

How to communicate and protect displacement affected communities during COVID19 emergency response? Focus on Ethiopia, Kenya and Somalia

Online webinar | Thursday April 9th | 3.00pm - 5.00 pm EAT



- ❑ Lessons learnt from Ebola response on community engagement to inform COVID 19 responses
- ❑ How to communicate effectively and address fears, misinformation and stigma?
- ❑ How to support community led action plans and protection?

Speakers: Lessons learnt from Ebola response



Sharon Reader
Senior Advisor Community
Engagement and Accountability-
IFRC



Aude Galli
Manager-Regional Durable
Solutions Secretariat (ReDSS)
Moderator



Gerry McCarthy
Co-developer and Co-director of
People First Impact Method
(P-FIM)

Speakers: Community engagement in camps and urban settings



Michael Aiyabei

Head of Refugee Operations– Kenya Red Cross Society (KRCS)



Sharath Srinivasan

Co-founder and Senior Advisor- Africa's Voices Foundation (AVF)

Speakers: Investing in community structures and area-based coordination and protection to inform COVID response



Arda Kuran
Regional Protection
Coordinator- Danish Refugee
Council (DRC)



Rufus Karanja
Somalia manager- Regional
Durable Solutions Secretariat
(ReDSS)



Martijn Goddeeris
Chief of Party – Building
Resilience Communities in
Somalia (BRCIS)

- Participants will automatically be muted when joining into the call and should stay muted throughout
- Videos will be turned off apart from speakers videos during the Q&A
- Moderator will share screen so that participants can view presentation
- Participants will be required to share their thoughts and questions on the webinar chat option
- If any technical issues please contact our colleague Salma (s.abdillahi@regionaldss.org)
- Please register 15 mins prior to the webinar to download and test the application
- The call will be recorded and shared afterwards together with presentations
- An online evaluation will be shared with participants after the call to get feedback and suggestions for the next topic

Lessons learnt from Ebola



**COMMUNITIES AT THE
CENTRE:**

**Lessons learned on building
trust in the Ebola response in
Eastern Congo**

Lesson 1:

Epidemics start and end in communities

- It is the actions of community members that will end – or sustain - an outbreak
- Refusals for Red Cross safe and dignified burials (SDB) reduced from 79% at the start of the response to 8% now thanks to community engagement efforts. Without this community acceptance for SDB, Ebola would have continued to spread



Lesson 2:

Treat communities as partners

- **Communities are the experts of their own contexts – they know better than anyone how to successfully implement preventive actions**
- **Move beyond messaging and support community-led solutions to ending an epidemic**
- **In DRC, moto taxi drivers were a key source of rumours and resistance in communities. When Red Cross trained them to be Ebola mobilizers, they stopped sharing rumours and started sharing health information. Now they attend coordination meetings as one of the partners in the response**



"We thought we were being lied to by Ebola responders. That the disease was not real. There was resistance"
Chance Evariste, Motorcycle Association Vice President, Komanda

Lesson 3:

We need to build trust

- **If communities do not trust us, it is unlikely they will;**
 - **Listen to or follow health advice**
 - **Comply with measures like staying at home**
 - **Allow us safe access**
 - **Report cases or come for treatment**
 - **Feel safe to use the clinical services we provide**
- **Without trust – all our interventions may fail**
- **Many areas in DRC were considered off limits for security reasons. By bringing local volunteers from these areas to trainings in safe zones, they could then return to their communities, share vital health information, and little by little build trust in the Ebola response from within and secure access for Red Cross and others' health interventions**



Lesson 4:

To build trust, we need to listen, and we need to act

- Risk communication and community engagement needs to move beyond messaging
- We need to invest in collecting, analyzing and responding to community feedback
- Changing what we DO, not just what we SAY, requires everyone's involvement
- In DRC, the Red Cross feedback mechanism relies on 850 volunteers who listen to what communities tell them about Ebola. The more than 550,000 feedback comments collected are guiding the response – but it's not always easy

Lesson 5:

Our interventions need to be as local as possible

- **Every community is unique, with its own challenges and capacities – a one size fits all approach doesn't work**
- **Hiring local staff means your response speaks the right language, understands the context and can build trust more quickly**
- **Recurring feedback from communities in DRC was to have more local people leading the response. After almost 2 years, the balance of the Red Cross team has shifted to be more local – and this has improved our access. Next time, we need shift this balance quicker and further**



The consequences of not building trust...



Protesters in Abidjan destroy a coronavirus centre because it was too close to their homes. Videos show people tearing apart the centre with their bare hands and smashing construction materials on the ground.

(BBC/Reuters)



PEOPLE FIRST **IMPACT METHOD**

***P-FIM in the Covid-19 Response
(East Africa Context)***

P-FIM – Engage Communities

- Establish **trust** – listen, understand, empathy, mutual-respect
- Respect the community **starting point**: how do they understand Covid-19?
 - The basis of psychosocial care – start from where we are!
 - The right assumptions the right impact!
- Two-way engagement:
 - Address rumours, misunderstandings, build positive community-led action.
- Agree **common messaging** – accurate messages that are culturally sensitive!
 - ‘Share accurate information and develop messages with us’ (Sierra Leone & Liberia - Ebola)
- Establish a **community-led** response e.g.
 - Local bylaws in line with government regulation and messaging - game changer in W Africa
 - Don’t assume! Engage! E.g. physical isolation! What can you do? What support do you need?
- **Keep it simple**: simple honest communication, simple messaging, simple reporting, always tell the truth, always keep your word, admit mistakes!

P-FIM – Are examples relevant to Covid?

- **BRCiS Community Action Plans (CAPs – Somalia)**
 - Agency shift from needs to seeing how communities view challenges, opportunities and innovations – welcomed by communities and frontline staff!
- **GIZ CPS – addressing inter-communal conflict (Kenya)**
 - Significant shift from an agency-led response to inter-communal response
 - Positive shift in community and county government relationship; community led with government support
- **Malteser Int. Ebola response (DRC)**
 - Total community denial of Ebola and blame of agencies in Ituri Province, DRC
 - Lessons from W Africa used: trust, shared understanding, agreed action, space for other actors (e.g. UNICEF)
- **ReDSS Community Consultations (Uganda, Kenya, Ethiopia and Somalia)**
 - Significant resilience action in refugee community that agencies were unaware of (Uganda)
 - Hidden vulnerability and child abuse revealed during two-way engagement (Uganda)
 - Inter-refugee led action to support new refugee arrivals; cash, information, contacts etc. (Nairobi)
- **Plan Int. refugee engagement (Tanzania)**
 - Government policies and agency programmes put refugees at risk esp. women and girls
 - Agency listening resulted in continued community conversations without agency presence

P-FIM – wider reflections!

- **Ebola: initial inconsistent messaging**
 - Wild animals! Seek treatment! Dead-body management!
 - Confused messages in Covid response e.g. masks, no masks?
- **Inter-agency approach**
 - Avoid agency bias, shared understanding,
 - ‘When agencies listen to us, we listen to each other’
- **Flexibility**
 - Address fast changing context and messaging
- **Cost benefit**
 - Community owned and led responses cost less and achieve more!
- **Quantity and quality**
 - Quality of relationship results in accurate information

10 min Q&A: Lessons learnt from Ebola

Community engagement in camps and urban settings

Community feedback mechanisms to address rumors and fears, and respond to questions in refugees camps?



Michael Ayabei, Kenya Red Cross

During Crisis and disasters

- Expect rumors because of unclear information and uncertainties
- People have different fears
- Expect groups that will want to take advantage by causing fear to get business or power –social or political

Major rumors and fears of refugees in Kenya



- That health workers use thermal gun thermometer to register people in the Huduma number – a process undertaken by GoK in 2019
- That persons who have fever are quarantined by force
- Results: Some refugees want to move back to their country to escape registration or death, die in home-soil
- Capacity of facilities available to handle many cases

What are partners doing



- Create awareness among the refugees
- Involve them in passing the message
- Engage various groups including children during discussions as most of them can read and see how thermal thermometers work and give readings
- Assure people that even in most difficult situation, the Red Cross will be with them. This is a big storm but there is hope beyond it
- Respond to specific rumors and state the actual position

Process



- Collect rumors continuously –You may not address what you do not know
- Find out as much accurate details available about COVID 19.
- Simplify the information to share
- Understand the channels of communication -Whom do they listen to; in our case **community** and **religious leaders** have more say than administrative authorities

Communication and channels



- Important that we understand the channels of communication available and most common. Refugees have access to social media platforms particularly the Youth
- Smart phones are commonly available as well. Reading capability however for the elderly and who shape opinion is low
- Engage their leadership
- Make short videos and audio clips

Behavior change



- Know whom the community listen to at all levels.

Gate keepers (community leaders, religious leaders, local community peace and protection security(CPPT) KPRS for host

- Win them –have people who practice the ‘ideal practice and knowledge’
- Involve them –Demonstrations as a means of passing message
- Engage them to deliver messages as agents of change
- Use different social groups –Children, adolescent youth, religious leaders, women empowerment groups, special groups PWD, PWCI



How to use interactive radio to engage with displacement affected communities for rapid insights and targeted risk/health communications?

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What does an effective RCCE response in Somalia need to do?

