A GUIDE FOR COMMUNITY-FACING STAFF

BACKGROUND

Covid-19 has affected 177 countries, with an average case fatality ratio of around 4%.[1] As the number of cases climbs, countries have adopted a variety of restrictions to try to curb the spread and 'flatten the curve' to prevent health care systems from being overwhelmed.

Covid-19 affects those with weakened immune systems more severely. Oxfam is particularly worried about its potential impact on people experiencing humanitarian crises, especially refugees and internally displaced people, as they are extremely vulnerable and have limited access to basic services. Oxfam's experience of working in humanitarian situations – and in the recent Ebola and Zika outbreaks – has demonstrated that the best way to respond is to build trust in communities and services, understand community perspectives and share information, and to work with communities to determine how to keep people safe.

This guide is intended to support teams working directly with communities during the Covid-19 pandemic. It provides general guidance on community engagement during outbreak responses, including how to support an integrated response, as well as outbreak prevention and response.

CONTENTS

- Working safely
- Adapting to the new context
- Working with people vulnerable to Covid-19
- Information and communication
- Participation: Communities must be at the centre of your responses
- Monitoring, evaluation, accountability and learning
- Advocacy
- Coordination and collaboration
- Your personal safety

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WORKING SAFELY

To reduce the risk to communities and staff, there will need to be changes in the way we interact with communities.

Fully stretch out your arm. When you are about 2 meters* away from someone, their face fits into your hand roughly like this.**

*Minimum distance required to prevent person-to-person spread of Covid-19.

**Based on adult averages.

- **Physical distancing.** Where interactions with communities are still possible, adopt physical distancing measures to avoid inhaling or having other contact with liquid droplets that may contain the virus. These measures include:

  - avoiding body contact, including shaking hands;

  - maintaining a distance of at least 2m (6 feet) between yourself and another person; and

  - avoiding large gatherings – for Oxfam, this means any group of 10 or more.

- **Practice good respiratory and hand hygiene.** Covid-19 can be passed through sneezing and coughing. Using a tissue or a flexed elbow (not your hands) to cover coughs and sneezes can limit transmission. Hands can transfer Covid-19 if this guidance is not followed. Therefore, wash your hands with soap and water whenever feasible, especially before and after interacting with others. If not possible, use a hand sanitiser.

- **Safe Programming.** Oxfam's actions must not cause harm to community members, Oxfam staff or partner staff. Safe programming involves assessing, preventing and mitigating risks. This means working with all your teams to review programme risk assessments, making sure that Covid-19-related risks are included as well as adequate risk mitigation measure. Continue circulating relevant materials on the Protection from Sexual Exploitation and Abuse, the Code of Conduct, and other safeguarding measures, along with reminders of the need to comply with them.

Further information about adapting programme activities and using appropriate personal protective equipment can be found here: Guidance on Protecting Community Facing Staff and Volunteers (including PPE requirements), also available in French and Spanish.

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1 See the Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering at Johns Hopkins University, as of 30 March 2020: https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

ADAPTING TO THE NEW CONTEXT

The Covid-19 pandemic is a fast-changing situation, and access to communities can quickly become limited due to restrictive measures. Start planning now, as there may be limited time to devise alternative engagement plans. This includes how to communicate with different groups; the contact details for relevant stakeholders; and discussing the key perceptions, risks and challenges with communities, and determining their solutions.

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- **Review and/or map communication and information chains.** In many communities there will be individuals with a mobile phone or a radio – they could become key information providers when physical access becomes limited. Remember to assess **who** has access to **what** information and **how** trusted they are, especially by the most vulnerable and marginalized people.

- **Review/conduct a cross-sectoral rapid risk assessment.** You must identify risks and prevention/mitigation measures in collaboration with communities, monitor them, and continually adapt what you are doing as the situation continues to change. This includes identifying specific risks for different groups in the community, and risks associated with remote communication methods, such as digital spaces.

- **Review any existing analyses you have conducted.** Make use of any gender analyses; food security and livelihood assessments; market assessments; protection analyses; water, sanitation and hygiene (WASH) infrastructure mapping; and/or studies relating to vulnerable groups. If possible, carry out a cross-sectoral rapid needs assessment. Use these analyses to identify gaps. Disaggregate data as possible for sex, age, disability and diversity to inform targeted responses, appropriately tailored to the distinct needs and capacities of different groups. Use these documents and data to track how the context is changing over time and modify responses appropriately.

- **Ensure you have links with healthcare facilities and/or health coordination bodies.** Follow regularly updated epidemiological data and work with facilities to access sex- and age-disaggregated data to look for patterns that may indicate higher risks for different groups in the community.

