



Food and Agriculture  
Organization of the  
United Nations

## Guidance note

# Risk communication and community engagement

Coronavirus disease 2019 (COVID-19) pandemic





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Coronavirus disease 2019 (COVID-19) pandemic

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# Abbreviations

<b>AAP</b>	Accountability to Affected Populations
<b>COVID-19</b>	Coronavirus disease 2019
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>GBV</b>	Gender-based violence
<b>IDPs</b>	Internally displaced persons
<b>IOM</b>	International Organization for Migration
<b>NGO</b>	Non-governmental organization
<b>PPE</b>	Personal protective equipment
<b>PSEA</b>	Protection from sexual exploitation and abuse
<b>RCCE</b>	Risk communication and community engagement
<b>SEA</b>	Sexual exploitation and abuse
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>WHO</b>	World Health Organization







# Overview

While coronavirus disease 2019 (COVID-19) is devastating lives, public health systems, livelihoods and economies across the world, populations living in food crisis contexts and those whose resilience has been eroded by previous crises are particularly exposed to its effects.

Globally, the COVID-19 pandemic is directly affecting livelihoods and food systems through impacts on food supply and demand, and indirectly through decreases in purchasing power, the capacity to produce and distribute food, and the intensification of care tasks, all of which will have differentiated impacts and will more strongly affect the poor and vulnerable. Similarly, and relatedly, there are also other possible indirect effects on existing tensions, conflict lines and marginalization of identity groups.

The Food and Agriculture Organization of the United Nations (FAO) developed this guidance note to support Pillar IV of the country-level activities foreseen in the framework of *FAO's component of the Global Humanitarian Response Plan for COVID-19: "Ensuring food supply chain actors are not at risk of COVID-19 transmission"* through risk communication and community engagement (RCCE), together with the World Health Organization (WHO) and national authorities.

In alignment with the Organization's commitments on Accountability to Affected Populations (AAP), this guidance note "*Risk communication and community engagement – Coronavirus disease 2019 (COVID-19) pandemic*" aims to support FAO country offices in designing and implementing inclusive and participatory RCCE initiatives.

# The importance of risk communication and community engagement (RCCE)

Information is a form of assistance in itself. Access to accurate information can allow people to make informed decisions to protect themselves and their families. Moreover, understanding drivers of behaviour (e.g. social norms and biases), and integrating that understanding into risk communication approaches can make information more likely to result in desired action. Accordingly, on COVID-19 it is critical to communicate with the public about what is known, what is unknown, what is being done by authorities, and what actions stakeholders themselves can take to reduce risks. Preparedness and response activities should be based on protection and related “do no harm” principles and conducted in a participatory, community-based manner that is informed by community feedback. Communication efforts must respond to stakeholder concerns as well as mis/disinformation (including rumors and false news) and behavioural factors (including social stigma, risk-promoting social norms and counterproductive decision contexts). Transparent and consistent messaging in local languages through preferred and trusted channels of communication can help address barriers to change. Furthermore, by using community-based networks, engaging key influencers and building capacities of local entities, communication can more effectively mitigate risks to more efficiently establish the authority and trust required to rapidly mount responses.

## Risk communication and community engagement (RCCE)

Risk communication and community engagement (RCCE) refers to the processes and approaches to systematically consult, engage and communicate with people and communities who are at risk, or whose practices or behaviour affect risk. The aim is to encourage, enable and include stakeholders in the prevention of and response to risks by adapting communication to local political, economic, social, cultural, psychological and other realities. In the case of COVID-19, RCCE enables authorities and communities to work together to promote healthy behaviour and reduce the risk of spreading infectious diseases.





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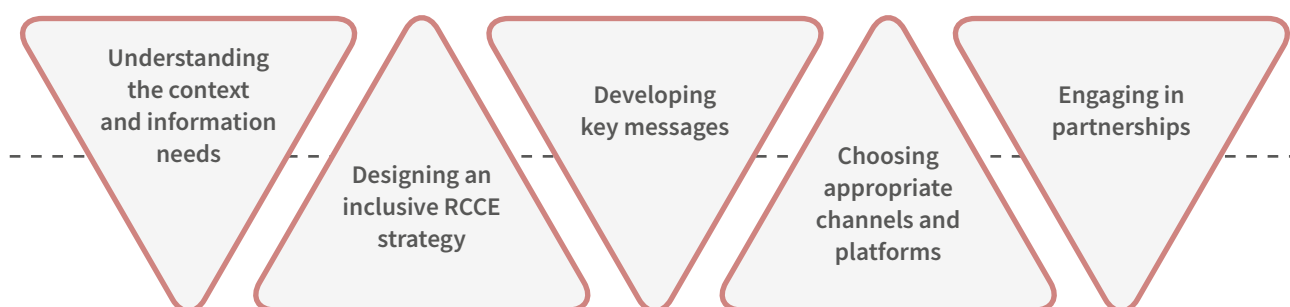
## Designing an effective RCCE strategy

Mass communication campaigns to inform at-risk or affected populations have been shown to play a critical role in reducing the spread of COVID-19. However, most of FAO's primary target beneficiaries are hard to reach by traditional mass media. Many live in rural and remote areas with limited access to essential health or media services. Therefore, urgent calls for local-level awareness and action around COVID-19 require campaigns that are adapted to the communication channels and methods most used by local communities. Moreover, to reduce the likelihood that the food supply chain does not become a vector of COVID-19, messaging must take into consideration the rural farming, fishing and pastoral contexts and communities being targeted.

