Organizing Action with Communities
How to...#webinar1

Focus Topics:
Risk Communication and Community Engagement
Organizing and Mobilizing Remotely
APRIL 14, 2020
AGENDA

14.00-14.05 Welcome
14.05-14.15 Intro to the Organizing Action with Communities & How to... webinars
14.15- 14.25 Practical Considerations for Risk Communication and Community Engagement
14.25-14.35 Mobilizing Remotely; Some Practical Tips when moving offline work online
14.35-14.55 Q&As
14.55-15.00 Presentation of a Current MSF Initiative
15.00-15.15 Next Steps, Participants Feedback on Needs and Priorities
Collaborative Participatory Approach for MSF Associations and Communities

placing Communities at the Heart of Shaping Action

2018-2020: 6 MSF Entities/Locations:
50 partnerships – over 200 activities- over 2500 local stakeholders...
networked approach
MSF Collaborating with Local Communities and Civil Society Actors

50 PARTNERSHIPS
Refugees and Migrants Communities, Grassroots Initiatives, Academia, Networks, Municipalities

2,500+ CIVIC ACTORS
Civil Society Orgs & Networks, Students/Educators, Individual Citizens

200+ LOCAL ACTIVITIES
Open Events, Interactive Workshops, Discussion Forums, Art Events/Games, Storytelling
How we contribute to efforts to COVID-19 response…

1. Reach out to local and global communities network, join forces and organise action

2. Spread the word on solidarity stories and initiatives, create space for the voices of ones most in need

3. Share Tools, Lessons learnt, Ideas, show cases and Support Organizing Action; Series of # How to …webinars
Covid-19, Risk Communication

“How can we communicate effectively within our communities?”

Iro Evlampidou

MD, Medical Epidemiologist, MSF Member
Organizing action with communities - “How to…”

Risk Communication & Community Engagement in the time of COVID-19: Practical Considerations

Dr Iro Evlampidou
Medical epidemiologist, MSF/MediPIET
Risk Communication

• A real-time exchange of information, advice and opinions between experts or officials and people who face a threat to their survival, health or economic or social well-being

• Its purpose is that everyone at risk is able to take informed decisions to mitigate the effects of the threat (e.g. disease outbreak) and take protective and preventive action

(WHO, 2009)
Community engagement

• “The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people”

  (Centers for Disease Control and Prevention (CDC), 1997)

• “Community engagement is the process of supporting communities to consider themselves partners in an outbreak response, and to have ownership in controlling that outbreak”


• The goals are to build trust, enlist new resources and allies, create better communication, and improve overall health outcomes

• Bottom-up approach
Risk communication and Community engagement (RCCE)

Fundamental principles

- Trust -> to be assessed/gained
  - Trust is the public perception of our skills, motives, empathy and honesty
- Transparency
- Early communication
- Accountability
- Risk perception differs among people
- Listening (communications surveillance)
- Rights based & Community based approach
- Gender balanced, interests of children & vulnerable populations
- Do not Harm
Minimum standards in RCCE

- Participation
- Empowerment & Ownership
- Inclusion
- Two-way Communication
- Adaptability and Localization
- Building on local capacity
Risk communication in emergencies – What is our role?

**Preparation**
- Assess
- Coordinate
- Plan (media & crisis)
- Listening mechanisms
- Develop message
- Train

**Response and control**
- Social mobilization
  - + decision makers, healthcare workers
- Develop/adapt message
- Activate crisis plan

**Evaluation**
- Evaluate strategy and plan
- Lessons learnt: document & share

(Adapted from WHO)
Key considerations

• Evolving context
  – Early + ongoing assessment
  – Adapt the elements & revise the action plan according to the country’s needs and situation
  – Identify the barriers

• Coordinate and plan with authorities and partners, involve community leaders

• 2-way proactive communication with communities, public, stakeholders - dialogue

• Address barriers to compliance with the messages

• Reduce stigma and discriminations – watch the language

• Address the rumors, myths and misconceptions

• Include all at-risk groups
Know your topic: COVID-19

• The basics (see end of presentation):
  – Agent
  – Incubation period, Transmission
  – Clinical symptoms, severity, risk groups
  – Treatment
  – Prevention
  – Geographic spread

• Get information
  – from reliable sources*
  – talk to other teams, local/international experts

*World Health Organization, (WHO), European Centre for Disease Control and Prevention (ECDC), Centres for Disease Control and Prevention (CDC), Ministry of Health, Universities, published literature), universities, etc.
Key considerations: COVID-19

• New disease: many unknowns
  — information changes,
  — everybody susceptible

• Respiratory, easy to transmit via cough, sneezing but also pre-symptomatic people (2-3 days before symptom onset), surfaces, breathing, talking, singing

• Mortality depends on context & health system, no special treatment/vaccine, need of ICUs

• Catastrophic for health systems – surge capacity

• Countries in different point in the outbreak – different approaches needed
Key considerations: COVID-19 (cont.)

