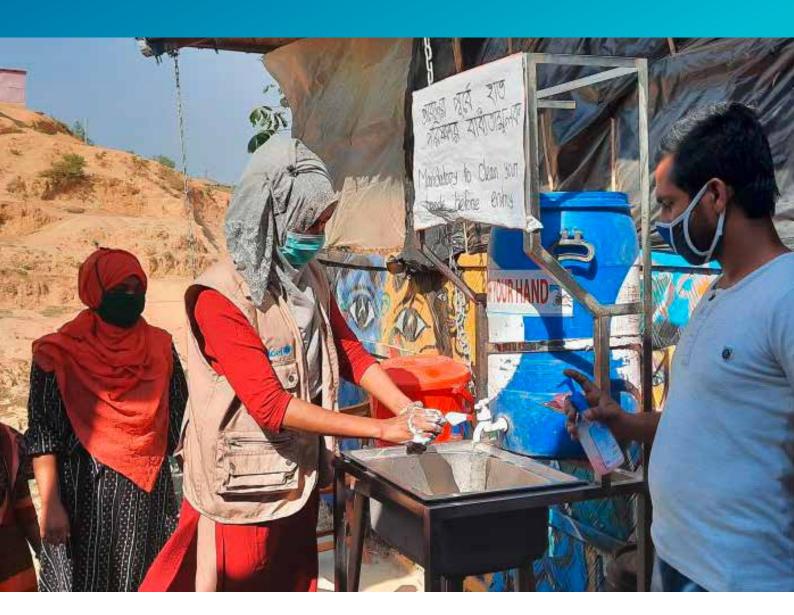# PRACTICAL GUIDANCE FOR RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

for Refugees, Internally Displaced Persons (IDPs), Migrants, and Host Communities Particularly Vulnerable to COVID-19 Pandemic

unicef

IOM UN MIGRATION

JOHNS HOPKINS Center for Communication Programs

UNHCR The UN Refugee Agency

World Health Organization

IFRC

UNODC United Nations Office on Drugs and Crime

→ Purpose of the guidance

This practical guidance is designed to assist programme specialists to implement COVID19 RCCE activities *for* and *with* refugees, IDPs, migrants and host communities vulnerable to the pandemic. The guidance highlights key challenges and barriers faced by these people in accessing COVID19 health-related information and presents key considerations and recommendations for planning and implementing RCCE activities. The document can be adapted to countries' specific context and aligned with national response plans for COVID-19 and national RCCE plans.

The guidance is aligned with the Global Humanitarian Response Plan for Covid-19, particularly Priority 3 and its objective to "*Prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, migrants, IDPs and people of concern by enhancing awareness and understanding of the COVID-19 pandemic at community level.*"

▾ Millicent Achieng, a Community Health Volunteer in Kibera informal settlement demonstrating proper handwashing.
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→ Challenges and barriers faced by refugees, IDPs, and migrants

Refugees, IDPs, and migrants face many barriers complicating access to information and services, including for COVID-19, and an ability to comply with recommended practices. Some of these barriers include:

- Economic with limited opportunities and less disposable income
- Limited access to basic services including health, water, sanitation and hygiene (WASH); heath care officials may not know where and how to reach migrants and displaced populations and especially in absence of community outreach and lockdown.[1]
- Limited social support networks
- Attitudinal, social, religious, gender and culture
- Limited access to trusted information and / or lack of resources to access available information
- Fear of or distrust of government or health authorities when undocumented, unaccompanied, or separated from families
- Limited access to SIM cards or internet, with undocumented or unclear legal status
- Multiple languages and literacy levels
- Xenophobia, stigma, discrimination, and blame for spreading COVID-19

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1   COVID-19 including migrants and displaced people in preparedness and response activities. Guidance for MENA National Societies IFRC. March 2020.

A **refugee** is someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.

Internally Displaced Persons (IDPs) are "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border."

A **migrant** is a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons (e.g. migrant worker, smuggled persons, int'l students, etc.)

A **host community** refers to a national or local community in which displaced persons temporarily reside.

Key communication considerations with regards to refugees, IDPs, migrants and host communities vulnerable to Covid-19

In crises, it is important to engage with all actors, ensure all voices are heard, and promoted practices are understood.[2] Hence, communication processes during all outbreak phases must be clear and concise, with a mechanism for feedback for targeted groups to voice their concerns.

Consider the following when targeting refugees, IDPs, and migrants in COVID-19 communication strategies:

- **Do no harm**. All activities that involve social interactions should be viewed through the prism of safety protocols and compliance with social distancing rule. Avoid exposing key audiences to additional risks through your actions.

- **Align with national plans.** Are refugees, IDPs, migrants and vulnerable host communities included within the national RCCE strategy? If yes, is information accessible to them (e.g., languages, format)? See below considerations related to communication.

