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Risk Communication and Community Engagement in COVID19; Challenges ahead and way forward　(Part 2)

COVID-19 pandemic has adversely impacted across the world from unborn child to the dead body. It has immensely affected entire lifestyle, employment and social interactions. Effects can be expected to be worsen when pandemic get further protracted. Thus, risk communication and community engagement (RCCE) are an integral part of pandemic response to achieve a successful mitigation. However, there is an urgent need to shift the communication strategies, from one way communication at initial stages of the pandemic towards the community engagement and participatory approaches.

Overarching goal of global RCCE strategy is to have a people-centered and community-led approaches which is championed widely, resulting in increased trust and social cohesion, and ultimately a reduction in the negative impacts of COVID-19.

To achieve this goal four strategic objectives are recommended to be the main focus in RCCE for next six month.

Be community led: Quality and consistent RCCE approaches should enable communities to assess their priority needs, plan, design, implement, monitor and evaluate local responses to COVID-19. It would be crucial to invest on community ownership approaches, processes and systems to enhance the compliance to testing, treating, vaccines and public health measures. Strategies need to be developed based on local context to combat stigma, discrimination, pandemic fatigue and build/maintain trust. Both formal and informal community health workers need to be fully utilized in this mission and take necessary action to build their capacities on this regard. It is extremely important to take coordinated action to mitigate infodemics and break the chain of transmission of rumors with the involvement of the public.

Be data driven: Evidence should be generated to identify the trends in affected communities by age, sex, other potential drivers of vulnerability or exclusion (by ethnicity, disability, comorbidities) to implement targeted risk communication for COVID19. Thus, policy responses could be informed and improved by this data for updated action. Dash boards need to be developed for both epidemiological data and social variables. These data should be triangulated and feed advocacy and decision-making mechanisms. More priority should be given to develop robust systems and the documentation processes around knowledge management, lessons learnt and best practices. Further, media monitoring and social listening is an important data source to identify perceptions, concerns and level of understanding of people. RCCE should be data driven to ensure an effective response.

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Reinforce capacity and local solutions: Local expertise from varying fields (health authorities, media, civil society organizations etc) should be identified and empowered to engage communities for RCCE action. Local efforts will be more relevant and effective to their context. Capacity of national and local media should be developed on RCCE in response to COVID-19. Pear to pear learning exchanges and platforms need to be facilitated at different levels to share lessons learnt and best practices in local context.

Be collaborative: RCCE should be integrated across all technical areas of re-

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sponse to COVID-19. Coordination at global, regional, national and subnational level is of paramount importance to implement RCCE strategies. Localized community centered response could be well achieved through good internal and partner communication with local governments, public and private sector, religious leaders, community-based organizations, INGOs and communities itself.

Engaging vulnerable

Vulnerable population need to be reached as a priority effort in RCCE. Two types of vulnerabilities should be considered.

• Medically vulnerable: those who are at a higher risk to develop severe COVID-19

◊ Socio-economically vulnerable: those who are more likely to be exposed, be unable to receive or follow recommended advice, or be unable to access services due to their physical, social or economic situation.

VULNERBLE GROUPS

- Health workers
- Older persons
- People with pre-existing medical conditions
- Children and young people Ethnic and/or indigenous minorities
- GBV survivors
- People experiencing homelessness
- People deprived of their liberty
- People living within
- existing humanitarian crises
- People living in overcrowded spaces
- People with existing mental health conditions
- People with disabilities
- People working in confined conditions
- Pregnant women
- Refugees and migrants.
- Sexual and gender minorities
- Women and girls
- Workers in the informal economy
- Urban poor or slum dwellers

Best practices: In Sri Lanka, Community led, multisectoral coordinated effort using innovative communication approach is implemented through a regular news segment in a state media channel-Sri Lanka Rupavahini Cooperation (SLRC) together Disaster Preparedness and Response Division, Ministry of Health. People and occupational settings that have successfully adjusted to new normal to combat COVID19 with innovative approaches will be identified and introduced through this news segment. This opportunity will enable to share their real experience of "successful change" and its benefit with public. This news segment is published as "Rise again 2021- move forward with confidence" ("Yali nagitimu 2021, Vishvasayen Perata"). This communication approach helps to build confidence in community, share experiences, publicizing positive changes, individuals and occupational settings that adhere to public health measures being identified as "Champions" and utilize as change agents.
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References:

based on; COVID-19 Global Response Risk Communication and Community Engagement (RCCE) Strategy (GOARN, IFRC, WHO, UNICEF, December 2020) and COVID-19 Global Response Risk Communication and Community Engagement (RCCE) Strategy (IFRC, WHO, UNICEF, March 2020)

Table 1: Selected notifiable diseases reported by Medical Officers of Health   24th–30th Oct 2020 (44th Week)

