a mask
- Dos and don'ts during home quarantine
- Dos and don'ts while experiencing COVID-19 symptoms

COVID-sensitive messaging

- Immunisation
- Breastfeeding and complementary feeding
- Nutrition for women
- Diarrhoea management
- Iron and Folic Acid (IFA) supplementation distribution and compliance
- Hygiene and sanitation behaviours
- Responsive parenting
- Maintaining routine of the day with children
- Support learning
- No to child labour, child marriage and violence against children
- Ensure safe migration and rights of migrant children
- Track vulnerable children and linkages with social protection
- Care for children without adequate family care
- Seek help for mental health and psychosocial support and care
- Follow online safety measures



COVID-sensitive messaging

It includes essential, non-negotiable health, nutrition, water, sanitation and hygiene (WASH), protection and education-related services, alongside entitlements for adolescents and women.

Review and refinement of COVID-19 messaging matrix in the early stages of RCCE efforts ensured that an extensive range of COVID-sensitive messaging and support services were included in this matrix. UNICEF ensured this through:

- Inclusion of COVID-specific messaging and actions in the RCCE Action Plan and essential services guidelines
- Developing correct messaging, sensitive to the cultural context
- Selecting effective channels of messaging to promote COVID-sensitive behaviours.

Diverse multimedia products designed for dissemination

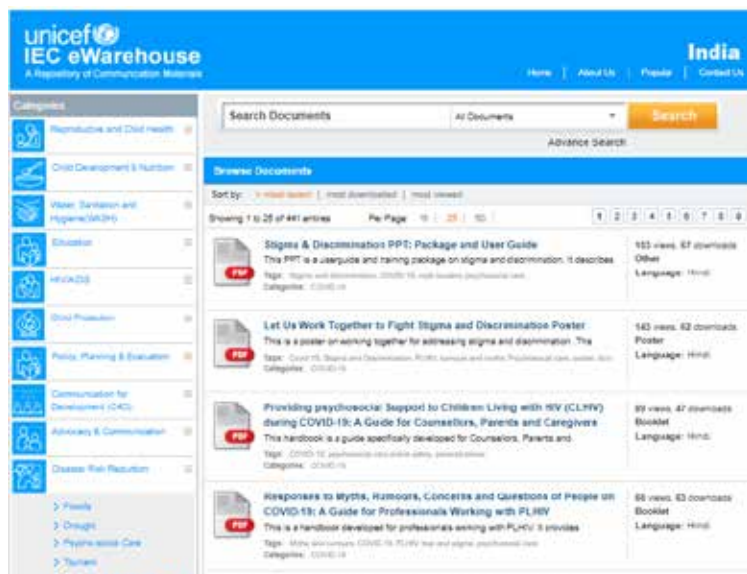
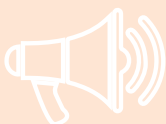
A wide array of media was used for COVID-specific message dissemination – print, radio, television, community radio, digital, social media and messaging through apps such as WhatsApp and SMS. Posters, signages, billboards, wall slogans, hoardings, etc. explaining the concept of physical spacing as per the context—urban spaces, rural spaces, crowded spaces, slums—were designed.

For COVID-sensitive messaging, actions were accelerated and a range of communication materials was swiftly developed to address the relevant themes and services. To broaden the product base, communication packages prepared on essential services prior to the pandemic, with scope for adaptation as COVID-sensitive messages, were repurposed to address COVID-19 related questions, fears and doubts among families, parents, workers and caregivers.



