



# Regional meeting

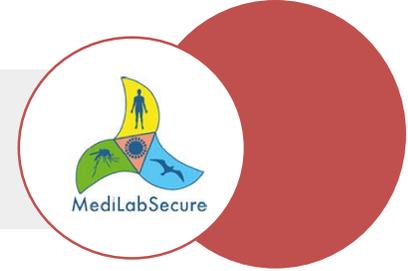


May 16-19th, 2022 Dead Sea, Jordan



## Overview of crisis communication

# Crisis communication feedback



Global crisis



Created by Vectors Market from Noun Project

Company / Institutionnal



Media / press relations

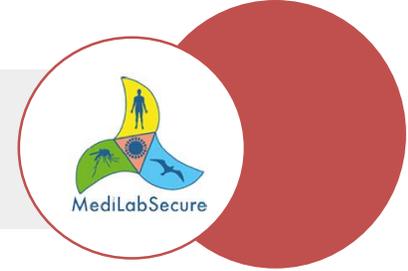


Social media



**Juliette Hardy**  
Head of International communication and Pasteur Network promotion Division, Institut Pasteur

# When to talk about a communication « crisis »?



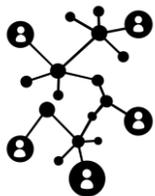
## 1 crisis, 3 components...

- A triggering and unpredictable event (real or supposed)
- A favourable context
- An amplifying framework (media, web, stakeholders)



...dependent on the risk typology, players involved, the country and cultural context (governments, media landscape ...).

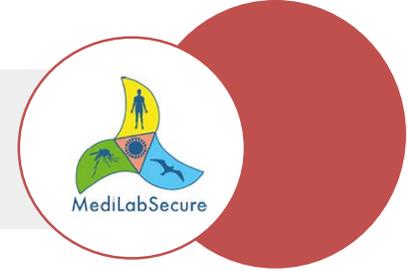
**Medilabsecure network or Pasteur Network : a multicultural network**



Created by Björn Andersson  
from Noun Project

**THE WAY TO MANAGE CRISIS COMMUNICATION IS NOT UNIVERSAL**

# Typology of risks : an overview of diversity



- **ACCIDENTAL CRISIS** : fire, explosion, flooding, cyberattack, terrorist attack... with or without victims
- **SOCIAL CRISIS** : restructuring, conflicts, suicide...
- **PRODUCT CRISIS** : product withdrawal/recall...
- And sometimes it combines the risks : an accidental crisis during a social crisis ...

## **CRISIS ARE DIVERSE**

That's why this session is an overview and not a training



# Regional meeting

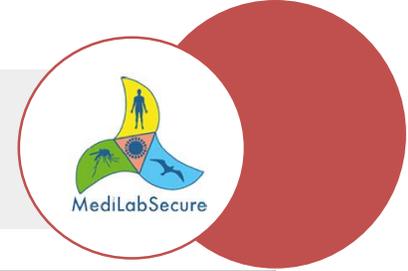


May 16-19th, 2022 Dead Sea, Jordan



## Social Media Crisis: definition & tips

# Social Medias

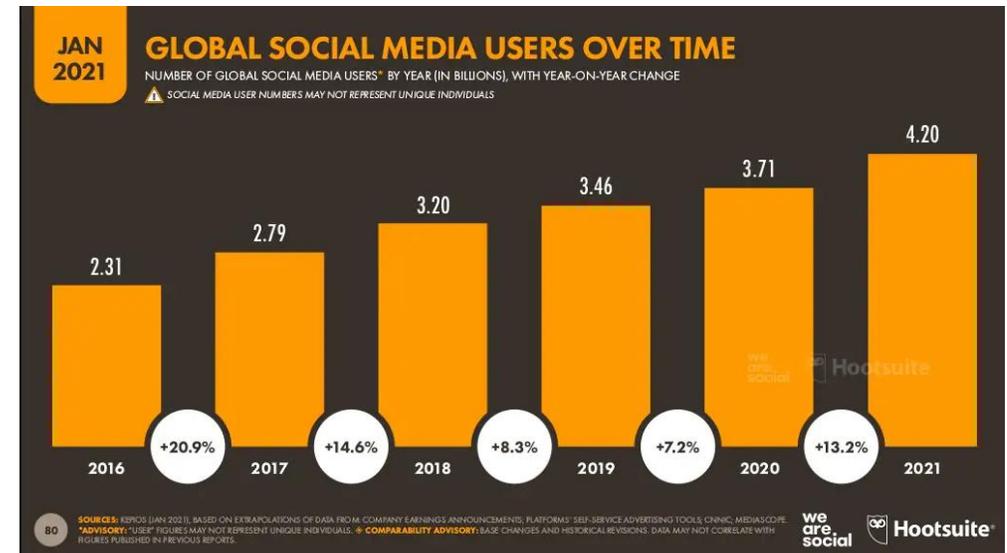
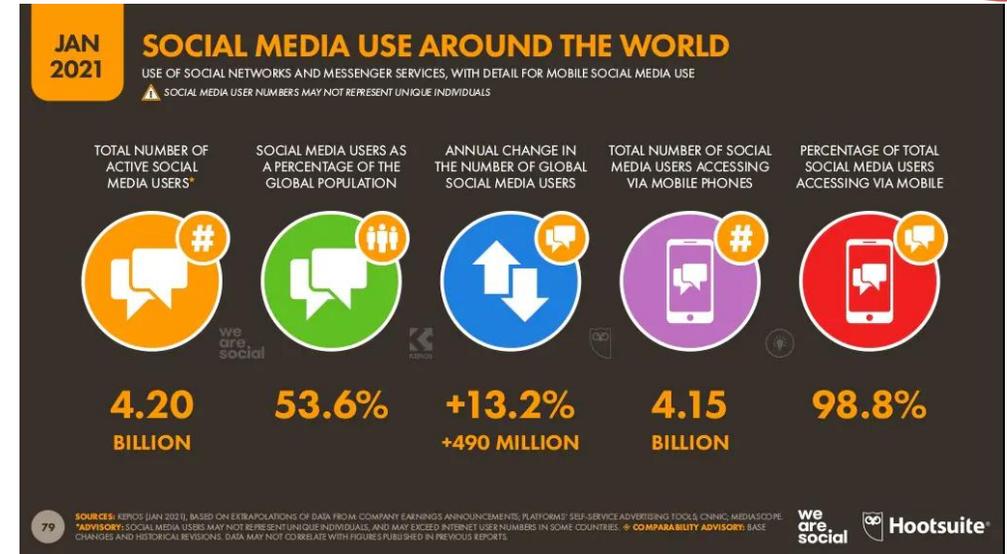


