CRS Recommendations

GUIDANCE ON COMMUNITY ENGAGEMENT IN LIGHT OF COVID-19

This document is intended to provide guidance to country programs and partners on the following: 1) Assist Country programs and partners in planning and carrying out community engagement to prevent and mitigate COVID-19; 2) Adapt planned community engagement activities for existing programming given the limitations COVID-19 imposes on interactions.

PRINCIPLES FOR COVID-19 RELATED GUIDANCE

In undertaking programming activities, CRS project staff and partners should:

- **Assess risk of transmission:** At this stage in the pandemic, testing remains limited. This means that data on positive cases is unreliable. CRS recommends that teams assume wide community spread and adjust programming accordingly. Keep in mind that CRS programs should operate under the assumption that anyone they encounter is a suspected COVID-19 case.
- **Ask ourselves how critical it is** to carry out the activity against risk to staff, partners and participants, and weigh the risk to project participants of not carrying out the activity. Life-saving (e.g., emergency food distributions, clinical care for emergency conditions) and life-sustaining (e.g., malaria prevention and treatment, vaccinations) activities should be prioritized.
- **Adopt a "Do No Harm" approach**: CRS and partners need to understand how COVID-19 is transmitted and implement general basic preventative measures to both protect themselves and reduce the risk of spreading the virus during program implementation (See guidance at WHO - COVID 19). These measures include the following for all people with whom we work, including CRS staff, partners, volunteers, program participants and community members, service providers, vendors, etc. For more details on each of the following, please refer to **CRS' Guidance on Preventive Measures (including PPE)** - links in: English, French, and Spanish)
    - **Do Not Participate in program activities when** feeling unwell; stay home and seek medical advice
    - **Maintain Physical Distancing**
    - **Follow Recommended Hygiene Practices**
    - Wear **nonmedical masks** (cloth masks or face cloth covering) when in line with host country government and/or WHO guidance.
    - Make special considerations for **populations who are most-at-risk** of developing severe illness (e.g. elderly, immunocompromised, those with existing health conditions, pregnant women)

  Those who have come into contact with someone exhibiting or reporting COVID-19 symptoms should **self- quarantine** and monitor for onset of symptoms. Those experiencing symptoms should **self-isolate** and seek medical support/advice as per Ministry of Health (MoH) protocols (e.g. calling before seeking medical care).
- Consider **protection of the most vulnerable and include safeguarding measures**

- Maintain constant and transparent **communication with communities** about activities, changes, and the community's comfort level and needs related to the health implications of continued programming.
- **Keep up to date on and follow *WHO* and *Government/MoH* protocols and messaging around COVID-19**
    - Follow government restrictions and request authorization for carrying out essential services/activities, as needed
    - Work with local health actors/cluster to ensure health messaging related to COVID-19 is consistent and contextualised
    - Stay updated and inform staff, partner staff, and volunteers how to refer to appropriate national or local COVID response services or hotlines
- **Adapt programming guidance to your context and be ready to further adjust as the situation evolves:** Elements of the guidance may need to be modified based upon community risk levels, types of programming activities undertaken, social norms and perceptions, local capacities, operating environment, new WHO guidance, and feedback from donors in each country we work in. For assistance, please contact the COVID-19 focal points in your Region and/or on HRD or the relevant programming technical advisor.

  This document provides additional recommendations from CRS, to be used in conjunction with and to supplement guidance provided by Inter-Agency Standing Committee (IASC), WHO and MoH as relevant.

  This guidance will be updated periodically.
  Check CRS Programming Resources to ensure you are using the latest version.

  Disclaimer: CRS COVID-19 program resources and guidance are developed after consideration of international guidance from relevant international organizations such as the World Health Organization (WHO), Inter-Agency Standing Committee (IASC), and other humanitarian bodies. CRS COVID-19 program resources and guidelines are updated regularly as new information becomes available. Partner and peer organizations wishing to refer to and use CRS resources and guidance should ensure that they are also referring to the latest information available from WHO and IASC.

GATHER INFORMATION TO INFORM COMMUNITY ENGAGEMENT

- **Identify how the COVID-19 outbreak and mitigation measures may affect CRS and partners programming (if ongoing) or future programming.** Some considerations include:
    - Population groups being served and the critical nature of the programming. For example: is programming life-saving or can it be suspended for a period of time; will the population group be put more at risk by suspending programming; do the risks of possible COVID-19 spread outweigh the benefits of programming. (Note: The latter should be determined through discussions with the local government in areas where there are restrictions on movement.)
    - MOH/Government and/or CRS protocols that have been put in place which may limit access. For example: travel/movement restrictions and/or regulations on the size of community gatherings; requirement for NGO workers performing certain functions to wear protective equipment such as masks/gloves; work from home organizational mandate, etc.
    - Preventative health measures that individual CRS/partners and community members will need to follow, including: physical distancing; handwashing protocols; use of personal protective equipment; self-isolating and not participating in any in-person meetings if someone is unwell or had close contact with a confirmed COVID-19 case.
    - Implementation modality of the programming. For example, if programming is centered around in-person large trainings or directed services for the elderly or those with underlying health conditions.

