Messaging Guidelines[1]
Risk Communication/Community Engagement (RCCE) Considerations for Covid-19

Coordinated, consistent messages are critical to providing effective communication response, enabling multiple stakeholders to speak and engage the public and communities with one clear voice across all channels of communication. Technical information alone, even if in simple, understandable language, is unlikely to prompt significant behavior change. In addition to providing essential health information that is actionable, it is important that messages and the interventions through which they are delivered are designed:

- with respect for the community values
- to communicate care and concern
- take into account the local context, culture, and potential stigma associated with the emergency; and be used as part of a responsive, two-way exchange with those at risk.

These tools should be used in alignment with WHO's RCCE technical guidance for Covd-19: https://www.who.int/publications-detail/risk-communication-and-community-engagement-readiness-and-initial-response-for-novel-coronaviruses-(-ncov).

[1] Content for this tool is largely adapted from the Johns Hopkins Center for Communication Program's SBCC in Emergencies Implementation Kit: https://sbccimplementationkits.org/sbcc-in-emergencies/.

The Do's and Don'ts of Risk Communication Message Development

Do

- Provide **simple, easy-to-do actions** that the public can perform to reduce risk.
- Present one main idea at a time that focuses on ***what*** people need to know and do, ***why*** they should do it (benefits and risks), and ***how*** they should do it.
- **Acknowledge** the **emotions** (fear, anxiety and sadness) that people may experience as a result of the outbreak.
- **Acknowledge the uncertainty** linked to the outbreak and its evolution.
- Share what **we know at this time, what we do not yet know**, and what is being done to obtain more information, avoiding speculation.
- **Dispel rumors, myths, and misinformation** with a response that is leveled and proportionate to the scope of the incorrect information.
- Recognize that **animals and the environment** are an **important and valuable** part of people's livelihoods and culture.

Framing

- Ensure that messages instill **confidence**.
- Use **simple language** that can be understood by the intended audiences.
- Maintain **consistency in phrasing**.
- **Provide essential health information** in a positive way.
- **Appeal to emotions** and sense of individual and collective **responsibility**.

Resources and Dissemination

- Use national-level messages guides with messages vetted for technical accuracy. If no national-level guides exist, use global-level messages developed by WHO or CDC.
- Develop messages taking into consideration the communication channels to disseminate them.
- Use **evidence-based data** to inform messages and ensure technical information is aligned with WHO for consistency.
- Link **messages to available services** and resources when appropriate.

Do Not

- Provide background information, as this may distract audiences from the key messages.
- Develop long messages that address more than one issue at once.
- Deny uncertainty around the disease and outbreak, as this affects your credibility.
- Speculate about any issue relating to the emergency.
- Provide information that is dishonest, unproven or factually incorrect.
- Blame individuals, organizations or institutions for the emergency.
- Offer promises that cannot be guaranteed.

Framing

- Fuel fear and anxiety, they are likely already elevated.
- Use language that can be interpreted as judgmental or discriminatory.
- Use technical jargon and complex words.
- Use humor.

Resources and Dissemination

- Reference or link to unconfirmed, unreliable, or out-of-date sources for information on the outbreak.

Message Maps

What is a Message Map?

A message map is a roadmap for displaying detailed, organized responses to anticipated questions or concerns. Well-constructed and accessible message maps are useful tools during an emergency that, if shared with partners and stakeholders, can support harmonized messages.

Message maps are developed for each intended audience segment. There are generally three levels to a message map:

Audience:	***Insert the audience to whom this message map is addressed.*** *It can be as broad as "the general public," or more specific. For example, the media, decision makers or at-risk individuals. Each message map should target ONE audience only.*		**Level 1**
Concern or Question:	***Insert ONE anticipated concern or question*** *that the audience is likely to have regarding the emergency. Examples include: "What does one do to stop the outbreak?"; "What are the signs and symptoms of Covid-19?"*		
Key Message 1: *Insert one message that can help answer the selected concern/question.*	Key Message 2: *Insert a second message that can help answer the selected concern/question.*	Key Message 3: *Insert a third message that can help answer the selected concern/question.*	**Level 2**
Supporting Points: *Write between two and five points with information that supports and clarifies the key message.*	Supporting Points: *Write between two and five points with information that supports and clarifies the key message.*	Supporting Points: *Write between two and five points with information that support*	**Level 3**

How to Develop a Message Map[2]

Message maps are generally designed following seven recommended steps. For the case of emergencies, the seventh step has been adapted to ensure timely updates to the map. It is also recommended that partners and stakeholders convene and create message maps together, in order to ensure harmonization from the outset.