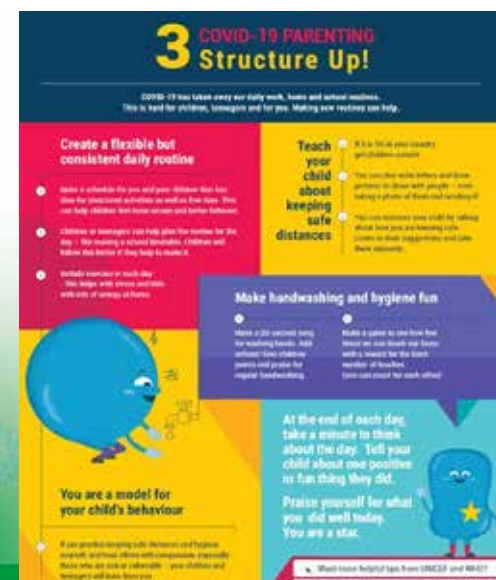
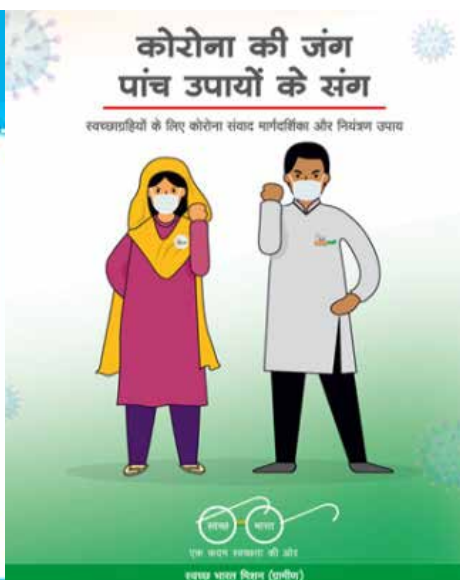
Key communication products developed

- Animation videos, video bites of influencers
- Radio and television spots
- Songs and jingles
- Posters, advertisements in newspapers
- Social media materials
- Interactive Voice Response System (IVRS) messages
- Wall slogans, banners, billboards
- Online quizzes
- Content for public announcements through miking
- Content for messaging through SMS and WhatsApp



The extensive range of COVID-specific and COVID-sensitive communication products ensured information dissemination and awareness building among communities and specific target groups. Multiple communication channels and innovative methods have been used to reach the communities with messaging and essential services.

UNICEF India IEC warehouse (<https://iec.unicef.in/category/index/covid-19>) has a collection of 390 RCCE materials (audio, video and print) in 20 languages, including sign language.



Adapting Learning Methodologies for Online Capacity Building

5

Due to nationwide lockdown in late March and April, face-to-face engagement for trainings and orientations proved to be a challenge. To help address this challenge, the concept of virtual and online trainings was utilised, since these could be undertaken despite restricted movement.

Trainings across all the states were delivered using digital and online mediums such as Zoom. The health functionaries and other trainees could access these trainings at their workspaces or at home through their mobile phones or computers.

UNICEF provided technical assistance to MoHFW in developing training modules to orient the healthcare functionaries, frontline workers and others on coronavirus and its transmission; behaviours crucial for prevention of transmission; communication skills while dealing with COVID-19 positive patients; the importance of being sensitive and non-judgemental; stigma and discrimination; and other relevant issues. These modules are replete with simulations to keep the participants' interest alive, to reiterate the learnings, and to ensure retention of content by the participants. They have been modified by UNICEF state offices to suit the specific context and need of every state. The modules were adapted for CSOs, youth, PRIs and FBOs.



Large scale digital orientation cascade was supported by UNICEF in the focus states by building capacities of officials of several departments, agencies, training institutes, schemes and programmes, CSOs, NGOs and volunteers from different organisations at the state and district levels. These state and district-level government officials then carried these trainings forward to the block and community levels in cascade mode.

In **Odisha**, a capacity building vertical was established and all the trainings were coordinated under the aegis of Director, State Institute of Health and Family Welfare (SIHFW).

An extended lockdown in **Maharashtra** severely restricted mobility, and the departments found it difficult to shift their focus from supplying essential services and commodities to the community to COVID trainings. The UNICEF state office modified its approach and secured tie ups with programmes and training institutes such as the Maharashtra State Rural Livelihoods Mission and Tribal Research and Training Institute, respectively, to include messaging around the new normal after lockdown, and COVID-sensitive issues and services as part of their skilling and other trainings. In the meantime, the state office has focused its energies on training CSOs and completed 370 trainings, helping them clear their doubts and informing them about COVID-specific and COVID-sensitive messages endorsed by the government.