Determine possible adaptations that can be made, noting that the situation may be change over time, so approaches will need to be regularly reviewed and potentially further adapted over time.

- **Identify community leaders, key members/influencers and/or existing or new networks that can help with community engagement on COVID-19 communication** related to prevention/mitigation of the virus and adjustments to or suspension of program activities in the context of COVID-19 restrictions. These individuals may include people such as: local authorities/chiefs, faith based leaders and religious groups teachers, midwives, local business people, traditional healers, medical professionals, local vendors, agents providing financial services, agricultural extension workers, community mobilisers, women's group members, community health volunteers, youth associations, survivors of violence, people with disabilities, etc. Consider inclusive programming when identifying community members to assist with engagement. It is important to ensure that representatives of vulnerable groups are included, and their perspectives are integrated into decisions on community engagement. For more information, see ICRC's COVID-19 Inclusive Programming guidance document.

- **As part of the engagement with community leaders and/or networks, collect essential information about the knowledge, skills and attitudes of target communities and other stakeholders around the pandemic** *(e.g. community perceptions, knowledge, preferred and accessible communication channels, existing barriers that prevent people to uptake the promoted behaviors, etc.)* to inform development of a community engagement plan. Refer to WHO's Risk Communication and Community Engagement (RCCE) Action Plan Guidance Document COVID-19 Preparedness and Response. **Coordinate across CRS teams as well as with other NGOs/UN/implementing actors etc. to ensure that communities aren't being repeatedly approached for the same information.**

    - Much of this information can be obtained through one-on-one conversations with identified community leaders with appropriate physical distancing and/or through remote discussions using means that are fitting to targeted community members, e.g. calls, SMS, WhatsApp, etc.

    - Given that community leaders may not represent everyone equally, however, consider adding a targeted phone assessment, purposively sampling HHs with marginalized members, asking about barriers and preferred communication channels. Additionally, ensure women are specifically assessed.

    - As the threat of COVID-19 evolves, people's knowledge and beliefs will change, so assessments will need to be ongoing to ensure that interventions remain relevant to people at-risk.

- **Conduct a service mapping exercise,** if this has yet to be done by other partner organizations or agencies, to assess what services CRS/partners targeted communities have access to in light of the pandemic.

- **Solicit advice from and do joint planning with identified community leaders/influencers and networks on ways forward with CRS/partner programming given necessary COVID-19 protocols and restrictions.** Ensure identified point persons have a good understanding of COVID-19 themselves by asking them what they understand about the prevention, transmission, and care of the disease and that they understand why programs/or activities will need to be adapted or suspended. Provide them with factual information about the virus and its impacts on programming activities first before moving forward in discussions. Request their input on CRS/partner approaches and ask how they might be able to support CRS/partners. Some considerations include:

    - How to further adapt our programming methods/approaches, given current public health, government/MOH, and internal protocols we would need to follow.

    - How to reduce stigma, risk and exposure for any people or communities that are highly vulnerable to the disease or may become sick. This may also include providing extra protections for those at higher risk. A good reference guide to inform this discussion is the ICRC COVID-19 Inclusive Programming guidance document.

- How to ensure a "responsible exit" for programming that may need to be suspended during the pandemic, to limit misunderstandings between CRS/partners and communities, which will in turn allow for greater ease of return to communities after the COVID-19 crisis comes to an end.

DEVELOP A COMMUNITY ENGAGEMENT PLAN

- In collaboration with community leaders/influencers and/or networks, and based on assessment findings discussed above, **develop a COVID-19 community engagement plan,** including specific objectives and activities, that fits into the country's comprehensive COVID-19 response strategy, if it exists, and addresses necessary programmatic changes.
  - A plan will need to be developed for each community considering its specific situation and the local guidance being disseminated by WHO and/or MoH, as well as the CRS and partner projects that the community engages. If a community participates in multiple CRS or partner projects, then they will need to be informed how each of the projects is being affected by COVID-19 protocols and precautions, but communication should be streamlined as much as possible to avoid confusion or misinformation.
  - Community leaders and local partners can and should play a key role as role models and leaders in promoting individual and collective behavior change to prevent and respond to COVID-19. Identify ways for community leaders and partners to model and lead these efforts and include these processes in the community engagement plan, using modalities that do not increase the risk of exposure by community leaders or community members. This could include involvement of community leaders in radio messages, WhatsApp messages, or other remote communication modalities that utilize their position as trusted leaders.
- Identify simple, coordinated, concise messages to focus on in each community based on identified priority information needs around COVID-19.

