INVISIBLE BUT NOT FORGOTTEN

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT WITH YOUNG PEOPLE LEFT BEHIND DURING COVID-19

TECHNICAL BRIEF
BACKGROUND AND RATIONALE

Engaging young people during the COVID-19 health emergency and involving them effectively in risk communication efforts is a critical part of the United Nations’ and the United Nations Population Fund’s (UNFPA’s) COVID-19 global response plan.1 Failure to connect and communicate well with young people during this pandemic will affect their ability to protect themselves, their loved ones and their communities, and can erode their trust in health-care and other institutions.

It is always complex to provide reliable and timely multidirectional risk communication during a health emergency; however, COVID-19 presents particular challenges. The required social distancing, widespread lockdown measures and school closures all over the world call for new and innovative ways of effectively communicating with young people. Gender, class, age, race, ethnicity, income level, marital status, mobility and geography all determine the level of access to basic health information and services during the COVID-19 pandemic. As critical activities and institutions move online in response to the pandemic, digitally connected young people are relatively better positioned to adapt and respond.

However, young people living in poverty or isolated, hard-to-reach communities, or experiencing various forms of marginalization, still face major access and connectivity challenges. Many live virtually “off the grid”, outside the reach of electricity and the Internet, and far from service delivery points. In addition, mitigation measures, such as frequent handwashing, physical distancing and stay-at-home orders, may be more difficult or impossible for them to adhere to.

Effective risk communication and community engagement (RCCE) strategies for these populations of young people require specific interventions and strategies relevant to their contexts that do not depend solely on Internet or cellular services or require high levels of literacy. The objective remains to improve young people’s knowledge, attitudes, and/or behaviours, including increasing their risk perception, reinforcing positive behaviours, influencing social norms and empowering them to change and improve their well-being and resilience. Messages must be inclusive and transmitted through multiple media options, including radio, visual guides and community mobilization, in a diversity of languages, using accessible formats and technologies. Programmes need to reach all young people, regardless of their background and context, to ensure that they have the information, tools and support systems they need to make informed decisions that will have a direct impact on the health and safety of their communities and the progression of this pandemic globally.

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1 Risk communication and community engagement, and youth engagement, are accelerators in UNFPA’s COVID-19 Global Response Plan (March 2020).
THREE STRATEGIES TO REACH YOUNG PEOPLE LEFT BEHIND AND THEIR COMMUNITIES

This document is organised around three sets of strategies, with a list of practical resources for each set.

1 → **Know young people and their experience.**
See, understand and listen to the diverse young people left behind.

2 → **Spread the message (not the virus).**
Share information, clarify misinformation and engage young people.

3 → **Intensify support systems.**
Be inclusive, complement information with services and build social support.

This resource pack has been developed to provide practical guidance on engaging young people in RCCE related to COVID-19. Although it has been designed with UNFPA country offices and their partners in mind, it can be utilized by any organization working with young people. The recommendations reimagine RCCE in the context of physical distancing and containment, and leverage community-based approaches to effectively and ethically reach marginalised young people. This document draws upon the extensive work on RCCE in emergencies developed by many stakeholders within and outside the United Nations system.
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KNOW THE YOUNG PEOPLE AND THEIR EXPERIENCE

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Identifying subgroups of young people in need of contextually relevant messaging, formats and platforms increases the likelihood of reaching and appealing to them. The subgroups listed below are illustrative, non-exhaustive and not mutually exclusive. In other words, your context may have young people with other identities and multiple identities at once.

- Young people living in low-resource settings and/or remote, rural communities (particularly adolescent girls and young women).
- Young people with low levels of literacy.
- Young people with limited or no access to Internet and cellular services.
- Young people living with disabilities.
- Married girls.
- Young people who are indigenous and of African descent.
- Young people who identify as lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI).
- Young migrants, young people who have been internally displaced or refugees.
- Young people in detention, experiencing homelessness or living in shelters.
Collating existing information and/or conducting rapid qualitative (including data disaggregated by sex and age and a subanalysis of data of existing socioeconomic assessments) and/or quantitative assessments can help understand the realities of young people living in a number of settings under the current pandemic, particularly those left behind.