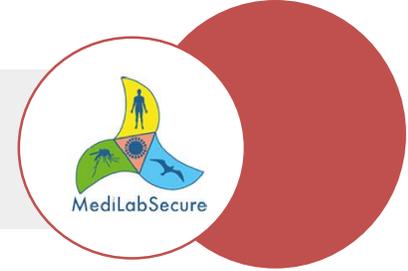
**Social medias:** collection of online platforms that involves sharing and collaborating with an online community by posting, commenting and interacting with one another.



Social communication ≠ corporate communication

- In business:
  - Build a community
  - Speak directly to audiences
  - Stay in touch
  - Elevate your brand / gain notoriety

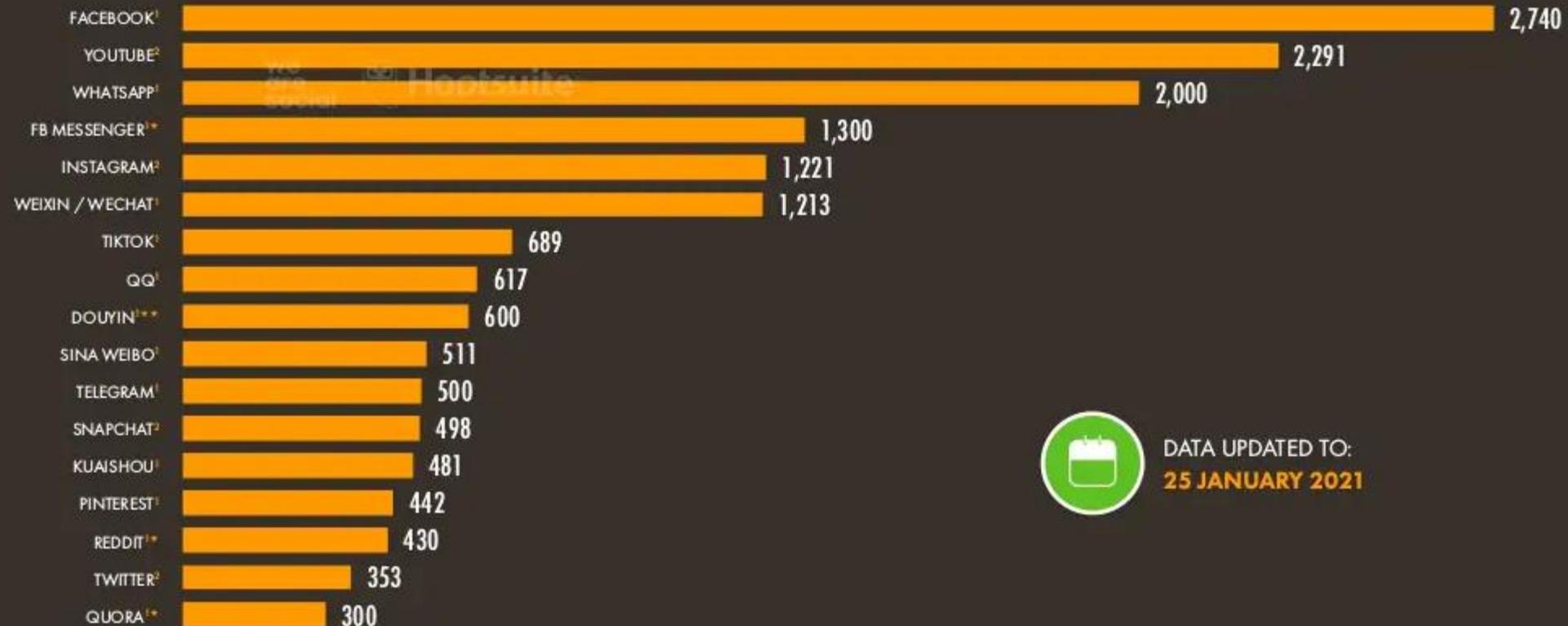




JAN  
2021

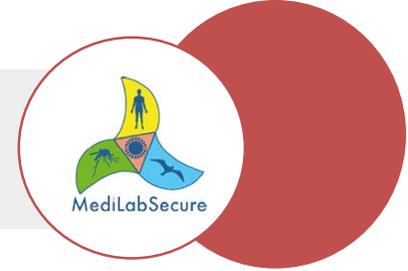
## THE WORLD'S MOST-USED SOCIAL PLATFORMS

THE LATEST GLOBAL ACTIVE USER FIGURES (IN MILLIONS) FOR A SELECTION OF THE WORLD'S TOP SOCIAL MEDIA PLATFORMS\*



DATA UPDATED TO:  
25 JANUARY 2021

# Things you can control v. things you can't



## Things you can control:

- Website
- Institutionnal & personal social networks (your own)
- Organisation's blogs
- Private community (internal communication, alumni platform, etc.)

## Things you can influence:

- Journalists
- Bloggers
- Influencers

## Things you can't control:

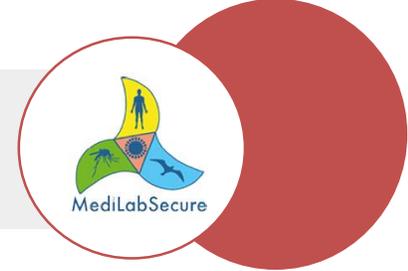
- Social networks (not yours)
- Forums
- Private messaging (Messenger, Whatsapp)
- Private groups (Facebook, etc.)



