Community-led responses to Covid-19 – early examples of activities and experience

L2GP document in progress
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As Covid-19 continues to spread, L2GP has been part of an informal exchange with colleagues exploring together how community groups are – or are planning to – respond to the risks and threats arising from the pandemic. Building on our shared experience with supporting survivor and community-led crisis response (sclr), the purposes is to quickly share relevant examples of community activities and thus help inspire and guide one another as many local, national and international groups struggle to respond adequately to the myriads of threats and challenges posed by Covid-19.

While doing so, we all recognise that many of the same individuals, communities and CSOs have to respond to pre-existing threats and challenges such as endemic poverty, scarcity of resources (including water), pre-existing health-risks (malaria, diarrhoea, respiratory infections, pollution etc), political and economic oppression - and in some cases armed conflict. As we have continued to share experiences over the last weeks, the challenge of how to support (cash, food, relevant NFIs) vulnerable families and groups now severely impacted by lock downs and other measures introduced because of Covid-19 has grown very significantly. **From that follows a call to donors to exercise maximum flexibility with grants in order to allow NGOs and community groups to respond adequately and timely.**

This document-in-progress tries to capture, what we've learned from colleagues on early activities, basic guidance - as well as some pointers to challenges and gaps not well addressed in most global awareness and guidance on Covid-19. National authorities in many countries have taken steps to mitigate the spread of Covid-19 – including in many cases emergency laws, directives, instructions, information and guidance on awareness messages etc., which NGOs need to keep abreast with. At a global level, WHO continues to release and adjust its guidance to Covid-19 responders in cooperation with among other the IASC. A good entry point to their guidance for NGOs may be found in the footnote below[1].

Some very basic questions came up every early on in our e-mail conversations. Questions such as: The government is advising us to wash our hands for 20 seconds, where do we get such water for washing our hands and yet we do not have enough clean drinking water?[2] How to practise social distancing when you live and sleep eight or ten in a tent or a small hut - or live in a overpopulated urban slum? What to do in a culture where it is a fundamental feature of life to eat with your fingers from one large shared plate or bowl - and pass one cup or glass around with water?

While WHO's guidance is relevant in many contexts, it still leaves local authorities, NGOs and individuals to translate this kind of global level guidance to something that for instance makes sense in a place where there is very little clean water (or it is very expensive to access). **As NGOs and others develop guidance that is more relevant to such realities, there is a strong call to share that immediately as open source**.

[1] https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/risk-communication-and-community-engagement

[2] Note: It is the lather of soap that destroys virus lipid and protein coats that hold the RNA within. You need just enough water just to make the soap lather. You then wash your hands for 20 secs in that soapy lather. After that, you need just enough water to rinse off the soapy lather and with that any destroyed virus bodies if you were contaminated.

From existing literature, not least recent evaluations of Ebola responses, we know that **engaging families, communities and community leaders early on – and engaging them in the right manner - is of paramount importance.**

Examples shared of actions and challenges by local & national NGOs and community groups in Palestine, Kenya, Philippines, Nigeria and Bangladesh:

- Awareness messaging, sober information, myth busting etc through usual community communication tools (social media, posters, religious and other leaders, teachers) and in collaboration with relevant local media outlets. Experience from among other Ebola responses, stress the need to ensure that designing such messaging involves grass roots representatives – particularly when such messages may go against widely held cultural norms and practise.
- Raise awareness on the risks associated with markets, public transport, religious, cultural or political gatherings. Make the public and local leaders aware of events and practises, which in themselves may pose a particular threat (for instance services and holy communion around Easter, shared meals associated with Ramadan)
- Making sure that appropriate and relevant messaging/awareness reaches also remote/isolated communities
- Raise awareness on the risks associated with shared meals and drinking vessels, which is the common practice in many parts of the world – either as a daily practise or around specific social/religious events/rituals etc
- Close collaboration between local (health) authorities, NGOs, community groups and media outlets around effective and correct messaging
- Community groups organizing support/help to particular vulnerable individuals/families - for instance in case they cannot fetch water, buy groceries, access essential medicine - while keeping safe distance
- Advocacy towards local and national government calling for making COVID19 response more socially inclusive
- Very basic psychosocial support - while keeping save distances
- Be on lookout for/mitigate stigmatization of people with - or suspected of having - covid-19
- While observing "social distancing", look for ways to support social cohesion in communities and neighbourhoods. For instance, by supporting, where possible, small local shops as one way of maintaining a basic income/livelihood for small-scale traders, shopkeepers, farmers and other producers
- Loss of income/livelihoods for already poor and vulnerable families is increasingly becoming a major concern – as for instance reported in the Philippines and Palestine. In Gaza, NGOs are planning an advocacy campaign in favour of support to thousands of small-scale urban/semi-urban vegetable producers, which for years have been crucial for Gaza's food supply. In Jerusalem community groups are asking for food packages to be distributed to 1) Families who are in home-quarantine and are not allowed to leave their house, 2) Families who no longer have a source of income, 3) Households consisting of elderly people with no providers, 4) Women headed households
- As NGOs (in Palestine) cannot get cash, checks or bank transfers to community groups because of lock down, a national NGO is trying to put up a credit/guarantee of payment with specific shops/traders such that local protection groups can get crucial items from these shops for further distribution/use in their communities
- In Bangladesh local CS/NGOs train women in producing – from locally available materials - hand sanitisers and simple face masks. This serves two purposes: increase availability of these products and help generate income for marginalised/vulnerable women and families