1. *Work with and through religion as the dominant framing*, the trusted source of authority and key source of risk
2. *Leverage strong community solidarity* around ‘**right practice**’
3. *Tackle significant misinformation* around virus source and treatment
4. *Anticipate* that rumour/stigma/misinformation is **heightened amongst IDPs and conflict-affected**
5. *Deploy empathetic, engaging* content, using **accessible, trusted** and media and communications channels
6. *Listen, listen, listen* >> make sense through Somali worldviews

What are Somalis thinking about COVID19?

Fikradaydu waxaytahay in ilaahay latala saarto hadii ilaahay latalasaarto wax walbo oo dhibaato ah waalaga badbaadayaa

"My opinion is to trust Allah and every difficulty will pass."

Female, 41, IDP, Daynile

Waa nimco firkaradayda COVID-19 waa xanuunhalis ah waxaana dawo uah kaliya kahortag marka dadka haday amaawirta dawlada qataan waxaan dhihikarnaa sida hada uu ufaafayo uma faaafilahayn mahasanidin.

"It is a dangerous disease and its only cure is prevention. Therefore, if people follow the information given by the government; I think it wouldn't hve spread and it is spreading now. Thanks."

Female, 17, Cabudwaaq.

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"People should use spices like ginger, black pepper and lemon. They should reduce the intake of cold stuff such as ice cream. May Allah protect the Muslim community particularly the Somalis. Its cure is to pray to Allah, reciting the Koran and practice proper hygiene specially the IDPs. Allah protect the community."

Female, Shibis.

Waxaa loga hortagi karaa karna fayriska in soomaaliya laga baxsho gaalada.

"Coronavirus can be prevented in Somalia by expelling the non-believers."

Male, 19, Jiraqaale.

LEVERAGING IMAQAL FOR RAPID DIAGNOSTIC AND COVID19 RCCE RESPONSE



“Dear Imaqal Listener, your voice is important for the response to COVID-19. What are your thoughts on Coronavirus?”

“Dhageystaha sharafta leh ee Imaqal, Codkaaga wuxuu muhiim u yahay la tacaalidda xanuunka COVID-19. Waa maxay fikradahaaga ku aadan xanuunka Koroona fayraska?”

Total recipients of SMS question	~51k
Total participants - response rate	7,747 - 15%
Total SMS received	18,222
Total participants who opted in (consent given for analysis)	7,120
Total SMS analysed (from those who opted in)	15,870
Total individuals responded to using tailored 1-to-1 communications	1,254

RAPID DIAGNOSTIC

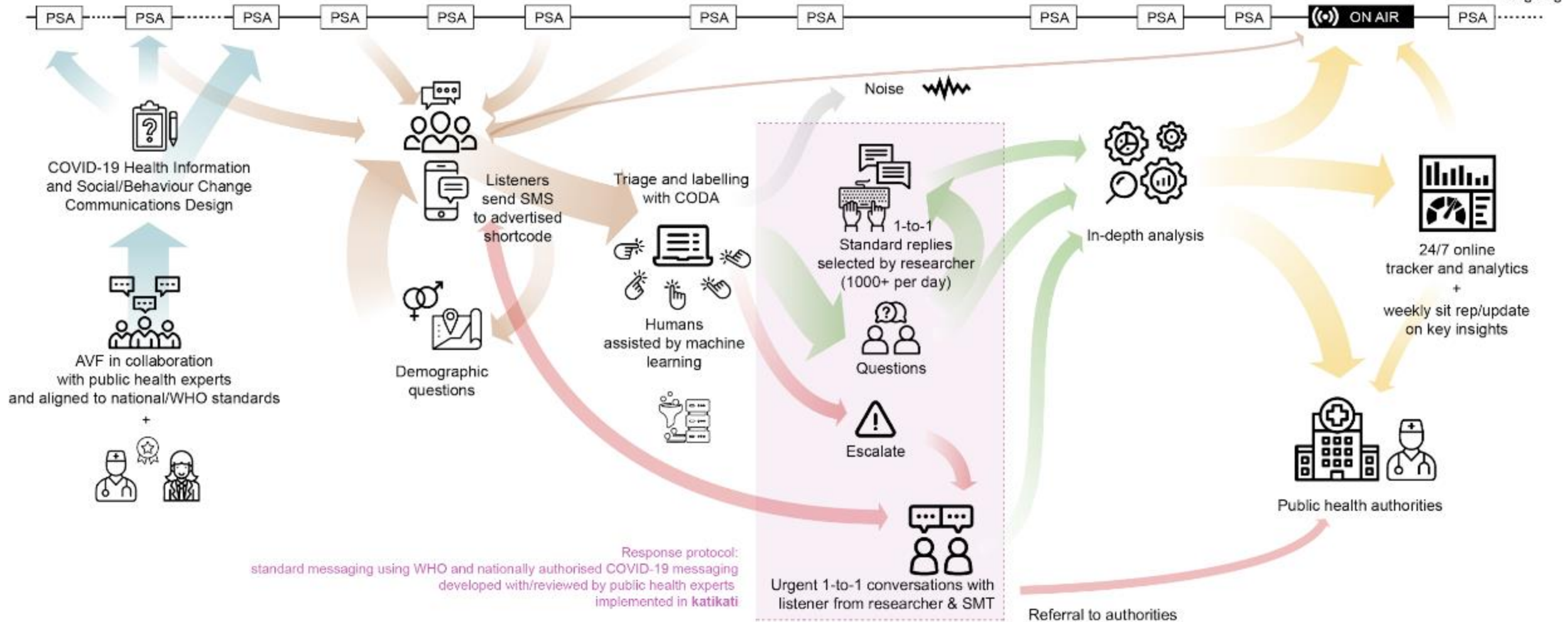
3-April, 5-April: Question asked

3-6 April: Answers received

7-8 April: Data analysed

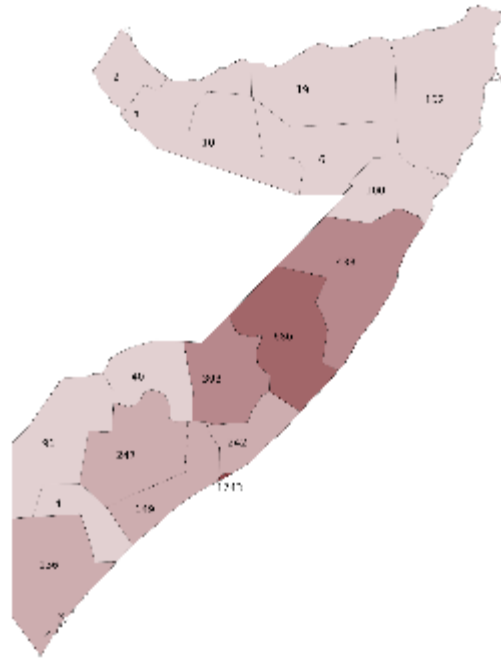
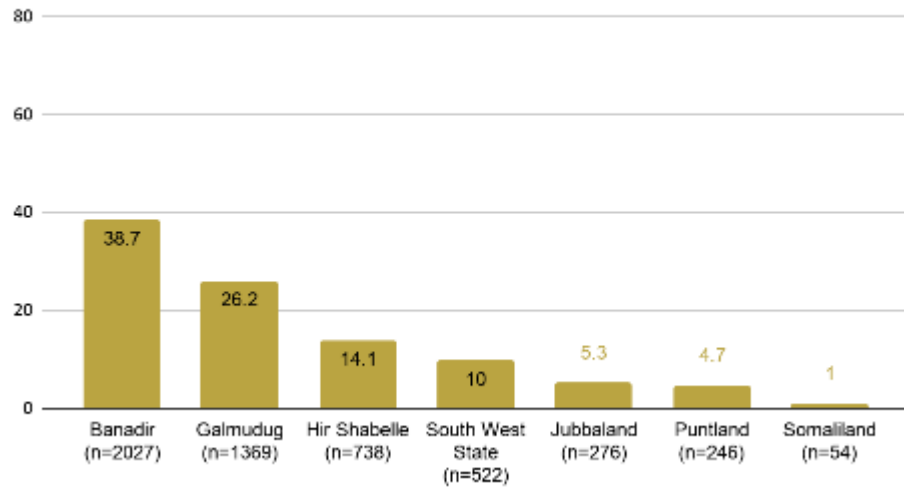
9-April: Initial findings

Public Service Announcements: COVID-19-focused Show Adverts, and Invitation to Submit Questions to free Shortcode, broadcast to millions