**Resources**

- The World Health Organization (WHO), the United Nations Children’s Fund (UNICEF) and the International Federation of Red Cross and Red Crescent Societies (IFRC) have published RCCE Action Plan Guidance for COVID-19 Preparedness and Response (March 2020).
- Viamo is a platform that supports nationwide mobile phone surveys using interactive voice response (IVR).
- Gender and Adolescence: Global Evidence published “Exploring adolescents’ experiences and priorities in Ethiopia under COVID-19”, which is a good example of a qualitative study conducted by phone yielding relevant and actionable insights (April 2020).
- Translators without Borders focused on the importance of languages in RCCE in their publication Do You Speak COVID-19? The Importance of Language for Effective Communication across the Response (March 2020).
- GeoPoll is conducting online and mobile surveys on perceptions of risk and the impacts of COVID-19 across various countries in sub-Saharan Africa.

**Do:**

Use available local resources to quickly map out young people’s communication patterns and channels, and consider their vocabulary and preferred languages and beliefs.

Examine how their communities are organized, who their influencers are and the state of critical services, including health, education, social protection and nutrition.

Analyse and assess the situation, ideally together with young people themselves.

**Consider:**

Identifying context-relevant channels of communication, for example community leaders and community councils.

Using mobile phone surveys, including the use of interactive voice response (IVR), to assess young people’s knowledge, attitudes and practices.

Access to mobile devices or smartphones, Internet/app savviness, ownership of devices and/or connectivity by caregivers or by young people themselves.

The digital divide as well as uneven access to devices and the Internet, based on age, gender and other social factors. Boys and young men are more likely than girls and young women to have access to devices and the Internet, for example.

Identify relevant context-relevant channels of communication, for example community leaders and community councils.

Using mobile phone surveys, including the use of interactive voice response (IVR), to assess young people’s knowledge, attitudes and practices.

Access to mobile devices or smartphones, Internet/app savviness, ownership of devices and/or connectivity by caregivers or by young people themselves.

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KEEP COMMUNICATIONS CHANNELS OPEN

Keeping communication channels open during times of physical distancing and the pause in active social life is important for all areas of UNFPA's work, but it is particularly critical for youth engagement. Young people rely on school, community and leisure settings, not only for learning but also for social interaction and their development. With widespread lockdowns, it is important that programmes stay connected to the young people they serve and provide an avenue for them to express their concerns, anxieties and ideas of how to support each other in the fight against the virus.

DO:

Maintain communication with hard-to-reach young people, particularly while social distancing measures are in place, through a multitude of platforms and channels – for example, community leaders and volunteers where they are still active, community services, loudspeakers, radio, television, messaging services and social media.

CONSIDER:

Creating intentional space to listen to the concerns and needs of adolescents and young people, and co-determining what is feasible to act on. Establishing/using safe spaces for only adolescent girls or young women to address their particular needs.

Setting up a feedback mechanism with young people to increase the accountability and quality of the programmes and services they use.

Supporting solutions that minimize mobile data usage and related costs, and making sure that content is produced in a low-resolution format.

Allocating resources for mobile data to be provided to young people in your networks.

Leveraging existing communication channels at the community level, for example house-to-house flyer delivery and interactive radio programmes that young people can call and ask questions. Ask young people to provide comments on the format of radio shows and overall feedback on the type of communication that will effectively reach a young audience.
SPREAD THE MESSAGE (NOT THE VIRUS!)