The **Telangana/Andhra Pradesh/Karnataka** UNICEF has used a model of Zoom trainings followed by efficient use of WhatsApp groups for dissemination of training models and related material.

In **Gujarat**, UNICEF facilitated the training of 64 local and folk media artist groups of the Song and Drama Division of Press Information Bureau/Regional Outreach Bureau (PIB/ROB) to communicate key COVID specific and sensitive messages.

About **1.3 million** health functionaries have been oriented through online trainings and programmes. They are instrumental in working towards implementing national and state-level plans at the ground level.

UNICEF, WHO and MoHFW have built the capacities of more than **300** CSOs and **542,180** NSS volunteers to reach communities with information and advice on the importance of right behaviour to reduce the risk of COVID-19 infection.



6 Channels of Communication and Community Engagement

Communication through multiple channels

Digital media has been the primary source of information and entertainment across all segments of the society during lockdown and post-lockdown phases. Use of a wide range of media ensured the recall of COVID-related messaging. These include: regular airing of Public Service Announcements (PSAs); radio, television and community radio programming; a wide range of digital and social media; and use of distinct characters for messaging. In addition, posters, hoardings, signages, newspaper articles and advertisements helped reach information and messages to the communities. Community radio was also utilised to develop and disseminate programmes on COVID prevention and conduct online classes.

Initiated in **Uttar Pradesh**, puppet-based TARA Hai Tayyar – the story of a spunky



girl who, along with her father propagated healthy COVID-specific behaviours, such as handwashing and wearing a mask – has gained extreme popularity among children of all age groups. The series was also adapted for children with special needs and broadcast on national and regional television. The episodes were converted into lighter files and shared as mobisodes (episodes for mobile phones).

In Purulia district of **West Bengal**, UNICEF's partner Community Radio, Nityananda Janavani (91.2 FM), has joined hands with Sidho-Kanho-Birsha University to conduct "Sikshangan", a radio broadcast and a mobile app-based pre-recorded class. The subjects have been recorded by the University. In May 2020, Nityananda Janavani 91.2 FM radio facilitated the University to broadcast recorded classes in one subject, which were attended by around 1,500 students through the mobile app.

Avenues for two-way communication

People's queries were answered through a broad range of methods. Helplines and information centres; social media communication via Facebook and Twitter, among others; WhatsApp forums; door-to-door surveillance visits by frontline workers and volunteers; social network platforms; call-in TV; radio programmes; Q&A forums and listening sessions were used to respond to queries and gather responses. Information provided included dispelling myths and rumours, addressing stigma and discrimination, along with preventive behaviours and other related queries.



U-Reports and IVR-based exercises conducted from time to time across all states have helped in understanding the challenges faced by the community, engaging them and fostering participation through calls, polls, alerts, and eliciting responses to provide insight into the interventions undertaken. Some states have taken up surveys and assessments. The data from call centres is being used to understand the nature of issues faced, addressing them and exploring what more can be done.

In **Rajasthan**, messaging on social security schemes, and violence and protection was effectively utilised to reiterate messaging on COVID preventive behaviours. Student and CSO Alliance volunteers conducted social listening exercises on a fortnightly basis to fine tune the messages. Four rounds of social listening were conducted.

There were three active helplines in **Jharkhand** at one point of time – 104 (the regular health helpline), 181 and a helpline for migrants returning home. 181 was a helpline set up to directly access the COVID nodal officer. The helpline for migrants was set up specifically to ease the return of labourers to their homes. In June 2020, of all the COVID-related calls received at 104, around 600 were complaints related to various aspects of service delivery.



In **Odisha**, a convergent approach has been adopted between the Department of Information Technology, Information and Public Relations Department and the Department of Health and Family Welfare to ensure sharing of prompt, timely and authentic responses with users over social media engagement platforms like Facebook and Twitter. The Department of Health and Family Welfare and Information and Public Relations Department have over 1,48,000 and 62,300 tweets respectively on their Twitter handles.

