

COVID-19: **How to include marginalized and vulnerable people in risk communication and community engagement**

Why include a protection, gender, and inclusion lens in risk communication and community engagement?

Women, the elderly, adolescents, youth, and children, persons with disabilities, indigenous populations, refugees, migrants, and minorities experience the highest degree of socio-economic marginalization. Marginalized people become even more vulnerable in emergencies.¹ This is due to factors such as their lack of access to effective surveillance and early-warning systems, and health services. The COVID-19 outbreak is predicted to have significant impacts on various sectors.

The populations most at risk are those that:

- depend heavily on the informal economy;
- occupy areas prone to shocks;
- have inadequate access to social services or political influence;
- have limited capacities and opportunities to cope and adapt and;
- limited or no access to technologies.

By understanding these issues, we can support the capacity of vulnerable populations in emergencies. We can give them priority assistance, and engage them in decision-making processes for response, recovery, preparedness, and risk reduction.

What have we learned about protection, gender, inclusion, and risk communication and community engagement in other epidemics?

Previous epidemics illustrate the value of engaging with women when communicating about risks:

- Women are a disproportionate part of the health workforce.
- As primary caregivers to children, the elderly, and the ill, we must recognize and engage women in risk communication and community engagement.
- When we don't recognize gendered dynamics during outbreaks, we limit the effectiveness of risk communication efforts.
- Women's access to information on outbreaks and available services are severely constrained² when community engagement teams are dominated by men.
- Tailoring community engagement interventions for gender, language, and local culture improves communities' uptake with interventions.³

1. <https://idpjournal.biomedcentral.com/articles/10.1186/s40249-017-0375-2>

2. UNGA A/70/723. *Protecting Humanity from Future Health Crises: Report of the High-Level Panel on the Global Response to Health Crises.*

3. Deborah Toppenberg-Pejcic, Jane Noyes, Tomas Allen, Nyka Alexander, Marsha Vanderford & Gaya Gamhewage (2019) *Emergency Risk Communication: Lessons Learned from a Rapid Review of Recent Gray Literature on Ebola, Zika, and Yellow Fever*, *Health Communication*, 34:4, 437-455, DOI: 10.1080/10410236.2017.1405488

Populations at disproportionate risk in public health emergencies, and key implications for risk communication and community engagement⁴



CHILDREN

Reasoning

Younger children might not have access to or might find it difficult to understand publicly available information on COVID-19.

Unaccompanied and separated children may be particularly challenged in accessing timely and relevant information and health services.

Children are usually unable to express their fears / anxieties.

Prolonged periods of school closure and movement restrictions may lead to emotional unrest and anxieties.

Caregivers might not be able to take effective care of the children who depend on them.

If parents have to go out for work and children have to stay at home due to schools being shut, it has implications on their safety and security.

Heightened parental anxieties and frustrations might lead to an increase in violence against children at home.

If caregivers are infected, quarantined, or pass away, it could lead to protection and psychosocial issues for children.

While children seem to be less likely to become severely ill with the virus, they can unwittingly transmit to caregivers who may be more vulnerable to infection and severe illness.

RCCE actions to include this group

Advocate to ensure that government and other stakeholders prioritize the information and communication needs of children and adolescents.

Consult children and adolescents, including unaccompanied and separated children, to understand their concerns, fears and needs.

Design information and communication materials in a child-friendly manner

Provide information about psychosocial issues, as well as general health and hygiene.

Provide parents with skills to handle their own anxieties and help manage those in their children

Advocate for family-friendly workplace policies so that parents can take better care of their children.

Promote fun activities that parents and children can do together to reduce anxieties and tension.

Advocate for counselling and support services for those affected.

Consider different needs based on gender, context and marginalized communities.



PERSONS WITH DISABILITIES

Reasoning

Access to information is often a barrier for persons with a disability who have specific communication needs.

They are often excluded from decision-making spaces and have unequal access to information on outbreaks and availability of services.

They can be socially isolated if they don't access the community regularly through employment or education for example.

RCCE actions to include this group

Ensure active outreach to collect feedback from persons with disabilities.

Disseminate information that uses clear and simple language.

Provide information in accessible formats, like braille, large print.

Offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.

Involve organizations of persons with disabilities in consultation and decision making.

Provide tailored approach to meet individual needs, work with personal carers and other social support networks.



