

2020

COVID-19 COMMUNICATION HANDBOOK

*How to design behaviourally-informed
communication*



**Centre for
Social and
Behaviour
Change**

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USER GUIDE

Who can use this?

The COVID-19 Communication Handbook is designed for **policy makers, communication practitioners, and development and humanitarian agencies** to think through how risk communication and community engagement (RCCE) can be conducted effectively using behavioural insights during the current pandemic.

Purpose of the Handbook

In any health crisis, media and communication can play an important role in saving lives. Effective communication informed by behavioural insights can help prevent and reduce the spread of disease, and guide those affected towards health services and treatment. This handbook provides practical guidance on **how to use behaviourally informed insights to design effective communication** to address the rapid behaviour change needed during this pandemic.

This handbook has been developed by the Centre for Social and Behaviour Change (CSBC), Ashoka University. It presents an **overview of how CSBC designed and tested COVID-19 communication**.

Overview of Content

The **Background** section describes how the COVID-19 outbreak in India has impacted various fronts of life at the individual as well as societal levels and highlights the relevance of behaviourally informed effective risk communication and community engagement (RCCE) as a response to the current health emergency.

The section on **How to Design Effective Communication** provides a summary of the key behavioural insights from a global literature review conducted by CSBC, including nudges, cognitive biases, and heuristics that can be leveraged to inform behaviour

change. It also highlights key technical information contained in government-issued advisories. Technical information alone, even if in simple, understandable language, is unlikely to prompt significant behaviour change.

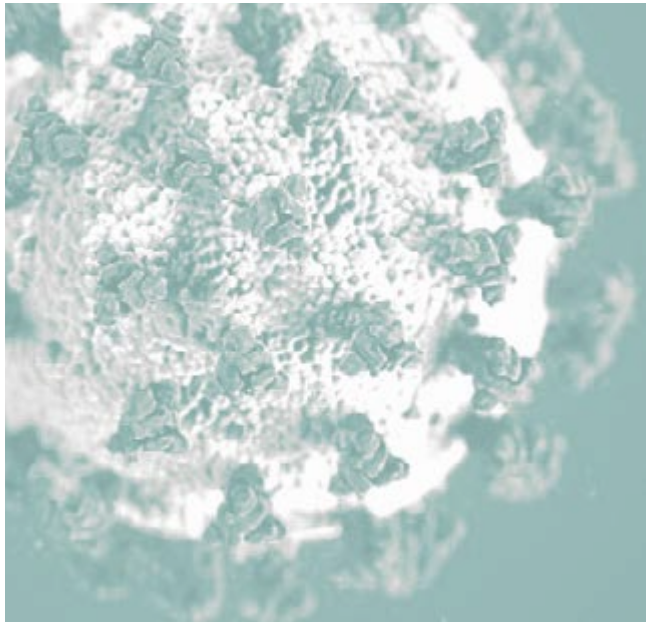
The next section — **How to Design Behaviourally Informed Messages** — covers how to convert this technical information into behaviourally informed messages. In order to ensure that the communication leads to intention and action through behaviour change, one needs to test the effectiveness, relevance, likability, and comprehension of the communicated messages.

This information, along with sample questions to ask, is covered in the **How to Test Messages** section. After the creation of behaviourally informed and tested messages, one needs to decide what channels of communication to employ. Communication channels are integral means by which information can reach its intended audiences.

How to Choose a Medium to Communicate During COVID-19 provides an overview of the various options of communication platforms available, along with important considerations to make while matching the appropriate channels to the intended audiences.

Finally, the **Glossary** provides a listing of the key terms and abbreviations used in the handbook.

BACKGROUND



The novel coronavirus or COVID-19 outbreak in India has impacted various fronts of our lives, changing life as we knew it. The world is still learning about COVID-19, and guidance is promptly changing in response to new knowledge about the evolving characteristics of the outbreak and the associated global response.

With COVID-19 spreading rapidly in India, we are witnessing a multitude of negative impacts of the virus at both the individual and the societal levels. These include, but are not limited to: a record high unemployment rate of 27.1% with

over 122 million jobs lost in the first 6 weeks of the lockdown ; negative risk perceptions around the economy and declining trade and commerce of small and large scale businesses alike; rise in stigma and discrimination against patients and carriers ; increasing cases of domestic violence and intimate partner violence ; halted academic life of students in schools and colleges with over 320 million students out of school and indefinite postponements of board exams and college entrance exams; rapid spread of fake news and rumour mongering; increasing cases of psychological and mental-health illnesses; and erratic consumer behaviour patterns such as hoarding and panic buying . At the same time, however, a rapid adoption of new behaviours (e.g. frequent handwashing, social distancing, and working from home) has brought into sharp focus how behaviour change can help reduce virus transmission.

Effective communication with a behavioural lens can mitigate many of the aforementioned negative behavioural impacts while encouraging and enforcing the positive behaviours. With no vaccine or medication to help cope with the virus, people have to seek protection primarily by implementing a rapid change of behaviour. Because the crisis requires large-scale behaviour change, insights from the behavioural sciences can be used to help align public behaviour with the recommendations of epidemiologists and public health experts. Governments and industry leaders recognise that persuading citizens to abide by dramatic behaviour

changes (from urging them to wash hands more frequently to avoiding physical touch and proximity) is the need of the hour.

Effective risk communication and community engagement (RCCE) forms the basis for prevention of transmission during these times. **Risk communication is defined as the real-time exchange of information, advice, and opinions between experts/officials and people who face a threat to their survival, health, and/or economic and social well-being from a hazard.** Public health experts and key policy stakeholders need to ensure that all citizens remain constantly informed and updated about the spread of the disease, risk mitigation, and protective as well as remedial health measures to partake in. Behaviourally informed RCCE can help minimise the social disruption and ensure the success of behavioural responses to the current health emergency.

In their search for practical guidance, behavioural scientists all over the world are exploring previous research into disease outbreaks such as Ebola, SARS and MERS. Meanwhile, they are also carrying out new studies aimed at improving measures during the current crisis. CSBC has conducted a global literature review to understand key behavioural insights from previous outbreaks, developed behaviourally informed communication messages using these insights, and is carrying out ongoing testing and research to identify behaviourally sound recommendations that have worked.

How to apply behavioural principles to design COVID-19 communication

CSBC has compiled a thematic [global literature review](#) that provides a collation of behavioural insights that can be applied to mitigate the transmission of COVID-19.