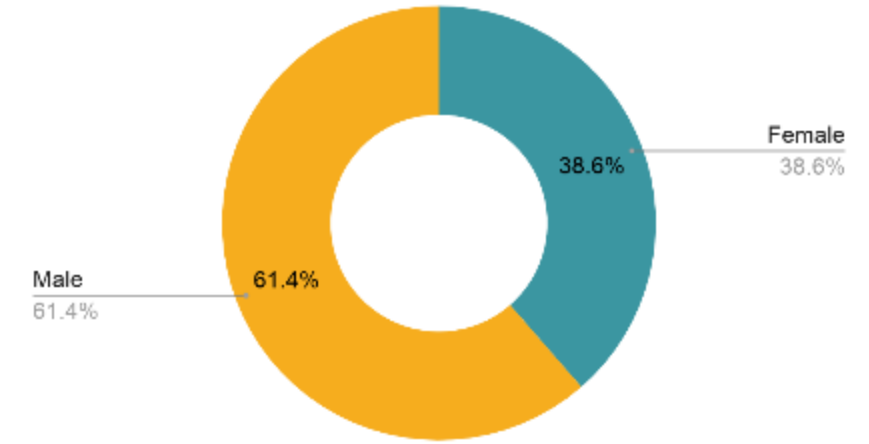


Sample is skewed to urban, young, displaced in SC, Puntland

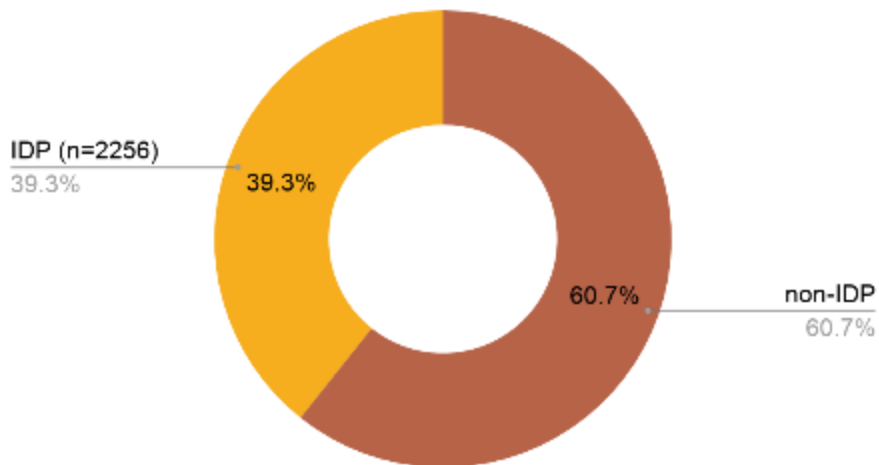
Participants by region



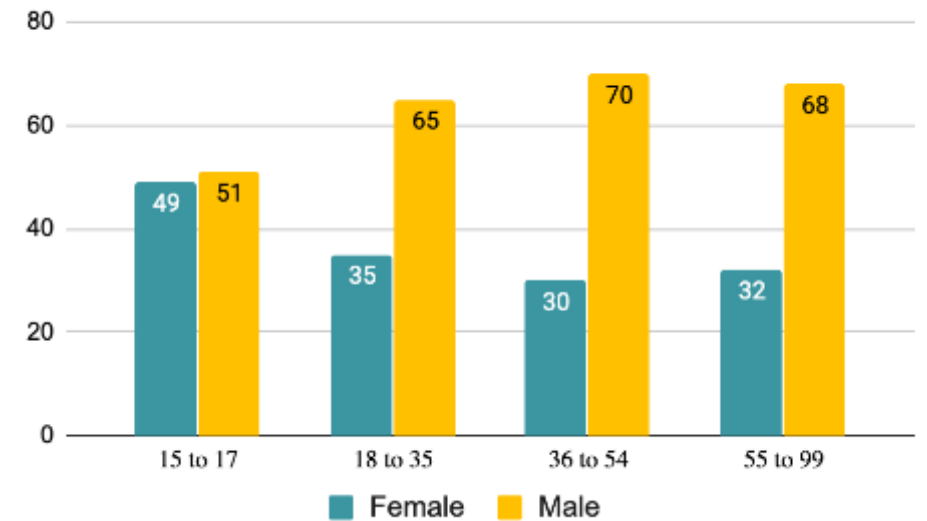
Gender (% Participants)



IDP vs non-IDP (% Participants)

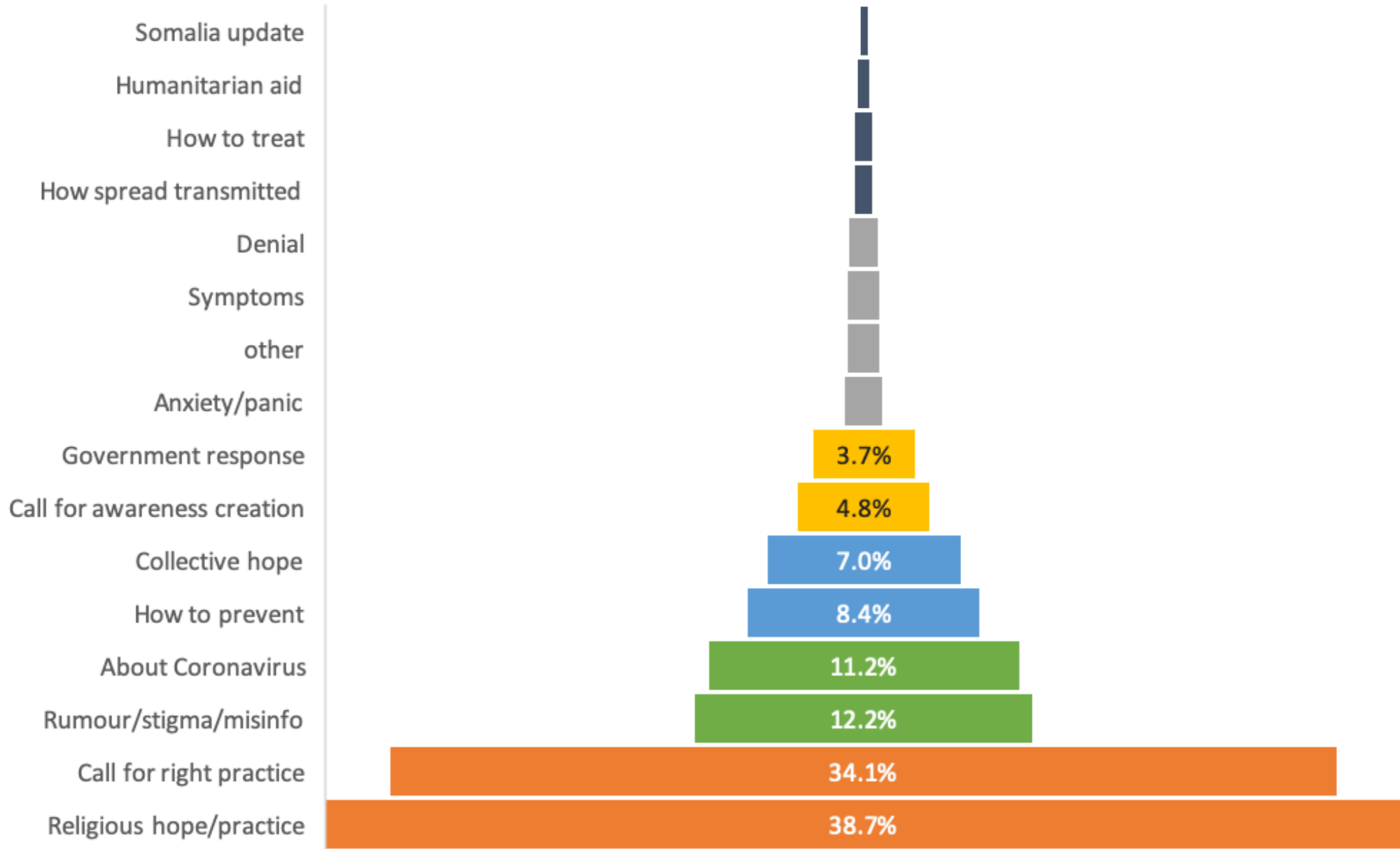


Gender split by age bracket (%)

