



RCCE ACTION PLAN GUIDANCE

# COVID-19 preparedness & response



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## Objective

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Risk Communication and Community Engagement (RCCE) is an essential component of your health emergency preparedness and response action plan.

This tool is designed to support risk communication, community engagement staff and responders working with national health authorities, and other partners to develop, implement and monitor an effective action plan for communicating effectively with the public, engaging with communities, local partners and other stakeholders to help prepare and protect individuals, families and the public's health during early response to COVID-19.

## How to use this tool

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This guidance can be used to develop an RCCE plan that, once completed, will constitute a basic evidencebased source for engaging and communicating effectively with identified audiences.

The resulting plan will facilitate effective RCCE, two-way communication between health authorities and at-risk populations in response to COVID-19. It includes planning for engagement with and within local at-risk communities, broader segments of the public at the country-level, and other relevant stakeholders (such as health care providers).

There are 3 sections to the RCCE action plan guidance:

1. "The Key Steps" to developing a COVID-19 RCCE plan.
2. A related planning template for countries to fill in related to each step.
3. Seven annexes provide additional guidance and resources: an audience assessment questionnaire, a process for identifying objectives and audiences, a method for identifying key information needs about COVID-19, and a list of sources for existing content and messaging.

## Key considerations

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- Adapt the elements according to your country needs and situation. Some elements of the action plan guidance may differ between countries, depending upon their risk levels, people's perceptions, needs, local capacities and current situations.

- Revise your action plan according to the situation evolution. Note that your objectives and priorities may change over time depending on the evolution of COVID-19 outbreak (epidemiology) and people's reactions to the response.
- Coordinate and plan together with authorities and partners. To strengthen your preparedness, ensure effectiveness, and avoid duplication, it is important from the start to identify, meet, plan and coordinate with your partners, existing community networks and government counterparts. Remember that communities should play a major role as implementers and leaders in promoting individual and collective behaviour change to prevent and respond to COVID-19.
- Proactively communicate and promote a two-way dialogue with communities, the public and other stakeholders in order to understand risk perceptions, behaviours and existing barriers, specific needs, knowledge gaps and provide the identified communities/groups with accurate information tailored to their circumstances. People have the right to be informed about and understand the health risks that they and their loved ones face. They also have the right to actively participate in the response process. Dialogue must be established with affected populations from the beginning. Make sure that this happens through diverse channels, at all levels and throughout the response.
- Reduce stigma. Regular and proactive communication with the public and at-risk populations can help to reduce stigma, build trust and increase social support and access to basic needs for affected people and their families. Stigma can undermine social cohesion and prompt social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. Accurate information can help alleviate confusion and avoid misunderstandings. The language used in describing the outbreak, its origins, and prevention steps can reduce stigma. See WHO's Guide to preventing and addressing social stigma for more tips (<https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>).
- Conduct early and ongoing assessments to identify essential information about at-risk populations and other stakeholders (their perception, knowledge, preferred and accessible communication channels, existing barriers that prevent people to uptake the promoted behaviors...) to develop your plan. Do not assume or take for granted local understandings and perceptions. Qualitative methods such as focus groups and interviews can produce rich, contextual information from a few people. Quantitative methods such as internet or telephone surveys can help characterize larger numbers of people, but with less context. Both approaches can help you systematically ask relevant questions that will shape your intervention strategy. As the threat of COVID-19 evolves, people's knowledge and beliefs will change, so assessments will need to be ongoing to ensure that interventions remain relevant to people at-risk.
- Ensure that all people at-risk of acquiring COVID-19 are identified, reached and involved.

# The Process

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This exercise would be completed remotely by the INGO HQ through the following steps:

**Step 1. Assess and collect** Collect existing information and conduct rapid qualitative and/or quantitative assessments to learn about the communities (knowledge, attitudes and perceptions about COVID-19, most at risk population, communication patterns and channels, language, religion, influencers, health services and situation). With your team, analyse and assess the situation.