Partnerships, structures and platforms for community engagement

UNICEF's advocacy efforts in the past have led to a strong network of partners including CSO alliances, youth networks, faith-based leaders and SHGs, among others. The goodwill and trust acquired in the past spurred UNICEF to translate these partnerships into vehicles of community engagement.

In **Rajasthan**, norms have been established for the celebration of festivals, collective worship and congregation of public. A well-designed social mobilisation plan and social media advocacy, with active support of the highest political leadership, senior state and district administration, helped achieve this. Buy-in of multiple groups was secured at the national, state and district levels. Mass and social media, community-based appeals, mobile messaging, frontline workers, local influencers and trusted organisations helped achieve more traction. These measures have helped in quelling fears, reducing stigma and discrimination, and adapting rituals and norms to the present times.



In **Telangana**, a systematic response to the pandemic was built in the urban slums. They mobilised NGOs with a presence in the slums, religious leaders, youth networks such as NSS and SHGs under the urban livelihood mission through Mission for Elimination of Poverty in Municipal Areas (MEMPA). The interventions undertaken with partner support helped in the promotion of preventive behaviours.

Alongside, relief operations for migrant workers, contact tracing and isolation of COVID-19 positive patients were also ramped up. Thirty-five community radio stations and some private FM channels were brought together and oriented. They played an important role in message dissemination for prevention of stigma and discrimination, and community engagement. The Office also collaborated with the Federation of Residents Welfare Association (RWAs) to reach out to the managing committees of RWAs in urban wards. The engagement with RWAs focused on COVID-19 appropriate behaviours and apprised the RWAs about the Government of India guidelines issued on the role of RWAs. They were oriented on Standard Operating Procedures (SOPs) related to COVID-19, which can be adopted by the societies, including the management of visitors and essential service providers, isolation and COVID-19 waste management, among others. In addition, through its partners, the office is focusing on RCCE interventions at non-formal worksites; orientation of domestic workers and shopkeepers managing small shops; working with the network of pharmacies; and RCCE intervention in private hospitals.



In **Mumbai**, G North (Dharavi) and M East (Govandi, Mankhurd) wards are the most vulnerable due to their high population density and low human development indices. UNICEF worked closely with the Assistant Municipal Commissioners of these wards, and organised COVID-19 responses through local groups, community organisations and leaders, including faith leaders,

to determine strategies and to identify the most vulnerable groups. As per the prevailing situation, the urban RCCE focused on social media through State IEC Bureau, Director General of Information and Public Relations and five social media platforms. The messages were reviewed by UNICEF and IEC Bureau for weekly inputs. DGIPR reviewed false messages and picked up key messages and social media posts for Twitter. UNICEF and WHO initiated a Humanitarian Alliance with the representation of stalwart religious leaders from various faiths – Islam, Hinduism, Jainism, Buddhism, Sikhism, Catholics – and humanitarian organisations such as Art of Living, Isha Foundation, ISCKON, Brahma Kumaris and Ramakrishna Mission. These organisations pledged their support to the state government's COVID-19 response. Work is ongoing with YR Gaitonde Centre for AIDS Research and Education (YRG CARE) in Govandi, Dharavi and other parts of the state, alongwith IEC Bureau and IEC Cell Municipal Corporation of Greater Mumbai. The focus is on busting myths to address stigma and discrimination and celebrate the COVID heroes. Community, existing influencers and women peer support groups have been engaged in two slum settlements to bust myths, and address stigma and discrimination. Youth volunteers (15-18 years) are being engaged as UNICEF U-Reporters through social media to work with adolescent and youth organisations in Dharavi and Govandi, and play a positive role in busting myths, addressing stigma and discrimination.



Alongside, the spirit of volunteerism among thousands of youth was encouraged for community engagement. Youth came out in large numbers to support voluntary services at public places, door-to-door surveys and other awareness generation and relief activities.

The 'Youth Power' campaign in **Madhya Pradesh** engaged 2.5 million enrolled students from all the government and private universities as volunteers to reach out to the public through digital platforms. The campaign viewed youth as trusted potential informants to influence the general public within their communication networks such as peers, family and community.

