

# KEY MESSAGES DURING COVID-19



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# Key messages: Ensure Dignity, Access, Participation and Safety

- Prepare and share public communication to address and prevent stigma and discrimination that can prevent people from seeking healthcare. Messaging about “high risk groups” should be sensitive to minimize negative impact on those groups.

- Remind staff and volunteers to ensure dignity in all services: screening, surveillance, isolation, treatment, etc. Regularly review these services.

- Support governments, through guidance and advocacy, to ensure human dignity is respected in all responses at all times.

- Design services, treatment and communication to be accessible to all, especially those who are marginalised.
  - Older people may not have easy access to information on websites & social media - use adapted communications methods like phone calls & pamphlets.
  - Provide communications in the languages of ethnic minorities and migrants, in plain language, and adapted for visual / auditory impairments.
  - Ensure where possible gender-balanced teams especially if providing treatment or support, even if online or by phone.



**Key messages:  
Ensure Dignity,  
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## **Key messages: Ensure Dignity, Access, Participation and Safety**

- Gather feedback on activities and services from all members of the community (all genders, ages, abilities and other groups).

Use online or phone methods to gather feedback and suggestions on activities and services from the people supported.

Provide opportunities for people to provide feedback on services in person where applicable - e.g. during treatment or distribution of food/medicine

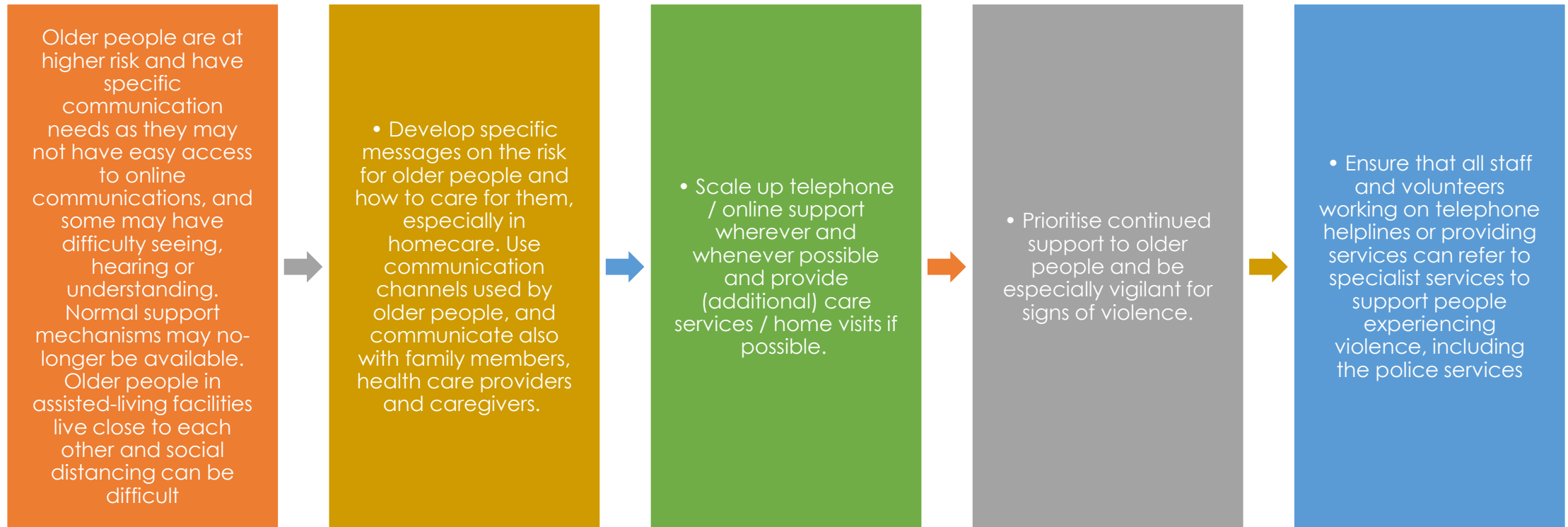
# Key messages: Ensure Dignity, Access, Participation and Safety

- Address the increased risk of violence in the home and of self-harm during isolation and stressful situations
- Embed support and guidance on domestic violence in existing services – e.g. equip volunteers providing other services with information about where to get help in the case of violence in the home.
  - Set up or strengthen dedicated support and assistance – e.g. phonenumber or online support for people at risk of inter-personal and self-directed violence.
- Be especially vigilant of the risk of violence towards higher risk groups –older people (especially older women), people with disabilities (including intellectually disabled) and those with limited social networks such as migrants, homeless people