*See [annex 1](#) for example rapid assessment tool.*

**Step 2. Coordinate** Use existing coordination mechanisms or create new ones to engage with RCCE counterparts in partner organizations at all levels of the response: local, regional and national. These include health authorities, ministries and agencies of other government sectors, international organisations (WHO, UNICEF, IFRC, MSF, etc.) NGOs, academia, etc. Develop and maintain an up-to-date contact list of all partners and their focal points. Regular contact with all partners will help avoid duplication and identify potential gaps in the RCCE response.

**Step 3. Define** Define and prioritize your key RCCE objectives with your team and partners. Review them regularly to ensure they are responding to your priorities as COVID-19 evolves.

*See [annex 2](#) for example of objectives.*

**Step 4. Identify key audiences and influencers** Identify target audiences and key influencers. These include policy-makers, influential bloggers or other social media leaders, local leaders, women and youth groups, religious and elders' groups, local and international NGOs health experts and practitioners, volunteers, and people who have real-life experience with COVID-19 (those who have had COVID-19 or their family members have contracted the virus). Match audiences and influencers with channels and partners that reach them.

*See [annex 3](#) for questions to guide you on identifying your audiences.*

**Step 5. Develop RCCE strategy** Based on the qualitative analysis' results, your defined key objectives and audiences, develop an RCCE strategy that fits into the country's comprehensive COVID-19 response strategy. Adapt to the local context: focus on messages that are tailored to the relevant national and local context, reflecting key audience questions, perceptions, beliefs and practices.

Define and prioritize your strategic objectives with your team and partners in alignment with the general objectives of the country's COVID-19 response. Review them regularly with partners and community to ensure they are responding to evolving priorities. Work with the different technical groups of the response to ensure alignment, coordination and internal dialogue between RCCE leadership/field staff and other response teams.

Define and describe actions/activities that will contribute to achieve the RCCE objectives. Develop messages, and materials to transmit health protection steps and situation updates in line with World Health Organization's message. Messages and materials should be tailored to reflect audience perceptions and knowledge at the level to which the RCCE products are targeted whether national, regional, or local (see assessment process in Step 1).

While defining the list of activities tailored to your country, simultaneously disseminate recommendations from the World Health Organization and your Ministry of Health. These sources provide accurate information that can mitigate concerns and promote prevention actions, even though they are not tailored to local communities.

Create relevant information, education and communication (IEC) materials tailored for and pre-tested with representatives of audiences for whom they are intended. Pre-testing messages and materials with target audiences ensures that messages are context specific and increases ownership from communities and at-risk populations and other stakeholders. As much as possible IEC materials should contain actions that people can take:

- a. an instruction to follow
- b. a behaviour to adopt
- c. information you can share with friends and family

*See [annex 4](#) for template to compile actions required and information needed*

*See [annex 5](#) for list of sources where existing COVID-19 general information can be found*

**Step 6. Implement** Develop and implement the endorsed RCCE plan with relevant partners to engage with identified audiences and community. This should include capacity building and integration of RCCE counterparts from international, national, regional, local groups, ensuring participation and accountability mechanisms are co-defined. Make sure to identify human, material, and financial resource needs. Define staff and partners who will do the work (number of people required in the team/organizations) and budget according to the resources. Ensure strong and regular supervision and coordination mechanisms. Close monitoring of field work is essential and mechanisms should be defined before starting implementation.

Set up and implement a rumour tracking system to closely watch misinformation and report to relevant technical partners/sectors. Make sure to respond to rumors and misinformation with evidence based guidance so that all rumors can be effectively refuted. Adapt materials, messages and methodologies accordingly with help of the relevant technical group.