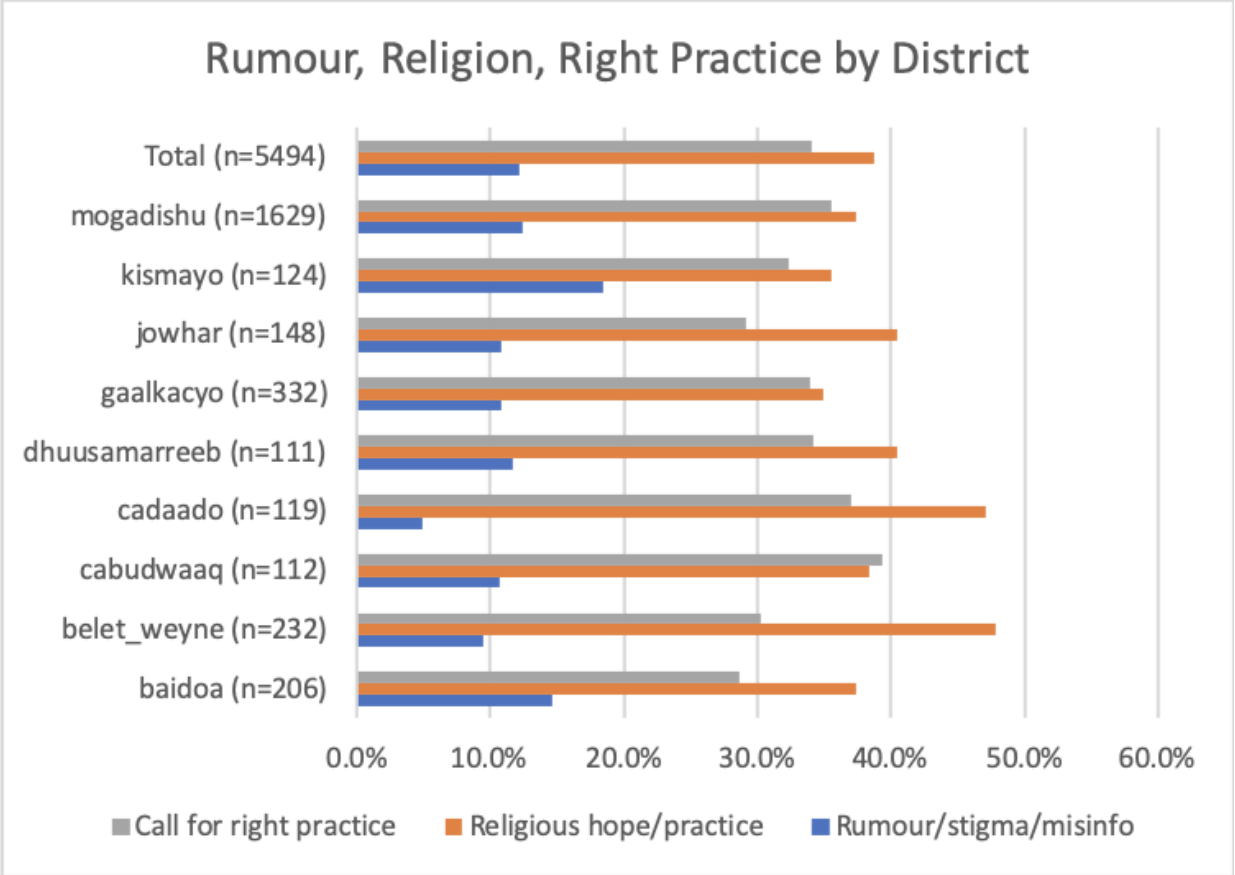


Themes

n = 5494



Rumour and misinformation are more prevalent in more insecure areas and among displaced communities



Overall, IDPs are significantly more likely to send a message indicating misinformation than members of host communities. (Logistic regression OR = 1.4, p – value = 0.0026).

Recently displaced in Mogadishu are over *twice more likely* to mention misinformation or rumours than host communities (Logistic regression OR = 2.1, p – value = 0.0002).

RCCE on COVID-19 in DACs requires an understanding of how at-risk populations are also more susceptible to alternative sources of truth than authority or expertise

The religious frame and tackling misinformation is particularly important in Baidoa, Kismayo and among recently displaced populations

People in **South West State** significantly more likely to mention misinfo compared to other regions. (Logistic regression South West State (OR = 1.6, p - value = 0.0163)

What are Somalis thinking about COVID19?

Rumour, Stigma and Misinformation

Figradayda ku aadan feyriskan wa cudur ilahay u so dajiyay gaalada hasa yeshee musliminta waxay u tahay danbi dhaaf.

"My thought on this virus is that Allah has ordained it for the non-believers and it is forgiveness for the Muslims."

Female, 19, Kismayo.

Adinka iyo kuwa nilamidka aya amiinsan karoona shegeysin Alle ayatalo iskaleh anaka maraacno kuwa iskujeego daqadiir iyo kalada alle kabaqa kuwina dhahayo karoona ayan dadka kabadbadin Habarta ayaushegeey musqulyahoow adinka hanikudhaco covid 19.

"You and people like you believe in the corona you are talking about. Allah deserves trust. We don't follow the so-called doctors and non-believers. Fear Allah those of you who are purporting to saving people from corona. Tell your mum, you sh*t. May covid19 affect you." Male, 23, Balcad.

Wlh wxn aminsanahay in oyhy cudurkas mid logutalagalay galada wxn aminsanahay in o somalia kudhacen lkn wxa bunbunihayo dowlada ayadana wxe lcg ugarabta adunka wxayna cadadis sartay shacabki sida melaha lagu fafiyo dinta sida dugsiyada qur.anka karimka masajida wxn aminsanahay cudurkas in odibada nogayimid nonakenen diyasbaraha ma is arkeno wayo jermiska ayo kadhashta lkn hdan musliminahy marka kasto ayan merna jirkena ilen wxa nagalaraba salad wxna isticmalena qur.anka karimka asagana nodawa;; diyar ayan u ahay.

"I believe that this disease is for the non-believers and will not affect Somalia. But the government is making is big deal out of it in order to get money from the world and has put in place repressive measures on the public like mosques and dugsis closure. I (also) believe that this disease is brought by the diaspora and cannot be easily detected because it breeds from the germs. But as Muslims, we always clean our body because we are expected to offer prayers and we use the Koran which is our medicine." Male, 31, Kaaran.

What are Somalis thinking about COVID19?

Rumour, Stigma and Misinformation

Mida kale waxanaminsanahay somaliya inu horay usomaray asago ladhoho kadudshe ayu inukudhacay hadan inusan ina.sogaray banaminsanahay cimiladenana kuma nolan karo marka musliminta waxan kulatalinaya kitabka ale inla.amino quran badana la.akhristo wa balaxijabe mesha wax yalahakale lasojedinayo inlafaro dhaman muslimitu quran wada akhristan asaga balaxijaba.

"...also I believe Somalia has experienced it in the **form of dengue fever** and it has resurfaced again. It cannot survive in our climate. I therefore urge the Muslims to believe in Allah, read the Koran a lot which shields against evil. Instead of offering other advice, urge the Muslims to read the Koran which shields against evil."
Male, 23, Galkacyo.

dadka waa iney isticmalan waxyabaha gulul sida sanjabisha filfisha iyo lendhananta waa iney iska yareyan waxyaba qabob barafka jalatada alle waxan ka baryaya inu ka badbadiyo umada musliminta qasatay umada somaliyey dawadisu waa inad alle bariyan waa iney qur.aanka aqriyan waa iney nadafada ku dadalan qasatan dadka barkacyasha ah allow umadan badbadi.

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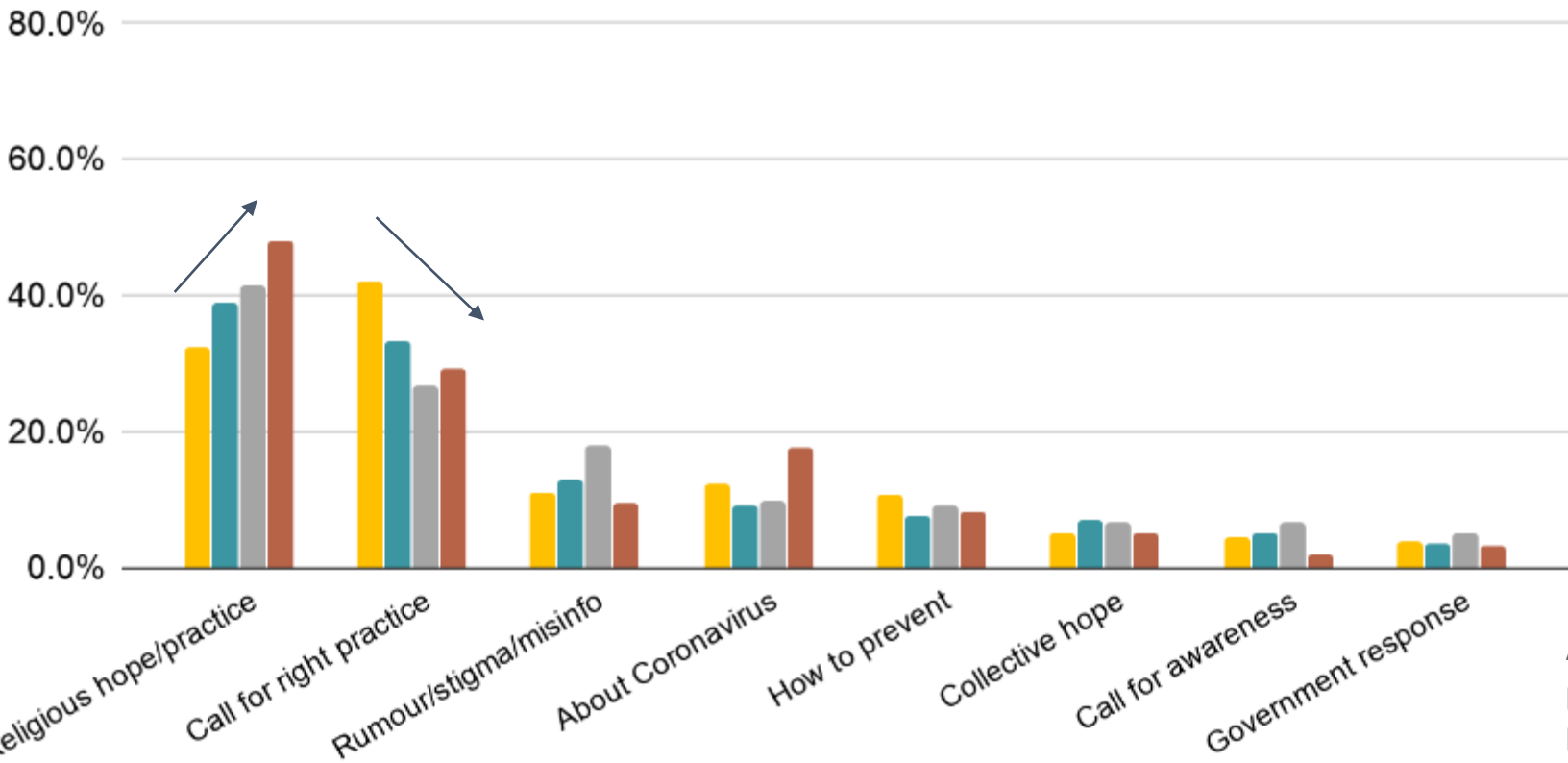
WLL DAWO AYAN U HAYAA WAANA TABLET REVIDEN KININKA TB.DA ARINTAA HA SAHLANINA MEELWALBA GARSIIYA.

