

Novel Coronavirus (2019-nCoV)

Proposed Risk Communication and Community Engagement Plan State: Karnataka 2020

Background

Novel coronaviruses, or a new strain of coronavirus not previously identified in humans, pose a potential threat to children and communities worldwide. Coronaviruses cause varying degrees of illness, ranging from the common cold to more severe diseases such as MERS and SARS. The experience of SARS and MERS, both of which were novel coronaviruses at the time of discovery, highlight the risk of high public health impact. The 2002-2003 SARS epidemic resulted in 8,098 cases and 744 deaths in 26 countries, while the ongoing MERS outbreak has resulted in 2,494 confirmed cases and 858 deaths in 27 countries, mostly in health care settings.

Novel coronaviruses periodically emerge, although difficult to predict where and when. Common signs of infection of the novel coronavirus (2019-nCoV) first identified in Wuhan, China include **fever, cough and other respiratory symptoms**. In more severe cases, it can cause pneumonia, severe illness and death in some patients. Investigations are ongoing to identify a zoonotic (animal) source of infection, potentially from markets handling various animals. There is human-to-human transmission, including infection of health care workers and close contacts. Typically, respiratory coronaviruses (like SARS, MERS, and those causing the common cold) are thought to be transmitted through direct contact, respiratory droplets (from coughing, sneezing), and contact with fomites (pathogen contaminated surfaces).

Depending on the characteristics of the novel coronavirus and the disease (how easily it transmits, disease severity, etc.), and the setting in which infection occurs (urban, rural, existing capacities, etc.), there are direct health implications from the disease itself, as well as the risk of secondary morbidity and mortality, potential disruption of basic services (health, education and other social services), impact on the economy and livelihoods, and new/increased protection needs – some of which may stem from fear and panic due to an unknown pathogen, signifying the importance of appropriate **risk communication and community engagement (RCCE)** from the onset in all areas affected and at-risk.

Under the leadership of the MoHFW, UNICEF is working with WHO and partners for a coordinated multi-sectoral response, **engaging the community** to protect children and their communities from exposure to the novel coronavirus, and its impact. Such efforts will also directly contribute to collectively strengthen public health capacity for other outbreaks, including in particular pandemic influenza.

Risk Communication and Community Engagement (RCCE) is important to inform decision making related to personal risk, mitigate rumors, share information and advice between experts, communities and officials, and to effectively involve communities in the response to control the outbreak.

India context - RCCE

UNICEF has developed a RCCE program design and planning template for 2019-nCoV in the Indian context. A review has been undertaken of available materials and kits, including from previous emergencies (SARS, H1N1 etc.). Based on the review, a communication matrix has been further drafted in the following pages, which suggests the key messages and materials for various participant groups.

Risk Communication Strategy

Problem statement: General public to reduce exposure to and transmission of a range of illnesses associated with novel Coronavirus are as follows, which include hand and respiratory hygiene, and safe food practices.

Programme objectives: Increase awareness, knowledge and understanding on preparedness, prevention and response practices against the novel Coronavirus to reduce its impact (exposure) on general public, including women and children in India. The following practices will be promoted, as per WHO standard recommendations:

- Frequently clean hands by using alcohol-based hand rub or soap and water;
- When coughing and sneezing cover mouth and nose with flexed elbow or tissue – throw tissue away immediately and wash hands;
- Avoid close contact with anyone who has fever and cough;
- If you have fever, cough and difficulty breathing seek medical care early and share previous travel history with your health care provider;
- When visiting live markets in areas currently experiencing cases of novel coronavirus, avoid direct unprotected contact with live animals and surfaces in contact with animals
- The consumption of raw or undercooked animal products should be avoided. Raw meat, milk or animal organs should be handled with care, to avoid cross-contamination with uncooked foods, as per good food safety practices.

Key Audiences

- General public, including women and men, mothers and fathers, and elder population.
- Vulnerable and marginalized population (Pregnant women, children 0-18 and people with low immunity)
- Teachers in schools
- School children
- Youth volunteers
- Community level stakeholders / opinion leaders or influencers
- Frontline workers

Key SBCC Interventions

- **Social Media:** FB, Twitter, Instagram, WhatsApp.
- **Broadcast media:** Radio and TV spots and programs, including talks shows.
- **Print/digital materials:** Poster, flyers, media kit and orientation kits
- **IPC:** House to house through FLWs, community meetings/ dialogues, peer education
- **Edutainment:** Drama, folk media etc.