Current prevention measures

• Require social distancing – stay at home: what to do with crowded houses, children at home, camps?

• Disrupt livelihoods: food, clean water, cash, etc.: how can we support?

• Personal hygiene: soap, disinfectants: what to do when no availability?

• Decreased access to health facilities, medication: how to prevent excess mortality?

• Challenge traditional F2F communication methods esp. when no access to technology (internet, data, illiteracy, etc.): what are the alternatives? We need to be creative (use of recovered patients?), ensure access
Know your context

• Political, economical, religious, socio-demographic, education, literacy level, security, access
• Epidemiology of COVID-19 in national, regional, local level
• Governmental
  – Guidance & measures
  – Response plans and coordination mechanisms, emergency committee, clusters (?)
• Partners (national, regional, local), grassroots organizations, faith groups, influencers, blockers (4W)
• Resources & Gaps (financial, human, logistics, medical, technological)
Know your community

- Understand risk perceptions and behaviours, needs, barriers, knowledge gaps
  - To provide reliable information in an understandable way

Collect information

- Knowledge, attitudes & perceptions about COVID-19
  - Gaps, needed information, past experiences, barriers
- Risk groups, marginalized, influencers, blockers, groups of special interest (migrants, mental health, etc.)
- Groups in special settings (camps, slums, prisons, etc.)
- Communication patterns and preferred channels
- Health services and healthcare seeking behaviours
- Local practices, taboos, stigma, trust levels to authorities/partners
- Local calendar
Methods

1. Rapid assessments over time
   - **Qualitative**: Interviews/focus groups (community leaders, members, authorities, influencers, blockers, special groups: women's, rights, youth, elder, etc.)
   - **Quantitative**: surveys (phone/internet)
   - Social media analysis
   - Experience

2. RCCE plan development: objectives, coordination, strategy, activities

3. Develop messages (for general public and specific groups)

4. Prepare material: pre-test

5. Train teams, supervise, coordinate, protect (health, violence) - social mobilizers

6. Implement, monitor, evaluate, adapt
RCCE strategies

• Media communications
  – Interactive radio shows, TV, newspapers, print material, billboards, comics, etc.
• Social media, Whatsapp, SMS, hotlines, U-report, etc.
• Mass awareness campaigns, loudspeakers, etc.
• Health promotion
• Stakeholder engagement, networks: authorities, religious, women’s, etc.
• Social mobilization and community engagement: F2F, groups, peers, participative theatre, etc.
• Use existing community engagement mechanisms (e.g. polio, immunization, HIV, red cross volunteers)

Be aware of:
• Urban/rural differences
• Literacy, access to technology
Key considerations

• Have a **SOCO**: Single Overarching Communication Outcome
• **SUCCES(s) message**: Simple, Unexpected, Concrete, Credible, Emotional Story
• Message clear and easy to understand: focus on easily achievable tasks (e.g. handwashing, respiratory etiquette)
• Avoid jargon, acronyms – use local language
• Break down numbers (time, place, comparison)
• **27/9/3**
  – Print quote: 27 words
  – TV quote: 9 seconds / 140 characters (Twitter)
  – All media: 3 key messages
• Address myths and rumors (active collection & analysis)
• Choose right channels – be creative, innovative
To prevent COVID-19 it is safest to avoid physical contact when greeting. Safe greetings include a wave, a nod, or a bow.

How should I greet another person to avoid catching the new coronavirus?

Wash your hands
Wash your hands with soap and running water when hands are visibly dirty
If your hands are not visibly dirty, frequently clean them by using alcohol-based hand rub or soap and water

Be KIND to support loved ones during #coronavirus
- Check in regularly especially with those affected
- Encourage them to keep doing what they enjoy
- Share WHO information to manage anxieties
- Provide calm and correct advice for your children

Learn more to Be READY for #COVID19:
www.who.int/COVID-19

Be SMART if you develop shortness of breath:
- Call your doctor
- Seek care immediately!

