



A Quick Guide | Community engagement during the COVID-19 pandemic in Lebanon

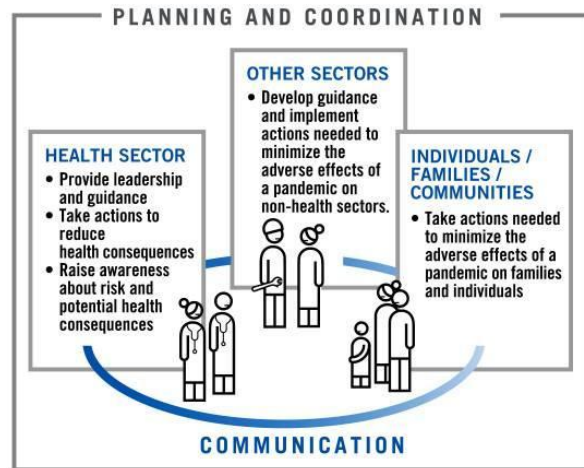
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Introduction

Pandemics are unpredictable yet reoccurring events that can have severe consequences on health, social and economic well-being. In addition to affecting health, they may lead to social and economic disruption, threats to the continuity of essential services, reduced production, distribution difficulties, increase in vulnerability and shortages of essential commodities. While governments and sectors such as health and WASH play a leading, coordinating and guiding role, take action to reduce health consequences and raise awareness about risks, experience has shown that **civil society organizations, families, individuals, communities and traditional leaders** all have essential roles to play during pandemics. The illustration above depicts the **whole-of-society approach** needed to prevent, mitigate and respond to pandemics and highlights some key roles.



Objectives

This note provides general parameters for the **role of the community in relation to COVID-19 outbreak in Lebanon in the phase of containment (Phase 3)**, with particular focus on community members who are already mobilized as **volunteers, focal points and within community groups and networks, among others**.

In addition to the community's central role, the note emphasizes the **role of NGOs in preparedness efforts** should the pandemic further spread in Lebanon (Phase 4) and calls for **harnessing their expertise and capabilities to help communities prepare and respond**. At the same time, this document is a live one and will be updated and adapted as the situation evolves and depending on the phase the pandemic reaches in Lebanon. It is based on existing guidance and references issued around COVID-19 and on pandemics in general (Section IV). The note is produced in **checklist found in Annex 1**.

General guidance

Access to information protects health and promotes overall well-being

1. **Effective risk communication saves lives and reduces illness through information on how to protect the health of individuals and the communities they live in.** People have a right to credible information that could protect their health and save lives, social fabric and economic wellbeing. All shared information should be in languages and formats accessible and credible to them, as well as taking into consideration specific groups such as boys, girls, persons with disabilities, older persons, women at risk, survivors of SGBV, LGBTI individuals and people with underlying health issues Further guidance on this can be found in the document *"COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement (IFRC, WHO, OCHA, 2020)¹."*
2. **Updated and reliable information allows persons to understand what COVID-19 is, be aware of precautions measures which protect them and others. It also prevents spreading of rumors.** Community members in Lebanon, including refugees, should have updated and

¹ Available at: <https://interagencystandingcommittee.org/covid-19-how-include-marginalized-and-vulnerable-people-risk-communication-and-community-engagement>



reliable information² on COVID-19 such as what it is, how it's transmitted and how to protect against it (social mobilization messages). They should be aware of the recommended practices and measures to prevent and mitigate its spread, and be able to apply it at the community, family and individual level. They can keep updated by visiting the Ministry of Public Health (MOPH) website: <https://www.moph.gov.lb/ar/>, Inter-Agency Dropbox: https://www.dropbox.com/sh/c8prp4negm3qwlx/AACa_xU1iBgkLLIVE4zrxQ0oa?dl=0 and UNHCR's website dedicated for refugees: <http://www.refugees-lebanon.org/ar/news/275/information-on-coronavirus>, as well as visiting UNICEF and WHO websites. They can also visit UNHCR Lebanon social media platforms³. Information of such platforms or points to access reliance information should be made available to them at every opportunity such as being referenced in printed material, verbally communicated during calls or info sessions or shared via WhatsApp or other communication trees⁴.

