



Community Led Action for COVID 19 response



Slide Deck and Facilitators Notes

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Slide Deck Notes

- The slide deck has been developed to support country offices prepare for CLA cascade training within countries.
- The slides are laid out to with the facilitation notes on the left and facilitators information to guide the session on the right.
- The slides can be printed for the facilitator to use during the training like a ‘facilitators guide’
- The slides can also be easily adjusted for presentation by simply moving the facilitators notes to the note section of the slides and enlarging the text boxes.
- All the slides should be reviewed and adjusted to suit country contextual information.
- Slide # 33 and #35 on CRM process and Safety & Security need to be completed by each country
- For slide # 36 to #43 the facilitation notes are provided in the note section of the slides.



Introductions & Welcome

Objectives of the training are that the participants:

- Fully understand the CLA process
- Are trained in facilitating the CLA process
- Have an opportunity to practice the triggering session using participatory facilitation skills
- Have the skills to train others (e.g. CLA supervisors)

Expectations

Ask each participant to write down 3 expectations they have of the workshop

Rules of the workshop

Decide the rules with the participants

Pre-Test

Have the participants complete the pre-test

Pre- test :
10 mins



Indicative Time	Session
Session 1 Opening Session	
30 mins	Introduction; Objectives & Expectations
30 mins	Introduction to COVID-19
45 mins	What COVID-19 Means for the Community
Session 2 What it means to be a CM	
30 mins	Introduction to CLA Process
30 mins	The Role of a CM
60 mins	Participatory Facilitation Skills
Session 3 The CLA Process	
60 mins	Engaging & Mapping Communities
30 mins	Preparing for Triggering
180 mins	Triggering
60 mins	Supporting Action Plans
60 mins	Conducting Follow-Up
Session 4 Safeguarding & Safety	
30 mins	Your Safety & Security
30 mins	Safeguarding
Session 5 Planning CLA Implementation	
60 mins	Onward Planning



What we know so far

Facilitate a plenary discussion on what the participants know about COVID-19

Noting on a flip chart what is discussed such as:

- Signs and symptoms
- Rumours and myths
- Who is affected?
- Is the disease mild or severe?
- How is the virus passed?
- Can people pass the virus if they have no signs?
- How can it be prevented?
- Is there a treatment and/or cure?

Facts we know so far

- COVID-19 is a highly contagious disease
- People of all ages can get ill
- Signs and Symptoms are cough, fever, and shortness of breath
- Most at risk are people over 60yrs, those with other illnesses such as cardiovascular disease, respiratory conditions and diabetes
- In more severe cases COVID-19 can cause pneumonia, severe acute respiratory syndrome and death
- There is no cure or vaccine at this time



Preventing the Spread

Facilitate a plenary discussion on what the participants know about preventing COVID-19

Noting on a flip chart what is discussed such as

- Handwashing: discuss when and how long people should wash their hands.
- Demonstrate what coughing into the elbow looks like and ask **WHY** do people need to cough into their elbow (so that droplets do not go into the air and land on surfaces)
- Demonstrate coughing into a tissue and throwing it away. This is so that no-one else touches it. Emphasise it is better to use the coughing into your elbow if there are no bins available.
- Ask what is 1 meter and have two people demonstrate.
- Ask why is it important.

WASH YOUR HANDS regularly with soap and running water or a portable 60-90% alcohol based rub for at least 20 seconds

After coughing or sneezing



When caring for the sick

Before and after you prepare food

Before eating

Before and after breastfeeding

After toilet use

When hands are dirty

After handling animals or animal waste

Avoid physical greetings and contact
When coughing or sneezing **COVER YOUR MOUTH** and **NOSE** with a bent elbow and or tissue so the droplets do not go in the air



Distance yourself from other people by 1 meter

Do not touch your eyes, mouth or nose because it spreads germs

Avoid spitting in public

Do not attend public gatherings or events

STAY AT HOME



GOAL What does COVID-19 mean for the communities

Facilitate a plenary discussion on what is happening in communities

Ask the CMs what is happening in their communities. How are people reacting within communities?

- Fears and /or Denial or Stigma
- What are people understanding from the mass-media messages they are hearing?
- What is the community understanding on government measures?
- How are the measures affecting families?

Discuss what this means in terms of people adjusting their behaviour to protect themselves.



