



आरोग्यम् सुखसम्पदा



सत्यमेव जयते

Ministry of Health and Family Welfare
Government of India



CRISIS COMMUNICATION FOR IEC OFFICERS

FACILITATOR GUIDE

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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 managers 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.

Siddhartha Shrestha

Chief, Communication for Development
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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



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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 system 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



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

- 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





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.



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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

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

COMMUNITY ENGAGEMENT: THE ACTION SIDE

- 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.

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?

MumbaiMirror
Thu, Aug 06, 2020 BANGALORE MIRROR | AHMEDABAD MIRROR | PUNE MIRROR

Home Coronavirus Mumbai Entertainment Videos Photos Sports News 0
Videos Photos FAQs Precautions Myth-Busters

HOME / CORONAVIRUS OUTBREAK / MUMBAI: DADAR AND MAHIM WITNESS SURGE IN COVID-19 CASES; DHARAVI REPORTS JUST 1 FRESH CASE

WATCH ► Horoscope: Aug 6, 2020

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

FACEBOOK TWITTER LINKEDIN EMAIL

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

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.

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.

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.

Slide 1.3.1

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:

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

- 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.

Slide 2.1.2

COMMUNITY ENGAGEMENT CONTINUUM FOR PUBLIC HEALTH EMERGENCY (PHE)

- Community outreach and education - Communicate to inform about the PHE: Threat, Prevention, Care & Treatment
- Community mobilisation - Communication to follow 'call to action' enabling people to act on the information and awareness.
- Community organizing - Communication and capacity development to increase capacities for sustained community action on long-term basis.
- Community accountability - Communication and capacity development to enable community review of the PHE and take charge.



- 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**

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.

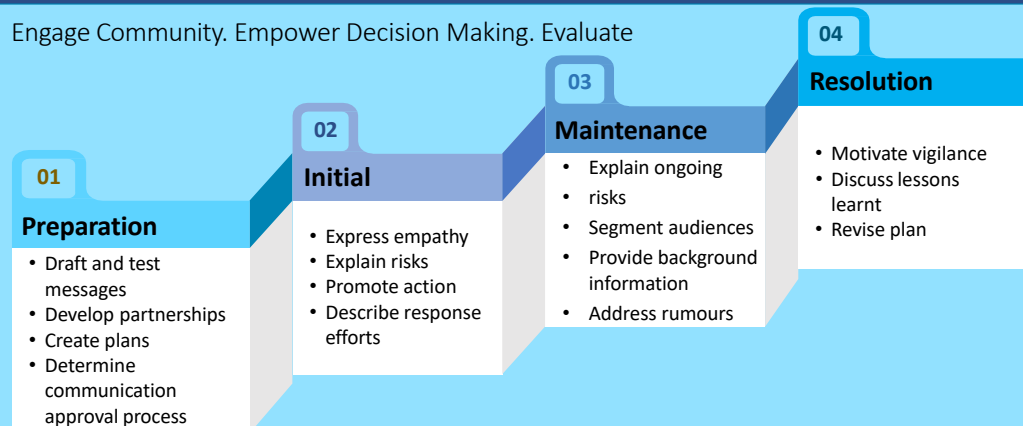


7. Crisis and Emergency Risk Communication (CERC) recommends that community engagement should follow the four phases of crises. Show **Slide 2.1.4** and explain.

Slide 2.1.4

CERC RHYTHM

Engage Community. Empower Decision Making. Evaluate



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 preparatory 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

<h3>Advocates</h3> <ul style="list-style-type: none"> • They trust your guidance and support you. • Maintain their loyalty and support and engage them to spread messages. 	<h3>Ambivalent</h3> <ul style="list-style-type: none"> • They do not strongly support or trust, appear to be neutral. • Identify their specific needs and interests and then engage them positively. 	<h3>Adversaries</h3> <ul style="list-style-type: none"> • 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.
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- 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

<h3>Community Outreach And Education</h3> <p>Low Engagement Communication: Press release, advertisements, social media posts</p>	<h3>Community Mobilisation</h3> <p>Medium Engagement Communication: Direct emails, public announcements, Radio & community Radio programmes, scheduled social media posts, Video shows / outreach vans</p>	<h3>Community Organizing</h3> <ul style="list-style-type: none"> • Medium Engagement Communication: As described above PLUS tele conferencing, web meetings, group meetings. • High Engagement Communication: Advocacy, Risk assessment meetings with 'advocates' 	<h3>Community Accountability</h3> <p>High Engagement Communication: Advisory groups, Community forums and platforms like VHND / VHSNC</p>
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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).

Slide 2.1.7

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. Muzaffarnagar, 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**.



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.

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.

(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/>)



- 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.

Slide 2.2.2

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.

Slide 2.2.3

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**

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.

Slide 2.2.5

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 designing messages for audiences it is also important 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 possible 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 response making them vulnerable to infections. They may also have more difficulty in accessing 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 separation difficult if necessary 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 psychological 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, access to government health services, schemes, etc. may be a problem. Coupled with possible loss of livelihood may result in back migration leading to possibility of 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.
Workers in informal economies	Informal economies are notorious for not following health safety norms and regulations put in place by the government. 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 standards and due to loss 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 homelessness which further 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 safety and survival. Even after having information, many may not be in a position to adhere to the information 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.







Slide 2.2.6A

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 Buddhism, Jainism and Hinduism it symbolises a positive sign of discussion. In countries like America and many parts of Europe it is recognised 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.

Slide 2.2.6B

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.**

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.

Slide 2.2.8

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.

Slide 2.2.9

SELECTION OF CHANNELS

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



- Reach: Which channels are most likely to reach the target audience?
- Appropriateness: Which channels are most appropriate for the health-risk problems, issues, and messages?
- Access: Which channels will be most accessible given the specific event?
- Credibility: Which channels will the target audience find credible?
- Timeliness: Which channels will deliver the message in the appropriate time frame?
- Meet program's purpose: Which channels fit the program's purpose? (Are you trying to inform, influence, allay fears, sway attitudes, or change behaviors?)
- Schedule and Budget: Which channels should be used and how many channels are feasible, considering the budget?



Exercise

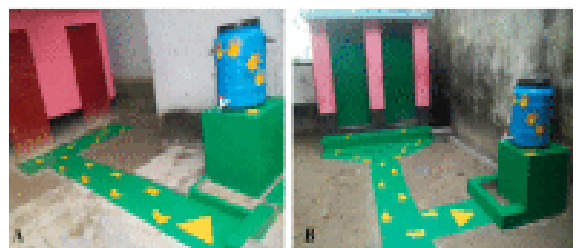
Exercise 1:

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 characteristics.

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 Emergency 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

- Prepare media communication strategy and write the do's and don'ts of working with the media
- Define the media protocol in terms of how to manage media and use media to reach out to people during a disaster
- 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

- 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





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.

Slide 2.3.2

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:

Slide 2.3.3

MEDIA BRIEF - 1

Initial Phase

- Emergency Press Release

Press Release

- Clearly mention the name and contact details of the authorized spokesperson
- 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 must 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.

Slide 2.3.4

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:

Slide 2.3.5

COMMON MEDIA TOOLS

- Press statement by a high ranking official
- Press release - a written document giving complete details as discussed earlier
 - Media fact sheets
 - 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**.

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



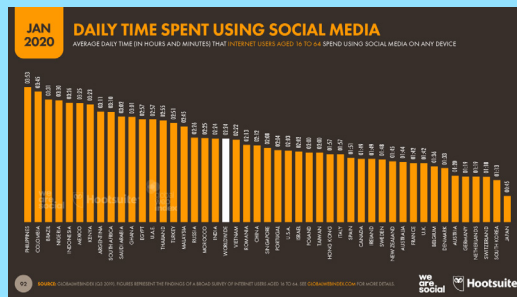
8. While dealing with the media care must be taken to remember that risk communicator is not in competition with the media-person: the two are, and should remain, on the same side. Therefore:
- a) Difficult questions coming from the media should be faced calmly.
 - b) Sometimes, there could be media 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**

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):

Slide 2.3.8

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



- 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% of 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.
- 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**

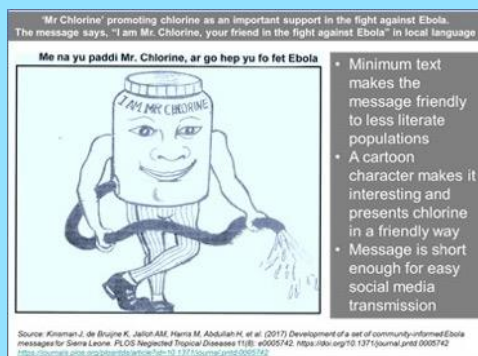


of misinformation by majority of respondents (47.2% and 26.7%, respectively)." Social media listening tools can be deployed to track misinformation and then feed appropriate counteracting information. Tagging counteracting information provided by credible sources like WHO, MoHFW, ICMR, etc. will also 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 (mhps.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 in Sierra Leone.