- 3. Knowledge and information of nationally endorsed hotlines during times of pandemics should be known to all.** The community should also be aware of key numbers and hotlines to call of health and other types of services and be aware that the calls are confidential taking into consideration the sensitivity and the fear of refugees from discrimination or eviction/deportation in case of suspicion or contamination. If the following symptoms appear (fever, cough, runny nose, sore throat, shortness of breath) within 14 days after arriving from a country where cases of coronavirus have been reported or after being in direct contact with a positive case, the individual needs to call the Ministry of Public Health's hotline for COVID-19 referral: **01-594459** For any inquiry regarding the new coronavirus COVID-19 or any other information, the following hotline needs to be called: 1214. They should also be made aware of the general hotlines, especially protection and SGBV, which are available to them to report issues and incidents.
- 4. MHPSS is also key during this time to ensure that persons can cope with the associated stress and anxiety.** Access to relevant information and services will help to reduce this and will contribute to MHPSS well-being. Rumours and misconceptions that exacerbate anxieties further. These should be tracked and addressed through the various communication channels.

At the same time, the community should also be aware of the various mental health hotlines such as MOPH's Embrace hotlines and those of mental health NGOs. In Lebanon, these include but are not limited to the Ministry of Public Health number 1214 | Embrace: 1564 | IDRAAC: 76-100576 | IMC: BML 70-993574, South Lebanon 76-854759, Bekaa 70-454816, Tripoli 71-802598, Akkar 81-341169

- 5. Live-updates and exchanges with health experts can help to answer queries and address concerns and misconceptions around the virus and national capacities.** The community should also know where to go for real-time exchange of information, advice and opinions between health experts or officials. This is currently being done through Facebook live through UNICEF⁵ and through UNHCR mass media communication channelled by SMS and social media

² <https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>

³ UNHCR Website: <https://www.unhcr.org/lb/>, Twitter: <https://twitter.com/UNHCRLebanon>, Facebook: <https://www.facebook.com/UNHCRLebanon/>, Youtube: <https://www.youtube.com/user/unhcr>

⁴ IA COVID-19 Dropbox: https://www.dropbox.com/sh/c8prp4negm3qwlx/AACa_xU1iBgkLLIVE4zrxQ0oa?dl=0

⁵ UNICEF Website: <http://www.unicef.org/lebanon/>, Facebook: <https://www.facebook.com/UNICEFLebanon/>, Twitter: <https://twitter.com/uniceflebanon>, YouTube: <https://www.youtube.com/user/UnicefLebanonChannel>



platforms. Information on these should be communicated to refugees such as a links posted on refugees dedicated websites and WhatsApp messages being sent in their network circle.

- 6. Regular updates on health developments and related measures, including responses and plans, allow communities to be prepared to take on more responsibility in prevention and responses.** In addition to information on COVID-19 and where to call for additional information and support, the community should receive regular updates as developments arise and on the various responses being undertaken using different communication and community engagement channels and formats. This also serves to prepare communities for upcoming measures. Some groups with specific needs or persons living in certain locations or types of residence may need targeted info reach to ensure reception and understanding of the information. This may identify the support needed for its implementation.

The above information is a minimum and can be shared through trusted and diversified channels and outlets such as Facebook pages, websites, SMS and through already engaged mobilized or active community members such as volunteers, focal points, community groups, communication trees, and networks of different profiles i.e. including women, youth and older persons. In situations of containment and social isolation, the community members should be engaged in the spread of information only in ways that do not expose them to health, protection risks and hazards. Hence, alternative ways of spreading information should be adopted such as using technology (see below). Specific groups at risk may need more targeted reach and involved in decision making.