*See [annex 6](#) for sources of feedback and guidance*

**Step 7. Monitor** Develop a monitoring plan to evaluate how well the objectives of the RCCE plan are being fulfilled. Identify the activities the RCCE team will perform and the outcomes they are designed to achieve with target audiences (communities, at-risk populations, stakeholders, etc.) Establish a baseline (for example, note the level of awareness or knowledge of a community at the time before the RCCE plan is implemented). Measure the impact of the RCCE strategy by monitoring changes in the baseline during and after RCCE strategy activities are implemented.

If minimal or no positive changes are achieved, find where the problems are: check if the activities are fit for purpose, check the content of the narratives, the methodologies, the quality of work conducted by the teams (it is very important to supervise the way team members conduct the activities). Develop checklists to monitor activities and process indicators for every activity.

# Planning tool

<p><b>RCCE objectives</b></p> <p>What are the objectives of an RCCE (at all levels of the response, including community engagement) focusing on behaviours and actions to support public health interventions and ensure participation and accountability towards at-risk and affected populations and communities?</p> <p>Is there existing evidence/rapid assessment data/KAP supporting the objectives?</p> <p>What are the issues that need to be addressed by the RCCE strategy?</p>	
<p><b>Audiences</b></p> <p>Who are the audiences for your activities? Who do you want to communicate with?</p> <ol style="list-style-type: none"> <li>1. Primary audience (most at risk / vulnerable population: People in affected neighbourhoods, People in at-risk areas, Migrants, Refugees, Travelers, Schools and school children, Businesses, Caregivers, Elderly, Other.)</li> <li>2. Secondary audience (people who act as spokespeople or representatives, influencers, agents of change, etc.)</li> </ol>	
<p><b>Actions/Activities</b></p> <p>How will you engage in two-way communication with the different audiences identified?</p> <p>What are the key suggested interventions?</p>	
<p><b>RCCE Capacity</b></p> <p>What capacity do you need on your team to implement the action plan? Develop terms of reference as needed.</p> <p>What materials, job aids and other resources will be required to reach needed capacity?</p>	
<p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• How will you monitor whether your RCCE plan is being implemented according to plan?</li> </ul>	

<ul style="list-style-type: none"> <li>• Are you reaching the people you intended to reach with the right information, at the right time? Are they able to reach you? How many people have you reached?</li> <li>• What type of activities have you carried out?</li> <li>• Are there mechanisms in place to receive feedback from population?</li> <li>• How are the actors of the response held accountable to the populations they are serving? (AAP)</li> <li>• Which indicators will you measure on a daily, weekly or monthly basis?</li> <li>• In order to answer these questions: What methods will you use to collect the data? Do you have the tools and capacity to collect the required data?</li> </ul>	
<p><b>Budget</b></p> <p>Make sure you develop a proper budget for the strategy. When financial resources are tight, plan on implementing the communication strategy in phases, addressing first the highest priority objectives and audiences.</p>	

## Annex 1A COVID-19 Rapid Qualitative Assessment Tool

This tool could be adapted for focus group discussions (FGD) or key informant interviews (KII). Participant observation (PO) will as well contribute to the collection of data, and then triangulated with other sources.

**ATTENTION:** review with partners, adapt and pre-test the questionnaire to your local context

No.	QUESTIONS	Observer takes notes of ANSWERS here. Or using recording of the focus group records answers in detailed notes here
1	1. Location: 2. Sex of the interviewee: 3. Interviewee age: 4. Interviewee occupation: 5. Level of education:	
<b>QUESTIONS ASKED TO THE GROUP BY THE FACILITATOR ABOUT COVID-19</b> Answers to be created in detailed notes from recording or during the focus group session or interviews.		
2	Have you ever heard about the new coronavirus disease? (If the attendees are unresponsive, facilitator asks clarification question: It is also called COVID-19 Have you heard of that?)	
3	What do you know about the new coronavirus disease?  (Facilitator prompts participant responses related to what they know about relationship to disease, government involvement, what	

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_24769](https://www.yunbaogao.cn/report/index/report?reportId=5_24769)

