![CORE Group — Advancing community health worldwide.]

Evidence-Based Emergency Response in a Rapidly Changing Global Environment

Weekly COVID-19 Response
Coordination Call

May 8, 2020

Agenda -- 10:00 – 11:30 am EDT

Moderator: Julie Dargis, Senior Advisor, Global COVID-19 Response, CORE Group

10:00 – 10:10: **Opening Comments, Review Format, Agenda and Presenters**

10:10 – 10:30: **Presentations – Round 1.**
   - **The READY Initiative**
   - **Project Hope**

10:30 – 10:45: *Pause for Discussion & Participant Polling and Results, Question 1.*

10:45 – 11:10: **Presentations – Round 2.**
   - **IFRC**
   - **Field Ready**

11:10 – 11:25: *Pause for Discussion & Participant Polling and Results, Question 2.*

11:25 – 11:30: **COVID Resource Corner** – Specific COVID Resources for Emergency Response

11:30 am EDT: **Closure**

Panel of Presenters

- **<u>Carla Sanchez</u>**, Senior Specialist for Behavior Change and Community Health, **The READY Initiative, Save the Children** will: *frame overall Coordinated Preparedness Approaches and Resources for COVID-19*

- **<u>Tom Cotter</u>**, Director of Emergency Response & Preparedness, **Project Hope** will present: *Health Care Preparedness and Response Training*

- **<u>Ombretta Baggio</u>**, Senior Advisor, Community Engagement and Accountability, **IFRC** will discuss: Mainstreaming *RCCE in the overall response to ensure continuous learning and CO-creation with communities*

- **<u>Eric James</u>**, Executive Director of Field Ready and **<u>Claire Louise Travers</u>**, Global Impact Lead, **Field Ready** will: *outline innovative approaches to 3D options to meet immediate country-level needs in real-time*

Let us know what you think!

Use the Chatbox during the presentations to share your thoughts.

- What is the most *creative approach* that you or your organization has adapted to respond to COVID-19?

Select comments will be Live-Tweeted by the CORE Group team during the webinar!

Follow us @COREGroupDC

READY: GLOBAL READINESS FOR MAJOR DISEASE OUTBREAK RESPONSE

CORE Group COVID Coordination Call

Carla Sanchez, Sr. Specialist, Behavior Change Community Health, Save the Children

(7/1/2019) Nicole works as a nurse at the triage and isolation unit in a clinic supported by Save the Children in Beni, DRC, during the Ebola outbreak in 2019.

READY: Global Readiness for Major Disease Outbreak Response

- Three year, OFDA-funded consortium (2018 – 2021)

- <u>Augmenting what already exists</u> to build NGO capacity for infectious disease response

- Three primary project objectives:

  1. Improve NGO coordination

  2. Strengthen operational capacity

  3. Adapt and develop technical readiness

READY PARTNERS

Save the Children.

JOHNS HOPKINS Center for Communication Programs

JOHNS HOPKINS CENTER for HUMANITARIAN HEALTH

UK-MED

mercy MALAYSIA

EcoHealth Alliance

WHY READY?

Gaps in NGO outbreak response:

- Challenges with coordination

- Outbreak response structures are opaque or inaccessible

- Social-science interventions are consistently delayed, under-prioritized/resourced

- Inadequate multi-sectoral, integrated response

- Unused outbreak preparedness plans

Dushime, 8, washes his hands outside a Save the Children clinic in Rwanda. March 30, 2020. Credit: Thacien Biziyaremye / Save the Children
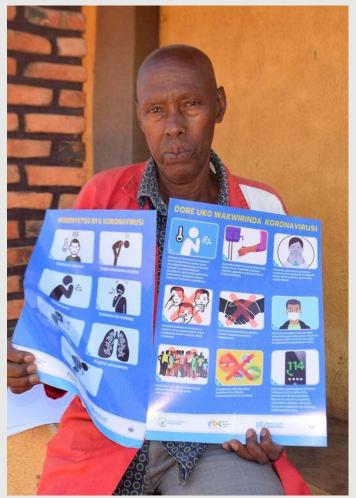
COVID-19 ACTIVITIES

- **COVID-19 Readiness Workshops**:

  - **Global**, London (*Dec 2019)

  - **Regional**: WCA, ESA, Middle East (Mar - Apr 2020)

  - **Country**: Vietnam, Indonesia, DRC (Feb - Apr 2020)