**Less risky**

**More risky**

# Social media crisis: a definition



**Social media crisis:** anything that could negatively impact your and / or your business' reputation and reception through social media.

## Minim crisis:

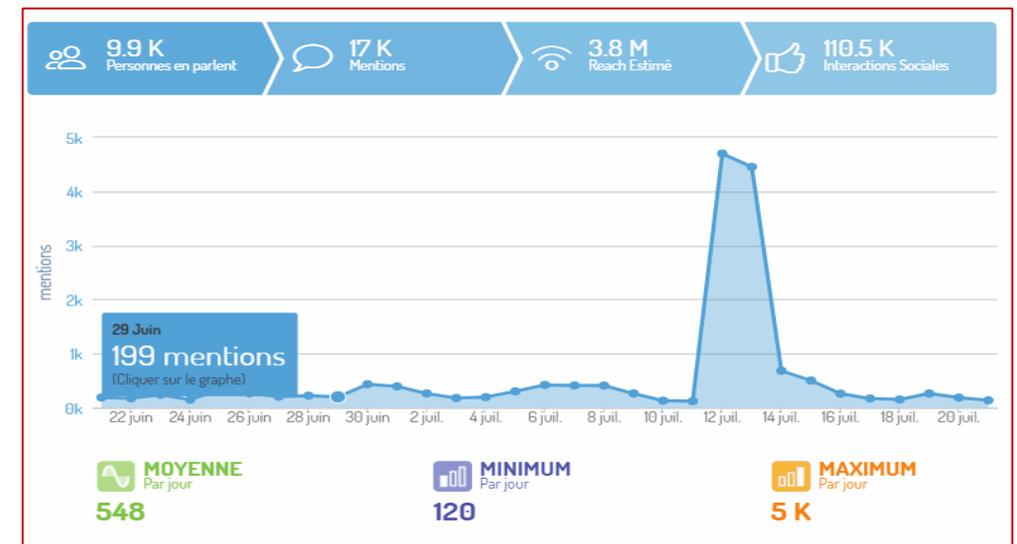
humor, trolling, of topics...

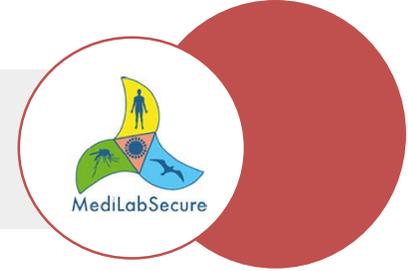
→ Be careful about your own feelings / perception !



## Real crisis:

Financial / technological / personnel (unethical behavior) / organizational / natural (earthquakes...)/ confrontational crisis / crisis of malice / human-made disaster (cyberattack)...



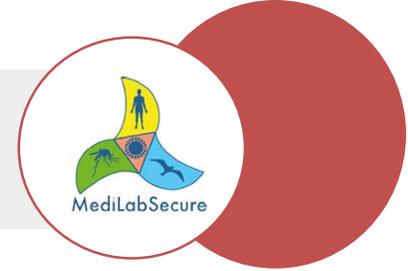


## Before crisis: prepare yourself

- Set rules for customers
- Create clear internal guidelines / ask for internal guidelines
- Have a clear crisis management plan / clear roles and responsibilities / know who is in charge
- Identify hot topics (animal testing, vaccination, stem cells...) and problematic influencers (« haters »)
- Monitor / report



# Social media crises tips

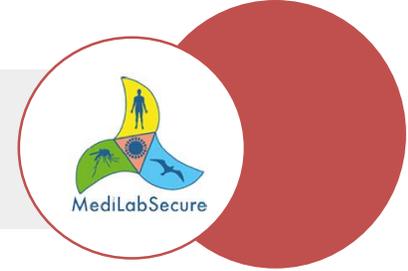


## During crisis: act quickly but carefully

- Do not panic / do not answer too quickly before a real validated crisis plan
- Assess the crisis: quantify (how many publications? likes? shares?) and qualify (where the crisis come from? Is there any influencers involved?)
- Do not blackout / delete your account
- React quickly: a response time of 12 hours is considered the norm when it comes to questions and concerns:
  - **Acknowledge the fact:** « we were notify that / we've seen that / we will answer quickly »
  - **Repare:** publish a prepared and validated answer
  - Use the same tools (ex: video / video)
  - Answer in the same social networks / adapt your answer
  - Do not delete bad comments
  - **Thanks** the community
- Stop automated posts: this kind of publications feel out-of-place and insensitive