- **Review contact lists related to relevant government authorities and international actors, including any referral pathways for those affected by Covid-19.** Ensure that you keep up-to-date on relevant services in case referral pathways change due to the evolving context. Explore the options for remote referrals using mobile phones.

- **Review or undertake stakeholder mapping, and work with existing community leadership and structures.** Community leaders, traditional healers, religious figures, women's groups and youth groups are in an influential position, able to connect different people within and beyond each community and provide a focal point to reach others when remote management is necessary.

- **Lockdowns and self-isolation.** To control the spread of Covid-19, many countries have put restrictions on movement, and have asked those who are more vulnerable to infection to self-isolate (i.e. remain at home). If this affects communities with which you are working, discuss with affected groups – particularly those at higher risk, and with women and girls, who may shoulder more of the care burden – how they can safely do this, and what options there are for ensuring continued access to food, water and medication.

- **Develop action plans.** Work with different groups to develop action plans they can implement using available resources, and that you can review either in person or by phone. An example of a community action plan can be found here.[2]

- **Physical distancing.** Consider the effects of physical distancing on traders – both large-scale and petty traders – to ensure communities can still access essential supplies. Consider providing handwashing stations in places convenient for the community, especially if they are still undertaking group activities. Handwashing facilities are also essential near markets. Consider using cashless systems where possible, including remote transfers.

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2 Download the OXCTF Community Action Planning Template here: https://oxfam.box.com/s/nds89hah3bsxoml9blmhd41762qirhak

WORKING WITH PEOPLE VULNERABLE TO COVID-19

HIGHEST RISK

Those on the top line opposite are at most risk from severe Covid-19 infections. Consider producing tailored messages for these groups, and organizing community support for those self-isolating, including their access to essential services and markets. This might involve arranging for neighbours or community workers to bring essential items to households or making special arrangements with traders on specific opening times for different groups, to limit their contact with others during periods of high transmission.

The elderly

People with underlying health issues

People with HIV

OTHER GROUPS

Think about the specific needs of the other groups included in the graphic, and ensure information and planning is tailored to provide practical guidance for their specific contexts.

Women

People with disabilities

Minority groups

Children

BOX 1: DEALING WITH STIGMA

Stigmatization of groups of people can cause those stigmatized to avoid seeking help if they get sick, and lead to their exclusion from aspects of community life or lead to violence. Some simple ways to minimize and address stigmatization are:

❌ **Don't refer to the virus as belonging to someone or a group of people.** Don't call people with the virus 'cases', 'suspects' or 'victims'. Instead talk about 'people with the virus'.

❌ **Don't talk about 'infecting others' or 'spreading the virus'.** Instead talk about transmission in more general terms.

❌ **Don't share personal details** (names, locations) of people who are, may be or have been sick with anyone other than key team members and medical providers. When providing support to households with the virus, do so discreetly and with small teams to minimize attention. Seek to also support surrounding households as a community support mechanism.

❌ **Don't spread misinformation or rumours.** While there is much unknown about the virus, experts are learning every day. Check the sources of your information and make sure that they are reliable. Spreading false information only creates panic. Remember: it's ok to say 'I don't know'.

✔ **Be positive!** Share good news – such as examples of neighbours supporting each other – as well as information on the response.

Source: IFRC, UNICEF, WHO (2020). *Social Stigma associated with COVID-19: A guide to preventing and addressing social stigma*.

INFORMATION AND COMMUNICATION

There are a number of key considerations when communicating about Covid-19.

- **Information needs of different groups.** Communities are composed of women, men, girls and boys; children, adults and the elderly; persons with disabilities; people who cannot read; people of different nationalities, cultures and religions, and so on. Each individual will understand information in relation to themselves, so it is important to tailor messages to target groups for each communication.

- **Preferred communication channels.** Preferences for channels and trusted sources will vary between individuals and groups, as will levels of access to radios, mobile phones, smartphones and the internet. For example, some women may not be able to access the household phone, and some elderly people will not have access to the internet or may be unsure how to use it. Consider the barriers to using each channel for different groups and use a mix of channels for best effect.

- **Literacy and understanding.** Information should be presented in the most accessible format and language possible, adapted to literacy levels within each group. It should also be adapted for those who are visually or aurally impaired. For example, consider using pictures and simulated dialogues, and radio.

- **Reaching everyone**. Engage all groups within a community, in environments where each would feel comfortable to speak up. When working with refugees and IDPs, communicate with both host and displaced communities.

- **Influencers and local capacities.** Recognise who has power and influence in communities, networks, grassroots, women's rights, youth groups or local organisations that already exist. Work with them to pass on information, as people are more likely to follow the example of leaders and trusted groups embedded in their community. Work with both men and women influencers.

