

# Communicating the ‘new normal’: Framework and strategies for building long term community resilience to COVID-19

6 August 2020



## AIM AND SCOPE OF THIS PACKAGE

This guidance and accompanying information sheets for various sectors (Attachment 1 – 15) has been developed to assist Pacific Ministries of Health in adapting their risk communication and community engagement (RCCE) strategies to effectively communicate and prepare communities for the ‘new normal’.

### What is “New Normal”?

The ‘new normal’ is a new phrase/tagline that is being used widely in many variations to refer to how society will function until an effective COVID-19 vaccine or treatment is available and distributed in the coming months or years; or the pandemic comes to an end.

In the ‘new normal’, everyone, everywhere will need to adapt to mitigate the risk of virus transmission; adapt to enable economies and societies to operate; and protect the welfare of those who are most vulnerable. Simply put, the new normal focuses on three aspects:

1. **All individuals will need to maintain personal protective measures**, including regular hand washing, covering coughs and sneezes, wearing face coverings and physical distancing.
2. **Various organizations, public settings and environments**, like schools, businesses, workplaces, religious facilities and other venues **will need to adapt and adopt measures** suitable to their contexts.
3. On top of this, all communities will need to be aware of and adapt to a **series of restrictions or non-pharmaceutical interventions (NPIs)** that will be lifted or reinstated by national authorities based upon the epidemiological situation and thresholds at any point of time. This means that people can anticipate living in a state of change, until we have a vaccine or treatment available.

### A fundamental shift needed for COVID-19 RCCE strategies

In the first half of 2020, during the first wave of the emergency response, it was essential that health authorities rapidly disseminate information to the public on the risks and how to protect themselves.

However, in the second half of 2020, we now have a common understanding that we will be responding to COVID-19 until an effective vaccine or treatment is available; and thus, a fundamental shift in our original RCCE strategies is required to respond to this longer-term need.

This fundamental shift is about empowerment and adaptation: responding to needs of the community and supporting people individually and collectively to adapt to the new normal by finding innovative, culturally sensitive, local solutions to managing daily living, working practices and ultimately become more resilient to the impact of COVID-19 and its control measures.

## Aim of shifting RCCE strategy to incorporate the new normal

The overarching aim of establishing a country-specific 'new normal' is to support communities to adapt and better cope with the long-term impacts of the risk of COVID-19 outbreaks, measures to control spread of the disease, an outbreak or series of outbreaks.

Effective RCCE can contribute to several elements of COVID-19 response and facilitate community acceptance and compliance of the 'new normal' and as a result become resilient to the social and economic impacts of COVID-19. These include:

1. Individuals and communities are empowered to respond to COVID-19 and adapt to the 'new normal'
2. Key protective behaviours are adopted in all settings (e.g. workplaces, schools, restaurants, shops, etc) and normalised with the public
3. Targeted initiatives are undertaken to reduce the risk for key vulnerable and marginalized populations
4. Government and community leaders, e.g. religious, workplace, school and family leaders can:
  - support the needs of their communities;
  - are consistent in their messages thus reducing the potential for confusion and mixed messaging; and
  - effectively lead efforts to embed the 'new normal'
5. Community feedback is captured and used to inform COVID-19 response plans and other RCCE activities, including addressing rumours and misinformation
6. Health care workers and other frontline staff are empowered and take leadership in their communities
7. Community resilience will be built and access to mental health and psychosocial support including for health workers is planned and reinforced
8. Communication plans for the rollout of COVID-19 vaccines or treatments (when available) are prepared including how any adverse events will be communicated
9. Essential health services continue to be provided, according to community needs

**Annex 1:** In July, the Papua New Guinea Ministry of Health released their 'new normal' – *Niupela Pasin* - communications to the public, providing clear guidance to individuals, communities, and various sectors on the new way of living in PNG. This provides a detailed example of a RCCE communication campaign for communicating the 'new normal'.

