



UNHCR and Partners Guidance Note on Risk Communication and Community Engagement with Refugees, Returnees, IDPs, and at Risk of Statelessness Communities for UNHCR, Partners staff, Community Workers, Volunteers and Community leaders in COVID-19 context.

1. Purpose

Risk Communication and Community Engagement (RCCE) is an essential component of our emergency preparedness and response action plan while implementing core protection activities for the people of concern during the COVID-19 crisis. This Guidance Note provides recommendations for the UNHCR and Partners organizations, their field and outreach staff including community workers, community volunteers and community leaders. Other relevant documents, indicated in the reference section (see page 9), and South Sudan specific guidelines should also be applied. This paper focuses on how to continue implementation of activities through effective engagement with the people of concern in a safe and secure environment by following the World Health Organization (WHO) relevant recommendations and the South Sudanese Government (GoSS) instructions on population movement, physical distancing as well as options for remote community engagement when physical presence is no longer an option.

2. Key Considerations (i) On safety and confidentiality to prevent exposure to risks and (ii) On community workers wellbeing

- **UNHCR's Age Gender and Diversity Policy:** highlights the framework of the accountability to affected people framework and calls for humanitarian actors to transparently and clearly communicate in languages, formats, and media that are contextually appropriate and accessible for all groups in a community, including women, children, older persons and persons with disabilities and ensure their meaningful participation in identifying their needs, capacities and solutions to their concerns.
- **The Community Based Approach:** ensuring that the community/Persons of Concern to UNHCR are empowered and actively promoted to be at the center of planning and response, according to their verified existing capacities, with as much support as is feasible and practicable from the UN Agency and other humanitarian actors under the current COVID-19 circumstances.
- **Community Complaint, Feedback and Response:** ensuring community trusted and preferred mechanisms exists, which are accessible to all and can be both structured and ad hoc, to capture community feedback on COVID-19 services provided is essential; allowing service providers opportunity to consider the feedback for purposes of improving timely and quality response and tailoring services to community needs. In

addition, the feedback platform enhances participation and communication and helps ensure UNHCR and partners' commitments on accountability to affected people.

- **Contextualizing response:** Adaptation of the elements according to the situation and context. Some components of the Guidance Note may differ from one location to another depending upon the risk level, people's perceptions, needs, local capacities and current situations.
- **Use of two-way dialogue with communities:** To the extent possible, this will include the most vulnerable such as women, children, youth, minorities, older persons and persons with disabilities, the public and other stakeholders in order to understand risk perceptions, behaviors and existing barriers, specific needs, knowledge gaps and provide the identified communities/groups with accurate information tailored to their circumstances. Make sure that this happens through diverse channels, at all levels and throughout the response. As a direct result, current and believed misinformation and myths within the communities are known and can be addressed through a flexible and adaptable engagement strategy with the communities.
- **Inclusive coordination and planning:** with government authorities, partners and stakeholders including people of concern. It is important to identify, meet, plan and coordinate with stakeholders, existing community networks and government counterparts. Communities, particularly women, should play a major role as implementers and leaders in promoting individual and collective behavior change to prevent and respond to COVID-19.
- **Revision of plans:** according to the evolving situation. Note that the objectives and priorities may change over time based on the evolution of COVID-19 outbreak and people's reactions (including from their feedback) to the response.
- **Rights-based approaches:** e.g. right to access basic services e.g. health, nutrition, water, sanitation and hygiene equitably without any form of discrimination.
- **Reduce stigma:** through conflict sensitive regular and proactive communication with the public and at-risk populations and increase social support and access to basic services for affected people to help reduce stigma.
- **Conduct early and ongoing assessments:** identify essential information about at-risk populations and other stakeholders to develop your plan. Do not assume or take for granted local understandings and perceptions.
- **Healthcare response:** Ensure that all people at-risk of acquiring COVID-19 are identified, reached and involved.

3. Safety consideration for social mobilization and community engagement

- **Confidentiality:** During COVID-19 it is essential to ensure that all community members, with a focus on the most vulnerable and at risk of contracting COVID-19, understand and implement prevention measures and are able to ask for and provide feedback confidentially.
- In situations where conducting **face-to-face social mobilization** does not pose a major risk, and where the Outreach staff and Community volunteers are still able to conduct house-to-house community outreach or small group meetings, it is fundamental to protect the safety and health of all volunteers and communities from contracting COVID-19. To ensure safety and confidentiality of community workers and people at heightened protection risks, roles and responsibilities of community volunteers should be clearly articulated and explained to prevent any exposure to risks for both community workers and POCs (in collaboration with Gender-Based Violence and Child Protection colleagues).