Engaging communities even times of pandemics is more effective and is possible

- 7. Telling people what to do, however scientific, does not always work. Engaging them is more effective noting that the ability of communities to take action to protect themselves is critical for their resilience.** Mobilized community members such as volunteers, focal points, community groups and networks, are trusted sources in the community. In Lebanon, many have already been mobilized over the past years and are well trained, including on codes of conduct, humanitarian principles and protection fundamentals. As engaged members, they are the frontline in prevention, detection and response. They are also most affected and have the greatest influence. Below are some points on how they can be engaged, with the support of the relevant actors.
- 8. Mobilizing communities and providing them with the necessary information and supplies will support them to implement measures required to prevent and stop the outbreak.** Engaged community members should be **trained** through their NGO coordinators, Lebanese Red Cross or UNICEF on key messages around COVID-19. Instead of raising awareness and sharing information through the usual home visits or group sessions, they should – in line with MOPH directives - virtually share awareness on preventative measures on COVID-19 and other topics to be agreed on with the community members through WhatsApp, SMS and phone calls. They must provide suspected cases with information on how to receive proper diagnosis, as per the referral pathways.
- 9. Community members can reach persons with specific needs with information and support.** In their messaging and reach, community members based on their thematic area of focus, if applicable, can target specific groups in their areas while ensuring not to cause stigma by over targeting certain groups. For example, they may focus on older persons, persons with disabilities and their families through calls to check up on them regularly to maintain social interactions and provide prevention and response information around COVID-19, as well as on



other topics including on key hotlines to call. They can also reach persons with underlying medical conditions known to them with the same information. Children can also be targeted whereby certain community members can raise awareness to parents about keeping children at home, particularly in the absence of school and other activities. Those specialized among them can guide parents on activities they can do with children to keep them busy during this period. Others, in coordination with case management actors, can follow-up on other children at risk such as unaccompanied and separated children. The aim is to ensure their access to information, as they may not have online access, as well as strengthen a support and buddy system. This should be coordinated with protection actors at the local level.

10. **Alternative ways of communication and engagement should be adopted in situations of containment.** As mentioned earlier, in the current context this should be done through alternative ways such as WhatsApp, SMS and calls while ensuring sensitivity and confidentiality. For certain groups who do not have access to such ways of communication, local authorities such as municipalities and other actors with access can be leveraged for support in ensuring messages reach them such as street connected or person experiencing homelessness. Community members who are specialized or have certain skills can also be tapped into for specific support to groups or carrying out interventions. Advocacy for their ability to move around may be needed.
11. **Information alone may not be enough.** Communities must be able to implement prevention and control measures through having access to soap and water, waste management services, transportation, safe burial teams and PPEs when needed. Some mobilized communities may also be supported to receive additional support costs to cover communication and other expenses, resulting from the newfound context. These will need to be coordinated among actors, while ensuring principle of Do No Harm.
12. **Reach of the community should be coordinated at the regional levels (according to the geographical division and sectors' 3Ws).** Community efforts to raise awareness should be coordinated as part of interagency efforts and documented, to ensure coverage and reach. as well as overall coherence in the approach.

Establishing a dialogue with communities will lead to better understanding of beliefs, perception, practices and challenges, allowing the response to be better adapted

13. **Mobilized community members can help in containment of COVID-19 to prevent amplification.** Within their community they can develop ways to implement mitigation measures (through change of individual and family practices and implementing community measures).

They can provide insight into community perceptions of the illness and response measures or practices, as well as fears and beliefs. This will also help to address lack of compliance, as community understanding of diseases and their spread is complex, context-dependent and culturally mediated. They can also share the hotlines, including of protection, which they can call for further inquiring and support.

Such insights can be put together from regular or bi-weekly meetings with mobilized community members, remotely (through telecoms) facilitated by the coordinator to exchange information and discuss community feedback, issues and challenges. These must be recorded and analyzed to advise interventions. This will also help incorporate new messages and



communication methods as it unfolds. Smaller meetings in person with limited number of refugees may be convened, as needed and possible. The latter is only a last resort and is exceptional. The information should be shared through coordination structures to inform the response based on predetermined indicators.