## Shifting to the New Normal

This document offers guidance on how to make the necessary shift in RCCE strategies and activities. To support the shift to the new normal, individuals and communities require two key supports:

- A. Accurate **baseline of knowledge** to support informed decisions on how to protect themselves – e.g. how the virus spreads and how to protect themselves.
- B. To be **empowered to apply this knowledge to identify localized solutions** on how to protect themselves; whilst also re-engage in social and economic activity, e.g. reopening workplaces with safety measures in place. Empowerment involves helping people to tackle perceived barriers to action in a positive manner.

## **A. Baseline of Knowledge**

In the absence of a vaccine or effective treatment, individual adoption of the basic preventative measures is one of the most effective tools to control COVID-19. There are essentially eight main protective behaviours that appear to limit transmission of the virus:

1. Clean hands regularly
2. Covering coughs and sneezes
3. Maintaining at least 1 metre distance
4. Limiting time spent in enclosed or crowded places
5. Cleaning frequently touched objects and surfaces
6. Avoiding touching our faces
7. Protecting vulnerable and marginalized members of our communities
8. Knowing what to do if experiencing COVID-like symptoms

It is important to ascertain that all population groups, communities including those with special needs have the required baseline knowledge as listed above.

In addition to a baseline understanding of risky and protective behaviours, people also need to have an appropriate risk perception (i.e. not apathetic, not panicking, but alert and empowered to act). Appropriate RCCE activities that start with an assessment of baseline knowledge, understanding of barriers to practice new normal recommendations and adapted to the different contexts will help to achieve appropriate perception of risks and enhance wide acceptance and practice of the recommended protective behaviours.

## **B. Individuals and communities are empowered to identify localized solutions**

Rather than simply pronouncing and directing what the new normal should be for communities, it is critical and recommended that communities are actively involved and empowered to make decisions on COVID-19 preparedness and response actions to ensure that required changes to behaviours and practices are widely accepted, complied with and are sustained with minimal need for enforcement actions.

For instance, locally identified solutions for handwashing in a remote island might involve people using alternate solutions, e.g. using sea water or the installation of tippy taps. Maintaining at least 1-meter distance in an office workspace might involve spacing desks at least 1 meter apart – but it may also be about introducing staggered shifts or designated markings on the floor or some innovation that we haven't even thought of yet.

People need the space, encouragement and support to decide for themselves what the new normal should look like in their contexts.

### **Suggested steps to making the transition**

#### **1. Work with and coordinate with partners**

If not already undertaken, establish a clear coordination mechanism with engagement from various sector partners, including NGOs, private sector, faith-based organizations and other. This coordination group can assist with providing feedback from their respective audiences during monitoring and evaluation activities, as well as support the adoption of the sector guidance and harmonization of new normal messaging.

## 2. Understand baseline knowledge and environmental barriers

It is important to understand the public’s baseline knowledge and perceived barriers to the adoption of recommended preventative measures. Monitoring will also help inform you of how successful your RCCE strategies were initially; whether the messages were understood; if there were environmental barriers to adopting the measures and emerging issues and rumours. It is suggested that Ministries of Health and partners conduct monitoring and evaluation activities, including KAP surveys, qualitative consultations to gain an insight into public perceptions, attitudes, barriers and needs.

## 3. Update your RCCE plan, develop a ‘new normal’ communication package and tagline

Guided by the feedback from the monitoring and evaluation activities, update your RCCE plan to include the introduction of the ‘new normal’ package and activities to support community pandemic preparedness.