Outreach workers training in Doro community center on community mobilization and camp management.

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- **Capacity building of community outreach staff:** In situations where Government has placed restrictions on face to face social mobilization activities, UNHCR/Partner should aim to capacity build the community outreach staff and community volunteers on remote monitoring and share information on safe practices and gather community feedback. Community concerns should be addressed using existing safe community mechanisms and alert concerned authorities' and health partners in case of suspected COVID-19 cases. Coaching mechanism should be established to guide and supervise the community workers in their assigned activities. Training sessions should also include code of conduct and Prevention of Sexual Abuse and Exploitation (PSEA).
- **Safety in mobilization activities:** The Partners must provide guidance to staff and community volunteers and printed version of the guidance in the locally preferred languages on how to safely perform face to face social mobilization activities such as household visits, focus group discussions, key informant interviews, training in small groups or using megaphones in public places. It is essential that volunteers are trained on the required measures and actions to take to protect themselves and the community from infection.
- **Protective gear for community workers:** Face masks, gloves and hand washing/sanitizers **must be** provided to community workers/staff and placed at the protection desks/offices and/or in facilities where UNHCR/partners receive the persons of concern.

4. Access to communities through remote engagement

- **Mitigating transmission of COVID-19:** In the current COVID-19 pandemic, UNHCR in collaboration with the competent government bodies, the Humanitarian Country Team (HCT), humanitarian implementing/operational partners and community structures/community leaders are working together to mitigate transmission of the virus. This requires close coordination of activities with local authorities for the purpose of complementing protection monitoring and response at the field level in all operational areas of UNHCR and partners. This will help communities to maintain access to basic social and protection services; and requires advocacy with authorities to ensure measures address specific vulnerabilities and needs in communities.
- **Use of community-based structures:** In case face to face engagement with communities is no longer safe, permitted or an option within the COVID-19 context, UNHCR/partners should resort to established measures and ways to gather/share information from/with communities. This can be done through the existing community-based structures and referral pathways, inform them of existing services, coordinate response and collect feedback to enhance protection response. Communities should be supported to participate in decision-making and planning protection response remotely. These include camp/refugee leadership, block leaders, and various committees. Training in dealing with sensitive information should be provided to enhance confidentiality and safety.
- **Use of community-based staff and volunteers:** example community health workers (CHWs), community health and hygiene promoters (CHHPs), community outreach volunteers (COVs) and WASH committees. They are very essential, currently supporting in the dissemination of key hygiene and preventive messages, and distribution of NFIs example soap and buckets.

4.1 Good practices for sharing information and addressing misinformation in South Sudan

This section outlines **creative ways** that have been deployed across the operation.

- **Sharing referral pathways and service providers contacts with community structures/community leaders:** Community structures have been provided updated list of available services, feedback mechanisms in place, contact person phone numbers to enhance communication and referrals.
- **Information, Educational, and Communication (IEC) materials distribution:** UNHCR, GoSS, and partners have printed and continue to print WHO approved COVID-19 information, education and communication materials in languages and formats including pictures appropriate for different audiences and these are being distributed and posted at strategic places within the communities. Child friendly pictorial IEC materials were shared with refugee outreach volunteers to disseminate information and collect feedback

from their community members including children, illiterate persons, persons with communication challenges.

- **Megaphones and Bicycles distribution:** Distribution of Bicycles and megaphones to enhance public messages and movement within the Protection of Civilians sites in Juba and Malakal. Communities have requested placing loudspeakers at places of worship to broadcast information.