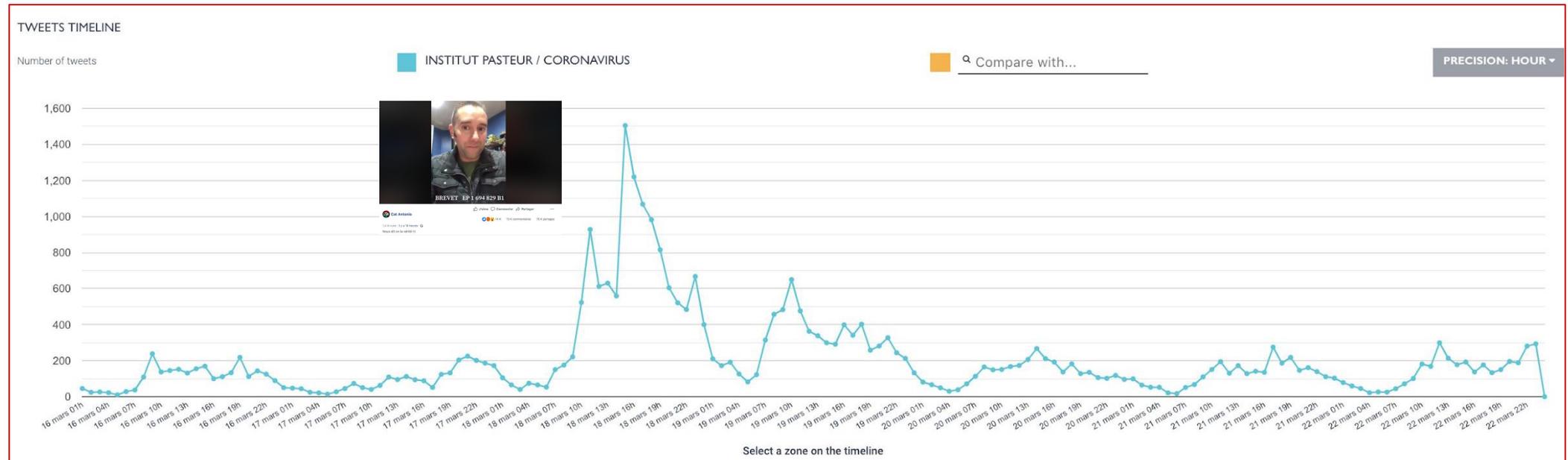


# Social media crises tips

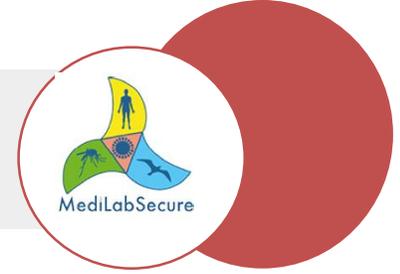


## After crisis: monitor & report

- Answer bad comments
- Analyze the reactions
- Monitor KPI
- Make a report in order to analyze the crisis



# Social media crises



**Thank you for your attention !**

# Regional meeting

May 16-19th, 2022

Dead Sea, Jordan



Funded by the European Union

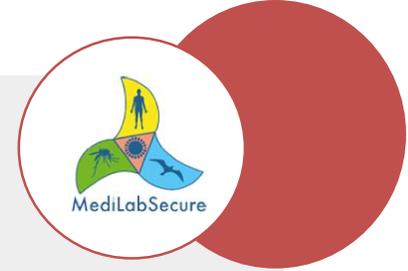


## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

### Case study

### Ministry of Health / Jordan

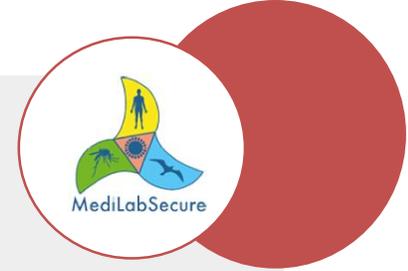
# Overview



In response to Covid-19 pandemic , the Hashemite Kingdom of Jordan acts across four keys response areas:-

- 1- Infection prevention and control
- 2-Immediate social protection measures
- 3- Education and child protection
- 4- And risk communication and community engagement RCCE

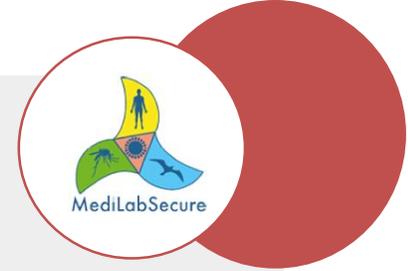
# Overview



Jordan's RCCE efforts helped the country to move fast early on in the COVID-19 pandemic with one of the strictest lockdowns in the world, making the country one of the few success stories in the fight against COVID-19 during 2020 in the Middle East.

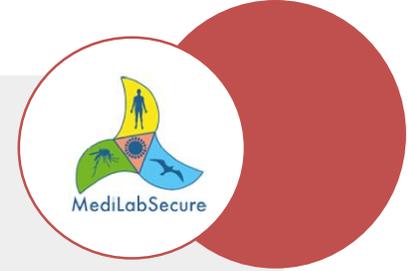
Anticipating that easing of the lockdown would lead to a COVID-19 wave, Jordan Ministry of Health with the support of UNICEF developed a roadmap second-phase activities. As it became clear that COVID-19 would persist over a longer period of time than originally predicted, the priority of the second-phase shifted towards targeting **social norms**. Recognising the negative social impact of a long-running pandemic, a cross-cutting concern of this phase was also social inclusion. The second-phase activities, therefore, actively ensured gender, age and disability inclusion.

# Overview



The road map identified priority RCCE actions for the Ministry of Health that could be dynamically implemented in the context of varying levels of lockdown restrictions in Jordan. The roadmap helped the Ministry of Health with internal RCCE planning and decision-making and also mobilised support from funding agencies as well as strategic and technical partners. Crucially, the roadmap sought to address key behavioural developments in the Jordanian population that were beginning to increasingly challenge compliance with public health guidance on COVID-19 in the country. These challenges included rising complacency and behavioural fatigue as well as harmful social practices towards women, children and the youth, such as genderbased violence (GBV) and loss of learning

# KEY SUCCESSES



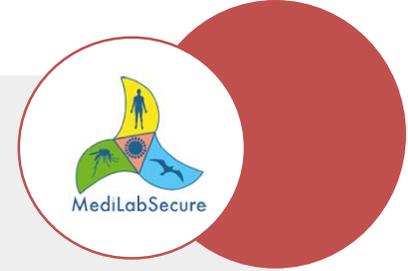
## **COLLABORATIVE :**

Jordan's COVID-19 RCCE response emphasised strong collaboration with partners and stakeholders to increase the effectiveness of its interventions. This strong collaboration has led to a COVID-19 RCCE response that is **integrated, coordinated, and nationally-led**

## **Integrated**

Jordan was able to integrate and harmonize the public health, humanitarian and development responses to COVID-19 by developing the Ministry of Health's 'Risk Communication and Community Engagement Strategy Preparedness, Readiness and Response to the Novel Coronavirus Disease (COVID-19) in Jordan'.

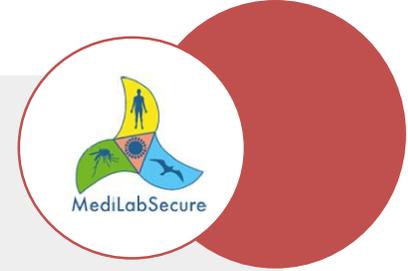
# KEY SUCCESSES



RCCE plan was dynamic and regularly adjusted based on the new and existing challenges posed by the COVID-19 crisis.