GOAL



Session TWO

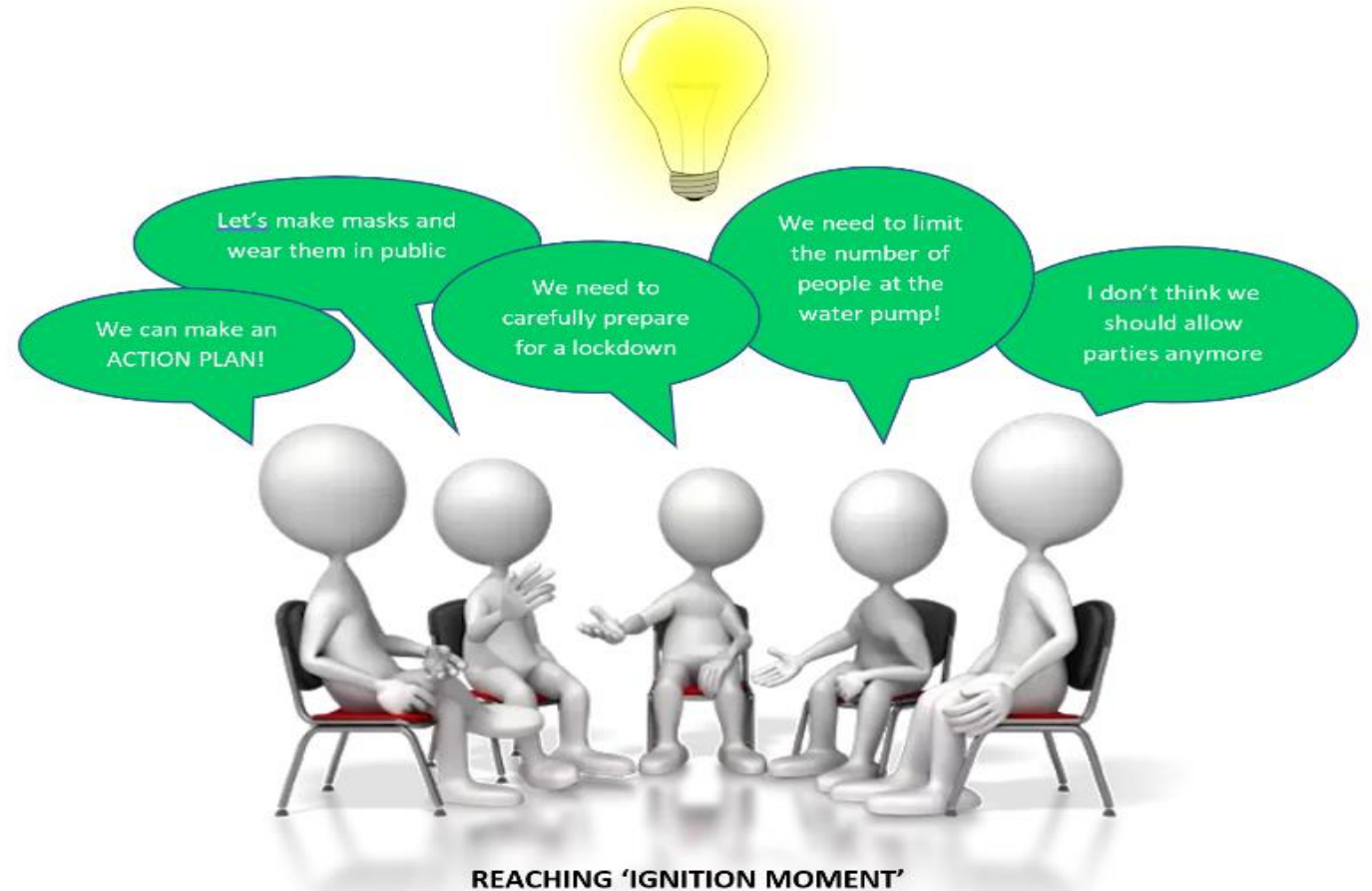


Explain in plenary the following

- Often in outbreaks, people are overwhelmed with information and misinformation. Awareness-raising campaigns send messages via radio, TV, social media, posters, flyers, mega-phones etc, yet sadly myths and rumours circulate.
- While some of this information can help improve knowledge, just giving information and improving knowledge is not enough.
- Individuals need the opportunity to think about how the information relates to them, to discuss what it means for them and their families, and to consider what action they can take to stay safe.
- CLA provides this opportunity, through a process called ‘triggering’.



Explain in plenary how the triggering process aims to ‘ignite’ the community members, that is, help them to reach a moment of **collective realisation** that they are all at risk from COVID-19 or the impacts of the COVID-19 outbreak, and that they themselves have the **power** and the **agency** to take local action and protect themselves.



TRIGGERING SESSION



Divide the participants into groups of 3 people (remember 1 meter apart). Ask them to discuss the following:

- How is CLA different from other approaches (e.g. mass messaging, flyer distribution, media campaigns)?
- What do they think communities' role is in outbreaks ?
- What do they think of the process described – opportunities, difference it will make /any challenges?

Facilitate a plenary discussion on the feedback using the notes as guide

CLA is a participatory facilitated process

- Aims to inspire communities to understand the urgency of a situation and the preventive and protective measures they can take to keep safe.
- If focuses on the community as a whole, and on the collective benefits of a community-led approach.
- It give space to the community to discuss the COVID-19 messages they have heard and what it means for them and their families.
- During a 2-3 hour facilitated session communities are ignited to take actions that will protect themselves and their families and allow them to continue their everyday lives



Facilitate a plenary discussion on the role of the CMs using the notes to guide the discussion

The role of a Community Mobiliser

To coordinate and guide the process by:

- Encouraging total participation and expression of all points of view and mutual learning.
- Respecting and protecting the feelings of all group members irrespective of their role in the community.
- Creating space to express feelings and perceptions without judgement.
- Ensuring clear understanding and reaching consensus about the process.
- Ensuring that the activities/tools are clear, understood and accepted by everyone.
- Allowing time for discussing ideas, making objective evaluations and making decisions.
- Respecting what can and cannot be done.
- Choosing a systematic procedure by which to carry out the activity.
- Discouraging ridicule, blame and exclusion.



Divide the participants into 4 groups (remember 1 meter apart). Ask them to discuss the following:

- What is facilitation ?
- What are elements of good and bad facilitation?

Now facilitate a plenary discussion on the feedback summarising the main points

DO	DON'T
Listen attentively; observe body language and what is not said	Interrupt, talk all the time, impose your ideas
Facilitate community's own appraisal and analysis	Educate, lecture or tell people what to do
Trigger self-mobilisation; let people come up with their own actions and activities	Push for, or demand action; prescribe what to do
Stand back, leave it to local leaders; stand or sit at the same level as people	Be in charge; physically dominate people
Be hands-off, stay neutral, allow heated discussions between insiders	Interrupt when the discussion becomes charged; discourage community members from disagreeing with each other
Encourage women and vulnerable members of the community to participate	Overlook women, children, and others who often get left out; allow one person to dominate
Offer response information and let people know about the services available	Insist on or impose your viewpoint
Be honest, admit if you do not know something, be humble and respectful	Make up answers, defend, doubt people
Be creative and flexible; improvise and adapt	Be rigid, stick to a 'script'
Let go, always let community members do it (draw, map, discuss, prioritise etc.)	Try to control the process or the outcome, be disappointed when things don't go according to your plan
Be patient	Rush



Divide the participants into groups of 4 people (remember 1 meter apart). Ask them to discuss the following:

- Is there a difference between facilitation and participatory facilitation?

Now **facilitate a plenary discussion** on the feedback summarising the main points.

Participatory Facilitation

- Guides a process of collective analysis and learning.
- The use of visual participatory methods enables everyone in the community members to participate regardless of their age, ethnicity and literacy capabilities
- Leaves the community with a clear vision of how they can overcome challenges
- Provides pictures and conversation descriptions memories that they can discuss who were not present at the meetings
- Motivate the change rather than dictates the changes so that is clear community ownership for any actions that are taken.
- It is not a one-off session that provides just information