Similarly, students are being engaged in **Chhattisgarh** through university partnerships to mobilise them for change.



The Government of **Odisha**, in collaboration with UNICEF, started a unique initiative called Mo Pratibha in April 2020. It was intended to build a sense of well-being among children of different age groups by providing psychosocial support and keeping them engaged creatively during lockdown. Mo Pratibha was an online competition on different art forms such as painting, slogan writing, poster making, short stories and poetry. Children sent their entries through a designated WhatsApp number and email address on two themes – 'Being at home during COVID-19', and 'My responsibility as a young citizen during COVID-19'. Winners were declared under each category on a weekly basis. The response to this call was overwhelming and over 9,000 children sent in their entries under different categories.

Gujarat Youth Forum has been launched by **UNICEF Gujarat** in partnership with its academic and civil society partners. This forum aims to be a collaborative space to facilitate youth engagement. The first Gujarat Youth Conclave and a Virtual Summit on Happiness in COVID Times were organised in September.



Youth networks such as NSS, NCC, NYKS and SHGs are taking forward the mandate of community-based service delivery through counselling and support for provision of essential services.

In **Uttar Pradesh**, UNICEF and Public Health Foundation of India (PHFI) are working with Uttar Pradesh State Rural Livelihoods Mission (UP-SRLM) in six districts—Ambedkar Nagar, Banda, Bahraich, Chandauli, Mirzapur and Sonbhadra—through 420 Women Activists for Development Action (WADA) Sakhis (women facilitators). These Sakhis are agents of change, mobilising members of 5,000 SHGs and actively engaging in behaviour change communication (BCC) activities to improve the adoption of optimal nutrition behaviours and practices among women in the community. WADA Sakhis are training the SHG members through mobile-based training modules.



As part of Samridhi initiative in **Chhattisgarh**, SHGs were encouraged to take on the mantle of becoming agents of change and local influencers to promote key behaviours.

NSS is also playing a vital role in COVID response in Uttar Pradesh through its unique and novel initiative – Muskurayega India (India will smile). As part of the initiative, around 300 mental health counsellors—qualified teachers from various universities—are providing telephonic counselling support to students and other community members.

In **West Bengal**, following the government advisories and guidance, NSS volunteers of Sidho Kanho Birsha University have been supporting the implementation of select components of RCCE in villages adopted by them.

A quick response team of 22 NSS volunteers, 50 NYKS volunteers, 30 NCC volunteers and 1,210 other volunteers has been working towards awareness building and rescue operations. They have arranged food and shelter for destitute people, mobilised blood donors, provided psycho-social support to affected people and also conducted surveys in villages of Purulia district through social media on COVID-19 situation.

In **Rajasthan**, the enhanced spirit of youth volunteerism and engagement with community-centric work became visible with the work of NYKS. An army of 104,000 NYKS volunteers was galvanised into action in a systematic manner. They focused on one aspect of RCCE and promotion of one preventive behaviour at a time. They became a strong aide to District Collectors who repeatedly turned to them for support in the management of returning migrants, quarantine centres, sanitisation of villages and other related issues.



Inter-faith dialogue, mobilisation and engagement with faith leaders and FBOs on COVID-19 facilitated large-scale awareness, influencing behaviour change. An Inter-Faith Humanitarian Alliance (IHA) has been convened with the collaboration of UNICEF, WHO and Sphere India for COVID response and preparedness. The objective of the alliance is to bring together prominent faith leaders, orient them on correct messages and key issues related to COVID, and create a public platform for them to discuss and engage with communities on preventive actions, and social stigma and discrimination associated with COVID-19. Until August 2020, one major national and multiple state level⁶ IHA

⁶ Organised in Andhra Pradesh, Assam, Bihar, Madhya Pradesh, Rajasthan and Tamil Nadu.

webinars were conducted, reaching both faith leaders and general population. Leading inter-faith leaders of the country promoting COVID-preventive measures have jointly issued national and state-specific public appeals.

