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சுகாதார மேம்பாட்டுப் பணியகம்
Health Promotion Bureau



COVID-19

Risk Communication and Community Engagement (RCCE)

Health Promotion Bureau
Sri Lanka

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LIST OF ABBREVIATIONS

DGHS	Director General of Health Services
DDG PHS I	Deputy Director of General of Health Services Public Health Service I
DDG PHS II	Deputy Director of General of Health Services Public Health Service II
DPRD	Disaster Preparedness & Readiness Unit
HPB	Health Promotion Bureau
IDH	Infectious Diseases Hospital
MOMCH	Medical Officers of Maternal and Child Health
MONCD	Medical Officers of Non Communicable Disease
MRI	Medical Research Institute
NIID	National Institute of Infectious Diseases
RE	Regional Epidemiologist
WHO	World Health Organization



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First case of unknown pneumonia was reported in Wuhan City, Hubei Province of China on 31st December 2019. It was subsequently identified as Novel corona virus. Since this virus was reported in China the rumors were spreading around the world and among Sri Lankans too. The need of a risk communication plan was identified by Health promotion Bureau (HPB) and further, proactively initiated the rumor monitoring, reporting, verification and mitigation system. The rumors and public concerns regarding the “emerging disease in China” was highlighted by HPB at Influenza Steering Committee meeting convened by Epidemiology Unit on 9th January 2020 and informed that the rumor monitoring system has been already activated.

A desk review of risk communication plans for communicable respiratory illnesses was carried out. HPB had already developed a National Risk Communication Plan for avian influenza. Based on these plans, risk communication framework and risk communication plan for novel corona virus disease in Sri Lanka was developed by the HPB on 25th January 2020. First meeting for preparedness for novel corona virus was held at Ministry of Health on 27th January 2020. During this meeting HPB highlighted the importance of a well established risk communication system to ensure trust and credibility of information.

Risk communication refers to the exchange of real-time information, advice and opinions between experts and people facing threats to their health, economic or social well-being. It will enable people at risk to take informed decisions to protect themselves and their loved ones (1,2).

In this background Ministry of Health started all preparedness activities led by Director General of Health Services well before the first patient with novel corona virus was reported from Sri Lanka. Simultaneously HPB was geared with risk communication frame work to face this challenge. First patient with Novel Corona Virus disease was reported on 27th January 2020. Preparedness guideline for novel corona virus was developed by Epidemiology unit and Risk Communication was identified as a priority area. Health Promotion Bureau is identified as the risk communication focal point.



Subsequently the disease was named as COVID-19, and on 30th January 2020, the Director-General of World Health Organization (WHO) declared the current outbreak of COVID-19 as a Public Health Emergency of International Concern (PHEIC). COVID-19 was declared as a pandemic by WHO on 11th March 2020.

The second COVID-19 infected patient (first Sri Lankan patient) was reported on 12th March 2020. Risk Communication process was continued with the guidance of DGHS. It's implementation was well supported by the Secretary of Health, Additional secretaries which was coordinated by Deputy Director Generals of Public Health services. The Risk Communication on COVID-19 was conducted by HPB in collaboration with Epidemiology unit, all other the relevant key stakeholders and ,Health authorities from provincial as well as district level.



CLASSIFICATION OF LEVEL OF TRANSMISSION – COVID-19

1	No cases	No reported cases
2	Sporadic Cases	One or more cases, imported or locally acquired
3	Clusters of Cases	Most cases of local transmission linked to chains of transmission
4	Community Transmission	Outbreaks with the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories)

Risk communication was planned based the level of community transmission

Phase 1	Adherence of preparedness plan with no case reporting (completed plan on 25 th January 2020)
Phase 2	Adherence of initial response plan with sporadic cases reporting (completed plan on 25 th January 2020)
Phase 3	Adherence of Crisis Communication plan with cluster of cases Risk communication at the stage of strict movement restriction of people and country lockdown situation with quarantine curfew (completed plan on 25 th February 2020) Risk communication at the stage of exit from restrictions adapting to new normal life style (completed plan on 25 th April 2020)
Phase 4	Risk communication at the stage of community transmission will be developed accordingly



