

## TOOL 7.3

### Risk communication and community engagement strategy to address specific risks, epidemics and unhealthy behaviours

#### **GUIDANCE NOTE FOR NATIONAL SOCIETIES**

#### INTRODUCTION

#### COMMUNICATION OBJECTIVES

For example

- **Communicate timely, accurate and trusted information** on XXX, addressing public health concerns, and providing accurate information that people and communities need regarding possible health issues related to this disease.
- **Encourage positive and healthy behaviours** in relation to vector control and protective measures, based on a sound understanding of the socio-cultural environment and information ecosystem.
- **Foster community engagement and accountability** to enable people and communities to engage in two-way communication with the Red Cross and more importantly among themselves to discuss community solutions to tackle the most prevalent vector-borne diseases.
- **Collect, analyse and respond to rumours** and inaccurate information and erroneous ideas as quickly as possible.

#### BEHAVIOUR CHANGE OBJECTIVES

Answer the following questions to help you develop behaviour objectives/results. To do so, you and your team need to work with the affected community.

- Whose behaviour needs to change to bring about a given desired health or social outcome in the emergency (mothers'; primary caregivers'; fathers'; neighbours'; volunteers'; health workers'; religious leaders', teachers'; politicians')?
- What are the current behaviours? Why are people currently doing it all the time; doing it sometimes, or not doing it at all? What factors account for the difference?
- If they are not doing it now, why not? Are they practising a similar desired behaviour? How can you best influence and support that behaviour? What are the barriers to change?
- What factors - social, cultural, economic, environmental, psychological, physiological, etc. - and who, what, where are the most influential channels that can motivate changing or maintaining the behaviour?

- What skills and resources are needed for the affected groups to practice the desired behaviours

Also, check the Assessment check list in the toolbox.

### Example from Zika

#### Vector control collective action

- People and communities take collective actions to regularly clear up and clean up the environment.
- Family members in every home conduct regular inspections inside and outside for potential mosquito breeding sites and take specific actions to rid the area of these breeding sites.

#### Preventive behaviours

- People, in particular women of reproductive age and pregnant women, take protective measures from being bitten.

#### Health seeking behaviours

- Pregnant women and children with Zika related symptoms go immediately to the nearest health clinic for diagnosis and treatment.
- Pregnant women or women planning to become pregnant to seek regular prenatal care to receive information and monitoring of their pregnancy and to follow their doctors' recommendations.

### Example from a cholera emergency (in case you have a baseline data):

Within two weeks from the start of the emergency, to increase from 30 percent to 60 percent the number of caregivers who wash hands with soap or ash and water before preparing food, after going to the toilet and after washing the baby.

## KEY MESSAGES

(Insert your adapted key messages here)

## DEFINING YOUR STRATEGY AND ACTION

### RAPID ASSESSMENT – SUMMARY example

Primary participant group	Current behaviour	Barriers	Benefits/Motivation	Enabling environment Issues/factors	opportunities
Women	Not washing hands with soap at critical times.	<p>Need to collect additional water for washing hands is a chore</p> <p>Cost of soap</p> <p>Local soaps not considered 'soap' for Hand Washing With Soap (HWWS).</p> <p>Health as motivating factor low. Diarrhoea seen as common place.</p> <p>Only 24% of women report dirty hands as cause of diarrhoea</p> <p>There is a limited link between diarrhoea and hand washing with soap.</p>	<p>HWWS seen as a status symbol</p> <p>Gaining approval and respect from elders and peers in the community</p> <p>Protecting yourself and your family from sickness caused by bacteria carried on your hands</p> <p>Having hands that smell good</p>	<p>Not HWWS seen as socially unacceptable/deviant</p> <p>If HWWS is advocated as important by Chief, FBOs</p> <p>'collective collection system' for water for HWWS at the latrine site</p> <p>If the benefits of smelling good and being seen to be free from contamination is promoted and endorsed as a status symbol and soap commodities made easily affordable and accessible</p>	<p>Promote collective responsibility for communal hand washing sites.</p> <p>Raise awareness that any soap is effective and promote the use of 'local soap' for hand washing to eliminate the barrier of cost</p> <p>Consider capacity strengthening and harmonizing activities and approaches to CEA of the various branches</p> <p>Emotional messaging around triggers of social acceptability and personal standards (disgust)</p> <p>Social marketing and demand creation: sustainable private sector partnership for community based distribution programme to increase access to soap to meet the demand created for social acceptability and status through personal standards</p> <p>Mobilisation of volunteers, leaders/schools to encourage the everyday practice of HWWS through school activities, the promotion of the religious relevance in church, the mobilization in community meetings</p> <p>Radio and community arts to support all of the above</p>