"I have a medicine for it - REVIDEN Tablet, the drug that **treats TB**. Don't take this (info) lightly, spread it widely." Male, 43, Garowe.

Frame RCCE more through religion for older target groups; more through collective 'right practice' for younger target groups...

Prevalence of themes by age

15 to 17 (n = 863) 18 to 35 (n = 2653) 36 to 54 (n = 307) 55 to 99 (n = 96)



Religious figures on radio shows could provide authority and guidance aligned to RCCE messaging

Govt short mitigate pushback re curtailing religious gatherings

'Right practice' builds on strong community solidarity in Somalia, esp among youth

Age differences are statistically significant.
 p=0.0004 (Chi square for 'right practice')
 p=0.0014 (Chi square for 'religious practice')

Religious hope and practice

Religious figures as influencers

Fikradaydu waxaytahay in ilaahay latala saarto hadii ilaahay latalasaarto wax walbo oo dhibaato ah waalaga badbaadayaa

“My opinion is to trust Allah and every difficulty will pass.”

Female, 41, IDP, Daynile

Soomaalidu waa muslin ilaah habaryeen alabarina ha dhigteen

“The Somalis are Muslims; they should pray to Allah and hold 'Alla bari-(Somali ceremony of feasting, praying and reading Koran)”

Male, IDP, Galkacyo

FIKRADAYDU WAA IN LABADSADU SALAADA ,SAGADA, SOONKA Iyo sadaqada

“My thought is that we should increase prayers, alms, fasting and giving charity.”

Male, 25

Waxaan dhihi lahaa waa in bulshada ay QUR'aan akhristaan talooyinka lasiinayana ayqaataan mahadsanidiin.

“The public should read the Koran and follow the advice given. Thanks.”

Male, 38, IDP, Galkacyo.

Call for right practice

Young women as key influencers?

Waa nimco firkaradayda COVID-19 waa xanuunhalis ah waxaana dawo uah kaliya kahortag marka dadka haday amaawirta dawlada qataan waxaan dhihikarnaa sida hada uu ufaafayo uma faaafilahayn mahasanidin.

"It is a dangerous disease and its only cure is prevention. Therefore, if people follow the information given by the government; I think it wouldn't have spread and it is spreading now. Thanks."
Female, 17, Cabudwaaq.

Fikirkaygu wuxuu yahay in cudurku jiro waxaana looga hortagi karaa in sababaha uuku faafikaro lajoojiyo sida salaanta gacan qaadka lana qaato wacyi galinta alaha naga hayo cudurka COVID-19 mahads@nidiin.

"My thoughts are that this disease is real and it can be prevented by avoiding ways it can spread such as handshakes and following the sensitization efforts. May be Allah protect us from COVID-19."

Female, 20, Hawlwadaag.

Waa in laga fogaadaa gobaha ay dadka kubadan yihiin sida gobaha shaaha lagu cabo sida makhaa yadaha.

"People should avoid public places like tea cafes."
Female, 20, Gubadley.

What does an effective RCCE response in Somalia need to do?

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Effective RCCE using interactive radio

1. ***Media is the message***: which radio, station, show and presenter matter
2. ***Messenger is the message***: experts/guests/testimonials need to be trusted based on very local moral parameters
3. ***Engagement must be engaging***: communicating with communities, not talking down
4. ***Context is key***: Cookie-cutter PH messaging is at best irrelevant and at worst heightens anxiety and poor behaviour. Socio-cultural expertise is essential for Urban poor and displaced
5. ***Listen and learn to lead***: What ideas, concerns, questions and practices do communities report that can inform better RCCE content?

10 min Q&A: Community engagement in camps and urban settings

Investing in community structures and area based coordination and protection

Supporting Displacement-Affected Communities to Cope with Protection Risks Posed/Exacerbated by COVID-19



DRC DANISH
REFUGEE
COUNCIL

ReDSS Webinar – 9 April 2020

Arda Kuran – Regional Protection Coordinator, DRC East Africa & Great Lakes



1

Information &
Displacement-
Affected
Communities

2

Protection
programming &
Displacement-
Affected
Communities

3

Advocacy for &
with
Displacement-
Affected
Communities

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INFORMATION & DAC

- *Information is a **RIGHT**.*

- Information **OUT**:
 - Correct Information
 - Consistent messaging
 - AGD approach
 - Trusted sources in situ
 - Lead by example

INFORMATION & DAC

- *Information is a **RIGHT**.*

- Information **IN**:

- Support health actors
- Defined purpose for information collection
- Harmonize collection
- Identify emerging trends
- Analyse and apply (circle back to Info **OUT**)



1

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COUNCIL

PROTECTION PROGRAMMING & DAC

- Assess criticality and triage
- Enhance community-based human resources
 - *Reinforce communication channels*
 - *Increase technical knowledge and capacity*
 - *Minimize community-level movement (lead by example)*
- Contingency planning and programme adaptation

PROTECTION PROGRAMMING & DAC

- Monitor risks and respond
 - *Gender-based Violence (IPV, domestic violence, etc.)*
 - *Unaccompanied and Separated Children*
 - *Trafficking*
 - *Psycho-Social Support*
 - *Case Management*
- Re-evaluate and adapt your targeting
- Information Management & Safety



1

Information &
Displacement-
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2

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ADVOCACY FOR & WITH DAC

- Health response not excuse for erosion of protection
- Sensitize to likelihood of rights violations
- Awareness of dynamics that make DAC more vulnerable
- Advocate for DAC when violations occur
 - *Deprivation of liberty*
 - *Forced returns*
 - *Right to seek asylum*

OVERALL CONSIDERATIONS

* **Coordination & Collaboration**

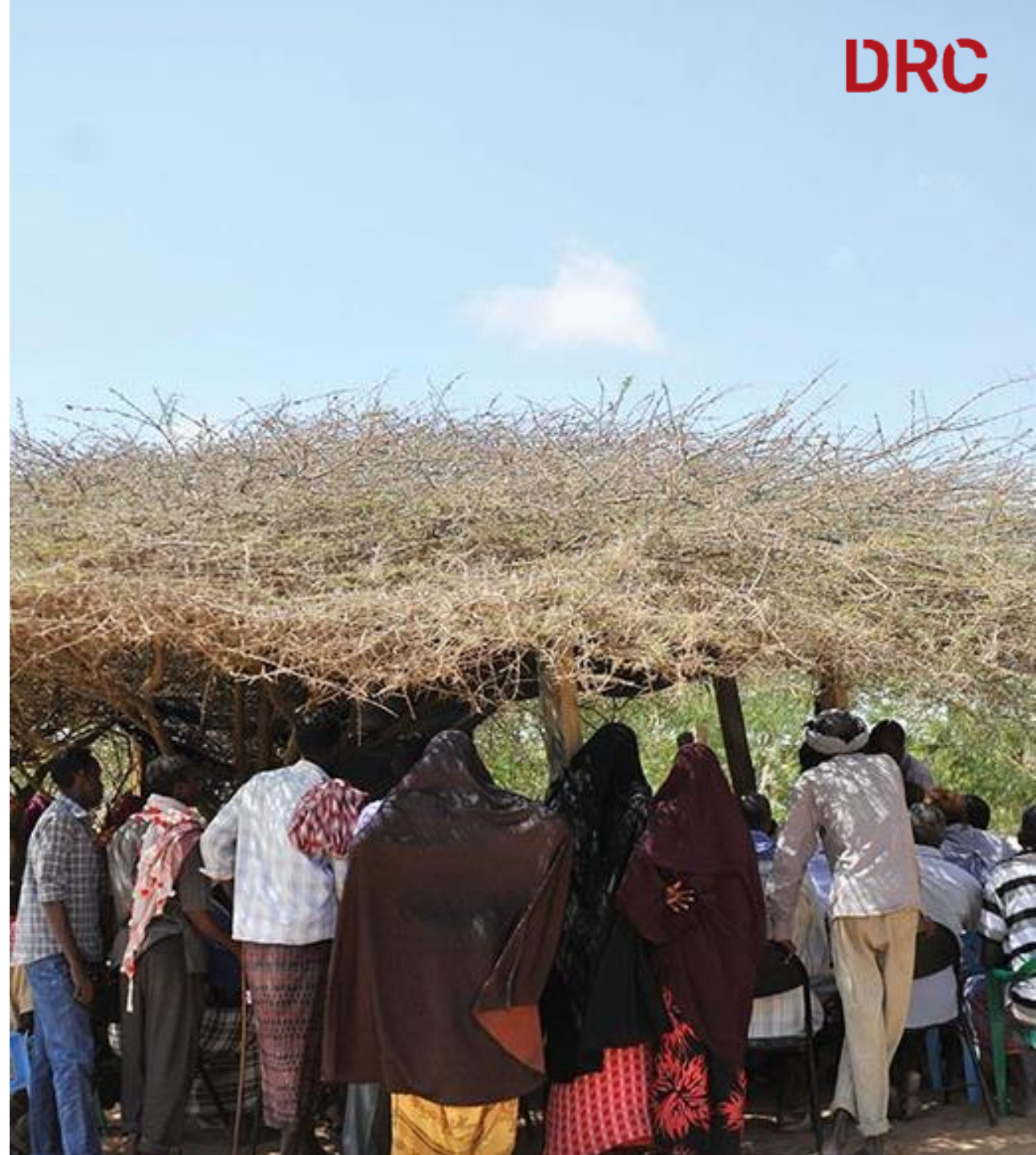
- *Meaningful coordination*
- *Lean on sector for heavy-lifting*
- *Holistic approach and multi-sector mainstreaming*

* **Humanitarian principles**

- *Principled approach*
- *Do No Harm & Confidentiality*
- *Dignity*

“COVID-19 poses a serious danger. But with unity, determination to protect human rights and solidarity, we will overcome it.”