Step	Details
Identify audiences (or stakeholders)	Stakeholders include the general public as well as other interested parties who are in some way affected by the emergency. Examples include at-risk individuals, service providers, journalists and authorities. The list of stakeholders for a message map generally includes more parties than the intended audiences of a social behavior change (SBC) strategy. As the emergency evolves, in fact, the communication response becomes more focused through a SBC strategy in which primary and influencing audiences are identified.
Identify anticipated questions and/or concerns of stakeholders	A list should be developed of potential questions and concerns relating to the emergency that each major group of stakeholders is likely to have.
Identify frequent concerns	From the list of questions and concerns produced under point 2, select the most common categories of underlying concerns for each stakeholder. These common concerns will form the first level of the message map. Examples of common categories include health risks, safety, environment, ethics, livestock or pets, religion.
Develop key messages	For each concern, identify a maximum of three key messages that respond to it. These key messages make up the second layer of the message map. More information about message development is provided later in this Unit.
Develop supporting information	For each key message identified in step 4, identify key supporting facts.
Contextualizing messages	As messaging strategies evolve and become tailored to different audiences, also consider risk perceptions; knowledge about causes, symptoms, and transmission; beliefs, attitudes and concerns about these causes, symptoms and transmission; rumors or misinformation; social and cultural norms around behaviors and practices; habits; and key barriers and facilitators, including structural barriers that may inhibit practices

[2] http://rcfp.pbworks.com/f/MessageMapping.pdf

Conduct pretesting	The pretest should be conducted both with technical experts to ensure that the information is factually correct, and with representatives of the target stakeholder group to ensure that it is understood and received as intended.
Update and disseminate the maps	Even when maps are developed jointly with partners and stakeholders, they should be shared among all partners and parties involved in communication. In emergency settings, a system should also be set up to update message maps with the most current information on the outbreak and disseminate the revised message maps partners to ensure continued coordination and harmonization of messages amongst communication partners.

Developing Message Maps

Directions: Complete this worksheet together with stakeholders to promote a broad exchange and analysis. Wherever possible, access evidence-based data to complete this worksheet.

1. Brainstorm with your team to name all possible audiences that are in some way affected by the emergency. Consider some of the following categories of stakeholders to prompt your thinking; however, you may wish to add other categories specific to your context:

Category	Stakeholders/Audiences	Concerns/Questions
Individuals directly or indirectly affected	*[E.g., Persons who have been in close contact with individuals who have had Covid-19 – persons who have recently traveled to Hubei, China]*	
At-risk and vulnerable individuals	*[E.g., Everyone is at risk. Elderly and people with underlying conditions (e.g., heart disease, diabetes) have been shown to be more at risk for severe disease.]*	
Healthcare	*[E.g., healthcare workers, etc.]*	
Education	*[E.g., School administrators, teachers, students, parents of school-aged children]*	
Government	*[E.g., Ministry of Health, Ministry of Education, Military, etc.]*	
Decision makers/influential individuals	*[E.g., Parent-teacher associations, respected religious leaders, respected/trusted cultural leaders, etc.]*	
Response teams, organizations	*[E.g., Case management, surveillance, IPC, food security, etc.]*	
Other		

2. To help you identify possible concerns or questions an audience may have relating to the emergency, consider the various aspects that may be impacted by the outbreak or that impact the way the individual responds to the outbreak. Coordination with various sectors – contact tracers, burial teams, psychosocial teams, case management, as well as social mobilizers, hotline operators or social scientists – often helps identify these. For each audience, list possible concerns or questions relating to the following areas: access to information, ethnicity, gender, health, susceptibility, economics/income generating activities, religion, trust, safety/security, livestock, other.
3. Review the questions/concerns in the table above and select the ones that you believe to be most pertinent. For each selected audience and question/concern, use the tables below to develop:
   a. Three key messages that answer that question/concern
   b. Three supporting facts for each key message, addressing **what** people need to know and do, **why** they should do it (benefits and risks), and **how** they should do it.
   c. Be sure to align your messages and facts with the most updated information on the outbreak as provided by the WHO, MOH or other reliable sources of information.

Audience:		
Concern or Question:		
Key Message 1:	Key Message 2:	Key Message 3:
Supporting Points:	Supporting Points:	Supporting Points:

You will need to repeat this process for each audience.

Contextualizing Messages

Messages will need to be contextualized to ensure they are culturally and linguistically relevant, and consider current behaviors, practices, attitudes, concerns, stigma, and rumors and misinformation.

As messaging strategies evolve and become tailored to different audiences, also consider the following information in relation to the audience. Where possible, use recent research/evidence to inform your messages:

- What are their general **risk perceptions, emotions and fears associated with the outbreak**?
- What is their level of **knowledge about causes, symptoms and transmission**?
- What are their **common beliefs, attitudes and concerns about these causes, symptoms and transmission?**
- What **rumors or misinformation** are prevalent and need to be addressed?
- What are the dominant **social and cultural norms around behaviors and practices** linked to the outbreak?
- What are the **dominant current behaviors**?
- What are the **key barriers and facilitators** to the desired behavior?