## How to define communication, engagement and accountability activities

### Example from Zika CEA Plan

#### 1. Define objectives/changes on the basis of NS and others (i.e partners, ministries) assessments

**TIPS :** Consider what medium communities listen to / use / own i.e. radio, television, mobile phones, community meetings, newspaper, social media (Facebook, twitter....)? Consider the confidence in these communication mediums. Which one would communities trust more? Consider what information communities have already and wish to receive? Check if studies about knowledge, attitudes and practices are available (i.e. KAP on dengue). **See the guiding list of questions in ANNEX 1 below**

##### Behaviour Change:

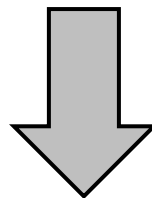
- Build knowledge on the Zika virus and other vector-borne diseases
- Build knowledge on available RCRC services and programmes (i.e distribution of bed nets, clean up campaigns....)
- Build self confidence
- People debate barriers and solutions with peers and experts on how to tackle Zika, and other vector-borne diseases prevalent in the community
- People trust RCRC volunteers

##### Social Change:

- People's see that the promoted vector-control and protective behaviours are practiced by others
- Family/community provides support
- Family/community expects people to adopt the practice
- Culture/tradition/values shared by community are not an obstacle to adoption of practices

##### Community engagement and accountability:

- Community participates in defining the best vector-control programmes for their communities
- Community debates barriers and solutions
- Community define the best solutions and promotes the practices to tackle the disease
- Community and RCRC discuss on the best way to provide services
- Community provide feedback regularly about the programme, their information needs and rumours.



## 2. Identify your participant group

Primary (those whose behavior should change, e.g. mother, father, child care taker)

- People living in areas with Zika virus transmission
- People living in areas with high prevalence of other vector-borne diseases, like dengue and chikungunya
- Pregnant women and women of reproductive age

- Travelers
- Local leaders
- Media
- Schools and school children
- Businesses

Secondary (those who have an influence on primary participants at family level, e.g. grandmothers)

- Health personnel

Tertiary (Local institutions who have a role in organizing community activities, e.g. CBOs, community leaders, representatives of vulnerable groups, etc.)



## 3. Identify who are the most influential actors to engage communities in achieving the defined objectives

- RCRC volunteers and staff working with communities and all actors listed
- Opinion leader (it can be technical leaders such as health staff, local leader, village chief, religious leader or a prominent celebrity in your country etc.)

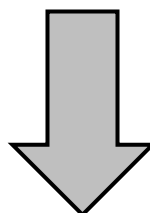
- Model (people from the same community who went through the difficulties and adopted the behaviour)
- Family member
- Peer



## 4. Identify which is the most suited channel to serve the defined objective and engage your target audience

- Mass media
- Proximity media (community radio, theatre, cinema)
- Social media
- Community discussions