  Messages could include protection steps, possible government restrictions, countering any myths or misconceptions about COVID-19, and information around health services or other available community services that may have been affected by the disease. Messaging should be consistent with any available Ministries of Health and WHO messaging, inclusive of diverse community groups and sensitive to gender, age, and social hierarchies *(e.g. women, elderly, adolescent girls and boys, people with disabilities, minority groups, other marginalized groups, people at risk of violence or living in unsafe homes, etc.)*

  Examples of key messages for consideration are below; additional information provided by WHO on Basic Prevention Measures against COVID-19 can be found at the following site.
  - How COVID-19 is transmitted
  - The signs, symptoms, and progress of COVID-19 disease, how long it lasts, how long someone might be contagious, and how some people can be asymptomatic but still a vector for transmission
  - Who are the most at-risk populations
  - What services are or are not available locally for the testing and care of suspected and confirmed COVID-19 affected populations—keeping in mind that laboratory testing is highly contextual; provide additional contextualized information on how COVID-19 cases will receive medical care, but that there is no vaccine to prevent the disease currently and that there is no cure for the disease
  - How community members can prevent the transmission of the coronavirus
  - Acknowledgement of barriers to prevention methods, and locally appropriate tips to adapt
  - Acknowledgement of psycho-social challenges related to distancing, and coping strategies. A good reference document that provides simple messages on how to

manage stress and anxiety related to COVID-19 can be found on page 5 of UNICEF's COVID-19 Parenting Tips guidance.

- How and where to access available services (e.g., psychosocial support, gender based violence services, etc.).

- **Utilize existing IEC materials that have been developed in country by MoH/WHO.** If Information Education Communication (IEC) materials do not already exist, or if they are lacking in proper illustration/images for no or minimal literacy settings, **create IEC materials tailored for and pre-tested with members of the target communities** to ensure messages are context specific and in line with messaging coming from MoH and/or WHO. A folder of IEC materials developed by CRS and external agencies can be found at the following link for use/reference (IECs available for use). IEC materials can be visual (posters, leaflets), auditory (radio, loudspeakers, phone), braille, and in different languages/dialects. As much as possible, IEC materials should contain feasible actions including:
  - A clear instruction to follow
  - A behavior to adopt
  - Information you can share with friends and family
  - Illustrations for no and minimal literacy populations

  Before you begin the creation process, however, contact the CRS COVID-19 focal points at the Regional level or a staff member from the Humanitarian Response Department to see if they have any existing materials to share or can assist with the development process. Any COVID-19 IEC materials developed by CRS or partners should be reviewed by a Health Regional Technical Advisor.

- **Ensure COVID-19 related community messages are coordinated and planned with CRS local partners, other I/NGOs in the community, local authorities and/or local MoH officials** to avoid duplication of efforts or potential spreading of misinformation.

- **Proactively consult with donors, as needed, about adjustments in your programming and obtain permission for any substantive changes.**
  - If necessary programmatic changes to **ongoing grants** are identified during community consultations, discuss with donors about adaptive needs and concurrently obtain donor permissions for substantive changes.
  - For **newly awarded grants** that will start soon, review project activities and identify necessary adaptations around COVID-19 and discuss them with the donor ahead of project start-up.
  - **Document all programmatic revisions**, particularly compliance related changes, that are made due to COVID-19 and the reasons why these changes occurred. Save all communications with donors on these changes for audit purposes. Ensure MEAL staff are engaged in any changes that will impact MEAL related activities and documentation, including any implementation plans or Indicator Performance Tracking Tables.

UNDERTAKE INFORMATION SHARING AND COMMUNICATION

- **Work with identified community leaders/influencers and/or networks to implement the agreed community engagement plan.** This could include the following:
  - Share key messages around COVID-19 with communities in as safe a manner as possible, avoiding gatherings, and through a range of communication methods appropriate to the COVID-19 context (formats, language and media) that are appropriate to the needs of the community, especially the most vulnerable and marginalized groups.
  - Communicate changes to ongoing programming activities, as needed.
  - Ensure communication methods include opportunities to address any questions and misconceptions community members might have about the virus. This includes establishing or tailoring an existing feedback and response mechanism.