RISK COMMUNICATION FRAMEWORK

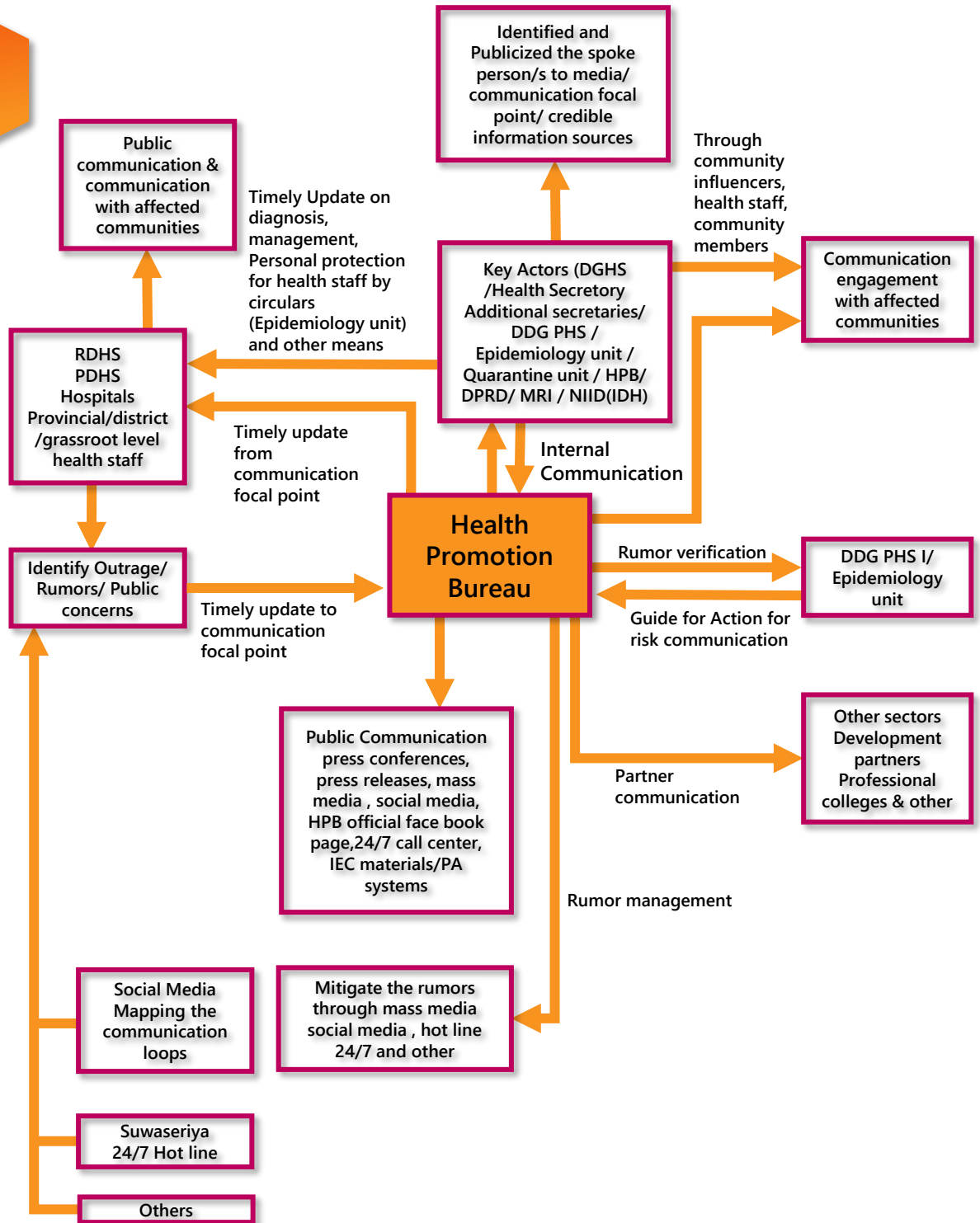


Figure 1: Risk communication framework for COVID-19
(Developed on 25th January 2020)



RISK COMMUNICATION PLAN

PHASE 1 AND 2

Risk communication actions were planned based on risk level. Risk communication activities were identified at the zero case level for preparedness phase (zero case level) and initial response phase (few sporadic cases). This table illustrates the planned activities for phase 1 and 2.

	RISK COMMUNICATION SYSTEM	RESPONSIBILITY
1	Develop risk communication working group with key stake holders at national level	DGHS, DDG PHS, Epidemiology Unit, Quarantine Unit, NIID(IDH), MRI, DPRD, HPB
2	Review existing risk communication plans and develop a draft plan for COVID-19	HPB
3	Guidance and support for decision making and implementation of risk communication plan	DGHS, Health Secretary, Additional Secretaries, DDG PHS I, DDGPHS II
4	Clearance chain for messages and information on COVID19	DDG PHS I & II Epidemiology unit, HPB
5	Development of risk communication teams at national and sub national level	HPB
6	Identify and agree on spoke persons to media at each phase of risk communication	DGHS, DDG PHS I, Epidemiology Unit, HPB, Quarantine unit, DPRD, NIID,MRI
7	Capacity building of key stakeholders on Risk communication for COVID-19	HPB



	INTERNAL AND PARTNER COMMUNICATION	RESPONSIBILITY
1	Development of quick communication channels within the risk communication working group (E.g. WhatsApp, email etc.)	DGHS, DDG PHS , EPID unit, HPB, Quarantine unit, DPRD,NIID(IDH)
2	Agree on roles and responsibilities of key stakeholders of national and sub national level for risk communication	DGHS, Health Secretary, Additional Secretaries, DDGPHS, EPID unit, HPB, Quarantine unit, DPRD, IDH
3	Timely updates to communication focal point (HPB)	Epidemiology unit, Quarantine unit, MRI, NIID,DPRD, PDHS, RDHS