Protect others from getting sick
When coughing and sneezing cover mouth and nose with flexed elbow or tissue
Throw tissue into closed bin immediately after use
Clean hands with alcohol-based hand rub or soap and water after coughing or sneezing and when caring for the sick

Home care for people with suspected or confirmed COVID-19
Take care of yourself and your family

For caregivers
- Grasp the ill person gently, don’t push or pull, and wash your hands
- After any type of contact with the ill person or after handling contaminated surfaces, wash hands, change clothes, and wash hands
- When a medical mask is worn by the ill person, wash hands, change clothes, wet hands with soap and water

Use dedicated dishes, cutlery, utensils, bowls and blowers for the ill person. Wash dishes, cutlery, utensils, bowls, or blowers for use by the ill person with soap and water

Identify frequently touched surfaces by the ill person and clean and disinfect them daily
- Call your local health facility immediately if the ill person experiences difficulty breathing.

Comics to educate the public about COVID-19

National University of Singapore – Yong Loo Lin School of Medicine

The COVID-19 Chronicles


https://www.facebook.com/pg/NUSMedicine/photos/?tab=album&album_id=2941972405853207&_tn__=UC-R
Challenges & Lessons learnt from previous outbreaks, e.g. Ebola

- Misinformation
- Misperceptions, perceptions of financial profit for specific actors
- Distrust in authorities, UN, NGOs
- Lack of access
- Militarization of operations
- Collapse of health systems
- Neglect of other killer diseases
- Teaching, preaching, blaming
- Hard to reach communities
- Community fatigue

- Community engagement & empowerment
- 2-way communication, promote influencers
- Relatable examples
- Relationships (interpersonal)
- Respect to the people and local customs and traditions
- Incentives to comply to measures
- Overcoming of logistical problems (food, water, soap, testing, beds, treatment, burials, etc.)
- Consideration of community surveillance and support initiatives (community task force?)
References

• Coronavirus disease (COVID-19) technical guidance: Risk communication and community engagement, WHO (2020)


• Effective communication – participants handbook, WHO (2015)
  https://apps.who.int/iris/bitstream/handle/10665/249241/9789241509466-eng.pdf?sequence=3

• EPI-WIN: WHO information network for epidemics https://www.who.int/teams/risk-communication

• Social Stigma associated with COVID-19 - A guide to preventing and addressing social stigma, IFRC, UNICEF, WHO (2020)
  https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf

• Principles of community engagement - second edition, NIH, 2011

• A Game Plan to Help the Most Vulnerable, Cooper LA, Sharfstein JM, Politico, 7/4/2020

• Key Considerations for Effective Community Engagement, Ebola Communication Preparedness Implementation Kit
  https://sbccimplementationkits.org/ebola/preparedness-ikit/chapter-5-key-considerations-for-effective-community-engagement/
Resources on COVID-19

- MediPIET COVID-19 Resource hub [www.medipiet.org](http://www.medipiet.org) (links to many external sites)
COVID-19

- **Agent:** SARS-Cov-2 Coronavirus: same family with common cold viruses, SARS, MERS
- **Transmission:** respiratory virus: droplets (>5μm), aerosol (<5μm), fomites (surfaces), pre-symptomatic people (2-3 days before symptom onset)
- **Incubation period** (from infection to symptom onset): 1-14 days (usually: 2-5)
- **Clinical symptoms:** fever, cough, dyspnoea, muscle ache, tiredness, anosmia, gastrointestinal
- **Severity:** mild 80%, severe 15%, ICU admission: 5%
- **Risk groups:** elderly, with co-morbidities (cardiovascular, pulmonary, diabetes, immunosuppression, cancer, kidney/liver/neurological diseases)
- **Diagnosis:** PCR, serology
- **Treatment:** only supportive (oxygen, antipyretics, etc.) – alternative treatments under trial (chloroquine, plasma, lopinavir/ritonavir, etc.)
- **Prevention:** hand and surface hygiene, respiratory etiquette, social distancing, home isolation, protective equipment (masks, etc.), other infection prevention and control measures No vaccine – under development
Covid-19, Mobilizing Remotely
Moving offline work online

Christopher James Dean
Greenpeace Int’l Collective Action, Mobilization
Unit Head GR Greece
GREENPEACE
Working with Movements & Remote Organizing
Addressing the current challenges of organizing and mobilizing remotely

In this presentation we will review:

➔ Considerations and Implications
➔ Best practices and Lessons Learnt
➔ Some real world examples of successful models
Addressing the current challenges of organizing and mobilizing remotely - things to keep in mind