Behavioural principles have been identified from a variety of published findings: from health and sanitation-related fields to research on the economic and psychological impacts of the pandemic to policy recommendations for making government communications more effective. The principles have been mapped onto four specific behaviours: frequent and high-quality **handwashing** practices; **social distancing** practices; **mask-wearing** practices, and practices around **coughing**.

The behaviourally informed recommendations have been split into two categories — [communication related](#) and [non-communication related](#) — that serve the following identified target audiences: general population, travellers and migrant populations, and frontline healthcare workers (FLWs).

Some of the key behavioural insights from the review along with their relevance across the aforementioned practices and target audiences are described in this section:

Enhancing readability and comprehension to reduce confusion, clutter and cognitive load:

As new policies and health recommendations are released at a rapid pace, governments and administrators need to ensure that psychological hurdles like complex wording are avoided. These hurdles make it hard for the audience to understand what actions need to be taken. Instead, if the messages are concise and easy to comprehend, audience behaviour becomes easy to streamline.

For example, handwashing messages crafted with clear action and consequences (“frequently wash your hands with soap and water for at least 20 seconds”; “handwashing with soap and water kills the coronavirus and prevents infection”) help better promote high quality and frequent handwashing than ambiguous statements.



Using visual and spatial nudges also serves to increase the comprehension and salience of messages.

For instance, marking red dots on supermarket floors can help people practice social distancing while shopping. See below the image from SuperBrugsen of Brøndby, Denmark that is using such spatial nudges.

Reducing inconsistency and repetition of information shared during the health crisis:

It is important to decrease the number of sources of risk communication to reduce confusion among the public. Multiple sources of inconsistent communication lead to information overload and reduced uptake of desired behaviours. When people attempt to adequately deal with a risk in their lives, they pursue and process information until their knowledge reaches the sufficiency threshold. Messages must be framed assuming that people's sufficiency thresholds are low, and hence contain content of only utmost necessity.

If readers are being asked to do something, the next steps should be made obvious and easy to follow (for example, by providing a prominent website link, phone number, or an actionable checklist). For example, take a look at this ambiguous message: "Your local unemployment office may be closing due to COVID-19." Here is a reframed, clearer message: "All unemployment offices in X state/district are now closed. Visit this website (LINK) to apply online."

Reducing stigma and discrimination:

Fears of stigmatisation or being wrongly perceived as a carrier of the virus can lead to non-compliance. A traveller might avoid wearing a mask while travelling to avoid being stigmatised. It is necessary that governments and private institutions reduce the chances of stigmatisation in order to ensure that the public takes the necessary preventive measures seriously.

This can happen, for instance, by dispensing free masks for all travellers when boarding an aircraft, making self-isolation a norm for all recent migrants and travellers, and ensuring rapid testing for all them as well as the people they came in contact with.



Leveraging availability bias:

Availability bias refers to the human tendency to believe that examples that come readily to mind are more representative than they actually are. It can be leveraged to encourage healthy behaviour by placing bottles of hand sanitisers or setting up handwashing infrastructure in public places. This would nudge people to use them, thereby making sanitising and handwashing behaviour more salient and representative than it actually may be. Such non-communication related strategies have been implemented by the Malaysia Airport and village panchayats in India.

Leveraging loss aversion:

Losses loom larger than gains. People avoid loss because the pain of losing is twice as powerful as the pleasure of gaining. This av-ersion can be leveraged by highlighting, for instance, personal costs of getting infected and monetary costs of paying for healthcare.

Shifting the phrasing of public health messages from "you" to "we/us" helps in leveraging social obligation and social recognition and highlights each citizen's individual role in the larger good. Such messages turn people's focus to their duties and responsibilities toward their family, friends, and fellow citizens.

Research has shown that emotionally and socially-related motivators like 'maintaining a good image' and creating social pressure to follow recommended group hygiene practices are important to motivate handwashing with soap.

How to understand technical information

In the wake of the coronavirus pandemic, the Government of India has issued a variety of advisories in public interest.

These are updated on a regular basis on the Ministry of Health and Family Welfare (MoHFW) website. These include advisories issued regarding the prevention, containment and tracing of COVID-19, in addition to those on testing and treatment protocols.

To understand the technical information being communicated by the government to the public, CSBC has compiled all prominent advisories issued by Government of India in the table below.

[This information was correct at the time of writing in June 2020. To access the most recent/up to date advisories, visit the [MoHFW website](https://www.mohfw.gov.in/)]

SOCIAL DISTANCING

- Social distancing is a non-pharmaceutical infection prevention and control intervention implemented to avoid/decrease contact between those who are infected with a disease causing pathogen and those who are not, so as to stop or slow down the rate and extent of disease transmission in a community.
- Maintaining a 6-feet or 1-meter distance between each other
- Naming of institutions that are to remain closed: educational establishments (schools, universities, gyms, museums, pools, theatres etc.)
- Postponement of exams
- Implementation of work-from-home measures
- Limited gatherings at weddings
- Postponement of sports events
- Limit gathering at public places and religious places

Link: <https://www.mohfw.gov.in/pdf/SocialDistancingAdvisorybyMOHFW.pdf>

MASK USAGE

- "Medical masks shouldn't be used by healthy people who do not have symptoms as it may "create a false sense of security that can lead to neglecting other measures such as washing of hands."
- "Erroneous use of masks like continuous use of a disposable mask for longer than 6 hours or repeated use of the same mask may actually increase risk of getting an infection. It also incurs unnecessary cost."
- Apart from health care workers, one should use a medical mask only "when one develops cough or fever"; "when ill to prevent infection from spreading to others; "while visiting a healthcare facility," and "when caring for an ill person."
- "Close family contacts of suspects or confirmed cases should use triple layer medical masks."
- Directions on how to use and dispose (burning, deep burial, or disinfected using bleach solution).

Link: <https://www.mohfw.gov.in/pdf/Useofmaskbypublic.pdf>

HANDWASHING

- "Wash your hands with soap and water or use alcohol-based hand rub."
- When to wash hands: "After coughing or sneezing; before and after caring for a sick person or treating a cut or wound; after touching an animal, food or waste; after using or cleaning the bathroom; before and after eating or preparing food; after touching garbage."
- "Use hand sanitisers when soap and water are not available; use sanitiser with at least 60% alcohol."

