GUIDANCE ON ENGAGING COMMUNITIES REMOTELY IN EAST, HORN AFRICA AND GREAT LAKES REGION

Who is this guidance for?

This guidance seeks to assist UNHCR country operations in the East, Horn of Africa and Great Lakes region in undertaking remote community engagement activities related to COVID-19 rin the context of social distancing. UNHCR's Age Gender and Diversity Policy calls for UNHCR to transparently and clearly communicate in languages, formats, and media that are contextually appropriate and accessible for all groups in a community, including children, elderly and persons with disabilities and ensure their meaningful participation in identifying their needs, capacities and solutions to their concerns. Application of remote community engagement methods safeguards the health of UNHCR staff, partners and communities. Building on global guidance and case studies from UNHCR and other humanitarian actors, this document suggests methods country operations can apply to communicate and engage our persons of concern remotely. Additionally, it shares country operations' good practices on communicating with communities within the region with an aim of strengthening peer learning across countries within the region. These good practices will be a source of cross fertilization amongst countries in the region. The document further has a repository of UNHCR guidance materials, UN agencies, INGOs, including the IASC guidelines in communicating and engaging with Persons of Concern.

It is important to note that protecting our PoCs and their communities from SEA, including negative coping mechanisms is important especially while responding to the COVID-19 crisis. Risk communication messages should therefore include PSEA.

How can UNHCR communicate and engage communities remotely?

Community radio

Radio enables UNHCR and partners to reach a wide audience with critical information that can be lifesaving, inform change in behaviour and provide a platform for discussion on a range of topics including receiving and responding to feedback on our work.

Communication through radio can be done through radio spots that allows UNHCR and partners to share information briefly with women, men, boys and girls. Longer radio programmes (1 to 2 hours) with call in sessions can be used to have two-way in-depth discussions with women, men, boys and girls on COVID-19, its effect on access to services and collect feedback and concerns from communities. To allow participation from different AGD groups, radio programmes should consider gender roles and aired when women, girls, men and boys have completed their chores. Extensive awareness raising on timings and content is required; it is likely that this will need to be de-centralized/cascaded to maintain social distancing. Given the social distancing restrictions, modalities using communal listening groups will need to be revised. It is critical to understand device access challenges as not all households will have radio receiver sets, and although some 'non-smart' phones do have FM receivers, these might not be accessible to all members of a community. Options to safely share recorded content and safe device sharing would need to be established; local transmission of recordings (i.e. Bluetooth) may be feasible.

Resources:

1. '*The New Coronavirus Radio Show Guide and Running Order',* 6 March 2020 - International Federation of Red Cross and Red Crescent Societies

2. '*Radio for communicating with communities*'- Innovation Service, United Nations High Commissioner for Refugees

CASE STUDY – USING RADIO IN MAHAMA CAMP, RWANDA

Since March 2020, the COVID-19 pandemic has obliged many countries to initiate movement restrictions. As a preventive measure in Rwanda, movement restrictions were implemented at national level. This necessitated UNHCR and partners to put in place different strategies to communicate and engage with the refugee community in Mahama camp.

Rwanda Red Cross Society uses a mobile radio to communicate with refugees in local languages withing the camp. The messages inform persons of concern on COVID-19 prevention measures including social distancing and handwashing as well as communicate on availability of services in the camp. Also referred to as 'radio on a bike', the mobile radio is conducted by community volunteers trained on radio programming (referred to as radio conductors) on a tricycle (tuk tuk). The first part of the show entails selection of program topic informed by challenges faced by the community. This is followed by interviewing different people, including experts and the community. The volunteers then write a script and edit the program. This is then disseminated to the community during the mobile radio show. The second part of the show entails interaction with listeners, responding to questions and concerns raised by persons of concern.

In addition to the mobile radio, UNHCR and partners have put in the camp speakers with recorded messages in public spaces such as markets, health centres, distribution sites, etc. Community leaders and community volunteers are also equipped with megaphones to deliver messages to the community every day. Toll free lines and hotlines are also available to assist PoCs to raise concerns and receive feedback.