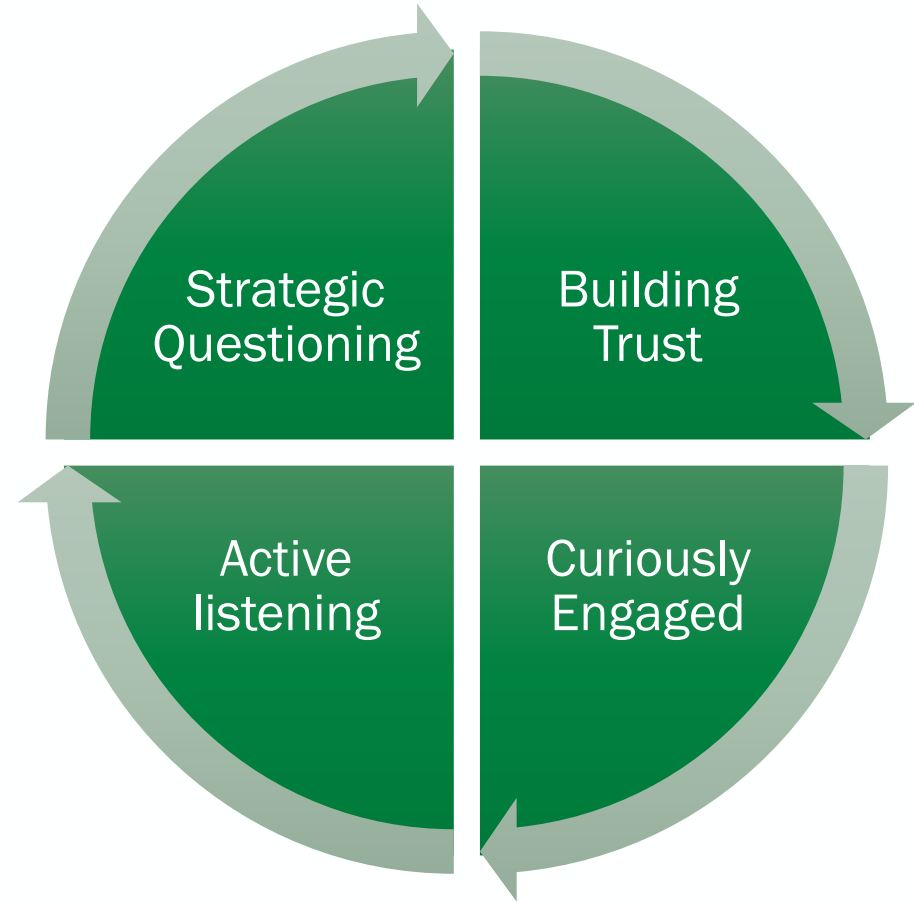




Four Skills for Participatory Facilitation

Now **facilitate a plenary discussion** on what are four essential skills for participatory facilitation

Next practice the four essential skills of participatory facilitation using the next three slides



Facilitate a plenary discussion on:

- What is trust?
- What are the attributes of someone who is trustworthy?
- Why is trust in the CMs important in CLA?
- At the end summarise the main points of someone who is trustworthy and the importance in CLA.

Building Trust

- A facilitator needs to be somebody who is trusted and can extend trust to others
- Each facilitator must lead by example, by listening to the community not dictating
- Keep promises to the community by being on time and providing feedback on time
- They must lead by example by being a role model within the community on the preventive measures.
- They must constantly demonstrate being someone who keeps their word and is trustworthy





Active Listening and Curiously Engaged

In groups discuss the following elements of Active Listening and Curiously Engaged

Practicing the skill Part 1

Divide into pairs, pick an A and a B, with A going first they should discuss with B something that is really important to them and B you are not going to listen, you will be very distracted looking out the window, at your phone etc. Now reverse the order B should discuss something with A this time and A should do anything but listen.

Now discuss the feedback using active listening skills.

Practicing the skill stage 2

Now repeat the exercise but this time B should be really interested and actively listen to A

Now discuss **in plenary**

- What difference was made –did new ideas emerge?
- What difference would this make in a community discussion?

Active listening and Curiously Engaged

When the speaker realises that she/he is being listened to and that the facilitator is really interested it:

- Strengthens the capacity of individuals and opens up new ideas
- Can activate knowledge and resources within each individual.
- Favours sharing and limits exclusion.
- Favours the acceptance of new and diverse perspectives and mutual learning
- Assists the facilitator to understand what motivated a person to ask a particular question (was it from a place of fear, denial or experience)

Elements of Active Listening include:

- Following closely what is being said
- Maintaining eye contact and following the speaker with your eyes
- Not showing signs of disagreement or being frustrated with the speaker's opinion
- Observing and acknowledging the speaker with non-verbal communication
- Paraphrasing to confirm that you have understood what has been said
- Being interested in what motivated the person to ask the question.





Strategic Questions

Facilitate a plenary discussion on Strategic Questioning

Practicing the Skill Providing the following information

The local leader decided he was tired of the many arguments and fights that occurred when people were drinking so he decided to ask some of his trusted friends for help to create some strategic questions that would assist in talking to the community

Now ask the participants to assume that they are the friends requested to help the leaders and **groups of 4 people** formulate one **strategic question** for each of the following issues:

- ▶ General concerns on the issue of drinking and fighting
- ▶ Factors fueling the fighting
- ▶ Possible decisions and actions that people could take

A Strategic Question can be distinguished by its ability to:

- Create energy so that the conversation moves forward.
- Provide an opening for many answers or options to appear
- Dig deep enough so that creative solutions to the challenges appear
- Avoid 'why' questions that are loaded with value judgments. Why makes people feel defensive.
- Express confidence in the ability of the listener to have solutions
- Challenge values and assumptions around sensitive issues
- Use open questions, and avoid 'Yes/No' answer questions

TIP- The strategic question is always to be found in what the speaker is saying – so finding the SQ is easy when you are curiously engaged and actively listening



Session 3 The CLA Process



Facilitate a plenary discussion on what mapping communities is

Now divide the CMs into 4 groups and ask them to discuss

- What are the challenges in mapping communities into a max of 15 HH
- Discuss how a community could be mapped around important community hubs such as water points and markets
- As you discuss, draw so that it become visual and note how the conversation become more dynamic when the drawing starts.

Mapping Communities in Neighbourhood Units

- CLA Supervisors and Community Mobilisers work with local leadership to map community into **smaller neighborhood units of max 15 households**

Aim is to:

- Reduce large/spread-out communities into more distinct neighborhood units with **strong sense of identity and high social cohesion**, to increase practicalities of joint action-planning and likelihood of actions being taken up and maintained
- Ensure that CLA triggering and follow-up sessions **do not require community members to travel across communities/ far from home.**

Consider mapping around community hubs – latrine, water points, health centre, market, shop, church etc.



Facilitate a plenary discussion on how the CMs would prepare and organise a Triggering event. A triggering event will last 2-3 hours and is conducted at neighbourhood unit level.

- Discuss with leaders to conduct a triggering session, explain what it will entail, and secure their permission
- Confirm the day, time and location
- Invite <15 community members – one per household
- Ensure key stakeholders from the unit are present (Chief/ Community/ Faith/ Youth Leaders etc.), and a mix of genders, ages, abilities and incomes
- Day/time which suits majority of unit members' schedules
- Comfortable location where COVID-19 IPC measures can be adhered to

CLA CMs confirm the triggering session the day before (and inform participants of any changes of plan).

CLA CMs work together to agree on who will lead/co-lead the different tools etc.