  - **Upcoming**: Asia region, Bangladesh, Uganda, South Sudan

- Support global coordination mechanisms, including RCCE sub-group on community engagement, and other WG like for Global WASH Cluster WG, OIE, GHC, IASC, IMWG, IAWG

- Support the development of global-level guidance documents, including for RCCE, Indicator work with IMWG

- COVID 19 & Humanitarian Settings weekly Wednesday webinar series for knowledge and experience sharing

- *UPCOMING*: technical trainings based off of gap analysis identifying training gaps

LESSONS LEARNED FROM WORKSHOPS

- There is a lack of community case management (CCM) training among NGOs

- COVID-19 guidelines are often removed from lived reality of individuals

- PPE best practices remain unclear among INGO's

- Widespread recognition that IPC guidelines need to be implemented across sectors

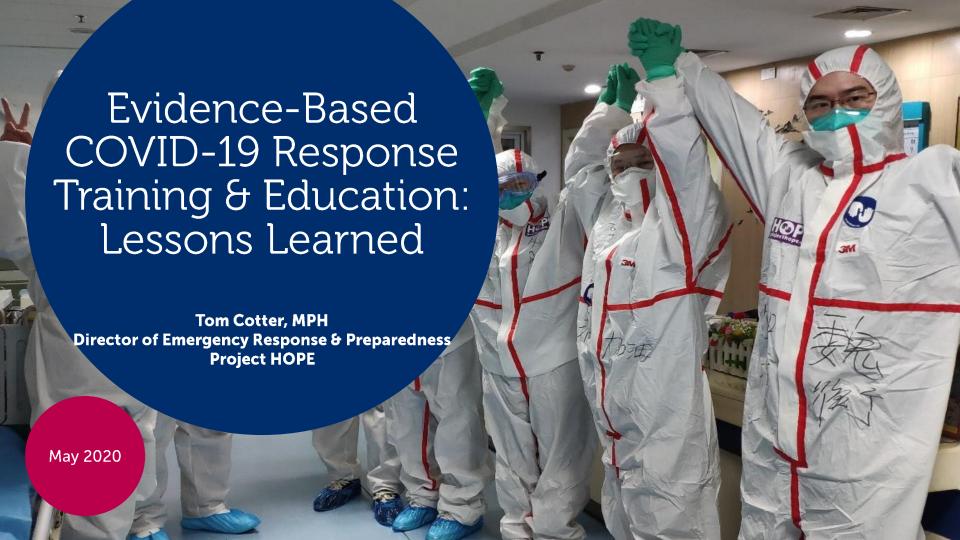- Community leaders are key to addressing rumors and misinformation

READY RESOURCES

- READY website: https://www.ready-initiative.org/

- READY discussion forums

- RCCE Toolkit (accessible through the READY website)

- Integrated Framework

- Operational checklists

- COMPASS modules https://compass.savethechildren.org.uk/

- Landscape report

COVID-19 prevention messages are shared outside a Save the Children clinic in Rwanda. March 30, 2020. Credit: Thacien Biziyaremye / Save the Children

Visit our website at
www.ready-initiative.org

Contact us:
ready@savechildren.org

Evidence-Based COVID-19 Response Training & Education: Lessons Learned

Tom Cotter, MPH
Director of Emergency Response & Preparedness
Project HOPE

May 2020

Project HOPE and COVID-19

A Global Health NGO

- Global footprint
  - Offices in 12+ countries, HQ in USA
  - Programs focus on health system capacity building on all levels featuring HIV, TB, MNCH, and other programmatic focus areas

HOPE's COVID-19 Timeline

- January 2020: HOPE finds itself on the front lines immediate with offices in Shanghai, Beijing, and Wuhan

- February 2020: HOPE has imports millions of units of PPE into Wuhan hospitals

- February 2020: Recognizing the momentum of the epidemic, HOPE sends request to all global programs to develop strategies to incorporate COVID-19 into existing programs. Plans to export PPE from China to send to other countries are developed.

- March 2020: Partnering with Brown University, HOPE develops a COVID-19 Readiness and Response Training curriculum. China supply chain is reversed and HOPE imports millions into US and several other countries.