WOMEN AND GIRLS

Reasoning

Women make up large parts of the health workforce.

Most primary caregivers to the ill are women.

Women are more likely to be engaged in the informal sector and be hardest hit economically by COVID-19.

Women experience increased risks of gender-based violence, including sexual exploitation.

Cultural factors may exclude women from decision-making spaces and restrict their access to information on outbreaks and availability of services.

Women might experience interrupted access to sexual and reproductive health services, including to family planning.

In some cultural contexts, gender roles may dictate women cannot obtain health services independently or from male service providers.

RCCE actions to include this group

Ensure that community engagement teams are gender-balanced and promote women's leadership within these.

Provide specific advice for people - usually women - who care for children, the elderly and other vulnerable groups in quarantine, and who may not be able to avoid close contact.

Design online and in-person surveys and other engagement activities so that women in unpaid care work can participate.

Take into account provisions for childcare, transport, and safety for any in-person community engagement activities.

Ensure frontline medical personnel are gender-balanced and health facilities are culturally and gender sensitive.



PREGNANT WOMEN

Reasoning

Services may be diverted when health services are overburdened, resulting in interrupted pre- and post-natal care.

Frequent and sometimes unnecessary contact with health facilities can increase the risk of infection, especially in health facilities with inadequate infection control measures.

RCCE actions to include this group

Develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.

Translate these materials into local languages and adapt to local context.

Ebola Response Case Study

Grassroots examples on engaging women in RCCE from the Ebola outbreak response in Sierra Leone.

- Ensuring communications answer questions like: "How do I manage a family of children, including infants and toddlers, in quarantine?"
- Adapting a weekly radio show, hosted by local women, to provide education about Ebola.
- Helping with the setting up of village Ebola watch committees led by local women and religious leaders to develop local response and work alongside national efforts.

Learn more: <https://reliefweb.int/report/world/gender-matters-responding-major-disease-outbreaks-ebola>



PEOPLE LIVING WITH HIV

Reasoning

May have compromised immune systems and be more at risk of severe illness.

May feel that they have insufficient information on how to protect themselves from infection.

May experience stigma and discrimination in health care settings, including being tested for HIV against their will.

People living with HIV may be denied access to essential medications, including ARVs, due to overburdened health systems.

RCCE actions to include this group

Utilise established community systems to facilitate communication with people living with HIV, including utilising informal systems to avoid treatment disruptions.

Ensure access to information on specific needs based on their feedback, including up to date information regarding where and how to access ARVs.

Develop QandAs/FAQs in consultation with the people living with HIV community that respond to their specific vulnerabilities and concerns.

Where possible, provide multi-month prescriptions to ensure that people living with HIV are able to have a few month's supply of ARV.

Suggest that people living with HIV keep a supply of non-perishable food in order that they are able to take their medication.

Provide psycho-social support to people living with HIV who may already feel anxious, stigmatised and vulnerable.



GENDER-BASED VIOLENCE SURVIVORS

Reasoning

Pressure to respond to COVID-19 cases may disrupt care and support for gender-based violence survivors. This may affect services in one-stop crisis centers in tertiary level hospitals.

Safety, security and access to justice services may be disrupted as government institutions shift resources to the public health crisis.

Primary and secondary health care facilities may be requested to take on the caseload of GBV survivors and only refer to tertiary hospitals when higher level of care is needed.

RCCE actions to include this group

Update GBV referral pathways to reflect primary and secondary health care facilities.

Inform key communities and service providers about the updated pathways.

Ensure that GBV risk-mitigation measures are in place in quarantine facilities and evacuation processes.

Reinforce support and surge capacities to other sectors in addition to the health response. For example, reinforce staff for emergency response hotlines and in the safety and security sectors.

Circulate PSEA Codes of Conduct and other safeguarding measures and remind staff of the need to comply with them.





REFUGEES AND MIGRANTS*

Reasoning

Legal status, discrimination, and language barriers may limit access to otherwise publicly available preventative materials, health care and social services.

Like other official information, health service information and government announcements may not reach them.

Refugees and migrants may not be included in the national strategies/plan/interventions.

Refugees and migrants' mobility may make them difficult to reach, including during cross border movement.

Lack of documentation and financial resources may hinder access to life-saving health services.

Refugees and migrants may travel irregularly and inadvertently circumvent health screening and services at border points.