Slide 2.3.8

3Rs OF EFFECTIVE SOCIAL MEDIA MESSAGING



An example of tailor made communication



- Review - who is the population and how do they communicate
- Recognize - their communication needs
- Respond - with messages tailored to their needs

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 would 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	<p>Prior to an emergency, conduct a needs assessment to:</p> <ul style="list-style-type: none">• 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 <p>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)</p> <p>Ensure that your social media accounts are verified (eg, blue check on Twitter).</p> <p>Build trust and credibility.</p>



<p>Step 2: Recognize the health communication needs</p>	<p>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).</p>
<p>Step 3: Respond with tailored messages</p>	<p>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.</p>

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>



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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.

Slide 3.1.2

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.

¹ Benight CC, Bandura A., Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. 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.

Slide 3.1.3

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.

Slide 3.1.4

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 your 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 tackling 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](https://emergency.cdc.gov/cerc/ppt/CERC%20Psychology%20of%20a%20Crisis.pdf)



Session 3.2 Planning RCCE

Duration

30 minutes

Session Objectives

At the end of this session participants will be able to

- Explain and work on the components of an RCCE action plan
- Prepare a sample communication plan

Key Learning from the Session

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

Facilitation Notes

- 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.

Slide 3.2.1

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



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- Show **slide 3.2.1** to explain the components of RCCE action plan.
 - 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.
 - 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.
 - 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 communication. 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 preferences
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)

Slide 3.3.1

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

Slide 3.3.3

QUANTITATIVE DATA COLLECTION

Answers: “What”, “To what extent” or “How many/much”

How to collect:

- Forms to be completed
- Door to Door or Phone surveys
- Hotline call log
- Communication materials distribution
- Communication materials display etc.



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QUALITATIVE DATA COLLECTION

Answer: “How”, “Why”

How to collect:

- Observations
- FGDs
- IDIs
- Case Studies
- Best Practices



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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:

Slide 3.3.4

GOOD MONITORING PLAN

- Indicators for monitoring
- Frequency of monitoring
- Operational / Logistical details of monitoring
- Use of monitoring data



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- 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.

Slide 3.3.7

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:

- The severity of the potential consequences of the rumor and
- 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")

Slide 3.3.8

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**:

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**

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.



References

Effective Media Communication during Public Health Emergencies - WHO handbook and field guide https://www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/

Linn Lisa, et al., Media Use and Communication Inequalities in a Public Health Emergency: A Case Study of 2009–2010 Pandemic Influenza A Virus Subtype H1N1, https://disaster-sts-network.org/sites/default/files/artifacts/media/pdf/media_use_and_communication.pdf

Mixed uptake of social media among public health specialists – WHO <https://www.who.int/bulletin/volumes/89/11/11-031111/en/>

Raina M. Merchant, Nicole Lurie, Social Media and Emergency Preparedness in Response to Novel Coronavirus, Journal of American Medical Association, March 2020, <https://jamanetwork.com/journals/jama/fullarticle/2763596>

Bhavini Patel Murthy, Tanya Telfair LeBlanc, Sara J. Vagi, and Rachel Nonkin Avchen, Going Viral: The 3 Rs of Social Media Messaging during Public Health Emergencies, Health Security.Feb 2021, <http://doi.org/10.1089/hs.2020.0157>

Digital 2020 reports, <https://wearesocial.com/blog/2020/01/digital-2020-3-8-billion-people-use-social-media>

Kinsman, John, et al., Development of a set of community-informed Ebola messages for Sierra Leone, <https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0005742>

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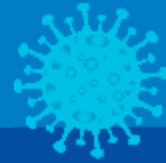


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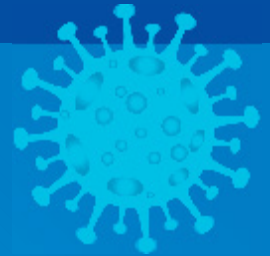
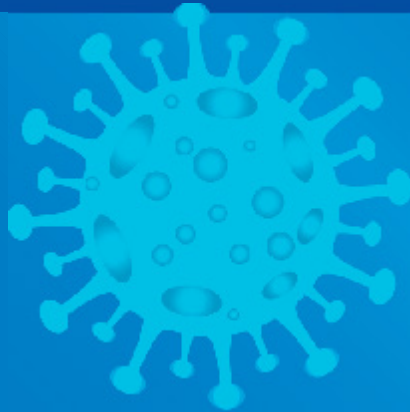
Ministry of Health and Family Welfare
Government of India



CRISIS COMMUNICATION FOR IEC OFFICERS



Participant Workbook





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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 managers 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.

Siddhartha 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



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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 affect 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

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

Session Objectives

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

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

Participant Reference Note

Relevance of RCCE in Public Health messaging

Risk Communication and Community Engagement (RCCE) has its genesis in the mid 1990s when the US National Academy of Sciences brought out a report on **Understanding Risks: Informing Decisions in a Democratic Society**. This report was based on the fact that it is important to translate risks for the understanding of those impacted by the risks and also engage their participation in order to address the risk. In order that communities can engage in meaningful ways, the report felt that it was important to translate the risks into the language which was understood by the general public. At this time the issue was impact of environmental hazards on health of people.

Between 2005 and 2012 the world saw the outbreak of SARS, H1N1, MERS, Zika, Ebola all in quick succession which brought into focus the need that was felt in the late 90s, in translating risks for people to understand on their terms and situations.

Communicating during an emergency is very different from communicating outside one. People affected by an emergency have special and specific communication needs. That is why in 2002, the Center for Disease Control, CDC, published the '*Best Practices for Communicating During a Public Health Emergency*'. The crisis and emergency risk communication or CERC curriculum is based on lessons learned from previous responses, communication science and psychology. RCCE evolved over a period of time. The 1918 influenza caught an illprepared world – most of the countries did not even have a public health system in place. From an understanding where diseases was perceived as an individual's problem, the nations reached an understanding that pandemics are a social and not an individual problem.

Initially the 'health belief communication' approach assumed that when told about what is good for them, people 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.

Exercise 2 - 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-



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

Session Objectives

At the end of the session participants will be able to

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

Participant Reference Notes

In 2005, the World Health Organization made member countries sign an agreement which said that if any country was faced with a threat that looked like a health emergency which would affect many more people, they will immediately alert the WHO.

The 2005 International Health regulation laid down several laws that member countries agreed to in case of a health emergency. This was to help in handling the Public Health emergency not only technically but to also communicate about the problem to avoid human distress through fear or stigma.

So, in simple terms what is Risk Communication and Community Engagement?

As per the WHO definition RCCE is:

"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".

Risk Communication is: A real-time dialogue (**a two-way and multi directional exchange of information advice and opinions**) between experts/officials and the people facing a threat (from a hazard) to their health or economic or social well-being.

Why? So that everyone at risk is able to **make informed decisions** to mitigate the effects of the threat – such as COVID-19 Outbreak – and take protective and preventive measures

Community Engagement: *Is a process of developing relationships that enable people of a community and organizations to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes.* - World Health Organisation

During a public health crisis, it is necessary to keep communication transparently open. People want to know what is happening and how they will be affected. On the other hand, it is important also to protect the public from too many conflicting messages. People view every move and watch every passing emotion of those responding during a disaster, crisis, or emergency. In a crisis, every word counts. The job of a public health and emergency communicator is to offer the information the public needs and counter some of the harmful behaviours that are common during an emergency, so that they can effectively support the public, colleagues, and organizations that are offering help.

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.

Community engagement, on the other hand, attempts to include members of community and local leaders



(i.e., religious leaders, PRI, Corporators, SHGs, representatives from community based organizations, etc.) in planning for and responding to a health emergency. While the risk communication represents the "information side of RCCE", community engagement promotes and is on the "action side of RCCE".

Exercise

Dharavi, a slum in Bombay 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 Bombay. 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 promoted trust in communities resulting in early treatment seeking behaviours and reduced the transmission.

Please answer the questions given below:

1. How was the community engaged in tracing and tracking in Dharavi?
2. What were the challenges presented by Dharavi?
3. How did the health communicators earn the public trust?
4. Is 'chase the virus' an example of RCCE?