	PUBLIC COMMUNICATION	RESPONSIBILITY
1	Identify communication channels for public communication	HPB
2	Agree on communication channels, modes to be used at each phase and frequency of public updates of risk communication	DGHS, DDG PHSI/II EPID unit, HPB, Quarantine unit, DPRD, IDH
3	Prepare and pre-test messages and materials for different target audiences	HPB

	COMMUNICATION ENGAGEMENT WITH AFFECTED COMMUNITIES	RESPONSIBILITY
1	Identify and agree on community influencers, health staff and community networks can be utilized for community engagement	Epidemiology Unit, DPRD, HPB, DDG PHS I & II

	RUMOR MANAGEMENT	RESPONSIBILITY
1	Development of a mechanism for rumor identification	HPB
2	Development of a mechanism for rumor verification	Epidemiology unit, DPRD, HPB, DDG PHS I
3	Rumor management	Spokespersons, HPB, Epidemiology Unit

KEY COMMUNICATION TARGET GROUPS AND TARGET ACTIVITIES

1	Immigrants (at points of entry) - Video clips to air ports to be displayed at immigration counters / announcement by the pilot before landing / posters
2	Health workers – Internal circular to relevant health institutes on preparedness and response
3	Workers at points of entry - capacity building programs
4	General public- Media / Social Media, Suwaseriya 24/7 hot line
5	Chinese community in Sri Lanka and their employers (currently at unrest) - hot line for clarification / advocacy for Chinese embassy
6	Parents / relatives of students/workers currently in china- 24/7 hotline
7	Hotel industry, Ministry of tourism- discussions / press conference / 24/7 hotline

KEY MESSAGES

FOR TRAVELERS AT THE AIR PORT

1	If you have lived in or traveled through an affected country or had close contact with a patient and have following symptoms; • fever, cough, sore throat, runny nose, difficulty in breathing Inform airport health office before immigration clearance
2	Seek immediate health advice, if you develop fever, cough, sore throat, runny nose, difficulty in breathing during your stay in Sri Lanka
3	Inform the doctor immediately about your recent foreign travel if you have fever or respiratory symptoms
4	Details of allocated hospitals and important health sector contact numbers

GENERAL PUBLIC

1	Symptoms of COVID-19
2	Importance of telling about recent foreign travel or any contact with such a traveler or a patient to the doctor if you have COVID-19 symptoms
3	24/7 hotline number for health queries (Initially 0710107107, later changed to four digit number 1999)
4	The contact number of ambulance service-1990
5	Wash hands often with soap and water or an alcohol-based hand rub for more than 20 seconds
6	Avoid touching your nose, mouth or eyes in public places
7	Cover your cough and sneeze with inner side of your elbow or a tissue, dispose the used tissue immediately to a closed bin and wash hands



IMPORTANT POINTS

1	Publicize spokespersons for this issue and update public regularly
2	Weekly press conference
3	Regular press release
4	Communication working group to real time verification of rumors
5	24/7 hotline
6	Platform to communicate with hospitals real time

SPECIAL ATTENTION REQUIRED

	Getting Sri Lankan workers / students arriving in Sri Lanka during the initial phase who were in China during that period.
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ESSENTIAL REQUIREMENT

	HPB needed to get updated real time information on situation, expected health seeking behavior etc. To maintain communications pathways from hotline, social media, advocate media and other means
	All press conferences and press releases were organized through Government information Center to maintain one channel of information



CRISIS COMMUNICATION PLAN

PHASE 3

This plan is drafted proactively at the stage of only one case reported (25th February 2020). Risk communication will be conducted focused on risk communication system, internal and partner communication, public communication, communication with affected communities and rumor management similar to preparedness and initial response phase. Activities will be more frequent vigilant and target group specific in crisis phase.

A	RISK COMMUNICATION SYSTEM
1	DGHS will be the key spokesperson
2	Health Promotion Bureau will remain as the risk communication focal point under DGHS guidance
3	Any guideline on COVID-19 in health sector will include risk communication as one component of action
B	INTERNAL AND PARTNER COMMUNICATION
1	Risk communication working group with the representation of DGHS, DDG PHS I, EPID unit, HPB, Quarantine unit, DPRD, IDH need to be further strengthened to upgrade the Risk communication system parallel to a crisis communication situation
2	Quick communication channel (WhatsApp group) vigilantly activated within the working group to strengthen risk communication system
3	Internal and partner communication will be further strengthened by regular quick communication channels being established (email group/webinar platform/WhatsApp group) with PDHS/RDHS and to all hospital directors in a crisis communication situation
4	Advocacy for all media heads on responsible reporting with involvement of HPB mediated through department of government information
5	HPB identified as focal point being available for clarification of queries from media under guidance of DGHS



