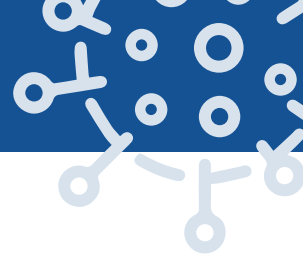


# Tips for Engaging Communities during COVID-19 in Low-Resource Settings, Remotely and In-Person

APRIL 20, 2020



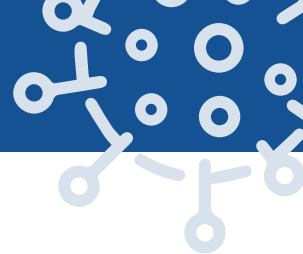


## Purpose and Audience

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This brief provides key considerations for engaging communities on COVID-19 and tips for how to engage where there are movement restrictions and physical distancing measures in place, particularly in low-resource settings. It is designed for non-governmental organizations (NGOs), UN agencies, government agencies, and other humanitarian and implementing actors working on health promotion, risk communication, and community engagement for COVID-19.

This document is an initiative of the GOARN Risk Communication and Community Engagement (RCCE) Coordination Working Group co-led by UNICEF, the International Federation of the Red Cross (IFRC), and the World Health Organization (WHO). It was developed jointly by the READY initiative [funded by USAID's Office of Foreign Disaster Assistance (OFDA)], Johns Hopkins Center for Communication Programs (CCP), Save the Children, UNICEF, UNICEF's Social Science Analysis Cell (CASS), IFRC, WHO, CORE Group, Social Science in Humanitarian Action (SSHAP), Anthrologica, United Nations High Commissioner for Refugees (UNHCR), CARE International, Internews, DAI, Community Health Impact Coalition, BBC Media Action, Emergency Telecommunications Cluster (ETC), World Food Programme, and Catholic Relief Services, with additional input from public health consultant Sanchika Gupta. This document will be updated periodically as new guidance and practices are developed.



## Document Structure

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The brief is structured by topic, offering guidance, examples, and relevant resources developed by partners in each case. Click on the topic list below to be directed to the relevant section immediately.

- [What Are the Priorities for COVID–19 Community Engagement in Low-Resource Settings?](#)

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- [How Do We Conduct Community Engagement for COVID-19 While Physical Distancing?](#)

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- [How Can Local Influencers—such as Religious or Community Leaders—Engage Communities with Restricted Movements?](#)

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- [How Do We Collect and Address Community Concerns and Rumors/Misinformation Given Movement Restrictions?](#)

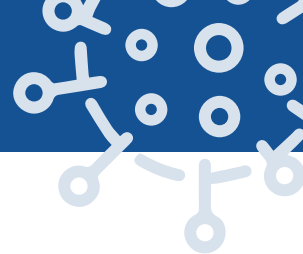
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- [What Options Exist for Engaging Communities in Settings Without Internet or Cellular Coverage?](#)

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- [Should We Conduct Home Visits? If So, How Do We Make Sure We Don't Put Ourselves and Communities At Risk?](#)

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- [Appendix A. Additional Approaches to Inform and Engage Communities Remotely](#)

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- [Appendix B. Additional Community-based Initiatives](#)

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## ● What Are the Priorities for COVID-19 Community Engagement in Low-Resource Settings?

**Develop distinct RCCE plans for rural and urban areas, but prioritize high density areas for control**



Consider different needs and risks in rural and urban areas and plan accordingly. Consider prioritizing control measures in urban and densely populated settings, particularly where physical distancing is not an option, such as informal settlements, urban slums, and refugee camps. [See SSHAP Physical Distancing Measures for COVID-19 brief, and SSHAP Informal Settlements Brief].

**Integrate a COVID-19 response into existing health and humanitarian activities**



Ensure the continuation of essential community-based health services (e.g., malaria testing and treatment; maternal, child and newborn health [MNCH] services) to avoid spikes in avoidable deaths, paying close attention to rural areas where access to health care is generally poorer. Community-based volunteers (CBVs) can play a role in helping to keep support flowing in communities that depend on these. [See Home Visits].

**Focus on preventive isolation of the most at-risk and vulnerable**

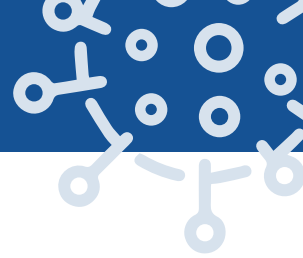


This includes older populations (age varies by country) and those with underlying health conditions that are typically higher in lower-middle income (LMI) countries, such as uncontrolled HIV, tuberculosis, non-communicable diseases (NCDs), and other immunosuppressing conditions. (Highest risk factors overall for COVID-19 are heart disease, lung disease, and diabetes, which may have lower rates in some LMI countries).

**Include socially vulnerable populations**



“Socially vulnerable populations” are people who are negatively impacted by policies (e.g., indigenous peoples, slum residents, refugees, prisoners, internally displaced persons [IDPs], detainees), who are often unable to adhere to physical distancing measures and therefore face greater risk. [See COVID-19: How to Include Marginalized and Vulnerable People in Risk Communication and Community engagement and UNHCR guidance on age, gender, diversity considerations – COVID-19]. Look beyond high-risk groups for COVID-19 transmission to support socially vulnerable people who carry high burdens of mortality and morbidity (e.g., women subjected to gender-based violence [GBV]), who may face greater challenges during this pandemic.

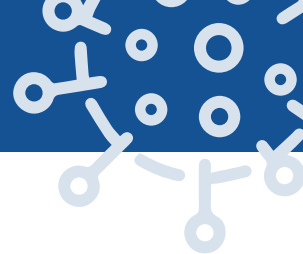


## Example of Prioritizing Essential Services for At-Risk and Vulnerable Populations

### **Prioritizing at-risk and vulnerable populations for food distributions**

In Kampala, Uganda, refugees are unable to move to get food. Young African Refugees for Integral Development (YARID) distributes food directly to the most vulnerable refugees using motorbikes. Of the 70,000 refugees in Uganda, YARDI has identified the most vulnerable—older persons, persons with disability, persons with chronic illness—and provided food and non-food packages to 200 households.

Additional examples can be found in [Appendix A](#).



## ● How Do We Conduct Community Engagement for COVID-19 While Physical Distancing?

Start by ensuring your monitoring and evaluation framework is guided by quality standards for community engagement, including leveraging local capacities and resources, and ensuring participation, inclusion, and two-way communication. Below are key considerations relevant to the COVID-19 pandemic, based on previous experience in conducting community engagement in infectious disease outbreaks.