Link: <https://www.mohfw.gov.in/pdf/Handwash.pptx>

QUARANTINE/SELF-ISOLATION

- "Stay in a well ventilated single room with attached/separate toilet; stay away from elderly, pregnant women, children and people with comorbidities"; "practice social distancing with all other members of the household; wash hands; avoid sharing items; clean and disinfect frequently touched surfaces; clean clothes and linen separately."

Links: <https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf>

TRAVEL

- "Suitable announcements about COVID-19 shall be made at airports/railway stations/ bus terminals and in flights/trains/buses"; "at airports/railway stations/bus terminals, required measures to ensure social distancing shall be taken" ; "stations should be regularly sanitised/disinfected and availability of soaps and sanitisers shall be ensured/"
- "While on board in the flight/ship, required precautions such as wearing masks, environmental hygiene, respiratory hygiene, hand hygiene etc. are to be observed by airline/ ship staff, crew, and all passengers."
- "On arrival, thermal screening would be carried out in respect of all the passengers by the Health officials present at the airport/ seaport/land port."
- "The passengers found to be symptomatic during screening shall be immediately isolated and taken to a medical facility as per health protocol."
- "The remaining passengers shall be taken to suitable institutional quarantine facilities, to be arranged by the respective State/ UT Governments where they shall be kept under institutional quarantine for a minimum period of 7 days."

Links: <https://www.mohfw.gov.in/pdf/Guidelinesforinternationalarrivals.pdf>
[https://www.mohfw.gov.in/pdf/Guidelinesfordomestictravel\(airortrainorinter-statebustravel\).pdf](https://www.mohfw.gov.in/pdf/Guidelinesfordomestictravel(airortrainorinter-statebustravel).pdf)

MYTH-BUSTER

- "There is no evidence that pets and cats can transmit COVID-19."
- "You should not avoid eating meat, poultry, fish & eggs but consume only thoroughly cooked food."
- "Hand sanitisers are not the only solution to protect oneself from COVID-19. Practicing frequent hand-washing with soap and water is the most effective way to stay protected."

Links: <https://www.mohfw.gov.in/pdf/MythBusters.pptx>

COMBATting STIGMA

- DOs: "DO appreciate the efforts of people providing essential services and be supportive toward them and their families; crosscheck all information related to COVID 19 from reliable sources before forwarding any messages; share positive stories of those who have recovered."
- DON'Ts: "Don't spread names, identity or locality of those affected or under quarantine on social media; spread fear and panic; label any community or area."

Link: https://twitter.com/MoHFW_INDIA/status/1250670872450551810

TESTING AND TREATMENT

- Testing to be done for all symptomatic "individuals with history of international travel, contacts of laboratory confirmed cases, healthcare workers/frontline workers involved in containment and mitigation of COVID-19"; "all patients of Severe Acute Respiratory Infection (SARI)."
- "Asymptomatic direct and high-risk contacts of a confirmed case to be tested once between day 5 and day 10 of coming into contact."
- Prophylactic treatment using Hydroxychloroquine (HCQS): "all asymptomatic healthcare workers involved in the containment and treatment of COVID-19 to take 400mg twice a day on Day 1, followed by 400mg once weekly for the next 3 weeks along with meals."
- "Enough quantity of Hydroxychloroquine will be stocked in civil dispensaries, health posts, health & family welfare centres for chemoprophylaxis of healthcare workers and high risk contacts of confirmed cases of COVID-19."

Links: <https://www.mohfw.gov.in/pdf/RevisedadvisoryontheuseofhydroxychloroquineasprophylaxisforSARS-COVID19infection.pdf>
<https://www.mohfw.gov.in/pdf/PreparednessandresponsetoCOVID19inUrbanSettlements.pdf>

BACK TO WORK

- "COVID-19 infection can spread relatively fast among officials, staffs and visitors" in offices with shared spaces thus "physical distancing of at least one meter is to be followed at all times."
 - "Use of face covers/masks to be mandatory"; "respiratory etiquettes to be strictly followed including covering one's mouth and nose while coughing/sneezing with a tissue/flexed elbow and disposing off used tissues properly."
 - "Practice frequent handwashing (for at least 40-60 seconds) even when hands are not visibly dirty and use alcohol-based hand sanitisers (rub for at least 20 seconds)."
 - If an employee is showing symptoms suggestive of COVID-19: "place the ill person in a room where they are isolated from others at the workplace. Provide a mask till they are examined by a doctor"; "report to concerned central/state health authorities and inform Helpline 1075 immediately"; "the rapid response team of the concerned district shall be requisitioned" and "the necessary actions for contact-tracing and disinfection of work place will start once the report of the patient is received as positive."

Links: <https://www.mohfw.gov.in/pdf/GuidelinesonpreventivemeasuresstocontainspreadofCOVID19inworkplacesettings.pdf>

SOCIAL ENTITLEMENTS

- "Insurance cover of ₹50 Lakh per health worker fighting COVID-19 to be provided under the insurance scheme"; "80 crore people will get 5kg of wheat or rice and 1kg of preferred pulses for free every month" until June; "20 crore women Jan Dhan account holders to get ₹500 per month" until June.
- "An ex-gratia of ₹1,000 to 3 crore poor senior citizens, poor widows, and poor disabled."
- "Increase in MNREGA wage to ₹202/day from ₹182/day to benefit 13.62 crore families."
- "State governments will be given directions to utilise the welfare fund" for building and other construction workers "to provide assistance and support to protect them against economic disruptions."

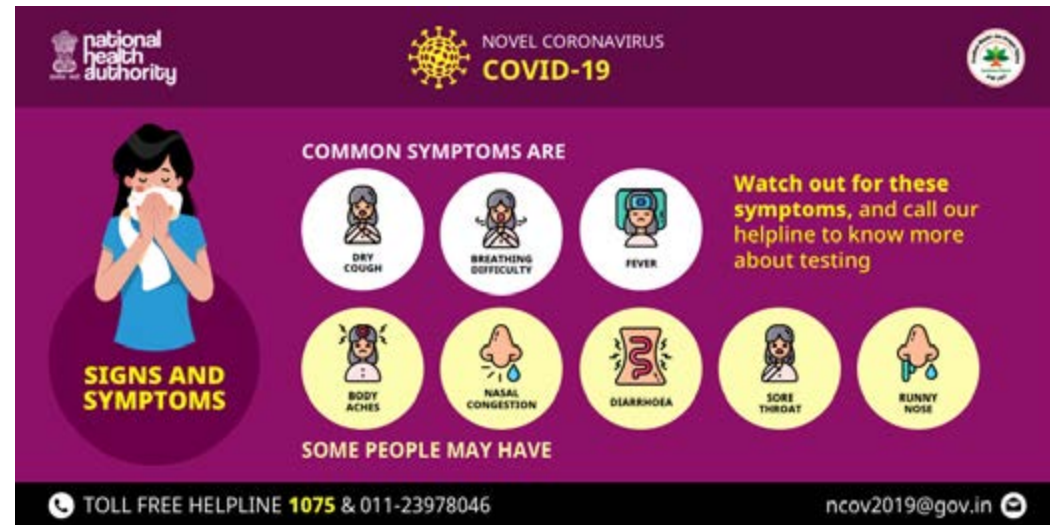
Links: <https://www.mohfw.gov.in/pdf/MoFPMGaribKalyanYojanaPackage.pdf>