UNICEF has expanded partnerships with multiple FBOs at the national level and in states, and supported the creation of inter-faith alliances like the Global Interfaith WASH Alliance (GIWA). These alliances are now supporting the dissemination of key COVID messages and appealing to people to follow government protocols during services and rituals such as funerals, marriages and births. Several appeals have been issued by them, especially around festivals, to refrain from holding public congregations and to encourage worshipping from home.

UNICEF Bihar set up the Bihar Inter-faith Forum for Children (BIFC), a platform for faith leaders and FBOs, to promote and protect children's rights and well-being. The BIFC members have come together to create awareness among their followers and community members on COVID-specific as well as COVID-sensitive behaviours. They have proactively worked towards building awareness on: the importance of handwashing; respiratory hygiene; social distancing; following lockdown guidelines; taking special care of women, children and the marginalised; building positivity, compassion, solidarity, inner-strength and hope; fighting stigma; and reaching out to people in need.

Assam focused on the orientation of 800 NSS volunteers and around 14,000 community volunteers on stigma and discrimination in the state and in other north-eastern states as well. Technical support was provided to the Piramal Foundation team to conduct training of counsellors of 104 Helpline in Assam. A repository of knowledge products on stigma and discrimination was prepared and shared with the National Health Mission teams of north-eastern states. Inter-faith leaders from Assam were sensitised on their role in combating stigma related to COVID-19. Community was engaged through TRIFED SHGs and Van Dhan Vikas Kendras to create awareness.

NGOs are working closely with UNICEF at the community level. Being on ground, they have a clear understanding of the community's immediate needs. In certain states, these NGOs are also providing vital support in ensuring that the district administration is well informed of the ground level reality.



In **Odisha**, NGOs have been trained in COVID-19 management to facilitate interaction with district administration and other relevant institutions. They also support in rapid assessments and early identification of gaps, to accelerate response. These NGOs provide daily updates on RCCE activities to the administration through WhatsApp groups; support frontline workers in reaching communities with messaging and basic Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) services; engage with adolescents; and monitor temporary medical centres (TMCs) and gaps in implementation of services.

The RCCE intervention in the urban slums of Ranchi in **Jharkhand** has found a rock solid partner in the NGOs that are working with UNICEF in the area.

In May 2020, these slums were containment zones. The intervention reached 12,000 families with correct information on preventive health and hygiene behaviours, through partner NGOs. But these being containment



zones, in addition to correct information, the communities required essential supplies. Sanitary napkins are an absolute essential for women, though most of the organisations supplying essential items were focusing on food. UNICEF encouraged its partner NGOs to expand their linkages. These partners have proactively explored funding options from other donors to provide sanitary napkins, hygiene kits and masks, along with food, to the needy families. Their efforts have borne fruit.

Chhattisgarh has formed an Alliance for Behaviour Change to bring NGOs and educational institutions on board. It is an online platform for engaging agencies and individuals to adapt to the new normal.



In **Gujarat**, Moving India Towards Sanitation for All (MISAAL) committees in three low- and middle-income housing and slum clusters of Ahmedabad have been oriented on the promotion of COVID preventive behaviours. These orientations also focused on facilitating access to seven major social sector schemes available to people in these areas. The committees helped in preparing lists of people keen on availing the benefits of schemes such as Pradhan Mantri Garib Kalyan Yojana.

A pro-bono partnership was established with the Saathealth App to develop and disseminate short audio-visual clips on parenting tips during COVID times. Five additional films were developed on the issue and published on the App, reaching approximately 110,000 people⁷. The App was also launched in the state of Jammu and Kashmir by the departments of Education, and Women and Child Development.

⁷ This is the number of downloads of the App as of Aug 10, 2020. The numbers reached may be larger.



