

BUILDING ON COMMUNITY CAPACITIES TO STRENGTHEN THE RESPONSE TO COVID-19

SOCIAL DEVELOPMENT GLOBAL PRACTICE

March 31, 2020

Lessons from previous pandemics, including the 2014-16 Ebola outbreak, highlight the importance of social responses to crisis management and recovery to complement medical efforts. In the case of COVID-19, partnerships between communities, healthcare systems, local governments, and the private sector can play a critical role in slowing the spread, mitigating impacts, and supporting local recovery. Such partnerships can support communications and behavior change for prevention, provide a rapid emergency response in the short term, and mitigate economic impacts and build resilience for the future. A portfolio of existing CDD operations offers platforms ready to support immediate action, and with the potential for supporting longer-term recovery and resilience.

Short-Term: 1) Deliver culturally appropriate health messages to communities especially vulnerable groups. 2) Address immediate economic impact on the poor.	Medium-Term: 1) Address economic impacts at community level	Long-Term: 1) Build social resilience for future crises
<ul style="list-style-type: none"> • Support communications between health authorities and communities • Establish community feedback mechanisms for healthcare providers to build vulnerability profiles, provide information on perceptions, to counter misinformation and misperceptions • Provide rapid emergency response grants and assistance to communities and vulnerable groups. • Support community treatment especially for vulnerable groups, e.g. the elderly and chronically ill. • Establish community poverty and social impact monitoring systems. 	<ul style="list-style-type: none"> • Mitigate economic impacts of the crisis at local levels especially for out-of-work migrants and vulnerable groups, e.g. initiate or expand existing CDD labor-intensive public work programs, skills training or other job opportunities. 	<ul style="list-style-type: none"> • Reduce risks and build community social resilience for the future by devising more effective early warning systems and emergency response plans. Such plans would ensure that measures are gender-sensitive and include the special needs of the disabled and other vulnerable groups.

I. BACKGROUND

In low- and middle-income countries, the stress placed on health systems by the COVID-19 pandemic is likely to be disproportionately felt by the poor who suffer from lower access rates and public systems struggling to meet last mile service delivery in the best of times. Lessons from previous pandemics, including the 2014-16 Ebola outbreak, highlight the importance of social responses to crisis management and recovery to complement medical efforts. In particular partnerships between community organizations, civil society organizations, healthcare systems, local governments, and the private sector have a critical role to play in slowing the spread of COVID-19, mitigating impacts, and supporting local recovery. This will be especially important for high risk and vulnerable populations.

Community engagement, including to promote behavior change, is recognized as a critical pillar of preparedness and response and included in the joint action plan prepared by WHO, UNICEF and the IFRC.¹ The Social Development GP's existing community-driven development (CDD) portfolio (which includes 35 operations in 30 countries) can play a critical role in mobilizing a rapid national response and to strengthen resilience for the future. Another 130 CDD operations within the broader SD portfolio offer similar potential opportunities. Building on existing operations would allow governments within days to engage communities in outreach and behavior change and provide resources for community response mechanisms, using existing systems and fiduciary controls. They also provide a foundation for medium-term investments to increase resilience and support recovery. Across this response, effective partnerships will be critical, in particular in FCV settings, where access restrictions or security concerns may necessitate a deeper engagement with non-state partners, including humanitarian organizations in line with the WBG's FCV strategy.

II. COVID-19 CDD OPERATIONS

A. SHORT-TERM RESPONSE In the short-term, existing CDD operations can:

1. **Support Two-Way Communications Between Health Authorities and Communities.** CDD operations can provide ready-made community engagement platforms to quickly and effectively communicate culturally appropriate messages on preventative measures and proper hygiene practices to local community leaders. Regular and proactive communication with communities and at-risk populations can help to reduce stigma, build trust and increase social support and access to basic needs for affected families. CDD operations can use existing networks of trusted community leaders and facilitators to support community outreach and awareness. This includes supporting partnerships between facilitators, community volunteers, and community health workers to provide information and promote appropriate behaviors, including for vulnerable populations and regions (e.g. high-density places like urban slums or displacement camps, vulnerable populations including the elderly and disabled). Operations can also support communications campaigns and outreach efforts by community health workers by using existing CDD projects to fund development of pamphlets, posters, etc. and through outreach via SMS, social media and radio where feasible. This is already happening in Afghanistan under the national CDD program, Citizens' Charter, to deliver messages and pamphlets to communities about the virus and need for prevention, reaching approximately 13 million Afghans nationwide. Importantly, community leaders are reaching out to traditional religious leaders (*mullahs*) and faith-based organizations to share COVID-19 messages. Similarly, in Myanmar the National Community-Driven Development Program has been using facilitators to deliver local language information on how to prevent the spread of COVID-19, developed in partnership with UNICEF. All community engagement actions will need to exercise appropriate social distancing precautions and optimize the use of simple communication channels (radio, broadcasts, pamphlet distribution) and digital technology to the extent possible. The CDD Global Solutions Group has created an inventory of low-tech solutions that can be adapted for this purpose.

¹ The WHO's draft *Operational Planning Guidelines to Support Country Preparedness and Response* (12 Feb 2020) lists risk communication and community engagement (RCCE) as a key pillar. See <https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf>. The UNICEF/IFRC/WHO action plan calls for community engagement staff and responders working with national health authorities, and other partners to develop, implement and monitor an effective action plan for communicating effectively with the public, engaging with communities, local partners and other stakeholders to help prepare and protect individuals, families and the public's health during early response to COVID-19.