RCCE actions to include this group

Support the translation and dissemination of WHO and ministry of health advisories and public health information on COVID-19 and its prevention into preferred languages of refugees and migrants. Disseminate this information through efficient channels including NGOs, refugee or migrant volunteers and respective communities.

Advocate for inclusion and non-discriminatory access of refugees and migrants to public health services.

Include refugees and migrants in all national, provincial and local contingency, prevention and response plans and interventions.

Partner with refugee and migrant community network to monitor risks associated with human mobility in affected areas.

Tailor all activities to the context, adjusting for community perceptions, beliefs and practices.

Diversify communication tools and format, and simplify messages; ensuring to test messages with target group.

Use continued feedback to adapt messages to the evolving situation.

**including migrant workers and their families; irregular migrants; cross-border populations (* While legally distinct, refugees and migrants are jointly addressed here as both population could face similar challenges in a public health crisis as non-nationals and a mobile or potentially mobile population)*



ELDERLY

Reasoning

The evidence for COVID-19 shows they are the most vulnerable group with higher fatality rate.

Not always able to go to the health services or the services provided are not adequate for elderly.

May have difficulty caring for themselves and depend on family or caregivers. This can become more challenging in emergencies.

May not understand the information/ messages provided or be unable to follow the instructions.

Elderly in assisted-living facilities live close to each other and social distancing can be difficult.

RCCE actions to include this group

Tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status.

Engage the elderly to address their specific feedback.

Develop specific messages to explain the risk for elderly and how to care for them, especially in homecare. Target family members, health care providers and caregivers.



PEOPLE LIVING IN EXISTING HUMANITARIAN EMERGENCIES

● Reasoning

High risk of infection if infrastructure may be damaged and people reside in cramped conditions without proper sanitation.

Access to adequate shelter, food, clean water, protective supplies, healthcare, family or community support may not be adequate or be disrupted.

Individuals in humanitarian emergencies may not have had access to adequate nutrition and health care over the course of the emergency. This can lead to, weakened immune systems and heightened risk.

May lack the access to timely and accurate information due to various reasons including remoteness and isolation in living situation.

Lack of documentation and financial resources may hinder access to life-saving health services including essential medications such as ARVs.

● RCCE actions to include this group

Understand particular needs, preferred communication channels, preferred languages, misinformation and questions. Tailor all activities to the context, adjusting for community perceptions, beliefs and practices.

Disseminate information through diverse and appropriate communication channels to reach different groups of people. Make information available and accessible to women, men, girls, boys and persons with disabilities.

Identify trusted sources of information or key influencers to support messages.

Diversify communication tools and format, and simplify messages; ensuring to test messages with target group.

Ensure translation of key messages and materials to the languages people understand.

Use continued feedback to adapt messages to the evolving situation.



Addressing Stigma and Misinformation

The rise of harmful stereotypes, the resulting stigma and pervasive misinformation related to COVID-19 can potentially contribute to more severe health problems, ongoing transmission, and difficulties controlling the disease outbreak. Stigma and misinformation increase the likelihood of preventing potential infected persons from seeking care immediately and motivate them to hide the sick people and/or evade treatment themselves to avoid discrimination. Things to keep in mind:

- Public health information pertains to all of the public. To avoid inadvertent stigmatization, support the broader dissemination of public health messages to reach marginalized and/or vulnerable communities without labeling them specifically for those groups.
- Avoid terms: geographic/ethnicity labels (eg. Wuhan Virus), "victim", "suspected cases", "infecting" or "spreading to others".
- Only repeat information based on reliable scientific data and the latest official health advice (use simple language and avoid clinical terms and abbreviations) - use this to address myths and stereotypes if necessary and promote importance of proper prevention etc.
- Use a variety of communication channels (if possible off - and online) and influencers to amplify positive, sympathetic and diverse voices and provide reliable and accurate information at a community level.

Further resources:

IFRC, UNICEF, WHO (2020). [a guide to preventing and addressing social stigma associated with covid-19](#)



PEOPLE WITH PREEXISTING MEDICAL CONDITIONS

Reasoning

They are generally at higher risk of developing serious illness.

Do not always get the clear information and explanation about why they are at higher risk.

They already need specific medical treatment which makes it even more challenging if they get sick.

They do not always follow the treatment advice or they might have limited access to health facilities during epidemics.