To develop and release the ‘new normal’ package, it should be guided by your national emergency response framework alert levels and related NPIs - so that communities clearly understand what the situation and their response will be depending upon whether there is 1) no cases; 2) few border/quarantine cases; 3) local community transmission. Some suggested strategies, aligned to the response levels include:

Scenario No	Scenario Name	Definition	Suggested RCCE Strategies & Actions
1	No cases	PICs with no cases	<ul style="list-style-type: none"> <li>- Support community pandemic preparedness planning</li> <li>- Monitor and manage risk perceptions</li> <li>- Release new normal communication package and support various sectors to make adaptations to their settings</li> </ul>
2	Cases at the border	PICs with one or more imported cases	<ul style="list-style-type: none"> <li>- Provide regular, timely and accurate updates to the public on the situation</li> <li>- Conduct monitoring activities, including monitoring risk perceptions and respond to rumours (refer to the <a href="#">JIMT rumour management guidance</a>)</li> <li>- Encourage compliance with recommended public health measures and provide clear directions to public on recommended actions</li> </ul>
3	Cases in the community	PICs experiencing cases, clusters or larger outbreaks of local transmission	<ul style="list-style-type: none"> <li>- Focus on reducing individual and community risks, especially for vulnerable groups, including persons with chronic health conditions, the elderly, persons with disabilities</li> <li>- Encourage compliance with recommended public health measures and provide clear directions to public on recommended actions</li> <li>- Conduct monitoring activities and address issues as they emerge e.g. use of unverified treatments or reports of people avoiding health facilities</li> <li>- Provide regular, timely and accurate updates to the public on the situation</li> <li>- Encourage communities to activate their community response plans</li> <li>- Share information on services (health and other) and how to access help and support</li> </ul>

#### **4. Release the ‘new normal’ communication package and engage with communities to support local pandemic planning**

Governments, in collaboration with CSOs, sector associations and other partners, should release their ‘new normal’ communication package and support communities and various sectors to adapt and adopt the recommended measures. Collaboration between partners will be important to ensure there is harmonisation in guidance and messages released.

For various sectors and settings, like schools, faith-based organizations, private sector and other, [practical COVID health guidance sheets](#) have been developed to provide sectors’ clear practical guidance based upon the specific risks and prevention measures related to their discrete activities and operations. It is recommended that these sheets be adapted to your local country context and you consider what measures are appropriate for enforcement, based upon the scenarios of 1) no cases; 2) cases at the border; and 3) community transmission.

For communities with strong collective, communal networks, it is recommended that government and partners support localised community pandemic planning; based upon the scenarios above. This will be important to build the resilience and capacity of communities to mitigate and respond to cases, should they be detected. Community leaders should be supported to develop these plans, based upon a mapping of their community risks and available resources. For example, communities can identify how they will respond if they have a case in a neighbouring village; or if they have a case in the community by establishing a community isolation centre.

*Currently the JIMT RCCE working group is developing a community pandemic planning tool to support governments in their localised preparedness efforts. This will be shared imminently for adaptation to your local country context.*

#### **Monitoring and evaluation of RCCE efforts**

To move to the “new normal” phase, it is important to have a good understanding of the current situation in your country, people’s current knowledge, attitudes, practices and barriers to adapt or adopt key protective behaviours. To do so, you need to continue and/or introduce new listening and monitoring system(s) and tools, such as KAP surveys or consultation with community leaders.

A KAP survey can help guide Governments and partners to measure people’s knowledge, attitudes and practice, reveal barriers and misunderstandings that can act as barriers to behaviour change. Survey results should be used by Governments to adjust their RCCE strategies, respond to areas of need, expand successful interventions and implement RCCE strategies for the “new normal”.

Baselines should be used to evaluate awareness and understanding of messages promoted. For example, ideally at least 75% of persons interviewed should understand the main preventative behaviours.

The interventions should be guided by the feedback gained from the people interviewed. Open ended survey questions or consultations can also help you gain deeper understanding of attitudes, perception and barriers faced by individuals. These processes also provide an opportunity to provide correct information to interviewees and address rumours or misinformation.

#### **JIMT Tools to support the transition**

1. **Knowledge, Attitude and Practices (KAP) survey:** A KAP survey template has been developed (*refer to Annex 2*) to support Pacific Ministries of Health RCCE focal points and partners in their monitoring and evaluation activities. This survey has been provided as a template and is recommended to be

adapted to suit your local context and issues. For example, you may want to include specific questions regarding rumours or misinformation heard, assess the reach of the rumour.