6	Political advocacy and partnership for upgrade communication channels
7	Partner communication to be established with UN organizations for financial and technical support
8	Real time information will provide technical guidance to district level health authorities and prevent unrest to avoid panic and misinformation circulated to public
9	Communication platform to private sector and general practitioners need to be established to ensure adherence to national guidelines
10	Trade Unions of health workers need to be regularly updated to prevent any misinformation for public
11	Based on the dynamics of affected communities and their trusted influencers more partners will be identified and collaborated as stakeholders in risk communication

C	PUBLIC COMMUNICATION
1	Timely updates and information to be sent from Epidemiology unit and Quarantine unit to HPB for real time public communication
2	Clearance chain for messages for public communication will be mainly through Epidemiology Unit and Quarantine unit
3	More number of spokespersons to be identified to provide daily / frequent updates to be given to media on roster basis to prevent misinformation being circulated
4	Credible information sources will be informed to public via spokespersons regularly to public
5	Health Promotion Bureau will coordinate / support media slots / health programmes with mass media and identified technical experts to be participated



6	Public communication will continued to be done through mass media, social media (official Facebook page of Health Promotion Bureau) and 24/7 Suwasariya call center (1999) and call center of disaster preparedness unit based on the technical inputs from epidemiology unit and quarantine unit
7	Communication target groups in the crisis situation will be identified and mapped by HPB Target group. Specific IEC materials will be developed and distributed accordingly
8	Training materials will be developed and distributed to district level health authorities to be utilized in capacity building of health staff on COVID-19 risk communication
9	Viber group with free data will be established among people
10	HPB web site will be upgraded

D	COMMUNICATION ENGAGEMENT WITH AFFECTED COMMUNITIES
1	Identify and map the affected communities
2	Communication engagement with affected communities will be continued with Epidemiology unit and DPRD accordingly

E	RUMOR IDENTIFICATION, VERIFICATION, REPORTING AND RUMOR MANAGEMENT
1	Rumor monitoring will be vigorous conducted by HPB on 24/7 basis through monitoring all media
2	Rumors will be reported to an email group / WhatsApp group of DGHS and main stakeholders daily for verification and management in crisis communication
3	Spokespersons will provide correct information to combat rumors in their daily briefing to media
4	Rumors will be further managed through social media / mass media and 24/7 call center based on the verification and guidance from DGHS / DDG PHS / Chief Epidemiologist
5	Health Promotion Bureau official Facebook page will update public on frequent basis to combat rumors and prevent misinformation through other social media networks



PUBLIC COMMUNICATION AND COMMUNITY ENGAGEMENT WITH AFFECTED COMMUNITIES BASED ON KEY AUDIENCES

PHASE 3

At the stage of lock down and curfew measures are implemented. Public communication and community engagement with affected communities need to be targeted to following audiences at this stage. Key audiences can be changed with the progression of the diseases and need to have a continuous behavior surveillance to identify key issues, expected behaviours, trusted influencers, barriers and opportunities. Further, regular advocacy to politicians and policy makers to maintain one voice in communication and ensure trust and credibility of risk communication process. Good risk communication system and strong internal and partner communication will strengthen the real time, credible public communication and communication with affected communities. A good real time rumor identification, reporting, verification system will continuously identify the public concerns and misinformation and enable the risk communication activities to mitigate the rumors real time and settle the public unrest.

Public communication and community engagement with affected communities will be planned according for the period after curfew is lifted for low risk areas and normal functioning is slowly established.

	KEY AUDIENCES
1	General public
2	Adults
3	Youth
4	School children
5	Under 5 children



	HIGH RISK POPULATION
1	The elderly (aged 60+)
2	People with chronic medical conditions
3	Pregnant women and postpartum women
4	Front line healthcare workers

	VULNERABLE GROUPS
1	Muslim population
2	People living in slums / shanties / estate homes and other congested dwellings in urban and estate sector
3	Daily paid workers
4	People at living in elderly homes / orphanages / home for disabled

	HIGH RISK POPULATION
1	People came from foreign countries
2	People who care quarantined
3	Patients and suspected patients
4	Hospital health care staff
5	Field health care staff
6	People working in essential services
7	Families of people working essential services
8	Small, medium and largescale business sector
9	People working in tourism industry
10	Families of drug addicts/alcohol withdrawal symptoms



Need further behavior surveillance, key issues identifications and plan the communication messages and channels for above mentioned affected communities in addition to the below mentioned 1-13 messages given to general public.