An RCCE strategy must also target the wide range of secondary actors involved in the agriculture value chain such as transporters, wholesalers, retailers and consumers.

There are five building blocks to consider when designing an RCCE strategy as illustrated in Figure 1.

Figure 1. Five building blocks to consider when designing an RCCE strategy



FAO has an obligation to adopt communication strategies, which ensure that vulnerable members of rural communities are also targeted, including women, children, persons with disabilities, elderly people and migrant/displaced populations.

## Understanding the context and information needs

The first and most important step to designing and developing an effective RCCE strategy is to perform a context and stakeholder analysis.

Understanding the context includes characterizing the political, economic, environmental, social, cultural and psychological realities, which may influence a strategy aimed at reducing the spread of COVID-19. Mapping stakeholders entails identifying the diverse target audiences involved (particularly marginalized people or groups), understanding their needs and identifying barriers to change, so the strategy can be tailored appropriately. Finally, we need to systematically ensure that any RCCE initiative is conflict-sensitive, based on the “do no harm” principle, and does not create or contribute to divisions, disputes and conflict.

Marginalized people become even more vulnerable in emergencies. They lack access to effective surveillance and early warning systems, agricultural and food security support, health services, information and connectivity. Women, including pregnant and breastfeeding women, elderly people, children, youth, gender-based violence (GBV) survivors, people living with human immunodeficiency viruses, people with pre-existing medical conditions, persons with disabilities, indigenous peoples, refugees, internally displaced persons (IDPs), migrants and minorities experience the highest degree of socio-economic marginalization.

Therefore, understanding the context and information needs as well as preferred, trusted, culturally appropriate, protective and gender-sensitive communication channels of the population and its vulnerable sub-groups remains paramount. Moreover, understanding each group’s level of knowledge of COVID-19 and risk perception (i.e. level of concern) is critical to developing inclusive RCCE approaches that create an enabling environment in which people can protect themselves and others against the spread of COVID-19 and other specific problems that could emerge.

### Key actions

- Undertake a community mapping to understand the different stakeholders and influencers, religious, community leaders, teachers, role models, community volunteers, women and girls, adolescents, youth, persons with disabilities and/or persons with disabilities’ organizations, indigenous peoples and other vulnerable groups (elderly people, those with existing health problems, refugees, IDPs, migrants, etc.) and local networks/structures.
- Analyse and understand carefully the community’s culture, perception, history, economic condition, demographic trends, political and power structures, underlying conflict dynamics, social networks, customary rights, natural resources and land usage, traditions and values, socio-cultural norms and behaviours, beliefs, practices and needs, exploring opportunities through which to engage with communities and beneficiaries – ask communities and groups for their own solutions, rather than imposing ideas.



- Ensure we are using partners with appropriate personnel and adequate expertise to work with vulnerable groups. Appropriate risk assessments should also be conducted, as well as engagement strategies adapted to respond to particular protection considerations. For all communication strategies and materials we must ask: does it reflect the diversity of community groups (in terms of age, gender, disability, ethnicity, minority or other vulnerabilities and context)?
- Conduct rapid information, communication and accountability assessments in order to better understand and validate information on needs, preferred and trusted communication channels and available accountability mechanisms.
- Investigate barriers to change, including social norms, biases and counterproductive choice architecture (e.g. default decisions/ options that increase risks, lack of infrastructure/logistics to support the risk-adverse behaviour you are promoting, etc.). Explore how to apply scientific insights to facilitate the ability of risk communication to overcome these barriers (e.g. employing trusted messengers, leveraging emotion, ensuring concepts are salient, making new behaviours easier to implement by modifying choice architecture or environment through nudges, regulations or both).
- Ensure that risks associated with digital communication mechanisms are also assessed (including data confidentiality and perceptions that data could be used by conflict actors, including governments in certain cases).

In **Senegal** existing Dimitra clubs are using community radios to spread critical messages on COVID-19 prevention to people who are not reached by other forms of media. For in-person dissemination, partners will be provided with washing kits and individual personal protective equipment (PPE) (e.g. masks and gloves) so they can visit communities and demonstrate handwashing, raise awareness on physical distancing and preventative measures, provide information on the causes and symptoms of COVID-19 and what to do, and provide communities with kits potentially including soap, bleach, masks, etc. Collaboration with community radios, posters, SMS campaigns, etc. are contextualized for farmers, herders and other people who work along the food value chain. Social messages on health and safety are being developed and disseminated in collaboration with WHO, UN risk communication teams, governments and local communities. FAO is seeking to reduce transmission of the virus along the food value chain, from producers to consumers.