### Understand existing national COVID-19 guidelines and community-based models



Learn about national mitigation guidelines as they apply to limiting large groups of people meeting together to reduce the risk of spreading the disease. Identify existing national community-based models, CBV, and community health worker (CHW) guidelines to determine gaps and realign them to include physical distancing considerations. Identify and work with local teams with experience in similar responses (e.g., malaria, polio, Ebola) and adapt their role for COVID-19—conduct virtual trainings through mobile or online platforms, or through in-person trainings following strict physical distancing protocols.

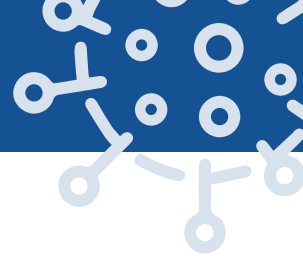
### Example of Adapting Existing Programs for COVID-19

#### Adapting Emergency Transport Scheme

In one example of how a program is adapting its role for COVID-19, MAMaZ Against Malaria at Scale is training volunteer emergency transport scheme (ETS) riders to support the referral of serious COVID-19 cases to health facilities in two districts in Zambia. Existing ETS protocol has been adapted to accommodate the need for physical distancing and good hygiene. The ETS is based on bicycle ambulances and operates in areas with a strong bicycle culture. Riders are trained on signs and symptoms of COVID-19 and on the safe referral of patients. In a context where the weakest referral link is that between rural communities and lower-level health facilities, these volunteers are expected to play a life-saving role.

Additional examples can be found in [Appendix A](#).





**Coordinate with other partners**



Participate in existing national RCCE coordination groups and/or other relevant technical working groups to harmonize messages and activities. These groups typically conduct their activities via conference calls.

**Start by engaging communities via formal community leaders or informal leaders (e.g., faith, traditional) and community groups**

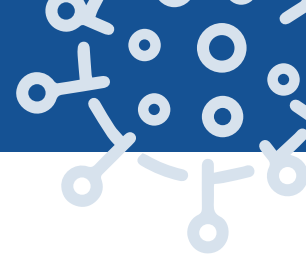


Higher-level leadership (e.g., provincial, municipal, traditional authority, or ward level leadership) can provide contact information for community-level leaders. Maintain a 6-foot (2 meter) distance when reaching out to community leaders in person. If an in-person meeting with physical distancing is not possible, connect via phone to get buy-in to engage communities on the COVID-19 response. Inform leaders on COVID-19 risk, transmission, prevention, mitigation; ask them about locally appropriate communication methods; and encourage them to communicate these messages to communities. Provide clear guidance on how they can safely engage community members. Ensure they are role models for good preventative behaviors. Agencies should engage community members as well as leaders, so community members can support their neighbors [See [How your community can prevent the spread of COVID-19](#)].

**Conduct a rapid assessment and/or other research**



Use rapid survey methods to understand the knowledge, concerns, perceptions, stigma, and behaviors around disease and preventative actions. Also learn preferences in communication channels and trusted sources of information. [See [WHO guide to Rapid Assessments and UNHCR guidance on connectivity](#)]. It is important to understand how people are already communicating and getting information, and how they perceive risks and barriers to behavior change. Examples are below.

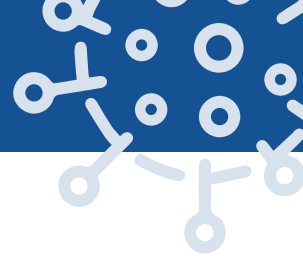


## Sample Rapid Assessments and Analysis

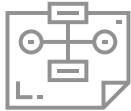
<p><b>Mobile Perception Surveys</b></p>	<p>In Somalia, Save the Children International is partnering with Viamo to conduct nationwide mobile phone surveys using Interactive Voice Response (IVR). Surveys are used to assess community knowledge gaps, risk perceptions about COVID-19, behaviors, existing barriers to behavior change, specific needs, preferred communication patterns and channels, and influencers.</p> <p>In some countries, Internews is using chatbots on Facebook to allow them to assess community members. The team is working with social media influencers on Facebook within target communities to host the “bots” on popular Facebook pages and within groups. The bots allow the team to conduct rapid surveys of members of the groups in local languages.</p>
<p><b>GeoPoll</b></p>	<p>GeoPoll is conducting online and mobile surveys on perceptions of risk and the impacts of COVID-19 across various countries in Sub-Saharan Africa, looking at trust, food availability, prevention behaviors and other concerns. (Survey sample consisted of literate adults with access to mobile phones. Its Computer Assisted Telephone Interviewing [CATI] mobile application allows agencies to reach illiterate audiences with access to mobile phones). GeoPoll has call centers in Africa, Asia, and Latin America. [See <a href="#">GeoPoll report on the Impact of COVID-19 Across Africa</a> and <a href="#">GeoPoll resources</a>].</p>
<p><b>Rapid Data Analysis and Dissemination</b></p>	<p>In some countries, the data on COVID-19 knowledge, perceptions and misinformation that are compiled and analyzed are shared through platforms such as online dashboards or flyers that are distributed to other national or regional partners, and through RCCE working groups. The East and Southern Africa (ESA) Regional RCCE Working Group formed a Sub-Working Group on Interagency Community Feedback, led by IFRC, that analyses and shares results through this sub-group, while partnering with other humanitarian agencies on the ground to help address the concerns.</p>

Additional examples can be found in [Appendix A](#).





**Identify potential high transmission areas for COVID-19 at multiple levels; map communication entry points**

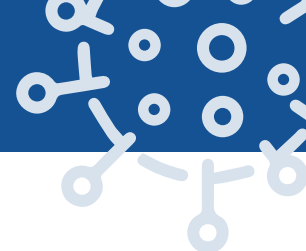


This needs to be done at household, community, and health facility levels. For example, marriage or bereavement ceremonies, markets, places of worship, and health centers can all be potential high-transmission zones. Identify which key people play a role in various points within the transmission pathway, and the entry points to communication. Connect with local leaders and medical teams—either in-person following national physical distancing protocols, or if movement is more restricted, through phone or WhatsApp groups or other digital platforms (examples below and in [Appendix A](#)).

**Connect communities to hotline numbers, if available**



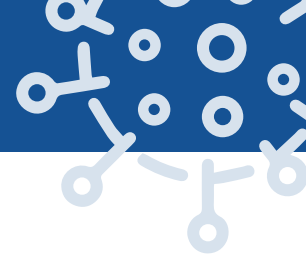
Provide national- and local-level contact details for hotlines and services (virtual and/or in-person with physical distancing) through community leaders and traditional mass and social media. Identify how migrant and transient communities get information and promote these hotlines to them, in appropriate languages. Hotline information can also be provided for other critical services, e.g., survivors of gender-based violence. See examples below.