*Dunja Mijatovic
CoE Commissioner for Human Rights
16 March 2020*

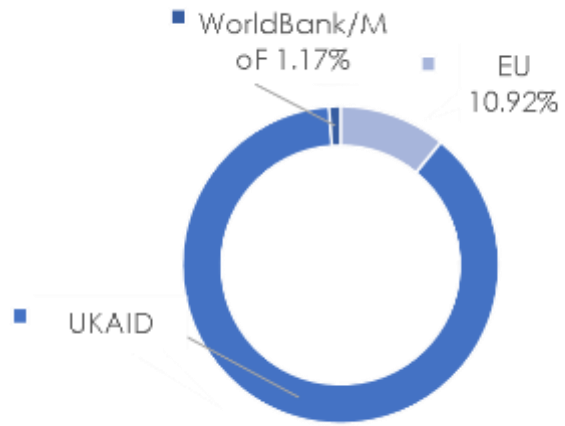


How community structures are crucial in decentralizing an efficient and timely response during COVID19?

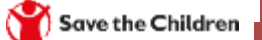
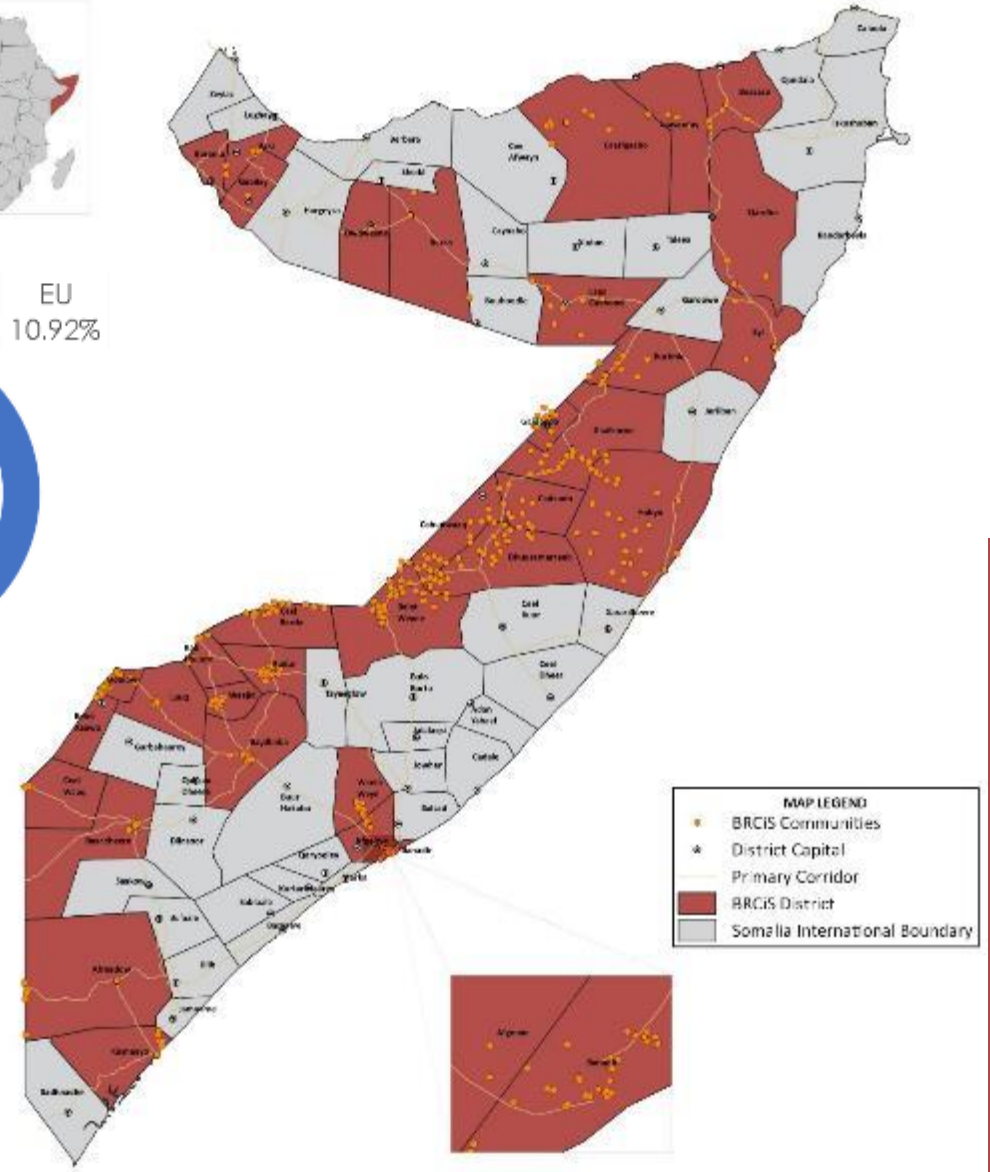


BRCiS is...

6 INGOs – 3LNGOs
 Led by NRC
 Created in 2013
 10 projects, 4 ongoing
 34 districts
 3 Donors
 + 200 Million dollars
 invested since 2013
 +500 communities



BRCiS Funding Outline



0 1 2 km

BRCIS Objectives & Approach

WHY? Vulnerable and marginalized communities are more resilient to recurrent shocks and stresses [...]

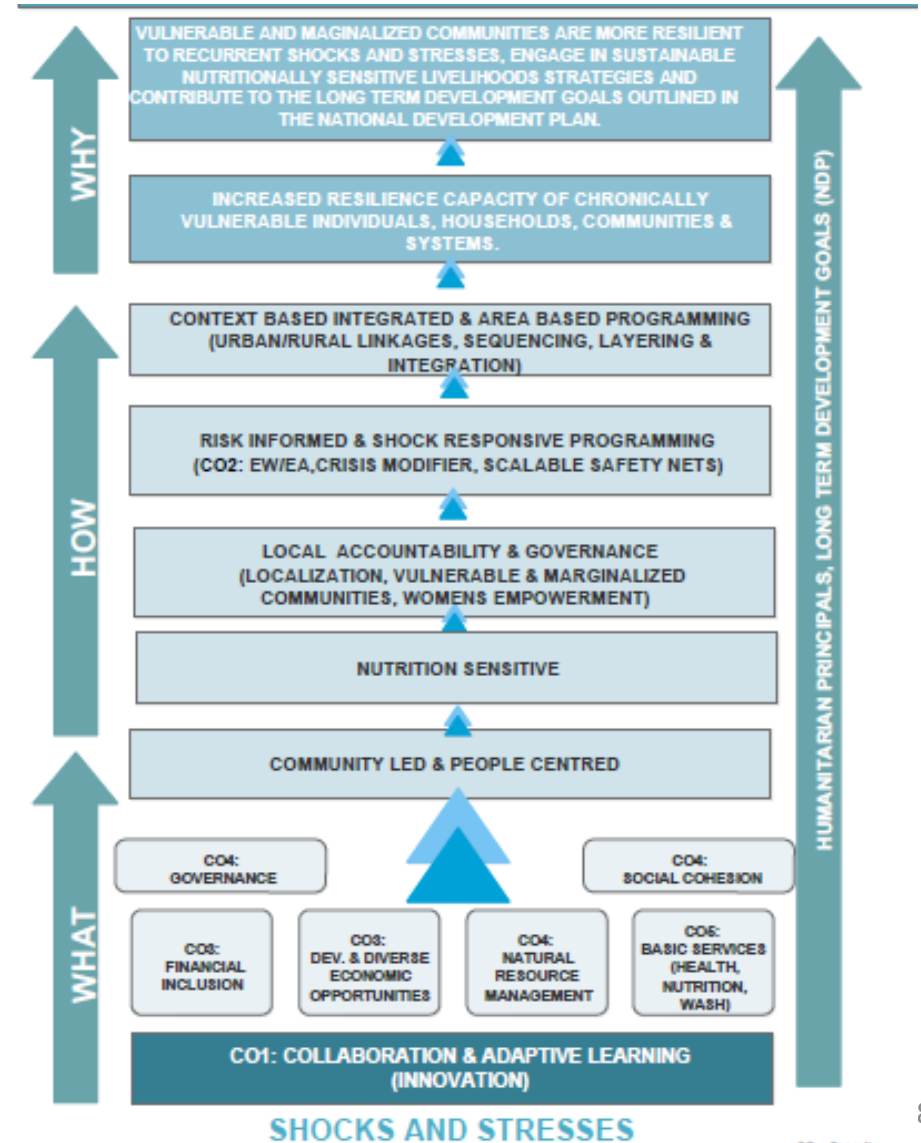
WHAT?