- April 2020: Training implementation is fully underway. HOPE deploys response teams in the US, nearly all global programming has adjusted to meet COVID-19 needs.
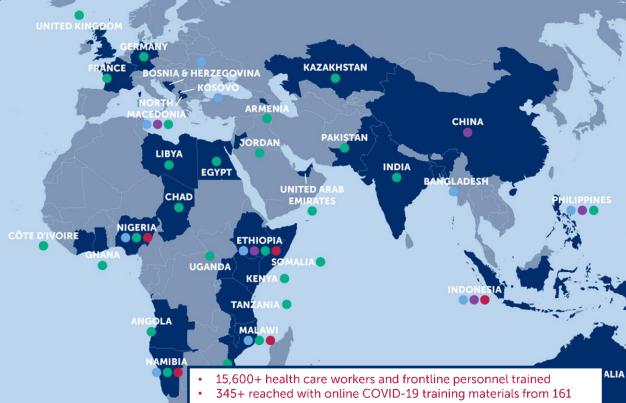

project HOPE
Emergency Response

Legend:

- Live remote training of health care workers
- Distribution of PPE to health care workers
- Distribution of self-guided training materials to health care workers
- Additional COVID-19 response activities such as infection prevention and control, screening and triage, supporting surveillance and diagnostics, risk communication and community-engagement, and ensuring health service continuity

Countries labeled:
CANADA, UNITED STATES AND TERRITORIES, MEXICO, GUATEMALA, BAHAMAS, DOMINICAN REPUBLIC, HAITI, Puerto Rico, COLOMBIA, UNITED KINGDOM, GERMANY, FRANCE, BOSNIA & HERZEGOVINA, KOSOVO, NORTH MACEDONIA, ARMENIA, KAZAKHSTAN, CHINA, PAKISTAN, INDIA, BANGLADESH, PHILIPPINES, JORDAN, UNITED ARAB EMIRATES, LIBYA, EGYPT, CHAD, CÔTE D'IVOIRE, NIGERIA, GHANA, UGANDA, ETHIOPIA, SOMALIA, KENYA, TANZANIA, MALAWI, ANGOLA, NAMIBIA, INDONESIA

- 15,600+ health care workers and frontline personnel trained
- 345+ reached with online COVID-19 training materials from 161 organizations
- 1 million+ respirators masks distributed
- 4.8 million+ surgical masks distributed
- 245K+ gowns and lab coats distributed
- 300K+ pairs of exam gloves distributed
- 25K+ coveralls distributed
- 42+ countries supported through response activities

COVID-19 Healthcare Readiness and Response Training Outline

A comprehensive approach

1. Biology, Pathophysiology, and Transmission Mechanisms of COVID-19

2. Infection Prevention and Control

3. Surveillance (Passive and Active Contact Tracing)

4. Stabilization and Resuscitation

5. Diagnosis and Management

6. Management of Severe Illness and Acute Respiratory Failure

7. Screening and Triage

8. Health Facility Operations and Surge Capacity

9. Risk Communication and Public Health Messaging

project **HOPE**® | **CHR&HS** CENTER FOR HUMAN RIGHTS & HUMANITARIAN STUDIES

project **HOPE**®
Emergency Response

Unique challenges of COVID-19 Training Topics

Breaking the usual model

- Typical trainings involve dusting off the binder, refreshing the ppt, and sending SMEs
  - This is clearly not going to work for COVID

- Incorporating challenges into the design

  - Training-of-trainer (ToT) model

  - Highly interactive for local context

  - Remote delivery with several modalities

Remote Delivery

Training During Travel Restrictions

- Planned to be in-person training, but this was quickly abandoned

  - Participants need reliable electricity and internet

  - Time-zone issues introduced

  - Translators are not practical
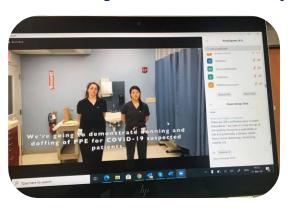
  - IT checks prior to kickoff!