United Nations Population Fund Namibia

Ensuring rights and choices for all
Accurate information on COVID-19 – on prevention, symptoms, testing and treatment – is a critical component in the fight against COVID-19. How the message is conveyed matters nearly as much. Earlier outbreaks (SARS, Ebola) have shown that uptake of risk prevention recommendations has been highest when messages were delivered by trusted intermediaries and based on shared values and trust. These mediators can be community leaders, traditional and faith leaders, and trusted people in the media, education or work establishments.²

**DO:**

Spread the word about the COVID-19 pandemic and how it could affect and have an impact on young people, stressing the importance of intergenerational solidarity and gender responsiveness, and how young people can take action to contain the spread of the virus and support others in need.

Identify who is trusted and has legitimacy in the community and with young people, as these people will be crucial in making knowledge actionable.

**CONSIDER:**

**Contextualizing RCCE for young people**, taking into account the way their community is organized and the indigenous health system in the case of indigenous communities; promoting dialogue with their representatives in their local language; and including young people, along with elders and women, in decisions that may affect them. For example, consider the role of town criers in some indigenous communities and the consultation assemblies for disseminating messages to the entire community through local leaders.

Partnering with **local and community radios** is a great way to close a community feedback loop and provide answers to common questions. Such formats can facilitate collecting questions and feedback on topics, providing interactive spaces for young people and hosting an expert who will be able to provide direct practical answers to address the concerns of young people.

Supporting **hotlines** for personalized accurate information, ideally pre-existing ones that community members are already aware of. Apart from sharing COVID-19 knowledge, hotlines can provide information for gender-based violence (GBV) referrals and psychosocial support to young people identifying as LGBTQI. They can be operated by young people who have been trained in how to respond to requests.

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Try to ensure that the people answering calls speak the right local languages and dialects so that they will be able to communicate clearly with the community members. Make sure you properly assess the time it will take to set up a hotline and the multiple technological, language and training requirements involved in setting up a functioning service.

Working with services still being accessed by young people, such as bus, taxi and combi drivers, market vendors, pharmacies and health facilities, to disseminate information while maintaining physical distance. In areas of higher literacy, local language posters or wall paintings/messages with key preventive messages can be displayed.

Using loudspeakers or megaphones if available, which could be put in places near homes, allowing messages about handwashing and social distancing to be passed on to the community at certain times of the day, without people having to leave their homes. Vehicles equipped with loudspeakers and signboards can move through communities sharing messages.

Young people can be partners in operating the loudspeakers and/or megaphones if equipped with the right information.

Using places of worship to get information out. Work with religious leaders and faith-based youth groups, if possible, to make sure that the information they are distributing is accurate and youth responsive.

Using SMS messaging and alerts that do not require the Internet. You can provide real-time updates and relevant information on a variety of health and safety topics through short and relevant text messages. Partnering with companies providing text messaging services could reduce costs as part of their corporate social responsibility initiatives.

→ IFRC’s “Guidance for national societies on safe and remote risk communication and community engagement during COVID-19” (April 2020) provides hands-on tips for practitioners.

→ WHO, UNICEF and the IFRC issued a leaflet to distribute to community members as well as leaders, to enlist them in the prevention of the spread of COVID-19 – “How your community can prevent the spread of COVID-19”.

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CLARIFY

PROMOTE ACCURATE INFORMATION AND MANAGE MISINFORMATION

With so many sources of information at young people’s fingertips, it is critical that they know where to go for the most accurate, reliable and up-to-date information. Given the novelty of the virus, scientists are still discovering its various characteristics. The overabundance of information and questions circulating in traditional media and social media has contributed to an “infodemic”, which can make it hard for young people to assess risks, and know the preventive measures they need to take, and when and where to seek care.

DO:

- Be a reliable resource for timely and credible information, disseminating accurate and youth responsive information in line with WHO-approved guidance.
- Focus your communication on the spread of the virus, the risks associated with contracting it and why young people should comply with the recommendations, even if their relative risk of developing a serious illness from the virus is low.
- Manage the spread of misinformation.
- Avoid making assumptions about what young people need to know or how best to communicate with them by consulting with young people themselves.
- Avoid generalisations even if working, even if working within a familiar context or country.