- School
- Door to door volunteers work and community campaigns
- Social network



## 5. Put them all together (example)

**REMEMBER:** Define the best activities/channels/messages to engage your primary participant group.

		AGENT OF CHANGE/ACTORS				
		RCRC volunteers	Opinion leader	Model	Family	Peer
CHANNEL	Social Network		<p><b>Activity:</b> well-known personality participates in Red Cross promoted clean up campaigns and is filmed on TV</p> <p><b>Purpose:</b> Lead by example and influence community engagement.</p>	<p><b>Activity:</b> RCRC Youth leader meet with peers (or through social media) and encourage them to participate in clean up campaigns</p> <p><b>Purpose:</b> Reinforce a network of youth as 'agents of change' to win Zika</p>		<p><b>Activity:</b> Pregnant women "Zika prevention champions" talk to other women (on radio or tv) on how to protect themselves and go to a doctor when symptoms arise</p> <p><b>Purpose:</b> promote health seeking behaviour</p>
	Door to door	<p><b>Activity</b> RCRC volunteers do house to house visits to promote vector-control actions and protective measures, as well as engage them in clean-up campaigns.</p> <p><b>Purpose:</b> Build community engagement for regular clean-up campaigns.</p>		<p><b>Activity:</b> Local nurse joins RCRC volunteers and mobilize communities.</p> <p><b>Purpose:</b> Build community trust for RCRC volunteers knowledge and advice</p>		<p><b>Activity:</b> Community people encourage families to accept larvacide use by experts from the government or RCRC.</p> <p>Purpose: promote acceptance of chemical control strategies.</p>
	School	<p><b>Activity:</b> group discussion with parents' associations or school children in schools</p> <p><b>Purpose:</b> discuss about the action they can take to control and eliminate mosquitoes in their schools</p>	<p><b>Activity:</b> School teacher discusses with students on how to help with clean up campaigns and eliminating breeding sites</p> <p><b>Purpose:</b> Family provides support to community action</p>		<p><b>Activity:</b> RCRC motivates school children as 'agents of change' in their houses.</p> <p><b>Purpose:</b> children becomes the 'focal points' for monitoring stagnant water in and outside the house</p>	

<p><b>Community Discussions</b> (i.e animated by theater groups, radio...)</p>	<p><b>Activity:</b> community discussions animated by 'radio in a box/theater activities <b>Purpose:</b> Debate solutions for community promotion of vector-control and protective actions</p>	<p><b>Activity:</b> regular meetings where village chiefs discuss with local administrators on modalities for clean-up campaigns <b>Purpose:</b> Community and technical service discuss on joint actions</p>			
<p><b>Proximity Media</b> (community radio, radio in a box, sound trucks, mobile cinema...)</p>	<p><b>Activity:</b> RCRC staff and volunteers discuss and develop a dedicated and interactive radio programme to share information and discussion action. <b>Purpose:</b> motivate community action and individual changes in relation to vector-borne diseases</p>		<p><b>Activity:</b> RCRC invites role models (i.e mother that survived dengue) to participate in radio programmes and motivate others to act jointly. <b>Purpose:</b> Show that TOGETHER, the community can tackle diseases</p>		<p><b>Activity:</b> Pregnant women "Zika prevention champions" talk to other women on how to protect themselves and go to a doctor when symptoms arise (PSA format or interactive radio programme). <b>Purpose:</b> promote health seeking behaviour</p>
<p><b>Social media</b></p>	<p><b>Activity:</b> Share messages and promote debates on Zika virus <b>Purpose:</b> Discuss solutions for tackling Zika and other vector-borne diseases</p>		<p><b>Activity:</b> prepare some short videos interviews with well-known personalities in your country and share them in social media. <b>Purpose:</b> using key influencers to motivate people to take action</p>		
<p><b>Mass media</b> (National TV, Radio)</p>			<p><b>Activity:</b> participate in regular TV debates to share knowledge and motivate people to talk action <b>Purpose:</b> Promote collective action and increased knowledge around Zika and other vector-borne diseases.</p>		

## 4. Listen, monitor your impact and make changes

The voice of the community is what allows us to understand how we should best deliver our vector-control programmes and communication activities.