## Example Hotlines

<p><b>Hotlines</b></p>	<p>CARE International's Turkey office has been working on a helpline system to respond to an increasing number of calls about COVID-19. Given the two-way communication functionality of the helpline, CARE uses this channel both to collect data on sources of information, myths, and misconceptions on COVID-19 and to address refugees' questions, needs, and concerns.</p> <p>In Libya, an inter-agency call center named Tawasul 1414, recently launched by the Emergency Telecommunications Sector in Tripoli, is being used by the National Centre for Disease Control (NCDC) as the national COVID-19 hotline, serving a dual purpose of providing people information on COVID-19 and providing trends and analysis to health partners to inform decision making.</p> <p>The Emergency Telecommunications Cluster (ETC) in collaboration with WHO and Facebook is launching official MoH chatbots to support official hotlines by responding to Frequently Asked Questions (FAQs). The first-phase countries are Iraq, Libya, and Central African Republic (CAR). Chatbots in these countries will have country-specific information in local languages and will be periodically updated.</p>
<p><b>Hotline in a Box</b></p>	<p>In emergencies, hotlines are perceived as a quick fix, but they can take time, require multiple technologies to reach all people affected by crises, and involve multiple languages and training. "Hotline in a box" is a globally applicable toolkit of modules to identify, deploy, and manage channels for communicating with communities.</p>

Additional examples can be found in [Appendix A](#).



**Work with community leaders (informal/formal) to foster community discussion and support**



Virtual discussion groups, composed of local leaders and community representatives, can identify strategies for home care, self-isolation, movement controls, closure of high-risk public spaces, support to vulnerable people, and communication. These discussion groups in turn can support existing committees or groups, including women's groups, groups for people with disabilities, care groups, and others. Budget for and provide mobile phones and cellular data and information on physical distancing and good hygiene.

*NB: If in-person meetings are permitted by government, discussions must be aligned with government restrictions on number of people allowed to gather. If no guidelines are available, there should be no more than 10 people, and participants should sit at least 2 meters from each other.*

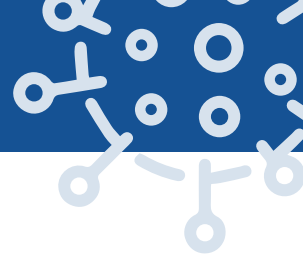
**Sample Remote Discussion Group Platforms**

**Virtual WhatsApp Discussion Groups**

WhatsApp groups can be used to self-organize when community dialogues and other face-to-face actions are no longer possible. In a moderated chat group, with 25–50 people, a community leader can participate in a district-level moderated group with other leaders and community groups. WhatsApp Cascade can reach higher levels of decision-makers, so these leaders can learn how communities solve problems and can support. s could include those pre-existing traditional structures: health committees, school management committees, etc. Clear information for families can shared through a cascade model to support individual families to practice physical distancing, regular handwashing, and care during COVID-19. [See [WhatsApp during COVID-19](#)].

In the Ebola outbreak in the Democratic Republic of Congo, humanitarian agencies such as RNW Media and Médecins Sans Frontières (MSF) implemented WhatsApp groups with at-risk audiences, drawing on a pre-existing blogging network with youth, and setting up groups to cascade life-saving information to at-risk communities in insecure areas.

More than 100 SBC professionals in Uganda (including agencies and MOH staff) discussed SBC problem solving before the epidemic. Recently the group developed an entire COVID-19 campaign, including branding and logo (in several local languages) on their WhatsApp group.



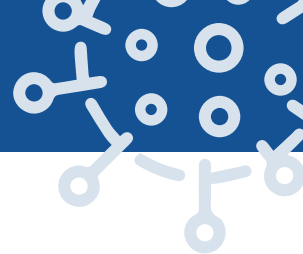
<p><b>Community Radio Programming and Radio Engagement</b></p>	<p>Interactive local radio is an effective way to establish a community dialogues and a feedback loop, and to provide answers to common questions using trusted experts and influencers. [See Education Development Center’s Repurposing Established Radio Audio Series for COVID-19 and IFRC’s Radio Show Guide for COVID-19].</p> <p>Humanitarian organizations and other NGOs and UN agencies working in Cox’s Bazar in Bangladesh have used interactive radio and radio magazine series in different ways to connect with refugees on COVID-19. Many examples are available on the Communication with Communities in Bangladesh webpage.</p>
<p><b>Webinar Discussion Group with Refugee-led Organizations</b></p>	<p>The United Nations High Commissioner for Refugees (UNHCR)’s Global Refugee-led Network convened over 120 stakeholders representing different refugee-led organizations on a webinar to discuss how COVID-19 was impacting them and how they are supporting.</p>

Additional examples can be found in [Appendix A](#).

**Support community initiatives: Learn how people are already adapting, locally, with their own mechanisms, and support them**



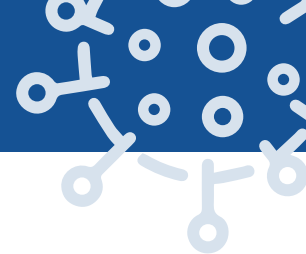
These discussion groups are important as many mitigation measures – such as physical distancing and isolating people in the home who are sick with COVID-19—can be more difficult depending on personal or household environments. This may be because of lack of resources, the nature of the built environment (e.g., crowded buildings, number of available rooms), cultural or religious customs, and so on. People can develop effective measures of their own, which may be more appropriate to the local context than broad-based policies developed by central governments. Agencies can support these community-led initiatives. See examples below.



## Sample Community-led Solutions

<p><b>Community-led Solutions</b></p>	<p>Sudan’s neighborhood resistance committees are making and distributing hand sanitizers using alcohol originally intended for use in illicit liquor.</p> <p>Indigenous peoples’ communities in Indonesia are making their own traditional disinfectant from plants and fruits.</p> <p>In Liberia, citizens are making handwashing stations out of reed or plastic bottles when buckets are scarce.</p> <p>The Karunga Women’s Group in Elburgon, Kenya, recently added face masks to their product line. The women are creating and selling different styles.</p> <p>In Tanzania, a group of local soap makers will include in their packaging COVID-19 prevention messages and child-friendly pictures with examples of activities parents can practice with their children.</p>
<p><b>Community-based shielding initiatives</b></p>	<p>In some cases, local distancing mechanisms to reduce disease transmission already exist, having evolved through prior community experience. For example, in Liberia, local strategies for containing disease encompass excluding strangers from the community, prohibiting visitors from sleeping in one’s home, mandating a 21-day quarantine period prior to entering the community, ensuring community members maintain distance from sick people or the deceased (including within their household), and managing resource provision for those in quarantine or isolation. [See <a href="#">Social Science in Humanitarian Action Physical Distancing Measures for COVID-19</a> brief].</p> <p>In Northeastern India, rural communities adopted physical distancing measures. They quarantine people who come from outside by putting up barricades to entry and setting up quarantine homes on the outskirts of the village to house outsiders for fourteen days. These efforts are monitored by a village task force.</p>

Additional examples can be found in [Appendix B](#).