RESOURCES

- Use the WHO/UNICEF/UNESCO/UNFPA Q&A for adolescents and young people related to COVID-19.
- SMS Biz Mozambique created a quiz on myths and rumours about COVID-19.
- UNFPA, Prezi and youth partners’ #YouthAgainstCOVID19 campaign script “Episode 3: sex, sexual health and COVID-19”, which provides information about and tips for self-care, safe sex and protection during confinement.
- UNICEF’s HealthBuddy is a tool, modelled on the U-Report chatbot, to tackle COVID-19 misinformation and myths in Europe and Central Asia.
- Internews is working with Translators without Borders and Standby Task Force to collect and analyse rumours and misinformation related to the COVID-19 outbreak. Access the Internews rumour tracker methodology and the regular COVID-19 social media rumour bulletin for more information.
- UNESCO’s brief DISINFODEMIC on COVID-19 provides key elements to consider to prevent and manage misinformation.
Stating uncertainty clearly in communicating with young people. Do not over- or under-reassure, and lay out risks and potential consequences clearly in an understandable way. Providing numbers, facts and context, in a simple, age-appropriate and timely way, can help bolster trust.

Developing frequently asked questions or a question & answer (Q&A) on COVID-19, targeting adolescents and young people. A global version of a Q&A on COVID-19 for adolescents is available and can be adapted to the local context and age group.

Providing specific information to subgroups of adolescents and young people that may be at higher risk — such as young people living with HIV, young migrants, young people living in detention, young people living in refugee camp settings and young people living with disabilities, using appropriate communication channels and languages.

Addressing young people’s concerns about sex during the COVID-19 pandemic in a non-judgmental, factual and accurate way. The campaign #YouthAgainstStCOVID19 has developed a script on sex and COVID-19 that can be adapted to your context (see the resources section).

Following or participating transparently in community discussions, to better understand what questions and knowledge gaps appear. Use this information to strategically counter myths.

Identifying authoritative spokespersons in the community who may be deployed to counter the spread of damaging or incorrect information as soon as rumours appear.
Many young people are at the forefront of helping to promote key information and addressing the COVID-19-related needs of the most vulnerable in their communities, including people with disabilities, migrants, older people, refugees, and those living in slums and informal settlements. When mobilized, young people can connect communities and raise spirits at a time of separation through innovative ideas and social media platforms, which strengthens the response. It is important to recognize that, for certain young people, it will be easy to actively engage themselves, while others, in particular marginalized young people, may need dedicated support to ensure their participation in community activities.

**SUPPORT YOUNG PEOPLE IN BEING A POSITIVE FORCE IN THEIR COMMUNITIES.**

**DO:**

Support COVID-19 discussion/action/support groups led by young people. Such groups can be built upon pre-existing structures, such as community youth groups, faith-based groups, health committees, sports clubs, school management committees and safe spaces.

**CONSIDER:**

Cultivating meaningful relationships with youth groups and youth opinion leaders. These relationships allow the effective, consistent and timely sharing of information on young people’s needs and ensure that two-way communication is ongoing.

Encouraging youth groups to share feedback and concerns that they receive from their networks, and ensuring that these are recorded and acted upon if possible. Ask young people about their opinion on the appropriateness of the tools and information deployed.
Supporting young people in establishing a **cascading communication model**, to share key messages with their families and wider community, in their local areas and back in their home villages – particularly with women and older people – to help widen the reach beyond the immediate audience.

Helping young leaders with **simple measures to encourage physical distancing** in public places, such as marking (e.g. with paint or chalk) properly spaced waiting lines at handwashing stations, and in health-facility waiting rooms, markets and other areas.

Providing **instructions and resources** to establish handwashing stations with soap and water where communities meet (for example boreholes, markets). Prioritize local solutions that promote local ownership.

Budgeting for **support-activity costs**, including transport, printing, handwashing stations and Internet/phone credit for youth groups.