The legal language, long formats, and multiple messages embedded within these government advisories can often make it difficult for the general public to comprehend and assimilate the information. This can, in turn, limit their capacity to change their mindsets and adopt new behaviours. CSBC has thereby selected key messages from these advisories and designed behaviourally informed communicable content that can help overcome this comprehension-action barrier.

How to design behaviourally-informed messages on COVID-19

Coordinated, consistent, and accurate messages are critical to provide an effective communication response, enabling multiple stakeholders to speak and engage the public and communities with one clear voice across all channels of communication. Technical information alone, even if in simple, understandable language, is unlikely to prompt significant behaviour change.

CSBC has created a [message dashboard](#) highlighting key behavioural insights that must be communicated to the general audience, frontline health workers, and migrant workers and travellers. These messages cover the thematic areas of signs and symptoms, social distancing and other preventive measures, combating stigma, and social benefits. Some examples of these key messages are highlighted in this section.



A message on **signs and symptoms** that uses the behavioural principle of [breaking down information to enhance readability](#):

- “The most common symptoms of coronavirus are fever, breathing difficulty, and dry cough. Some people may have aches and pains, nasal congestion, runny nose, sore throat or diarrhoea.”
- “Currently, there is no vaccine and the best way to protect yourself is to limit your interactions with others and observe for any signs/symptoms and practice social-distancing.”

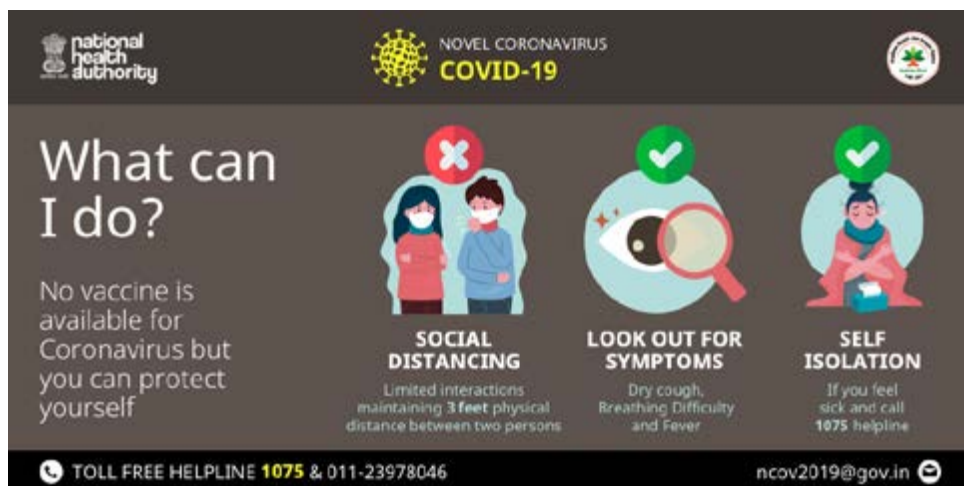
A message on **social benefits** that uses the behavioural principle of reducing anxiety by providing [simple, clear messaging](#):

- “During lockdown, all essential commodities and services are available. Vegetable vendors, ration and milk shops, medicine shops, telephone lines, banks and ATMs will be functional.”



A message discussing the **preventive measure of handwashing** that uses the behavioural principle of **increasing risk-perception**, and **creating simple doable actions** respectively:

- “Did you know that an average person touches their face at least 10-45 times in an hour? Touching your face, eyes, nose, mouth etc. with unclean hands can put you and your family at risk. Wash your hands regularly with soap and water and teach your kids and family members to do the same to protect them from coronavirus.”
- “Wash your hands thoroughly with disinfectant soap and water. Wash your hands, palms, in between your fingers by criss-crossing them, under your nails by rotating them on your palms. Wash your hands at least for 20 seconds. These minor habits will help you protect yourself and avoid contracting the virus.”



A message on **social distancing** that uses the behavioural principle of **framing messages as acts of altruism**, generating a sense of **social obligation**:

- “Coronavirus can be in us without showing any symptoms. You or other people can be carriers. When you meet other people, maintain distance and trust each other, but not the coronavirus.”
- “The need of the hour is to protect others and ourselves. Limit interaction with others, irrespective of the other person’s health i.e. whether they are healthy or sick. Stay away for not just yours, but everyone’s safety”; “Social distancing should be practiced by all age groups.”



A message discussing the **preventive measure of mask-wearing** that uses the behavioural principle of **encouraging prosocial behaviour to increase adherence**, and **reducing panic around mask shortages** respectively:

- "Wearing a mask (or covering your face so that it covers your nose and mouth) when you are out not only protects you from getting infected, it also makes you a responsible citizen."
- "Someone who is sick with respiratory disease should be wearing a mask at home as well. A mask is most necessary especially if you are coughing, sneezing, or taking care of a suspected case of coronavirus. In case a mask is not available, wrap a cotton cloth around your mouth when going out for work. This will limit your exposure to coronavirus."



A message on **lockdown** that uses the behavioural principle of **prosocial messaging**:

- "Stay at home with your family and only step out for essential activities like buying food, medicines, and going to the doctor. Following the lockdown not only keeps you and your family safe but also protects the community and country."

A message addressing some **myths** that uses the behavioural principle of **reducing inconsistency in information**:

- "The following practices do not help with preventing coronavirus: eating garlic, being in hot or cold temperatures, drinking cow urine, taking antibiotics, spraying disinfected substances like alcohol or chlorine on your body."