**Help community leaders and households set up washing stations, and consider “nudges” for physical distancing**



Establish handwashing stations with soap and water where communities meet (for example, boreholes, markets). Use plastic bottles and string to make “tippy taps.” Local solutions such as these promote local ownership, and often increase functionality and effectiveness.

Agencies can also help community leaders with establishing behavioral “nudges” to encourage physical distancing in public places, such as demarcations (e.g., with paint or chalk) for properly spaced waiting lines at handwashing stations, health facility waiting rooms, markets, and other areas.

**Address multiple needs at the community level through public and private sector linkages**



Connect with other response teams and public and private agencies and businesses, individually or through coordinated discussion groups [see [discussion groups](#) above]. Reach out to communities to address supplies and services—PPE, soap, hand-washing stations, water, waste disposal, food provision, mental health and psychosocial support, and other needed services and concerns (e.g., family planning, child protection). Provide internet/phone credit for CHWs in the community so that they can continue to be a communication line. Support [savings groups](#) and food banks where these exist.

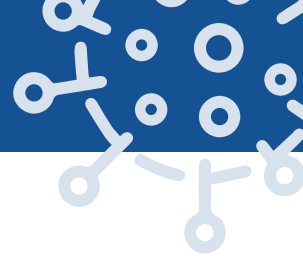
**Sample Initiative to Meet Holistic Needs**

**Adapting Existing Community Initiatives to Support Holistic Needs during COVID-19**

Food banks in communities with low resilience to health emergencies are being established in five districts by District Health Management Teams and MAMaZ Against Malaria at Scale, Zambia. These schemes are now being extended to support households affected by COVID-19. This includes families unable to farm or generate an income due to illness or that have been affected by a death. Food banks received an emergency “top-up” of basic foodstuffs to add to their existing stocks to ensure they can support communities under pressure.

Additional examples can be found in [Appendix A](#).





**Be attentive to the needs of vulnerable groups**



This includes marginalized people, such as migrants and internally displaced persons (IDPs), women affected by GBV, female front-line health workers and caregivers, those who live with disabilities and special needs, or individuals who have underlying health conditions that may make them more vulnerable to COVID-19. This means being responsive to different formats, languages, and access barriers.

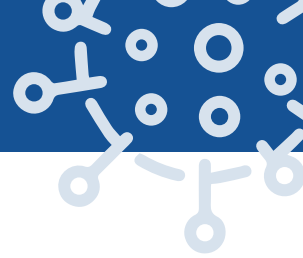
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**Check in with communities regularly**



Through community leaders, networks, and other informal trusted leaders, including faith and care group leaders, continue to cascade messages and information using phone or social networks and other non-technology options to remind households of protective practices. [See also [Non-Technology Options](#) below]. Listen to and address the issues raised by the community.

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## ● How Can Local Influencers—such as Religious or Community Leaders—Engage Communities with Restricted Movements?

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Community leaders, whether formal (e.g., religious leaders, village chiefs, teachers) or informal (e.g., traditional leaders, women's group leaders) can play an active role in co-planning and monitoring appropriate COVID-19 responses through communication with government and NGO actors. For example, leaders can help identify and isolate people who may have COVID-19, and enforce rules such as physical distancing in queues and limited movement between units. These leaders can also:

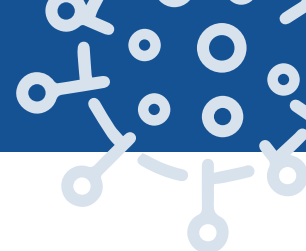
- Play a key role in encouraging behaviors, leading by example, and providing testimonials on recommended behaviors;
- Distribute protective equipment such as masks, soaps, and hand sanitizers;
- Provide support to households who are struggling due to movement restrictions or caring for ill family members; and,
- Provide vital feedback to local government authorities on gaps in the pandemic response, and hopefully increase responsiveness to community needs.

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**Help community and influential leaders understand COVID-19 and their behavior change role without putting people at risk**



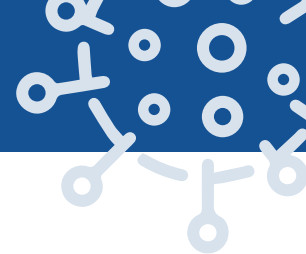
Identify trusted influential leaders such as faith leaders, village chiefs, teachers, nurses, and others who can take on a behavior change role, and provide them with clear information so they do not inadvertently spread misinformation. Engage religious leaders to create alternatives to gatherings and safe provision of spiritual assistance. (See WHO's COVID-19 practical recommendations for working with faith leaders along with the decision tree for religious mass gatherings and UNICEF's faith-initiative). See examples below on how to connect leaders to communities even with physical distancing.