2. **Key Messages Grid:** A key messages grid has been developed to support you in the development of various products, using simple messages that are aligned to the current global evidence on COVID-19. It is strongly recommended that you consider and conduct a consultation with other partners when developing a 'tagline' for the new normal. The term 'new normal' could be adapted to suit your local context and cultural references. *Refer to Annex 3.*
3. **Short practical guidance for sectors:** Short practical guidance has been developed for various sectors, but in using these it is recommended that they are used as the basis for consultation with relevant stakeholders to tailor them to the local context. *Refer to Annex 4- 16, sector practical guidance sheets.*
4. **Community Pandemic Planning Tool:** For local community preparedness, it is important that localized solutions are considered in the preparation for COVID-19. *This tool is currently under development and will be released imminently.*

## Suggested approaches to empowering different audience groups and monitoring impact

To support you in undertaking a shift in your RCCE plans, below provides a high-level overview of intended objective, example activities and indicators for various target audiences. Under the ‘new normal’, everyone, everywhere will have to adapt and make changes and the following table provides an overview of the intended change and suggested approach to making this shift. For some sectors, the [practical COVID health guidance sheets](#) have been developed to support the communication of what these changes.

It is suggested that audiences and activities are reviewed, prioritized and contextualized to suit your national context and need.

### Audience: Individuals

Objective of RCCE	Example activities	Example indicators
<p>Individuals are empowered and see that their actions are both part of their individual and collective responsibility to society, especially the most vulnerable. As part of this, they:</p> <ul style="list-style-type: none"> <li>● Are engaged to take an active role in their health and in the decisions impacting their health, which includes personal health behaviours, health interventions and policies</li> <li>● Understand that the risk remains and therefore continue to carry out key protective measures and help those they are responsible for to do the same</li> <li>● Understand that restrictions may be lifted and reinstated periodically over time and adapt accordingly, and feel resilient in the face of further possible restrictions ahead</li> <li>● Increasingly recognize the need to identify, engage and empower marginalised communities</li> <li>● Are better able to identify misinformation and turn more often to trusted communication channels such</li> </ul>	<p>Conduct targeted community outreach to high vulnerability households, to best understand their needs and vulnerabilities and provide appropriate resources.</p> <p>Disseminate information via various communication channels, with specific information about individual roles and requirements during the new normal period.</p> <p>Implement monitoring and evaluation tools to actively listen to individual voices and adjust RCCE strategies and activities based upon feedback.</p> <p>Provide targeted information via existing services and partner networks, for example information for persons with comorbidities via NCD clinics</p> <p>Radio programs utilised for talk-back style discussions on the importance of personal hygiene, etc.</p>	<p>Number TV spots broadcasted/ Radio spots used/Newspaper reports/Advertisement spots</p> <p>Gauge the overall attitude via social media monitoring</p> <p>How many people take part in a specific training</p> <p>Levels of awareness of people who you are targeting</p> <p>Qualitative and quantitative data from monitoring and evaluation activities</p> <p>Rumour tracker</p> <p>Number of rumours addressed</p> <p>Reduction of inquiries on misinformation</p>

<p>as the Ministry of Health, WHO or other credible sources</p> <ul style="list-style-type: none"> <li>● Appreciate health and other essential workers</li> <li>● Have a greater understanding and appreciation for mental health and wellbeing and incorporate positive coping mechanisms, especially in dealing with uncertainty and unexpected developments in their lives.</li> </ul>		
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**Audiences: Rural/remote communities with strong community structures**