WhatsApp groups have been created per sector and messages are shared with community leaders and volunteers to do awareness activities at village level within the camp. There is still need for more equipment (megaphones, radio, big speakers in each village and recording devices).

CASE STUDY – USING RADIO IN JAMJENG, SOUTH SUDAN

UNHCR has coordinated with Jamjang FM radio to disseminate information on COVID-19 prevention including a radio talk show that brings on board medical doctors from UNHCR and partners. Plans are underway to air programs that will respond to questions, rumours and address misconception on COVID-19 as received from the community. 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 shaking hands as well as maintain social distance.

Online communication platforms

UNHCR shares information online for PoCs via the Help.UNHCR.org website. This has been systematically rolled-out across a number of regions to provide accurate information per country, as has been extended to include information on COVID-19 and in some contexts, updates related to travel restrictions.

The use of social media and messaging apps continues to play a critical role in sharing information and listening to concerns of persons of concern. Online communication platforms enable humanitarian actors to reach out to a large audience faster than traditional outreach methods. Social media is a good tool for two-way communication with persons of concern when used effectively and not just for sharing information. Due to the limited access to technology by different AGD groups such as women, elderly and children, consider not only using online communication platforms as a community engagement tool with persons of concern.

Building trust with your online audience ensures greater and meaningful engagement with PoCs. To build trust, ensure you provide accurate, clear, consistent information, be accountable and engaging with your audience. Various online communication platforms being used include Facebook, Twitter, Instagram, Tiktok, WhatsApp. There are several considerations that must be taken into account when adopting social media platforms,

related to Data Protection, Data Privacy and Safeguarding. Information that can be used to identify individuals/groups should not be shared via third party platforms. Social Media is a communications tool and should not be used for individual case management.

Resources:
1. '*How to use social media to better engage people affected by crisis*' – International Federation of the Red Cross and Red Crescent Societies, UN OCHA, ICRC

2. '*Ten Tips to minimize the sharing of 'fake news' and misinformation via Social Media Channels*' – United Nations High Commissioner for Refugees

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CASE STUDY – WHATSAPP COMMUNICATION TREE, KENYA

In 2017, the WhatsApp Communications Tree was developed and rolled out in Kakuma and Kalobeyei settlement, following discussions with PoCs, Refugee Volunteer Leaders, UNHCR, and the Government. It was established to support the sharing of information and register complaints shared by community members. The WhatsApp tree cascades information via the messaging application from UNHCR and partners, to Refugee Volunteer Leaders who then share information onwards via online or offline communities. The information shared via the WhatsApp tree is also communicated through other channels and posted on the UNHCR Kakuma website for verification purposes.

An important feature of the WhatsApp tree has been to strengthen the cascading of information 'back' to UNHCR and partners. Users have been trained to ensure that complaints/feedback shared by community members are shared via the WhatsApp tree for resolution and follow-up.

CASE STUDY: SOCIAL MEDIA IN RWANDA

In Rwanda, at the Emergency Transit Mechanism (ETM) in Gashora, UNHCR consulted with community leaders to determine how to strengthen communication with communities. A leaders' WhatsApp group, and a closed Facebook group for community members were identified. Through these channels interpreters now share Government notices, COVID-19 press releases from the Government of Rwanda. These are translated across four main languages: Amharic, Arabic,Somali and Tigrinya. The Social Media information sharing complements other channels – including posters – which share the same information via notice boards in the ETM public spaces.

Telephone hotlines

Telephone hotlines are effective in two-way communication with communities, with no travel required by both parties. Although telephone hotlines are costly to set up, country operations with existing hotlines can utilize them in engaging with persons of concern, provided communities are sensitized. Due to COVID-19 more and more countries in the region are embracing teleworking. It is therefore important for country operations with existing telephone hotlines to consider equipping the staff and/or volunteers with laptops and accessories, train them on dissemination of information, the referral and analysis of concerns and rumours collected on COVID-19 and UNHCR work.