Triggering





Step 3: Triggering at Neighbourhood Unit level

Three exercises are facilitated in a 2- 3 hours triggering session within the neighbourhood units

- **Body Mapping:** To identify how COVID-19 affects the body and how it enters the body
- **Disease Spread:** Communities identify how the disease spreads and how it can be prevented as they go about their daily lives
- **Social Mapping:** Communities can identify where the residents are safest/least likely to contract COVID-19 and where they are least safe/most likely to contract COVID-19

If the community is triggered in the session

- Action planning for Neighbourhood Units

Effective Facilitation of the Triggering Session

Always facilitate in the local language. And use the local words, especially any local word(s) for COVID-19 and illness and sickness.

Don't focus only on implementing the tools 'perfectly'. Your attitude and behaviours and your facilitation skills Remember that spontaneous discussion among the participants is good and should be encouraged because it can provide useful insight.

Be flexible. Every community is different and if communities are really owning the process, they may drive things in all kinds of directions.

Give up control. You do not own this process Lay everything out and allow participants to do all of the drawing, mapping and recording themselves.

Keep your eyes and ears open. Listen to what participants have to say, even when you are not formally conducting an exercise. Pay attention to body language.

Watch your body language. Be careful that your body language does not reveal that you either agree/approve or disagree/disapprove of what participants are saying.

Keep in mind the triggering objectives. Ask probing questions during and after you have completed the activity. Remember that doing an exercise, such as a map, is only the first step. The discussion that follows is the key opportunity for learning.

Be aware of participation levels. Be aware of people who dominate the discussion and those who are shying away from it. Try to bring those who are quiet or shy into the discussion but take care not to make anyone feel uncomfortable or pressured to talk about something if they do not want to.

Be ready to handle conflict. Remember that COVID-19 can be a very sensitive topic; emotion, tension, and conflict could arise in a group setting. This is normal and to be expected, so be ready to handle it appropriately. It is your role to help people find common ground when conflicts arise and recognise when to agree to disagree. Try to avoid taking criticism or resistance personally.

Allow silences to happen. The person who was speaking may continue, or another person may decide to talk.

Don't be quick to jump in and answer questions yourself. Always allow participants to ask any questions they have but do not immediately answer them yourself, throw/share them to the larger group to see what others will have to say.

Allow people to voice their frustrations. Let people voice their concerns about the health services they have received or might need. You do not have to defend the health authorities.

Do not focus on collecting data during triggering sessions. If you are facilitating, do not attempt to fill in monitoring forms at the same time.



Body Mapping Exercise

Provide a handout of the Body Mapping Exercise (CMs Field Manual) - Give the participants 15 -20 mins to read and then discuss the exercise in plenary.

Now arrange everyone as if the group was in a community setting (remembering 1 meter apart)

Choose one person to facilitate the exercise and the reminder are the community.

Should take about 30 mins. The training facilitator should not interrupt the process unless the exercise facilitator is doing all the talking !!

After the exercise is complete discuss in plenary asking the exercise facilitator what he/she thought

- Was it difficult to use the 4 skills of facilitation?
- Does he/she remember suggesting symptoms or answering questions the questions instead of referring it back to the community?
- Was it the community who discussed and draw/write?
- Was the facilitator curiously engaged and activity listening?
- Did the facilitator probe and use strategic questions?

BODY MAPPING	
Objectives	<ul style="list-style-type: none"> • Identify the most common symptoms of COVID-19 parts of the body it affects, and how it compares to illnesses • Explore different perceptions about transmission routes of the body • Explore understandings of how COVID-19 affects differently (e.g. asymptomatic, mild symptoms, symptoms) and who would be most vulnerable to symptoms (e.g. older people, and those with underlying medical problems)
Materials	Flipchart paper and markers OR a smooth surface for drawing, dirt and a stick Blank cards and markers
Duration	Approx. 30 minutes
Process	
<ul style="list-style-type: none"> • Begin by asking a volunteer to draw an outline of the body on the paper or ground. • Place some cards and markers near the body map. • Ask participants to think of some general symptoms of COVID-19 and write or draw them on the blank cards using the markers you have put out. • Ask them to place the symptoms on/near the part of the body they affect. • Discuss the symptoms and what kind of illness COVID-19 is. Is it easy or difficult to tell if someone has COVID-19 or another illness? Does everyone who gets COVID-19 experience the same symptoms? Are some people more likely to become seriously ill from COVID-19 than others? Do the symptoms change over time? How? Is it an 'easy to understand' illness, or a 'difficult to understand' illness? • Next, ask how the disease comes to affect the body. Ask participants to use the cards to write or draw some pathways or agents (for example, people might say mosquito bite, droplet, blood faeces, contaminated surface, the wind etc.) • Then ask for participants to draw lines from these cards to show how it gets into the body (for example, through the eyes, through the skin, through the hair etc.) 	



DISEASE SPREAD

Provide a handout of the Disease Spread Exercise (CMs Field Manual)
Give the participants 15 -20 mins to read and then discuss the exercise in plenary.

Now ask arrange everyone as if the group was in a community setting (remembering 1 meter apart)

Chose one person to facilitate the exercise and the reminder are the community.

Should take about 30 mins. The training facilitator should not interrupt the process unless the facilitator is doing all the talking !!

After the exercise is complete discuss in plenary –asking the exercise facilitator what he/she thought

- Was it difficult to use the 4 skills of facilitation
- Does he/she remember suggesting ways of prevention or answering questions the questions instead of referring it back to the community
- Was it the community who discussed and draw/write.
- Was the facilitator curiously engaged and activity listening
- Did the facilitator probe and use strategic questions

DISEASE SPREAD	
Objectives	<ul style="list-style-type: none"> • Build a collective realisation of how COVID-19 can rapidly spread • Explore ideas around the different ways in which rapid spread of COVID 19 can affect individuals, neighbourhoods and health facilities
Materials	<ul style="list-style-type: none"> • Flipchart paper and markers OR a smooth surface for drawing in the dirt and a stick • Blank cards and markers
Duration	Approx. 30 minutes
Process:	
<ul style="list-style-type: none"> • Begin by asking a volunteer to draw an outline of a house on the paper or ground. • Place some cards and markers near the drawing of the house. • Ask for a volunteer to suggest who lives there and what work they do (for example a caregiver, farmer, market seller, Community Health Worker, teacher etc.). • Explain that this person feels healthy and so is conducting his daily activities. Ask participants to suggest some places s/he might visit during the day and write or draw them on the blank cards using the markers you have put out (for example, church, school, communal vegetable garden, shop etc.). <ul style="list-style-type: none"> ○ Ask them to place the locations around the house and draw travel lines from the house to the other locations, to show the route s/he took. • Next, ask the participants who the person might have met as s/he moved around and write or draw them on more blank cards (for example, priest, group of school children, neighbour, trader etc.). <ul style="list-style-type: none"> ○ Ask them to place the people on the map where s/he would have met them. • Discuss how the person may have greeted these people (for example, waving from afar or through a window, shaking hands, hugging, sharing a meal etc.). • Explain that later that evening the person developed a fever, tiredness and a dry cough at her/his home, and discuss what this could mean. Is it possible s/he could have COVID-19? If so, could s/he have already spread the disease to others? Who? • Let the participants discuss and debate this and circle the people on the map who they agree could now potentially be infected with the disease. • Next, ask the participants to discuss what the impact of this could be, on the individuals who could potentially have COVID-19, and on the wider community. Would they have to isolate themselves? How would this affect them? Would they develop symptoms? Could some individuals become seriously ill? Who would be most likely to become seriously ill? How would the healthcare facility be affected by this? How would this affect other people trying to access routine and other emergency healthcare services? • Finally, ask the participants if it is possible that those infected people could also infect others, how? 	