Mumbai Mirror
Thu, Aug 06, 2020 BANGALORE MIRROR | AHMEDABAD MIRROR | PUNE MIRROR

Home **Coronavirus** Mumbai Entertainment Videos Photos Sports News Op
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HOME / CORONAVIRUS OUTBREAK / MUMBAI: DADAR AND MAHIM WITNESS SURGE IN COVID-19 CASES; DHARAVI REPORT

WATCH ► Horoscope: Aug 6, 2020

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

f FACEBOOK t TWITTER in LINKEDIN e EMAIL

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

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.

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.



Session 1.3 Role of IEC Officers

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

Session Objectives:

At the end of the session, participants will be able to

1. Enlist their roles and responsibilities for RCCE

Participant Reference Notes:

An IEC Officer or a Public Health Communications Officer need not necessarily have a degree in medicine.

The officer is an important link between the health department and community as well as other supporting departments for Health. During normal times, the Communication Officer will support strategy for delivery, access and utilization of health programs and design of health communication messages to encourage community access to health services and schemes.

However, the Communication Officer also has an ear to the ground through her interaction with the community. Therefore, the IEC officer is among the first to pick up signs of a health emergency at a community level as well as an understanding of how the emergency will unfold in the region/district/state.

How does this translate to action? What should be the role of an IEC Officer which will help mitigate emergencies?

- a) **Eyes and ears of the Health Department:** IEC Officers are expected to be the eyes and ears of their department during health emergencies. This will keep them abreast of changing communication needs due to the dynamic situation thus enabling the department to maintain speed and accuracy in communication.
- b) **Monitor community feedback and use Monitoring data for planning:** Regular community feedback provides crucial information to adapt communication plans to changing needs. Monitoring and use of monitoring data is a crucial role that IEC officers have to perform.
- c) **Development of district specific RCCE Plans:** IEC Officers support the development of district specific RCCE plans. IEC officers play the role of gatekeepers and they ensure that the RCCE plans keep focus on the most vulnerable population in the area including children, women and disadvantaged sections of society.
- d) **Provide data from the ground for news feed:** It is the IEC officer's responsibility to keep the designated spokesperson abreast of latest data and developments – including 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) **Networking, Coordination and Collaboration:** During emergencies, multiple services 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.
- f) **State Level RCCE Plans:** Develop state level RCCE plan which should include mass media support to districts.



- g) Media Coordination: While the designated spokesperson interacts with media, the media coordination should be the responsibility of IEC officers.
- h) Documentation: Documentation of case studies and best practices for future reference and replication.

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

Exercise 1

Seema works as an IEC Officer at the State health department. She is concerned about the rising cases of diarrhoea among children in three districts. She reports it to her Manager 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 Manager 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 if you were the IEC officer?

Key points from the Session 1.3:

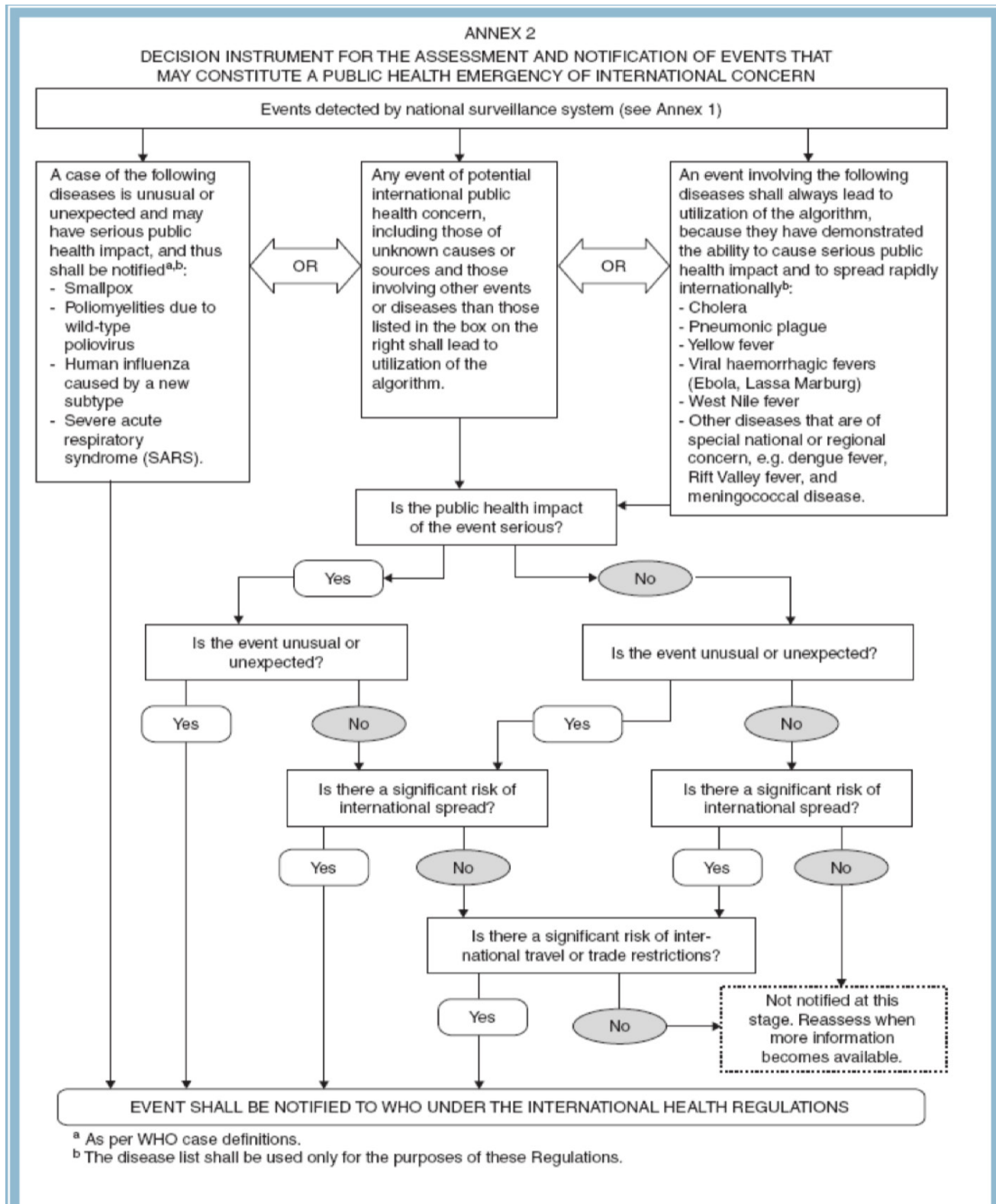
- IEC officers are the eyes and ears to the department.
- During health emergencies they play the role of anchoring the RCCE in state and/or districts.
- Timely feedback to spokespersons by the IEC officers can keep them up to date for appropriate communication.

Look at the flow chart below on how an event is declared as a public health emergency and make a note of your role at each of these junctures.

Give an example of how an event that you are aware of was declared as a Public Health Emergency (other than COVID-19)



DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN





Session 2.1 The Community Engagement Continuum

Session Objectives:

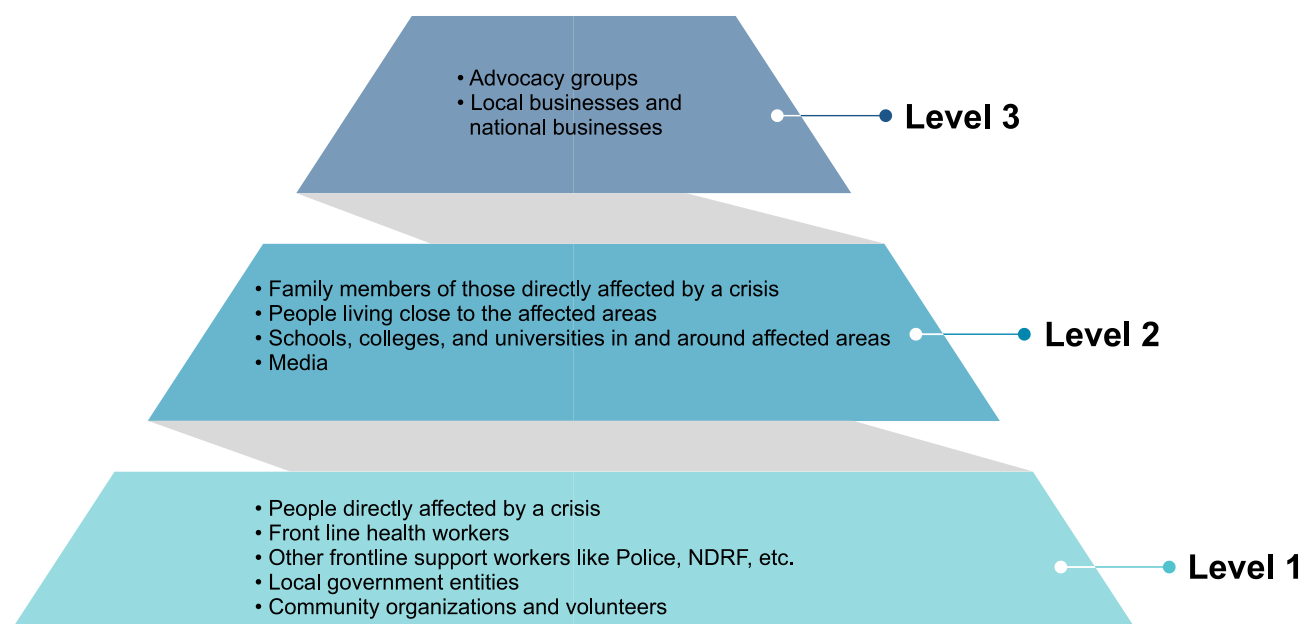
At the end of the session, participants will be able to:

- Prepare the community engagement continuum for their area based on their understanding of the session
- Prepare the CERC Rhythm matrix for community engagement and risk communication to include outreach, consult, involve and develop shared leadership

Participant Reference Notes

Definition of a 'Community': The group or groups of people who are affected and/or connected with the health emergency.

Three levels of community: Depending upon their exposure to the health emergencies and the roles played by them, communities are divided into three levels.



Level 1: The first level comprises of those directly affected by the health emergency, the service providers, the local government, and community organizations and volunteers.

Level 2: At the second level are the people who are concerned about those affected, for example their family members living elsewhere or the media. 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).

Level 3: 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. For example, drug manufacturers who have an interest in supply of drugs for an epidemic.



Communication needs for community engagement may vary and change with the severity and length of the public health emergency. This may include

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

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

Community organizing 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

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

Communication needs for community engagement may vary and change with the severity and length of the public health emergency.

The Crisis and Emergency Risk Communication (CERC) Rhythm for four phases of emergency: Actions to be taken by risk communicators.

Engage Communities	Empower Decision Making		Evaluate
Preparation	Initial	Maintenance	Resolution
Complete networking and linkages to develop partnerships. Know the communities. Create Communication plans.	Express empathy, explain risks, promote action, and describe response efforts.	Continue to explain the ongoing risk. Segment audience to provide more specific information. Address rumours.	Communication to motivate people to remain vigilant. Review communication plans.

1. 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 preparatory phase helps.

2. Any time during your work at the community level, you will have three types of stakeholders with whom you will interact. These are the

Adversaries and Advocates: are those people in the community who openly support you work

Ambivalent: They stay neutral and neither support, nor oppose your work and

Adversaries: Who do not trust you, often resist or harm your work. Knowing who are these people in your community is important for you to plan involving them and using them for your communication or be prepared for handling any misplaced remarks from the Adersaries during an emergency.



3 As of Community Influencers

Advocates	Ambivalent	Adversaries
They trust your guidance and support you.	They do not strongly support or trust, appear to be neutral.	They do not trust or support, sometimes compete.
<i>Maintain their loyalty and support and engage them to spread messages.</i>	<i>Identify their specific needs and interests and then engage them positively.</i>	<i>Assess the possible harm and plan for it. Try to approach them through organizations / people they trust.</i>

3. Working with communities and institutions and organisations in the community becomes crucial for success and rapid turnaround during emergencies.
4. 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, Ambivalents, and Adversaries and use them appropriately .
5. 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.

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

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.

6. 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 to strengthen bilateral relations for community engagement are:

- a. **Be ready** to face anger, doubts, fears from community.
- b. **Practice active listening.** Listen to the fears, doubts that people will naturally have. But make sure to listen to the intent as well as the content. If you do not understand something or you perceive multiple meanings, ask to clarify and be sure that you are answering the correct question. Clarify which question you are answering so that you are not misquoted. It is always important that you are answering questions raised by the people.
- c. **Look for common interests** to start the dialogue. Avoid one way communication. Allow and make place for people to participate in finding solutions
- d. **Ask questions** which can direct and motivate people towards finding 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. Muzaffarnagar, 25. Pratapgarh, 26. Raebareli, 27. Saharanpur, 28. Sant Kabir Nagar, 29. Shahjahanpur, 30. Siddharth Nagar, 31. Sitapur, 32. Shravasti, 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, child care 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.

Questions;

1. Identify the communities for AES/JE risk communication.
2. At what levels will you classify them as per the diagram given?



Exercise 2: COVID-19 Vaccination Communication – Identify Advocates, Ambivalent, Adversaries

1. In the Panchayat of Bohari Gram Sabha, the PRI took up the recent announcement of mass vaccination for COVID-19 announced by the Government for the entire population. Sarpanch of Bohari announces that the vaccine has been tested by the WHO and is safe for use for age groups 18 years and above. It can also be given to those who have co-morbidities like Cancer, HIV etc and asks all members who are eligible to register for vaccination.
2. The ex-Sarpanch, Dhunmal, praises the panchayat council but says that logistics should be properly organized, and the vaccination drive should be done in phases to avoid crowding of vaccination centers as Bohari is one of the largest Panchayats. in the panchayat
3. Dr Pragati, who is also a member of the Alternative Party, says that vaccination will not help and the population will continue to be at risk even after the vaccination because the vaccine does not stop infection. She has also posted this on Twitter.
4. Appaji, a retired school teacher, tweets that in 1970s when Polio vaccination was introduced in Bohari, the crowds became unmanageable and the programme had to be suspended for six months.
5. Hudhudchal, the local doctor is very modern and has been reaching out to his clients during COVID using a smartphone. The locals respect his wisdom a lot and follow all his teachings. Hudhudchal tweets that he has local remedies which people can take from him for free.
6. The Sarpanch calls the local media and community radio persons and clarifies:
 - a. Vaccine has undergone all tests and has been declared as safe by the World Health Organization
 - b. Anyone who says otherwise is working against peoples' interests.
7. He gives out notes with details of the vaccine. The media persons and community radio people use those notes to write their reports for people to read.
8. Chaya, the secretary of the local NGO which has supported hundreds of migrants during the lockdown, says that people's lives are important, and it is the government's duty to take timely and effective action to safeguard their lives.
9. Ronjona has re-tweeted Dr. Pragati's tweet with comments 'Bohari ke liye, Bharat ke liye'

My answer

Advocate	Ambivalent	Adversary



Key points from Session 2.1

- 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.

References

1. Crisis and Emergency Risk Communication: Community Engagement <https://emergency.cdc.gov/cerc/ppt/CERCCommunityEngagement.pdf>
2. CERC Module – Messages and Audiences [https://emergency.cdc.gov/cerc/ppt/CERC Messages and Audiences.pdf](https://emergency.cdc.gov/cerc/ppt/CERCMessagesandAudiences.pdf)



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

Session objectives:

At the end of the session participants will be able to

- Define communication objectives as distinct from program objectives.
- Identify audiences with common needs and motives.
- Prepare communication messages as per the need of the situation and audience.

Participant Reference Notes

"During an emergency, the right message, from the right person, at the right time can save lives"

An effective communication answers 4 key questions

- a) Whom to communicate to (Audiences)
- b) What to communicate (Messages)
- c) Who will communicate (Messenger and Channel)
- d) When to communicate (Timing)

Exercise

1. 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>).
2. Many deaths were reported and doctors found out that it was because patients were not being brought in for hospitalization in time. Families avoided calling in Ambulances as they feared that people taken to the hospitals in the ambulances ended up being dead.
3. Avoiding use of ambulances delayed the treatment and care resulting in the diseases burden in the country.
4. 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'.

Question:

1. If you were a part of that team what would be your goal?
2. Who would be your audience for this goal?



Each audience will be looking for specific messages based on their characteristics. As a risk communicator, you must prioritize the development of messages for each audience based on their involvement.