A message on **self-isolation** that uses the behavioural principle of **creating causal models of actions**:

- "Coronavirus can spread easily from person-to-person, but you can do something to stop it from spreading to your loved ones. If you experience any symptoms like a consistent cough or fever then, self-isolate yourself inside your house/room for 14 days. If there is limited space in the house, allot a space that is separate from the rest of the family. Restrict your movement and maintain at least a 3 hand distance from others. Wear a mask or wrap a cloth around your mouth at all times. Avoid going out for any reasons - ask for support from family members. Do not go near young children, elderly or pregnant women in the household. Keep your used utensils & clothes separate from the others."

A message on **combating stigma** that uses the behavioural principle of **positive framing and reducing risk perceptions**:

- "Those who were infected from COVID-19 and have been successfully treated and discharged from the hospital are not a risk to society. They are safe and won't infect others after being recovered from coronavirus. Welcome them back to your communities & homes."
- "All the return migrants do not pose risk to the community. Simple measures like self-isolating themselves for 14 days to and informing health workers at the village level about their return, helps to ensure their integration back into the community."

CSBC applied some underlying principles to develop COVID-19 messages. First and foremost was message prioritisation; encouraging all behaviours simultaneously can lead to **cognitive overload and information sufficiency** at an individual level. This can be solved by prioritising protective behaviours and staggering communication across phases.

Prioritisation of protective behaviours can be done using the following criteria:

1. **Criticality** i.e. is this behaviour equally critical and impactful as other behaviours in this context?
2. **Feasibility** i.e. can this behaviour be practiced effectively in this context?
3. **Sustainability** i.e. can the practice of this behaviour be sustained long term (1-2 years)?

Once we've identified critical behaviours, it is important to craft messages based on audience understanding, what the current behaviour is, and what the desired change expected in the behaviour through communication is. It is important to understand what the general risk perceptions are, the prevalent emotions and fears associated with COVID-19, what the current level of knowledge about causes, symptoms and transmission is, and what their common beliefs, attitudes and concerns about these causes, symptoms and transmission are. Additionally, we need to assess if any rumours or misinformation are prevalent that need to be addressed and what the dominant social and cultural norms around

behaviours and practices linked to the COVID-19 are. Keeping all this in mind, each message had a key communication objective, which allowed us to test the message effectiveness and also test whether the intended behaviour was practiced or not. Different communication channels and formats were used to deploy these messages to have wider reach.

Before finalising the message and associated materials, it is necessary to ensure that all messages and materials are accurate, presented in clear language without technical jargon or complex words, acknowledge feelings of fear and uncertainty (without elevating either), are written in a way that communicates empathy for the audience, contain only that information that the audience needs to know, do not promote stigma or discrimination against certain groups of people, are clear and attractive in presentation, and consider different cultural contexts, practices, and linguistic differences.

Preventative action messages must indicate appropriate behaviours to the audience and have a clear and feasible call to action. They must also be aligned with messages from other key actors (such as the WHO, MOH, and local partners) to avoid confusion. If there are links to available services and resources, these must be added to the message.

Outbreak updates and messages carrying new information must address any concerns of the public, communicate what is known and unknown about the disease at the time, explain what is being done to further understand the outbreak, dispel rumours, myths and misinformation in a non-accusatory way, and indicate where to find the most updated information. Prior to dissemination, the following additional considerations must be made: messages must be contextualised according to local cultures, resources available and people's linguistic preferences; messages must be appropriate in length, format and content for the selected channel; and messages must have been pre-tested on key audiences and updated according to the feedback received.

How to test messages for desired change

In order to ensure that the communication leads to intention and action through behaviour change, one needs to test the effectiveness, relevance, likability, and comprehension of the communicated messages. Testing of messages and prototypes is important when using communication channels to send urgent messages, especially if we want to generate a meaningful behavioural response.

Testing can be conducted not only to identify the right channels and sources of communication for various audiences but also to understand other outcome variables such as message comprehension, awareness about COVID-19 (including perceived severity and mental models about the spread of the disease), economic fears & anxieties related to COVID-19, intentions for engaging in protective behaviours, and putting protective behaviour to practice. CSBC has developed a testing protocol for a rapid testing of COVID-19 messages on the following parameters:

Probe areas for message testing

Intention: *Does the message lead to an increase in intention to follow the desired behaviours?*

Sample Questions to Ask:

Participants are asked to indicate their intentions to engage in protective-behaviour on a Likert scale (1 = extremely unlikely, 7 = extremely likely) relating to COVID-19.

- After reading this message, how likely is it that you will always wash your hands whenever you enter work or come home, for at least 2 weeks, even if you don't feel sick?
- After reading this message, how likely is it that you will avoid public gatherings for at least 2 weeks, even if you don't feel sick?
- After reading this message, how likely is it that you will stay at home and avoid all social contact for at least 2 weeks, even if you don't feel sick?
- How likely is it that you would share this post to your own social media?

Participants are asked to indicate how much they thought other people would engage in the same protective behaviours if they had also read this message, on a Likert scale (1 = extremely unlikely, 7 = extremely likely)

- After reading this message, how likely is it that you will always wash your hands whenever you enter work or come home, for at least 2 weeks, even if you don't feel sick?
- After reading this message, how likely is it that you will avoid public gatherings for at least 2 weeks, even if you don't feel sick?
- After reading this message, how likely is it that you will stay at home and avoid all social contact for at least 2 weeks, even if you don't feel sick?
- How likely is it that you would share this post to your own social media?

Probe areas for message testing

Attitude: Does the message lead to an increase in risk perception among the listeners? What is the perceived severity towards COVID-19?

Sample Questions to Ask:

Participants report their agreement (1 = Fully disagree, 7 = Fully agree) to statements, about risk perception of COVID-19:

- The COVID-19 is one of the most serious health crises in recent times.
- People are overreacting to the coronavirus outbreak.
- The coronavirus is not really more dangerous than the common flu.
- A lot of people fail to grasp the terrible threat the coronavirus actually represents.
- There is clearly no reason to panic. People are only afraid because they fail to understand what is happening.
- The Indian government is not taking the crisis seriously enough.