SOCIAL MAPPING

Provide a handout of the Body Mapping Exercise

Give the participants 15-20 mins to read and then discuss the exercise in plenary.

Now ask arrange everyone to sit as if the group was in a community setting (remembering 1 meter apart)

Choose one person to facilitate the exercise and the remainder are the community.

Should take about 30 mins. The training facilitator should not **interrupt** the process unless the facilitator is doing all the talking !!

After the exercise is complete discuss in plenary asking the exercise facilitator what he/she thought

- Was it difficult to use the 4 skills of facilitation?
- Does he/she remember suggesting ways people became infected or answering questions the questions instead of referring it back to the community?
- Was it the community who discussed and draw/write?
- Was the facilitator curiously engaged and activity listening?
- Did the facilitator probe and use strategic questions?

SOCIAL MAPPING	
Objectives	<ul style="list-style-type: none"> • Map homes and important places in the neighbourhood and identify where residents are safest/least likely to contract COVID-19 and where they are least safe/most likely to contract COVID-19 • Discuss the challenges of reducing risk whilst still being able to continue with essential activities
Materials	<ul style="list-style-type: none"> • Flipchart paper and markers OR a smooth surface for drawing in the dirt and a stick • Bag of stones/large seeds • Blank cards and markers
Duration	Approx. 30 minutes

Process:

- Place the bag of stones/large seeds near the flipchart paper or near the space for drawing in the dirt.
- Ask the participants to map their neighbourhood unit, using the stones/seeds to represent each of their houses and writing or drawing on the blank cards you have put out to show the places that are important to them (or using something else to symbolize them, sticks, leaves, flowers etc.).
- Encourage participants to identify the places that are important for their health (water-point, latrine, health centre); livelihoods (shop, farm, childminder's house); faith (mosque, church, cemetery); well-being and relaxation (football pitch, location for community meetings, café, bar) etc.
- Next, ask the participants to imagine the COVID-19 virus is in their neighbourhood, and to think about where they and their family are safest/least likely to get the virus (for example, at home, in an open space etc.) and where they are most at risk/most likely to get the virus (for example, at a crowded water-point, during Friday prayers or Sunday service, whilst at a busy community meeting, when children are playing with other children and not maintaining physical distance).
- As participants respond, gently probe them to think about the times of day that are most risky (for example, "is the water-point busier/less busy at certain times of day?" etc.) and disease spread and transmission routes (for example, "why is Sunday Service risky?" – "because there are many people, many from outside the neighbourhood, and we all drink from the same communion chalet" etc.).
- Discuss the problem. Can all neighbourhood residents just stay at home all the time? Why not? (No because they need to earn money/take care of their livelihood, collect water, buy food etc.). Can residents stay at home more of the time with some support? (Yes if neighbors take it in turns to manage farms/livelihoods, collect water, buy food etc.). Can residents just avoid the health facility? Why not? (Because children still need to have their vaccinations, pregnant women still need to deliver safely, malaria needs to be treated quickly etc.). Can people who suspect they have COVID-19 just stay at home? (Yes but only if they have reported to the COVID-19 response and are supported by their neighbors to access essentials and be referred if they become seriously ill). Is it possible to stop outsiders entering the neighbourhood? (Yes)
- Lead the participants to start thinking about what they can do to reduce risk of COVID-19 transmission whilst still ensuring residents can access essentials such as water and food and minimizing negative economic impact. If they seem to begin to have reached 'the ignition moment', continue straight into action planning (see Step 4 below), otherwise end the exercise.



In plenary facilitate a discussion on what ignition is, emphasising:

When this moment of realisation occurs you may notice that the energy in the group is at its highest, residents may be debating and arguing about how to protect the neighbourhood. The CMs should not interrupt or advise at this point. Quietly listen to the discussion.

Now discuss the residents' readiness for action which can occur at any given point (before, during and after the triggering session).

Continue to emphasise that the CMs cannot force an action plan it has to come from the community – they must be ready.

The aim is not an action plan – the aim to have actions that will be implemented

Ignition moment

It is the moment of collective realisation that the community is at serious risk from COVID-19.



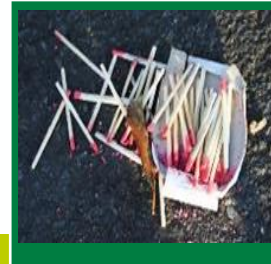
Matchbox in a Gas Station - Ready for action: Where the entire group is fully ignited and all are prepared to start local action immediately to prevent COVID-19. In this case, you can facilitate action planning (with clear activities, responsible persons and dates), identify a Community Champion, and set a date for follow-up



Promising flames - Almost ready: Where the majority of residents are agreed, but some are still unconvinced or undecided. Thank them for the detailed analysis. Ask them to raise their hands if they want their neighbourhood to be COVID-19 free. Ask them to raise their hands again if they are ready to take local action. If someone from the group agrees to initiate local action, bring this person up front and encourage them to share their thoughts. If enough others are also interested, facilitate action planning, identify a Community Champion, and set a date for follow-up.



Scattered sparks - Not quite ready: Where the majority of residents are not decided on collective action, many are still unsure, and only a few have started thinking about going ahead. Tell them they are free to stand by and continue their practices. If one or two from the group are ready to take action, call them to the front and applaud them and set a date for follow-up.



Damp Matchbox - Not ready: Where the entire group is not at all interested in initiating their own action to stop the spread of COVID-19. In this case, do not pressurize them. Tell them that you are surprised to know that they are willing to sit and wait while this pandemic continues. Remind them that you are not far away and ask if they would be interested for you to make another visit soon.