Building trust in finding joint solutions

- 14. Mobilized community members should be engaged in designing and implementing response measures to be put in place, to the extent possible.** Full participation of women should be promoted in community engagement activities, with the leadership and role of specific groups being clear. For example, involving and mobilizing community members (women and men) with disabilities will add useful insights on how to engage with persons with disabilities and their caregivers. This includes participating in setting up isolation measures in overcrowded settings and providing certain services (Level 3). This can be arranged through identifying 3-4 persons per site, ensuring women among them, as part of including them in the design or implementation of isolation centers. Select members in a community living in informal settlements and collective shelters can support health and WASH partners by ensuring that residents are aware and implementing the necessary precautions for hygiene practices and social distancing, select quarters/rooms are available for quarantining. They can also raise gaps in hygiene supplies and other essential items, as well as around water and solid waste and desludging needs. Local community members and actors can also play a role, such as municipalities providing spaces for quarantines or self-isolation. Further details on the community engagement in overcrowded settings are provided separately.

Mobilized community members, especially those who are trained, can also provide psychosocial support to certain at-risk groups, including by checking up on them regularly, ensuring they are aware of key numbers or hotlines, referring them upon consent to specialized actors if needed, and arranging support for essential items, as needed. They can also safely identify and refer cases at heightened risk to protection actors, using existing referral pathways.

Community members may also be supporting each other through creative means such as around info sharing, basic needs and psychosocial support, among others. Civil society initiatives may also be taking place. These can be identified and supported for collaboration around issues such as distributions, information sharing and identification of isolation structures.

- 15. Reporting and feedback can help build trust with communities.** The issues and challenges raised by the community, through the various community engagement and communication channels, should also feed back into and guide interventions, including around information gaps. They be communicated to influence an action, activity or response, as well as be channeled through the interagency for advocacy or collective response. These should be collected by various age, sex and disability considerations, as well as other diversity considerations. Community should be provided with feedback on measures taken in response to the issues they raised or suggested. Feedback can also be communicated through the existing community engagement and communication methods.



Continuity of life-saving interventions should be ensured

- 16. Life-saving protection activities should continue.** Even in these times, mobilized community members still have a role to play in continuing to safely identify and refer protection cases at heightened risk, including CP/SGBV cases, to relevant case management actors. Most of these cases are being identified through channels such as phone calls and WhatsApp - or by partners during site visits - and should be referred as per the protection referral pathways. Home visits are a last resort and will only be conducted after approval of the coordinator, taking into consideration the health situation of the household members and other high protection risks. The reason for the visit should be justifiable and well-documented. The relevant precautionary measures will be taken during the home visit. All involved reserve the right not to accept conducting the home visit.

Capacity-building, monitoring and risk mitigation

- 17. Sensitization and training are still key during the COVID-19 situation.** Community members should continue to receive relevant trainings as needed to ensure their proper engagement in COVID-19 and other activities. These trainings should be short (time-sensitive) given the constraints and done through creative ways in order to limit movement and circulation (recorded videos), as well as supported with simple and concise material.
- 18. Fraud and sexual abuse and exploitation (SEA) are more likely to happen in situations of stress, anxiety and lack of access to basic services. Training or Sensitization of mobilized community members and all staff/personnel working on the response on organizational codes of conduct, protection from sexual exploitation and abuse (PSEA) commitments, and humanitarian principles should be ensured.** Awareness raising with community in general, and with vulnerable groups such as women, adolescent girls, persons with disability in particular, on fraud and SEA, even as a reminder, should also be part of info dissemination, as well as where, how and to whom report incidents. Actors on the ground, including WASH, health, in-kind distributions and others providing assistance and services responders, should have safe, accessible and confidential mechanisms internally in place to identify, respond or refer such reports. All actors should also ensure that SEA risk assessments inform programming/interventions, and that appropriate ways of managing SEA risks are identified and applied. Please see the Guidance Note on COVID-19 and PSEA in Lebanon, developed by the Lebanon In-Country PSEA Network, for further guidance.⁶
- 19. Monitoring community engagement interventions can lead to efficiency and impact in reaching the intended results.** Refer to paragraphs 12 and 13.
- 20.** For other types of support community members may need, especially those who are mobilized for specific activities, refer to paragraph no. 11.