The University of Oxford's measurement of Jordan's Government Response Stringency Index confirms that a key outcome of this dynamic planning has been that Jordan's COVID-19 RCCE response is primarily responsive rather than reactive to the spread of the virus.<sup>2</sup> The country's responsiveness to risk is highlighted by its high stringency index score of 81.48. (18 Jan 2021)

# KEY SUCCESSES



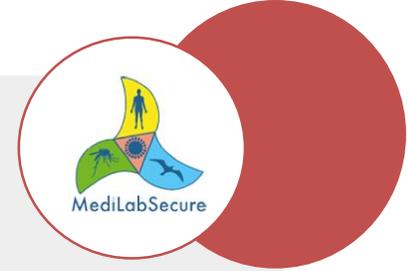
MoH created partnerships across government institutions such as the Ministry of Culture, Ministry of Religious Affairs and Awqaf, Ministry of Youth, Ministry of Industry and Trade, Ministry of Education, and the Election Commission.

Key non-government partners included the National Council for Family Affairs (NCFA), the Royal Health Awareness Society (RHAS), the World Health Organisation (WHO) and the United States Agency for International Development (USAID).

Together, these partners played a key role in ensuring that all public health, humanitarian and development responses to COVID-19 that were integrated and harmonized with each other.

Jordan extended its partnership-centred approach to private organisations to mobilise human and financial resources for RCCE activities in the country.

# KEY SUCCESSES

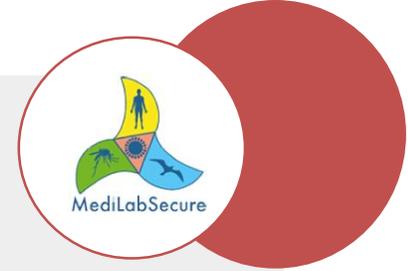


## **Coordinated**

The Hashemite Kingdom of Jordan recognised that COVID-19 impacts many aspects of the community beyond health. It also affects, access to food; water, sanitation and hygiene; livelihoods; security; and education. Jordan, therefore, prioritised multi-sectoral coordination. It delivered its RCCE actions through multisectoral coordination at the national level.

This multi-sectoral coordination was made possible through establishment of task forces featuring key government and non-government stakeholders and institutions to unify the strategy across the 4 key response areas and work harmoniously to prevent covid-19 spread in Jordan. The task forces included: National Multi-sectoral RCCE committee, RCCE Covid-19 response Task Force, Covid-19 Vaccination Task Force, UNICEF Community Committee and National Social Norms Behavioral Change Committee.

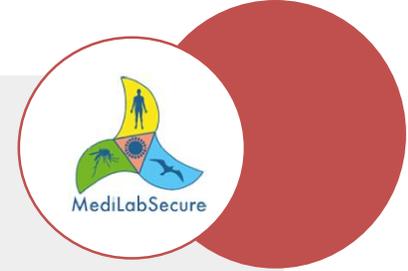
# KEY SUCCESSES



The taskforce stakeholders were not only able to coordinate on all interventions during all stages of their implementation across Jordan, but were also able to minimize duplication in planning and actions, and maximize common approaches and resources to deliver proactive, timely and effective communication.

For example, Jordan's National RCCE Taskforce enabled Jordan to nationally broadcast accurate information from a single reliable source, promoting COVID-19 prevention and health seeking behaviours as well as countering misinformation and rumours.

# KEY SUCCESSES

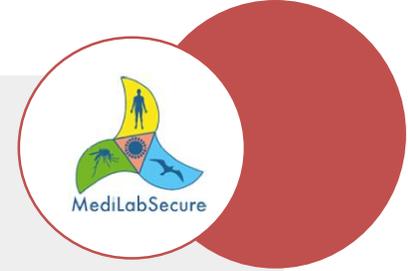


Crucially, by positioning itself as a unifying and expert institution of authority, the taskforce helped create trust between the COVID-19 RCCE response and the Jordanian public. This taskforce also helped build partnerships among its members as well as with the community, in order to establish effective coordination during both pre-emptive and reactive modes of any RCCE response.

For example, as an institution that both actively coordinated with the Prime Minister's Office and Crisis Cell and planned and implemented community-level actions, the taskforce became a community feedback mechanism between the community and the decision-makers.

A key driver of this community-feedback mechanism was the social listening undertaken by UNICEF Jordan, which gathered feedback both during the implementation of key activities and also independently as part of Jordan's data-driven approach

# KEY SUCCESSES



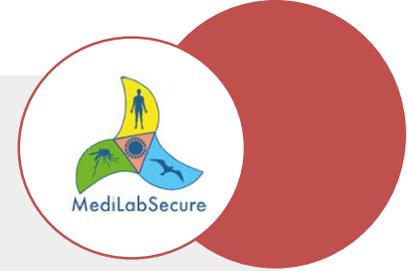
## **Government leadership**

The leadership that the Hashemite Kingdom of Jordan demonstrated was a critical factor in establishing key mechanisms from the outset, and in the ability to adjust to changing conditions.

The central success of this nationally-led response was the rollout of Jordan's ongoing COVID-19 National Campaign on 8th of March 2020, ELAK O FEED ('For you and your benefit'), and the development of Jordan's dedicated national webpage (<https://corona.moh.gov.jo/ar>) on COVID-19. Through the Ministry of Health, UNICEF, WHO, NCFA and RHAS platforms and networks, the Elak o Feed campaign disseminated key messages related to the daily routines of families, children, and communities, and allowed for substantial behaviour change to help reduce the spread of COVID-19.

It reached Jordanians nationwide through social networking platforms such as YouTube, Facebook, WhatsApp and Instagram; TV channels and radio stations; telephone messaging; and community engagement led by local and community organizations.