RCCE actions to include this group

Develop information on specific needs and explain why they are at more risk.

Encourage them to be prepared in case there is a shortage of medication or they can not access medical facilities.



SEXUAL AND GENDER MINORITIES

Reasoning

Face challenges in accessing healthcare systems due to stigma and discrimination, and in contexts where they are criminalized, face threats to their security and lives.

LGBTIQ seniors are more likely to be isolated.

LGBTIQ families or relationships may face barriers to accessing COVID-19 services and/or humanitarian aid in multisectoral response.

RCCE actions to include this group

Include existing LGBTIQ groups, communities, and centres in engagement and outreach as they have key roles in prevention and supporting access to medical care.

Develop QandAs/FAQs in consultation with LGBTIQ community that respond to their specific vulnerabilities and concerns.

Reach out to regional LGBTIQ networks, if not safe or possible to do so at country or community level.



ETHNIC MINORITIES

Reasoning

May not have access to health and other services.

May not be able to leave an affected area.

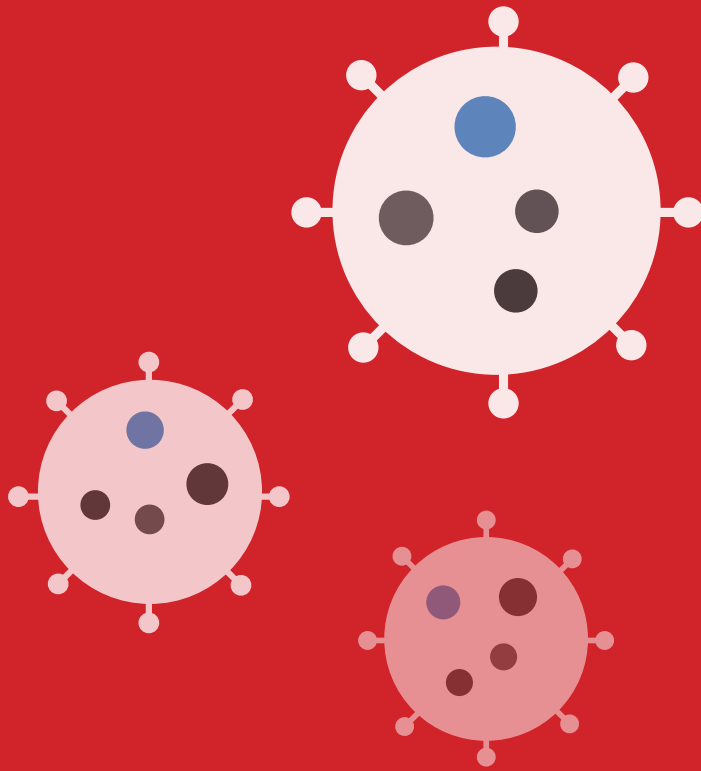
May experience stigma and discrimination in health care settings including medications.

RCCE actions to include this group

Translate information into local languages.

Give individuals opportunities to share their questions and concerns in their own language. This also has implications for gender, as women are more likely to be monolingual.





Key Protection, Gender, and Inclusion Actions for Risk Communications and Community Engagement



RCCE actions to be taken as defined in WHO Operational Planning Guidelines (12 Feb 2020)

Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures. Use the existing procedures for pandemic influenza if available and appropriate.

Conduct rapid assessments to understand target audience, perceptions, concerns, trusted information sources, language preferences, influencers and preferred communication channels.

Prepare local messages based on community questions and concerns and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups.

Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (such as women's groups, youth groups, business groups, and traditional healers).

Establish and use clearance processes to disseminate messages and materials based on community questions and concerns. Provide them in local languages and use diverse communication channels.

Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication.

Use two-way channels for community and public information sharing and feedback collection. Consider hotlines (text and talk), responsive social media such as U-Report, and call-in radio shows. Establish systems to detect, document and rapidly respond to misinformation. Where safe use face-to-face communication.

Promote large scale social and behaviour change. Introduce preventive community and individual health and hygiene practices in line with the national public health containment recommendations.

Systematically establish community information and feedback mechanisms. Achieve this through community perceptions, knowledge, attitude and practice surveys, direct dialogues and consultation, and social media monitoring.

Base any changes to community engagement approaches on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.

Document lessons learned to inform future preparedness and response activities.

