

JORDAN'S COVID-19 RCCE RESPONSE

CASE STUDY

2020

INTRO

This case study documents Jordan's COVID-19 Risk Communication and Community Engagement (RCCE) response from March 2020 – when the COVID-19 pandemic was declared – to January 2021. The case study shares the key successes of this response as well as the key challenges faced by the response, and the major lessons learnt from both the success and challenges to inform Jordan's COVID-19 RCCE response in the year 2021. The key users of this case study are the government stakeholders of the Hashemite Kingdom of Jordan, including the Ministry of Health, UNICEF Jordan and other key national and regional partners and stakeholders.

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OVERVIEW

In response to the COVID-19 pandemic, the Hashemite Kingdom of Jordan acted across **four key response areas in the first phase of the response**. With the Ministry of Health playing a leading role and UNICEF Jordan providing technical support, these four response areas were:

1. INFECTION PREVENTION AND CONTROL (INCLUDING HEALTH AND WASH);
2. IMMEDIATE SOCIAL PROTECTION MEASURES;
3. EDUCATION AND CHILD PROTECTION;
4. AND **RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)**.

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, UNICEF Jordan developed a roadmap for the Ministry of Health's 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**.

This second phase was guided by a roadmap developed by UNICEF Jordan in July 2020, which 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 gender-based violence (GBV) and loss of learning.

Since October 2020, Jordan has indeed seen a spike in the covid-19 cases with easing of the lockdown, and by early 2021, Jordan was one of the hardest hit countries in the region.

As of 31 January 2021, Jordan had identified:



326,855
COVID-19 cases



4,316
deaths



314,581
recoveries

This makes the case for long term investment in and support for the COVID-19 RCCE response an ever-more critical priority for Jordan.

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'.

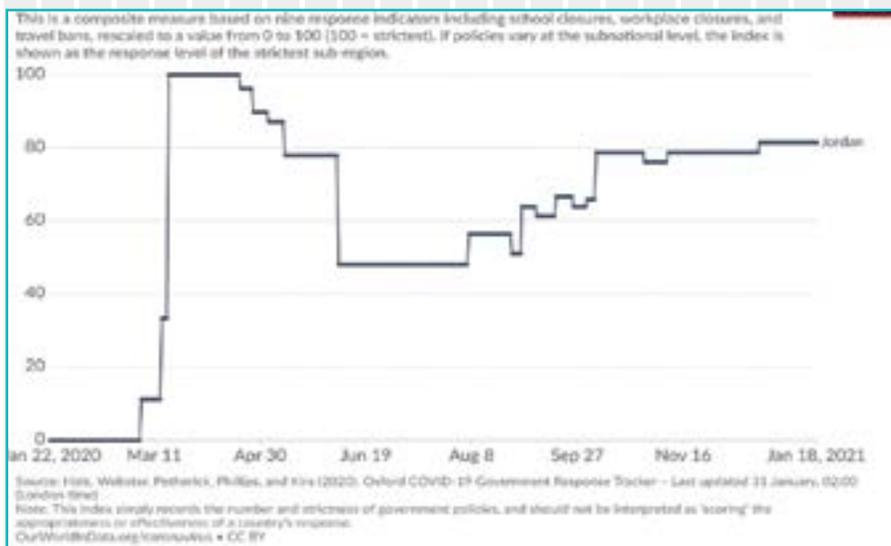
An overarching national plan for Jordan developed with technical support from UNICEF Jordan, the Hashemite Kingdom of Jordan was able to strategically steer all aspects of the response by mainstreaming RCCE into

their health as well as non-health programs. Jordan as a result was able to deliver **ONE RELIABLE PLATFORM** to "reduce the spread of the virus and stem the panic in the communities!"¹

Significantly, this 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.² The country's responsiveness to risk is highlighted by its high stringency index score of 81.48. (18 Jan 2021)

1 Ministry of Health (2020) COVID-19 National C4D Campaign: Progress report: 10 March – 10 April 2020, p.5
 2 <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker>

Figure 1:
 COVID-19 Government Response Stringency Index for Jordan



Activation of strategic partnerships was central to effective implementation of the national plan. With technical support by UNICEF Jordan, the Hashemite Kingdom of Jordan 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. A key dividend of these specific partnerships was in-kind support for paid content on mass and digital media: mass media entities and local radio stations notably provided in-kind support for mass media while Facebook and Google provided advertising to promote Jordan's COVID-19 online platform.

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 multi-sectoral 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.