- However:

  - Trainings are much cheaper to conduct

  - Easier recording captures

  - No travel time, more trainings

Training Roll Out

Reaching as many people as possible as fast as possible

- Training bottleneck: master trainer availability and HOPE global footprint

- Creating more trainers

  - Develop regional rollout model– instruction teams and coordinators in major HOPE hubs

- In countries without a Project HOPE office – Identify key implementation partner

  - Partner IDs participants, coordinate times, and promote/encourage/incentivize secondary trainings

  - Provide HOPE with data on training cascade

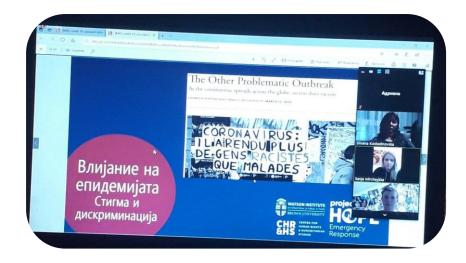- Decision to release training materials online

  - Less control, broader reach

project
HOPE®
Emergency
Response

Contextualizing the Training

Built for change

- ToT model allows for localization and ownership of training

- Modularization of curriculum

- Translation of materials

- Encouraging Q&A, and discussions

Hybrid Teaching Opportunities

Finding innovative delivery methods

- Combining training videos with follow-on Q&A sessions

- eLearning opportunities – DisasterReady

- Case studies and care consultations – Project ECHO

ECHO is all teach, all learn

- Interactive
- Co-management of cases
- Peer-to-peer learning
- Collaborative problem solving

project HOPE
Emergency Response

Current Initiatives

A prolonged engagement

- COVID information is constantly updating – SME's must remain engaged after developing the training with regular updates

- Developing additional curriculums/modules:

  - CHW COVID practitioner

  - Healthcare provider mental resiliency

  - Vaccines, contact tracing

- Building internal resilience: planning for upcoming hurricane season

- Building additional LMS capability to ensure standardization and data collection

project
HOPE®
Emergency
Response

For more information, please contact

Tom Cotter
Director, Emergency Response & Preparedness
tcotter@projecthope.org

Thank You

project
HOPE®
Emergency
Response

Let us know what you think!

Polling Question 1:

- What is your greatest need for the COVID-19 Response?

    - General Information on COVID-19
    - Technical training for frontline and/or community health workers
    - Safety protocols for facilities and and physical distancing
    - Procurement of PPE and other health commodities
    - Other/None of the Above

Polling is located in the Chatbox and is open for 5 minutes during discussion, results to be shared after the poll.

www.ifrc.org
Saving lives, changing minds.

International Federation
of Red Cross and Red Crescent Societies

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

190 National
Red Cross and
Red Crescent Societies

Leaving
no one behind.

**COVID19
Community perspectives inform the emergency response**

February 2017

Ombretta Baggio
Senior Adviser, Community Engagement and Accountability

IFRC

Overview

01 The context

02 Community engagement

03 6 lessons

04 Solutions

05 Resources

the context

1. Multi-centred pandemic

It is useful to think of Covid-19 not as a single global pandemic, but as a simultaneous outbreak of innumerable local epidemics, each one slightly different.

Localized response: act fast but act locally.

2. Fundamentally different from any other disease outbreak

- Easily spread and deadly

- No diagnostic, No drug, No Vaccine

- Very long 'tail'

3. public health works by consent

No control measures, for example lockdowns, can be imposed without the consent of the people affected.

Adherence to the measures are deteriorating.

Risk of violence.

Profound and log term disruption of health economic and social systems

The key to halt the pandemic largely rely on people individual and social responsibility

National Society Response

158/192 National Societies reporting ^(*). Engaged in...

138	**143**	**135**
Health	RCCE	Institutional Readiness

Number of National Societies engaged in selected activities:

Health:

68	Screening and contact tracing
84	Psychosocial Support
62	Clinical, paramedical, or homecare services
72	Emergency social services for quarantined individuals

Risk Communications & Community Engagement (RCCE):

104	Misinformation management
78	Community feedback mechanism
58	Stigma prevention messaging

Institutional Readiness:

92	Contingency Planning
65	Business Continuity Planning
109	Internal Risk Communications

screening, support to testing, awareness-raising and support to the most vulnerable

Community Engagement

IFRC

Communities as agents of change: 6 things we've learned

1. Starts where they are: Communities at the centre of action

2. Two-way trust: we need to listen, and we need to **act**

3. Dynamic and agile engagement of communities – they are not static!

4. It is not just about delivering a commodity or a service

5. Go as local as possible

6. Stop being obsessed only with rumours

Challenges

- Decreasing face-to-face interactions

- Misinformation & rumours

- Geographical spread

4 solutions
Essentials for RCCE in COVID19

Citizen listening and rumours tracking: understand beliefs, **fears, rumours and questions & use this to inform the community engagement & response**