- There are few ideas for contexts such as Nigeria and Sierra Leone, in which there is limited water and hand washing is not commonplace e.g. community hand washing stations, use of tipy taps. In many cases, an important advocacy issue is to push governments to increase efforts to ramp up water distributions to areas/neighbourhoods with very limited supplies.
- Hand sanitiser could be an option where it is/can be made available in the right quality. It can be locally produced for cheap as it is already happening in many places. Training needs to be provided to produce good quality and avoid hand sanitizers being ineffective[3]. Community washing stations can be identified in places such as markets, schools etc where sensitisation messages can be delivered. Hand sanitizers are a huge cultural shift everywhere so would need to come with appropriate educational activities too.

An early assessment around Illegan and Marawi in the Philippines, points to the multifaceted challenges facing individuals, families, community groups, NGO and local authorities:

- Need of most poor people for food assistance so they can stay home. Otherwise they are forced to go out and find food and break self-quarantine. Advocacy to the government is ongoing which is slowly beginning to take action, but not at the same level in all areas.
- Lockdown affecting much small producers including farmers having problems accessing the market for instance those relying only on public transport which is being stopped.
- People don't have access to alcohol/hand sanitizer, masks - thus DIY masks are being promoted. Some communities have problem of access to water and hygiene supplies.
- Lack of access to right information was also expressed by many. In areas where social media is being accessed, fake news is frequent.

Learning from past experience is important, so below please find a summary of relevant learning from the Ebola outbreak in Sierra Leone (shared by colleagues at Christian Aid). Below that, a summary of lessons with community-led crisis response activities also in West Africa (as captured Geneva Global).

What didn't go well in the overall Ebola response:

- Early messaging was conflicting, inconsistent and scared a lot of people
- Communities and local authorities were not involved from the beginning of the outbreak which led to panic and mis-information
- There was a lack of coordination in the response – everyone was working separately
- The decision to apply quarantines was not made quickly enough
- There was not enough support for those people in quarantine e.g. provision of food
- Weak surveillance to trace and contain suspected cases
- Mistrust in the health system wasn't addressed so people were reluctant to attend health facilities
- Delays in starting a multi-sectoral approach
- Lack of timely emergency preparedness e.g. protective equipment
- Slow to identify and change cultural beliefs that were fuelling the spread e.g. burial practices
- Myths and fake news on social media which perpetuated people's reluctance to seek medical care
- Stigma – this had a significant impact on the readiness of people to seek medical help, and on the ability of survivors to return to their normal lives afterwards

What worked well?

- Involving communities in the response e.g. paramount chiefs, faith leaders, secret society leaders – this led to acceptance of the issue and community ownership

[3] https://www.who.int/gpsc/5may/Guide_to_Local_Production.pdf

- National Ebola Response – a coordinated multi-party response across all government and NGO actors
- Consistent messaging across the response led by the Ministry of Health
- Provision of Non-Food Items to people in quarantine
- Multi-sectoral approach including the military (although late)

Recommendations

- Build in time to understand people's fears and apprehensions
- Engage with faith leaders from the beginning and ensure that they are on board with the messaging
- Work through existing and familiar structures and positive cultural norms where they exist
- Acknowledge efforts and different roles – who is doing what well?
- Ensure community ownership of the response from the start
- Collaborate with other actors to ensure a coordinated response
- Use cultural norms to our advantage
- Mitigate the secondary impacts e.g. social, economic, other aspects of health
- Positive use of social media to combat myths and reduce stigma right from the start

Also looking back to the Ebola response in West Africa, Geneva Global earlier shared a short summary of their experience with making small grants (normally around USD 10,000) available to a number of local CBOs. As this might be as relevant now as back in 2014-15 – only at a much larger scale – we have taken the liberty to use it again here:

"The Ebola Crisis Fund was a unique initiative to channel resources to local, grassroots organizations in the three countries most affected by the West Africa Ebola outbreak in 2014-15. Out of the $3.8 billion mobilized globally for the Ebola response, there has not so far been evidence that significant resources were directly channeled to local organizations. The model of the pooled philanthropic fund directly supporting local organizations was described as having many advantages and the main critique of the fund was that it was not able to extend its support over a longer time period.

Despite the small size of grants, and the fact that in most cases Ebola had been present for some time in their communities, many grantees valued the funding from ECF very highly. In several cases grantees were able to expand some very small-scale activities they had begun spontaneously. These grantees said that receiving funding from ECF gave them a further boost and sense of legitimacy in mobilizing the community around the fight against Ebola.

Working through community organizations was seen to reinforce community solidarity mechanisms, help enforce unpopular measures, hold local leadership to account, address local grievances, put pressure to bear for leaders to take their responsibilities and demand for the rights of the vulnerable to be upheld. These organizations are also uniquely placed to combat stigma and reintegrate disaster victims into the community by working on issues of acceptance."

Please contact us through nic@local2global.info if you have further questions to any of the above. Several internal NGOs are developing early guidance on how to work with community-based responses to Covid-19. Please use the above contact info to learn more. The survivor and community-led crisis response model is described in detail at