# KEY SUCCESSES



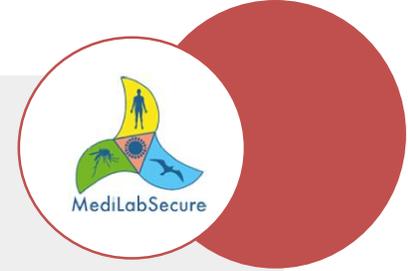
## **DATA-DRIVEN**

Jordan established a comprehensive data strategy early, and was able to utilise evidence about the context, capacities, perceptions, and behaviours of communities in the country in program decisions.

In the context of its technical support, MoH with UNICEF Jordan support rapidly initiated qualitative and quantitative evidence generation and analysis on COVID-19 related knowledge, attitudes and practices. This was done in the form of nationwide behavioural surveys, alongside daily monitoring, periodic rapid assessments of RCCE interventions, social listening of mass and social media and phone-based messaging in Jordan to track public sentiment and also misinformation.

This data-driven approach helped Jordan to identify gaps in existing interventions and find solutions to address them, and to also use the data to advocate on behalf of community priorities.

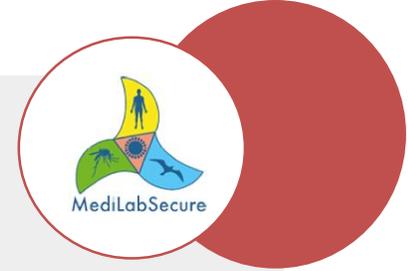
# KEY SUCCESSES



## REINFORCING CAPACITY AND LOCAL SOLUTIONS

A cross-cutting approach that has enabled Jordan to effectively deliver its COVID-19 RCCE response was to localize global guidance on RCCE. With technical support provided by UNICEF Jordan, it used its datadriven approach to identify RCCE capacity and solutions locally available in the country, and analyse these using best-practice behavioural models, including: UNICEF's Behavioural Drivers Model (BDM), which offers a comprehensive conceptual framework at all socio-ecological levels (individual, community, social and structural); and the Extended Parallel Process Model, an effective behavioural tool for threat management that crucially takes into account both perceived threat and self-efficacy of people in a health emergency. RCCE interventions were designed on the basis of this local evidence and analysis, guided at all times by WHO's 'Risk Communication and Community Engagement (RCCE) Action Plan Guidance: COVID-19 Preparedness and Response' and 'COVID-19 Global Response Risk Communication and Community Engagement (RCCE) Strategy'. This approach became increasingly important when the RCCE response shifted from mass and social media to localised approaches to community engagement when the first-wave lockdown was lifted.

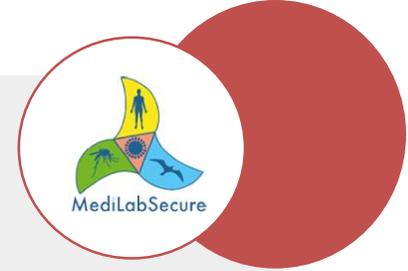
# KEY SUCCESSES



## COMMUNITY-LED

A key priority of Jordan was to facilitate community-led responses, in which engagement was supported at all levels through social listening and meaningful participation, so that everyone was part of the conversation and action on COVID-19. The Elak o Feed campaign, as a key highlight of Jordan's response, was community-centred, participatory, and inclusive: it engaged with different groups in communities, gave them opportunities to lead action, and prioritised the most vulnerable, marginalized and at-risk groups.

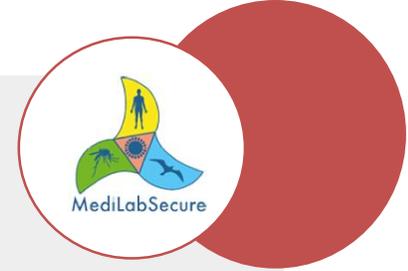
# KEY SUCCESSES



## **Inclusion: Engaging different groups in communities**

The Elak o Feed campaign took both a broad and targeted approach to engage communities. To maintain public knowledge and trust in relation to both COVID-19 and the COVID-19 vaccine across all communities in Jordan, Jordan delivered constant messaging across all key media. The Elak o Feed campaign tapped into the country's mass, mid and social media: it broadcasted regular public service announcements (PSAs) and health expert interviews on both television and radio; placed midlevel media messages on branded buses, outdoor billboards, petrol stations and bridges; and posted regular content on social media. A key focus of engagement with communities was entertainment-education, which saw information on COVID-19 provided seamlessly in entertainment contexts. The comic series Zaal wa Khadra raised awareness among Jordanians countrywide on the threat and severity of COVID-19, and on ways to stay safe by promoting effective preventative as well as health-seeking behaviours.

# KEY SUCCESSES

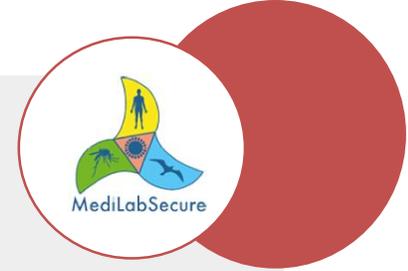


## **Inclusion: Engaging different groups in communities**

The campaign also specifically engaged youth, children, parents, media, artists, and religious and community leaders in Jordan. A crucial means of this engagement was community outreach through Jordan's health and commercial sectors, with the latter often providing in-kind support.

Jordan's hospitals and tourism board disseminated campaign messages to the public, while shopping malls held roadshows with trained Elak o Feed volunteers to engage families. A key focus of the mall roadshows was to not only provide key information on COVID-19 but to also address the specific concerns of parents and children on the COVID-19 vaccine.<sup>4</sup> UNICEF Jordan also engaged youth social media influencers and celebrities on Facebook and Instagram to reach the young persons in community.