Resources:

1. '*Hotline in a box (tools and case studies)*' – IFRC, ICRC, UN OCHA, UNHCR, IOM, WFP
2. '*Guidance note on Connectivity for Refugees*' – UNHCR

CASE STUDY – CALL CENTRE IN KENYA

In Kenya, the Nairobi based call centre is normally open 24 hours a day and caters for over 12 different language groups to provide tailored information on refugee and asylum seekers' rights and entitlements. Serious concerns – including issues relating to fraud and corruption - are immediately flagged to UNHCR's

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protection team for follow-up. Refugees are employed amongst the call centres operators and play a key role in sensitively engaging with callers to identify integrity issues and build refugees' confidence in the mechanism. In 2018, based on the Kenya call-centre model, the Uganda operation established inter-agency Feedback, Response and Referral Mechanism with a number of agencies including the Uganda Government, NGOs and UN partners. This represents an ambitious and comprehensive strategy for facilitating improved two-way communications and for tackling fraud and corruption. The Sudan operation is in early planning stages to implement a similar inter-agency initiative, in close collaboration with WFP.

In Kenya due to the government curfew, the call centre currently operates until 1600 hrs. The operation is trying to source laptops so that call operators can work from home in the case of a general lockdown. So far, the number of calls has not drastically increased and the call operators will be referring refugees to the government toll free number (unless the questions are specifically about the knock-on effects on UNHCR's operation e.g. questions on CBI, food distribution).

In Uganda following the government closedown, the calls will be routed via VPN to the agents' houses. The operation is expecting an increase in calls and has prepared an FAQ to answer to any queries related to Covid19.

CASE STUDY- INTER-AGENCY REFUGEE HELPLINE IN UGANDA

The inter-agency Feedback, Referral, and Resolution Mechanism (FRRM) helpline was piloted in Uganda in October 2018 and was rolled out across the operation in 2019. The FRRM helpline, operated by a call centre with agents speaking 15 different languages, has a network of partners and UNHCR focal points who receive referrals from the FRRM system and respond to the queries or requests received. Since mid-March 2020, the FRRM helpline has seen an upward trend in the number of calls and queries received related to COVID-19. In order to empower the call centre agents to be able to respond directly to as many queries as possible without having to refer them to respective focal points, a database of COVID-19 related standard Q&A was compiled. A summary of trends of COVID-19 related queries / issues received on the helpline is shared with partners and sector leads to inform them in adapting their programmes and communication strategies as appropriate. In addition, work is already underway to create a new COVID-19 interactive dashboard, which will allow partners, staff, government and researchers to monitor and track COVID-19 related call trends across the country in real time. The dashboard will provide a detailed breakdown of issues facing POCs by sector and location along AGD lines. With the limited presence of UNHCR and partner staff on the ground and restrictions in in-person contacts, the helpline is expected to be one of the main two-way feedback channels that will be available during this period.

Mobile Phone: SMS, USSD, IVR

The following can be integrated with existing in-country call centres or run as independent systems. SMS is widely accessible globally and allows for mass communication and feedback two-way communication. Bulk SMS can be used extensively in early warning, preparedness and behavioural change messaging. As mobile phone access continues to grow among communities, it is important to note that there are vulnerable groups that could be left out if used as the only communication tool, such as refugee women who have no access and control to mobile phones, the blind and the illiterate. SMS minimises the stress on the mobile network as it uses very little network bandwidth. SMS messages are also stored on the handset and recipients can show these messages to other people or they can forward them to people who are registered on another network, therefore increasing reach.

Technologies such as USSD (dialling a code into a basic phone such as *100#) can be used to provide information to communities without access to a smartphone. IVR (Interactive Voice Response) is a telephone system that enables a user to listen to pre-recorded messages and navigate through a menu of options by responding by voice or pressing selected numbers on the dial-pad. IVR is particularly suitable for members of the community with lower literacy levels. UNHCR can partner either with MNOs directly or third-party companies who broker such services, such as Viamo.

In many countries, telecommunications regulations mean that PoCs face barriers in accessing SIM cards and registering them in their own name. As a temporary measure and where regulatory barriers exist, UNHCR could distribute SIM cards registered by the organisation with liability mitigation mechanisms in place to limit repercussions of misuse. This should be implemented with caution and under the guidance of Legal Affairs.