Participants are asked to answer the following questions, about the severity of COVID:

- How much of a threat do you think COVID-19 (coronavirus) is? (1 = not a threat at all; 7 = extremely threatening)
- How likely do you think it is that you yourself will die as a result of the COVID-19 pandemic? (1 = extremely unlikely, 7 = extremely likely)
- How likely do you think it is that someone you know will die as a result of the COVID-19 pandemic? (1 = extremely unlikely, 7 = extremely likely)
- How unpleasant would it be for you personally to stay at home & avoid social contact for the next 2 weeks? (1 = not at all unpleasant; 7 = extremely pleasant)
- Over the past week, how often have you sought out information about the COVID-19 pandemic (e.g. news articles, video, social media posts, etc.)? (1 = rarely, 4 = occasionally, 7 = frequently)
- Are there currently any cases of COVID-19 in the city where you live? (yes, no, not sure)
- Has anyone you know personally tested positive for coronavirus? (yes, no, not sure)

Probe areas for message testing

Action: Does the message lead to increased participation in preventive behaviours?

Sample Questions to Ask:

Measure the self-reported behaviour on handwashing, mask-wearing, number of essential and non-essential visits made etc.

- How many times has anyone in your household stepped out today since morning?
- Of those times, how many were for the following purposes:
 1. Going to work
 2. Buying food, other groceries, or medicine; visiting a doctor; collecting water
 3. Washing clothes, utensils
 4. Using a bathroom or toilet
 5. Meeting friends or relatives
 6. Bored at home and needed fresh air
- How many times have you or anyone in your household covered their face when stepping out today since morning ?
- How many times have you washed your hands with soap today since morning ?

Probe areas for message testing

Messenger Perception: How confident they feel about the source of the information?

Sample Questions to Ask:

Participants are asked to evaluate the messenger on the following questions:

- Think about the person who posted this message. How moral or good a person do you think they are? (1 = very immoral/bad, 7 = extremely moral/good)
- Think about the person who posted this message. How trustworthy do you think they are? (1 = not trustworthy at all, 7 = extremely trustworthy)

Probe areas for message testing

Comprehension: Is the message easy to understand, with high recall value?

This can be tested by measuring the time spent on the screen, and by the self-reported responses to questions based on the elements of the messages.

Sample Questions to Ask:

- What steps does the speaker suggest to protect against coronavirus?
(Select all that apply)
 1. Staying at home
 2. Washing hands regularly
 3. Maintaining social distance (standing 6 feet apart)
 4. Wearing a mask when going out
 5. Washing vegetables/ shopping bags
 6. Regular tracking of symptoms
 7. Self-isolation/quarantine for 14 days if recently returned
 8. Calling helpline (104) or health worker for more information
 9. Other (RECORD VERBATIM):

Probe areas for message testing

Self-efficacy: How confident they feel in their ability to practice protective behaviours?

Sample Questions to Ask:

Participants are asked to evaluate the messenger on the following questions:

- How responsible do you feel about your own role in preventing further outbreak of COVID-19? (1 = not at all responsible, 7 = very responsible)
- If someone does NOT stay at home and avoid social contact for the next 2 weeks, how responsible do you think they are for further outbreak of COVID-19? (1 = not at all responsible, 7 = very responsible)
- How much control do you think that people have over whether they stay at home and avoid social contact? (1 = no control at all, 7 = complete control)

How to choose a medium to communicate during COVID-19

Communication channels are integral means by which information can reach its audiences. Although they frequently overlap, creating the right match between the channel, the audience, and the communication objective is important. Before this matching can occur, however, it is necessary to identify and assess what channels are available and accessible for the intended audience. Broadly speaking, the 360-degree communication channels that can be leveraged to communicate with the target audiences can be split into the following categories: mass-media, mid-media, inter-personal communication (IPC), and mobile/digital platforms.

1 MASS MEDIA

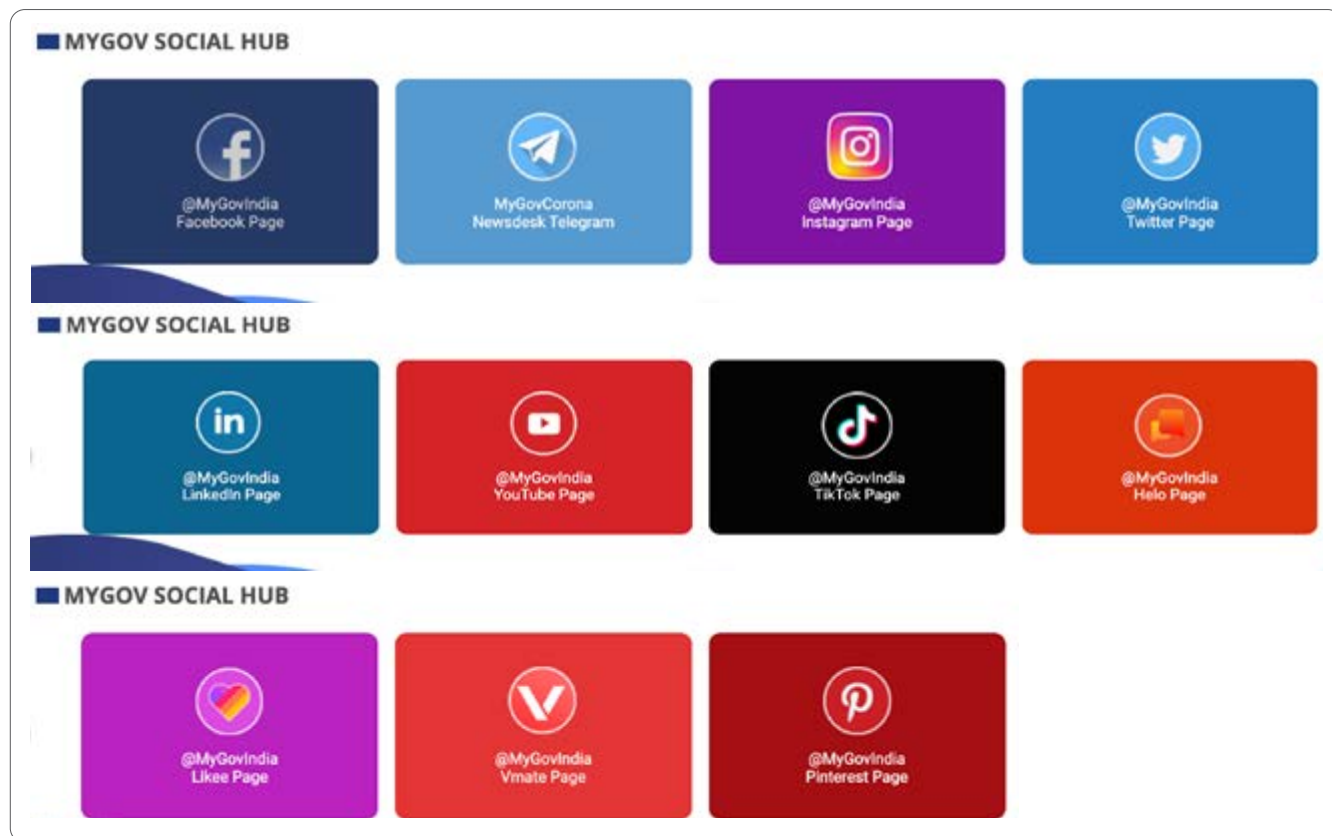
This channel includes TV news, cable & satellite channels, radio stations including FM and community radios, as well as print media in the form of national and regional daily newspapers. Since the onset of the national lockdown, TV news channels have witnessed an unprecedented 298% growth in viewership. On the other hand, the FM/radio industry has reported drops in consumption and newspaper readership has seen a decline (perhaps due to fears of papers carrying the virus and vendors' supply chain disruptions). In light of these changing consumer behaviour patterns, TV news and C&S channels may therefore currently have greater reach than print media and radio channels. In general, mass media is most appropriate for: raising awareness across audiences (informing and educating), modelling behaviours, reducing stigma and taboos, communicating with low literacy audiences, obtaining wide national reach, and rapid or frequent information sharing.