# KEY SUCCESSES

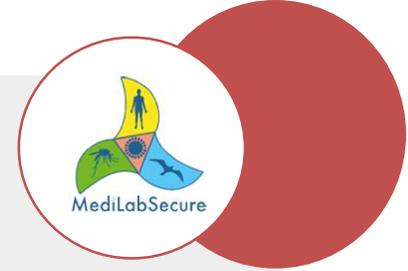


## **Inclusion: Engaging different groups in communities**

Jordan's use of entertainment-education and targeted engagement took centre stage with 'Bebo and Gigi' stories. Engaging children under 10 years of age,

THE BEBO AND GIGI STORIES WERE PUBLISHED ON SOCIAL MEDIA, REACHING NEARLY 240,000 PEOPLE AND SHARED DIRECTLY WITH 34 SCHOOLS AND NURSERIES. THESE STORIES WERE SUPPORTED BY CHILD-FRIENDLY PSAS AND IN-PERSON AND SOCIAL MEDIA ACTIVITIES. THIS CHILDREN'S PACKAGE WAS FURTHER DEVELOPED INTO 'KITS' THAT INCLUDED PRINTED STORIES, GAME, MASK AND HAND SANITIZER AND WAS DISTRIBUTED TO 5000 VULNERABLE CHILDREN IN JORDAN.

# KEY SUCCESSES

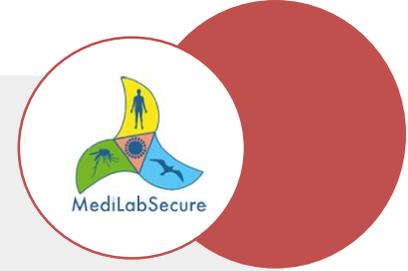


## **Giving community members the opportunity to lead action**

A key feature of Jordan's engagement with communities was the opportunity it provided them to lead action. With key technical support from UNICEF Jordan, two types of community members that led action on COVID-19 were the youth and religious leaders.

In collaboration with a number of key partners, including Jordan's Election Commission,, Ministry of Youth and Ministry of Industry and Trade, MoH with UNICEF Jordan support mobilised and trained over 18,000 Elak o Feed youth volunteers. These youth volunteers promoted health practices and encouraged social change in their communities on COVID-19

# KEY SUCCESSES

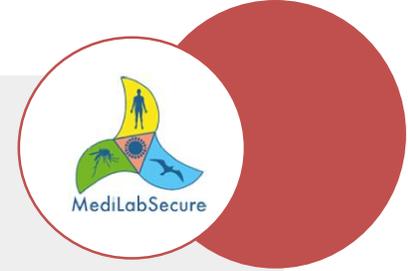


## **Inclusion: Reaching the most vulnerable, marginalized and at-risk community members**

Two types of community members were a high priority for the response: 1. PERSONS ESPECIALLY VULNERABLE TO THE SEVERITY OF A COVID-19 INFECTION, SUCH AS OLDER PERSONS, PERSONS WITH UNDERLYING CONDITIONS, AND FRONTLINE HEALTH WORKERS;

2. PERSONS ESPECIALLY VULNERABLE TO THE IMPACT OF THE LOCKDOWN IN JORDAN, SUCH AS CHILDREN WHO EXPERIENCED LOSS OF LEARNING AND WOMEN WHO FACED DOMESTIC VIOLENCE DURING RESTRICTIONS.

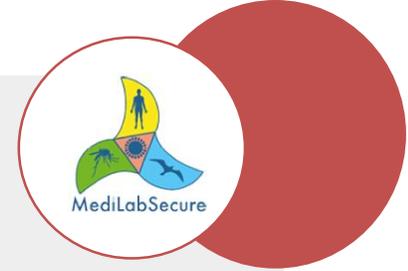
# KEY SUCCESSES



MoH ,UNICEF and RHAS, virtually trained over 400 COMMUNITY health and social workers and volunteers when Jordan went into lockdown and later on trained more than 500 FRONTLINE WORKERS on COVID-19 and vaccine related topics along with equipping them with communication skills to reach out to their communities with key messages, especially to encourage vaccine uptake.

They also activated social network platforms in collaboration with key partners on Facebook and WhatsApp to reach millions of Jordanians every week with targeted messaging that prioritised these vulnerable groups. UNICEF Jordan, for example, collaborated with the Ministry of Culture to launch an online talent competition that drew more than 40,000 entries from children and youth during the lockdown in Jordan and supported Ministry of Religious Affairs and Awqaf to carry out a parental awareness program that reached 1.5 million Jordanians.

# KEY CHALLENGES

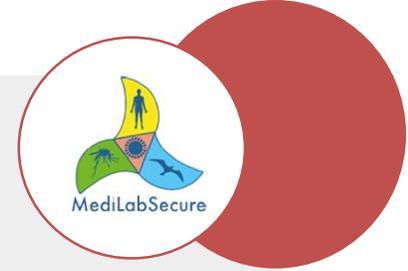


Jordan faced a number of challenges during the implementation of its RCCE response to COVID-19. It not only included behavioural challenges at the population level but also technical challenges at the system level.

THE KEY BEHAVIOURAL CHALLENGES that emerged were as follows:

**Behavioural fatigue**, which saw Jordanians becoming less willing and able to maintain adherence to COVID-19 prevention. It also saw Jordanians becoming desensitised to and disregarding COVID-19 messaging, particularly because these were not being changed frequently enough and were also being disseminated from a limited number of platforms.

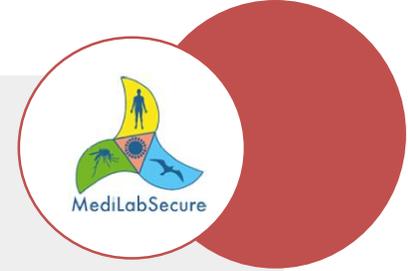
# KEY CHALLENGES/ BEHAVIOURAL



**Community resistance**, which saw Jordanians not follow social distancing due to their adherence to specific social norms, such as the cultural traditions around greetings and gathering in Jordan.

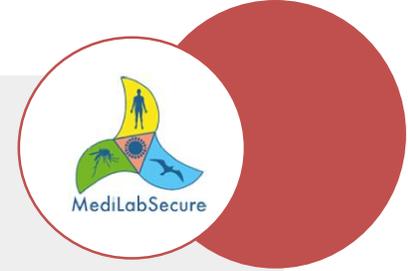
**Lack of trust in the government**, which saw some Jordanians believe that the official COVID-19 messaging exaggerated the threat and severity of the virus. Jordanians reported a lack in trusted role models from the government, who would have visibly followed the recommended public health guidance and also directly engaged with local communities on a regular basis.