Using Table 6 in the CMs Field Manual **Facilitate a plenary discussion** on what might be included in an action plan.

Discuss the role of the CMs in the action planning – emphasising that it is the community who will decide what should be in their action plan.

Now discuss Neighbourhood Champions emerging during the triggering process (women, men, youth, school children, etc.)

Champions are critical to success, because they have the commitment and energy to follow-up with their neighbours and to encourage changes in community practices and **implementation** of the agreed action plan.

Discuss the relationship between the CMs and the Neighbourhood Unit Champions and how they will communicate

Action Plan at Neighbourhood Unit Level

- How we will keep informed?
- How we can go about our daily lives and not be infected?
- How we will isolate someone who has travelled from an affected area?
- How we will initiate IPC in our community within our area, within our HH?
- How will protect the most vulnerable?
- What do we need to do to prepare for lockdown?



Using Table 7 in the CMs Field Manual
Facilitate a plenary discussion on how the CMs and the Neighbourhood Unit Champions will encourage the community leaders to form a committee.

Now discuss How the neighbourhood plan and a community plan are connected and what are their difference roles within the overall community

What is the role of the CMs with the community committee?

What is the role of the Neighbourhood Unit Champion in the Community Committee?

Community IPC	<p>Agreement protecting people as they collect water – how to maintain physical distance.</p> <p>Set-up a community referral system for severe cases.</p> <p>Set-up a system for isolating people who do not have enough room in their houses.</p> <p>Establish a system for people to start recording who they have been in contact for the purposes of contact tracing.</p>
Surveillance/safeguarding vulnerable elderly and children	<p>Agreement on a community watch system, including a roster of community members who can screen strangers entering the community.</p> <p>Identification of person responsible for checking on people who have recently travelled to epi-centres or high risk areas.</p> <p>Agreement on steps for identifying and referring vulnerable elderly people.</p> <p>Identifying vulnerable household elderly, disabled, chronically ill and children and what support they need such as psychosocial and livelihoods support.</p> <p>What services can they linked with especially food provision and water and protection services</p>
Psychosocial	<p>Decisions on how community will be celebrating survivors when they come home; and how they celebrate health workers in the community.</p>





Conducting Follow-up

Using the notes from page 28 of the CMs Field Manual facilitate a **plenary discussion** on the follow-up visits with **all** neighbourhood units and the committee, emphasising the following :

Follow-up is essential, regardless of whether they have developed a Neighbourhood Action Plan/Community Action Plan or not.

This initially should ideally be on a weekly basis considering:

- What is advisable, safe, and allowed given the outbreak context, movement restrictions and lock-downs;
- The situation and needs in any given community/ neighbourhood unit;
- CMs availability and schedule.

In-person visits and phone calls should be conducted with Neighbourhood Unit Champions at the neighbourhood unit level, and with the community leadership/Community Committee point of contact at the community level.

Follow-ups you can:

- Get an update on progress with the Neighbourhood Action Plan/Community Action Plan - what activities are occurring, who is getting involved, how is it being monitored, key challenges and issues.
- Encourage and motivate neighbourhood units and communities who are implementing action plans to keep up the momentum.
- Learn about emerging risky practices and behaviours and new rumours and conspiracy theories related to COVID-19. Complete the rumour forms.
- Understand the interaction between the community and health services (both COVID-19 services such as contact tracing teams, ambulance and burial teams; and routine health services such childhood vaccinations and antenatal care) and whether services met expectations.
- Understand the interaction between the community and non-health services provided by the local authority (including water, electricity, and social care services and additional support services that may be offered during isolation, quarantine or lock-down such as food) and whether services met expectations.
- Understand challenges such as food shortages, and linking households, neighbourhood units or communities with necessary support.
- Provide regular updates to the community on the latest COVID-19 response news, including updates from the district and national health teams, changes to services (such as the opening of new testing points), new social distancing rules or travel restrictions, updates on food aid coordination, and other relevant information. The sharing of timely, credible data on the response will help build trust and will keep the community informed of important changes to the outbreak and the response.
- Collect data and information on: suspected COVID-19 cases and community action taken in line with national guidance; serious illness from COVID-19
- Community action taken in line with national guidance; and neighbourhood deaths and type of burials conducted.
- Encourage the continued use of primary health facilities for usual health services such as childhood vaccinations, antenatal care, malaria treatment etc.





Sharing Success and Linkages

Using the notes from page 29 CMs Field Manual facilitate a plenary on sharing success, lessons learned among communities to foster pride and build momentum.

Now facilitate a plenary discussion on the following

- How CMs provide the linkages between communities and the other services of the response

Sharing Success and Linkages

Sharing lessons and practical experience from one community to another is one of the best ways to spread good ideas, foster community pride and build momentum.

Use regular task force meetings at the lowest administrative level (e.g. zone, parish, district) to celebrate community leaders and local Champions who are implementing creative ideas, or who are particularly strong in executing their action plans. Give these leaders recognition for their work in keeping their communities safe from COVID-19. Use these meetings as a chance to update on progress and discuss challenges. This will also help to encourage leaders that are resistant by using positive peer pressure.

If permitted within the national restrictions invite senior officials, religious leaders, politicians, journalists and others working on the national preparedness/response to visit strong communities and be exposed to positive examples of community action. Encourage them to make public statements about community progress and plans. This will build a sense of pride among community members, and will also help the ideas to spread to other parts of the country.

If permitted within the national restrictions arrange for Champions to speak and present their local successes at district or national preparedness events where possible. Support senior officials to recognize and celebrate these local community leaders.

Use radio dramas and public service announcements to spread the word about specific actions communities can take, and examples of successful CLA-triggered communities.

Share photos, stories and experiences from communities that are having success with other communities, to help inspire them and spread innovation.

Encourage phone communications between area Champions, to allow them to share information and ideas.

CMS will provide additional support through community referrals and follow-ups to ensure that other pillars of the Preparedness / Response – case investigators, security officers, and contact tracers – are meeting community needs and expectations.

When deeds do not match words – for instance, when ambulances do not arrive or when case investigators treat people with disrespect - a community's trust in the messages and services of the preparedness decreases, and they may be less likely to try to use these health services in future.

As front-line workers, you will bear the brunt of poor service delivery. Your work to inspire action and good behaviors will be seriously undermined if community demand is not met with acceptable, quality services.

Through GOAL's role in the District and National-level Task Forces, specific community concerns can be shared with medical teams and health authorities. Your job will be to listen to community members and share their insights on how services are working, and how they could improve, on the ground.





Monitoring and Evaluation

Hand out hard copies of the all the forms

Allow the participants to review the forms

Now facilitate a plenary discussion on what their understanding of each form is.