A significant part of implementation was led by RHAS, which despite being a small organisation, was able to reinforce its capacity to undertake this implementation with technical support from UNICEF. 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. 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 on behalf of the Hashemite Kingdom of Jordan. 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 (see below).

1 National Multi-sectoral RCCE committee

2 RCCE Covid19-response Task Force

3 Covid19- Vaccination Task Force

4 UNICEF Community Committee

5 National Social Norms Behavioral Change Committee

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.

With technical support by UNICEF Jordan, the Hashemite Kingdom of Jordan fostered a **government-led³ national RCCE response**. The coordination and integration made it possible for this nationally-led response to also be supported by local, national and international organisations and communities. 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.



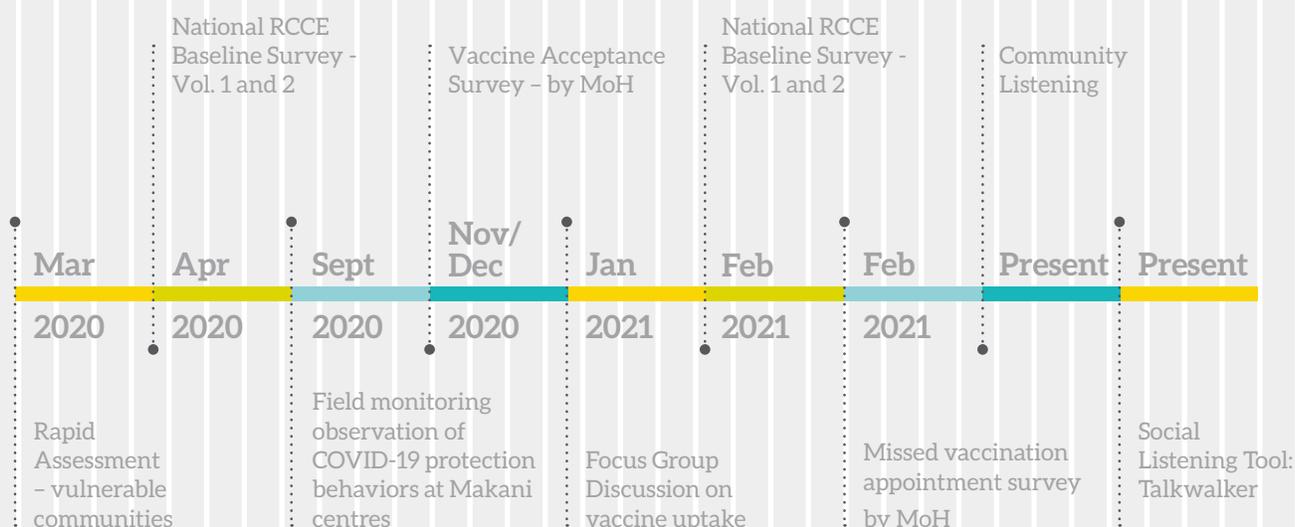
³ Risk communication is a core function that WHO Member States must fulfill, as signatories to the International Health Regulations (2005).

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, UNICEF Jordan 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. UNICEF Jordan also rolled out community feedback activities through polls, the U-report and rapid assessments through Rapid Pro. **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.**

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 data-driven 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.



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.*

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.

ZAAL WA KHADRA HAS 247,684 FOLLOWERS ON FACEBOOK AND A DAILY REACH OF 1.1 MILLION ON TELEVISION.

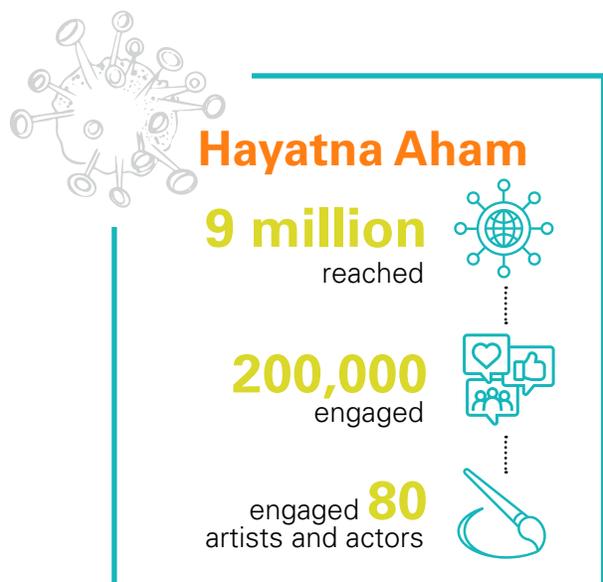
UNICEF Jordan collaborated with the Ministry of Culture to launch **the social media campaign Hayatna Ahem, which reached more than 9 million through MoC and partners' social media platforms and engaged more than 200,000, through a series of creative videos, sketches, posts and media segments by 80 artists and actors, using various mediums to raise awareness about covid-19 prevention practices, precautionary habits and de-bunking myths amongst children and adults.**