GENERAL PUBLIC AND ALL OTHER AUDIENCE

	MESSAGE / KEY REQUIREMENTS IN AWARENESS
1	Wash hands often with soap and water or an alcohol-based hand rub for more than 20 seconds
2	Avoid touching your eyes, nose, mouth and face
3	Cover mouth and nose with flexed elbow or tissue when coughing or sneezing. If you use a tissue, dispose it immediately in a bin with a lid and wash your hands or use a hand sanitizer
4	Stay home. Be safe
5	Do not organize or participate any social gatherings even as small groups, with neighbours or friends or anybody
6	Avoid crowded places and maintain minimum of 1 meter physical distance from others
7	If you have fever, cough, sore throat, runny nose, difficulty in breathing take medical advice over the phone (1390, 1999). If suspected as COVID-19 inform PHI, MOH, Police and reach the recommended hospital by 1990 ambulance or as advised by public health team
8	If not suspected as COVID-19 (by the doctor over the phone) but having respiratory symptoms, stay home, keep away from other family members, always keep 1m distance, do not share the personally used items, monitor symptoms, if worsen seek medical advice again
9	Inform the doctor immediately about true symptoms, contact history and other details to protect you and your family
10	Keep up-to-date on the latest information from verified sources of Ministry of Health Sri Lanka. (Epidemiology unit, Health Promotion Bureau)



11	If you are using masks, wear it properly, do not touch it, do not put it to the neck while talking, wear it as it is while talking too. Do not dispose it here and there, burn or bury it at home
12	Advices on self quarantine (Priority is for health workers, caretakers of patients, people with respiratory illness)
13	Practice safety measures when buying essential items form mobile shops or from shops
	TRUSTED INFLUENCES
1	Key health care workers
2	Celebrities
3	Religious leaders
4	Youtubers
5	Political leaders
	COMMUNICATION CHANNELS
1	Mass media- TV, Radio and print media (News, Advertisements, Medical discussions, songs, dramas etc.)
2	Social media (Health Promotion Bureau Facebook page, Viber group, website)
3	IEC materials
4	Local announcements by public addressing systems
5	24/7 call center by Health Promotion Bureau

6 Ringing tones, SMS by telecommunication networks

7 Preaches by all religious leaders (Buddhist, Islam, Hindu, Catholic and Cristian) from mass media and by public addressing systems within their locality

HIGH RISK GROUPS - ELDERLY / CHRONIC DISEASE PATIENTS

MESSAGE / KEY REQUIREMENTS IN AWARENESS

1 All above 1-12 advices given for general public

2 Strict advice on stay home. (send someone healthy and young in the family to get essential items)

3 Need to advice on how to get their routine / essential medicine

4 How to seek essential medical services

5 How to get essential items if only elderly is at home

COMMUNICATION CHANNELS

1 Mass media

2 Locally by the closest hospital

3 Telephone calls



HIGH RISK GROUPS - PREGNANT AND POST-PARTUM WOMEN

MESSAGE / KEY REQUIREMENTS IN AWARENESS

- 1 All above 1-13 advices given for general public
- 2 Modifications of pregnancy care package and health seeking advices
- 3 Medicine and Thripasha distribution
- 4 Advices on delivery and hospitals recommended
- 5 Pregnant women with COVID-19
- 6 Post partum care modification
- 7 Mental health and help seeking

TRUSTED INFLUENCES

- 1 Field health staff
- 2 FHB

COMMUNICATION CHANNELS

- 1 Mass media
- 2 Local announcements by MOH staff
- 3 Social media



HIGH RISK GROUPS - HEALTH CARE WORKERS IN COVID-19 IDENTIFIED HOSPITALS STAFF OF OTHER HOSPITALS FIELD HEALTH STAFF

MESSAGE / KEY REQUIREMENTS IN AWARENESS

- 1 Capacity building on risk communication
- 2 Awareness on preventive measures and Triage mechanism
- 3 Mental wellbeing

TRUSTED INFLUENCES

- 1 HPB
- 2 Epidemiology Unit
- 3 MRI
- 4 IDH
- 5 Mental health unit

COMMUNICATION CHANNELS/MODES

- 1 Capacity building programs
- 2 Training materials E.g. PowerPoint presentations
- 3 IEC materials



VULNERABLE GROUPS - MUSLIM POPULATION

MESSAGE / KEY REQUIREMENTS IN AWARENESS

- 1 All above 1-13 advices given for general public
- 2 Messages to alleviate stigma
- 3 Messages for Life style modifications and adaptations
- 4 Stop messages spreading anger and hatred

TRUSTED INFLUENCES

- 1 Religious leaders
- 2 Muslim doctors

COMMUNICATION CHANNELS

- 1 Announcements by public addressing systems in local areas
- 2 Viber and WhatsApp groups among Muslims
- 3 Social media and mass media
- 4 Leaflets for Muslim community by their leaders



