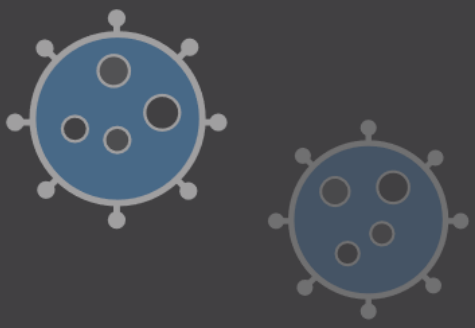

Update #1

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

Last updated: 24/04/2020

This document gives guidance on additional marginalized and vulnerable groups and how to include them in risk communication and community engagement (RCCE) activities. The document also suggests key steps to include these groups in our work and understand their needs and their proposed solutions. Please note that no group is homogenous, and it is key to understand the diversity within different groups.

This is an update of the guidance note "COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement" based on feedback the RCCE group received from humanitarian partners responding to COVID-19.

You can find the original guidance note here in several languages.[1]

[1] WHO, IFRC, OCHA (2020). COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement https://www.communityengagementhub.org/what-we-do/novel-coronavirus/?search=inclusion+of+marginalized&resource-type=0&region=0

Group	Reasoning related to RCCE	RCCE actions to include this group
Workers in informal economies (For information on migrants see page 5 of the first guidance note on how to include marginalized and vulnerable groups)	Focused more on making ends meet and can be hit hard economically by COVID-19 May not have time to actively look for official information about health emergencies May not be eligible to benefit from social welfare systems and therefore may not receive health information	Involve organizations and leaders of different branches of informal sector to share information Offer low-cost ways to both receive information and share feedback, i.e. through messenger groups, Facebook live, call/text-in radio shows in the relevant languages Encourage governments and Civil Society Organizations (CSO) to establish confidential, communication models to encourage engagement (e.g. SMS; Social network groups)
Homeless people	Many live isolated from society and may not have a network of family and friends to share information May be more focused on surviving and obtaining food than gathering information on how to keep safe Often don't have access to health education and information and may be suspicious or fearful of government services May not have access to internet/mobile phones May have low levels of literacy May have underlying vulnerabilities and/or comorbidities (e.g. substance addiction or mental health condition)	Make information available in locations that are accessible to and frequented by homeless people, consider regularly changing information boards with visual and written information, playing audio etc. Consider alternative ways to gather feedback, i.e. through free of charge hotlines advertised at public phones and gathering places in urban contexts, partnering with organizations that already work with homeless people May not be able to follow regular health guidance (i.e. handwashing) easily and therefore need specific communication with actionable alternatives and solutions on how to address these challenges based on contextualized health expertise

Indigenous people	Sometimes live in closed and/or remote communities with limited access to information from health and social services May face language barriers Have trusted customs, beliefs, and sources of information about health that may not link to the standard bio-medical health system Take into consideration that some indigenous people may distrust official health information due to a history of colonialism and power imbalances Access to culturally adapted health facilities that can address questions can be even more limited in outbreaks	Coordinate with Indigenous-led groups or partner organizations that work with indigenous people Translate and adapt health information to languages and formats suitable to specific indigenous groups (find out preferences for different formats, i.e. storytelling, visual instead of written formats) Enable and encourage participation of indigenous leaders to document and address feedback For indigenous peoples living in voluntary isolation from other communities it will be important to observe and respect their choice to be isolated Understand existing gender and power dynamics and address them, e.g. through having diverse teams
People deprived of their liberty (i.e. people in detention and prisons facilities, under some circumstances closed drug rehabilitation facilities and mental health institutions).[2]	May have limited or no options to gather information and share concerns and questions May not be aware of their right to access health care and health information May not trust facility staff and their information Those in position of power (incl. governments) may not prioritize the provision of information and health care services to these populations *Detention centers:* May face language barriers	Encourage prisons to create internal feedback mechanisms (e.g. through a counsellor) Special attention should be paid to mental health and providing information and support on psychosocial issues Specific training should be provided to all staff working with persons deprived of their liberty to increase their knowledge of how to communicate about COVID-19 and document and address feedback Governments and authorities responsible for people in detention or related facilities need to understand the importance of promoting health