Groups that need information in an emergency and their primary concerns	
Audiences affected by Emergencies	Primary Concerns
Community directly affected by the emergency	<ul style="list-style-type: none"> • Personal safety • Family safety • Property damage • Loss of livelihood • Disruption to normal activities (e.g., travel restrictions, businesses closed, voluntary quarantine)
Community immediately outside of the affected area	<ul style="list-style-type: none"> • How they can keep the emergency from affecting them • How they can help • Risks to self and family • Disruption to normal activities
Emergency responders and public health officials	<ul style="list-style-type: none"> • Professional responsibilities • Availability of resources • Personal safety • Family • If they are directly affected by the emergency: family safety and property damage
Civic leaders	<ul style="list-style-type: none"> • Responsibilities • Liability and reputation management • Resource allocations • Opportunities to express concern



Partners (organizations who have an official role in the response)	<ul style="list-style-type: none"> • Understanding their role in the response • Coordinating with other response organizations • Involvement in decision-making process • Access to information, reputation management
Community leaders (faith-based organizations, non-governmental organizations, cultural groups, etc.)	<ul style="list-style-type: none"> • Safety of communities • Representing community needs • Listening to community members • Taking part in decision-making
Media	<ul style="list-style-type: none"> • Getting access to information right away • Meeting rapid deadlines • Keeping the public informed
Businesses, trade, and industry	<ul style="list-style-type: none"> • Employee safety • Interruptions in business • Loss of revenue • Liabilities and reputation
International community (international organizations and other countries may be partners in the response and provide aid or assistance)	<ul style="list-style-type: none"> • Their level of readiness for a similar emergency • Any restrictions on trade and travel to protect their citizens • Their role in response partnership <p>Source: CERC Module – Messages and Audiences</p>

Basic principles are important when creating messages. You will need to consider audience segmentation and demographics as well as their physical and psychological relationship to the event. When you consider the communication needs of your audience, bear in mind the following characteristics:

- Education
- Income level
- Current subject knowledge and experience
- Age
- Languages spoken and read
- Messages and Audiences
- Cultural background norms and values
- Geographic location
- Religious beliefs

Considerations for Messaging

- a) Community risk perceptions may differ:** In the Ebola case study 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 differences 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.

Communicating During an Emergency: Key Points

Speed of communication: Was the message timely without sacrificing accuracy? One of the primary dilemmas of Effective Risk Communication is to be speedy in responding but maintain accuracy even when the situation is uncertain. Speedy responses suggest that there is a system in place and that appropriate actions are being taken. Remember that if agencies are not communicating, audiences will turn to other, less credible sources.

First impressions are lasting impressions, and it's important to be accurate. Responding quickly with the wrong information or poorly developed messages damages credibility. This doesn't necessarily mean having all the answers; it means having an early presence, so the public knows that agencies are engaged and that there is a system in place to respond.

People tend to compare future messages to the first message they received. For example, if you issue a message saying that masks are not necessary and then say that they are, people are going to respond to your next message on importance of masking in light of the first that you have given.

Factual content of the message: The public will be listening for factually correct information, and some people will expect to hear specific recommendations for action. Remember that people themselves are also trying to find the facts. And when they do they will compare information from various sources. Therefore, you should do the following:

- Get the facts right and repeat those correct facts using non-technical terms.
- Avoid providing sketchy details in the early part of the response. What you do not know, **say that you do not know**. It is better to be honest
- Ensure that all credible sources share the same facts. Keep the central guiding system for messages but ensure that all who need the responses are given access to them well in time.

Speak with one voice. Inconsistent messages will increase anxiety, quickly undermining expert advice and credibility and therefore people's response to the emergency

Trust and credibility of the message: One of the most important factors in effective communication is credibility. Establishing credibility through communication depends on three basic elements:

- Intention toward the receiver
- Expertise
- Trustworthiness

Don't try to fake these elements. Audiences are very good at determining when a communicator is sincere. Credibility is a resource that can be built up during normal times and used during a crisis. Communication researchers often advise that you build a reservoir of goodwill with your audiences and stakeholders; this will prove to be an important resource.

All messages, written or spoken, can incorporate these elements of credibility. These are especially important to communicate during an emergency when it is critical for the audience to trust the messenger and believe what they are being told.



Intention: Intention towards the receiver involves many factors, including the following.

Empathy | Commitment | Caring | Dedication: Empathy and caring should be expressed within the first 30 seconds of a message. Your audience will be more likely to receive and act on your messages if they see you as being empathetic and caring. It is important that you acknowledge fear, pain, suffering, and uncertainty. Establish commitment and dedication by stating, up front, your objectives for the emergency response and committing to reaching them. Dedication means you may have to share in the sacrifice and discomfort of the emergency situation. However, don't fake hardship for the TV cameras. There are many examples of officials trying to do so and coming across as insincere and manipulative. For example, effective communicators know they'd better walk the territory when declaring a state disaster area. Dedication also means not leaving until the emergency is under control. This may require staying in touch with the community long after the media loses interest in the story. You should commit to resolution and follow-up from the start and carry through until the end.

Expertise: This concerns basic questions of competence and knowledge. People recognize the following types of expertise:

Education | Title | Position | Organizational roles and missions: People will view you as more competent if you possess previous experience and demonstrated abilities in handling situations like the current one. It will help if you build a relationship with your audience before an emergency. If that is not possible, have a third party, who has already established the confidence of the audience, express his or her confidence in you.

Sometimes elected representative may appear with experts to present a unified front and bolster the credibility of each. One example would be letting a medical professional speak about an infectious disease as opposed to a local ward member or legislator whose background is non-medical.

Expertise may extend beyond technical or scientific knowledge, to knowledge about a specific community or a specific issue.

Trustworthiness: This is achieved in part by being honest and open.

Honesty means facing the realities of the situation and responding quickly and appropriately. It does not mean releasing information prematurely. Accuracy is always required. However, there is almost always tension in balancing the competing demands for information that is complete and information that is delivered quickly. Establish trust with your audience by considering the following communication guidelines:

Don't be paternalistic. Instead, give people choices and enough information to make informed personal decisions.

"As far as dealing with the public, you have to be totally honest. You can't hide anything. If you don't know the answer, don't be afraid to say that. Tell the people what you know and what you don't know". Dennis Walaker, Mayor, Fargo, North Dakota

Communication systems and procedures may limit your ability to reveal information. Be realistic about this. Don't pretend the information is not available. Instead, explain why the information isn't available for release at the time. You might offer an explanation such as, *"We are checking the information" or "We are notifying our organization."*

Openness means allowing the public to observe the process while reminding them that it is what drives the quality of the emergency response.



Avoid using professional jargon and euphemisms – they imply insecurity and lack of honesty. There is simply no substitute for an honest and open response.

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 and it should take care of the following.

- 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 humour:** As it can be counter-productive during emergencies.

Choosing Communication Channels

The third and last part of the communication plan is selection of channel. Channels can be classified into many ways 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.
2. Answering few simple questions is the key to select most appropriate channel(s) for risk communication. Selection is based on:
- 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?

Channel	During Emergencies most appropriate for
Mass Media	<ul style="list-style-type: none"> • Raising awareness, informing, and educating • Modelling behaviors to be followed • Communicating with low literacy audiences • Rapid information sharing • Obtaining wider audience reach • Reducing Stigma
Print Media	<ul style="list-style-type: none"> • Supporting other communication • Providing accurate factual information • Reducing uncertainty and fake news • Providing lengthy information • Helping people make choices of behaviors
Social And Digital media	<ul style="list-style-type: none"> • Obtaining a large reach (if Internet is widely available and accessible) • Promoting discussions through chat rooms or email exchanges • Providing information about personal and confidential issues
Mid Media	<ul style="list-style-type: none"> • Engaging communities • Promoting discussions among community members • Modelling behaviors • Reducing stigma and discrimination • Including people in decision making and building ownership
Group Communication	Engaging and Empowering community groups Creating dialogues Understanding gaps and challenges for adopting changed behaviors Promoting ownership Bringing people on the same platform for accessing services Reducing stigma and discrimination
Interpersonal Communication	Empowering individuals for behavior change Creating dialogues Understanding needs Imparting skills Motivating towards behavior change Trouble shooting behavior change challenges



Exercise 3: Given below in the table are the types of vulnerable populations that you may come across in your community. Select 5 and describe the vulnerability that the context may have and how you will address this vulnerability in your communication.

Community Audience types	How can context affect the vulnerability
Health workers	
Essential services personnel	
Older persons	
People with pre-existing medical condition	
Pregnant /Lactating women	
Children	
Youth	
Women	
Ethnic groups, Tribals, Minorities	
Homeless	
Refugees	
Migrants	
People living in crowded places	
People with disabilities	
Wokers in informal economies	
Street children	
Urban poor	

Key points from Session 2.2

- 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 program'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

Session Objectives

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

- Prepare media communication strategy and write the do's and don'ts of working with the media
- Define the media protocol in terms of how to manage media and use media to reach out to people during a disaster
- Plan use of social media and controlling fake news and misinformation during a disaster

Participant Reference Notes:

Any kind of Public Health Emergency is a major media event. Public health emergencies will engage the media, especially if an emergency is exotic, catastrophic, or the first of its kind.