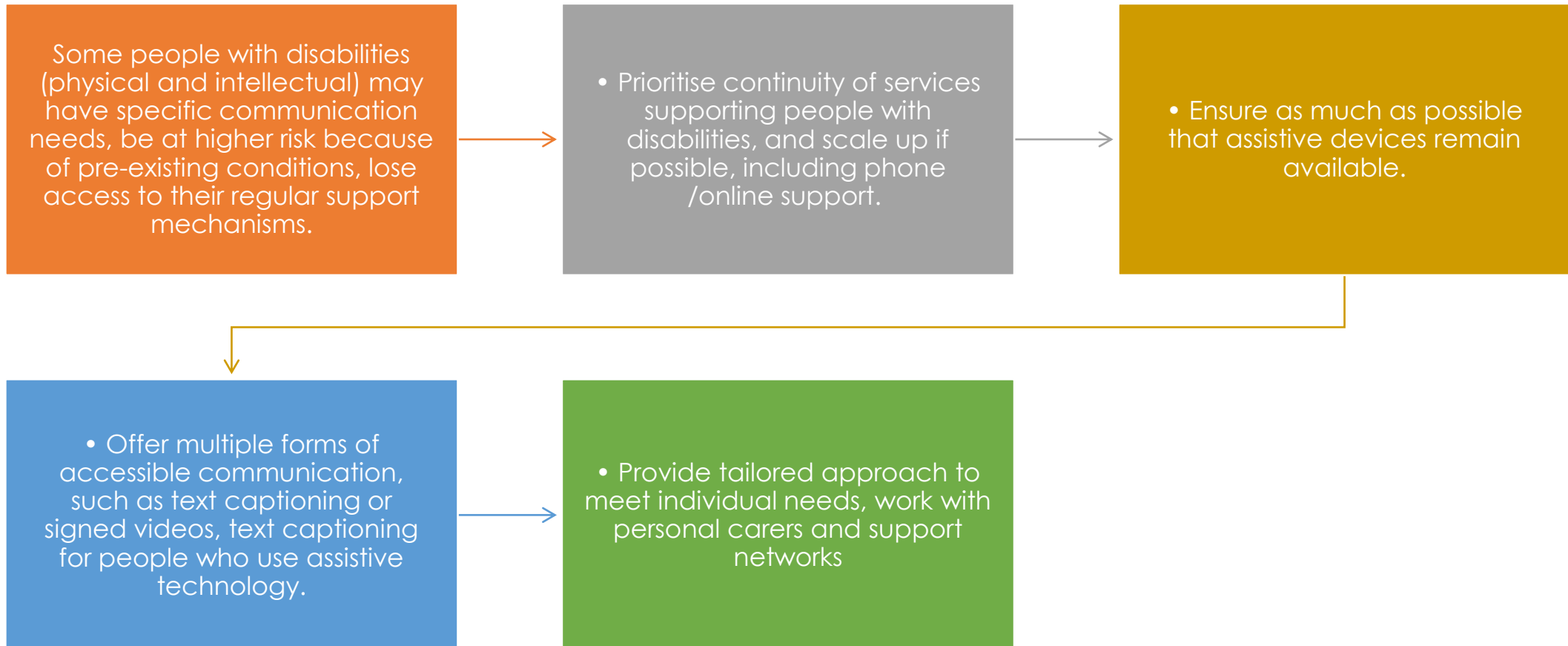


*Considerations for key  
groups at risk of  
exclusion, violence  
and discrimination*

# Older people



# People with disabilities





# **Refugees and Migrants, including irregular migrants and those in informal settings**

May not be included in the national strategies and may be difficult to reach as they move. Access to services and information may be limited by legal status, discrimination and language barriers. Therefore:

- Plan for services and communication to include migrant communities, including for psychosocial support and referral.
- Make material available in common languages of migrant communities, and engage their active participation to ensure it is accessible.
- Advocate on their behalf, including for access to public health service
- Monitor incidents of violence and discrimination.



## Women

Women are the majority of front-line health workforce and caregivers. Cultural factors may restrict women's access to information and services. Some women may be particularly affected, e.g. older women living alone, migrant women in an irregular situation. Isolation may lead to an increased risk of violence in the home.

- Provide specific advice for women caring for children and others in isolation and quarantine, and may not be able to avoid close contact.
- Ensure communications, treatment, support and services are culturally and gender sensitive to ensure access for women. Where possible ensure that medical teams are gender-balanced.
- Ensure measures are in place to mitigate risks of sexual and gender-based violence against women in quarantine facilities, isolation processes and procedures.
- Ensure that all staff and volunteers working on telephone helplines or providing services are trained in responding to reports of SGBV, (especially intimate-partner violence) and can refer to specialists.

1

Children have specific information and emotional needs, cannot access many services and support mechanisms if schools are closed. Isolation may lead to an increased risk of violence in the home.

2

- Ensure that measures are in place to mitigate the risk of all forms of violence against children in quarantine facilities, isolation processes and procedures.

3

- Design information and communication materials in a child-friendly manner, on physical and mental health issues (including emotional unrest) related to the outbreak.

4

- Provide information to care givers and institutions about children's psychosocial issues including skills to handle children's anxieties as well as their own.

5

- Provide counselling and support services for affected families, by phone and online.

# Children and Youth

# Men

Men appear to be more likely to get sick and die from COVID-19, tend to wash their hands less frequently than women and have a lower immune response. Isolation may lead to an increased risk of violence in the home.

- Community engagement and health service teams should be gender-balanced and provide targeted messaging from other men on hand washing.

- Ensure measures are in place to mitigate risks of sexual and gender-based violence against men in quarantine facilities, isolation processes and procedures.



# Sexual and gender minorities including LGBTIQ people

May face challenges in accessing healthcare systems due to stigma and discrimination, especially in contexts where they are criminalized. Older LGBTIQ people are more likely to be isolated

- Include existing LGBTIQ groups, communities, and centres in engagement and outreach as they have key roles in prevention and supporting access to medical care.

- Ensure measures are in place to mitigate risks of sexual and gender-based violence in quarantine facilities, isolation processes and procedures.