## Examples of Connecting to Communities Remotely

<p><b>Community Radio Programming</b></p>	<p>Trusted influential leaders can help reinforce positive behaviors and dissuade listeners from practicing high-risk behaviors. Mobile platforms can create quizzes and surveys tied to local radio programs about COVID-19. Listeners call into or text a number during a radio program and answer questions. This gives the hosts access to those answers in real time. Radio programs can tailor their content and keep audiences engaged in the subject matter. [See Education Development Center’s <a href="#">Repurposing Established Radio Audio Series for COVID-19</a> and IFRC’s <a href="#">Radio Show Guide for COVID-19</a>].</p> <p>UNHCR coordinated with Jamjang FM radio in South Sudan to disseminate information on COVID-19 prevention, including a talk show that brings on board medical doctors from UNHCR and partners. Programs also run to respond to questions, quash rumors, and address misconceptions about COVID-19.</p>
<p><b>Social Media</b></p>	<p>Consider using social media to crowdsource ideas, and work with moderators to correct misconceptions, track rumors, and post videos and multimedia formats to attract more attention. For example, Facebook’s Groups feature can support closed community groups to engage in problem solving and discuss specific challenges. [See IFRC’s <a href="#">Tips for Using Social Media – COVID-19</a> and Amref’s <a href="#">Social Media Toolkit for COVID-19</a>]. Examples:</p> <ul style="list-style-type: none"> <li>■ Faith and formal and informal community leaders connect with constituents on social media through video, live chat, and Q&amp;A sessions.</li> <li>■ Musicians writing COVID-19 songs explain to fans about motivations in recording the song.</li> </ul> <p>Social media platforms are also being used as dissemination channels, for example:</p> <ul style="list-style-type: none"> <li>■ UNICEF is leveraging <a href="#">social media</a>, such as Facebook, Twitter, Instagram, and Weibo accounts, to disseminate COVID-19 information and receive and address feedback. Its <a href="#">Internet of Good Things (IOGT)</a> provides COVID-19 information on a mobile-ready website configured for low-end devices (see <a href="#">Facebook Free Basics</a>).</li> <li>■ UNHCR in the Americas is using WhatsApp, Facebook, Twitter and Instagram to disseminate COVID-19 information in languages that are more accessible to communities. Facebook pages like <a href="#">Confia en el Jaguar</a> have developed social cards and are providing updated information on COVID-19 to refugees and migrants in Central America and Mexico.</li> </ul>

Additional examples can be found in [Appendix A](#).

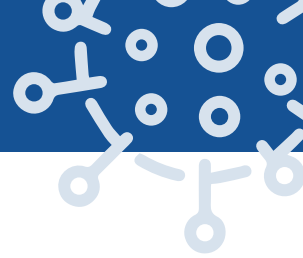


## ● How Do We Collect and Address Community Concerns and Rumors/Misinformation, Given Movement Restrictions?

Multiple rumor-tracking projects are capturing community perspectives on COVID-19, including in refugee and protection of civilians sites [See [COVID-19: Rumors in the Camps](#)]. Many resources and tools related to community feedback and addressing rumors and misinformation are now available. [See [IFRC Feedback Starter Kit](#) and the [COVID-19 rumor tracking guidance document for field teams](#)]. Response channels for countering rumors include fixed loudspeakers at key locations, SMS blasts, radio shows, short audio and video snippets, and infographic content that can be shared across different messaging platforms, such as WhatsApp. Multilingual hotlines and proactive focus group discussions—e.g., in person, by phone, and through monitoring social media—are also good ways to listen and collect misinformation and concerns (some examples of these hotlines are already included in the sections above).

### Sample Rumor/Misinformation Response Channels

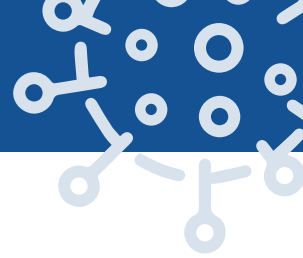
<p><b>Mobile Phones, Short Codes and SMS Broadcasts</b></p>	<p>A short code (like a normal mobile phone number, but with only 3-6 digits) allows community members to send information to a central hub and register to receive regular updates. Community members and field staff/volunteers can be asked: do you have any questions, concerns or rumors you would like to share with us? [See <a href="#">Managing Misinformation in a Humanitarian Context: Internews Rumors Tracking Methodology</a>].</p> <p>UNICEF's COVID-19 Information Chatbox was developed for use by U-Report's 68 countries with active U-Report initiatives. It is reaching people with COVID-19 messaging, dispelling rumors and myths and at country level, and providing context specific health and social referrals.</p>
<p><b>Community Radio Programming</b></p>	<p>A series of community radio sessions on COVID-19 are delivered in two districts in Zambia, with Q&amp;A sessions addressing myths and misinformation. These are produced through a partnership between MAMaZ Against Malaria at Scale and the District Health Management Teams. For example, some communities were concerned they couldn't follow handwashing protocols because they are unable to afford expensive medicated soap when ordinary soap, which is much cheaper, is perfectly adequate. Harmful ideas about COVID-19 being a disease that only affects foreigners were also countered in the Q&amp;A sessions.</p>



### Chatbots

Chatbots can be used in countries with higher smartphone ownership and internet usage for daily, demand-based updates on COVID-19 that include multimedia such as video. UNICEF's [Health Buddy Chatbot](#) is built on RapidPro and inspired by the COVID-19 Information Chatbot. Health Buddy is tackling COVID-19 misinformation and myths in Europe and Central Asia. This multi-channel, multi-lingual platform provides the latest COVID-19 updates while addressing and correcting rumors and misinformation.

Additional examples can be found in [Appendix A](#).



## ● What Options Exist for Engaging Communities in Settings Without Internet or Cellular Coverage?

Some communities, particularly those in conflict zones or remote areas, have no reliable electricity or cellular coverage. If people have any media channels at all, they may be AM and FM radio or basic feature phones.<sup>1</sup>

### Options for Media-Dark Areas

#### Community Radio Programming and Radio Engagement

Where feasible, use local radio (as described above) to engage and answer community questions and concerns. Consider collecting questions and feedback on topics in advance, then hosting an expert who will be able to provide direct practical answers to address concerns within the community. [See [Repurposing Established Radio Audio Series for COVID-19](#)].

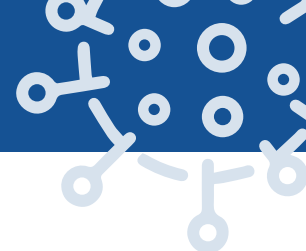
Leverage existing radio services such as [Radio Ergo](#), [Radio Miraya](#), and [Radio Hirondelle](#).

Agencies can support communities by providing radios. Consider that some people do not have access to radios and may have accessed radios through group meetings, which are now banned by government in some areas due to quarantine measures.



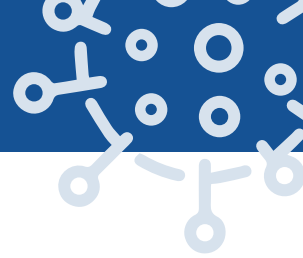
<sup>1</sup>. Some programs supply radios to families, often including solar charged or wind-up radios.





