

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 to outbreak prevention and response.

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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.



- **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), and available in [French](#) and [Spanish](#).

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.

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 male and female 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.
- **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.



Ensure that there is space to listen to concerns, feedback, myths and rumours about Covid-19 as well as communicating information about the virus.



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.

For more guidance on communicating with communities, see the [Communication Planning Guide](#).

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.



Advocacy can contribute to ensuring continuity of community engagement.

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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COMMUNITY ENGAGEMENT DURING COVID-19

13 PRACTICAL TIPS

Coronavirus Disease (Covid-19) is an infectious disease caused by a strain of coronavirus that was first identified in December 2019. Covid-19 was initially declared a global emergency of public health concern by the World Health Organization on 30 January 2020. On 11 March it was declared a pandemic.

Government measures in response to the outbreak have included severe restrictions of movement and physical distancing, which will inevitably impact the way we engage communities. This document provides key messages and practical tips for such community engagement.

REMOTE ENGAGEMENT



1. TECHNOLOGIES

Consider engaging communities through different technologies. Online means, such as WhatsApp, allow for communication through both text and audio messages. Mobile networks can support hotlines, phone trees or simple phone calls. Where mobile networks are either not present or unstable, two-way radios can be an alternative.



2. MATERIAL SUPPORT

Make sure communities have the means to use these technologies! This includes the provision of portable radios, phones, phone credit, free Wi-Fi hotspots and even megaphones.



3. ACCESSIBILITY

Make sure to engage all groups, in both host and displaced communities, in environments where everyone can feel comfortable to speak up. Adapt the way you communicate to reach each group, which may require using simple language or communicating messages through alternative audio-visual means.



4. FOCAL POINTS

Identify focal points within communities and keep them informed. Build on existing leadership, such as community leaders, traditional healers, teachers and religious figures. Women are often overlooked, even though they are primary caretakers and first responders in emergencies, so make active efforts to identify female focal points.



5. GENDER SENSITIVITY

Adapt remote engagement tools based on the roles of women, men, boys and girls. For example, if using radio messaging, evening spots can ensure that women and girls are reached, as they may have responsibilities during the day.



6. COLLECTIVE EFFORT

We will need all the help we can get! Be ready to assign staff and community volunteers new tasks. They may have to work in different sectors – e.g. WASH, EFSVL or Protection – simultaneously, especially when there are few entry points to a community. Ensure all staff and volunteers receive a clear briefing on risks, and ensure they know they have the right to refuse performing tasks that make them feel uncomfortable and/or unsafe.



7. ADVOCACY

Advocacy can contribute to the 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 preserve humanitarian space.

INTRACOMMUNAL ENGAGEMENT

Physical distancing will also affect how community members engage each other. Here are some tips for **Oxfam volunteers** and other community members we work with.



8. DOOR-TO-DOOR ACTIVITIES

During door-to-door distributions, community focal points can leave items at the door of the household for collection, rather than handing them over directly. For verbal exchanges, prioritize talking through the door.



9. INFORMATION SHARING

Community volunteers can use WhatsApp groups to stay in touch with each other and other community members, allowing for the sharing and gathering of information on key developments. When this is not an option, information can be passed on through information trees, either by phone or in person, following the advice above on door-to-door activities. As a last resort, megaphones can be used to spread messages – this is less ideal as it does not allow for two-way communication.



10. FACE-TO-FACE

Community members may still resort to face-to-face interactions. When that is the case, advise them to follow [Oxfam's Guidance for Community-Facing Staff](#).

SUPPORT TO COMMUNITIES



11. ISOLATION STRATEGIES

Specific groups, such as the elderly and those with underlying health conditions, will have more difficulties dealing with Covid-19 once they are infected. Thus, support communities to find isolation solutions for these high-risk groups, such as group isolation of the sick or the vulnerable (not together).



12. SOLIDARITY STRATEGIES

Support communities' solidarity strategies. These can include support groups for collecting water, food and other necessities for those most at risk. Suggest using simple signage systems for homes self-isolating or in need of support. While signage systems will have to be adapted to each context, they could be as simple as leaving an object by the door or writing a symbol on the wall. These measures can reduce physical contact between community members while also supporting basic welfare.



