

**COVID-19 CWC Task Team – Minutes of Meeting on 10/08/2020**

Participants: Alight, DRC, HI, Internews, IRC, Oxfam, U-learn, TPO, UNHCR

Main Points of Discussion	Action Points
<p><b>1. Review of previous minutes</b></p> <ul style="list-style-type: none"> <li>FRRM two-way Bulk SMS SOPs will be shared once finalized. Market analysis showed that the costs of messages is higher than it probably should be and discussions with service provider are ongoing. Update will be provided next meeting.</li> </ul>	<ul style="list-style-type: none"> <li>FRRM Coordinator to share SOPs by next meeting.</li> </ul>
<p><b>2. Field Update (Arua) – see presentation</b></p> <p><b>Achievements:</b></p> <ul style="list-style-type: none"> <li>Clearance obtained from OPM to hold short outdoor small scale meetings with key participants, given connectivity challenges.</li> <li>Door to door community sensitization on COVID-19 by community structures (SGBV community structures, VHTs and CPCs in addition to CTEN prerecorded messages on COVID-19</li> <li>Enhanced collaboration with RWC members, such as monthly meetings and daily updates. Enhanced collaboration with community workers to ensure referrals etc. Provision of airtime to some leaders and RWC chairpersons.</li> <li>Maintained and continued to encourage utilization of toll-free helpline. Continued with bulk messages</li> <li>Road drives by CTEN and other partners in all settlements on key issues</li> <li>Support from SCI with radio talk shows</li> <li>Dissemination of key messages during food distribution (standalone speaker at distribution points, community-based mobilizers with megaphones present at distributions to disseminate messages)</li> </ul> <p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>Inadequate airtime to the leaders and other community structures, lack of PPE materials for community structures and refugee community</li> <li>Poor network coverage in some parts of the settlements</li> <li>Inadequate mobile phones for leaders, limited mobile phone ownership and charging facilities</li> <li>Poor road networks in settlements</li> <li>Limited time for some mechanisms such as radio talk shows</li> </ul>	

<ul style="list-style-type: none"> <li>• Fatigue of community leaders</li> <li>• Some leaders faced reprisals and attacks for reporting security and SGBV cases to OPM and UNHCR</li> </ul> <p><b>Comprehension of key messages on COVID-19</b></p> <ul style="list-style-type: none"> <li>• Most refugees understood the messages on COVID-19 and the measures in place.</li> <li>• Several homesteads have improvised local hand washing facilities</li> <li>• Social distancing is still challenging; youth does not seem to be aware of the risks. People continue to move around for livelihoods. Most people respect measures during food, soap and MHM distributions</li> <li>• Some people wear masks</li> </ul>	
<p><b>3. Presentation U-Learn</b> (see presentation)</p> <ul style="list-style-type: none"> <li>• U-learn is planning to conduct an assessment on Risk Communication and Community Engagement (RCCE) to explore why communities are not adopting recommended preventative behaviors for COVID-19. A key problem identified in the MoH Risk Communication Plan was low adherence of the population in the recommended COVID-19 preventive behaviors, despite access to trusted information.</li> <li>• <b>Objective:</b> To inform the RCCE and AAP strategies and activities implemented by the different governmental and humanitarian actors involved in the COVID-19 response, including the MoH’s Risk Communication Strategy, by creating a solid evidence base around RCCE approaches, with a focus on COVID-19. The assessment will build on and complement existing and upcoming knowledge, KAPs and studies on this issue.</li> <li>• <b>Research Questions:</b> <ol style="list-style-type: none"> <li>1. How do individuals and communities interpret available information about COVID-19 in order to assess the risk, and relatedly to determine the relative benefits and detriments of pro-health behavior change?</li> <li>2. Through which communication channels and at what frequency do communities receive information related to COVID-19?</li> <li>3. What communication channels are most accessible, preferred and trusted?</li> <li>4. What are the AAP mechanisms in place to support COVID-19 risk communication?</li> <li>5. How have the AAP mechanisms been able to adapt in the COVID-19 context for non-COVID concerns?</li> <li>6. What perceptions do affected communities have about the response of government and humanitarian actors to COVID-19?</li> </ol> </li> <li>• <b>Methodology:</b> Mixed methods approach to gather primary and secondary data. Secondary data review is ongoing. Quantitative methods (individual level survey) and qualitative methods</li> </ul>	

<ul style="list-style-type: none"> <li>• <b>Scope:</b> Targeting refugees and host community members and general population in high and low risk districts. Plans to work in all settlements. surveys will be conducted at individual level, ensuring male and female representation. Gender related issues will be included.</li> <li>• Plans to involve sign language interpreters to ensure that persons with disabilities are able to participate in the survey.</li> <li>• Regarding engagement with partners, feedback from partners are being collected through plenary meetings, and U-Learn is reaching out bilaterally to organizations to obtain input.</li> </ul>	<ul style="list-style-type: none"> <li>• Members are welcome to provide feedback to <a href="mailto:info@ulearn-uganda.org">info@ulearn-uganda.org</a></li> </ul>
<p><b>4. AOB</b></p> <ul style="list-style-type: none"> <li>• Kyangwali update to be provided in next meeting</li> <li>• Next meeting: 24 August at 11:30-12:30.</li> </ul>	