<p><b>Loudspeakers or megaphones</b></p>	<p>If someone in the community has a loudspeaker or megaphone, they could be placed near homes so messages could be passed to the community at certain times of the day. Consider linking in local areas to ask if loudspeakers at places of worship can be used to get information out. Work with traditional and religious leaders to make sure that the information they are distributing is accurate. [See BBC Media Actions' <a href="#">Guide to Community Engagement at a Distance</a>].</p> <p>In Tanzania, UNHCR has supported CHWs and hygiene promoters to raise awareness in camps through public address systems and megaphones. This may be an important way to ensure remote, rural communities that are not on the network can access vital information about COVID-19. It may be possible to work with local drama groups who can bring life and animation to the broadcast, also on local radio and through fixed loudspeakers.</p> <p>Led by Internews, in South Sudan, speakers are mounted on quadbikes, motorcycles or tuk tuks to get critical information to people seeking shelter in UN bases across South Sudan. The local community has a key role in creating content and helping agencies in their work to be accountable to the people they serve. [See <a href="#">Internews What is Boda Boda Talks?</a>]</p>
<p><b>Leverage community services to disseminate information</b></p>	<p>Leverage services people still use, such as bus, taxi and combi drivers, market vendors and health facilities, to disseminate information (some cellular providers do this for free). In areas of higher literacy, local language posters or wall paintings/messages with key preventive messages can be displayed.</p>
<p><b>House visits</b></p>	<p>In some circumstances, and in alignment with national guidelines and social distancing protocols, home visits can still take place by social mobilizers. Interactions should be in the open air and CBVs should maintain a two-meter distance from people. These visits may be particularly important in situations where vulnerable community members require support with food or medicine. CHWs can also drop low-literacy pamphlets. [See <a href="#">Communications - Soft Copy</a>]. See more information below.</p>

Additional examples can be found in [Appendix A](#).



## ● Should We Conduct Home Visits? If So, How Do We Make Sure We Don't Put Ourselves and Communities At Risk?

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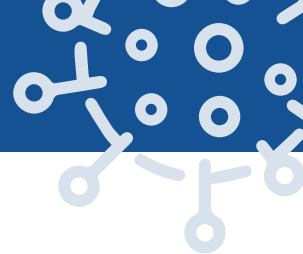
Typically, CHWs and CBVs conduct home visits. They can support communities with self-isolation, conduct community-based surveillance and contact tracing, monitor for clinical deterioration, and organize rapid referrals for patients requiring hospitalization. They can also support vulnerable individuals with vital medicine and supplies, or link households to community safety nets (savings schemes, food banks) or other services. Other front-line workers and social mobilizers may also conduct home visits, particularly in media-dark areas. The CORE Group Polio- Global Health Security Project developed a protocol that includes a safety assessment and specific instructions for community volunteers when conducting household visits. [See CORE Group's [COVID-19 House to House Community Outreach Protocol](#)].

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### **Simplified List of Precautions to Stay Healthy and Safe (Adapted from the CORE Group's COVID-19 House to House Community Outbreak Protocol)**

- Cough into your elbow.
- Do not spit.
- Do not touch your face.
- Use hand-sanitizer or soap and wash hands many times between house visits.
- Wear a mask and gloves, if health authorities mandate. Cloth masks must be washed and disinfected daily. Disposable masks are to be discarded safely each day and not reused. [See [IFRC guidance for cloth masks](#)]. Gloves MUST be changed after each household visit or community interaction, and hands disinfected.
- Stand 2 meters away from others at all times.
- Avoid typical physical greetings.
- Do not touch others, even if socially expected. Practice new ways to greet people without touching.
- Do not enter the home.
- Ask household members to step outside the home, into open air area if possible.
- Avoid gatherings or community meetings.
- Limit the number of households visited in order to minimize exposures.
- Limit the number of hours conducting outreach.
- Use large format information, education, and communication (IEC) materials (such as large-print flip books, posters, and banners).
- Leave behind leaflets.

Aligned with government policies on CBV incentives, agencies can also support these workers with incentives and PPE, and advocate for insurance coverage. [See updated WHO [Community Care Management Guide During Flu Pandemics](#), [Community health education and mobilization](#)].

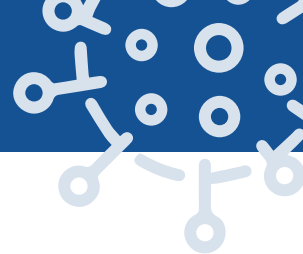


### Train front-line workers on COVID-19 and safety protocols



If home visits are allowed based on national guidelines, CBVs, CHWs, and other front-line workers need to be trained to follow safety protocols including how to correctly wear personal protective equipment (PPE). CHWs can support information and advising strategies and active case finding/contact tracing/accompaniment strategies. The decision on which strategy to follow will be made by CHW program leadership based on the availability of sufficient hours, funding, and PPE. [More in [Home Visits](#). See also [COVID-19 CHW Workflow](#)]. Also train health workers who supervise CHWs. For example, in Kenya, community health extension workers (CHEWs)/community health administrators (CHAs) supervise CHWs, who also belong to a community health committee (CHC).

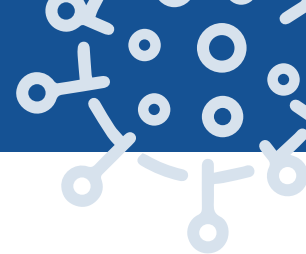
Trainings should include how to identify people most at risk of severe COVID-19, recognize symptoms, reduce transmission, deliver information, organize the care and quarantining of those who fall sick, and adapt existing programming (e.g., malaria, nutrition) to COVID-19. CHWs will need easy access to training and guidance in the local language. Options for conducting training at a distance should be explored. Examples are below. [More in [Home Visits](#)].



## Sample CHW Training Platforms at a Distance

<p><b>On-demand mobile training</b></p>	<p>CHWs can receive information through different platforms: text messages, mobile applications, phone trees, 24-hr support call-in numbers, and remote support and training. These platforms can support pre- and post-tests to identify content questions and monitor misconceptions. <a href="#">See the Community Health Impact Coalition guidance on training and protection for CHWs during COVID-19.</a></p> <p>The National Department of Health in South Africa launched <b>HealthWorkerConnect</b>, a WhatsApp-based service that provides official and up-to-date COVID-19 guidance and information for Health Workers of all cadres. Content includes information on the epidemiology and clinical characteristics of COVID-19, management of suspected cases, management of confirmed cases, infection, prevention &amp; control, recording and reporting, ways to contact specialists, support for health workers under stress and other useful resources. <a href="#">Click here to engage with the service</a></p> <p>In Kenya, Amref Health Africa's LEAP platform has an offline group chat that is used for discussions by CHEWs and CHWs. LEAP offers training, peer support and supervision for COVID-19 via mobile platforms. [See <a href="#">Amref's LEAP</a>].</p>
<p><b>Online and social media training</b></p>	<p>Through the USAID-funded Breakthrough ACTION's COVID-19 response, CCP is working with Indonesia's National Family Planning and Population Board (BKKBN) to mobilize a large network of Field Workers (PKB) to engage with CBV networks around COVID-19. Engagement is being conducted online via weekly Facebook (FB) Live sessions where PKBs tune in and receive information and skills building on prevention, preparing communities for quarantine, helping people to self-isolate, and ensuring at-risk populations are supported. PKBs learn how to set up community COVID-19 task forces to help educate communities and manage COVID-19 cases, whether they need to be referred or instructed to self-isolate. FB Live sessions include videos, print materials, and training sessions. More than 7,000 PKB are participating; they have registered more than 130,000 community volunteers. Participants post questions, comments, and photos of their activities.</p>
<p><b>Radio distance learning</b></p>	<p>Pre-recorded training or live training can be broadcast via radio at a specific date and time that has been communicated to CHWs and offering hotlines for live call-ins during the program to ensure on-the-spot responses.</p>

Additional examples can be found in [Appendix A](#).