Resources:

1. '*10 Things to consider before rolling out two-way SMS*' – Innovation Service, United Nations High Commissioner for Refugees

2. '*Set-up a two-way SMS in 2 minutes*' – Innovation Service, United Nations High Commissioner for Refugees

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CASE STUDY: IVR AND SMS IN COVID-19 RESPONSE

In the EHAGL region, Viamo works in Ethiopia, Kenya, Rwanda, Tanzania Uganda using a range of different mobile-phone services to provide access to information on a range of subjects including Health, Agriculture, Civic Engagement and Financial Services. In response to COVID-19, they have integrated specific information on prevention and response. In several countries, this has included updating the national '3-2'1' to provide information on prevention and treatment or targeting areas with SMS messaging.

In Nigeria, Viamo has partnered with USAID, Johns Hopkins and Breakthrough Action by sharing SMS and IVR messages to community members, and Frequently Asked Questions to Viamo, who is supporting USAID's response. Viamo is also adding IVR FAQs to the COVID-19 hotline and 3-2-1 service in the country and developing a mobile curriculum on COVID-19 for health workers.

Loudspeakers

Loudspeakers can either be fixed at strategic points within the camps/communities or placed on cars or motorbikes that moves across the camp. Community representatives can also walk around disseminating information using loudspeakers. Messages shared through loudspeakers need to be accurate, and in multiple languages that can be understood by our persons of concern. When using loudspeakers, it is important to ask communities from the onset not to gather around the loudspeaker to minimise the risk of transmission of COVID-19. Information shared using loudspeakers can also be pre-recorded audio messages.

Resources:

1. '*How to control the 'CTRL+P' urge: Embracing Audio*' – Innovations Service, United Nations High Commissioner for Refugees
2.
3. 'What is Boda Boda Talk Talk?' - Internews

4. Boda Boda Talk Talk (BBTT) pocket guide – United Nations High Commissioner for Refugees

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CASE STUDY – BODABODA TALKTALK IN UGANDA

Following the establishment of Bidi Bidi settlement in the West Nile region of Uganda in 2016, many of the recent arrivals expressed the need for improved information on services available, including dates for food distribution, location of schools and health centres as well as how to find family members. Through discussions held with refugees and rapid information needs assessment, UNHCR found that people preferred to receive 'audio information'. Low literacy levels limited the effectiveness of posters, leaflets and banners and the constantly changing context made these difficult to update. The size of Bidibidi is huge – it can take 1hr 30 to travel from one zone to another over rough roads – the information needs could not be met through face-to-face communication alone. There was need for a mobile, audio solution that could be

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rapidly established using local resources. This saw the beginning of the use of the Boda Boda Talk Talk in Uganda. For more information on Uganda's journey in using the Boda Boda Talk Talk, please click here.

Boda Boda TalkTalk is a mobile public address system involving a motorcycle taxi (or "boda boda") driven by refugees and equipped with an audio system, which drives around the settlement playing pre-recorded messages related to COVID-19 in various languages spoken by refugees. Depending on the settlement, there are some variations whereby vehicles are used instead of motorbikes. Boda boda talk talk (or its vehicle version) help us to reach community members who are not literate or prefer to receive audio information, allows for continuous updating of messages to reflect the evolving situation, and is particularly useful in vast settlements which are geographically spread out (which is the case in many settlements in Uganda).

In Rwamwanja settlement, all partners contributed to the purchase of the public address system and a joint schedule was developed, under which partners were allocated specific zones and dates for broadcasting common messages using their vehicles to ensure that all 14 zones were covered. The messages are updated after two weeks to reflect the evolving situation.

Community outreaches

UNHCR has over the years engaged communities through community-based structures, community spaces/centres, community-led initiatives, household visits and working through dedicated members. Country offices can therefore leverage on these platforms to share information with communities as well as listen to community concerns and rumours. To facilitate this, it is important to train the community structures on communication and feedback handling. Considering the risk of COVID-19 transmission, discourage community members/representatives from face-to-face engagement. Instead the community platforms/structures can use SMS, audio messaging or messaging platforms to share information. Ensure representation of persons with disabilities, women, elderly and any other vulnerable/marginalized groups in the structures you work with. The community structures should in turn share the concerns and feedback with UNHCR.