Capacity Building Needs

- Teachers and school management in schools
- Health care providers in the health facilities
- Frontline workers (Triple As)
- Community level networks

Operational Plan for Risk Communication

Immediate Actions	Responsibility	Timeline
Adaptation/development of print material prototypes (in phases)	Health department with support of UNICEF	First set of materials – 7 Feb 2020 Other materials – 15 Feb 2020
Printing / production and supply of materials	Health department	Between 12 – 20 Feb 2020 (depending on the priority and material prototypes are adapted)
Coordination meeting of key line departments at state level to discuss the roles and responsibilities vis-à-vis Risk Communication Plan	Health department	Immediate / ASAP
Guidance note for coordination meeting of key line departments at district level	UNICEF	10 Feb 2020
Coordination meeting of key line departments at district level to discuss the roles and responsibilities vis-à-vis Risk Communication Plan – led by District Collector	District Collector	Between 12 – 14 Feb 2020
Orientation packages (simple session plan with key actions and messages) for training of community level stakeholders FLWs, SHGs, PRIs, school teachers, youth volunteers	UNICEF	11 Feb 2020
Letters to all line departments and District Collectors with details of orientation packages and SBCC materials	Health department	12 Feb 2020
Training of community level stakeholders	By respective line department	Between 15 – 19 Feb 2020
Implementation of Risk Communication and Community Engagement (RCCE) plan by state and districts	By respective line department and District Administration	20 Feb 2020 onwards until July 2020

SBCC Activities	SBCC Activities Implementation Duration (February to July 2020)
School level activities – hygiene & health education sessions	2 per month
Group IPC in AWWC	2 per month
Discussion in SHG meetings ,Male youth groups	1 per month
Activities by Youth Volunteers (eg: peer education, house hold IPC, community meetings)	2 per month
Miking/PA in markets, bus/railway stations, religious sites	4 times per month
Radio spots	Feb and March 2020: Airing of 2 spots x 3 times per day for 2 months on all radio channels April to July 2020: Airing of 2 spots x 3 times / day x 15 days per month on all radio channels
Social media	February to July 2020 (to be intensified as per the situation and need)
Mainline media (print and electronic)	Press brief – Feb 2020 Initial media orientation – Mar 2020 Continued engagement and involvement as per the situation and need

Detailed SBCC Matrix for Risk Communication

Target Audience	Key Messages	Materials	Channels and Platforms	Estimated Quantities	Key Departments / Organizations
General public with special focus on elderly and comorbidity	<p>Be safe: Reduce risk of coronavirus infection for you and your children</p> <p>Key behaviors:</p> <ul style="list-style-type: none"> • Handwash frequently with soap and water • Cover your mouth when sneezing • Thoroughly cook animal food products • Seek medical treatment immediately if your child has cough, fever • Avoid crowded places, stay at home till recovery • Personal care practices at home 	Poster (1 type) in strategic locations	<p>Village/GP level: AWWC, health sub centre, GP office, local shops, private doctor's clinics</p> <p>Cluster/Block level: PHCs, market areas, bus and railway stations, religious sites</p> <p>District level: Govt. and private hospitals, market areas, bus and railway stations, religious sites</p> <p>Urban: metro stations, shopping malls, corporate hospitals</p>	10 per GP 50 per block 50 per district 500 per city or urban pockets	<ul style="list-style-type: none"> • DHFW, DWCD, DPRD for all rural sites • State Road Transport Corporation for buses/bus stations • District Administration for all other sites at district and sub district level and overall leadership • Municipal Corporation (for all urban sites)
		Leaflet (1 type)	<p>Rural: Distribution through SHGs, AWWCs, schools</p> <p>Urban: metro stations, shopping malls, corporate hospitals</p>	5 per SHG 10 per AWWC 10 per school	<ul style="list-style-type: none"> • State SRLM, ICDS, Education department • Municipal Corporation (for all urban sites)
		Gif messages for social media (4 types)	Whatsapp groups of key departments for cascaded dissemination of messages	-	<ul style="list-style-type: none"> • DHFW/NHM, DWCD/ICDS, DPRD • District Administration • Municipal Corporation
		Radio spots (2 types)	AIR and FM channels	Airing of 2 spots x 3 times per day on all radio channels	DHFW and AIR and other FM channels
School children	<ul style="list-style-type: none"> • Handwash with water and soap frequently • Mouth covered when sneezing • Avoid close contact 	Poster (1 type)	All government and private schools	1 per school	DHFW and Education department
		Flyers with Do's and Dont's for students	All government and private schools	1 per teacher in each school	DHFW and Education department
Youth volunteers (NSS, NYKS, YRC)	Be safe: Reduce risk of coronavirus infection for yourself, your peers and family members (same as parents/general public)	Leaflets for distribution among youth volunteers networks	All NSS Units, NYKS groups and YRC Units in the state	5 per NSS Unit 5 per NYKS group 5 per YRC Unit	DHFW State NSS Cell State Youth Red Cross State NYKS

Teachers	<ul style="list-style-type: none"> • Inform school authorities for student absenteeism • In educational institutions with hostels, monitor health of boarders • Monitor health of care providers • Use of face mask and handwash by care providers in school 	Flyer on role of teachers	All government and private schools	5 per school	DHFW and Education department
Health workers	<ul style="list-style-type: none"> • About the disease • Transmission modes • Symptoms • Precautions for preventions • Curative measures • Information to patients / suspected cases on point of contact and communication and referral 	Two pager leaflet (front and back)	All FLWs i.e. ANMs, AWWs, ASHAs ICDS Supervisors, CDPOs, PHC staff	1 per FLW 10 per block for ICDS and PHC staff	DHFW and DWCD/ICDS
(Later) Journalists, editors, bloggers		Media kits, press briefings, media talking points, FAQs, Op-eds, newspaper advertorials, Infographics and GIFs			