## ● Appendix A. Additional Approaches to Inform and Engage Communities Remotely

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### Additional Rapid Surveys and Data Collection & Analysis Examples

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#### Rapid Surveys

An Indonesian indigenous peoples' organization, AMAN Alliance of Indigenous Peoples of the Archipelago, is assessing the conditions of Indigenous Communities, cadres, and staff through a questionnaire on a mobile app, AMANkanCovid19. This tool records and prepares for the worst possible consequences of the impact of the spread of COVID-19. Data collected are analyzed for strategy adaptation.

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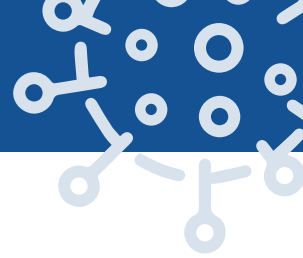
#### Mobile Platform to Collect Healthcare Data and Feedback in Nairobi Slums

To collect data remotely in the Kibera informal settlement, Save the Children is leveraging tablets used by private health care providers in urban slums. Dimagi's CommCare data collection mobile app allows front-line workers to track and support clients, facilities, transactions, or other data to be followed over time. The software supports images, audio, and video.

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#### UNICEF Cellule Analyse Science Sociale (CASS)

During the Ebola outbreak in North Kivu and Ituri, UNICEF's CASS, a platform under the Ministry of Health response coordination, collected social science evidence to inform decision-making at the strategic response level. The team kept a running monitoring tool (called MONITO - available online) in which it recorded research results and recommendations co-developed with response commissions and actors to monitor the integration of research results into response activities.



## Additional Hotline Examples

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### Hotlines

In Central African Republic, the Emergency Telecommunication Cluster (ETC) has set up a 1212 toll-free number to be an official hotline for the MOH to respond to COVID-19 queries and do an efficient referral to testing facilities.

The Government of Madagascar developed an on-demand gender information service for women. Users access content to help women make decisions and manage finances.

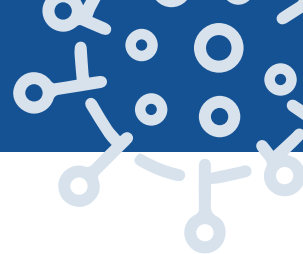
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### VIAMO's 3-2-1 Service and Call Center Platforms

A free, demand-based information hotline that uses IVR is available in 18 countries. Callers using any phone can access pre-recorded COVID-19 audio messages in their local language, free of charge. This allows those with low or no literacy to access the information. Countries using the 3-2-1 service include Burkina Faso, Madagascar, Malawi, Nepal, Nigeria, Tanzania, Uganda, and Afghanistan; more countries will be added. Viamo also uses audio games to present health and safety information to increase listener engagement or to connect automatically to a call-center to provide responsive support.

It allows the MOH to create a dedicated, toll-free COVID-19 hotline to share correct information and answer questions. Operators can respond to clients from anywhere. Operators review scripts, collect data, and refer callers to additional electronic information via computer or smartphone. Callers can navigate an IVR menu to get answers and if necessary are directed to the appropriate operator.





## Additional Mass Media/Radio and Mobile Examples

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**Interactive Local Mass Media and Mobile Phones** Engage with local media (radio/TV/online) and organize deliberate community engagement efforts, including call-in-radio shows (on certain topics, with local experts in the studio), interactive TV formats (where audience can send in/ask questions), and online presence to capture questions, concerns, and overall sentiments as part of a wider effort to base information provision on the needs and concerns of the community.

Through Fondation Hironnelle, Viamo hosts a daily, local radio magazine and news update on the 3-2-1 service. Young journalists from local studios report on youth topics. Studio Tamani/Mali produces reliable news updates for 3-2-1 in 5 languages.

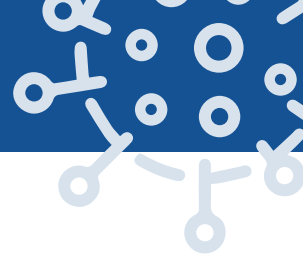
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**Audio Dramas and Linking with Social Media** BBC Media Action, Internews, and Population Communication International developed successful radio drama, testimonials, and talk shows during the Ebola epidemic. Many linked on WhatsApp and Facebook to interact with audiences and collect audience views and questions for future broadcasts. Teams picked up and addressed popular myths and misconceptions. Facebook sourced stories targeted by morning talk show hosts, to influence the national conversation. WhatsApp connected more directly with audiences, who used it to record or post questions directly to the producers." For more information, see [BBC Media Action's Practice Briefing 01](#) and the [COVID-19 Guide to Community Engagement at a Distance](#) (for refugee camps).

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**SMS/IVR Push Messaging** Callers in DRC can share demographic information about themselves on Viamo's 42502 platform to push targeted SMS and/or IVR alerts (approved by MOH) to notify community members on new security measures or numbers of cases. Many people living in Kinshasa cannot access the Internet, so these COVID-19 alerts are key.

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### HealthCheck

The National Department of Health (NDoH) in South Africa, supported by [Praekelt.org](#), [Turn](#) and [Wits RHI](#), has launched a COVID-19 Risk assessment and mapping tool on the Unstructured Supplementary Service Data (USSD) platform (sometimes referred to as «Quick Codes» or «Feature codes») and on the official COVID-19 WhatsApp service. Called **HealthCheck**, the tool asks members of the public to complete a digital risk assessment, which will classify them as low, moderate, high, or critical risk and suggest actions to them based on this classification. Data from the risk assessment taken by members of the public will be used by the National Department of Health and National Institute for Communicable Diseases to map possible infections, input into epidemiological models, and inform decision making on the national response to COVID-19. The service is currently available in English; to be available in isiZulu, isiXhosa, Sesotho and Afrikaans. Click [HERE](#) to engage with the South African COVID-19 CONNECT WhatsApp line, then type CHECK to use the HealthCheck service.