UNHCR Partner Save the Children using megaphones on car to raise awareness on COVID-19. ©UNHCR/Bunj

- **A Refugee Singer:** A refugee who was previously a singer in Sudan has been working as a hygiene promoter for African Humanitarian Action (AHA) in Ajuong Thok camp and composed a song in Arabic to promote COVID-19 precautionary measures to the refugee community, with support from Jamjang FM radio/INTERNEWS.
- **Radio:** In Yei, Jamjang and Maban, radio has been used to share information about COVID-19 and encourage behaviors that mitigate the spread of the virus. Jamjang FM radio/INTERNEWS has enhanced two-way communication between refugee community and Inter-agency COVID-19 Task Force members including UNHCR through introducing different programs (radio talk show/drama, jingles and songs) to respond to questions and myths related to COVID-19 raised by refugee community while emphasizing COVID-19 precautionary measures. INTERNEWS ensures that COVID-19 related information and other non-COVID-19 related programs are well balanced.
- **Sound trucks and loudspeakers:** Information shared with communities through loudspeakers or megaphones, either carried by volunteers or attached to a vehicle, with information shared live or as a pre-recording. Refugee council leaders and Jamjang FM radio informs refugee community in advance about detailed schedule of sound trucks and loudspeaker activities to prevent mass gathering of refugee community members especially children.
- **Boda boda (motorcycle) Mobile radio:** In Wau, Youth driven *boda boda* access communities with loudspeakers and a full interactive show is broadcasted. The operation is exploring how to collect questions from communities in advance and to involve more female youth.
- **Mobile phone referrals and psychosocial counselling sessions:** This is used particularly in hard to reach areas, in Upper Nile, Unity, Central Equatorial and Jonglei states. In areas where mobile network is not available, health partners and local authorities coordinate and act as emergency referral points for them to refer cases to the International Rescue Committee (IRC) Women's Protection and Empowerment (WPE) teams and the Lutheran

World Federation (LWF) for further interventions, including psychosocial counseling. IRC and LWF agreed to provide basic training to a few refugee incentive workers in Jamjang's camps to enable them to provide basic counselling for SGBV and child protection cases in case of the worst scenario/lockdown.

- **Data/Information sharing on most vulnerable and people with specific needs:** This method is employed in accordance with the existing Standard Operating Procedures/Referral Pathway according to information sharing protocols by service providers after obtaining consent from concerned individuals. Data/information is shared amongst service providers to enhance outreach and response in line with the data protection standards.
- **'COVID-19 Committees'** have been formed in IDP communities in Central Equatoria and comprised of members from different community structures tasked to facilitate timely referrals and facilitate response.
- **Community self-help:** In Jamjang, community self-help has been established to identify and map most vulnerable people according to their addresses to enhance information sharing, response and provide feedback.



UNHCR Partner MASS carrying out a radio awareness raising sessions on COVID-19. ©UNHCR/Yei

- **Telephone Hotline/Helpline/Toll free line:** Telephone hotline allows people of concern to contact the Partners with queries and receive feedback free of charge. The operation has commenced application for a tollfree line.
- **Radio Talk Shows:** Jamjang FM aired a peaceful coexistence dialogue coordinated by UNHCR and Danish Refugee Council (DRC). The radio program also mitigates unnecessary social gathering and sensitize the population on COVID-19 awareness and mitigation measures.

4.2 Community participation in planning protection response and peaceful co-existence

Restrictions on gatherings can hinder communities' effective involvement in planning and implementing protection response and epidemic control measures. UNHCR South Sudan has employed the following measures to facilitate active community participation.

- **Refugee COVID-19 Task Force:** Refugee council leaders in Ajuong Thok and Pamir have established COVID-19 Task Force comprised of 7-10 members per camp; including representatives from refugee council leaders, community watch team leader, youth leadership, women leadership, elderly group, persons with physical impairment group and block leaders. The Task Force coordinates with South Sudan's Commission for Refugees

Affairs (CRA), refugee community and Jamjang Inter-Agency Task Force to facilitate communication with community including COVID-19 prevention and response measures. The Task Force members also identify refugees who travelled and returned to the camps and refer them to hygiene promoters of IRC (Pamir) and AHA (Ajuong Thok) for further screening, advocacy and 14 days quarantine in their houses.

- **Soap Distribution to Host Community:** UNHCR and its partners continue to distribute soap to both refugees and host communities to promote the hygiene practice and contribute to peaceful coexistence. The total target is more than 85,500 people in the Jamjang area, Unity State.



Soap distribution to refugees and host communities. ©UNHCR/Jamjang

- **Key informants:** Continue to communicate with key informants in the community by telephone, different radio programs and pamphlets if face to face is not an option. This will assist service providers to know community priorities and plan response and solutions. Key informants should include representatives of the most vulnerable groups in the communities – women, children, youth, diverse minority groups, older persons and persons with disabilities. Preferred way of communication including providing feedback by the community groups should be considered.