VULNERABLE GROUPS – PEOPLE LIVING IN SLUMS / SHANTIES / ESTATE HOMES AND OTHER CONGESTED DWELLINGS IN URBAN AND ESTATE SECTOR

MESSAGE / KEY REQUIREMENTS IN AWARENESS

- 1 All above 1-13 advices given for general public
- 2 How to get help for self quarantine when space is not adequate
- 3 How to get food
- 4 How to get medicine delivered
- 5 Messages on domestic violence
- 6 Messages on help seeking for alcohol and drug withdrawal symptoms

TRUSTED INFLUENCES

- 1 Leaders in their community
- 2 Mass media

COMMUNICATION CHANNELS

- 1 Announcements by public addressing systems in local areas



VULNERABLE GROUPS – DAILY PAID WORKERS

MESSAGE / KEY REQUIREMENTS IN AWARENESS

- 1 All above 1-13 advices given for general public
- 2 How to get food and help

TRUSTED INFLUENCES

- 1 Local government
- 2 Gramasewaka
- 3 Field health staff

COMMUNICATION CHANNELS

- 1 Announcements by public addressing systems in local areas
- 2 Mass media

VULNERABLE GROUPS – PEOPLE AT LIVING IN ELDERLY HOMES/ORPHANAGES/HOME FOR DISABLED

MESSAGE / KEY REQUIREMENTS IN AWARENESS

- 1 All above 1-13 advices given for general public
- 2 How to get food and help
- 3 How to get medicine

TRUSTED INFLUENCES

- 1 Social service officers



RISK COMMUNICATION PLAN

PHASE 3 EXIT STRATEGY

Risk Communication is of utmost importance at this stage to prevent any increase of the epidemic and to get public safely accustomed to normal day to day life. Risk communication actions will be implemented in parallel to exit strategy of restrictions. A stepwise exit strategy would be based on level of risk in each district, assessed based on case load and the level of spread. Risk communication plan for gradual exit from restrictions was developed proactively (25th April 2020) and communication material were developed to be communicated to public. Risk communication need to be very stringent at this stage and should maintain credibility of public information. Thus, it is of utmost importance to keep public trust, not to contradict information from same sector, provide timely information based on facts but not on personal opinion. Therefore, it is high time to announce the credible health information sources to public at this stage to prevent any confusion to public.

High risk areas will remain under strict restrictions on public movement, while low risk areas gradually commence the usual daily routine adhering to strict health and safety behaviours.

Risk communication will be focused on following key areas; strengthening risk communication system, strengthen internal and partner communication, public communication, communication with affected communities, rumor monitoring, identification, verification and management.

1

RISK COMMUNICATION SYSTEM

The DGHS will remain as the spokesperson at this stage. Daily press briefings will be conducted to update the situation. Further to motivate public to adhere to strict control measures while the restrictions are lifted and to prevent a second wave of cases.

Quick communication network needs to be established with District level health authorities to ensure fully functioning of emergency health care services and certain routine care services in all hospitals to prevent unnecessary morbidities and mortalities due to other diseases.



2

INTERNAL AND PARTNER COMMUNICATION

Effective internal and partner communication should be further strengthened. Specifically following groups need to have good internal communication to review the progress of exit and to have a close track on case reporting.

1	Quick internal communication with Epidemiology Unit, National Operation center for prevention of Covid-19, DPRD, IDH, MRI, HPB, FHB for situation updates
2	Quick internal communication network with specialized treatment facility hospitals for COVID-19
3	Quick internal communication network with all other hospitals to ensure availability of emergency care services and other routine care for patients as per the guide of Ministry of Health to avoid any preventable deaths due to other diseases
4	Quick internal communication network with Provincial and district level health authorities to support the delivery of quality health care services



3

PUBLIC COMMUNICATION AND COMMUNITY ENGAGEMENT

At this stage it is high time to raise the understanding of the public on the basis how they are protected by recommended healthy behaviours. This will ensure the sustainability of the behavior change of the public gradually. The key messages for the general public to be disseminated are given below.

3.1

High risk areas where restrictions are not lifted should continue with same communication strategies

KEY MESSAGES TO GENERAL PUBLIC

1	Stay at home. Be safe
2	Continue working from home
3	People who are going for essential services need to adhere to healthy behaviours outside home (Wash hands frequently with soap and water/Do not touch face, mouth, nose/practice respiratory etiquette)
4	If you have any respiratory symptoms (fever, cough, sore throat, runny nose, difficulty in breathing) seek medical advice immediately Call 1390/1999 before going to hospital / if COVID-19 admit to the hospital as per the directions given / transport to be arranged through 1990 ambulance service
5	If you have any respiratory symptoms even without a contact history with a COVID-19 patient or a suspected patient, stay home. Do not go to work even if you are in essential service. Be away from others in the family. Get medical advice over the phone and monitor your symptoms. If worsen take treatment