CASE STUDY – INVOLVING COMMUNITIES IN COVID-19 RISK COMMUNICATION IN TANZANIA

UNICEF has translated risk communication materials received from WHO and the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) in Tanzania, into languages understood by refugees. The messages are shared through various existing community stuctures and groups in Mtendeli, Nyarugusu and Nduta camps.

Cognizant of the existence of persons with disabilities in the camps, HelpAge International (HAI) ensures inclusion of PWDs in RCCE for COVID-19. HAI conducted Indicative Scoping of Resources with information for persons with disabilities. Thereafter, the messages were contextualized, reduced into plain language and translated into French, Swahili and Kirundi, making it easy to read and more accessible to persons with disabilities using large print, as well as sign language.

Communicating with Communities (CwC) volunteers have been trained on prevention of COVID-19 and other health related issues and are assisting with the dissemination of flyers and brochures. A WhatsApp group among the CwCs has also been created and the volunteers have been trained to send messages and receive feedback from the community on various issues including the COVID-19. This has proven effective as it is a quick way of communicating with the community and sharing feedback.

A major challenge faced by the country operation is usage of the WhatsApp group by refugees without sim cards. Following a national exercise, some refugees including CWC volunteers had their sim cards disconnected and no longer have access to the WhatsApp group.

CASE STUDY – COMMUNITY BASED ORGANISATIONS IN UGANDA

Various community-led initiatives for awareness-raising on COVID-19 are ongoing throughout the operation, involving community structures. An example is an initiative in Palorinya refugee settlement, led by the

Refugee Welfare Committee (RWC – elected refugee leadership structure) III, the elected leadership structure. It is supported by the youth task forces - comprising of youth, Child Protection Committees (CPC) and teachers – which were formed at zonal level for awareness-raising campaigns on preventive measures for COVID-19 through door to door visits and discussions with community members. Their activities also include advocacy for / implementation of provision of water taps for handwashing and assisting persons with specific needs (PSNs) in the process. The participation of teachers in the youth taskforce has helped to reinforce the effectiveness of the awareness-raising campaign, given that teachers are well respected within the community. Their participation in the taskforce also provides an opportunity for teachers to interact with and support learners if the need arises during the closure of schools.

CASE STUDY – WORKING WITH COMMUNITY STRUCTURES IN SOUTH SUDAN

In Gorom refugee settlement in Juba, UNHCR coordinated with her partner, ACROSS, and mobilized forty secondary school students on UNHCR scholarships who volunteered to assist their community by sharing COVID-19 prevention information. The volunteers were trained /oriented to WHO key prevention information while in small groups of eight, thus observing the social distancing recommendation. Each group of eight was led by either a community health worker or hygiene promoter. The teams then conducted door to door household visits sharing information and demonstrating basic hygienic practices in line with WHO recommendations. All the forty volunteers together with five Community Health Workers and five Community leaders who facilitated the process were provided some incentives. All the 800 Households in Gorom refugee Settlement were thus reached with basic COVID-19 Prevention information and referral pathways in the event of suspected cases. The volunteers together with Community Health Workers remain available in the refugee settlement to give more information or refer individual questions to the Health Partner.

In Jamjang, UNHCR organized COVID-19 awareness to community outreach volunteers and have reached out to other refugees in the community while ensuring social distancing. LWF's Community Outreach Workers walk around the camps disseminating child protection messages using megaphones. In addition, UNHCR distributed several IEC posters on COVID-19 in English and Arabic and these have been widely circulated in all vantage locations.

Resources:
- '*How your community can prevent the spread of COVID-19*' – IFRC, UNICEF, WHO
- '*Key tips and discussion points for community workers, volunteers and community networks'* (with messages and FAQ) – (version 23 Feb 2020) - IFRC

What should UNHCR communicate with persons of concern?