○ (community feedback through Kobo/excel & perception surveys. Mainly collected through phone calls, online https://ee.humanitarianresponse.info/x/#ikYBT5LA)
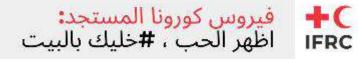
Addressing fear, stigma and misinformation and

○ **building trust** through **key influencers** and local leaders — KEEP IT SIMPLE

Motivate individual/social responsibility &

○ **community/citizens action** through online/offline community engagement

○ **Involve communities in planning solutions to increase public acceptance of, and compliance with, response measures**
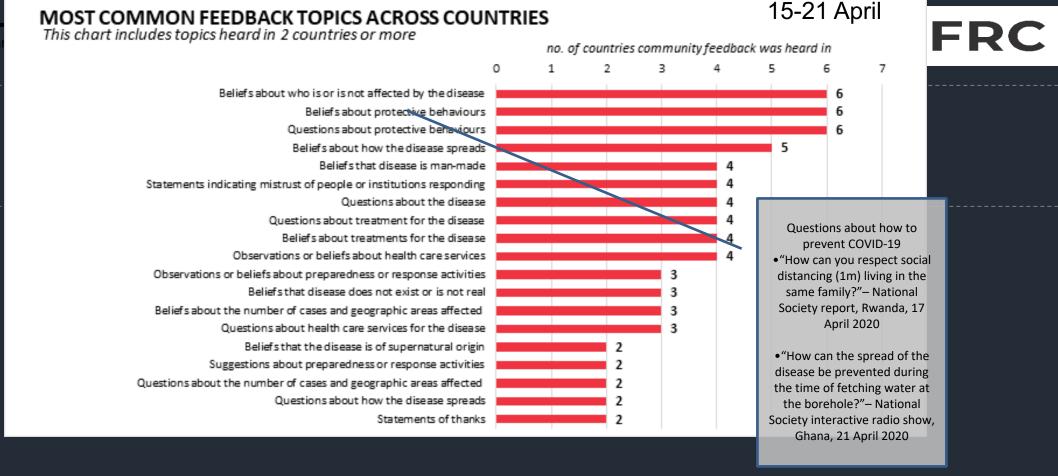
15-21 April

FRC

MOST COMMON FEEDBACK TOPICS ACROSS COUNTRIES
This chart includes topics heard in 2 countries or more

no. of countries community feedback was heard in

Topic	Count
Beliefs about who is or is not affected by the disease	6
Beliefs about protective behaviours	6
Questions about protective behaviours	6
Beliefs about how the disease spreads	5
Beliefs that disease is man-made	4
Statements indicating mistrust of people or institutions responding	4
Questions about the disease	4
Questions about treatment for the disease	4
Beliefs about treatments for the disease	4
Observations or beliefs about health care services	4
Observations or beliefs about preparedness or response activities	3
Beliefs that disease does not exist or is not real	3
Beliefs about the number of cases and geographic areas affected	3
Questions about health care services for the disease	3
Beliefs that the disease is of supernatural origin	2
Suggestions about preparedness or response activities	2
Questions about the number of cases and geographic areas affected	2
Questions about how the disease spreads	2
Statements of thanks	2

Questions about how to prevent COVID-19
• "How can you respect social distancing (1m) living in the same family?"– National Society report, Rwanda, 17 April 2020

• "How can the spread of the disease be prevented during the time of fetching water at the borehole?"– National Society interactive radio show, Ghana, 21 April 2020
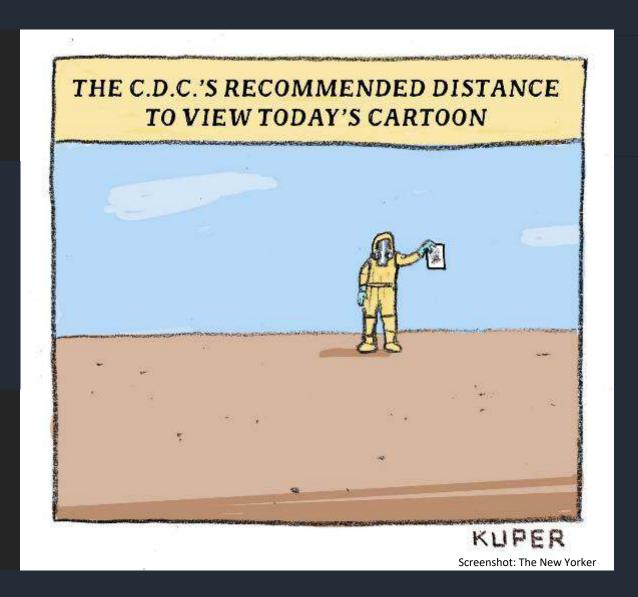
Over 20 different Africa National Societies reporting weekly:

- continuing refusal that COVID-19 is real or can affect Africans,
- persistent misinformation about methods to prevent or treat the virus, and
- an increasing number of comments that indicate mistrust of responders, governments and health interventions such as vaccination and testing.