Duty of care and self-care of mobilized community members, as front-liners can be a part COVID-19 prevention measures

⁶ **GBV guidelines for reporting cases for non-GBV specialized actors.** Available at: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/5_gbv_reporting_for_non_gbv_actors.pdf. See also: **Pocket Guide: Supporting Survivors for non-GBV specialists.** Available at: <https://gbvguidelines.org/en/documents/pocket-guide-supporting-survivors-for-non-gbv-specialists/>



21. **Mobilized community members also have a duty of care for themselves, in addition to self-care.** In addition to staying at home, avoiding crowds, limiting movement and social interaction, mobilized community members must practice prevention by regularly and thoroughly cleaning hands with soap and water and using alcohol-based hand rubs, as well as by covering the mouth with a bent elbow or tissue when sneezing or coughing. This will further reduce risks of being exposed and of exposing others. For more details, the member should refer to the prevention materials available to them through the trusted online sources. They should also ensure their well-being during times of containment such as through exercising and establishing routines while staying at home.

As others in the general population, if the member has fever and respiratory symptoms like cough, sore throat and shortness of breath or difficulty breathing, they should minimize contacts with other people, even with family members and especially with persons who are old or have chronic illnesses.

Key references and further readings

- *COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement*, WHO, IFRC, UNOCHA (2020)
- *Interim Guidance, scaling up COVID-19 Outbreak Readiness and Response in Operations in Humanitarian situations, Including Camps and Camp-Like Settings*, IFRC, IOM, UNHCR, WHO (March 2020)
- *Interim Briefing Note, Addressing mental health and psychosocial aspects of COVID-19 Outbreak*, IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings (February 2020)
- *Managing Epidemics, Key facts about major deadly diseases*, WHO (2018)
- *Risk Communication and Community Engagement (RCCE) – COVID-19*, UNHCR (March 2020)
- *Age, Gender and Diversity Considerations – COVID-19*, UNHCR (March 2020)
- *GBV guidelines for reporting cases for non-GBV specialized actors*
- *Pocket Guide: Supporting Survivors for non-GBV specialists.*



Annex 1 – Community Engagement Checklist

Guiding steps for Community Engagement during COVID-19 Pandemic in Lebanon

Outreach
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Update the community with reliable information on COVID-19: what is it, how it is transmitted, how to protect against it and where to get real-time information <input checked="" type="checkbox"/> Share key hotlines of MoPH: 01-594459 and of MHPSS services as well as tips to cope with anxiety and stress <input checked="" type="checkbox"/> Remain updated on the latest developments by visiting MoPH website, Inter-Agency Dropbox and UNHCR website for refugees⁷ <input checked="" type="checkbox"/> Promote self-referral of symptomatic persons as per referral pathways for diagnosis and only upon consent, share information of persons exhibiting symptoms (fever, cough, shortness of breath) to supervisors for follow-up <input checked="" type="checkbox"/> Help in containment to prevent increase and promote change of individual practices by developing ways to implement mitigation measures (through change of individual and family practices and implementing community measures). <input checked="" type="checkbox"/> Continue to engage in self-identification and referral of protection/heightened risk as per the referral pathways
Focus
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Raise awareness virtually on preventative measures on COVID-19 and other topics <input checked="" type="checkbox"/> Focus on certain groups for additional information provision and support such as older persons, persons with disability, persons with serious medical conditions and their caregivers with information and provide buddy support, as they may be less likely to access online information due to their age, gender and diversity considerations <input checked="" type="checkbox"/> In coordination with case management actors, follow up on other children at risk such as unaccompanied and separated children <input checked="" type="checkbox"/> Guide parents with children on activities they can do with children to keep them busy during this period
Key messages
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Add core COVID-19 messages⁸
Outreach methods in times of social distancing
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Virtually, through WhatsApp, SMS, phone calls, Facebook and other forms of technology <input checked="" type="checkbox"/> Encourage innovative information sharing methods e.g. online daily competitions <input checked="" type="checkbox"/> Systematic follow up of certain individuals or profiles (see above), as part of a per or buddy support