Consider supporting savings groups and **targeted cash transfers** for young women at special risk of additional burdens due to COVID-19.
INTENSIFY SUPPORT SYSTEMS
Socially vulnerable young people, namely indigenous people, those of African descent, slum residents, refugees, prisoners, migrants and internally displaced persons, detainees and people living with disabilities, are often unable to adhere to physical distancing measures because of circumstances beyond their control and therefore face greater risk. Young people living with HIV who seek help may no longer be able to find ways to leave home to obtain treatment confidentially, which can have long-term and life-threatening impacts. Adolescent girls and young women can be at greater risk of sexual and gender-based violence, early and unintended pregnancies, and harmful practices such as child marriage and female genital mutilation, because of the breakdown in support systems and increase in family economic pressures. Young people whose living depends on transactional sex may accept greater risks to offset their loss of income.  

Promote respect for the human rights of socially vulnerable young people (for example indigenous young people and young people living in refugee camps) who may be affected by COVID-19 by providing context-relevant actions responding to their specific needs. Integrate a gender approach tackling how the pandemic is deepening pre-existing inequalities, and exposing vulnerabilities in social, political and economic systems, which are in turn amplifying the impacts of the pandemic, particularly for adolescent girls and young women.


CONSIDER:

Supporting **responsive initiatives that tackle pre-existing inequalities** affecting young people of African descent and indigenous young people and address their immediate and strategic needs.  

Disseminating **culturally relevant information** about COVID-19 to indigenous young people and those of African descent. For example, communicating in indigenous languages, using music and other approachable channels that appeal to their community sense of health and well-being.

Encouraging the **use of a human rights and gender-responsive approach** to protect the rights of young people in detention, migrants, refugees or people living in shelters, and the adoption of special measures to ensure access to information and equality in preventive care and health care related to COVID-19.

Ensuring **accessibility of information for young people with disabilities** during the COVID-19 response and recovery, including through partnerships that can support communications for young people with disabilities, in sign language and other inclusive means.

Supporting **GBV prevention messaging and promoting a change in social norms** that sustain harmful practices for adolescent girls and young women, such as child marriage and female genital mutilation.

Starting dialogues to **address the immediate economic and social constraints** for vulnerable young people and the need for public investments in education, employment, health and social protection during the recovery phase.

Using creativity and existing **resources available** to guarantee the right to information and participation for vulnerable young people, for example making posters and supporting community members in need.

Promoting **gender equality with men and boys** by promoting positive masculinity and male engagement in work, care and fatherhood, as well as joint responsibility for domestic chores and for preventing violence. Use simple examples of actions that men and boys can do during quarantine to lessen the domestic work for women and girls.

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5 UNFPA Latin America and the Caribbean Technical Briefs on COVID-19 implications for indigenous people and people of African descent.


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UNFPA Guatemala has adapted the #YouthAgainstCOVID19 Campaign to reach the most left behind living in low-income and off-line settings by engaging with indigenous and rural youth leaders, as well as young people with disabilities overcoming the challenges of lack of internet and technology.

UNFPA Latin America and the Caribbean Regional Office has developed technical briefs on the implications of COVID-19 for the Afro-descendant population as well as for indigenous people to provide guidance on measures to be taken during the pandemic.

The Office of the United Nations High Commissioner for Refugees (UNHCR) issued a guidance note on connectivity for refugees during the COVID-19 pandemic to support persons of concern’s digital access and inclusion, to facilitate UNHCR’s RCCE.

UNHCR has published Age, Gender and Diversity Considerations – COVID-19 (March 2020).


The United Nations has issued COVID-19 and Human Rights: We Are All in this Together (April 2020).
Even though staff at health facilities (or in other critical roles) are very busy during the pandemic, they can still play an important role in ensuring that young people have access to high-quality information and the ability to raise concerns and questions.

**DO:**

Brief frontline health teams on the basics of good interpersonal communication and make sure that they have access to accurate, up-to-date adolescent- and youth-friendly information that they can pass on to young people.