<b>Objective of RCCE</b>	<b>Example activities</b>	<b>Example indicators</b>
<p>Communities in remote or rural areas, with potentially limited access to health services and more vulnerable if cases are detected, are empowered to:</p> <ul style="list-style-type: none"> <li>● Identify localized solutions on how they would manage cases in the community e.g. community isolation centres</li> <li>● Identify localized solutions for ensuring the continuation of critical resources and services, should the community undergo no-travel bans</li> <li>● Establish localized plans for if cases are detected within their community and surroundings; including various measures for different situations</li> <li>● Ensure that there are still clear care pathways for those who need continued medical care and other essential services, like routine medical treatment, mental health services, gender-based violence and other.</li> </ul>	<p>Conduct community outreach activities and support localised planning activities with community leaders, based upon scenarios of no cases, few cases and widespread community transmission.</p> <p>Provide technical and resource support to CSOs to engage directly with communities, linking them with essential services, including MHPSS services and other.</p>	<p>Number of communities who have established community COVID prevention and response plans</p> <p>Feedback from communities on barriers and needs identified</p> <p>Number of community outreach activities undertaken</p>

**Audience: Vulnerable groups (Including: People with Disabilities, LGBTIQ+, Residential facilities, Migrant population)**

Objective of RCCE	Example activities	Example indicators
<p>Members of vulnerable and marginalized groups are empowered and involved in the process to see their needs met in the response. They have been equipped to identify solutions and carry out locally-appropriate adaptations of the key protective measures with the support of local, regional or national governments or partners as needed.</p> <p>Leaders of residential facilities (such as dormitories, assisted-living facilities and detention centres) understand the increased risk of this kind of communal living situation and act appropriately to protect the people under their care.</p>	<p>Public campaigns and information made available in sign language and accessible means, including accessible digital technology, captioning, relay services, text messages, easy-to-read and plain language.</p> <p>Provide targeted practical health guidance to vulnerable groups, via appropriate means, that enables to understand COVID risks and ways to mitigate these risks.</p> <p>During community outreach and other RCCE activities, link vulnerable groups with existing social services to support their various needs - health needs and other.</p> <p>Provide specific hotlines (where feasible) to answer questions and provide information tailored to people’s vulnerabilities.</p> <p>Consider alternative ways to gather feedback, such as partnering with organizations that already work with vulnerable people to understand their challenges and needs.</p> <p>Governments and authorities responsible for people in detention or related facilities trained on the importance of promoting health literacy and health information accompanied by access to health care services in line with human rights norms, for the safety of all detainees, staff working at the facilities and the wider population.</p>	<p>Number of communications products</p> <p>Number of residential facilities with communications material highlighting risks and mitigation measures</p>

Audience: Local government leaders		
Objective of RCCE	Example activities	Example indicators
<p>Local government leaders communicate clearly and empathetically, highlighting the need for continued action across the whole of society.</p> <p>As part of this, they:</p> <ul style="list-style-type: none"> <li>● Advocate for the continuation of the key protective measures</li> <li>● Are ready to alert the population if there are signs that their local government area is moving towards large-scale community transmission</li> <li>● Are prepared to communicate about the rollout of any vaccine or treatment, including any adverse events</li> <li>● Inspire residents to work together to build a new, better, more sustainable way of life.</li> </ul>	<p>Engage local government leaders in planning and response workshops and involve them in localized decision-making for new normal roll out and sharing of messages</p> <p>Engage with citizen advisory groups to involve them in localised planning and sharing of messages</p>	<p>Number of local leaders trained/participated in workshops</p> <p>Number of local leaders who actively engaged in meetings /discussions</p> <p>Number of leaders who can communicate on COVID-19 basic facts (through survey or tests)</p>
Audience: Business sector		
Objective of RCCE	Example activities	Example indicators
<p>Business leaders understand that it is not a choice between health and the economy and that they will be more successful if their workers and customers are safe and healthy.</p> <p>They are therefore actively engaged in identifying new ways of working and proposing innovations.</p>	<p>Consult, develop and publish sector-specific guidance, in coordination with various sector representatives</p> <p>Organize hackathons or innovation workshops to generate new ideas and solutions to barriers or challenges or various businesses or sectors</p>	<p>Number of business leaders engaged with</p> <p>Sample quantitative survey of number of businesses/other sectors who have adopted measures</p> <p>Number of innovative approaches taken by various sectors or industries to adapt to the new normal</p>