## Designing an inclusive and participatory RCCE strategy

### Key actions

- Engage with the widest possible range of groups within each community, as early as possible, as the overarching goal to prevent transmission of COVID-19 and related health and safety measures will need to be supported by all, even when they are disrupting the social and economic life.
- Where possible, take a multi-sectoral approach to communication strategy development by including risk communicators, COVID-19 technical experts as well as social/behavioural scientists.
- Ensure that representatives from all social groups participate in decision-making and have access to information.
- Adopt a multi-channel messaging strategy and flow with a clearly defined communication outcome/target behaviour through existing community communication structures.
- Identify the most appropriate communication channels taking into account the different preferences, various languages and literacy issues. Ensure varying levels of literacy within a community are catered for, and all messaging is available in a clear, visual format. This is particularly important for indigenous peoples, refugees, IDPs and migrant populations, who are more difficult to reach with information campaigns, due the legal, language and cultural barriers they face. Undocumented migrants, may fear detention or deportation or simply lack the basic means to access accurate information. It is therefore crucial in contexts where migrants and displaced persons are present, to circulate information material in multiple languages and dialects (depending on the country context) and ensure that IDP/refugee and migrant representatives are included in original community mapping, consultations, and dissemination strategies.
- Address cultural and gender sensitivities, as well as challenges deriving from illiteracy, limited phone coverage, lack of digital skills and/or technology, disabilities, stigmatization and discrimination.
- Provide behaviour-focused and forward-looking messages. However, still share information on risks, including the unknown, what is being done to find answers, what actions are being taken by health authorities, what at-risk people can do to prevent COVID-19 transmission, and which actions to take if they think they may have the disease.
- Test key messages through focus groups, surveys or pilot trials to ensure they are meaningful, timely, reliable, culturally appropriate, gender-sensitive, easy to understand (familiar languages), read across gender, age and diverse groups and are likely to lead to behaviour change/action. Find some examples of easy-to-read information about COVID-19.
- Detect misinformation, fears, myths, concerns, misconceptions, scapegoating, fake news and stigmatization associated with COVID-19. Respond to them regularly and consistently through trusted channels; subsequently, adapt response approaches to close the feedback loop.



- Identify and address rapidly the detrimental, unintended consequences of otherwise well-intended RCCE actions that may contribute to violence. Apologize quickly and in a non-confrontational manner for any communication errors, incorrect messages or other mistakes and correct them immediately.
- Ensure that safe, trusted and preferred ways, mutually agreed feedback and complaints mechanisms are in place. It may be appropriate to use the ones already established to collect the communities' feedback and complaints in relation with FAO's level of engagement. Decide how to receive and register feedback and complaints, agree on how to review and investigate them and what resolution options are satisfactory to all parties. It is important to understand that the most effective feedback mechanisms use multiple, two-way communications channels, adapted to the needs of particular groups in a particular context (e.g. social media platforms, face-to-face consultations, surveys, town hall meetings, public feedback boxes). Furthermore, feedback and complaint mechanisms should be made available before, during and after information/communication activities, to allow for follow up and adaptation of current and future information interventions, and ensure messaging is appropriately targeted, responsive and effective.
- Prioritize collective and coordinated community engagement interventions and activities at all levels, including novel approaches, based on community engagement standards, including through common service projects where appropriate, and create linkages with other initiatives. Regularly provide and update messages in-line with evolving instructions on COVID-19 from the Public Health Officers, WHO and local governments.
- Have systems and indicators in place to monitor the impact of the outbreak on different groups, their satisfaction with FAO's response and the level of engagement. Engage communities in the identification of evaluation questions and criteria for measuring the impact abovementioned and include diverse voices across the spectrum of the beneficiaries, including marginalized groups, ensure respondents' anonymity, and maintaining anonymity of inputs where requested. Build evidence about the impact of stronger engagement with communities and beneficiaries in relation to FAO RCCE-related activities and draw lessons on what worked or not.
- Work to develop the capacity of stakeholders, including community groups and local organizations to respond to the outbreak, and to practice effective community engagement.
- Ensure that all staff, implementing partners, contractors, etc. have been briefed on the issue of misinformation, fears, myths, concerns and stigmatization associated with COVID-19.
- Increase organizational support and resourcing to institutionalize RCCE in FAO's interventions, for example the deployment of AAP/RCCE experts, budget for additional communication costs, including phone credit, data for smart devices, translation and Information, education and communication material development.