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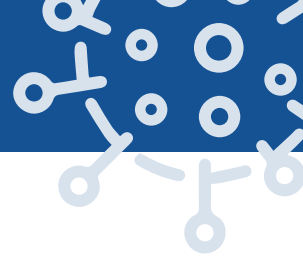
### WHO Health Alert

WHO launched a dedicated [Health Alert](#) WhatsApp messaging service on COVID-19 in Arabic, English, French, Hindi, Italian, Spanish and Portuguese with partners WhatsApp and Facebook. The WHO Health Alert was developed in collaboration with [Praekelt.org](#), and [Turn](#) technology. [Praekelt.org](#) and [Turn.io](#) is offering Health Alert free to any ministry of health globally during the COVID-19 pandemic. [Click here to engage with the service.](#)

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### Chatbot Applications

Bots emulate human conversation through pre-defined or dynamic scripts embedded in tools such as WhatsApp, Skype, social media, or simple SMS. Users think they are speaking to a person, while an algorithm is sending messages, responding to questions, or transferring the conversation to a human. [See [Business Insider](#) article on Chatbots for COVID-19].



## Additional Web/Internet Based Examples

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**COVID-19 Self Checker** The US Centers for Disease Control (CDC) partnered with Microsoft to develop a **COVID-19 self-checker** so people feeling sick can decide whether to go to the hospital to seek treatment.

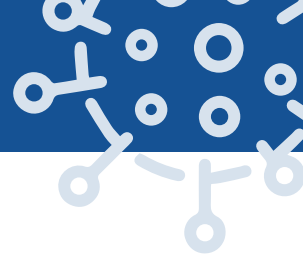
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**Wanji Games** Several partners work with interactive, path-based audio games, known as **Wanji Games** that help players adopt healthy behaviors and learn simple preventive measures to protect against COVID-19. A Wanji Game leads the player through different scenarios to allow players to make mistakes safely and hear what they could have done differently to have a better outcome.

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**Social Media** Facebook's **COVID-19 Information Center** sits at the top of the News Feed and connects users to country specific health information with curated posts from politicians, journalists, and other public figures as well as educational pop-ups on Facebook and Instagram. Readers can leave comments and discuss.

- In Kampala, Uganda, Young African Refugees for Integral Development (YARID) mobilized refugee-led organizations and refugee leaders regionally and nationally, and implemented a social media campaign on COVID-19 translated in different dialects spoken by refugees.
- In Cote d'Ivoire, the Breakthrough ACTION project posts malaria and HIV prevention messages through Facebook and expanded its reach as events become more restricted.
- Guatemala's Association Sotz'il are sharing posters on Facebook in Maya Kaqchicel.
- An indigenous organization in Peru has recorded a **track in Quechua** promoting handwashing and physical distancing.
- In French Guyana, customary authorities have recorded sensitization messages in **Kalin'a (Caraib)**
- Embera communities in Colombia have created informative WhatsApp videos; and Suriname's Mulokot organisation has produced a **podcast in Wayana**



## Additional Web/Internet Based Examples

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### Audio Job Aids

Viamo recorded audio job aids for preventing and controlling infections. Messages are free for Vodacom subscribers in DRC. Messages can be pushed to health workers phones directly. To hear sample messaging in French, dial +1-617-249-7427.

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### Mobile Phone Training Platform

Viamo partnered with Johnson & Johnson and the Rwandan Ministry of Health to develop and roll out a mobile phone training platform for the country's CHWs. Eight 5-minute training modules were pushed to all CHWs and included comprehension quizzes to test knowledge retention.

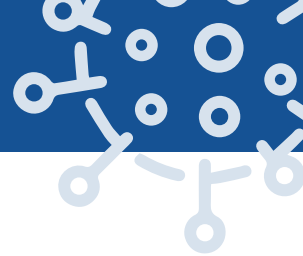
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### Online Rapid Training

IFRC developed an online, mobile friendly Rapid Training on RCCE for volunteers to achieve basic knowledge on what is RCCE, how to set up community engagement activities through the Response scenarios while acknowledging and responding to feedback and rumors. Training will have a downloadable option to be used offline.

Amref Health Africa's digital mLearning platforms, [ecampus](#) and [Jibu](#), offer online content with voice recordings for training CHWs and CHEWs. These platforms are used to train health workers who are linked to CHWs. They are also able to pull information on shared experiences of CHWs while offline.

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## ● Appendix B. Additional Community-based Initiatives

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### Community-based Shielding Initiatives

During the 2014-2015 Ebola outbreak in Liberia, community leaders set up various by-laws that restricted movement of visitors coming from outside the community, including mandatory quarantine, listing the locations where the person had travelled, and even banning visitors during the outbreak. Such local initiatives could be supported to shield the most vulnerable population and control infection. [\[Read more about this Liberia example\]](#).

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### Locally Made Personal Protective Equipment

During Sierra Leone's Ebola epidemic, groups of young men used plastic bags and rice sacks to make their own personal protective equipment for conducting safe burials. [\[Read more\]](#).

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### Local Private Sector Support and Initiatives

In Uganda, local businesses operating in cross-border areas with the DRC have donated sugar, flour, and other essential hygiene items to those in need. Such initiatives help vulnerable communities comply with distancing policies and should be supported and promoted. [\[Read more\]](#).

Save the Children is working with local soap makers to offer low-cost packaging for their products, with the aim of helping them professionalize existing business while including critical messages on preventing the spread of COVID-19.

Safe Hands Kenya, a mission-driven alliance of Kenyan companies, mobilized to rapidly manufacture and distribute hand sanitizer, soap, surface disinfectants, and face masks to all Kenyans, free of charge, as a first line of defense against COVID-19. This initiative is a homegrown blueprint for the particular challenges presented by COVID-19 in Kenya and other developing countries. A consumer education campaign drives behavior change around adoption of key behaviors. This is branded #TibaNiSisi ("We are the cure" in Kiswahili). [\[See Twitter\]](#) or [Save Hands Kenya](#).

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### Interventions that Build Community Resilience

Community-managed safety nets such as savings schemes or food banks can be re-purposed to help build community resilience to the COVID-19 pandemic. The committees that oversee these schemes can consider criteria for how and when the schemes can be activated. In a pandemic scenario, governments or NGOs may wish to support these schemes by providing emergency "top-ups" in the form of cash or vital food supplies.

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