Feedback data and tools are here: https://drive.google.com/drive/folders/1wdscFd_1RAfQcVAEk2XcTPTNQ7ORqQKi

Engaging communities in times of physical distancing

THE C.D.C.'S RECOMMENDED DISTANCE TO VIEW TODAY'S CARTOON

KUPER

Screenshot: The New Yorker

Moving from face-to-face interaction to…?

- **Pre-position phones/tablets and radios** with community groups and volunteers

- Map **which activities still take place** and use those to engage (hygiene promotion, handing out masks, social support etc.)

- **Use relevant social media platforms and messenger apps**
  - Messenger groups (WhatsApp, Line etc.) for volunteers and for community members
  - Tik Tok, facebook live, twitter…
  - http://virtualvolunteer.org/
    (Italy, Iceland, Colombia, Sweden, Philippines)
  - …
- **Call-in radio shows**
  (guidance: https://www.communityengagementhub.org/what-we-do/novel-coronavirus/?search=radio&resource-type=0&region=0)

Screenshot: New York Times

- **Local hotlines** (calls or texts in the local language)

- **Call your volunteers**, set up calls or chat groups with your volunteers

Where to find resources:

Community Engagement hub:
https://www.communityengagementhub.org/what-we-do/novel-coronavirus/page/1/
Google table with all resources

RCCE coordination in regions:
- **Asia Pacific:** Inter-agency google drive:
- https://drive.google.com/drive/folders/1DNWkY5Q6tXAmwNiyWAbjTJAA90dxPQCJ

- **Eastern and Southern Africa .**
  https://community.ready-initiative.org/c/esa-regional-rcce-hub/12

- West and Central Africa
  https://coronawestafrica.info/,

RC

OUR FUNDAMENTAL PRINCIPLES

THANK YOU

HUMANITY
IMPARTIALITY
NEUTRALITY
INDEPENDENCE
VOLUNTARY SERVICE
UNITY
UNIVERSALITY

Ombretta Baggio
ombretta.baggio@ifrc.org

Global Response to COVID-19

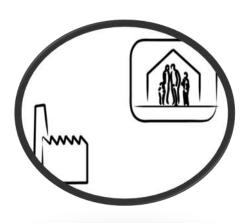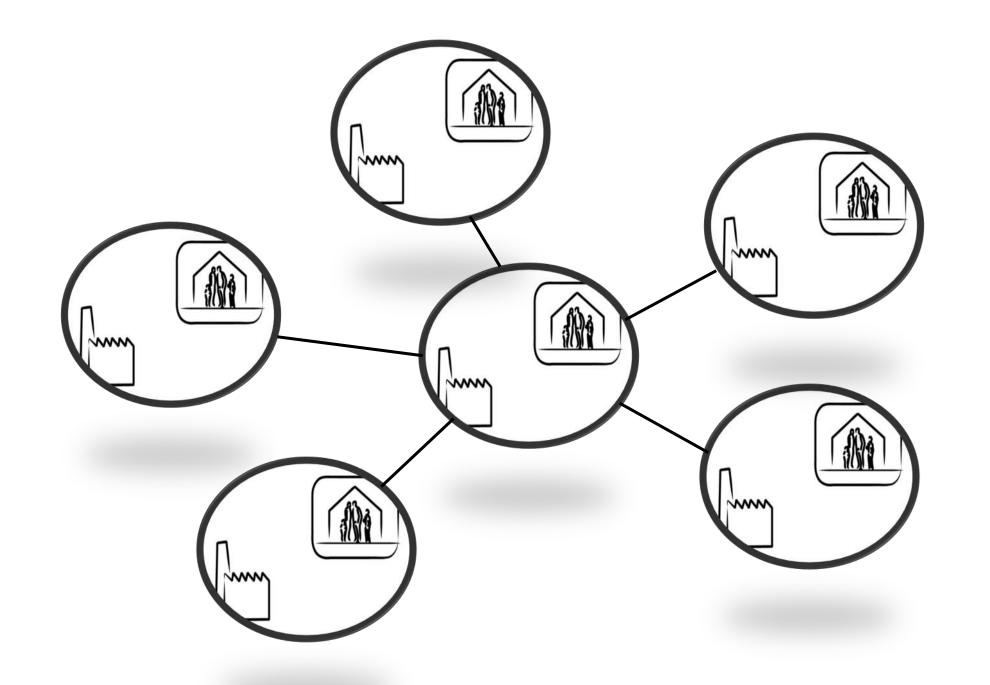Pioneering local manufacturing for better aid