## Protection from gender-based violence, including sexual exploitation and abuse during COVID-19

GBV exists in every society worldwide and is exacerbated in emergencies. There is already an unsettling amount of information on GBV occurring against the backdrop of the COVID-19 outbreak. It is becoming more clear that many of the preventive measures – e.g. restriction of movement, reduction in community interaction, closure of businesses and services, etc. – are not only increasing GBV-related risk, but also limiting survivors' ability to distance themselves from their abusers as well as reducing their ability to access external support. In addition, it is clear from previous epidemics that during health crises, women typically take on additional physical, psychological and time burdens as caregivers.

### Key actions

- Ensure that the establishment and management of communication strategies (including RCCE) have women and girls at their core.
- Include women in planning and conduct of outbreak surveillance.
- Address potential misinformation, disease-related stigma, etc. by empowering women and other vulnerable groups through diverse communication channels. If informational mailers, text message campaigns, radio or other mass communication modalities are being used, consider including information on GBV response services (such as hotline numbers), if they exist.

During the COVID-19 pandemic, all people should remain safe from sexual exploitation and abuse (SEA) while receiving humanitarian aid, including health services and treatment. Food shortages, induced by the health emergency can lead to negative coping mechanisms, thereby increasing risk of SEA.

### Key considerations

- Adapt, translate and disseminate key messages on protection from sexual exploitation and abuse (PSEA) through radio, television, social media, printed material and other context-sensitive medium.
- Share PSEA key messages during all activities e.g. when distributing supplies or assistance related to COVID-19.

### Examples of PSEA key messages

- Humanitarian aid is free. Asking for money, sex, employment, goods, favours or other forms of humiliating, degrading or exploitative behaviour in exchange of assistance such as selection as FAO beneficiary, seeds, fertilizer, etc. is prohibited.
- International and local aid workers should not take advantage of their positions. If any aid worker demands sex or sexual favours in any way, this is unacceptable behaviour and it should be reported.
- FAO upholds a policy of zero tolerance of sexual exploitation and abuse (SEA), which applies to all personnel, its implementing partners and humanitarian workers.
- All sexual activity with children (boys and girls under 18 years) by FAO personnel, its implementing partners or humanitarian workers is prohibited, regardless of the age of majority or age of consent locally.
- You have the right to decline and should report anyone who attempts to exploit or abuse you (Insert contact + opening hours + reporting modalities for complaints).



- Encourage confidential, non-face-to-face reporting in all PSEA messaging, such as a phone number, direct messaging or other context appropriate means and ensure that this mechanism is communicated to communities. Ensure that beneficiaries are aware that their receipt of humanitarian or development assistance is in no way influenced or affected by reporting SEA, regardless of the identity of the alleged perpetrator.
- Provide clear information if/when certain reporting channels will be discontinued or adjusted.



## People-inclusive RCCE during the COVID-19 pandemic

### People living with disabilities

Access to information on outbreaks and availability of services is often a barrier for persons with disabilities who have specific communication needs. They can be socially isolated if they do not access the community regularly through employment or education, for instance.

#### Key actions

- Ensure active outreach to collect feedback from persons with disabilities.
- Disseminate information that uses clear and simple language.
- Provide information in accessible formats, like braille, large print.
- Ensure that all information is provided in multiple accessible formats, to reach people with visual, hearing and intellectual disabilities. Accessible formats can be used across all forms of media and include sign languages, Easy Read, plain language, large print, audio, captioned media, braille, augmentative and alternative communication. Moreover, in the context of increased reliance on technology for communication and service delivery consider specific barriers faced by persons with disabilities.
- Offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.
- Involve organizations of persons with disabilities in consultation and decision-making.
- Provide tailored approach to meet individual needs, work with personal caregivers and other social support networks.



### Elderly people

The evidence from COVID-19 shows elderly people are the most vulnerable group with a higher fatality rate. They are not always able to reach health services, may have difficulties caring for themselves and depend on family or caregivers. This can become even more challenging in emergencies. They may not understand the information/messages provided or be unable to follow the instructions. Elderly in assisted-living facilities, live close to each other and physical distancing can be difficult.

#### Key actions

- Tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status.
- Engage the elderly to address their specific feedback.
- Develop specific messages to explain the risk for elderly and how to care for them, especially in homecare. Target family members, healthcare providers and caregivers.



### Indigenous peoples

The COVID-19 pandemic could have serious effects on indigenous peoples' wellbeing, livelihoods and health. Therefore, specific measures that ensure the respect to indigenous peoples' rights during the pandemic and that include an intercultural approach when dealing with the emergency, safety and health aspects of the response need to be taken.

