Engaging Communities during a Pandemic:

Experiences of Community Engagement during the COVID-19 Response in Camps and Out-of-Camp Settings

Hattie Plexico Sinclair and Kristin Vestrheim

NRC NORWEGIAN REFUGEE COUNCIL

DISCLAIMER

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Cover photo: Photo credit: NRC Nigeria

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Hattie Plexico Sinclair and Kristin Vestrheim
hattieplexico@gmail.com; kristin.vestrheim@nrc.no +216 28 471 031
Report designed by: Nour Arab
arabnur@gmailc.om

Hattie Plexico Sinclair
and Kristin Vestrheim
For the Norwegian Refugee Council

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Acronyms and abbreviations

ACTED	Agency for Technical Cooperation and Development
CCCM	Camp Coordination and Camp Management
CDAC	Communicating with Disaster Affected Communities
CGD	Center for Global Development
CFM	Complaints and Feedback Mechanism
CM	Camp Management
CPA	Community Protection Approach
CwC	Communication with Communities
IDP	Internally Displaced People
IFRC	International Federation of the Red Cross and Red Crescent Societies
INGO	International Non-Governmental Organisation
IOM	International Organization for Migration
IRC	International Rescue Committee
GAUC	Global Alliance for Urban Crises
GBV	Gender-Based Violence
GVC	Gruppo di Volontariato Civile
KAP	Knowledge, attitudes, and practices
MHPSS	Mental Health and Psycho-Social Support
MSF	Médecins Sans Frontièrs
NRC	Norwegian Refugee Council
OCBA	Operational Centre Barcelona-Athens (MSF)
oPt	Occupied Palestinian Territories
RCCE	Risk Communication and Community Engagement
SIM	Subscriber Identity Module
UCD	User-Centred Design
UDOC	Urban Displacement and Outside of Camp
UNHCR	United Nations High Commissioners for Refugees
WHO	World Health Organization
NRC	Norwegian Refugee Council
OCBA	Operational Centre Barcelona-Athens (MSF)
oPt	Occupied Palestinian Territories
RCCE	Risk Communication and Community Engagement
SIM	Subscriber Identity Module
UCD	User-Centred Design
UDOC	Urban Displacement and Outside of Camp
UNHCR	United Nations High Commissioners for Refugees
WHO	World Health Organization
WPP	Women's Participation Project
WRC	Women's Refugee Commission

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1. Executive Summary

In the spring of 2020, the novel coronavirus COVID-19 quickly spread to almost every corner of the world, with the World Health Organization (WHO) officially declaring it a pandemic in early March[1]. It has become the most unprecedented health and socioeconomic challenge of the twenty-first century, with over 990,000 dead and 32.6 million people infected as per 27th September 2020[2].Community engagement is essential for any disease outbreak response. This has been particularly critical during the outbreak of COVID-19, which in many cases created fear among the public and frontline responders alike due to presentation of symptoms, misunderstanding of the causes of illness and fatality rates.

The purpose of this research is to identify best practices of and lessons learnt from community engagement efforts in humanitarian responses in camps and out-of-camp settings, both among displaced and non-displaced populations during COVID-19, for Camp Management and Camp Coordination (CCCM) practitioners and humanitarian agencies who will find it useful for their community engagement approach.

This research is part of a larger partnership between the Norwegian Refugee Council (NRC) and the International Organization for Migration (IOM) focusing on women's participation during displacement[3], and builds on findings from research on women's and marginalised groups' role in coordination[4] as well as learnings from developing and testing practical tools to ensure inclusive participation among displaced communities in camps and urban neighbourhoods[5].

The research was conducted between June and August 2020. The research team interviewed twenty key informants from ten agencies in seventeen different responses and conducted a desk review of current literature on engaging the community in the COVID-19 response as well as evaluations on community engagement from previous pandemic responses. The research team used ALNAP's participation framework[6] to select the best practices for this review, based on their demonstrated or aimed for levels of participation.

This research does not intend to be a comprehensive evaluation of the COVID-19 response, but rather aims to identify trends, challenges and reflections on meaningful community engagement that feeds into programme design and coordination – for the learning purpose of current and future similar responses, in particular for CCCM practitioners.

Due to the risks and challenges created by the COVID-19 virus the research team could not reach the community members for input, limiting the methodology to interviews with response staff and analysis of existing literature, which, because of the still early and ongoing stage of the response does not include evaluations or reviews of the participation levels of the responses, nor data on any link between meaningful community engagement and low infection rates.