Eric James, PhD

Claire Travers

FIELD READY

15,000km supply chain

60-80% of aid is spent on logistics

Tatham, P.H., and Pettit, S.J. (2010), Griffith University, "Transforming humanitarian logistics: the journey to supply network management", International Journal of Physical Distribution and Logistics Management, Vol. 40 No. 8/9, pp. 609-622.

Families

Communities

Distribution
point

Local
warehouse

Regional
warehouse

Supplies received from
secondary warehouse
and distributed to
beneficiaries either
directly or via distribu-
tion centre

National
warehouse

Supplies received
from primary
warehouse and
stored at second-
ary warehouse

Source

International
warehouse

Supplies received
from port of entry
and stored at
primary warehouse.
Local procurement
possible

Manufacturers

Entry to affected
country via
cross-border
land, sea or air
transport

Impact of our approach

$ Cost: avg of 50% reduction (up to 90%)

Procurement: Hours/Days *not* Weeks/Months

Livelihoods and local businesses supported

Lives saved, suffering reduced and resilience increased
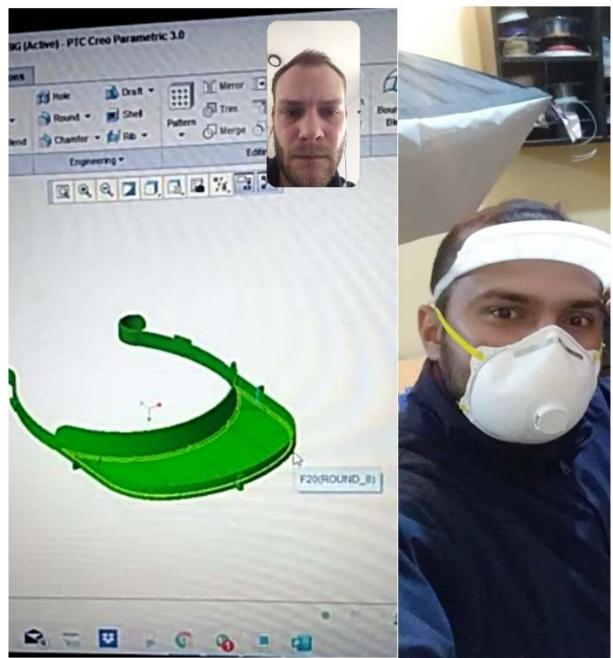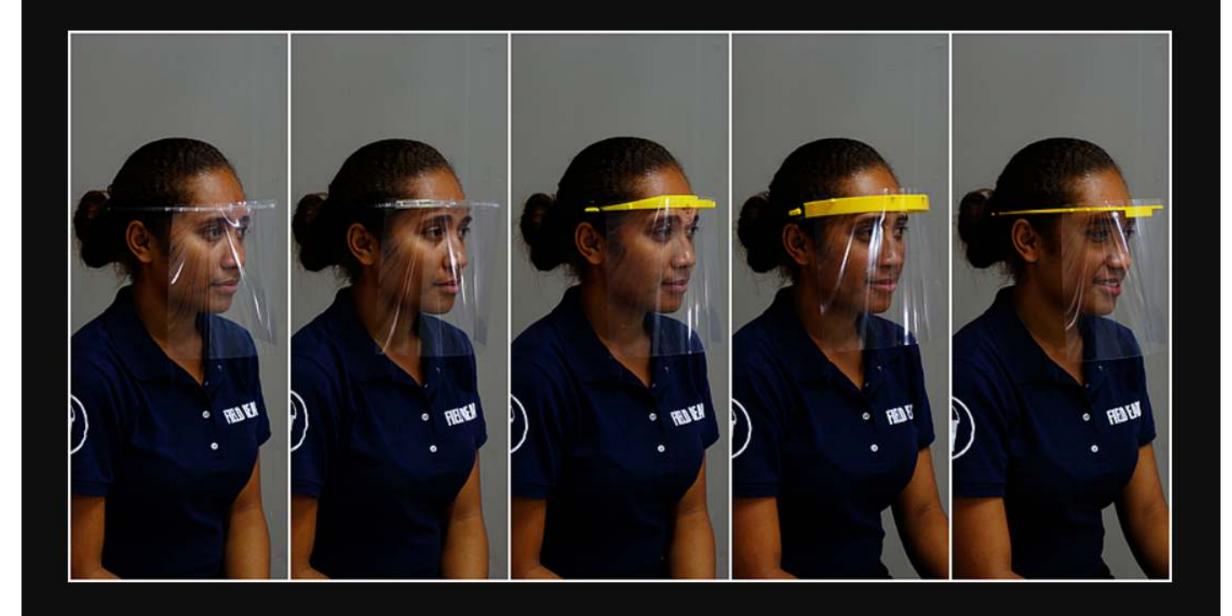
Health