- **Address the needs of specific groups among refugees, IDP, and migrants.** While refugees, IDPs, and migrants are themselves vulnerable groups, these groups contain audience segments consisting of children, women, and girls (including pregnant and lactating women and girls), older persons, persons with disabilities, people living with HIV, people with pre-existing medical conditions, sexual and ethnic minorities, gender-based violence survivors, and others.

- **Consider the environment.** Refugees, IDPs, and migrants may live compactly or scattered in urban and rural areas, makeshift and permanent housing, camps and unorganized settlements, with or outside host communities, and in hard-to-reach areas. Due to border closures, they may be stranded at borders.

- **Address legal and access issues.** Legal status (registered or unregistered, documented and undocumented, unaccompanied, etc.) may have implications for movement and accessing social and healthcare services.

- **Address communication issues.** These include language, literacy, access to media and mobile technology, electricity, and others. Ensure information is accessible to those with physical, psychosocial, sensory[3] and intellectual impairments.

- **Explore networks as communication channels.** For example, established diaspora groups outside the country of focus may be a means for establishing communication channels.

- **Address information barriers**. Plan alternative channels that still respect physical distancing if access to technology-based information is limited (e.g. mobile, Internet, technological literacy).

- **Address not just information needs but social behavior change.** Social and behavioural practices and norms, power relations and interaction within and outside target communities.

- **Ensure feedback mechanisms and accountability**. Understand and address misinformation, concerns, and challenges to compliance to promoted measures, linking to services. Consider creating ways to collect and respond to feedback remotely.

- **Address violence.** This includes GBV and violence against children. Adopt conflict- and gender-sensitive approaches promoting equality, equity, and prevention of stereotyping in communication. One of the ways to address violence against children is to address parenting challenges by acknowledging the challenge for parents in trying to keep their children safe and well. This includes supporting parents, or primary caregivers, with information and tips to meet challenges and stress within their families that may likely arise from both restrictions in movement as well as trying to meet new hygiene guidelines[4].

- **Address stigma.** Crises can trigger stigma and discrimination against vulnerable populations, especially refugees, IDPs, and migrants. Perceptions, rumours and feedback in the communities should be monitored and responded to through trusted communication channels, especially to address negative behaviours and social stigma associated with the outbreak.

- **Consider host communities**. These communities may face same challenges and barriers and, therefore, should benefit from RCCE activities. This might also contribute to strengthening interethnic and intercultural tolerance and understanding.

- **Start early.** It is important to have RCCE at an early phase with priorities and interventions for all phases, including the post-outbreak phase.

2   Communicating Strategically about Immigrant Integration. Migration Policy Institute. 2019.
3   For example: Do not post information too high up so that persons in wheelchairs can have access
4   UNODC, parenting under COVID19 (Listen First) www.unodc.org/listenfirst

Practical recommendations for RCCE implementation for refugees, IDPs, migrants and host communities

Rapid assessment: Understand the context of refugees, IDPs, and migrants in the country (in camps, urban contexts, in makeshift dwellings, in transit, host communities, etc.); what are the community's preferred languages and preferred and trusted communication channels; what are they already using and what communication challenges do they have (e.g. access to TV, radios, mobile communication, social barriers including stigmatization, language barriers, etc.); what are their trusted sources of information on health and/ or any sources not trusted; what is the current knowledge of COVID-19 and its prevention. This assessment can be done remotely such as phone interviews of key informants among the target audiences, organizations working with target audiences, migrant diasporas, and others.

Coordination and partnership: Collaboration and coordination with involved stakeholders can amplify communication impact and avoid duplication. Consider partnering with government (if possible), camp management, civil society organizations, community and religious leaders and influencers. Engage partners providing healthcare services and information and other non-health services to expand communication reach.

Advocate with decision-makers to include refugees, IDPs, migrants and vulnerable host communities in the national RCCE strategy and action plans. On all matters of service delivery advocate with decision makers to act in the interests of vulnerable people, and with full respect for fundamental humanitarian principles.

Set communication goals and objectives: Be specific and realistic. If the issue is stigmatization, providing information might not be enough. Understand the underlying causes and address them through advocacy and dialogue engaging key stakeholders including from host communities and authorities.

Communication approaches and channels: the rapid assessment should guide us in selecting appropriate communication channels and approaches. Consider leveraging existing communication channels and approaches targeting refugees and migrants, wherever possible.

- Use print, audio and video materials in the language that is understood by target audiences. Use testimonials from trusted leaders and role models who can demonstrate the importance and benefits of practicing the behaviors. Support translation and dissemination of health information coming from health authorities and governments of the host country.
- Use visuals (pictures, photographs, drawings, etc.) instead of words to overcome the issue of illiteracy and partly language barriers. For online content, ensure safety of children and adolescents. Use sign language in video announcements, if possible.
- Explore digital/technological and non-digital means of communication (as relevant based on the needs assessment). If dialogues cannot be done in person, consider using other two-way platforms such as interactive radio.