⁷ (MOPH) website: <https://www.moph.gov.lb/ar/>

IA Dropbox: https://www.dropbox.com/sh/c8prp4negm3qwlx/AACa_xU1iBgkLLIVE4zrxQ0oa?dl=0

UNHCR website: <http://www.refugees-lebanon.org/ar/news/275/information-on-coronavirus> , Twitter: <https://twitter.com/UNHCRLebanon>, Facebook: <https://www.facebook.com/UNHCRLebanon/>, YouTube: <https://www.youtube.com/user/unhcr>

⁸ COVID-19 Key messages:

https://www.dropbox.com/sh/c8prp4negm3qwlx/AABYKsj8Gsr1ykXWpe_Nt9Kua/COVID-19%20External%20Communication%20Task%20Force/Key%20Messages%20%26%20Q%26A?dl=0&subfolder_nav_tracking=1



- No home visits as part of social distancing except for urgent cases who should be referred through existing channels

Community feedback and response

- Provide insights into community perceptions of the illness and response measures or practices, as well as fears and beliefs this will help in addressing lack of compliance
- Share hotlines, including of protection which people can call for further inquiring and support
- Ensure that engaged community members share such insights during regular yet virtual contacts/meetings e.g. through Skype, WhatsApp, ODK forms, ensure they are documented and shared with Inter-Agency Inform Interventions
- Ensure that the community is engaged in any response measures to be put in place, including in design

Support

- Ensure volunteers, focal points, community groups and networks are trained on COVID-19 awareness and have access to update information (IA coordination email: lebbeia@unhcr.org)
- Provide leaflets to support information dissemination, as applicable⁹
- Support them with the means to provide remote information sharing to the communities and provide feedback such as phone credits, internet top-ups, etc.
- Avoid their exposure to risks such as by conducting home visits
- Ensure they are aware of how to protect themselves, including through self-care
- Ensure that the community has access to soap and water, gloves, waste management services, transportation, to safe burial teams, etc. and contact IA coordination (lebbeia@unhcr.org), field Sector coordinators and/or service providers (through the existing service mapping)

Duty of care

- Active and engaged community members should stay at home, limit movement and social interaction, as well as practice prevention by maintaining hygiene standards (had cleaning with soap and water, covering mouth with bent elbow or tissue when sneezing or coughing)
- Minimize contact with people, including family and especially with older persons and those with underlying medical conditions, if exhibiting fever and respiratory systems like cough, sore throat and shortness of breath
- Engaged community members have the right to abstain from activities without any implications

⁹<https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>

UNHCR Website: <https://www.unhcr.org/lb/>, Twitter: <https://twitter.com/UNHCRLebanon>, Facebook:

<https://www.facebook.com/UNHCRLebanon/>, Youtube: <https://www.youtube.com/user/unhcr>

IA COVID-19 Dropbox: https://www.dropbox.com/sh/c8prp4negm3qwlx/AACa_xU1iBgkLLIVE4zrxQ0oa?dl=0

UNICEF Website: <http://www.unicef.org/lebanon/>, Facebook:

<https://www.facebook.com/UNICEFLebanon/>, Twitter: <https://twitter.com/uniceflebanon>, YouTube:

<https://www.youtube.com/user/UnicefLebanonChannel>

GBV guidelines for reporting cases for non-GBV specialized actors. Available at:

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/5._gbv_reporting_for_non_gbv_actors.pdf. See also: **Pocket Guide: Supporting Survivors for non-GBV specialists.**

Available at: <https://gbvguidelines.org/en/documents/pocket-guide-supporting-survivors-for-non-gbv-specialists/>