Livelihoods

WASH

Responding to COVID-19 through the supply of locally manufactured PPE and health and hygiene solutions
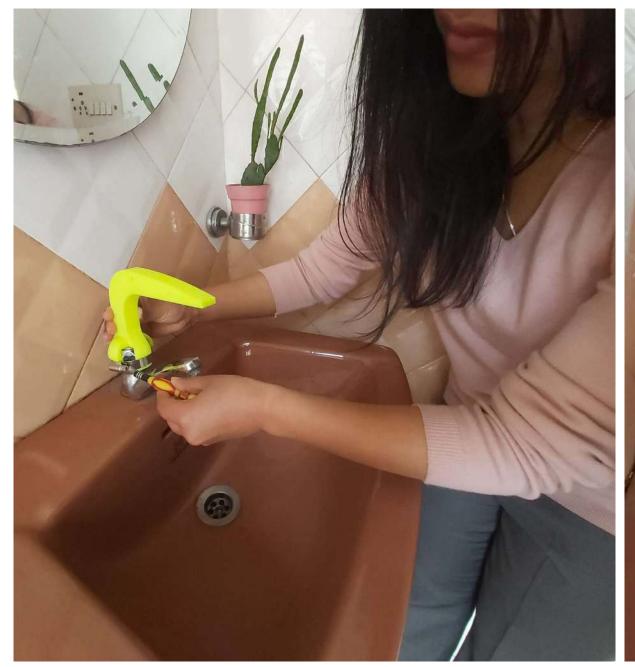
LESSONS LEARNED

- Power of remote management
- Remote technical capacity building
- Potential for regional collaboration
- Need for cluster linkages to be established

FIELD READY

Eric James
Eric@fieldready.org
+1.773.969.9750

Claire Louise Travers
Claire.travers@fieldready.org
+44 794 794 3794

www.fieldready.org

@fldrdy

Let us know what you think!

Polling Question 2:

- In your work, what are the special populations that you are currently targeting during the response?

  - o Pregnant and/or Lactating Women
  - o Children and/or Adolescence Girls
  - o People with Disabilities
  - o Refugees/Displaced Populations/Pastoralists
  - o The Elderly
  - o Other/None of the Above

Polling is located in the Chatbox and is open for 5 minutes during discussion, results to be shared after the poll.

COVID-19 Featured Resources of the Week

GLOBAL LEVEL

- **Global Outbreak and Alert Response Network – GOARN:** https://extranet.who.int/goarn/

COUNTRY AND COMMUNITY LEVEL

- **Disaster Ready – Free online learning resources:** https://www.disasterready.org

- **COVID-19 Communication Network - Johns Hopkins University:** https://covid19communicationnetwork.org

- **Scientific Animations without Borders – SAWOB** (based out of Michigan State University in the US, with content spanning many regions/languages): https://sawbo-animations.org

Closure

Visit our website **COVID-19 Global Pandemic Response page** to learn more about CORE Group and Member Programs and Resources.

https://coregroup.org/resources/2019-novel-coronavirus-global-response-coordination/

You can also upload COVID-specific resources there.

Thank you for your active participation!