13. HYGIENE

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.

MORE RESOURCES

Oxfam. (2020a). [Community Engagement During Covid-19 Guidance Note](#).

Oxfam. (2020b). [Community Engagement During Covid-19 Checklist](#).

Oxfam. (2020c). [Protecting Community Facing Staff and Volunteers](#).

IFRC, OCHA and WHO. (2020). [COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement](#).

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



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COMMUNITY ENGAGEMENT DURING COVID-19

CHECKLIST

Use this checklist to quickly remind yourself of the essential components of community engagement in your response, including when movement restrictions may be in place.

ADAPTING TO THE NEW CONTEXT

- Have you mapped any potentially high-risk areas that may be more affected by Covid-19, such as densely populated areas and those with less access to WASH facilities or health facilities?
- Have you undertaken a community mapping to understand the different stakeholders, influencers (such as religious leaders, traditional healers or birth attendants, elders or youth representatives), vulnerable groups (particularly elderly people, those with existing health problems, women and girls, those with disabilities etc) and local structures with which you would need to engage?
- Have you conducted a risk assessment, or revised your existing risk assessment to consider changes in the context, including risks associated with digital communication mechanisms? Have you considered how safeguarding plans may be affected?

WORKING WITH PEOPLE VULNERABLE TO COVID-19

- Have you discussed what self-isolation might mean with different at-risk groups, including the elderly, those with health problems, and women and girls? Have you worked with them and their communities to support their safe access to essential services?
- Have you considered ways of making daily activities safe by limiting contact; for example through contactless payment, or specific market times for more vulnerable groups to shop without crowds?
- Have you reviewed your contact lists, especially contacts for referral pathways?
- Do you understand health-seeking behaviour and perceptions of Covid-19 among different groups? Are you tracking myths and rumours that are associated with the outbreak?

INFORMATION AND COMMUNICATION

- Have you mapped the preferred communication and information chains for each group, noting the communication channels used to and within communities, who has access, which channels are trusted, and contact details for key community contacts? Do they know how to contact you?
- Have you considered the information needs of different groups within the community? Have you adapted information to make it relevant and accessible to these groups?
- Have you mapped the requirements in terms of language and literacy in your communities, and adapted your communications to match?
- Have you checked and tested information and advice for each group to ensure it is understood and that it is possible for people to follow the guidance you are giving?
- Are you consulting regularly with the widest possible range of groups within each community? Are you asking them about their specific challenges and suggested solutions?
- Have you budgeted for additional communication costs, including phone credit, data for smart devices, translation and IEC (Information, education and communication) material development?
- Are you ensuring that you do not share any data that can identify individuals or communities with other community members, colleagues or organizations?

PARTICIPATION

- Are you asking communities and groups for their own solutions and acting as facilitators to help them realize these, rather than imposing your own solutions?
- Are you ensuring that representatives from all groups within the community are participating in decision making and have access to activities and information?
- Are you taking space to be reflective about your approach and ensuring community participation?

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

- Do you have mechanisms for two-way communication, and spaces to listen as well as provide information, even for contexts in which you will have remote management?
- Do you have systems and indicators in place to monitor the impact of the outbreak on different groups, their satisfaction with Oxfam's response and the level of engagement?
- Are you closing the feedback loop when you receive feedback or complaints?

CAPACITY BUILDING

- Has every staff member, volunteer and casual worker been briefed on physical distancing, good respiratory hygiene, avoiding body contact, handwashing and proper use of personal protective equipment (PPE)(if required) before working with communities?
- Have all staff, volunteers and casual workers been briefed on the issue of stigmatization?
Are you checking your language and communications to avoid stigmatization?
- Are you working to build the capacity of community groups, locally based organizations and other organizations to respond to the outbreak, and to practice effective community engagement?

COORDINATION, COLLABORATION AND ADVOCACY

- Have you formed links with healthcare facilities to receive regularly updated sex- and age-disaggregated data? Are you analysing this regularly to look for trends indicating high-risk groups?
- Do you have good communication links with partners, other NGOs and coordination structures, and are you sharing your plans and findings with them?
- Are you bringing community feedback and learning to coordination platforms to strengthen the overall response in line with community requests?