- Explore opportunities for using vehicle-mounted or hand-held megaphones, market and church or mosque public announcement systems, which can be effective in places where migrant, refugees, or IDPs live compactly and still be in compliance with social and physical distancing requirement.
- When direct community engagement is not possible, communicate remotely with community leaders and / or other members to ensure continuous provision of information.
- Work with local health authorities to provide regular updates on the outbreak and preparedness and response measures, and communicate expected actions, including on when and how to seek health care/medical advice. This needs to be done in all areas, before local community transmission is confirmed – and so that local transmission can be detected early.
- If local community transmission is confirmed, communicate the urgency of risk, expected actions, and caring of patient(s) and identify immediate contacts with him/her. Cooperate with contact tracing in accordance with local protocols focusing on encouraging appropriate care seeking behavior.
- Mobilize people who have recovered from COVID-19 to act as community champions to build social trust and hope.
- Ensure trusted channels for listening to feedback, concerns, rumors/misinformation and issues, and sharing of experiences and stories of different vulnerable groups including migrants and refugees and other affected groups

Strengthen communication capacities:
- Support activities strengthening knowledge and skills of leaders, influencers, community and diaspora representatives, religious leaders, and all those who might have access to target communities.
- Build capacity of vulnerable groups to serve as role models and demonstrate preventive practices and benefits within their community and peer groups, families and care services, through online and offline platforms.

Key information and messages should include:
- Practical information on how to access essential, safe, trusted and reliable services, remotely or in-person (if feasible) for social institutions (schools, religious centers, etc.) and individuals including caregivers affected by COVID-19: where to get food, referrals and treatment, whom to call, mental health and psychosocial support, parenting support, GBV, etc. Tailor these to fit each context and the services available there, e.g. camps, urban/rural areas, detention facilities, etc.

Monitoring

RCCE interventions and indicators should align with the national strategy in terms of stage the strategy is targeting, i.e., containment, delay, mitigation, or a hybrid approach. RCCE strategies and interventions should be specific to the national strategy and conditions on the ground.

PHD clinic social distancing. PHD Bangladesh/2020/Sohag

References and other useful resources

1. UNICEF: Practical Tips on Engaging Adolescents and Youth in the Coronavirus Disease (COVID-19) Response

2. UNICEF, WHO & IFRC: Addressing Social stigma associated with the coronavirus disease (COVID-19)

3. UNICEF: Quick Tips on COVID-19 and Migrant, Refugee and Internally Displaced Children

4. Quick Tips on COVID-19 and Migrant, Refugee and Internally Displaced Children (Children on the Move)

5. UNICEF U-Report: Lifesaving COVID-19 information

6. The Compact for Young People in Humanitarian Action on COVID-19

7. IOM Institutional Statement on COVID-19 and Mobility

8. RCCE for engaging Children and Adults with Disabilities, UNICEF

9. Community Engagement

10. ITU Guidelines On how to ensure that digital information, services and products are accessible by all people, including Persons with Disabilities during COVID-19 ITU Guidelines accessible information

11. Easy-to-read information about Coronavirus available in many languages for persons with intellectual disabilities:

12. WHO, Preparedness, prevention and control of corona virus disease (COVID-19) for refugees and migrants in non-camp settings

13. UNHCR, COVID-19: Guidance on Risk Communication and Community Engagement (RCCE), 21 March 2020

14. UNHCR, Age, Gender and Diversity Considerations – COVID-19, 21 March 2020, [accessed 28 April 2020]

15. UNODC Information for Parents or Other Caregivers in Crowded Communities or Refugee Settings During the Covid-19 Pandemic

16. UNODC Information on Parenting During COVID19

17. Guidance on how to include marginalized and vulnerable people in risk communication and community engagement

18. Update #1 of the Guidance on how to include marginalized and vulnerable people in risk communication and community engagement

19. Guidance for National Societies on safe and remote risk communication and community engagement during COVID-19

20. Tips for Engaging Communities during COVID-19 in Low-Resource Settings, Remotely and In-Person (GOARN, WHO, UNICEF & IFRC)

21. On Stigma: https://www.communityengagementhub.org/what-we-do/novel-coronavirus/?search=stigma&resource-type=0&region=0

22. Interim Guidance Public Health and Social Measures for COVID-19 Preparedness and Response in Low Capacity and Humanitarian Settings Version 1

23. "COVID-19 including migrants and displaced people in preparedness and response activities. Guidance for MENA National Societies IFRC. March 2020" in English and Arabic

24. Mobile Phone Surveys for Understanding COVID-19 Impacts: Part I Sampling and Mode Apr 2020

25. SOP for Data Collection During COVID19

26. Remote Survey Toolkit Prepared in Response to COVID-19