### Key considerations

- Implement the process of free, prior and informed consent with indigenous peoples in order to jointly design RCCE activities of their concern, ensure that these match their needs and cultural dimensions and obtain consent before enacting any activity that has an impact on the community.
- Provide contention information and audiovisual materials to indigenous peoples, and support their translation and dissemination in indigenous languages. Local indigenous communities often do not have full command of mainstream languages. To avoid communication breakdowns that will spread the disease, all main hygiene, quarantine and contention messages should be shared with the traditional leaders and youth leaders and translated into local indigenous languages.
- Involve indigenous youth in the dissemination of COVID-19 messages within the communities both in mainstream languages as well as in local indigenous languages, their command of social media makes them a fundamental player in this situation.
- Ensure that for those indigenous peoples' communities who have self-imposed quarantine and have limited access to their communities, these aspects are respected.

## Countering stigmatization/discrimination in relation to COVID-19

Many people in communities and contexts where FAO is working are suffering the effects of COVID-19 related stigmatization and discrimination. For this reason, it is important, that wherever possible RCCE initiatives during the COVID-19 pandemic seek to counter stigmatization and discrimination in its messaging.

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics, and a specific disease. During an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease. In the context of COVID-19 pandemic, social stigma is often directed at refugees, IDPs and migrants who can be singled out as potential disease-carriers. As refugees, IDPs and migrants are targeted beneficiaries of many FAO interventions, FAO has a duty to ensure we are countering harmful misinformation, which negatively effects these groups.

### Key considerations

- Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics, and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease.
- How we communicate about COVID-19 is critical in supporting people to take effective action to help combat the disease and to avoid fueling fear and stigma.
- When talking about coronavirus disease, certain words (i.e. suspect case, isolation...) and language may have a negative meaning for people and fuel stigmatizing attitudes. They can perpetuate existing negative stereotypes or assumptions, strengthen false associations between the disease and other factors, create widespread fear, or dehumanize those who have the disease.
- Make sure you portray different ethnic groups. All materials should show diverse communities being impacted and working together to prevent the spread of COVID-19. Ensure that typeface, symbols and formats are neutral and don't suggest any particular group.
- Use simple language and avoid clinical terms. Share facts and accurate information about the disease. Challenge myths and stereotypes.
- Choose words carefully. The way we communicate can affect the attitudes of others. For instance, talk about people “acquiring” or “contracting” COVID-19, not about people “transmitting COVID-19” “infecting others” or “spreading the virus” as it implies intentional transmission and assigns blame.

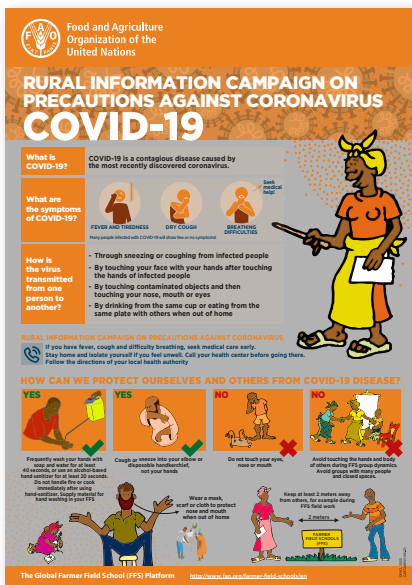


## Developing key messages on COVID-19 prevention for people along the food supply chain



### WHO advice on COVID-19 prevention for the public

- Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.
- Maintain at least 1 m (3 feet) of distance between yourself and others.
- Avoid going to crowded places.
- Avoid touching eyes, nose and mouth.
- Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands.
- Stay home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover. Have someone bring you supplies. If you need to leave your house, wear a mask to avoid infecting others.
- If you have a fever, cough and difficulty breathing, seek medical attention, but call by telephone in advance if possible and follow the directions of your local health authority.
- Keep up to date on the latest information from trusted sources, such as WHO or your local and national health authorities.



### Reducing the impact of COVID-19 for smallholder producers in rural areas

The world is struggling to fight the COVID-19 pandemic, and the rural population may face a dual burden: lack of information and health services coupled with poverty will expose them to health risks as well as the disastrous socio-economic consequences of the crisis. Meanwhile, they need to continue working in agriculture to ensure not only their livelihoods but also national and global food supply and, in turn, food security. The impact of COVID-19 is not uniform across the globe. While the disruption in food supply chains mostly concerns logistics, labour, transportation and marketing of perishable and fresh products due to restricted mobility and lockdowns, the COVID-19 outbreak leaves the agriculture sector in an extremely difficult situation that puts food supply at serious risk. The challenges faced by the food and agriculture sector include access to agricultural inputs, marketing, the availability of the labour force at critical times of agricultural production and harvesting, and agricultural extension services.

### Mind the diversity of producer groups

The impact of COVID-19 is not uniform across producer groups and geographic areas. Ensuring equal access to information and services by different groups and disadvantaged population including women, youth, pastoralists, fisherfolk, migrants, and indigenous peoples, and responding to the different needs and circumstances is crucial.