Key agents of community engagement

- *Frontline workers* – Door-to-door counselling, message dissemination through WhatsApp and phone calls, awareness on stigma and discrimination, infection prevention and control protocols
- *SHGs* – Door-to-door counselling, message dissemination through WhatsApp and phone calls, awareness on stigma and discrimination
- *NGOs* – Door-to-door counselling, message dissemination through WhatsApp and phone calls, awareness on stigma and discrimination, ensuring essential services
- *CSOs/CBOs* – Training of community workers on RCCE and stigma and discrimination, community mobilisation
- *FBOs* – Appeals on social media; miking through mosques, awareness on stigma and discrimination
- *Youth networks (NSS/NYKS/Scouts and Guides)* – Door-to-door counselling, referral for grievance redressal, message dissemination through social media and over phone, awareness on stigma and discrimination, community mobilisation
- *Child Protection Committee members* – Online safety for children, gender-based violence, other child protection issues, awareness on stigma and discrimination
- *Teachers* – Adhering to COVID-19 prevention behaviours and awareness on stigma and discrimination

7 Challenges Faced and Lessons Learned

Sustainable capacity development

Online capacity building experience has shown that it comes with its own challenges. Experiences of many states show that the quality of trainings was compromised initially due to network connectivity and limited scope for two-way interaction. However, online trainings also showcased opportunities for cost-effective engagement with stakeholders and the ability to reach many more people at the same time in such a short time. Learning from these experiences, it can be said that a mix of face-to-face and online trainings will be beneficial. Online mediums can be explored for refresher trainings, which many a time get compromised due to lack of availability of participants for offline trainings.

The experience of online trainings also taught a lesson about the importance of refresher trainings for increased recall of the messages.

Data and evidence generation

Since March 2020, Communication for Development (C4D) division, UNICEF set up a system of evidence generation and analysis. Using digital tools such as U-Report and social listening, UNICEF has been gathering and analysing information on people's knowledge and attitudes related to various aspects of COVID-19. Two rounds of U-Report based assessment were completed in March and June 2020. The findings of these reports have been used to strengthen the focus on the nuances of COVID prevention behaviours such as wearing masks and using helpline numbers. Three more rounds covering different aspects of the multi-sectoral effects of COVID-19 have been planned till December 2020.



A pro-bono partnership with the research agency Kantar Public has been useful to assess stigma and discrimination related attitudes. The study pointed to the need to focus on home returnees, migrants and people in self-quarantine as subjects of discrimination. RCCE interventions have been modified based on the findings from this assessment.

An important aspect of learning was also related to what ‘can and cannot’ be included in studies that use telephone, internet or social media for responses. The respondents cannot be asked direct questions about violence, abuse or gender based discrimination, in keeping with the ethical considerations. Moreover, the duration of the questioning, the length of surveys and degree of details that can be enquired needs to be restricted to ensure that the respondents do not leave the study.

UNICEF has collaborated closely with organisations such as BMGF, WHO, IDinsight, Population Council, SEWA and others. A COVID Research Network (CORE Net) has been formed to facilitate sharing of research insights, tools and plans for future researches. UNICEF was a regular participant in the CORE Net meetings.

The behavioural insights received from several of the surveys are being used to improve messaging as well as fine tune the interventions.