[2] OHCHR, WHO (2020). IASC Interim Guidance on COVID-19: Focus on persons deprived of their liberty https://interagencystandingcommittee.org/other/iasc-interim-guidance-covid-19-focus-persons-deprivedtheir-liberty-developed-ohchr-and-who

	Persons in house arrest/probation; People in community quarantine: May not know when they are allowed or should access health care for COVID-19 related matters and therefore also lack opportunities to ask questions and gather information (may feel less incentivized to do so given house arrest)	literacy and health information accompanied by access to health care services in line with human rights norms, for the safety of all detainees, staff working at the facilities and the wider population
Urban poor or slum dwellers	May have lower education level which may be a challenge to understand more technical health information May be illiterate May not have/use technologies such as computers and smartphones May prioritize basic needs over gathering information	Offer multiple communication channels that are free of charge, e.g. free text- or hotline In contexts where children have higher literacy rates than their parents, children may support their caregivers with information, so ensure that communication is tailored to children so that they can understand and share content Use call-in radio and communication via loudspeakers on cars, tuk-tuks etc. to share information based on feedback.
People living with a mental health condition	May have difficulty understanding and following the information about the situation and preventive measures Stress and uncertainty arising from the COVID-19 outbreak may induce, worsen, or exacerbate their conditions	Ensure that people living with mental health condition receive adequate support to understand communication on COVID-19 and receive clear information about available resources Provide specific hotlines where feasible/if appropriate to answer questions and provide information tailored to people living with mental health conditions
People affected by alcohol and other substance use disorders	People who are reliant on alcohol, substances or are chemically addicted may be experiencing withdrawal symptoms and may not be able to understand complex health information	Produce content using familiar language and visual communication Work with their caregivers, CSOs and staff in treatment centers in order to work out the best strategies to provide information

	May depend on constant treatment and their therapy can be interrupted which could impact their capacity to gather health information	
Stateless people (someone not recognized as a national by any country under the operation of its law; stateless people generally lack a legal identity)	Lack of legal identity creates formal barriers to accessing information (i.e. some countries require an ID to buy sim cards) and may stop people from reaching out to health authorities to gather information Governments or those in positions of power may implement harsh legal and illegal interventions (e.g. monitoring, harassment, detention, abuse etc.) preventing stateless people from trusting or being able to access health care information and services Formal and informal financial, socio-cultural barriers to receiving and giving reliable information, i.e. lack of trust, low or no income etc. Information may not be available in an appropriate or accessible languages or format	Share not only health information but also provide details where people can access this information safely and anonymously Work with community-based organizations who are engaging these populations and are already trusted, to engage stateless people Guide governments and those in positions of power to clearly communicate safe health care options for stateless people

Key steps to include marginalized and vulnerable groups

As people in these groups and contexts are extremely different it is key to tailor your approach according to their specific circumstances. The below key steps and questions give some basic ideas that can be adapted to the context to start your plans on how to include these groups into risk communication and community engagement strategies and activities.

Step 1: Gather basic information

Which marginalized and vulnerable groups live in the area you work in? (note, there may be multiple vulnerabilities and you may need to reach out to civil society organizations to ensure you don't rely only on who/what you already know) and **what are the best ways to get in touch with these groups and find out more about their preferences** (directly or through partner organizations)

Step 2: Implement a community perception survey

How does this group perceive COVID-19, what are their communication preferences?
→ Adapt and use this perception survey to understand community perceptions about COVID-19 and how they prefer to share feedback and receive content.[3]

Step 3: Tailor your strategy and activities to the group you want to include

→ In your planning use the data from the perception survey and try to answer the following questions (adapt to context with the help of the group you want to include):

- What kind of community is it – what are their beliefs, practices, culture, and languages?
- What are literacy levels and preferred languages?
- What communication channels do they prefer and trust for which topics?
- What belief system do they use to explain COVID-19?
- What are the barriers for this specific group to be included into risk communication and community engagement?
- Is it a hard-to-reach or mobile population?
- Is it underserved by the health system?
- Is it rural or urban?
- Who are the key influencers in the community?
- What is the demographic make-up of the community?
- How can we make our work more accessible to them?
- What solutions do they suggest?
- What legal barriers exist for people in this group to access health information and services?