1. Collaboration and Adaptive Learning
2. Crisis Modifier & Scalable Safety Nets
3. Enhancing Opportunities for Sustainable Livelihoods
4. Governance (NRM, DRR, etc.)
5. Integrated Basic Services (WASH and H&N)

Not what se do but how we do it!!!

HOW?

Community-led and People-Centered
 Nutrition-Sensitive
 Strengthening Local Accountability
 Area-Based Programming and Systems Thinking
 Risk-Informed and Shock-Responsive

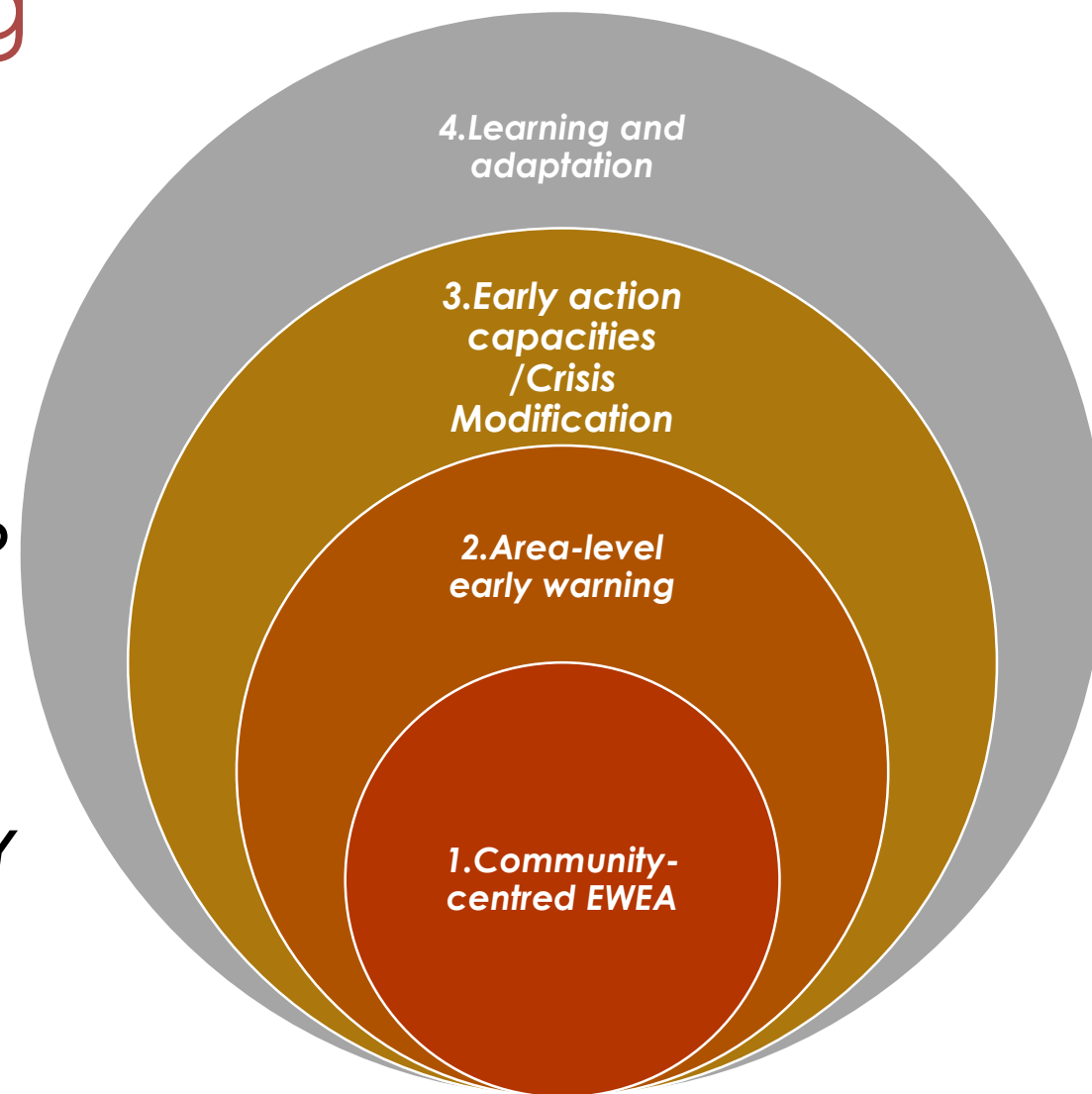


BRCiS EWEA Layering

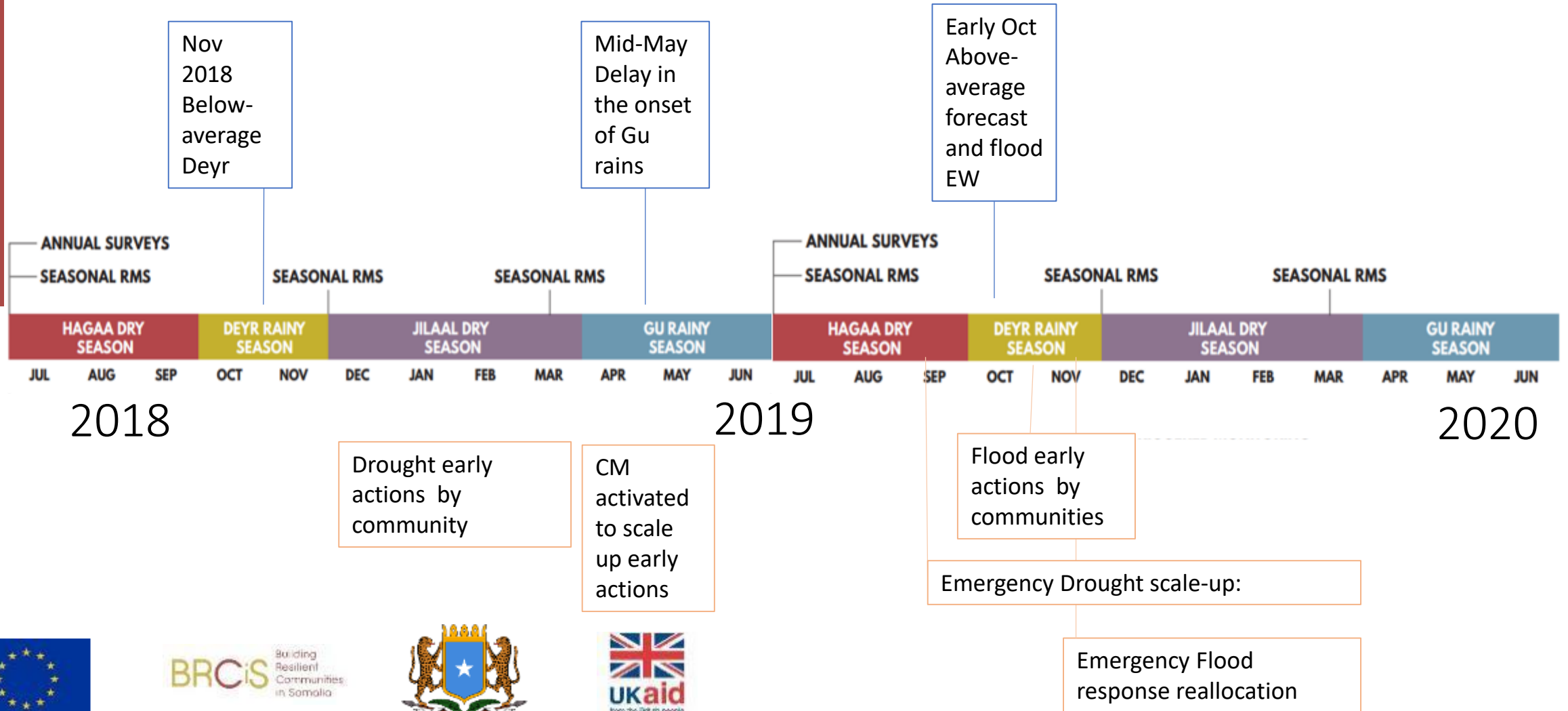
Strategic outcome / Pillar 2:

Early Warning from communities lead to early actions taken ahead of impending shocks and early response to sudden shocks enables individuals, households and communities in BRCiS target areas to mitigate shock impacts and prevent humanitarian crisis.