### Audience: Agricultural and fisheries

Objective of RCCE	Example activities	Example indicators
<p>As people who are essential workers, agricultural and fishery operators need targeted advice on appropriate behaviours for their respective operations.</p> <p>Consultation and listening mechanisms are in place to collect feedback from the workers, gain their cooperation, respond to their information needs and barriers and support their wellbeing.</p>	<p>Meet with Ministry of Fisheries and commercial operators, professionals, extension officers and community-based fisheries management officers.</p> <p>Coordinate COVID-19 RCCE activities with agriculture and fisheries partners to ensure consistency of messages.</p> <p>Involve and empower extension officers and community-based fisheries management officers in COVID-19 communication through:</p> <ul style="list-style-type: none"> <li>• Information sessions and IEC materials provided to them and/or produced or revised with them for dissemination to fisheries communities.</li> <li>• Listening/consultation and reporting mechanism: fisheries extension or community-based officers report to the MoH any feedback, needs, barriers, rumours or misinformation collected from fisheries communities on a regular basis. The response is then organized by the MOH in collaboration with them.</li> </ul>	<p>Number of consultation meetings with fisheries and commercial operators</p> <p>Number of feedback reports received, and misinformation or concerns addressed</p> <p>Observations from fisheries officers on the practice of key preventive behaviours in the community</p>

### Audience: Tourism

Objective of RCCE	Example activities	Example indicators
<p>Tourism offices collaborate with tourism industry leaders (e.g. hotels, vacation and car rental companies, excursion companies, etc.) to provide accurate and consistent messaging to incoming travellers and tourists.</p> <p>As part of this, they:</p>	<p>Consult, develop and publish sector-specific guidance, in coordination with tourism operators (small and large scale)</p> <p>Organize hackathons or innovation workshops to generate new ideas and solutions to barriers or challenges for tourism operators</p>	<p>Number of guidance for tourism</p> <p>Sample quantitative survey of number of tourism operations who have adopted measures</p>

<ul style="list-style-type: none"> <li>• Ensure incoming travellers/tourists are aware of the rules around COVID-19 preventive measures and any legal consequences that may apply</li> <li>• Establish and enforce preventive measures so there are fewer cases from travellers and borders can remain open</li> <li>• Ease fear among residents of travel-related cases by demonstrating a strong sense of responsibility and concern for their well-being.</li> </ul>		<p>Number of hotels/tourist destinations with up-to-date COVID-19 information</p>
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**Audience: Religious leaders**

<b>Objective of RCCE</b>	<b>Example activities</b>	<b>Example indicators</b>
<p>Religious leaders step up and deepen their engagement in the response.</p> <p>Not only do they take steps to help their congregations practice their faiths and live their day to day lives safely, they also act to help vulnerable and marginalized members of the community.</p>	<p>Work directly or indirectly with religious groups to offer guidance on simple steps to prevent COVID-19.</p> <p>Ask leaders to promote helpful information, reduce fear and stigma, and provide reassurance to people in their communities.</p>	<p>Number of religious gatherings moved to virtual format</p> <p>Number of church leader meetings/engagement occurred</p>

**Audience: Health workers**

<b>Objective of RCCE</b>	<b>Example activities</b>	<b>Example indicators</b>
<p>Health workers feel supported and proud of the role they play in the response to COVID-19.</p> <p>They carry out the correct procedures for infection prevention and control. They also develop new coping mechanisms and know how to call on additional mental health and psychosocial support, if needed.</p>	<p>Workshops/trainings</p> <p>Development of communication products specifically targeting health workers</p> <p>Clear communication with health workers on existing services, including MHPSS services available to staff</p>	<p>Number of health care providers trained</p> <p>Number of health workers that seek MHPSS support</p>