©UNICEF Elak o Feed



©UNICEF Zaal wa Khadra



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.⁴ UNICEF Jordan also engaged youth social media influencers and celebrities on Facebook and Instagram to reach the young persons in community.

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

⁴ As in the case of Zaal wa Khadra, this outreach was amplified with content on social media as well.

these animated stories by UNICEF Jordan featured the characters of Bebo and Gigi, who explained to children what the COVID-19 virus is, how to keep themselves safe and clean during everyday activities and play and how to maintain healthy habits in general.

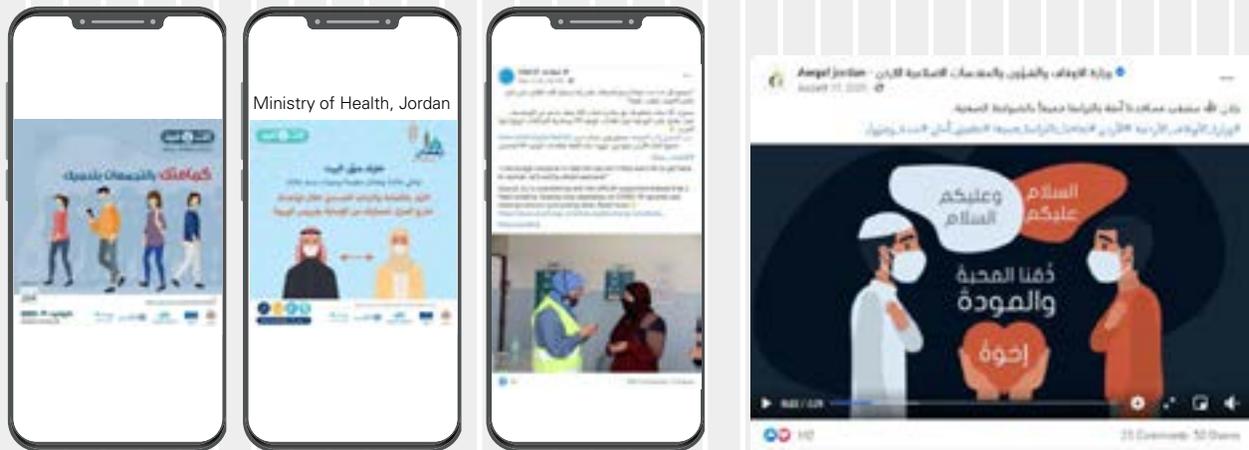
THE BEBO AND GIGI STORIES WERE PUBLISHED ON SOCIAL MEDIA, REACHING NEARLY 240,000 PEOPLE AND SHARED DIRECTLY WITH 34 SCHOOLS AND NURSERIES. THESE STORIES WERE SUPPORTED BY CHILD-FRIENDLY PSAS AND IN-PERSON AND SOCIAL MEDIA ACTIVITIES. THIS CHILDREN'S PACKAGE WAS FURTHER DEVELOPED INTO 'KITS' THAT INCLUDED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



"I will use the hygiene (sanitizer) and (Makani) mask when I go to the school and everyday"
Yasmeen Khateeb, 7 years' old



"I love stories, that's the thing I like most inside the bag"
Razan Anas, 7 years' old



©UNICEF social media key messages

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 Health, Ministry of Youth and Ministry of Industry and Trade, UNICEF Jordan 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.