RCCE to be developed around the following points:

- Carry out a timely assessment of COVID-19 impacts in rural areas and identify the specific challenges and needs of farmers and rural communities to inform governments and enable other agencies to respond.
- Raise awareness through timely and accurate information about relevant government measures, social protection schemes, credits and other preventive measures such as physical distancing and hygiene, as well as the distribution of masks and sanitary products.



### Safe practices for herders

In **Afghanistan**, FAO is working with implementing partners and the Animal Health Directorate on developing simple communication materials for Kuchi herders on COVID-19-safe practices to adopt during transhumance as well as working with Veterinary Field Units to ensure anticipatory/timely veterinary service provision.

### Mitigating the impact of COVID-19 on livestock production and animal health

To reduce the impact of COVID-19 and ensure continuity of the livestock supply chain and animal health activities, practical recommendations and precautionary measures are given which are for livestock farmers, actors along value chains and animal health professionals – aiming to protect people and animals, and to minimize the disruption of services.

RCCE to be developed around the following points:

- How to avoid human-to-human transmission and prevent surface contamination including animal surfaces by strengthening hygiene practices, including: washing hands with soap and water or using hand sanitizers before and after entering farm areas and common places or having contact with animals; maintaining physical distancing; limiting physical interaction; wearing necessary PPE; and avoiding overwork. Please refer to WHO advice on general personal hygiene practices.

- How to address the pressure and stress, physical and mental health issues for people working in the livestock value chain. Therefore, it is recommended to become familiar with early detection of signs of mental health difficulties and to identify existing mental health services in the community. Furthermore, early interventions should be made to provide practical and emotional support.

Tens of millions of pastoralists seasonally migrate in search of pasture and water for their livestock. But these herders whose livelihoods essentially depend on moving have to cope with new challenges arisen from the COVID-19 crisis. The pandemic is forcing movement reduction and affecting livestock trade and incomes in the region. Transhumant pastoralists are significantly exposed to these effects. To monitor these impacts, in West Africa, the pastoralists network *Réseau Billital Maroobè* and the international Non-governmental Organization (NGO) Action Against Hunger have launched an online platform with updated information from the ground. The pastoral monitoring in the context of COVID-19 provides key data on the situation that pastoralists are facing in West Africa, but also on the COVID-19 response measures. This kind of information can help inform an RCCE as part of the contextual understanding required.

Actors across the livestock value chain can play a critical role in passing along messages related to COVID-19, including on health and safety measures and the reasons for closures and movement restrictions to prevent the spread of the virus. These actors will be important in tracking and countering rumours and false information about the virus, its spread and potential treatment.

#### **Key actions**

- Disseminate awareness information on COVID-19 in local languages, written (billboard, text messages) or oral through radio or announcement at livestock markets or around the city on market days to the public. For example, discourage handshakes, (or use disposable gloves) which are a normal way of confirming that a deal is reached: other non-physical options should be explored as appropriate within the local cultures.
- Use local radio as a means to share messages related to health and safety, but also to changes in planned vaccination or treatment campaigns (for example, new sites, limited numbers at a time, one member per family, etc.) or alerts on new regulations for bringing livestock to markets, price monitoring and demarcated livestock routes.
- Use loud speaker announcement to disseminate information mainly related to COVID-19 as it reduces physical contact, and respects the physical distancing. Pre-recorded messages on topics related to COVID-19 prevention for people along the food supply chain, GBV/ PSEA, human rights and other topics in different languages can be played to beneficiaries and communities throughout the day.
- Provide community animal health workers with simple messages in local languages on health and safety guidance.





## COVID-19 guidance for fisheries and aquaculture food systems

RCCE should be developed around the following points:

- How to ensure safety of fisheries operations.
- How to improve hygiene and sanitation in the fish market during relief and recovery period.

## FAO advice on COVID-19 and food safety for food businesses

During the unprecedented threat of the COVID-19 pandemic, food industry personnel are required to continue to work in their usual workplaces. Keeping all workers in the food production and supply chains healthy and safe is critical to surviving the current pandemic. Maintaining the movement of food along the food chain is an essential function to which all stakeholders need to contribute. This is also required to maintain trust and consumer confidence in food safety and availability. Below measures are highlighted, so that the integrity of the food chain is maintained, and that adequate and safe food supplies are available for consumers.

RCCE to be developed around the following point:

- WHO advice on general personal hygiene practices (preventing the spread of COVID-19 in the work environment through staff hygienic practices; using disposable gloves; physical distancing in the work environment; reporting COVID-19 illness by employees at the earliest opportunity and followed by strict isolation/treatment; maintaining physical distancing during transport and delivery of food ingredients and food products, and in retail food premises; managing open food display in retail premises through strict hygienic practices).



 Food and Agriculture Organization of the United Nations

## 10 THINGS consumers should know about food safety and COVID-19

FAO food safety experts explain what is known so far about COVID-19 and food, offering advice for when you go food shopping.