# KEY CHALLENGES/ BEHAVIOURAL



**Lack of competent media reporting on COVID-19**, which saw increasing competition for the attention of viewers. The many interviews and dialogues with various ‘experts and technical entities’ create a cacophony of voices and make it more difficult for Jordanians to rely on a few sources of information in the media that they could trust or listen to regularly.

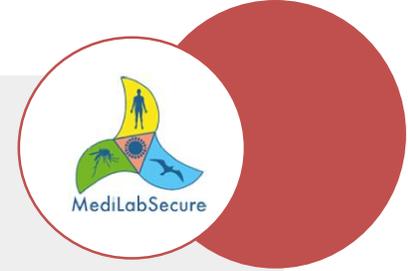
# KEY CHALLENGES/ TECHNICAL



**THE KEY TECHNICAL CHALLENGES** that emerged were as follows:

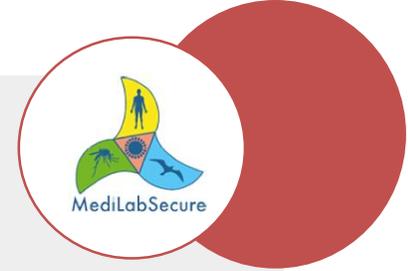
**Lack of relevant expertise**, which was experienced not only within the public sector, such as government departments, but also within the private sector, such as contractors and agencies. Moreover, with the exception of UNICEF Jordan, there was no dedicated communication for development (C4D) or RCCE personnel available to Jordan's COVID-19 RCCE response either, which meant that it had to rely on the limited private sector capacity to implement its RCCE efforts and monitor and evaluate the reach and engagement of these efforts. The challenge of limited available expertise affected not only the national campaigning on COVID-19 specifically, but also the technical handling of the emergency response more generally.

# KEY CHALLENGES/ TECHNICAL



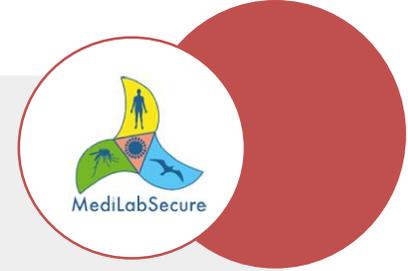
**Limited community engagement**, which was caused by concerns over the risk of COVID-19 transmission during interpersonal contact. Public authorities responded to this risk posed by community engagement by prioritizing remote, primarily one-way, communication in Jordan, such as social media content initiatives and television and radio broadcasts. This reinforced the above-cited message fatigue, due to the delivery of too many messages on COVID-19 on a limited number of platforms. This also crucially excluded vulnerable communities, including rural and refugee populations, that did not have easy access to, for example, the Internet or social networking platforms

# KEY LESSONS



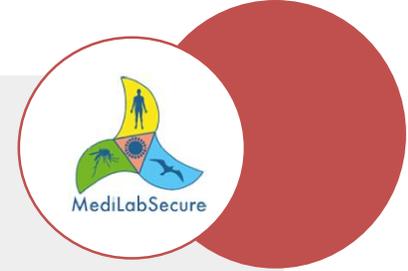
**Prioritise community engagement**, by learning and adapting emerging global and country-level guidance on community-led action on COVID-19 using two-way communication with communities readily possible. This community engagement will allow community health workers and community enablers to directly communicate with and influence communities face-to-face while reducing COVID-19 risks to communities and themselves. This communication will be supported by communication using both digital, social and telephonic media where applicable. The focus on community engagement will also help overcome behavioural fatigue, by diversifying the platforms of communication and distributing the burden of COVID-19 prevention and control by building a supportive social environment rather than individual behaviour change. Community engagement will also help address the social norms that are leading complacency by increasing COVID-19 threat and severity at the community-level.

# KEY LESSONS

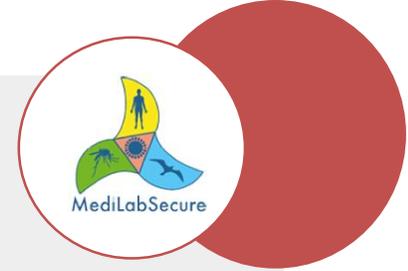


**Build upon existing coordination and accountabilities**, by introducing a rigorous whole-of-system approach with strong monitoring. Informed by the concept of Health in All Policies (HiAP) - “an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies and avoids harmful health impacts in order to improve populations health and health equity” 6 – this approach can enable a more robust cross-sectoral approach across the government, and also include and utilise non-state actors such as local community networks and non-governmental organisations. While RCCE itself was well-coordinated with other sectors, coordination, knowledge sharing, and capacity-building that make it possible for policymakers and practitioners to work with all relevant actors, including communities themselves, without duplicating RCCE efforts and that leverages unique roles and specialisations to improve public health during the COVID-19 pandemic still remains a goal. The whole-of-system approach will particularly help in delivering an adaptive response to COVID-19, where activities will need to not only be dynamically practised for containment, mitigation and suppression of COVID-19 but will also in be practised in response to a diversity of new challenges, including vaccine hesitancy and more resilient social harms caused by the long-term effects of the COVID-19 pandemics, such as gender-based violence against women and loss of learning experienced by children

# KEY LESSONS



**Address key capacity gaps** to deliver a more effective COVID-19 RCCE response. As mentioned above, a whole-of-system approach will help ensure that all stakeholders are working together, across sectors, and at the required levels of capacity. This approach will enable the Hashemite Kingdom of Jordan to work more closely with and build the capacity of media practitioners in the country, and also of other public and private sector stakeholders such as government officials and contractors. Country-level capacity building of these stakeholders should be prioritised, with the focus on building their competencies in implementing best-practice behaviour change communication approaches and tools in emergency contexts. In addition to improving capacity levels, it is crucial to expand the pool of RCCE practitioners, both within and outside of government institutions.



**THANK YOU**