- **Promote a two-way dialogue with communities** to ensure communities/groups are receiving accurate and up-to-date information about the virus and CRS and partners programming, as well as helping CRS and partners and other organizations working within these communities to understand changing risk perceptions, behaviors and existing barriers, specific needs, and knowledge gaps.
- **Ensure communication is happening through diverse channels**, at all levels and throughout the response, as the situation is rapidly changing. Communities may become more isolated or more accessible over time.
- **Proactively engage community leaders/influencers and/or networks on a regular basis** even if activities must be temporarily suspended to keep them apprised of any changes and to update them on activity planning.
- Additional Resources:
    - WHO's Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus provides detailed guidance on information sharing and community engagement strategies.
    - CRS COVID-19 Safe and Dignified Programming: Protection Mainstreaming and Mental Health Psychosocial Support (MHPSS) guidance document provides CRS' approach towards *Risk Communication/Information Sharing*.
    - JHU-CCP has developed a useful website providing adaptable COVID-19 Resources for Social and Behavior Change.

ADAPTING PARTICIPATORY METHODS DURING COVID-19

- **Household Visits**—please see CRS COVID-19 Guidance for MEAL document.
- Group Meetings
    - **Avoid convening in-person group meetings and identify alternative communication options during the COVID-19 pandemic. Possible options for consulting with project participants in other ways include the following:**
        - Text messages to project participants providing key learnings and/or project related actions.
        - Phone calls or voice messages between project leads and participants.
        - Posting information that participants still need in public places that they can continue to access amid COVID-19 related physical distancing restrictions.
        - Use video conferencing or virtual chat platforms such as: Viamo, WhatsApp, Skype, ZOOM, Viber or Slack.
        - Use radio or "talking cars" to communicate information. *('Talking cars' are loudspeakers placed in the back of a car/truck that are used to spread key messages while driving through the communities)*
        - Use 'chains' where people communicate messages neighbour to neighbour while practicing safe distancing (for simple messages)
- If group meetings are essential for carrying out critical programming, recommended modifications include the following:
    - Ensure that any staff members and volunteers have cold or flu like symptoms or reporting coming into contact with someone exhibiting these symptoms (including members of their household) do not engage with other staff/communities and do not attend the meeting. Symptomatic staff/volunteers should self-isolate and seek medical support/advice as per MoH protocols.

      Hold meetings in small groups, following any local government restrictions on the size of gatherings. This may mean holding more than one meeting to reach all project participants. If gatherings of any size are not allowed based on current government restrictions, you may need to request permissions to hold any in-person meetings.

- Ask in advance that the following people do not attend the meeting, even if they have been invited:
  - Those at high risk for COVID (e.g., older people, those with pre-existing medical conditions such as high blood pressure or autoimmune diseases);
  - Those who are currently sick with cold/flu-like symptoms or who have recently been in contact with someone (including members of their household) with cold/flu-like symptoms.
- Remind participants as they arrive of COVID-19 prevention measures (i.e., physical distancing, good hand hygiene and respiratory hygiene practices, self-isolating and seeking medical advice/support if unwell), and that these measures will be followed during the meeting.
- Maintain physical distancing of at least one meter or more, based on the local government's recommendation, whenever small groups are gathered. Try to hold meetings outdoors, whenever possible. Otherwise, find a location that will provide enough space to maintain physical distance.
- Minimize need for/presence of common touch points more than one person will use (e.g., door handles, papers, etc.) and disinfect the remaining touch points frequently, as needed. Do not require physical signatures to show attendance at the meeting.
- If meeting participants arrive to meetings exhibiting visible signs of infection, staff should respectfully and empathetically whilst maintaining physical distancing:
  - Ask them to move to a different location a proper distance away from the group;
  - Identify an alternative way for them to receive information that will be discussed at the meeting;
  - Advise them to self-isolate and seek medical support/advice as per MoH protocols;
  - Request that they not participate in the current meeting; ask community leaders to provide support for them, as needed.
- Provide a hand washing station with soap and running water, as well as disinfection materials; require participants to wash their hands upon entering the meeting space and upon departure.
- Keep the meetings as short as possible and focus on key points; discourage serving food/drinks and any socializing at or after the meeting.
- Use the meeting to establish alternate (remote) forms of communication for the group or activities, as possible.

ADDITIONAL ACTIVITY OR SECTOR-SPECIFIC PROGRAMMING RESOURCES FOR COVID-19

- **Registration**—development of a guidance document on performing registration activities in light of COVID-19 is pending and a link to the document will be provided here once it is available.
- **Cash and Voucher Programming**—for information on cash and voucher programming see the CRS Guidance Cash and Voucher Assistance
- **SILC Programming**—for information on Savings and Internal Lending Communities (SILC) activities, please see CRS Guidelines for SILC Groups during COVID19
- **Additional guidance** on COVID-19 Program adaptations was developed by Save the Children and can be found at the following link.