FURTHERMORE, IN COORDINATION WITH MINISTRY OF YOUTH, NAHNO, MINISTRY OF HEALTH, UNICEF AND RHAS, **10 YOUTH TRAINING SESSIONS ON COVID-19, VACCINE AND COMMUNICATIONS SKILLS WERE CONDUCTED TO BUILD 506 YOUTHS’ CAPACITY** AND ACTIVATE THEIR ROLE IN THE LOCAL COMMUNITIES. THE TRAINED YOUTH ALSO CONDUCTED AWARENESS SESSIONS (ON-GROUND), ONLINE SESSIONS AND CREATED SOCIAL MEDIA GROUPS TO ENGAGE MORE YOUTH AND REACH PEOPLE WITH KEY MESSAGES. THE YOUTH IS ALSO SUPPORTING ADHERENCE TO PUBLIC HEALTH GUIDANCE IN SHOPS, RESTAURANTS, GYMS AND CAFES IN HIGH-RISK GOVERNORATES SUCH AS AMMAN, ZARQA AND IRBID THROUGH THE USE OF AN ACCOUNTABILITY TOOL; AND HAVE ALSO HELPED REGISTER PEOPLE ON THE VACCINATION PLATFORM IN LOCAL HEALTH CENTRES ACROSS THE COUNTRY.

Recognising the influence of religious leaders on Jordanian communities, UNICEF Jordan also **mobilised and built the capacity of religious leaders**. Tapping into both **prophetic biography and religious teachings**, trusted religious leaders across the country both delivered and distributed **sermons** to congregants and shared awareness messages with families. They also featured in **religious programming on both broadcast and social media**, offering lifesaving information and guidance on COVID-19 and later the COVID-19 vaccine through TV shows, PSAs and radio spots. A key focus on this programming was two-way communication. For example, **religious leaders held weekly jurisprudence programs to answer questions by Jordanians on COVID-19 and the COVID-19 vaccine live on television**.

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

Jordan's RCCE response prioritised **reaching and protecting 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.

In order to offer support to these community members, **digital outreach** was vital to engaging with people remotely during high community transmission of COVID-19. **UNICEF, in coordination with MoH 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.

As the lockdown eased, UNICEF Jordan worked closely with the **Ministry of Education to launch the national 'Back to School' campaign**. In addition to promoting harm-reduction in schools with content such as a back-to-school-safely video, the campaign also provided mental health and psychosocial support (MHPSS) to parents and families.



During this time, UNICEF Jordan also collaborated with the [Ministry of Health and RHAS to conduct online dialogues with medical professionals and community members](#) (including women and youth) to capture and improve their perceptions of the COVID-19 vaccine and their willingness to take the vaccine or to encourage the people to take it.

TESTIMONIALS

”انا شخصيا مقتنع تماما بالمطعوم، اذا بدك الصح ما في دراسات كافية لكن هو مبشر، لو عمل 40/45% حماية فيكون ممتاز“ طبيب عام يتعامل مع مرضى كورونا- القطاع الخاص

”I’m completely convinced about the vaccine. Actually, there are no sufficient studies about it, but it’s promising to have the vaccine now. if it provides a percentage of 40-45% of protection this is an excellent achievement“ GP Doctor-private-sector

”إذا توفرت معلومات كافية ومضمونة عن اللقاح، فممكن اقتنع واقنع الناس، في اللحظة الحالية لاني ما بعرف مكونات المطعوم واعراضه الجانبية ما رح أشجع عليه.“ طالبة- كلية الأميرة ثروت

”If sufficient and trusted information will be provided about the vaccine, then I could be convinced and convince people accordingly. At this moment, I wouldn’t encourage others to take the vaccine because I don’t know its ingredients and side effects.“ Student- Prince Tharwat College

UNICEF Jordan has also used [entertainment - education to engage marginalised communities by developing Bedouin poetry to engage Bedouin communities with culturally-appealing content that features lifesaving information on COVID-19](#). In addition to being shared directly with Bedouin communities, this Bedouin poetry was published on social media to reach 2.3 million people on Facebook and 5,000 people on WhatsApp.



KEY CHALLENGES

As indicated above, 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.

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.

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.

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 engagement⁵ of these efforts. The challenge of limited available expertise effected not only the national campaigning on COVID-19 specifically, but also the technical handling of the emergency response more generally.

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.

⁵ Reach and engagement data is not easily accessible in Jordan, both for broadcast (e.g. TV and radio) and publication (e.g. outdoor advertising).

KEY LESSONS FOR 2021

Informed by the successes and challenges faced by Jordan's COVID-19 RCCE response, the following are the key lessons learnt in the context of the response's design and implementation for 2021. A key focus of these lessons is the emerging priority of the COVID-19 vaccine as well as the social harms caused by long-term COVID-19 restrictions and exposure experienced by Jordanians, such as domestic violence and mental health. While applicable to Jordan, these lessons are also relevant to Jordan's national and regional partners, and other low- and middle-income countries.

- **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.
- **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.
- **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.

⁶ WHO (January 2014) Health in All Policies (HiAP) Framework for Country Action