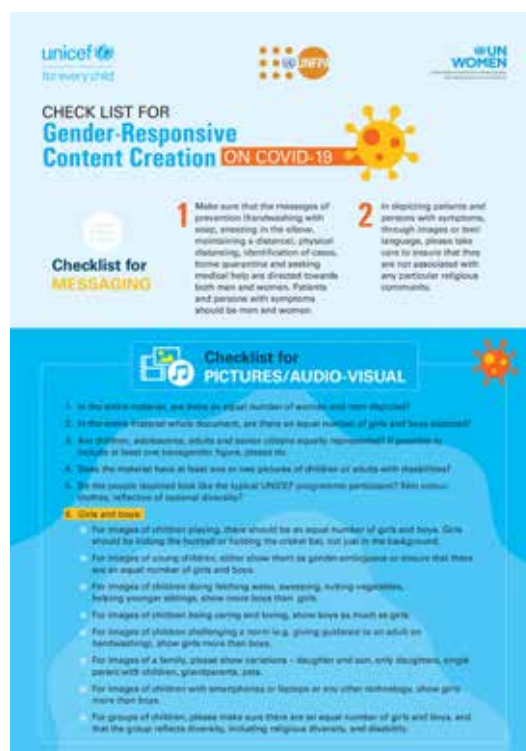
Exploring the power of partnerships

UNICEF worked with a wide range of partners, right from MoHFW at the central level, to other departments at the state level, CSOs and CBOs, NGOs, FBOs and many others. This network of partners has further expanded while planning the ongoing National Stigma and Discrimination campaign for MoHFW. Partnerships with research agencies such as Kantar Public and private sector organisations such as Saathhealth have also shown promise for further exploration.

Making an integrated package of RCCE messaging

When the COVID-19 RCCE response was initiated in early April 2020, the focus was on building awareness of prevention behaviours. With time and increased number of COVID-positive patients, India has moved into the response phase, but there is lack of preparedness to address the requirements of this phase. This has amplified the need for a more integrated package of information, which moves beyond handwashing and respiratory etiquettes, and responds to issues related to entitlements, stigma and discrimination, and psycho-social support, among others.

The high levels of handwashing achieved due to COVID-19 point to the need to see behaviour change as an opportunity and ensure that this gain is not lost once the pandemic is over.



Gender and equity lens

UNICEF has developed a gender responsive checklist for the production of materials, with its partner agencies UNFPA and UNWomen. This checklist is now being advocated with the ministries and the partner agencies, for the development of any communication materials, to ensure that the products being developed are gender responsive.

UNICEF's working with ministries such as the Ministry of Tribal Affairs helps the intervention to reach the tribal and indigenous communities. Similarly, there is a need to strengthen the programming focused on urban slums to reduce the equity gap and cover all the vulnerable populations.



8 Results and Achievements

The status of RCCE interventions in India against the Humanitarian Performance Monitoring (HPM) indicators (September 2020) is as below:

- Around 40.8 million people were reached with COVID-19 messaging on prevention and access to services, surpassing the set target of 40 million people by December 2020.
- Around 19 million people (96%) were engaged in RCCE actions against the set target of 20 million people by December 2020.
- Around 2.3 million (96%) people were engaged in two-way communication through digital and non-digital platforms, to address their needs through established feedback mechanisms, against the set target of 2.4 million. People shared their concerns and asked for information and clarifications related to available support services.
- Over 1.2 million (out of a total of 1.4 million) community health workers have been trained in infection prevention and control.

UNICEF has worked as a close partner of the government in COVID-19 related RCCE activities. In this role, UNICEF has provided technical assistance in planning, capacity development and implementation of RCCE activities in its focus states and at the national level.

As part of these efforts, UNICEF reached more than 40 million people until September 2020, through prevention and access messaging over a wide range of platforms.

In two states – Maharashtra and Uttar Pradesh – state-wide real-time monitoring systems (using Rapid Pro) were rolled out for feedback collection from the affected communities and migrants.

A well-established network of UNICEF's C4D professionals is already implementing the social and behaviour change communication (SBCC) initiatives in these states, and their presence gave the much-needed impetus to RCCE programming.

It was possible to achieve these results due to UNICEF's prior and continuous efforts with the central and state governments towards building staff capacities for SBCC programming on ground. It helped accelerate the process of development and approval of RCCE action plans, preparation of material and rolling these plans on ground.

All photos © UNICEF, India

UNICEF India Country Office

73 Lodhi Estate, New Delhi - 110003

Telephone: +91-11-24690401, 24691410 | Email: newdelhi@unicef.org | www.unicef.in

Follow us on:  /unicefindia |  /UNICEFindia |  /unicefindia

Follow SBCC Alliance on  /SBCCAlliance |  /SBCCalliance |  /SBCCalliance

COVID-19

Risk Communication and Community Engagement

UNICEF India's Response

March – September 2020



unicef 
for every child

COVID-19

Risk Communication and Community Engagement

UNICEF India's Response

March – September 2020



COVID-19

Risk Communication and Community Engagement

UNICEF India's Response

March – September 2020



unicef 
for every child