[3] IFRC (2020). COVID-19 rapid perception survey https://www.communityengagementhub.org/wp-content/uploads/sites/2/2020/04/COVID-19-rapid-assessment-tool_170420-FINAL-1.pdf

- What government interventions are in place that limit people accessing information and services?
- Other information relevant to the context?

Step 4: Address stigma
What stigma do these groups face?
Several marginalized and vulnerable groups face stigma and sometimes xenophobia which may further hinder them from reaching out to gather information and share feedback. Find out what stigma groups face and come up with strategies to address those, e.g. approach respected community leaders, or people of importance to address stigma against specific groups. See the IFRC, WHO, UNICEF guide on how to prevent and address stigma (available in several languages).[4]

Step 5: Regularly check what works and what doesn't
Is your approach still relevant to and actionable for the group you want to include?
→ regularly check back with the group to see if the way you engage them works and be ready to change and adapt your approach based on their feedback

Additional resources

More RCCE resources in multiple languages can be found under the Inter-Agency Google Drive: https://drive.google.com/drive/folders/1DNWkY5Q6tXAmwNiyWAbjTJAA90dxPQCJ and the Community Engagement Hub: https://www.communityengagementhub.org/what-we-do/novel-coronavirus/

Perception survey tools:

IFRC (2020). Updated Community Perception Survey tool for Asia Pacific https://www.communityengagementhub.org/wp-content/uploads/sites/2/2020/04/COVID-19-rapid-assessment-tool_170420-FINAL-1.pdf

IFRC, WHO, UNICEF (2020). Rapid Assessment tool KAP https://www.communityengagementhub.org/wp-content/uploads/sites/2/2020/03/COVID19-Rapid-assessment-tool-KAP-IFRC-UNICEF-WHO-0503.pdf

Resources on including indigenous peoples:

UN Department of Economic and Social Affairs Indigenous Peoples (2020). COVID-19 and Indigenous peoples https://www.forestpeoples.org/en/news-article/2020/coronavirus-and-forest-communities

[4] IFRC, UNICEF, WHO (2020). A Guide to Preventing and Addressing Social Stigma Associated with COVID-19. https://www.communityengagementhub.org/wp-content/uploads/sites/2/2020/03/COVID-19_CommunityEngagement_1303201.pdf

https://www.un.org/development/desa/indigenouspeoples/covid-19.html

Resources on persons deprived of their liberty:

OHCR, WHO (2020). IASC Interim Guidance for COVID 19: Focus on People deprived of their liberty
https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Guidance%20on%20COVID-19%20-%20Focus%20on%20Persons%20Deprived%20of%20Their%20Liberty.pdf

Resources on mental health:
WHO (2020). Mental health and psychosocial considerations (MHPSS) during the COVID-19 outbreak
https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf

Resources on persons in detention:

ICRC (2020). COVID-19: Preparedness and response in detention
https://www.icrc.org/en/document/covid-19-preparedness-and-response-detention

Resources on language:

Translators without Borders (2020): Language diversity in the COVID-19 pandemic
https://translatorswithoutborders.org/language-diversity-in-the-covid-19-pandemic/

Resources on Gender Based Violence (GBV) and prevention of sexual exploitation and abuse (PSEA):

UNFPA (2020). Case Management, GBVIMS/GBVIMS+ and the COVID-19 pandemic
https://www.unfpa.org/resources/case-management-gbvimsgbvims-and-covid-19-pandemic

WHO, UNFPA, UNICEF, UNHCR, WFP, IOM, OCHA, CHS (2020): Alliance, InterAction and the UN Victims' Rights Advocate. Interim Technical Note: Protection from Sexual Exploitation and Abuse (PSEA) during COVID-19 Response - Version 1.0
https://interagencystandingcommittee.org/other/interim-technical-note-protection-sexual-exploitation-and-abuse-psea-during-covid-19-response

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