- 1 Currently there is no evidence that the new coronavirus that causes COVID-19 can be transmitted by food.**  
The virus is transmitted primarily by people who are infected coughing and sneezing droplets which are then picked up by another person. Though the droplets can land on objects and surfaces, it is not known if this amount of contamination is enough to make a person sick from food.
- 2 Coronavirus cannot grow on food.**  
While bacteria under the right conditions can grow on food, a virus such as the one that causes COVID-19 requires a living host in order to survive and multiply.
- 3 The best way to avoid COVID-19 is through good hygiene habits.**  
Always wash your hands with soap and water for at least 20 seconds after shopping, before handling food and eating and after using the bathroom. And practice respiratory hygiene.
- 4 Cooking food to the right temperature is always a good way to prevent getting sick.**  
Heating your food to the temperatures required to kill pathogens (70°C for 2 minutes or equivalent) will decrease the risk of getting any foodborne illness, including those caused by viruses. While there are no studies on the effect of cooking on this particular virus, other coronaviruses are destroyed at these temperatures.
- 5 It is safe to eat raw fruit and vegetables.**  
Currently, there is no evidence to support transmission of COVID-19 associated with food. Thoroughly wash your fruit and vegetables with clean water, not with soap or other products, before you peel, cut or eat them.
- 6 Handling food packaging is an unlikely cause of COVID-19.**  
Under experimental conditions the virus can survive on a variety of surfaces such as plastic or cardboard used in packaging, but it is unlikely that this type of exposure would be sufficient to make a person sick. Always wash your hands after unpacking food, wipe down and disinfect surfaces and avoid touching your eyes, nose or mouth when handling food and food packages.
- 7 Good habits when out shopping.**  
Follow the measures put in place locally, maintain physical distance from other people when selecting food items and in line. Keep hands clean and do not shop if you have any symptoms.
- 8 Thank retailers for providing access to food and keeping it safe.**  
The world is relying on food vendors for continued access to and the safety of our food supply. These workers are critical in the pandemic response, need to stay healthy and protect the food from contamination.
- 9 Support food safety efforts in the agriculture supply chain.**  
To protect food from the farm to the store during the COVID-19 pandemic, agricultural personnel should be considered essential. By protecting their workers food producers are ensuring a safer food supply.
- 10 Do all of the above and wash your hands (again).**  
Simple as it sounds, hand washing with soap makes a real difference.

MORE INFO <http://www.fao.org/2019-ccc/en/>  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

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### FAO advice on COVID-19 and food safety for consumers

FAO food safety experts explain what is known so far about COVID-19 and food, offering advice for food shopping.

RCCE to be developed around the following points:

- Currently there is no evidence that the new coronavirus that causes COVID-19 can be transmitted by food.
- Coronavirus cannot grow on food.
- The best way to avoid COVID-19 is through good hygiene habits.
- Cooking food to the right temperature is always a good way to prevent getting sick.
- It is safe to eat raw fruit and vegetables. Thoroughly wash your fruit and vegetables with clean water, not with soap or other product, before you peel, cut or eat them.
- Handling food packaging is an unlikely cause of COVID-19.
- Practice good habits when out shopping.
- Thank retailers for providing access to food and keeping it safe.
- Support food safety efforts in the agriculture supply chain.
- Do all of the above and wash your hands (again).

## FAO advice on COVID-19 and food safety for food authorities

The ongoing COVID-19 pandemic presents an exceptional challenge for competent authorities with responsibilities for national food safety control systems to continue conducting routine functions and activities in accordance with national regulations and international recommendations. FAO food safety experts explain what is known so far about COVID-19 and food, offering hygiene advice for safety authorities.

RCCE to be developed around the following points:

- The safety and integrity of the food supply chain must be maintained.
- The COVID-19 pandemic is evolving, so monitoring and coordination with authorities in-charge is crucial.
- General food hygiene principles are essential.
- Food inspections at high-risk food premises, such as abattoirs and manufacturers of cooked or ready-to-eat foods, will need to continue.
- Temporary adjustments to food labelling requirements should also be considered as long as food safety is not compromised, and labels are not misleading to consumers.
- Food laboratories may be reallocated to testing COVID-19 in clinical samples. Food testing should be limited to high priority (i.e. outbreak investigation) samples only.
- Staff should be trained to reduce the transmission of the virus
- All staff must report COVID-19 symptoms or confirmed illness immediately and should not go to work.
- Food animals are not at risk from COVID-19.
- Food and live animals imported from countries with high prevalence of COVID-19 pose no increased risk.



## Integration of COVID-19 guidance

In **Zimbabwe**, FAO is integrating COVID-19 guidance and messaging into its existing guidelines to promote nutrition, healthy eating and food safety at household level. In Bangladesh, under a new project, FAO is supporting safe food vendor carts and street vendors to adhere to new safety and hygiene measures through training and converting carts. Other countries in which FAO plans to introduce or scale up this activity include Colombia, the Democratic People's Republic of Korea, where the focus will be on addressing fear of catching COVID-19 from livestock, Libya, Mozambique, the Niger and Sierra Leone.