- **Two-way communication.** Ensure that there is space to listen to concerns, feedback, myths and rumours about Covid-19 as well as communicating information about the virus. Adapt your responses based on what you hear from communities, including correcting misinformation, changing the way you work and closing the feedback loop.

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- **Build on what you have.** Use any existing mechanisms to engage communities remotely – for example telephones, internet channels, radio, etc. Consider how your methods can be improved and/or expanded, and better tailored for each group in the community.

- **Stay connected.** The internet has the potential to allow easy exchanges between teams and communities, and between community members themselves. Consider supporting connectivity and ensuring that the data rights of individuals are respected and increasing access for groups without.

- **Challenge stigma.** Where misinformation may result in the stigmatization of certain groups or individuals, ensure to correct this with communities. (See Box 1.)

- **Budget appropriately.** Phone credit, internet access and setting up mobile data collection all come at a cost; ensure that this is reflected in your budgets.

Ask people how they want to receive and share information

Often we make assumptions about who is using different channels; instead, always start by consulting people and adapting to locally used channels.

PARTICIPATION: COMMUNITIES MUST BE AT THE CENTRE OF YOUR RESPONSES

COMMUNITY-LED INITIATIVES

When thinking about how to support existing structures, ask communities what support they need for their own initiatives. They may need information (on government measures, the development of the outbreak, hygiene practices, etc.); resources (such as cash or equipment); or they may need us to act as bridges between them and other actors (including other communities, organizations and authorities).

ASK COMMUNITIES FOR THEIR SOLUTIONS

Communities are always the experts on their own lives and needs and will be better placed to advise on how to engage. Ask them what means of communication they prefer, what available technologies they are comfortable with, what languages they prefer, what engagement they can ensure and what role they can and want to play. Communities are resilient and will always find solutions, so work with them to determine how to continue supporting the services that are needed, while keeping everyone safe.

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

Tracking the effectiveness of responses and adjusting as necessary is critical in fast-changing contexts.

- **Impact on different groups.** Work with the different groups identified to assess the impact that the outbreak may be having on them in terms of access to essential goods and services, health, relationships and wellbeing. Share this information with other stakeholders and actors (anonymizing any personal details) to support changes in programmes that minimize negative impacts and increase positive impact.

- **Satisfaction with Oxfam's response and the level of engagement.** Assess this both qualitatively (in discussions and conversations) and quantitatively (through regular monitoring). Where aspects of the response score low, have further discussions to understand why and hear communities' suggestions for improvement.

- **Responsiveness to feedback.** Use existing feedback and complaints mechanisms where these are functioning well and increase their capacity. Collate feedback across teams and look for potential trends that all sectors can address together. Ensure trusted community channels are being used to close the feedback loop for complaints and feedback.

- **Share learning.** Share feedback, learning, successes and failures with communities, stakeholders and other NGOs to encourage innovation and learning from each other.

ADVOCACY

Community engagement is also fundamental to our advocacy efforts, which serve to amplify communities' voices. Advocacy should be based on what we are hearing from communities, particularly the more vulnerable and marginalized groups that may be disproportionately affected by measures to minimize transmission, such as movement restrictions and isolation procedures.

Advocacy can contribute to ensuring continuity of community engagement. Depending on the context, consider developing advocacy strategies that include issues such as digital rights or discrimination against NGOs and civil society. These could be key to guaranteeing people's access to information and maintaining the humanitarian space.

> **"**
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COORDINATION AND COLLABORATION

Maintaining effective means of working with others is needed as much as ever.

- **Internally and with partners.** Review and update the various analyses used as a unified programme team, including partners, linking together findings. Have regular cross-sectoral meetings to review monitoring data, analyse information coming from communities, and update the response and information shared with communities in line with their needs, inputs and requests.

- **Coordination mechanisms.** Think about coordinating with other NGOs specializing in working with vulnerable groups, such as HelpAge, Handicap International/ Humanity Inclusion and NGOs focused on HIV/AIDS. Use feedback from communities to advocate for change where needed in coordination mechanisms.

- **Talk to each other.** If communities are already inaccessible, work with other organizations on how to contact communities in different areas. Other teams and organizations may already be engaging communities remotely. Share the practices, old and new, you and your team are using.

YOUR PERSONAL SAFETY

If you or someone on your team is feeling ill, or you have had contact with someone who has confirmed Covid-19 symptoms, stay at home, isolate and take care of yourself. If you show symptoms of the virus, seek medical attention immediately by calling your medical provider and following your local health authority's guidance. Your local health authorities will have the most up-to-date information on how they will treat patients, while making sure that you do not expose others. When you can, let your teams know, so your human resources staff and country management can provide you support to get the treatment you need.

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