PROMOTING A COMMUNITY ENGAGEMENT AND COMMUNITY MITIGATION APPROACH TO EARLY ACTION AND PREVENTION OF COVID-19

Key causes contributing to the spread of COVID-19 are the lack of accurate and up-to-date information and the spread of rumour and misinformation that exacerbate fear, panic, stigma, discrimination and mistrust among the populations.

We see a key window of opportunity to learn from current experience in DRC, the EVD outbreak in Equateur and the West Africa 2014-16 outbreak, by adopting a community engagement approach that the recognises the Grand Bargain commitment for improved delivery, and the Participation Revolution that focuses on including recipients of aid in the decision-making process. Lessons that will be applied include the need to:

- Foster trust and recognise members of the community as the main actors who can prevent or facilitate the spread of the epidemic.

- Establish context-sensitive two-way dialogue, which includes giving time to communities to explain their fears, ask questions, and have these answered.

- Extend beyond 'high-level' community representatives such as community leaders, traditional authorities and religious authorities. More engagement is requested with lower-level representatives who are directly in contact daily with the people targeted.

- Prioritize the voice and concerns of women, children and the elderly in the response and include them as decision makers.

- Mainstream social science research into programme design and response planning.

We will develop a localised community engagement approach to ensure affected populations know risks of Covid-19 and how to: identify early symptoms, prevent or mitigate transmission, what to do if they or their family members have symptoms and how to minimize risk of transmission in the household, where to receive medical help, where to find trusted sources of information, and how to engage in two-way communication with humanitarian actors, local authorities, their own communities, and trusted leaders.

Whenever face-to-face interactions are not possible, we encourage engaging with communities through other means via two-way-communication, like local and community radio, hotlines, and social media. Two-way communication will be important so that communities will be able to share their own questions, viewpoints and create opportunities for dialogue without having to engage in a face-to-face interaction.

A common intervention framework will be developed that includes:
- Building a stronger understanding of the key socio-behavioral factors that may influence a COVID-19 outbreak and response in the target area. Context-specific community-based social-anthropological studies will inform interventions designed to recognize and build on

local knowledge and skills that will address barriers to prevention like access, information, and norms.

- Understanding how people view risk and how they cope in a crisis to ensure that as far as possible the response strengthens existing capabilities, enables meaningful participation and focuses on marginalized, less powerful and most vulnerable members of the community.

- Designing activities to reach all vulnerable groups, going beyond existing health structures to support children and their families in their own communities, and acknowledging the security and livelihood restrictions that people might experience.

- Being cognizant that often multiple agencies are working in the same area, we will strive to coordinate as much as possible our community-based and community engagement work in order to ensure efficient use of resources and avoid overburdening the people we are meant to serve.

- Establish listening mechanisms at the beginning of the response in order to: understand how the crisis is affecting people's lives, determine their priority needs, their perceptions of the disease and what motivates their health- and help-seeking behaviors.

- Establish mechanisms to measure the adaptability of programs in line with feedback from monitoring data or complaints, and report this back to communities. Such mechanisms foster trust, increase satisfaction and ultimately heighten the community's ownership over the services.

- Utilize existing learning and evidence to inform community engagement activities and community-based approaches prioritizing proven approaches, whilst building a stronger evidence base through ongoing feedback and evaluation.

- Focus on ensuring a gender and child-sensitive/safe COVID-19 early action, preparedness and response across agencies. Creating secondary caregivers for children whose primary caregivers are sick, such as a community network of neighbors who can provide care during this time.

- Work with communities to identify areas within the home for home-based care of sick family members. In areas where spacing is limited, identify possible solutions such as artificial barriers, separating corners of the home and putting up "walls" made of sheets taped from the ceiling to the ground or other makeshift barriers.

- Ensure communities are informed of the changing and evolving situation and the need for flexibility through context appropriate messaging.

There is a need to recognise the connection between the status of public health systems and the sustainability of early action and preparedness activities. Lessons learned from DRC indicate that trust is heightened when health providers provide holistic care and services into which COVID-19 is incorporated.

We are therefore committed to incorporating COVID-19 prevention into a broader longer-term effort to build community resilience to infectious diseases. This approach will build on existing community health programming and disease surveillance mechanisms, focusing training and resources at the local level.

Additional priority impact areas for immediate programming:

- Health infrastructure impact: A multi-country COVID-19 outbreak is projected to overwhelm current government and partners response capacities, impacting access to essential healthcare and resulting in death and morbidities due to causes other than COVID-19 (for example pregnant women unable to access care).

- Social impact: Social links and safety nets are likely to be affected as a consequence of a COVID-19 outbreak. Those at risk of, or suspected of infection, will likely face stigmatisation and discrimination as well as potential quarantine measures that may impact their livelihood. This is likely to effect social cohesion and increase the support needs of vulnerable populations.

- Psychosocial impact: COVID-19 outbreaks lead to high levels of fear and mistrust in affected communities with surviving family members and the wider community facing increased psychosocial burdens.

- Child protection impact: During infectious disease outbreaks caregivers may be unable to provide attentive care to their children due to illness, death or for other reasons such as psychological distress. Reduced parental supervision can leave children more vulnerable to violence, exploitation and abuse. Family structure may also be changed by deliberate actions on behalf of caregivers, such as sending their children away to non-affected areas to stay with extended family or friends with the hope of keeping them safe. Children displaying symptoms of the disease may also be abandoned by their caregivers for fear of transmission to family members, social stigma associated with the disease or because they are unable to afford the cost of treatment.