2 MID-MEDIA

Also known as 'traditional' or 'folk media', this channel includes participatory theatre, public talks, announcements through megaphones and community-based surveillance. Given that India is on an extended lockdown, this may not be the most viable channel. However, miking activities are being allowed in some states, so dissemination of audio messages through mic and megaphones can be leveraged wherever possible. For example, currently, in multiple cities in India, the government has set off sirens that go off at 7pm every evening to indicate the onset of the 12-hour (7pm to 7am) home curfew. In the COVID outbreak context, mid-media is most appropriate for engaging communities, promoting discussion & reflection among communities (e.g. about changes to burial practices), modelling behaviours, and communicating with low literacy and/or hard-to-reach audiences.

3 IPC

Interpersonal communication channels such as door-to-door visits traditionally require two-way, in-person communication. Although currently stalled (due to strict lockdown and travel ban measures), they may gain momentum with activities such as training for health-care workers. IPC platforms are most appropriate for creating a two-way communication process with the audience, engaging community members and creating community action plans, promoting discussion, reflection and challenging dominant norms, and increasing knowledge bases through informing & educating.



4 MOBILE/DIGITAL PLATFORMS

These include social media channels like Facebook, Instagram, TikTok, WhatsApp as well as mobile technology such as interactive voice response (IVR) to circulate caller tunes, outbound calls etc. Since mid-March, there has been a steep increase in online content consumption, with the average user spending over 4 hours a day (as compared to the previous 1.5 hours) on social media platforms, and COVID-related content seeing a surge of 199% in terms of user engagement. Digital media works best when obtaining a large reach (provided that the Internet is widely available and accessible), promoting discussions through chat rooms or email exchanges, and providing information about personal and confidential issues.

Once the media landscape has been assessed and communication channels have been identified, the next step is to match the appropriate channels to the intended audiences. Some important considerations that determine the selection of the channel mix include:

- **Understanding the preferences and habits of the intended audiences:** *What TV channels do they watch? What websites do they visit? What social media platforms do they use? etc.*
- **Literacy levels of the audiences:** *For audiences with low literacy levels, mass-media, mid-media, IPC, and digital channels (IVR, audio/video content on WhatsApp) might work best.*
- **Communication objectives:** *If the objective is to raise awareness, mass-media (e.g. radio & TV) and mid-media channels can be employed; if the objective is to improve skills and self-efficacy, IPC and digital platforms can be used to generate engagement and interactive communication.*
- **Timeline and resource requirement:** *Some formats of communication within each channel category can take longer to develop than others. For example, a soap opera requires time to be developed, recorded and pre-tested and may therefore not be a feasible option at the start of an emergency when information needs to be disseminated quickly. On the other hand, recorded debates, question & answer (Q&A) sessions, and live streams can be produced relatively quickly and may serve as appropriate alternatives when there are time and/or budget constraints.*

Once the apt communication channels are selected, it is necessary to ensure that the messages are conveyed effectively. Messages must provide information in ways that improve comprehension, increase intention and can lead to action. The sources delivering these messages also need to be selected carefully as sources perceived as credible are found to be more persuasive. Credibility comes from how trustworthy or expert the sources are perceived to be. In the West African Ebola crisis, religious leaders across faiths in Sierra Leone advocated for handwashing and safe burials, which came to be considered a turning point in the public response to that epidemic. Credible sources may vary from state-to-state or socioeconomically in India. While a corporate metropolitan citizen might rely primarily on government advisories and news channels, a woman in a rural village might be more persuaded by what the community's political or religious leaders are saying. Varying levels of trust can come to be associated with specific communication channels and platforms. No matter what channel is enlisted for communication, it is necessary to ensure high trust when communicating because it increases the likelihood of people listening and acting on the messages, thereby encouraging behaviour change.