Key actions for inclusive RCCE

Ensure national RCCE plans are informed by gender analysis and sex, age, pregnancy status, and disability disaggregated data where available. Design plans with input from women's networks and organizations of persons with disabilities.

Ensure rapid community engagement assessments collect sex and age disaggregated data to allow for targeted RCCE activities for vulnerable populations.

Put data privacy and protection guidelines in place for assessments and healthcare documentation.

Assessment teams should represent the communities they serve. They should be gender-balanced and include representatives of marginalized populations, such as persons with disabilities.

Map existing community groups to be engaged in RCCE including women's groups, disability network.

Identify specific platforms to engage with marginalized groups such as migrant workers and people living with HIV.

Disaggregate all data collected by sex, age, and disability (see IFRC Starter Feedback Kit).

Involve vulnerable groups in community engagement work, including for social and behavioural change.

Disseminate information tailored to different needs based on community data: visual, hearing, intellectual and physical impairment.

Establish targeted forums to communicate with vulnerable groups. Consider factors such as their literacy and technology requirements.

Ensure radio shows and communication materials do not reinforce gender or other stereotypes. For example, do not only depict women in childcare or domestic work contexts.

Plan community engagement initiatives so that leadership and roles of vulnerable people are visible, and the full participation of women should be promoted at all levels.

Resource local women's, disability, People living with HIV, LGBTIQ and other organizations to engage in RCCE interventions.

Ensure all lessons learnt exercises and after-action reviews include targeted questions. Base these on the Inter-Agency Standing Committee Gender Accountability Framework, Inter-Agency GBV Accountability Framework, including GBV risk mitigations measures, and Inter-Agency Standing Committee Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action.

Resources

IFRC (2019) Feedback starter kit.

<https://media.ifrc.org/ifrc/document/tool-15-feedback-starter-kit>

IFRC, UNICEF, WHO (2020). A Guide to Preventing and Addressing Social Stigma Associated with COVID-19.

www.communityengagementhub.org/wp-content/uploads/sites/2/2020/02/COVID19-Stigma-guide-2002.pdf

IFRC, UNICEF, WHO (2020). COVID-19 Key Tips and Discussion Points For community workers, volunteers and community networks.

www.communityengagementhub.org/wp-content/uploads/sites/2/2020/02/COVID19-Community-guidance-for-social-mobilizers-volunteers-2302_EN.pdf

Inter-Agency Standing Committee (2018). Gender Handbook for Humanitarian Action.

<http://gihahandbook.org/>

WHO (2018). Risk Communication and Community Engagement Considerations: Ebola Response in the Democratic Republic of the Congo.

<https://apps.who.int/iris/rest/bitstreams/1138918/retrieve>

More resources in different languages:

www.communityengagementhub.org/what-we-do/novel-coronavirus



ACKNOWLEDGEMENTS

The development of this guide was led by UN Women and Translators without Borders on behalf of the Risk Communication and Community Engagement Working Group on COVID-19 Preparedness and Response in Asia and the Pacific, co-chaired by WHO, IFRC and OCHA. We thank colleagues from WHO, IFRC, OCHA, BBC Media Action, Humanity & Inclusion, UNFPA, UNICEF, UNHCR, IOM, UNAIDS, ASEAN SOGIE Caucus, and the Regional Emergency Gender-Based Violence Advisory team for their inputs.

FOR MORE INFORMATION, PLEASE CONTACT CO-CHAIRS:

**Ljubica Latinovic, Risk Communication Advisor,
World Health Organization (WHO)**
Email: latinovicl@who.int

**Viviane Fluck, Regional Community Engagement and
Accountability Coordinator, International Federation of
Red Cross and Red Crescent Societies (IFRC)**
Email: viviane.fluck@ifrc.org

**Husni Husni, Humanitarian Affairs Officer, (Community
Engagement / Accountability to Affected Populations),
Office for the Coordination of Humanitarian Affairs (OCHA)**
Email: husni.husni@un.org



The Regional Risk Communication and Community Engagement (RCCE) Working Group is an inter-agency coordination platform established to provide technical support on risk communication and community engagement to novel coronavirus outbreak (known as COVID-19) preparedness and response in Asia and the Pacific. This Working Group consists of RCCE experts and specialists from a wide range of organizations including UN agencies, Red Cross and Red Crescent Societies, INGOs, NGOs from the region.