RDHS Division	Dengue Fever A	Dengue Fever B	Dysentery A	Dysentery B	Encephalitis A	Encephalitis B	Enteric Fever A	Enteric Fever B	Food Poisoning A	Food Poisoning B	Leptospirosis A	Leptospirosis B	Typhus Fever A	Typhus Fever B	Viral Hepatitis A	Viral Hepatitis B	Human Rabies A	Human Rabies B	Chickenpox A	Chickenpox B	Meningitis A	Meningitis B	Leishmaniasis A	Leishmaniasis B	WRCD T*	WRCD C**
Colombo	9	4105	0	31	0	9	0	7	0	18	0	380	0	3	0	4	0	0	1	219	0	47	0	3	57	100
Gampaha	5	2533	0	12	0	8	0	7	0	19	0	281	0	8	0	7	0	2	0	257	0	34	0	60	41	94
Kalutara	2	1725	0	18	0	6	0	6	0	6	4	889	0	15	0	6	0	2	2	318	2	49	0	0	98	100
Kandy	24	3271	0	30	0	1	0	9	0	17	6	251	0	114	0	15	0	0	4	166	1	30	0	72	64	100
Matale	0	571	0	10	0	4	0	7	0	6	0	98	0	9	0	12	0	1	0	64	0	7	2	316	62	100
NuwaraEliya	0	167	1	37	0	1	0	7	0	9	5	128	1	99	0	4	0	0	0	78	0	16	0	0	23	99
Galle	1	1641	0	40	0	18	0	4	0	48	5	860	0	60	0	8	0	2	2	310	0	70	0	5	35	100
Hambantota	0	353	0	13	0	4	0	3	0	49	2	228	3	69	1	5	0	2	6	196	2	56	10	655	70	100
Matara	2	520	0	27	0	17	0	1	0	4	7	530	0	18	1	16	0	0	1	135	0	26	6	371	23	100
Jaffna	8	2097	1	107	1	1	0	23	1	83	0	29	15	609	0	2	0	2	1	109	0	12	1	3	25	93
Kilinochchi	0	129	2	47	0	2	0	11	0	26	0	20	0	42	0	1	0	0	0	17	0	11	1	13	64	100
Mannar	0	134	0	0	0	0	0	2	0	2	0	7	0	2	0	2	0	1	0	2	0	10	0	0	40	100
Vavuniya	0	249	0	15	0	0	0	6	0	3	0	44	0	3	0	4	0	0	0	33	0	4	0	1	62	100
Mullaitivu	0	85	0	14	0	0	0	6	0	5	0	27	0	16	0	3	0	2	0	14	0	7	0	7	38	99
Batticaloa	47	2601	2	96	0	8	0	1	3	52	0	36	0	0	1	7	0	1	1	96	4	45	0	1	47	100
Ampara	0	313	0	21	0	4	0	0	0	1	1	90	0	0	0	4	0	0	0	124	1	18	1	7	70	100
Trincomalee	1	2282	0	17	0	0	0	0	0	2	0	31	0	9	0	9	0	0	0	103	0	9	0	1	43	96
Kurunegala	3	924	0	23	0	12	0	4	1	38	2	257	2	34	0	9	0	4	2	328	1	44	9	446	49	98
Puttalam	2	475	0	12	0	5	0	3	0	1	0	61	0	17	0	2	0	1	1	81	6	66	0	10	56	100
Anuradhapur	0	415	0	19	0	3	0	4	0	31	1	259	0	29	0	15	0	2	1	185	3	66	7	264	41	97
Polonnaruwa	0	240	0	9	0	1	0	0	0	8	2	134	0	1	0	25	0	1	1	145	0	19	11	290	56	91
Badulla	0	475	0	29	0	7	0	3	0	8	1	364	1	105	0	16	0	0	2	163	0	40	0	26	48	99
Monaragala	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Ratnapura	13	1944	3	95	0	29	0	6	0	37	10	1459	1	55	0	17	0	1	1	182	0	103	1	134	50	99
Kegalle	7	804	1	19	0	10	0	4	0	18	9	536	0	45	0	21	0	0	3	178	1	68	1	47	56	100
Kalmune	2	959	0	56	0	3	0	1	0	6	0	23	0	2	0	3	0	0	0	275	0	46	0	0	57	100
SRILANKA	126	29012	10	797	1	153	0	125	5	497	50	7022	23	1364	2	210	0	24	29	3778	21	903	49	2732	49	95

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 30th Oct, 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 322 **C*** -Completeness

Table 2: Vaccine-Preventable Diseases & AFP   24th– 30th Oct 2020 (44th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2020	Number of cases during same week in 2019	Total number of cases to date in 2020	Total number of cases to date in 2019	Difference between the number of cases to date in 2020 & 2019
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	00	38	65	- 41.5 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	00	00	00	00	00	00	00	00	02	157	286	- 45.1 %
Measles	00	00	00	00	00	00	00	00	00	00	03	48	262	- 81.6 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	05	18	- 72.2 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	31	09	244.4 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	09	36	- 75 %
Tuberculosis	91	03	05	03	09	05	06	00	00	122	124	5476	7188	- 23.8 %

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna,
        KN: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam,
        AP: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

NA = Not Available

Let's Unite and defeat COVID-19

Avoid Crowded Places

Shield Elderly

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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