The research did nevertheless provide some interesting considerations and a number of good examples of how agencies have been able to involve communities in developing inclusive and context appropriate assistance, despite the additional challenges introduced by COVID-19:

1. The concept of community engagement was defined very differently across the board and agencies aimed for very different levels of engagement, from passive to active. Often there was no clear strategy or steps outlined for how to translate risk communication and community engagement (RCCE) guidance into practical steps for ensuring participation in programme activities.
2. Similarly, there were different understandings of who is a community representative and what makes a community focal point truly representative. Some key informants highlighted engagement that excluded informal leaders and marginalised groups from the discussions, as well as reflections around their accountability and inclusivity as representatives of the community as a whole.
3. The challenges were often exacerbated in outside of camp settings, where specifically women and the marginalised community groups were harder to identify, reach and engage than in camp settings.
4. Agencies reported better access to and involvement by community members where community representation structures were already established pre-COVID-19. Where this was the case the agencies could use the representatives' capacities to collect information on needs, priorities, concerns, rumour tracking, and feedback on agencies' response activities.
5. Based on their context the agencies utilised a range of different digital tools to connect remotely with the communities; from telephone calls, hotlines, text messages, WhatsApp groups and interactive radio programmes to Zoom and chat bots. However, except for some reports of using phone calls and hotlines, most of the informants mentioned concerns related to the uneven reach and participation of women and marginalised groups such as elderly and illiterate when using digital tools.
6. When agencies managed to engage women and marginalised groups in the design and feedback on the response critical input on messaging and assistance was received, e.g. on specific needs for pregnant and breast feeding women during isolation and quarantine, as well as regarding safety concerns and income generation issues during lockdown.

The research team drew some key reflections from the findings that are specifically relevant for CCCM agencies, but will hopefully also be useful for other sectors in preparedness and response to the ongoing pandemic, as well as for any future responses where access to the affected population is hampered and their meaningful participation is at risk:

REFLECTIONS

Work with accountable and inclusive community representatives
Although many agencies found methods to encourage and support engagement to some extent, the displaced community members were rarely truly meaningfully engaged, i.e. at the higher levels of engagement according to ALNAP's participation framework[7]. The novel and uncertain characteristics of the pandemic led humanitarian agencies to often work on knowledge from previous pandemic responses and from assumptions rather than facts regarding what the communities wanted assistance and information on and how they wanted to participate. Ensuring the voice of all groups within the community is heard, and that the representatives are selected by and advocate for the community as a whole is the only way to ensure a relevant, context appropriate and impactful response.

Build emergency preparedness within displaced communities on community engagement principles that include the participation of women and marginalised groups
The established community engagement systems and tools, such as complaints and feedback mechanisms (CFM), were too reliant on either physical outreach, digital connection, or both, to get valuable input from representative community members when agencies were met with the limitations of COVID-19. Community-centred mechanisms need to be built through support and capacity building to community representatives in a structured manner, by utilising participatory methodologies, such as NRC's Community Coordination tools[8] . The mechanisms need to include representatives from all groups within the community, to ensure their capacities and needs are fully integrated and addressed.

Digital feedback and engagement mechanisms need to be complemented by alternative, non-digital methods to ensure inclusiveness
Relying on digital technology alone seems thus far not suitable for inclusive participation. Access issues for women and marginalised groups were highlighted, as was the element of control by the aid provider that is heightened – to the point where the beneficiary must use the correct words in order to get an answer from the provider (cf. chat bots). These approaches must be coupled with context relevant non-digital methods, and user-centred design approaches should be further explored to ensure appropriate digital methodologies for community participation.

A clear and contextualised community engagement strategy should be the base for participation activities across sectors
The discrepancies in agencies' definitions and objectives of community engagement means there is a lack of harmonised strategies within the same agency and within the sectors or the response at large, leading to several strong, but too often ad hoc initiatives for ensuring participation. However, community engagement must be systematically built into the programme strategy and activities to make sure it identifies and addresses the skills and capacities as well as the training and support needs of all the community groups, to facilitate their meaningful participation in response.

Despite several joint and individual commitments there seems to be little donor interest or investment in enforcing community participation in emergency response. Without this, agencies often see no incentive for engaging the communities they are there to assist. Donors need to require a community engagement strategy from their implementing partners for this to be systemically included in responses.

This research is not an exhaustive list of best practices. It rather aims to provide a collection of experiences, studies and examples as well as considerations and reflections, supported by current literature on engagement in the pandemic response, that will encourage further research and more discussion around the research questions.

2. Introduction

"COMMUNITY ENGAGEMENT SAVES LIVES."

International NGO staff referring to COVID-19 and Ebola experiences

Image credit: IOM Nigeria

The COVID-19 pandemic, which has resulted in devastatingly high numbers of deaths and infected persons, has affected communities around the world very unevenly. Displaced and vulnerable communities are not only at greater risk of contracting COVID-19, but they are also bearing the brunt of the economic and policy decisions and their consequences. The pandemic has also exacerbated gender inequality, with women and girls disproportionately suffering from the impact of the economic, political, and social burdens around the world. In fragile and conflict-affected contexts these burdens are especially pronounced, with health and humanitarian disruptions having life and death consequences[9]. UN Women has reported a shadow pandemic of violence against women and girls during the COVID-19 crisis, due to the increase of security, health, and financial concerns exacerbated by stay-at-home orders, further isolating women from the people and resources that can help them[10].