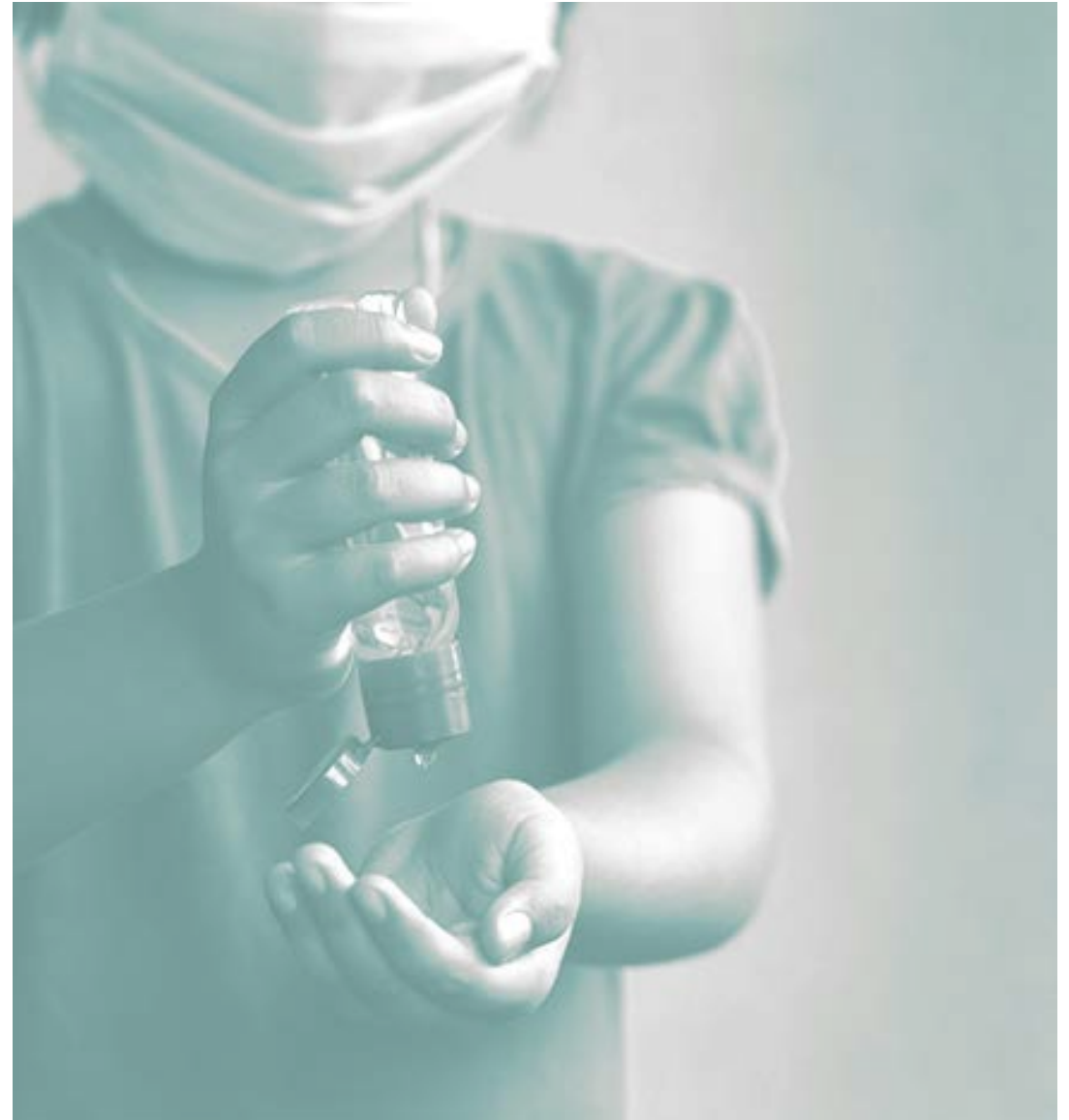
Across all communication channels, it is imperative to ensure that fake news and misinformation about COVID-19 don't spread. A preventative approach involves subtle prompts

that nudge people to consider the factual accuracy of news pieces. Evidence suggests that active deliberation causes reduced belief in false news headlines that circulate on social media. Platforms can also nudge users to think about the news accuracy by periodically asking users to rate the accuracy of randomly selected posts. Such crowdsourced accuracy ratings thereby generated can be used to identify misinformation.

While leveraging technology is of extreme importance and current relevance, we must not forget about those population segments that may not have access to smartphones or other devices and are not digitally literate. For such groups, dedicated channels of information (e.g. via Village Panchayats) should be created, which can relay important information to the rural populations. IVR platforms can also be very effective for those who may not be literate and those who don't possess smartphones.

CONCLUSION

In the wake of the current global pandemic, it is imperative for governments and policy-makers to employ effective risk communication with a behavioural lens in order to mitigate the negative behavioural impacts whilst enforcing positive and health-promoting behaviours. Leveraging tested behavioural principles such as making messages readable and consistent, reducing inconsistency and repetition, availability bias, loss aversion, and social obligation and recognition when designing COVID-19 communication can have significant payoffs. These payoffs include enhanced message comprehension, improved attitudes toward healthy behaviours, increased intent to take action, enhanced self-efficacy, and increased participation in preventive behaviours. Choosing the right medium for communicating behaviourally-informed messages is important, as is ensuring that they reach every section of the population.



GLOSSARY

Glossary of key terms & abbreviations:

ASYMPTOMATIC

Showing no signs or symptoms of illness. This may happen before an illness develops, or someone may not have any signs or symptoms throughout their illness.

COVID 19

The name of the disease caused by the novel coronavirus, SARS-CoV-2, and is short for "Coronavirus Disease 2019." (Source: WHO)

CORONAVIRUS

A family of viruses that cause illness ranging from the common cold to more severe diseases, such as the Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The novel coronavirus recently discovered has been named CoV-2 and it causes COVID-19. (Source: WHO)

EPIDEMIC

An increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area. (Source: CDC)

NUDGE

A concept in behavioural science that proposes positive reinforcement and indirect suggestions as ways to influence the behaviour and decision making of groups or individuals. A nudge makes it more likely that an individual will make a particular choice, or behave in a particular way by altering the environment so that automatic cognitive processes are triggered to favour the desired outcome. (Source: Wikipedia)

PANDEMIC

An epidemic that has spread over several countries/continents, usually affecting a large number of people (Source: CDC)

QUARANTINE

Separating well persons, who have been exposed to the infection, from other well persons during the incubation period of an illness (Source: CDC)

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

A strategy and response that is vital for individual, family, and community uptake of essential public health and biomedical interventions to prevent and control the spread of disease. The strategy ensures dialogue and participation of all stakeholders and affected communities during preparedness, readiness and response by sharing scientifically-verified public health information and guidance that is consistent across all levels. (Source: WHO)

RISK PERCEPTION

Beliefs about potential harm or the possibility of a loss. It is a subjective judgment that people make about the characteristics and severity of a task. (Source: Wikipedia)

SELF ISOLATION

Staying at home and avoiding situations where you could come in contact with others. (Source: BCCDC)

SIGNS

Something someone else can see, hear or feel, such as a cough.

SOCIAL DISTANCING (PHYSICAL DISTANCING)

Measures taken to reduce person-to-person contact in a given community, with a goal to stop or slow down the spread of a contagious disease. Measures can include working from home, closing offices and schools, cancelling events, and avoiding public transportation. (Source: CIDRAP)

STIGMA

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. (Source: WHO)

SYMPTOMS

Something the affected person can feel but is not visible or audible to someone else e.g. tiredness, a sore throat, aches or the early stages of breathlessness.

SYMPTOMATIC

Showing signs and symptoms of illness.

2020

COVID-19 COMMUNICATION HANDBOOK

How to design behaviourally-informed communication

For more information, visit
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