- The value of Solidarity Trust Building & Active Listening
  - Community support focus
  - Lead by example - form structures of empowerment, partnerships, solidarity
  - 70% Listening, 30% speaking
- Reach out and find partners or voices that can address communities more effectively than you (To Brand or Not to Brand)
- We can make ourselves available, approachable and communicate how people can reach us (provide spaces for our communities to interact with us - teleconference calls, phone calls, radio phone ins, forums)
- Train the trainers and multiply your ability to speak to others (organize)
Implications, Considerations, Do’s and Don’t’s

- Data access in the global south and in dispersed communities is limited, expensive and unreliable. Don’t over-rely on widespread access to online resources, nor on frequent forms of data-reliant communication week-in and week-out
  - Alternative: Consider engaging a handful (or maybe even one) community leader/representative to be the point of contact, but also someone who can go through trainings and then apply those trainings offline locally with the rest of the community

- Word of mouth and history in the community is king. Odds are, NGOs have operated in the region and if bridges have been burnt, a great deal of trust building will be essential in repairing those relationships
  - Alternative: Do an actors mapping of the region, identify local NGOs and small advocacy groups who are likely to be active in the area. More often than not, they can provide a gateway into the community, the history and power dynamics.
Implications, Considerations, Do’s and Don’t’s (cont’d)

● Put an emphasis on local context and local circumstances
  ○ An emphasis on local context, impact and circumstances are essential when engaging a broader base. Systemic shift discussions must take a back seat to conversations about local impacts and what the communities experience day in and day out.
  ○ A strong organizing network will consist of change that the communities affect and see in their daily lives.

● Don’t expect for your online materials alone to facilitate a strong organizing network, the reach will be limited and the impact will be short lived without a program of local empowerment of community members.
What are some practical tips and tools for moving our “offline work”, online?

- Toolkits
- Video - how to’s
- Webinars - instructive, interactive, training, meetings
- Hosting of discussions
- Hosting of common organizing space and facilitating
- Forums
- Polls, votes & quizzes
- Group chats - skype, whatsapp, viber, telegram
- Local context - Phone / Radio / TV
Bandwidth Immediacy Matrix

- High Bandwidth
  - Video Conferences
  - Audio Conferences

- Low Bandwidth
  - Readings with Text/Images
  - Email

- Low Immediacy
  - Pre-recorded Audio
  - Asynchronous Discussions with Audio

- High Immediacy
  - Pre-recorded Video
  - Asynchronous Discussions with Video

Created by: Daniel Stanford
Twitter: @dstanford
How to connect to communities & provide support

“Trevor’s radio invention was inspired by an urgent need to provide accurate information about HIV at a critical point in the epidemic when many people did not have access to information,”

Trevor Bayliss
Example: Roots & Shoots

- A program centered around empowering youth to affect change in their community. The program started in one country and has now spread in close to 100.
- The theory of change is simple: one initiative for humans, one initiative for wildlife, one initiative for the climate; all geared towards affecting change and creating leadership in the group’s community.
Example

Advisory on demands

Network of partners (not an organisation but a platform)

Alignment on values & principles not on particular actions
Materials - downloads / stencils etc
This is a list of proposals for actions, both well-known and new. It’s not meant as a how-to, but as an inspiration for further research. In its current stage, this document is rudimentary at best. Ideally, it should become a practical effort collecting the knowledge and creativity of many seasoned activists, so if you have practical experience or theoretical background knowledge about actions or want to add more, please don’t hesitate to contact us, so we can add them:
2020wed@riseup.net

Idea for actions (pdf, english only)

At this moment, it’s also only available in pdf, and the formatting could be better. We will change that, when we have time. (Do you have time? We would be happy if you want to help. Write to the above email address as well.)
Maps…(find a partner, contact details, events)
Useful Links...

- Covid 19 - 10 steps for transferring offline lessons online [https://www.weforum.org/agenda/2020/03/covid-19-10-steps-online-learning/](https://www.weforum.org/agenda/2020/03/covid-19-10-steps-online-learning/)
- By2020 We Rise Up [https://by2020weriseup.net/](https://by2020weriseup.net/)
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What Comes Next: April-June

- More “How to”...Online Webinars
- Online Campaign sharing stories and solidarity initiatives
- Support to Organize Action locally
Q&As and next steps
If you have any questions that we didn’t have time to answer, or if you just want to connect, you can find us here:

urbanspaces.msf.org or chrysafo.arvaniti@athens.msf.org