1. Information on COVID- 19 - What is COVID-19? Signs and symptoms of COVID-10, How to prevent COVID-19? What to do when one has the symptoms of COVID-19? Who to contact?
2. Changes in delivery of service due to COVID-19
3. How to share concerns with UNHCR and partners on COVID-19
4. How to share concerns on SEA and fraud/corruption
5. UNHCR contact information

Gender considerations in Risk Communication and Community Engagement

The UNHCR EAHGL guidelines on Gender considerations in COVID-19 Preparedness and Response Plans outlines the following considerations in RCCE:
- Coordinate with and ensure national COVID-19 messages/communication developed by WHO and Ministry of Health on preventive, protective and care-seeking behaviours take

- gender into account and ensure their sensitive to different concerns of women, men, girls and boys and do not exacerbate gender inequalities, stigmatization or discrimination due to gender, age, citizenship status, disability etc.
- Ensure all messages and communications to the community promote positive gender stereotypes. Example-men and boys sharing the caregiving tasks at home, including remote schooling and support for the sick relatives/elderly etc.
- COVOD-19 messages and communications should be delivered in child-adolescent and elderly friendly. Set up disability accessible platforms.
- Gender differences in literacy levels, access to information, tv, phones, radio, internet should be considered. Encourage selected channels are inclusive, transmitted through multiple options, languages and formats.
- In recognition of women care roles; all "do not touch" messages should be supplemented with "how to stay safe with protective gear".
- Country operations should support the translation and dissemination of WHO and Ministry of Health advisory information on COVID-19 into preferred languages for refugees.
- Design feedback mechanism that collect rumours and community concerns for women, men, girls and boys, people living with disabilities, elderlies etc.
- Ensure women and adolescent girls are equitably represented in community feedback and complaint mechanism.
- Ensure all community engagement/mobilization and surveillance activities or mechanism include representation from women, youth groups, female health workers including traditional birth attendants and traditional-religious leaders.

Learning from the Ebola response in West Africa

IFRC CASE STUDY

The 2014 Ebola outbreak in West Africa was the largest and most complex since the Ebola virus was first discovered in 1976. There were more cases and deaths in this outbreak than all others combined. It spread across West African countries, from Guinea to Sierra Leone, Liberia, Nigeria, Senegal and Mali. From the outset of the epidemic, communications and strong community engagement were vital to an effective response, due to the myths and distrust spreading among communities.

Interventions focused on working with communities in both affected and non-affected areas, to ensure they understood how to protect themselves from Ebola and how to prevent the virus from spreading. Red Cross teams went door to door and worked with community elders and religious leaders to educate families about how the virus is spread, what the symptoms are, and the importance of seeking early treatment. Messages focused on correcting myths and providing life-saving information.

For example: "The disease is not airborne, or spread in water, or passed on by witchcraft. It comes from direct contact with the bodily fluids of an infected person." From the community, in turn, structured feedback provided a wealth of information and data. Using multiple communications channels Besides door-to-door visits to deliver key messages and listen to the community, National Societies, with support from the IFRC, also used a range of communication channels - from a television soap opera and interactive radio programmes to SMS systems and a hotline service.

In Sierra Leone, approximately 2 million SMS messages were sent out per month,and played an important role in delivering information aimed at raising awareness on Ebola prevention and protection. In Liberia, the Red Cross launched a mobile radio show operated out of a car. The show visited remote communities to

provide people with the opportunity to ask questions and discuss Ebola with experienced Red Cross social mobilization staff and volunteers.

Radio chat shows were also used to involve the public in the fight against Ebola and regain trust with communities that had been resistant to Red Cross outreach efforts. At the same time, Red Cross distributed solar-powered radios to people in remote villages so they could listen to and participate in the broadcasts. In additional, national celebrities and a well-known film producer lent their support to a Red Cross soap opera in Sierra Leone. Entitled "Advice", it aired on a weekly Red Cross TV show, with the script also adapted for radio. Using locations and popular figures that ordinary people can relate to, the soap operas proved to be an effective way to raise awareness about Ebola.

Reference: *A Red Cross Red Crescent Guide to Community Engagement and Accountability (CEA) Improving communication, engagement and accountability in all we do – Pg. 59*

RCCE Resources on COVID-19

RCCE resources (UNHCR guidance, CBP emerging practices from COs, Translated messages and Infographics and Posters) for COVID-19 can be accessed through this link.

Resources on Gender Equality are available through this link.