6

If you are using face masks, wear it properly. Do not touch it, do not put it to the neck while talking, wear it as it is while talking too. Do not dispose it here and there, burn or bury it at home

7

Reinforce other general COVID-19 preventive messages disseminated at previous stage

8

Update on the latest information only from verified sources

ADDITIONAL MESSAGES

1

Immediately seek hospital care if you are a pregnant mother having danger signs of fever, bleeding, severe headache, difficulty in breathing, impaired vision, fits, chest / abdominal pain, reduced fetal movements, swelling of the body or any other severe discomfort

2

Pregnancy record can be used as the curfew pass

3

If you are with any long term illness and experiencing any danger signs of your illness immediately seek hospital care

4

If you have any emergency health problem seek hospital care immediately without a delay



3.2

Areas where restrictions are lifted should practice health recommendations vigorously

It is much needed to raise awareness of the public about the importance of adhering to healthy behaviours recommended by Ministry of Health more vigorously than earlier. Further, understanding of the public on this regard should be raised to ensure adherence to healthy behaviours despite the restrictions are lifted.

It would be more successful to target communication in a setting specific manner, based on different scenarios.

The settings can be identified as work place, village, hospital, community clinic (maternal / child immunization), schools, preschools, households etc. Further different scenarios as using public transport, doing shopping, using a lift, taking money from teller machine, banking, weddings / funerals / other celebrations, religious activities etc. Key messages given to general public should be adapted according to the setting and specific scenarios.

KEY MESSAGES - GENERAL PUBLIC

1	This is the period you should be more vigilant in practicing preventive measures as you have more chances to get exposed to the virus
2	Do not travel between districts unless it is for essential services. If travelling for work need crossing the districts follow the government regulations
3	If you have mild respiratory symptoms even without contact history - stay home. Wear a mask. Do not go to work even if you are in essential service. Keep 1m distance from others at home too. Get medical advice over the phone and keep an eye on your symptoms if worsen take treatment

4	Keep 1 meter of physical distance with others at all possible occasions. Wear a mask at any instance that you are unable to keep 1 meter distances
5	Wash your hands frequently with soap and water for at least 20 seconds
6	Do not touch mouth, nose, eyes at public places
7	Cover your cough and sneeze from inner side of the elbow or a tissue and dispose immediately to a closed bin. Wash your hands
8	Greet with "Ayubowan". Do not shake hands or hug to greet people
9	Avoid crowded places
10	If you are using masks, wear it properly, do not touch it, do not put it to the neck while talking, wear it as it is while talking too. Do not keep it here and there. Do not dispose it here and there
11	Do not organize or participate for any social gathering, unnecessary travel, trips, leisure activities, public meeting, religious gatherings, tuition classes
12	Funerals and weddings need to be done with limited participants adhering to health advices
13	Elderly people are advised to stay home at all possible occasions
14	Hand washing facilities need to be available at public places E.g. Super markets, banks, bus stands, railway stations
15	When you come home from office or shop, keep your foot wears outside home. Wash your hands, remove your clothes immediately and wash them / have a bath before associating with others at home or before touching anything at home

16	If you have any health issue call 1999 for guidance
17	If you have any health emergency seek hospital care immediately E.g. Danger signs of a pregnant and postpartum mother, danger signs of NCDs
18	Keep up-to-date on the latest information from verified sources

KEY MESSAGES - PEOPLE WITH RESPIRATORY SYMPTOMS

1	Symptoms of COVID-19 (mostly with a contact history); fever, cough, sore throat, and shortness of breath. Some patients may have aches and pains, runny nose, nasal congestion or diarrhea. In more severe cases, infection can cause pneumonia and even death
2	Seek treatment early and inform your symptoms / contact history to the doctor immediately
3	Early treatment will save lives of patients and their loved ones
4	Use a mask to cover your nose and mouth if you have symptoms
5	Maintain a distance of at least 1 meter from everyone
6	Call 1390 / 1999 and get advice
7	Seek hospital care through 1990 ambulance service or as advised and get admitted to the recommended hospital



KEY MESSAGES - SHOPPING

1	Should be limited to essential items
2	Avoid frequent shopping
3	Use online shopping and online payments as much as possible

KEY MESSAGES - PUBLIC TRANSPORT

1	Avoid unnecessary travelling
2	Walk to office if close by
3	Use the private vehicle if possible
4	Should accommodate passengers for 50% seating capacity
5	Do not touch mouth, nose and eyes
6	Cover your cough and sneeze with inner side of the elbow
7	Stay home if you have any respiratory symptoms and seek medical advice over the phone
8	Wash hands with soap and water for at least 20 seconds after using public transport
9	Need to disinfect the surfaces frequently



KEY MESSAGES – UNIVERSITIES / SCHOOLS / PRESCHOOLS

1	Remain closed
2	Children should stay home and be safe
3	Should not attend any tuition classes, or gatherings during this period