Data Source	Details
Rapid Needs Assessment	Provides insights and understanding about a range of factors that affect behaviors related to an outbreak and about how to best support the population to reduce their risk. Dedicating even just a few days to a needs assessment is important to obtain information about how households and communities perceive a potential or outbreak, what they know and do about it, what barriers and facilitators exist to the adoption of protective behaviors, and how cultural and social dynamics influence them. Equipped with this knowledge, program managers and implementers can develop targeted interventions and messages to support the success of all response efforts.
Secondary data with epidemiological data	Often used to assess information that already exists about demographic, geographic, behavioral and social factors that affect how people respond to an outbreak. Data to review can include WHO Situation Reports on the outbreak and other related data about the outbreak, such as inter-border exchanges that may affect how the disease spreads. Other examples of useful secondary data include knowledge, attitudes and practice (KAP) surveys, media consumption studies and project reports from organizations working in the affected areas. DHS data can provide information on literacy levels and health practices and behaviors.
Knowledge, Attitudes, and Practices (KAP) surveys	Representative of a specific population to collect information on what is known, believed, and done in relation to a particular topic. In an outbreak response, knowledge is usually assessed to see how far community knowledge corresponds to biomedical concepts. Typical questions include knowledge about causes and symptoms. Knowledge that deviates from biomedical concepts is usually

	termed as *beliefs*. Attitude has been defined as "a learned predisposition to think, feel and act in a particular way towards a given object or class of objects." As such, attitude is a product of a complex interaction of beliefs, feelings, and values.[3] Keep in mind that with KAP survey findings, there may be considerable gaps between what is said and done, and a lack of cultural/religious/social context. Knowledge is generally a poor predictor of behavior.
Social Science studies	These studies might focus on culture and society, social risk factors and mechanisms for disease transmission, local cultural interpretations of disease and response interventions, and the functioning of the health system and local structures of power and authority. Studies by social behavior change experts, social scientists and/or medical anthropologists can fill in the gaps of KAP studies, particularly where geographic areas of an outbreak are more defined. This information can be essential in developing effective community engagement and health promotion strategies, and ensuring response pillars are fit-for-purpose at the local level.

These data can then be analyzed as such. This is an ***illustrative*** example.

Type of research	Location	Target group addressed by research	Relevant key findings	Barriers and facilitators	Implications for messaging	Citation/date
Media reports and DHS	Country-wide	Households	79% of men and 61% of women across the country have access to a mobile phone. Data specific to the region affected is not available. 99% of households have a TV. Access to the internet is high (78%) nation-wide, and social media usage is high among youth (15-25) at 68% 3% of women and 1% of men are illiterate	Facilitators: Social media among youth and mobile phone use and Web-based options nationwide is relatively high and should be explored	Mobile phone, TV and social media options should be considered for messaging and monitoring but regional data must be assessed	XYZ Media (2015) DHS, 2014
KAP data on hygiene practices and rapid assessment data	Six southern provinces	Households	Handwashing with soap widely practiced Poor access to disinfectants, and poor knowledge of surface cleaning Respiratory hygiene not practiced – not a common practice	Facilitators: Handwashing is culturally accepted and widely practiced. Doctors/health-workers are trusted (but feared).	Provide public with accurate prevention information and links concerns with services. Recruit role models such as celebrities to model examples of good hygiene	XYZ NGO, October 2019 KAP, November 2019

[3] https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-692

			Belief that gargling with saltwater protects against Covid-19 Fear of health centers and health practitioners (stigma) Housing is crowded/small posing challenges for social isolation practices Pre-school age children are expected to stay in the home (potential exposure to ill family members) Visiting the ill is a very important cultural practice. May people cannot afford to stop work Existing strong social networks and religious leaders Those who are not severely ill may want to practice their religious practices	Barriers: Housing makes it difficult to practice social isolation; fear/sigma around health centers/workers; rumors & misinformation on prevention practices, habit of not using respiratory etiquette.	practices, maintaining hand-washing and diffusing newer practice of respiratory hygiene –mnemonic devices for developing good habits. Religious leaders can promote this practice. Social media and mass media campaign can reduce stigma and address rumors and misinformation. Work with community leaders to engage communities in feasible social isolation actions: e.g., using a sheet to separate people who have Covid-19	

Social mobilizers, community workers and volunteers have an important role in providing timely and actionable information and promoting community dialogues with trusted community leaders to identify key knowledge gaps and address fears and anxiety. It is important to consider the following.

- Engage families and communities in a dialogue to share information and understand key concerns and questions, rather than telling people what to do. Asking people what they know, want and need, and involving them in designing and delivering Covid-19 related activities improves the effectiveness of our community interventions and sustains necessary changes.
- Recruit and support peers and leaders to deliver messages: People are more likely to pay attention to information from people they already know, trust and whom they feel are concerned about their wellbeing
- Encourage awareness and action: communication and community engagement typically contains information targeted to communities and should be action oriented, including:
    - an instruction to follow (e.g. if you get sick, seek medical care at hospital x),
    - a behavior to adapt (e.g. wash your hands frequently to protect yourself and others from getting sick…) and information they can share with friends and family (such as where and when to access services, e.g. treatment is free of charge and available at health facilities).