Divide the participants into 4 groups and have them practice going through the form

In plenary discuss any further feedback and address any further challenges that they have on the forms.

Now discuss how this data will be collected by the CMs and passed upwards to the CLA Supervisors

Note: if CMs or CLA Supervisors are completing these forms directly onto COMMCARE then a separate training should be conducted by the Country MEAL team

TOOL	What it measures	When	Who is responsible
Training Log	Documents names, age and gender of GOAL staff, Community Supervisors and Community Mobilisers trained	After every Training	The facilitator
Triggering Form	Documents key data on triggering activities at neighbourhood units	After each triggering session	CMs
Follow-up Form	Documents key data on neighbourhood and community and progress towards on implementation of action plans	Weekly after each follow-up visit	CMs
Rumour Tracking	Documentation of rumours in communities regarding COVID-19	When it occurs or you hear it	CMs
KAP	Baseline/Endline to assess changes in knowledge and behaviours in target population		Key GOAL staff



Accountability

This Slide is to be completed by each country following your Community Complaints and Response Mechanisms (CCRMs) guidelines

Noting the new guidelines in the CLA Resource Guide for COVID-19 for CCRM



SESSION 4

Safety and Safeguarding



Safeguarding means taking all reasonable steps to prevent harm, particularly **sexual exploitation, abuse** and **harassment** from occurring;

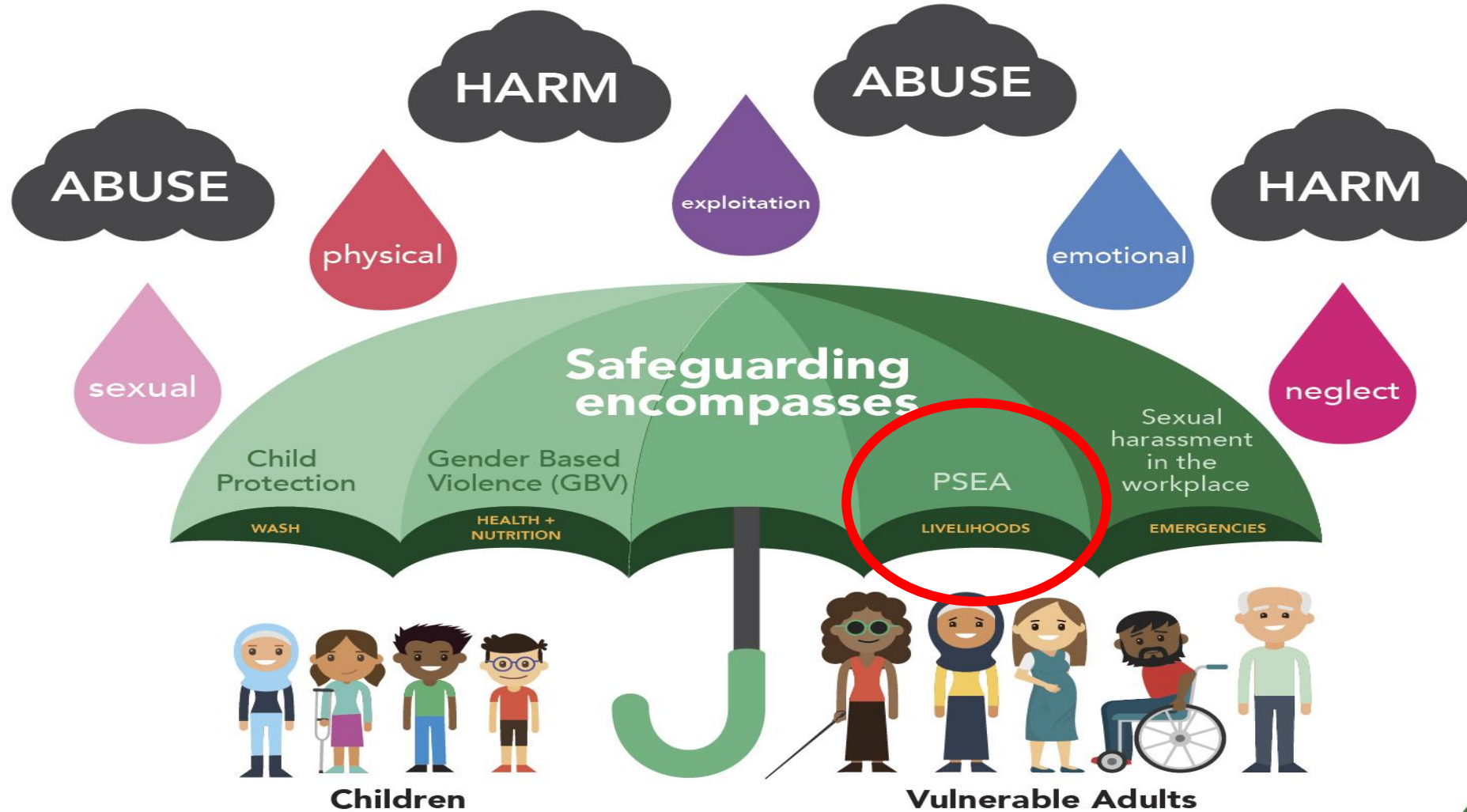
To protect people, especially vulnerable adults and children, from that harm; and

To respond appropriately when harm does occur.

This is for training of GOAL staff only. These safeguarding messages are not passed onto the community during CLA.



Safeguarding can be seen as the umbrella term for preventing all forms of harm and abuse to children and vulnerable adults

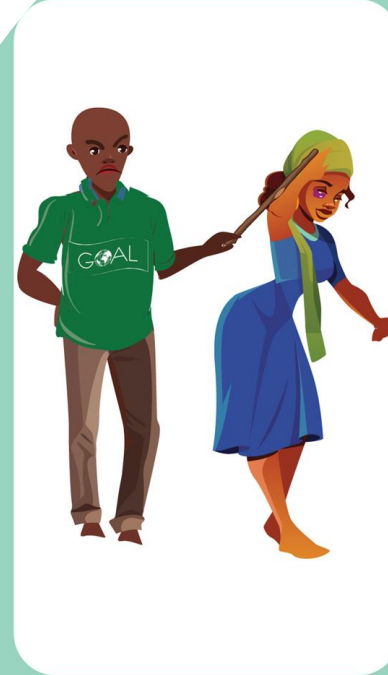




Sexual Abuse

GOAL staff will not enter any sexual activity which may be perceived as an exploitation of an unequal power dynamic.

GOAL staff will not engage in sexual activity with children (persons under the age of 18) is strictly prohibited. This applies regardless of local laws and customs regarding age of majority and/or consent.