One cannot wish away the presence of the media and however bothersome the health communicator thinks of the media, if used in the correct manner, media can actually help the health communicator reach out to a wider audience with the correct messages.

Remember that the public is hungry to get news and the media is a natural channel of news for the larger masses.

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 mis-information and stigmatizing certain communities and people in India.

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.

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. It is not very difficult to facilitate a positive relationship with media if few simple steps are followed.

- 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 persons 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.

Facilitating Positive Media Relationships

Equal Access Matters

In the first critical hours or days of an emergency, fairness is of utmost importance. The most ethical way for a public agency to facilitate media relationships is to provide all media outlets with the same access at the same time. Through the use of good planning with prearranged e-mail addresses, WhatsApp numbers, and onsite media opportunities, you can maintain fairness.

- Don't ignore the parameters of the journalist's job; they have space and time to fill, and deadlines to meet. One way to destroy effective professional relationships with the media is to ignore their needs. It is imperative that you provide equal access to information and help journalists acquire that information.
- Distribute messages that are essential to the well-being or safety of the public equally. Use teleconferencing so reporters in remote locations can participate.
- Attempt to give journalists a reasonable time frame in which new information will be provided.
- Establish a schedule for information releases. Everyone involved will appreciate some ground rules. Base ground rules on the type and phase of the crisis.
- Understand journalism deadlines and work to accommodate them. During a crisis, it is important to be available—if necessary, around the clock—to help reporters get the facts right, before their deadline.

Even print media outlets face short deadlines because of their online Web editions. In the past, response to media inquiries could be prioritized by their deadlines. Today, most media outlets have the same deadlines, and this requires a revamping of the way emergency information is provided. In general, media outlets function in real time or close to it.

Giving Reporters What They Need

What Do Reporters Want?

Reporters want and need the following:

- Timely answers to their questions
- Access to experts
- Visuals and data to support their news stories

These needs are the same in an emergency, only the time pressure is much greater. When a story is seen as "breaking news," time becomes paramount. Anticipating questions from the media can help you prepare and respond. The most common media questions in an emergency include:

- "What is happening now?"
- "Who is in charge?"
- "Are those who got hurt /ill getting help and, if so, how?"
- "Is the crisis contained?"
- "What can we expect to happen?"
- "What should people do or not do?"
- "Why did this happen?" (Don't speculate. Repeat the facts of the event, describe the data collection



- effort, and describe treatment from fact sheets.)
- "Did you have any warning this might happen?"
 - "Why wasn't this kept from happening (again)?"
 - "What else can go wrong?"
 - "When did you begin working on this (e.g., when were you notified of this situation, or when did you determine this to be true)?"
 - "What do these data/information/results mean?"
 - "What bad things aren't you telling us?" (Don't forget the good.)

The more you anticipate what the media needs, the more effective you will be at the following:

- Informing the public
- Helping them understand public health actions or recommendations
- Gaining public acceptance for public health activities during response and recovery

Background information will give you a head start but updating your information ahead of any press briefing is important. The other data that you should have with you is numbers infected or affected, fatality numbers, hospitalized, serious etc.

Getting Emergency Information to the Media

There are many ways to disseminate information to the media: Press releases, Press conferences or media briefings, Websites, video streaming, and webinars, Response to media calls, social media, etc.

1. Press Releases

The press or media release is a written statement and remains one of the most common ways to announce something newsworthy. In an emergency, print information must move electronically to the media so press releases are often distributed as e-mails or are posted on websites. All releases should include a time and date. If you are thinking about using a press release, consider the following advantages and disadvantages:

Press release advantages:

- Consistent information is distributed to all media and you cannot be misquoted.
- It gives you a chance to check on the information being given out.
- A chronological and historical record is on hand.
- Background information and direction to other sources of information are included.
- The media have something tangible and in an electronic format.
- Questions at the top of reporters' minds can be answered by using a fill-in-the-blank template (who, what, where, why, when, and how).
- Press releases allow for the simultaneous release of information (via e-mail and Web).

Press release disadvantages:

- Releases take time to write, and information may be changing while you are writing.
- Clearance can be complicated and take extra time with the added layers of an official command.
- Reporters will expect more press releases. Be prepared to consistently offer information this way.
- The information must be organized through a single source. Otherwise, competing press releases will happen. Multiple releases from different areas of the department/ministry may suggest a lack of clarity about who is responsible for collecting and releasing critical information.



2. Press Conferences or Media Briefings

A public health emergency is an appropriate time to consider holding a press conference. The term "press conference" generally implies an event that is scheduled in advance, includes a press kit, and is designed to allow media to ask questions of the featured experts. During a crisis, however, a media opportunity is more appropriate for the early phases. It might not require press kits or a question-and-answer opportunity. They have the following advantages and disadvantages:

Press conference advantages:

- It ensures consistency in the information released.
- The spokesperson and subject matter experts can be introduced to the public, allowing them an opportunity to express their feelings and build credibility.
- Response organizations can show there is a process in place to respond to the crisis, and that even though the event is unfolding, someone is there and ready to help with response and recovery.
- Strict rules about questions from the media can be imposed.
- If information is changing rapidly, or not enough is known for a press release, it fulfills the need of electronic media to fill space and time.
- Elected officials have a forum to present a united front.

Press conference disadvantages:

- It is sometimes difficult to get the right people in front of the media to give updates. Good planning can help prevent this problem.
- Information may be sketchy and response officials may hesitate at meeting with the media when they do not have the answers. Good training can help prevent this problem.
- If media cannot be at the site, they will not have the information they want or need.
- It creates expectations for additional and regular conferences with the press.
- If coordination is poor, competing media opportunities may occur. Local, state, and national officials, and people across levels of other organizations need to have a plan and agree to the timing of media opportunities.
- The intense rush for early news from the media will push the limits of rules set about the length of the spokesperson's availability. If a no-questions policy was appropriate, and set in place, a press conference may also push the limits of that policy. There must be an escape route for speakers out of the media area.
- Media will want to follow up with individual interviews. Consistent ground rules are important.
- A poorly moderated press conference can spoil the entire image and the purpose for which the press conference was called.

3. Websites, Video Streaming, and Webinars

A variety of Internet-based tools have made media access much easier and more cost-effective. Releases can be posted to media pages on your website. FAQs, background information, and event videos can be linked to releases. Videos can be archived and streamed. Webinars can provide detailed information and access to subject matter experts. Web-based tools have significantly bolstered access to media organizations and direct access to the public although they are time consuming, particularly during a crisis. They have the following advantages and disadvantages:

Advantages of websites, video streaming, and webinars:

- They rapidly update all media simultaneously.



- The process becomes transparent because the public and media see the same information on the site. It allows the department to speak directly to the public without a media filter.
- Documents and information are organized and provide a record for the media and your department.
- This allows for links to help media personnel collect background information.
- Rumors, myths, and misinformation can be addressed immediately without drawing undue attention.
- Official video or pictures can be made available to media outlets in a digital format.
- FAQs on the page provide a user-friendly way to educate during a crisis.
- They are cost-effective tools.

Disadvantages of websites, video streaming, and webinars:

- They are time consuming.
- They require frequent updating.
- On occasion, they crash with traffic overload.
- They may frustrate journalists if too much information is provided or if the site's organization is not clear. Journalists want it easy and immediate. You may have to walk some of them through the site the first time.
- They are technology-dependent and may be vulnerable to glitches or interruptions by hackers. People in disaster zones may not have website access.

Response to Media Calls

The relationship between Health Communication officers and the media is often grounded in phone calls from reporters requesting specific information or an interview. In a public health emergency, the manner in which you respond to these calls from reporters makes a difference in the way your department's responsiveness or professionalism is portrayed to the public.

If journalists do not believe your response is quick or appropriate, they may reflect this in their report. Every organization must establish a workable plan to respond to a surge of media calls. Train, plan, and coordinate continually. Let media outlets know ahead of time how the flow of information will work, how to get their requests answered, and what you can or cannot do. If phone lines are overloaded, what's the backup plan? Responses to media calls have the following advantages and disadvantages:

Advantages of timely responses:

Media outlets can provide information you may not be aware of, such as information about a neighborhood leader who is complaining that the response resources are not being fairly distributed. This can happen because some disgruntled people will call the media for resolution before they will call the official organization responsible for these resources.

- Media inquiries may reflect the public's level of interest. The number of calls and frequency of subjects raised can give the response community a sense of what is important to the public and where more information resources may need to be directed.
- One-on-one contact with the media allows opportunities to emphasize key message points, direct media to upcoming issues, and correct misinformation.
- Personal contacts can help build relationships and promote trust.