Ensure health-care workers are provided with personal protective equipment and the skills to maintain their own safety while interacting with people at the community level.

**CONSIDER:**

Supporting the continuation of comprehensive adolescent- and youth-responsive sexual and reproductive health services (for example contraception, HIV testing, counselling and treatment, maternity care), including through phone, SMS and chat-based helplines and consultations.

Supporting the development of information systems for teleconsultation targeting young people (WHO).

Exploring alternative, non-facility-based modes of service delivery, such as the use of mobile services, self-care methods and pharmacies, that do not require clinical examinations.

Discouraging audio or video messaging at health facilities, as this is likely to encourage people to gather in larger groups. Opt for the use of posters – regularly updated with the latest information and advice – at these locations instead. Information that is hand-written on a whiteboard or flip-pad can be equally useful.

Providing practical and emotional support through informal networks and health professionals to young people.

Supporting age-responsive actions in GBV prevention and response, including messaging on age-specific elevated risks, such as dating violence, and ensuring the safety of girls in shelters or other institutions.

**RESOURCES**

→ The IASC Interim Guidance Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings outlines how key public health and social measures needed to reduce the risk of COVID-19 spread, and how the impact of the disease can be adapted for use in low capacity and humanitarian settings (May 2020).

→ WHO, IFRC and UNICEF have issued interim guidance on community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic, which includes a section on children and adolescents.

→ WHO also issued a COVID-19 risk communication package for health-care facilities.

→ CARE provides some guidance on setting up savings group risk mitigation, support and engagement in relation to COVID-19.

→ See also the Social Science in Humanitarian Action physical distancing measures for COVID-19 brief.

→ UNFPA Sierra Leone has partnered with Africell to disseminate sexual and reproductive health information via SMS during COVID-19.

→ A United Nations Volunteer at UNFPA Uganda is reimagining mobile health care during COVID-19.

→ The World Bank has published the brief "How countries are using edtech (including online learning, radio, television and texting) to support access to learning during COVID-19".  
Confusion and a lack of knowledge about this new virus serve as a breeding ground for stereotypes, prejudice and discrimination. In the United States and Europe, for example, people of Asian descent have been treated with suspicion and blamed for COVID-19, even though they are no more likely to spread the virus than the general population. As demonstrated by previous pandemics and humanitarian crises, marginalized groups face increased risks of experiencing xenophobia and stigmatization.

Reduce social stigma and promote social cohesion by directly addressing fears associated with those who may have or have had respiratory infections, people of Asian descent, those who have travelled, people who have been sick with the new coronavirus and people seeking health care in general.

Addressing the young people’s need for information and explanations, with correct information that is not based on assumptions that may affect others. Local radio, television and trust influencers such as community leaders can be effective partners for this endeavour.

Ensuring young people understand that, when talking about COVID-19, everyone’s choice of words matters. Certain words (i.e. suspect case, isolation) and language may have a negative meaning for people and fuel stigmatizing attitudes. The IFRC/UNICEF/WHO guide to preventing and addressing social stigma associated with the coronavirus pandemic provides a useful list of dos and don’ts to avoid increasing stigma and discrimination when talking about COVID-19, which can be used with young people (see resources section).

Sharing positive stories of people who have had the new coronavirus and recovered.

Promoting community dialogues and commitments about the importance of preventing misinformation and social stigma and promoting social cohesion can be critical to protecting people at community level. Young people can contribute, together with community leaders and other influential people, to disseminating respectful information and calling for a stop to the stigma associated with coronavirus.
This brief was written by Danielle Engel and José Roberto Luna (UNFPA) with review and contribution from Maja Hansen Renata Tallarico (Eastern and Southern Africa Regional Office) Soyoltuya Bayaraa, Satvika Chalasani, Purba Tyagi, Cécile Mazzacurati, and the Adolescents and Youth Team (UNFPA HQ).

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