### Audience: Schools

Objective of RCCE	Example activities	Example indicators
<p>School administration, teachers, parents and students are empowered to ensure:</p> <ul style="list-style-type: none"> <li>Schools are trusted as safe spaces for children to continue education</li> <li>Continuation of key individual and collective protective behaviours against COVID-19 during school hours</li> <li>Greater understanding and appreciation for mental health and wellbeing and incorporate positive coping mechanisms, especially in dealing with uncertainty and unexpected developments in their lives.</li> </ul>	<p>Guidelines on 'new normal' for schools.</p> <p>Fortnightly discussion in each class on preventive behaviours by teachers.</p> <p>Art / Poster competition for students and exhibition for parents.</p> <p>Song and Music competition for older / adolescent students.</p> <p>IEC materials (posters / banners) that can be displayed at school entrance, hand washing places, etc.</p> <p>Simple 'tick-mark' leaflet from school to parents highlighting provisions in the school to protect their children against COVID-19.</p> <p>Monthly assessment of students' wellbeing in each class using a simple 'smiley' checklist.</p> <p>School health programs to share correct information on COVID-19 and address misconceptions and rumours.</p> <p>Quarterly dialogue / meeting of school administration with local elected representatives, religious leaders, youth and women leaders, etc.</p>	<p>Availability of IEC materials in each school</p> <p>Awareness levels of parents on the protective / preventive measures put in place in their children's school</p> <p>Increase in student awareness and adoption of preventative behaviours</p> <p>Sample quantitative survey of number of schools/educational institutes who have adopted measures</p>

### Audience: Universities

Objective of RCCE	Example activities	Example indicators
<p>Ensure that University students receive essential information and messages to prevent and respond to COVID-19.</p> <p>Motivate youth to participate in risk communication and community engagement for awareness and information sharing, combating misinformation, addressing stigma, strengthening social cohesion.</p>	<p>Understand information needs and knowledge gaps of young people and how they can inform, co-design and support action, preparedness and response through rapid assessments.</p> <p>Design and provide accurate, accessible, gender and age-appropriate information in a language young people can easily understand on 1) the risks of the virus, 2) how they can protect themselves, their families and communities and 3) how they can take safe and meaningful action, e.g. by designing and launching campaigns on reducing stigma, promoting handwashing, combatting misinformation and supporting social cohesion (online and offline).</p> <p>Connect with appropriate mass, local, and digital communication channels and platforms that are used by young people (radio, TV, social media, U-Report, Internet of Good Things, etc.) to mobilize them to help and provide space for adolescents to participate in the COVID-19 response.</p>	<p>Number of young girls and boys who participate in programmes for COVID-19 preparedness, response and resilience building interventions</p> <p>Number of misinformation messages addressed by young people directly</p> <p>Percentage young girls and boys with positive attitude for preventive behaviours</p>

### Audience: Media

Objective of RCCE	Example activities	Example indicators
<p>Media houses and professionals support RCCE interventions to ensure continuation of key individual and collective protective behaviours against COVID-19 as part of the 'new normal', and mitigate misinformation and rumours.</p> <p>Support an environment of social cohesion and solidarity.</p>	<p>Advocacy meetings with owners and editors of prominent media houses.</p> <p>Capacity strengthening workshops with leading journalists and media professionals.</p> <p>Integration of COVID preventive behaviour related messaging in regular programming.</p>	<p>Number of media houses commit to promotion of 'new normal'</p> <p>Number of best practices and COVID champions covered by media channels voluntarily</p>

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<p>Promote best practices and recognise COVID Champions in media coverage.</p> <p>Organize dedicated call-in programs to gather community voices and address key concerns.</p> <p>Address social stigma associated with COVID in regular programs, including news.</p>	<p>Number of rumours / misinformation addressed by media channels within 12 hours</p>
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