- Education impacts: School closures or high absenteeism due to social distancing measures lead to gaps in children's education.

COMMUNITY MITIGATION MEASURES
Program elements that should be considered to engage communities in COVID-19 preparedness and early action include a range of community mitigation measures that can be delivered through different modalities at the community level. Such as:

Early identification, notification and referral at the community level
- Strengthening integrated disease surveillance and response. Ensure that all frontline health care workers are informed of the case definition of COVID-19 and are aware of reporting and referral mechanisms. Train existing community health worker cadre on COVID-19 prevention, case detection and notification.

Risk communication (signs & symptoms, prevention incl. hygiene promotion, care seeking)
- Risk communication. Community level, easy to read messaging (including through existing community health worker cadre, (social), local, and mass media, leaflets and posters in public places etc.) from a trusted source
- Feedback mechanisms: Opportunities for communities to ask and receive accurate, up-to-date information and share rumors with a trusted source.

- Development of child friendly risk communication materials that are context appropriate, translated into the local language and easy to read.
- Risk communication materials should include:
  - Signs & symptoms of COVID-19
  - Prevention of spread of COVID-19
    - Hand hygiene
    - Respiratory hygiene
    - Avoid touching face
    - Rational use of face masks *(only individuals with respiratory symptoms, or individuals who are taking direct care of someone with COVID-19)*
    - Cleaning of surfaces
    - Home care of individuals with COVID-19 *(isolate individual in separate well-ventilated room, wear mask if possible, limit direct contact, if direct contact wear mask & gloves)*
    - Social distancing of 2 meters of space in public places
    - Stay informed
    - Avoid public exposure if you have symptoms or are sick
    - Prepare home and family (planning for sick family members, esp child caregivers; supplies – food, medicine, water)
- Utilize existing community health worker cadre to reinforce hygiene promotion messaging (specifically focusing on hand hygiene and respiratory hygiene).
- Training of health peer educators on COVID-19 symptoms and prevention. The peer educators could conduct various health information sessions at community level to ensure that appropriate messages reach potentially at risk marginalized groups such as unaccompanied children, adolescent girls with children and illiterate persons.
- Engage in rumor and misinformation identification and mitigation.
- Community engagement meetings. (COVID-19 awareness meetings in non-outbreak settings) meetings could be set up to create opportunities for communities to ask questions, to voice concerns, and to identify and troubleshoot community issues.

Supply of hygiene promotion materials
- Supply of hygiene promotion materials (water, soap, hand sanitizer) to participants.
- Supply of handwashing facilities to schools, child friendly spaces and health facilities. Ensure that staff at schools, child friendly spaces and health facilities are trained on the correct use of hygiene supplies and cascade hygiene promotion to children and their parents, as well as patients and their caregivers.
- Conduct training for volunteers to set up handwashing facilities (correct chlorine solution, handwashing steps, cleaning of the water drum and tap when to refresh the water).

Social distancing (context-appropriate triggers for below measures to be decided)
- Cancellation of mass gatherings
- School measures or closures
- Workplace measures or closures

Mitigation of child protection impact
- Identify and orient community structures on potential child protection concerns & COVID-19.

Mitigation of social and psychosocial impact as well as stigma and discrimination associated with contraction and care (to accompany health and hygiene promotion messaging).

- Normalize reactions of fear and anxiety associated with the uncertainty and eventuality of outbreak.
- Define key messages on the necessity and value of health care workers and supportive family/caregiver networks providing care to persons with the virus as a mechanism contributing to the protection and wellbeing of communities.

Risk communication materials

Name document/material	Target audience	Delivery method	Embed document/material here
Ready RCCE Toolkit (DRAFT, in process of developing, includes community entry, rumor and misinformation, M&E tools etc.) those with green heading are READY, the other 3 are from IFRC	NGO responders		https://drive.google.com/drive/folders/1mZrmEJxKTda17oQYXJFD1dvk2rtTxS-c
Corona virus interactive tools and videos	Young people	online	https://www.brainpop.com/health/diseasesinjuriesandconditions/coronavirus/?fbclid=IwAR2M0ryl3ZdSKJMgYzbojiH_x42B2fv1fhcTzToTlBVgmYyRG70m8NKMNSU
Coronavirus video	General public	Online	https://savethechildrenzika.org/wp-content/uploads/2019/08/Afiche-Rehabilitación-y-apoyo-psicosocial.pdf 🔗
SC Volunteer job aid: pocket guide: priority behaviors to prevent Zika (spanish version only) this could be modified so that we have the key bahaviors (handwashing, distancing, home care, couching/sneezing into elbow, with key steps/instructions in bullets	Used by community health volunteers, audience is hh level	Hh visits	https://savethechildrenzika.org/wp-content/uploads/2019/08/Fichas-comportamientos-prioritarios.pdf
SC Poster: how to prevent zika (Spanish only)	Pregnant women	Hh visits, womens groups, health centers	https://savethechildrenzika.org/wp-content/uploads/2019/08/Bolsa-mujeres-embarazadas.pdf
SC CHW suspected cases tracking sheet	CHW	Hh visits, women's groups	https://savethechildrenzika.org/wp-content/uploads/2019/08/Ficha-casos-sospechosos.pdf
SC List of institutions providing support	Community members	Hh visits, community	https://savethechildrenzika.org/wp-content/uploads/2019/08/

		sessions, health centers	Afiche-Rehabilitación-y-apoyo-psicosocial.pdf ⯈
Suggestions to develop: electronic packet			