Disadvantages of timely responses:

- Returning calls takes time, which is at a premium during a crisis.
- The potential exists for inconsistent or premature release of information. To prevent this, press officers and spokespersons must be well-trained and the release must be coordinated and cleared.



- Follow-up calls may be required if information changes before a media outlet releases it. If you neglect this, you'll be guilty of not giving the right information.
- Phone tag is frustrating to journalists working on deadlines. If you don't respond, there is a full possibility of them to cover the other side of the story, which may turn out to be disastrous.
- Massive prioritization is required. Reporters will know if they're not at the top of the list.

Social Media

Many mainstream media organizations are using social media as a way to generate content. They may monitor social media, such as Facebook pages or Twitter feeds, for information. The Ministry maintains several Twitter accounts as a way to provide very timely information on events and to update audiences, including the media.

Social media can be used in many ways to improve risk communication in health emergencies. Some of these could be:

- 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% of 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.
- e) **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 (mhps.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).

The 3 Rs of Effective Social Media Messaging During a Public Health Emergency' model can be used to customize social messaging. These are:

- Review – who is the population and how do they communicate
- Recognize – their communication needs
- Respond – with messages tailored to their needs



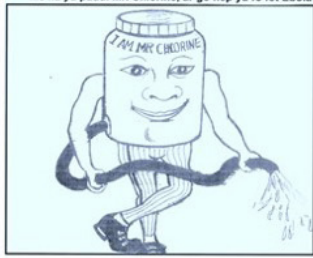
The 3 Rs	Action Steps
<p>Step 1: Review the target audience</p>	<p>Prior to an emergency, conduct a needs assessment to:</p> <ul style="list-style-type: none"> • Identify target population(s) in a community (e.g. high- risk groups, sociodemographic) • Identify your specific target audience(s) (eg, 21- year-old urban student from Jadavpur 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, Snapchat, 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 <p>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)</p> <p>Ensure that your social media accounts are verified (eg, blue check on Twitter).</p> <p>Build trust and credibility.</p>
<p>Step 2: Recognize the health communication needs</p>	<p>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)</p> <p>Identify social media influencers who are shaping the communication (eg, celebrities, opinion leaders, organizations).</p>
<p>Step 3: Respond with tailored messages</p>	<p>Respond with customized messages for the various target audiences to meet the specific needs of the evolving crisis.</p> <p>Express empathy and continue to build and maintain trust and credibility,</p> <p>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.</p>

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 presented. This message proved to be very effective in Sierra Leone.

Social media offer the following advantages and disadvantages:

"Mr Chlorine" promoting chlorine as an important support in the fight against Ebola. The message says, "I am Mr. Chlorine, your friend in the fight against Ebola" in local language.

Me na yu paddi Mr. Chlorine, ar go hep yu fo fet Ebola



Source: Kinaman J, de Bruijne K, Jalloh AM, Harris M, Abdullahi H, et al. (2017) Development of a set of community-informed Ebola messages for Sierra Leone. PLOS Neglected Tropical Diseases 11(8): e0005742. <https://doi.org/10.1371/journal.pntd.0005742>

- Minimum text makes the message friendly to less literate populations
- A cartoon character makes it interesting and presents chlorine in a friendly way
- Message is short enough for easy social media transmission



Advantages of social media:

- Social media are immediate.
- They build and maintain dynamic relationships with the media.
- They can be used to dispel rumors by providing accurate information quickly.
- Social media incorporate website links where reporters can go to get more information.

Disadvantages of social media:

- They require personnel and technological resources to maintain and monitor social media channels.
- They have limitations in terms of how much information is included.
- Follow-up and continual monitoring may be required to update information and dispel rumors.

What Should Your Media Release Include?

During the early phases of an emergency, standard press releases are the most basic form of media communication. As the crisis evolves, consider following up with feature releases like:

- Stories about individuals or units involved in the response. Articles that illustrate outcomes and their successes
- Personal accounts of those who were helped during the crisis

An emergency press release should be limited to one page. You will need to practice to determine what information belongs in a fact sheet versus a press release. Think of press releases, from the very start, as press updates.

The press release should answer the questions who, what, when, where, why, and how. Additional information goes into an attached fact sheet or backgrounder. This method will speed up the clearance process, reduce the opportunity to introduce errors, and help the media determine which items are news and which are considered background.

At the top of the release, include the following information:

- Department name, Address, Website, number and name of the Press information officer
- Give the media a 24-hour contact number. If you have a toll-free number, include it and let reporters know it's for them, not for the general public.
- Place the date on the release. If more than one release is issued during a 24-hour period, place the date and time on the release.
- Give your press release a headline. Journalists can identify quickly with headlines. Create headlines using an active voice and summarize the core information in a few words. Never reuse a headline during the crisis.
- Put "for immediate release" at the top under your contact information; don't make reporters or editors guess about a release time.
- Write in the inverted pyramid style, putting the most important information first. Do not use a strong concluding paragraph, the strength will be up front. A well-written press release reads like a news story.
- Provide new telephone numbers or website addresses high up in the press release. Don't assume an editor will notice it in the last paragraph.
- Limit the length of sentences and paragraphs. They should rarely be more than 20 words. A one sentence paragraph is acceptable in a press release.
- Remember, the more syllables per 100 words, the more difficult text is to understand.
- Explain scientific or technical terms. Don't assume your audience will understand what you mean.
- Eliminate adjectives or emotionally loaded words.



- Check your facts, especially after including revisions from subject matter experts.
- Perform a security check; some information may be classified.
- Check all information given is free from privacy laws. Some information may violate the privacy of victims and their families.
- If names have unusual spellings, mark an "OK" note next to the name so editors know it's correct.
- If a name has an unusual pronunciation, include the phonetic pronunciation so radio and TV reporters pronounce it correctly.
- If an error is detected in a press release that has already been distributed and there's time to correct it, make the effort to send the corrected version right away.

Media Fact Sheets and Backgrounders

Fact sheets provide facts about a specific topic. Backgrounders provide the relevant background or history. When you create fact sheets and backgrounders, consider the following: generally, these will be attached to a one-page press release.

- Define any scientific or technical terms used. Keep fact sheets in a bullet format with a logical progression from the broad to the specific about a single subject.
- Use paragraph form for backgrounders and provide historical and technical information that is too in-depth for bullets.
- Use frequently asked questions (FAQs) for fact sheets and backgrounders, if appropriate. Expect to see FAQs on media websites, so make sure they are accurate.
- Avoid including information in fact sheets and backgrounders that will likely change. Press releases are the place for updates on the ongoing situation. Fact sheets and backgrounders given the facts, as well as background or history.
- Do not use quotes from officials or subject matter experts. If you do, it will turn into a poorly written press release.
- Release fact sheets and backgrounders as official documents from your department.
- Coordinate information to make certain all parties agree on what's fact and what's background. Prepare in advance for the structure of a fact sheet when no emergencies are in sight. Coordinate your information with other agencies.

Engaging the Media during Public Safety Emergencies: Conclusion

When public safety decisions that may be controversial loom—sit down with local media and layout the process you are using to make decisions. Don't be afraid to show them how decisions are being made. Media are affected by crises too. Experience over time in various crisis situations have shown that media, who, after all, are part of the community can be affected by the crisis too. Like everyone, they will be concerned about their safety, the safety of their families and their pets. However, the way they do their job changes too.

Consider three important ways that the media change.

- Verification of facts goes down,
- Media abandon their adversarial role early in the crisis, and
- Many of them will lack scientific expertise.

Take the media to school

Evidence strongly suggests that coverage by the media is more factual when reporters have more information. They become more interpretative when they have less information. What should you conclude? Simple. Do you want to reduce the number of times reporters are interviewing reporters about what other reporters have just reported? Then give them something more. Want to reduce the number of



times you hear reporters, and their paid experts suggest what you as the officials responding to the crisis should be doing (while you're actually doing it)? Give reporters something to report.

A crisis event provides only so much event-specific information in a day. Even so, media outlets have rounded the clock air time to fill. What are they going to fill it with? Consider this, not everything you share with the media needs to be event specific. Instead, educate the media with background information.

Turn them into experts on the subject by teaching them what you want them to know to help put the situation in context. If a reporter hears new information about how a lab test is done to diagnose a disease, it isn't news, but it feels like news because it's new to the reporter. The public will feel the same way. Have the resources in place to help take the reporters and, by default, the public to school. A dirty bomb is detonated in the town square. Teach them radiation. Engage experts who you can partner with in advance of a crisis who can be trusted resources for accurate background information to the media.

Ensure you have plenty of content resources available on subjects that could affect your community. Chemical plants in town? Have ready fact sheets on the chemical properties. If you don't "take the media to school," you can be certain someone else will and they may not be invested in the best outcome for you and your community.