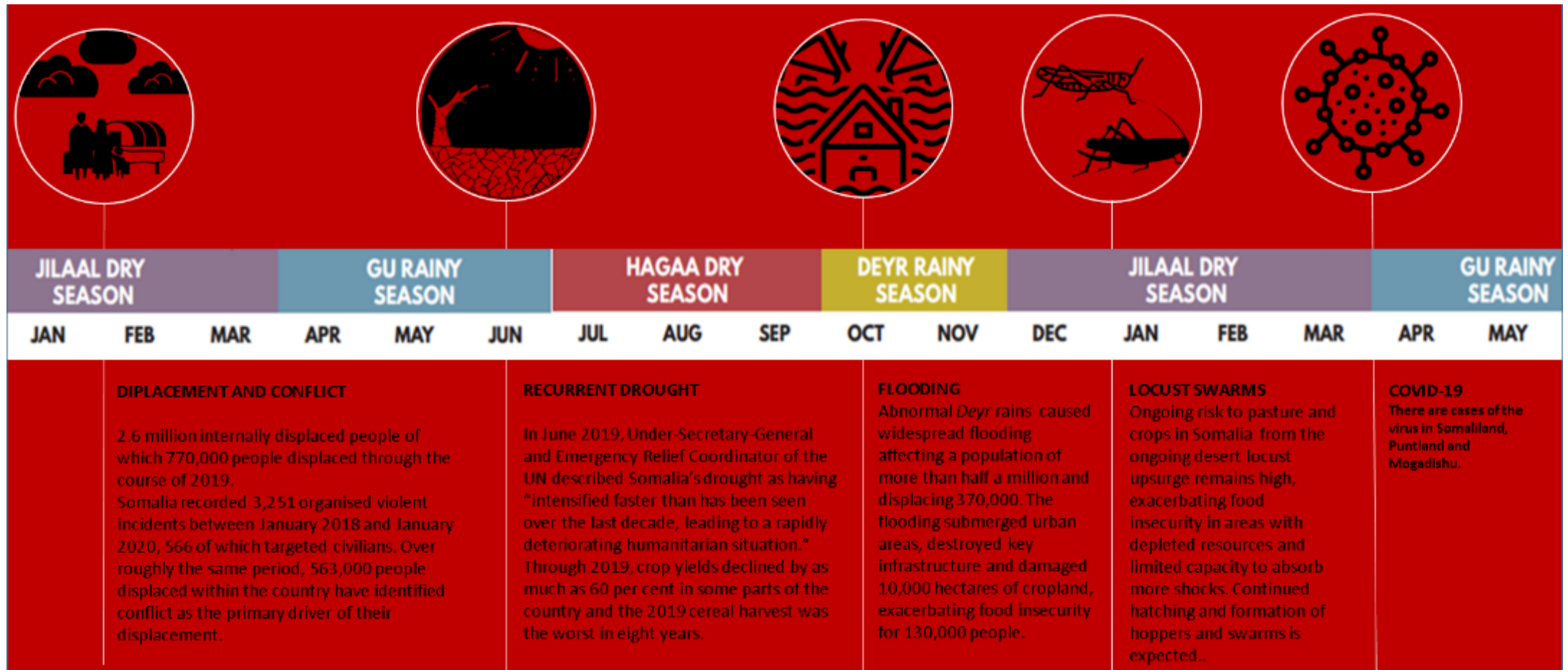
EARLY ACTIONS lead to CRISIS MODIFICATIONS and lead to EMERGENCY SCALE UPs triggered and advocated by the communities



Community strengthened shock-responsiveness



CURRENT FRAGILE CONTEXT (+++ SHOCKS)



KEY COLLECTIVE PRINCIPLES COVID

- Coordinated and de-centralized response
- Good and open communication
- Holistic and multi-sectoral

“It is not only a health crisis but a major social and economic crisis”

BRCIS SCENARIO BASED APPROACH

- Establish **starting point** with the communities and how they want to work with BRCIS during COVID.
- Agree upon **key “local” messages** + most trusted medium to transfer messages
- Strengthen **communication networks**
- Start **preparedness activities** (hygiene promotion, increase health/nutrition and address livelihoods loss)
- Strengthen **community mobilization and targeting** and use BRCIS as a flexible programme to address gaps now.

“Strengthening community structures together with a flexible and adaptive approach to react fast”

COVID 19 PREPAREDNESS PLAN

- All States
- BRCIS will take a no-regret option regarding preparedness for COVID and will ensure to scale-up through re-prioritization of action plans
- Targets in >500 communities in an area-based approach

SCALING UP THE FOLLOWING OUTCOMES

- Strengthening Community committees in sensitization and dissemination of information.
- Protect and strengthen community outreach in health/nutrition through CHWs and strengthen 17 fixed sites + mobile outreach.
- Hygiene awareness and practices improved (promotion campaigns, cleaning-up, wash stations, sanitation,...) + service delivery
- Support livelihoods strengthening and scale up of safety nets for most vulnerable (>50,000 already registered HHs in BRCIS areas)

COVID PREPAREDNESS

Frontline workers are capacitated and equipped to respond to COVID-19 Pandemic

- a. Activity 1.1 Training on case detection and case management.
- b. Activity 1.2 Procurement and distribution of personal protective equipment.

Limit human-to-human transmission and protect individuals from exposure to COVID-19

- a. Activity 2.1. Training of CHWs on risk communication.
- b. Activity 2.2 IEC reproduction and distribution.
- c. Activity 2.3 construction/establishment of handwashing stations.
- d. Activity 2.4 procurement and distribution of hygiene kits.
- e. Activity 2.5 Radio messaging ON COVID-19 and bulk SMS messaging
- f. Activity 2.6 Community Hygiene promotion sessions.

Ensuring continuity of delivery of essential services to BRCiS communities (for COVID19)

- a. Activity 3.1 prepositioning of essential drugs and supplies.

Supporting Coordination efforts at Federal and State levels on COVID-19 response.

- a. Activity 4.1: Frontline wage support. In a bid to support national and state coordination efforts in responding to the pandemic.

EMERGENCY BUDGET

SECTORS/activities	Banadir	Galmudug	Hirshabelle	Jubaland	Puntland	Somaliland	South West	Grand Total
COVID19	1,098,793	460,800	266,100	330,895	457,401	523,160	993,033	4,130,182



Working towards a resilient Somalia

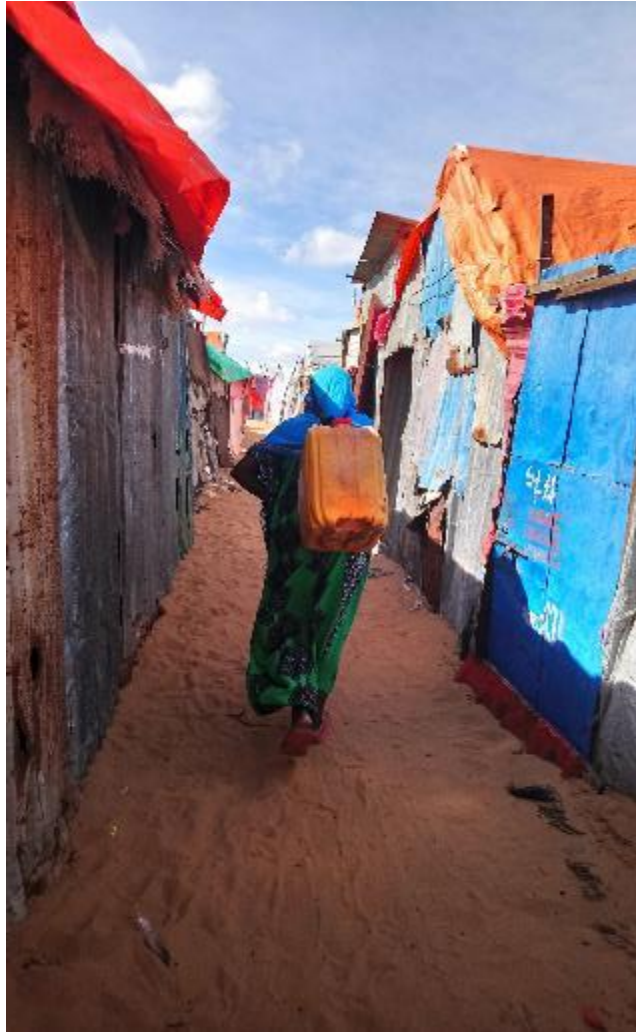
How to strengthen area-based and locally-led COVID-19 response in urban settings in Somalia?

Rufus Karanja, ReDSS Somalia Manager

Supporting community driven approaches in informal settlements to prepare and respond to COVID-19



- ❑ Engaging communities from the early onset is the key to stopping the spread of disease
- ❑ Emphasise the significant role that community leaders, elders and religious leaders and local networks as part of an overall effort to draw on the existing capacities
- ❑ Ensure that local ownership is invested in the community at all times



- ❑ **Build on existing coordination structures:** key to work through existing coordination structures, which can be effectively scaled up
- ❑ **Invest in integrated programming:** manage this as a broad-based humanitarian emergency from the outset while continuing to address longer term durable solutions issues
- ❑ **Support government led strategy that include IDPS and vulnerable communities:** invest in federal, state and municipal capacities to lead and coordinate the response

10 min Q&A: Investing in community structures and area based coordination and protection

How to communicate and protect displacement affected communities during COVID19 emergency response? Focus on Ethiopia, Kenya and Somalia

Online webinar | Thursday April 9th | 3.00pm - 5.00 pm EAT