Physical abuse

GOAL staff will not commit any act, or consent to any act being committed, that could cause physical harm to any person, specifically to children or vulnerable adults.

Tools

Safeguarding flash cards 5 Types of abuse



Emotional Abuse
GOAL staff will not commit any act, or consent to any act being committed that could humiliate, belittle, degrade or cause psychological harm or suffer to any person, specifically to children or vulnerable adults.



Exploitation
GOAL staff will never give preferential treatment to anyone or offer employment or promotion or exchange money, goods or services for sexual favours.

- It is strictly prohibited to engage in sexual activity with children. GOAL defines a child as any person under 18 years old.
- GOAL staff will not engage in the services of prostitutes or sex workers, which is also prohibited, regardless of the legal status of prostitution in the laws of staff members' home countries or duty stations.



Neglect
GOAL staff should not discriminate directly or indirectly and persistently fail to meet a child's and vulnerable adults basic physical and physiological needs.





GOAL SAFEGUARDING POLICY

GOAL'S SAFEGUARDING POLICIES

SEXUAL ABUSE

GOAL staff will not enter any sexual activity which may be perceived as an exploitation of an unequal power dynamic.

GOAL staff will not engage in sexual activity with children (persons under the age of 18) is strictly prohibited. This applies regardless of local laws and customs regarding age of majority and/or consent.



EXPLOITATION

GOAL staff will never give preferential treatment to anyone or offer employment or promotion or exchange money, goods or services for sexual favours.

GOAL staff will not engage in any form of sexual exploitation or other forms of humiliating, degrading or exploitative behavior, which is prohibited.

GOAL staff will not engage in the services of prostitutes or sex workers, which is also prohibited, regardless of the legal status of prostitution in the laws of staff members' home countries or duty stations.



PHYSICAL ABUSE

GOAL staff will not commit any act, or consent to any act being committed, that could cause physical harm to any person, specifically to children or vulnerable adults.



Neglect

GOAL staff should not discriminate directly or indirectly and persistently fail to meet a child's and vulnerable adults basic physical and physiological needs.



EMOTIONAL ABUSE

GOAL staff will not commit any act, or consent to any act being committed, that could humiliate, belittle, degrade or cause psychological harm or suffering to any person, specifically to children or vulnerable adults.



REPORTING METHOD

To make a complaint:
1- Contact the Safeguarding focal point in your duty station by phone, in person or by email.
2- Call GOAL's hotline on one of the following numbers.

Zain: 096326738 - MTN: 0998677143
2- Submit your complaint to speakup@goal.ie or goal@afecall.co.uk.

GOAL'S SAFEGUARDING - 2019

North Darfur state

Flash Cards Sudan



GOAL SAFEGUARDING POLICY

سوء المعاملة العاطفية

وتعني أن يتم إستغلال العاطفة بصورة سلبية

لن يتركب موظفي GOAL ابي فعل أو يبدو موافقة أو رضا على ابي فعل تم ارتكابه، قد يؤدي إلى الإذلال، الإستخفاف، التقليل من الشأن أو التسبب بضرر نفسي أو معاناة لأي شخص خاصة الأطفال أو البالغين الضعفاء القابلين للتعط والتأثر السلب

Emotional Abuse

GOAL staff will not commit any act, or consent to any act being committed, that could humiliate, belittle, degrade or cause psychological harm or suffering to any person, specifically to children or vulnerable adults.



SUDAN - OCTOBER 2019



GOAL SAFEGUARDING POLICY

الإهمال

علي موظفي GOAL أن لا يميزوا بعبوره مباشر أو غير مباشره و أن لا يفشلوا باستمرار في تقديم أو تلبية الإحتياجات الأساسية الجسدية والنفسية للأطفال والبالغين الضعفاء

Neglect

GOAL staff should not discriminate directly or indirectly and persistently fail to meet a child's and vulnerable adults basic physical and physiological needs.



SUDAN - OCTOBER 2019

PSEA

Sexual exploitation means any actual or attempted abuse of:

- A position of vulnerability
- Differential Power
- Trust

For sexual purposes, including but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another

Sexual exploitation means using your power over someone to take advantage of them sexually

Sexual abuse means the actual or threatened physical intrusion of a sexual nature which can occur

- By force; or
- Under unequal conditions; or
- Under coercive conditions

Sexual Abuse means use of power in exchange for sex





Key messages for GOAL staff and community mobilisers

GOAL staff and **community mobilisers** must follow GOAL's Code of Conduct, Child and Adult Safeguarding Policy, Child Protection (CP) and Protection from Sexual Exploitation + Abuse Policy (PSEA).

These policies encompass what is 'acceptable' and 'unacceptable behaviour' for **GOAL staff and partners**.

1. GOAL staff, **CLA Supervisors** and **community mobilisers** should not engage in sexual activity with children (persons under the age of 18).
2. GOAL staff, **CLA Supervisors and community mobilisers** should not abuse any real or perceived power that accrues from their position in GOAL.
3. GOAL staff, **CLA Supervisors and community mobilisers** should not exchange money, employment, goods, or services for sex.
4. GOAL staff, **CLA Supervisors and community mobilisers** should not excuse or ignore or participate in corrupt, fraudulent, exploitative, or unethical activities. Such as trafficking of people, participating in any armed, political or religious conflict, dealing in illegal drugs, gems or arms or using the services of a sex worker.
5. GOAL staff, **CLA Supervisors and community mobilisers** should not be under the influence of alcohol or drugs while engaged in GOAL duties.
6. GOAL staff, **CLA Supervisors and community mobilisers** should not hit or harm a beneficiary in any way.
7. GOAL staff, **CLA Supervisors and community mobilisers** should not shout or use bad language when speaking with a beneficiary.







Safety and Security

This Slide is to be completed by each country following your county security guidelines

Use the safety and Community Engagement SOPs as reference to ensure the safety of staff during community activities link [here](#)



SESSION 5 PLANNING CL IMPLEMENTAION



Now facilitate a plenary discussion on the development of a CMs Action Plan for the Implementation of the CLA

- WHAT? What do you want to do?
- HOW? How are you going to do it? (What are the specific steps you need to take and what resources/materials you will need?)
- WHO? Who will be responsible for each step? (Write specific names of who you will get to support)
- WHEN? When will each step take place? (Write specific dates/times)?
- WHERE? Where will each step take place? (Triggering in the neighbourhood unit, entering the data at the GOAL office etc).
- Make sure that CLA supervisors have the contacts number and email addresses of all the CMs they are supervising





Conclusions

- Now facilitate a discussion on any final clarifications that the CLA and /or CMs still have
- Now complete the Post Test Post Test
10 mins
- Conduct any closing ceremony that is planned



Thank you