## Choosing appropriate channels and platforms for RCCE

### Channels

- Contextualized information, education and communication materials, posters and leaflets with food safety, nutrition, health and hygiene practices and advice to prevent the spread of COVID-19 and related issues such as rumors, GBV or SEA
- Community radios
- Loud speaker (megaphone) announcement
- Newspapers
- Community notice boards, events and meetings
- Provision of hygiene kits (masks and gloves) and awareness raising
- Theatres/play acting
- Awareness raising and capacity development of implementing partners/contractors, etc.
- National TV, and radio spots
- SMS and WhatsApp campaigns
- Social media channels such as Twitter, Facebook, Instagram, Snapchat and Tiktok and their key local influencers
- Trusted web sites
- Incorporation of COVID-19 guidance into existing guidelines on food and nutrition





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In parts of Asia, awareness raising campaigns are being promoted within local markets and through FAO’s work with farmer groups and FFS. These groups constitute a powerful means to raise awareness.

### Platforms

- Local and national authorities
- Producer’s associations, farmer groups, veterinary associations
- Indigenous peoples’ organizations
- Farmer field schools (FFS)
- Dimitra clubs
- Networks of national/community extension and animal health workers
- Influencers (such as religious, community leaders, teachers, role models, community volunteers, women, elders, youth, persons with disabilities, indigenous peoples’ representatives, refugees, IDPs or migrants representatives), vulnerable groups (particularly those with existing health problems, disabilities, minorities etc.)
- Faith-based places, organizations and communities
- Local networks/structures and local community organizations
- Hospitals, health centers and clinics
- Schools and universities
- Family, friends and neighbours

### COVID-19 prevention principles for farmer field schools (FFS)

It is important to continue to support rural populations and their livelihoods, taking into account the specific needs of men and women, boys and girls. However, it is essential to review and act in line with official indications and recommendations to ensure that FFS or other field training activities are not doing any harm contributing to the spread of the disease, but on the contrary, they are helping to keep communities safe.

- Follow the guidance of your Government and your institution when deciding whether it is appropriate to hold FFS sessions and other agricultural training activities in your current context.
- Wash your hands. Handwashing is not optional. Everyone (facilitator and participants) must wash their hands at least at the beginning and end of the FFS session.
- Keep a distance of at least 2 m to prevent transmission.
- Wear a mask and ask participants to wear one. If not available, they can use a cloth face cover.
- Avoid touching eyes, nose and mouth at any time.
- Be aware! If the facilitator or a participant is not feeling well and is showing COVID-19 symptoms, he/she should NOT participate in the training session and should call a local health authority for guidance.
- Help each other! Participants should remind each other when guidelines are not followed. If a member does not wish to follow guidelines, then they should not attend the sessions.





## Engaging in partnerships

The key partners to ensure coordination are the following:

- WHO, United Nations Children’s Fund (UNICEF), World Food Programme, United Nations High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM), United Nations Population Fund, United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and other UN entities
- National authorities
- Academia and social science think tanks
- Food Security Cluster Country Teams
- International and national NGOs
- Local authorities
- Local communities
- Civil society groups/organizations

Trusted civil society groups/ organizations can be key actors in overcoming difficulties linked to mistrust in the state, and to prevent/mitigate conflicts within and between communities.

### Cash and communication

Interventions combine cash, agricultural inputs and social behaviour change communication on nutrition and COVID-19 prevention. In Viet Nam, FAO is working with UN Women and Save the Children on cash+ education, awareness raising and social messaging on COVID-19 through reprogramming existing resources.

### Joint messaging for COVID-19 prevention

**Pakistan.** As 60 percent of the population rely on agricultural livelihoods and reside in rural areas, COVID-19 response options have focused on protecting the food value chain, providing agricultural inputs, and curbing the spread of infection by sharing key preventative health messages. FAO has partnered with the Ministry of Health, UNICEF, and other UN agencies to develop and distribute over 80 000 materials (e.g. posters and brochures), translated into local languages and displayed in supermarkets, local food shops, and other public places. Health and physical distancing guidelines are also being shared remotely via radio broadcast, WhatsApp, and FAO Pakistan social media channels, including Urdu messages and infographics developed by FAO’s Regional Office for Asia and the Pacific. This is complemented by online awareness sessions conducted by FAO field staff now working from home. As 40 percent of the population in Pakistan is illiterate, primarily within rural communities, FAO has also harnessed its farmer field school network to raise further awareness through hands-on, participatory demonstrations at the field level. This includes a module on hygiene, nutrition and safety adapted to emphasize key learning around COVID-19 prevention best practices.





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# Saving livelihoods saves lives

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