Another reason to take the media to school is because many of them will need it. Only a small percentage of reporters will be experts on issues that come up in the crisis. For all the rest, they will need quick remedial training. It's not unreasonable to expect a health reporter would understand the difference between a virus and bacteria, but it may be unreasonable to expect the lifestyle reporter reassigned to the big outbreak story to know the difference. Plan accordingly and don't assume the media know what you know.

What makes a good spokesperson?

- Sincere expressions of empathy
- A willingness to risk saying, "I don't know, we're working on it"
- Telling the truth
- Confidence without arrogance
- Appropriate emotion
- Modulated voice
- Direct eye contact
- Humility or a lack of defensiveness

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.

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

Session Objectives

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

- Enlist the types of psychological issues related to disasters
- 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

Participant Reference Note

When a disaster or an emergency happens, people react differently. It is not only a question of a mass scale upheaval in their lives, but also a question of uncertainty and how that will affect their life. We all understand that disasters take a heavy toll on people's lives and livelihoods.

During a crisis situation people take in information, process information, and act on information differently than they would during non-crisis times^{1,2}. People or groups may exaggerate their communication responses. They may revert to more basic or instinctive fight-or-flight reasoning. Effective communication during a crisis is not an attempt at mass mental therapy, nor is it a magic potion that fixes all problems. Nonetheless, to reduce the psychological impact of a crisis, the public should feel empowered to take actions that will reduce their risk of harm.

Understanding how people take in messages during a crisis can help us in planning the response. Health emergencies can prolong. In such situations there are additional psychological problems which affect people. Mental state of people is impacted by:

- 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

1. Covello VT, Peters RG, Wojtecki JG, Hyde RC. Risk communication, the West Nile virus epidemic, and bioterrorism: responding to the communication challenges posed by the intentional or unintentional release of a pathogen in an urban setting. *J Urban Health* 2001;78(2):382-391. 3. Glik DC.

2. Risk communication for public health emergencies. *Annu Rev Public Health* 2007;28: 33-54.



likely begin to feel hopeless or helpless. 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.

Development of appropriate messages is based on a sound understanding of how information is processed by people. 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.

2. 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.

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.

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

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")
- 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.
- 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.
- 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 Risk Communication and Community Engagement

Session objectives:

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

- Explain and work on the components of an RCCE action plan
- Prepare a sample communication plan

Participant Reference Notes:

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

- 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.

RCCE communication plan is a consolidation of communication components discussed under Module 2.

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.



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 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.

Exercise 2:

You have four scenarios. Each group will select one scenario and work on the Preparedness Goal, RCCE Goals, Objectives, Outcome (behavioral, logistics etc), Outputs and RCCE Activities that you will undertake for that particular scenario.

Scenario 1: No cases in the country but Pandemic not over

Scenario 2: Sporadic cases (imported from other countries) in one or two areas

Scenario 3: Clusters of cases in several spread-out districts

Scenario 4: Large outbreak of local transmission



Session 3.3 Monitoring

Session Objectives:

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

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

Participant Reference Note:

Monitoring for RCCE is necessary attempts to know if the communication objectives set for the RCCE are being met. 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.

Monitoring and evaluation (M&E) to measure progress and success of all interventions with clear output and outcomes. The RCCE plan includes an M&E framework developed at country level with clear output and outcome indicators taking reference to the communication activities given in the communication plan for RCCE. It is critical to document the quality of response and preparedness mechanisms by following standards. Monitoring and evaluation in different scenario contexts will help analyzing situations periodically, report and make changes as necessary.

The objective of the community engagement standards is to support implementation of high quality, evidence-based community engagement at scale in development and emergency contexts. An important purpose behind communication monitoring is to do mid-course corrections.

Monitoring of communication is done as per a monitoring plan. A good monitoring plan comprises of four parts:

- 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.

This is how your monitoring plan format will look based on the example of a communication objective on increasing mask use as given below:

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



A weekly update from the baseline can be thus maintained for each of the objective and indicators using the format given below. 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

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

The Global Community has prepared the Global RCCE Indicators and an indicative list is given below for each of the Global Behaviour Change Framework dimensions. This is in the context of COVID-19 but a similar can be made for any health emergency, pandemic or epidemic situation as we have seen in Dengue, AES, Nipa Virus etc.

Variable	Indicator	Numerator	Denominator
INFORMATION AND COMMUNICATION			
Demand for Information	% of individuals seeking information on the disease on a weekly basis	Total of respondents seeking information on a weekly basis	Total of respondents over 15 years of age
Infodemic risk	Proportion of unreliable content v/s all online content in the specific state	Total of unreliable public posts on Twitter related to the disease during the past month	Total of public posts on Twitter related to the disease during the past month
KNOWLEDGE AND UNDERSTANDING			
Knowledge of Protective Measures	Percentage of individuals who know how to protect themselves from the disease	Total of individuals who know how to protect themselves from the disease	Total of respondents over 15 years of age
Knowledge of the disease	Percentage of individuals who know correct symptoms of the infection	Total of respondents who know correct symptoms	Total of respondents over 15 years of age
PERCEPTIONS			
Safety at health facility	Percentage of individuals who believe that their health facility is currently safe to go to	Total of respondents who report that their health facility is currently safe to go to	Total of respondents aged 15 and above who have access to health facility
Risk of stigmatization	Percentage of individuals who think falling ill with the disease leads to stigma	Total of respondents to report that falling ill with COVID-19 leads to stigma	Total of respondents aged 15 and above
PRACTICES			



Vaccine uptake	Percentage of individuals who would get vaccinated once a vaccine is available and recommended	Total of respondents who report that they will seek vaccination once a vaccine is available and recommended	Total of respondents aged 15 and above
Health seeking behaviours	Percentage of individuals who would self-medicate if they had symptoms of the disease	Total of respondents who report to self-medicate if they have the disease symptoms	Total of respondents aged 15 and above
SOCIAL ENVIRONMENT			
Social Norms	Percentage of individuals who believe that their friends or family would want them to self-isolate if they have been in contact with someone who has the infection	Total of respondents who report that their friends or family would want them to self-isolate if they have been in contact with someone who has the disease	Total of respondents aged 15 and above
Community Engagement	Percentage of individuals who know how to provide feedback about decision-making processes which affect them	Total of respondents who report to know how to provide feedback about decision-making processes which affect them	Total of respondents aged 15 and above
INFRASTRUCTURE SUPPORT			
Handwashing	Percentage of individuals who have at least basic hand washing facilities with soap and water	Total of respondents who report to have access to a basic hand washing facility with soap and water	Total of respondents aged 15 and above
Literacy rate of adults	Percentage of individuals aged 15 and above who can both read and write with understanding a short simple statement about their everyday life	Total of respondents who can both read and write according to the in-country definition of adult literacy	Total of respondents aged 15 and above

Communication objectives set in the beginning of RCCE communication plan are used to define indicators for monitoring. These indicative examples can be used to develop monitoring indicators for the communication objectives set in the RCCE communication plan.

Tracking of Rumors

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

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

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)

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?

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
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2. 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.

Example: Rumor Log for COVID-19

Date	Location	Rumor	Channel	Risk rating	Veri- fication status	Engage- ment 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 3.2. For your respective communication objectives, please develop at least two communication indicators.

Key points from Session 3.3

- 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.



References

Effective Media Communication during Public Health Emergencies - WHO handbook and field guide https://www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/

Linn Lisa, et al, Media Use and Communication Inequalities in a Public Health Emergency: A Case Study of 2009–2010 Pandemic Influenza A Virus Subtype H1N1, https://disaster-sts-network.org/sites/default/files/artifacts/media/pdf/media_use_and_communication.pdf

Mixed uptake of social media among public health specialists – WHO <https://www.who.int/bulletin/volumes/89/11/11-031111/en/>

Raina M. Merchant, Nicole Lurie, Social Media and Emergency Preparedness in Response to Novel Coronavirus, Journal of American Medical Association, March 2020, <https://jamanetwork.com/journals/jama/fullarticle/2763596>

Bhavini Patel Murthy, Tanya Telfair LeBlanc, Sara J. Vagi, and Rachel Nonkin Avchen, Going Viral: The 3 Rs of Social Media Messaging during Public Health Emergencies, Health Security.Feb 2021, <http://doi.org/10.1089/hs.2020.0157>

Digital 2020 reports, <https://wearesocial.com/blog/2020/01/digital-2020-3-8-billion-people-use-social-media>

Kinsman, John, et al., Development of a set of community-informed Ebola messages for Sierra Leone, <https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0005742>

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