KEY MESSAGES – WORK PLACES

1	Make a preparedness plan to avoid the spread of COVID-19
2	Advice workers not to come for work even if they have even mild respiratory symptoms
3	Hand washing at the entrance of the work place and within the work place, frequently and before leaving the office
4	Do not touch mouth, nose and eyes
5	Cover your cough and sneeze with inner side of the elbow
6	Frequent cleaning and disinfecting the common work areas, frequently touched surfaces
7	Avoid touching surfaces that may be contaminated E.g. railing, door knobs, etc. at all possible occasions
8	Promote non touch techniques to opening the doors or keep the doors open in non A/C areas
9	Encourage work from home at all possible occasions
10	Arrange work places to accommodate limited number of workers as per government instructions enabling to keep social distancing (E.g. 50% capacity on roster basis)



11	Greet with "Ayubowan". Do not shake hands or hug to greet people
12	Discourage sharing of cups, pens, etc.
13	Meetings should be conducted with limited participants keeping social distancing and use technologies like video-conferencing, Skype, Zoom
14	To reduce the crowd gathering & to maintain the social distancing, lunch breaks / tea breaks can be given with adequate time gaps
15	If available, use the internal communication systems to give reminders on health and safe practices to prevent COVID-19

KEY MESSAGES - HOSPITAL SETTINGS

1	Hospitals should function as per the instructions from Ministry of Health
2	Appointment based clinic visits to be commenced as per the instructions from Ministry of Health
3	Keep 1m distance with others at all possible occasions
4	Do not touch mouth, nose and eyes
5	Cover your cough and sneeze with inner side of the elbow
6	Limit visitors to the hospital during visiting hours
7	Avoid unnecessary touching of railings, walls etc.
8	Hand washing facilities at OPD / at each ward at the entrance etc.
9	Frequent cleaning and disinfecting the common work areas, frequently touched surfaces



KEY MESSAGES - FIELD CLINICS

1	Should be conducted according to government and Ministry of Health guidelines
2	Limit the people to match the available space enabling to have adequate social distancing
3	Should be appointment based
4	Advice not to come if any respiratory symptoms present
5	Do not touch mouth, nose and eyes
6	Cover your cough and sneeze with inner side of the elbow
7	Health advices should strictly be followed at all maternal clinics, immunization clinics at field level
8	Frequent cleaning and disinfecting the common work areas and frequently touched surfaces

3.3 Communication channels, materials and responsibility

Mass media, social media (HPB Facebook page, Viber groups, WhatsApp groups), telecommunication networks, webinars, zoom meetings / teleconferences, announcements by public addressing system at community level, health education, news, discussions (mass media) will continued to be used as communication channels.

TV advertisements, video clips, animations, leaflets, posters, telephone ringing tones, songs, internal memos, circulars, and guidelines will be developed to disseminate the messages through above mentioned channels.



Further, announcements using public addressing systems at community settings, reminders of health tips at work places by announcements, health education talks at clinics can be used at community level.

Health Promotion Bureau will be responsible as the risk communication focal point and will work in liaison with National COVID-19 center, Epidemiology unit and other relevant stakeholders for communication.

At Provincial and district level under the guidance of provincial and district consultant community physicians (where available), RE, MOMCH, MONCD Communication campaigns will be conducted. Health Education officers are expected to mediate the process liaising with MOH, PHI, PHM and Hospital health education nurses. They are expected to adjust the communication campaign and messages according to the area specific issues and utilizing the trusted influences in their community.

Setting based approach in communication is recommended at community level utilizing current platforms as happy village, mother support groups, work place settings and hospital settings.

4

COMMUNICATION WITH AFFECTED COMMUNITIES

Hospital health care staff and field health staff directly communicate with the affected communities. Be empathetic to all those who are affected, regardless of their community, ethnicity or nationality. People who are affected by COVID-19 have not done anything wrong, and they deserve our support, compassion and kindness.

All health workers are strictly advised not to stigmatize any patients, people who are on self quarantine and should not take their photos or videos without their consent and disseminate.

5

RUMOR IDENTIFICATION, VERIFICATION, REPORTING AND MANAGEMENT

Continuous monitoring of mass media, social media and 1999 hot line will be continued at this stage too. Public concerns and rumors will be compiled and disseminated to relevant higher officials for action. Further, rumors will be verified real time and will be managed through same platforms; mass media, social media and 24/7 call center.



REFERENCES

- 1 World Health Organization. Communicating Risk in Public Health Emergencies: a WHO Guideline for Emergency Risk Communication (ERC) Policy and Practice. Geneva: WHO, 2017. Available from: <https://www.who.int/risk-communication/guidance/download/en/>
- 2 World Health Organization. Risk Communication Strategy for Public Health Emergencies in the WHO South-East Asia Region: 2019-2023. New Delhi: Regional Office for South-East Asia, 2019





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