The communities can often provide us with facts and information that we may not have thought about when responding to a public health concern or epidemic outbreak. Information allows us to deliver services in a community driven way.

It is important to collect, understand, document and analyse the information, rumours, feedback and suggestions that communities are providing to us through radio programmes, social media, hotlines and our volunteers. Communication and programme should use the information to inform changes in RCRC programmes and communication approaches. RCRC might be able to do some Focus Group Discussions or undertake a Knowledge Attitude and Practice or perceptions survey.

Guiding questions to analyse feedback received through different sources:

What are the issues related to Zika discussed in the communities? What rumours are volunteers hearing? What are the communities trying to say? Are we delivering services in a way that are suitable to communities? Are communities supportive of what we are doing? Is there something that we missed or did not understand about the communities? Have the information needs in the community changed? Are a large part of the population saying the same things or is the information different from different groups? Are there trends that we can find in the information that may help us to better deliver services?

Once you have analysed the data you have collected and understood how things are changing, you can now reassess your objectives. Setting process and behaviour outcome objectives is important for you to be able to monitor and evaluate the progress and impact of your work. For example, if you know that awareness concerning Zika symptoms is still low and you know that this is causing a significant risk, you may set the simple objective: 'Increase knowledge of Zika symptoms'.

Here are a few examples to get you thinking:

Process objectives:

Increase interpersonal (face-to-face) communication on Zika symptoms; Increase public debate around Zika and other vector-borne diseases, Increase accuracy of the information shared about Zika;

Behaviour objectives:

Increase pregnant women' health-seeking behaviour related to vector-borne diseases.



## ANNEX 1

### Checklist for conducting a situational analysis

**Instructions:** The following checklist can be used as a guide for ongoing assessments and adapted as necessary. If an assessment is not possible, you can always gather existing information, discuss with your local RCRC volunteers and observe/listen to communities. The goal of the analysis is to ensure that the proposed vector-control and preventive practice is feasible and culturally appropriate. Please check our CEA library for questions to include in surveys (ANNEX 3).

#### **At-risk groups and populations**

- Who are the people most at risks in the community? For occupational exposure to the disease or for other reasons, e.g. women and children who might face increased risks if infected)
- Are there particularly vulnerable or high-risk groups that should be reached?

#### **Knowledge, awareness and perceptions**

- What do individuals and communities know about Zika ?
- What are the local terms or descriptions of the disease?
- What are the individual and community perceptions of the risk posed by the outbreak?
- Have they experienced previous Zika, dengue, chikungunya outbreaks , and how have they managed them?
- What are the messages currently circulating within the community?
- What are the rumours?

#### **Information sources, channels and settings**

- Where and from whom do people get information and why? Who are the 'trusted' and 'credible' information sources, and what makes them so, e.g. local leaders, religious leaders, health-care staff, influential people (formal and informal)?
- What media or channels of communication are available to promote your messages?
- Which channels are the most popular and influential? What traditional media are used?
- What are the current patterns of social communication?
- What active community networks and structures exist, and how are they perceived by the local population?
- What other organizations are addressing the issue in the community?

#### **Household and community practices**

- What are the current health-seeking and health-care practices?
- Do the existing practices amplify the risk, and what beliefs and values support them?
- Are there existing practices that reduce risk, e.g. emptying containers and using repellent and what beliefs and values support them?
- How are decisions made about seeking health care in communities and households?

#### **Sociocultural, economic and environmental context**

- Are there social and political tensions that would affect adoption of safe practices?
- Do people have access to sufficient resources to implement the proposed practice? ( i.e can they afford to buy repellent)
- Are health services available and accessible?
- Are there traditional beliefs and social norms that might stop people from implementing risk reduction practices?
- And are there traditional beliefs and social norms that might favour implementation of risk reduction practices?
- Is their trust in the government/health authorities response? If not why?