5. Promising Practices

- ***Boda boda* Talk-Talk:** In Wau, UNHCR and partners are using the innovative *boda boda* talk -talk at POCs where a speaker loaded with pre-recorded messages is driven through the community on a slow moving *boda boda*. The strategy is effective given the social distancing requirement in community engagement. Wau is home to a number of South Sudanese internally displaced as well as refugee returnees living in camps and camp like settings. Currently a number of *boda boda* riders are facilitating the COVID-19 information dissemination as they slowly drive through marketplaces playing pre-recorded messages. The loudspeakers playing the music use rechargeable batteries that can last for an hour or two before they are recharged again. There are plans to increase more *boda boda* riders, involving women, as a form of both communication with communities and livelihood opportunities, as the riders are given some incentives.



Production of facemasks by IDPs. ©UNHCR/Malakal

- **Mask production in Malakal:** UNHCR Field Office in Malakal has started the production of masks by IDP and host communities as a part of livelihood initiative and peacebuilding activity to mitigate the impact of COVID-19. Sub Office Jamjang is looking into a possibility of engaging alumni of vocational training, both refugees and host community to produce reusable facemasks once budget availability is confirmed.
- **IDPs/Refugees COVID-19 Committees:** comprising of members from all community structures in IDP sites and refugee camps. The committee enhances referrals of protection/medical cases, tracking response and ensure two ways feedback mechanism.
- **Community Radio Station in Jamjang Refugee Camps:** UNHCR has worked with Jamjang FM radio to disseminate information on COVID-19 prevention and this is proving to be very effective. Different messaging modalities are used including just announcements, radio talk shows and currently some refugees are working on short drama to be aired on the FM radio disseminating important COVID-19 prevention and response messages. In some shows, medical doctors from UNHCR and partners have been engaged to assist with some myths busting. Plans are underway to air a program that will respond to questions, rumors and address some community misconceptions around COVID-19. There is need to ensure that more Persons of Concern have access to radio sets for them to access the messages. The preferred tools are mobile phone radios that can act as both mobile phones for community engagement and feedback as well as radio sets for receiving important public health information disseminated by the South Sudanese Ministry of Health as well as UNHCR and partners through Jamjang FM. Efforts to ensure reciprocity in communication between persons of concerns to UNHCR and public health actors disseminating COVID-19 through radio is underway. *Ad hoc* evaluation of feedback from the community has been done mainly through health staff inquiring from community members visiting health centers. The community appreciates the messages and are accurately capturing information disseminated through radio. In addition, UNHCR has sensitized Community Outreach Volunteers (COVs) and community leaders to be role models in the community by washing hands and greeting without handshake.
- **Gorom refugee settlement in Juba:** Students who benefited from UNHCR scholarship volunteered to assist their community by sharing COVID-19 prevention information. The volunteers were given orientation on WHO key prevention information and are divided into teams led by community health workers / hygiene promoters. The teams conduct household level information campaigns, demonstrating basic hygienic practices as per recommended IEC materials. They also refer individual medical cases to health partners.

Reference Resources

UNHCR Risk Communication and Community Engagement (RCCE) – COVID-19 – *UNHCR, March 21 2020* [\[Link\]](#)

Guidance on Engaging Communities remotely in East, Horn of Africa and Great Lakes Region, (RCCE) – COVID-19 – *EHAGL Bureau, UNHCR, April 1 2020*

Guidance Note - Connectivity for Refugees COVID-19 – *Innovation Service, UNHCR* [\[Link\]](#)

UNHCR Policy on Age, Gender and Diversity – *UNHCR, 2018* [\[Link\]](#)

UNHCR Manual on a Community-Based Approach in UNHCR Operations – *UNHCR, March 2008*. [\[Link\]](#)

The New Coronavirus Radio Show Guide and Running Order – *International Federation of Red Cross and Red Crescent Societies, March 6 2020* [\[Link\]](#)

Radio for communicating with communities – *Innovation Service, UNHCR*. [\[Link\]](#)

IASC Commitments on Accountability to Affected People and Protection from Sexual Exploitation and Abuse – *Inter-Agency Standing Committee, 2017* [\[Link\]](#)

Boda Boda Talk Talk (BBTT) pocket guide – *UNHCR*

Understanding Community-Based Protection – *UNHCR, 2013* [\[Link\]](#)