CDD operations can also establish community feedback mechanisms for healthcare providers to build vulnerability profiles in the community, provide information on attitudes and behaviors, and counter misinformation and misperceptions. The projects can use community facilitators and leaders to work with healthcare providers in identifying who is most vulnerable or at high risk, and who may require support. Trusted local and religious leaders can identify and help address potential language, cultural and disability barriers associated with communicating COVID-19 messages. They can also play a critical role in countering misinformation and misperceptions about the virus and help reduce stigma and discrimination in the community. Community leaders can engage with stigmatized groups and speak out against negative behaviors. For example, in times of public health emergencies, households are placed under strain, which raises the risk of domestic gender-based violence. Strong community messaging and community leadership can play a critical role in mitigating these risks.

2. **Response mechanism to provide rapid emergency response grants and assistance to communities and vulnerable groups.** CDD operations have a strong track record in moving funds quickly and flexibly in response to disasters and conflicts (e.g. Indonesia after the 2004 tsunami, Philippines after the 2013 Typhoon Yolanda, Afghanistan post-2002, Horn of Africa). In many countries, CDD operations are the only safety net available to reach remote and vulnerable groups in a timely and credible manner. Operations can use community networks to identify and support vulnerable groups such as the elderly, disabled, and the poor, and block grants can be used to provide emergency grants for food, transport, and hygiene products such as soap, disinfectant, and water supply, as they are currently doing in Afghanistan. Community initiatives can also be supported for distribution of food and grain banks, bulk shopping and delivery of necessities to vulnerable households. As a complement to household cash transfers, block grants based upon community emergency plans can be distributed to rural villages and urban neighborhoods since community leaders and/or CDD committees often know best what the specific needs are in each community. Block grants can also be deployed to quickly support access to health services, e.g. to finance renovations of local health facilities, temporary health clinics and quarantine centers, transportation of health emergency personnel to homes, and other health needs. In most cases, such support could be provided immediately, through existing fiduciary mechanisms, with only adaptations to eligibility and targeting criteria in project Operations Manuals.
3. **Support community care especially for vulnerable groups, e.g. the elderly and chronically ill.** CDD operations can provide investment funds to support local health facilities; use community platforms for identification of and support to vulnerable groups while also practicing appropriate social distancing precautions; and use community platforms to organize support for grocery shopping and other necessities. Additional options for using CDD operations to support public health, including appropriate protocols for quarantines, guidance on triaging, funerals and the safe disposal of corpses are being explored.
4. **Establish a community poverty and social impact monitoring system.** The current pandemic has created an even greater need to collect quick, timely data to monitor and mitigate impacts of the crisis. However, administrative data collection systems may be weak in many countries and face-to-face surveys are no longer feasible in countries directly affected by COVID-19 due to the risk of infection as well as mobility restrictions. One alternative for rapid data collection is phone/SMS surveys that can collect data without visiting households or firms. They can be implemented rapidly and at low cost, form a baseline for follow-up surveys and adapt rapidly to changing circumstances. Working together with the Poverty GP and others, CDD operations can use their network of community leaders and facilitators to monitor and conduct periodic phone/SMS surveys to receive feedback from hundreds of thousands of communities regarding COVID-19

practices and beliefs, local prices of basic staples and other critical commodities, and to identify essential information about at-risk populations such as their perceptions, knowledge, accessible communication channels and barriers they face. This local information-gathering system can also be used to monitor social impacts and potential conflicts related to COVID-19. It can also help to coordinate with health authorities in case community members do fall sick, and medical assistance is needed.

B. MEDIUM-TERM RESPONSE

5. While the above options can be activated immediately using existing CDD operations, both existing and potential future operations offer an opportunity to support a medium-term response focused on supporting recovery from the pandemic and building resilience for the future.
6. **Mitigate the economic impacts of the crisis at local levels, for example by initiating or expanding existing CDD labor-intensive public work programs, skills training or other job opportunities.** CDD operations can be expanded to get communities back to work by building basic infrastructure and labor-intensive public works (following proper social distancing practices), vocational and job creation especially for vulnerable groups and livelihood opportunities in rural and urban areas, as happened in Indonesia post-1998 Asian financial crisis. The operations can support targeted livelihood support programs for the most vulnerable groups, including women, unemployed youth, returned migrants and those previously running micro and small businesses. It can also subsidize vocational training and reskilling for those who no longer have employment, as well as provide agricultural assistance for farmers who may have depleted their savings due to the crisis. There is an extensive track record of using such measures in the wake of natural disasters to support rebuilding and income support, including in the Philippines and Myanmar.

Operations can assist the “new poor” and poor households in areas that are particularly hard hit such as border areas with China where trade has been reduced or cut off (e.g., Laos, Vietnam, Mongolia, Myanmar). There are also industries which may be closed and put people out of work, particularly economic migrants. CDD programs can be used to offset economic fallout, with a focus on hard-hit regions, communities or populations, including through labor-intensive public works (following proper social distancing practices). Community activities can also be supported such as: use of public works mechanisms to support care for elderly and those left in need (e.g., temporarily unemployed labor or returned migrant workers); improve availability of childcare; support emerging “care economy,” (e.g. care for the elderly, disabled and children), including as a way of increasing female employment opportunities; and support to local enterprises, including through local procurement of goods, and use of local labor for construction.

C. LONG-TERM RESPONSE

7. **Reduce risks and build community pandemic prevention and social resilience for the future.** A number of countries who experienced SARS and MERS previously, learned from their past mistakes to improve their communications and response systems for this current crisis. Based upon the experiences learned under COVID-19, CDD operations can help communities and local authorities devise more effective early warning systems and emergency response plans so that the next time health crises and shocks strike, they are better prepared. Such plans would ensure that measures are gender-sensitive and take into account the special needs of the disabled and other vulnerable groups. They can also look at ensuring greater access to water supply and sanitation, and to fostering better hygiene practices as part of a long-term risk reduction strategy.