The need among vulnerable community groups and individuals for information, assistance and protection has increased greatly during the pandemic, and due to the nature of the response with its restrictive measures, the need to involve them in the design and decisions about the response as well as the implementation and monitoring, has been critical.

When the COVID-19 situation emerged as a global pandemic and restricted physical meetings between CCCM practitioners and the community members, NRC and IOM recognised how the gaps identified in women's engagement in the humanitarian response were at risk of being widened, as access between the displaced communities and the decision makers would become disproportionately challenging for displaced women.

The crucial contribution of CCCM agencies in ensuring meaningful participation is fostering mechanisms that amplify the perspectives of the affected communities across different tiers of decision-making of humanitarian response. In practice this means building and supporting accountable and inclusive community representation structures and linking them with multi-stakeholder and multi-sectorial community coordination mechanisms, and to make sure that feedback, learning, and inputs from the communities feed into decision making and shape response design.

This is challenging enough during "normal" times but proved immensely more challenging when physical meetings were not possible. Attempting to navigate the new situation, NRC camp management (CM) became aware of creative and successful examples of how communities were still participating, both internally in NRC and within other organisations, across CCCM, protection, communication with communities (CwC) and health programming.

With support from IOM NRC commissioned this research to collect and compile the examples, anecdotes, guiding documents and case studies of best practices and lessons learnt to extract learnings and a foundation for responding better to the current pandemic, for being better prepared in the event of similar future situations, and to generate learnings about participation specifically relevant for CCCM programming in and outside of camp settings.

This report does not contain an exhaustive list of best practices, but rather a compilation of some experiences on community engagement during COVID-19, supported by a limited list of existing literature on the response. Because of the short time frame of the research and fact that the response to the pandemic is still very much ongoing and the researchers could not obtain any evaluations or after action reviews of the responses, the report does not aim to provide a comprehensive revision of community engagement during COVID19-Instead it aims to provide a sample of experiences that can trigger further conversations around the research questions.

3. Background

Image credit: NRC Afghanistan

NRC has been partnering with IOM on improving participation of displaced women and girls since 2017. This global partnership is part of the broader 'Safe from the Start' initiative through which IOM, as global co-lead of the CCCM Cluster, has been exploring how increasing women's participation in displacement sites can contribute to reduce gender-based violence (GBV) risks.

In 2016, IOM and the Women's Refugee Commission (WRC) developed the Women's Participation Project (WPP)[11]in coordination with the CCCM Cluster. The objective of the project is to allow CCCM practitioners to develop strategies to enhance the participation of women and girls in displacement sites. IOM and WRC developed a toolkit composed of a set a participatory tools to guide practitioners through a step by step process to identify how and the extent to which women and adolescent girls participate in displacement camps and sites, and develop community-designed and community-led strategies to promote more meaningful participation in both public and private spheres.

NRC piloted this toolkit in Iraq during 2017, and then adapted it for use in the urban out-of-camp context in eastern Afghanistan in 2018 based on NRC's experience with adapting camp management approaches and tools for Urban Displacement Outside of Camps (UDOC)[12]. Since 2015 NRC has further developed the UDOC approach in Lebanon, Gaza, Greece, Afghanistan and Iraq, focusing on the establishment and support of coordination platforms, facilitating the inclusion of affected populations (particularly the most vulnerable) in management of the displacement response, and on developing two-way communication mechanisms between the affected population and all other stakeholders.

Within the same partnership with IOM, NRC conducted a research in 2019 exploring how women's participation in community governance mechanisms, both inside and outside of camps, contributes to enhancing women's safety. The research included a literature review as well consultations with displaced community members and humanitarian staff from Afghanistan, Iraq, Kenya and Tanzania. It showed that the level of engagement of women and other marginalised groups in coordination of services to displaced people has a strong impact on the appropriateness and reach of humanitarian services[13]. The research provided a nuanced understanding of how precisely culture affects women's participation in coordination and suggests solutions to identified barriers. On the one hand, culture leads to women's structural exclusion from humanitarian coordination processes and mechanisms; on the other hand, it means that women often lack the capacities that enable their male counterparts to have influence through coordination.

These research findings led to the development of NRC's Community Coordination Toolbox[14] during 2019-2020, as a practical guide for facilitating the engagement of displaced women and marginalised groups in humanitarian planning and decision making, with a particular focus on how to do this in informal displacement settlements and urban neighbourhoods.

The COVID-19 pandemic and its access restrictions – both for humanitarian staff to the affected population, and for the affected population to information and assistance – outlined a new set of challenges for facilitating the engagement of women and marginalised groups in humanitarian planning and decision making. With the support of IOM, NRC proposed to, building on the previous research and inclusive programming experiences, conduct this research to identify the main challenges for including women and marginalised groups in the COVID-19 response, how they can be addressed, and way forward for CCCM agencies in this and similar responses in the future.

Image credit: NRC Afghanistan

4. Research Approach

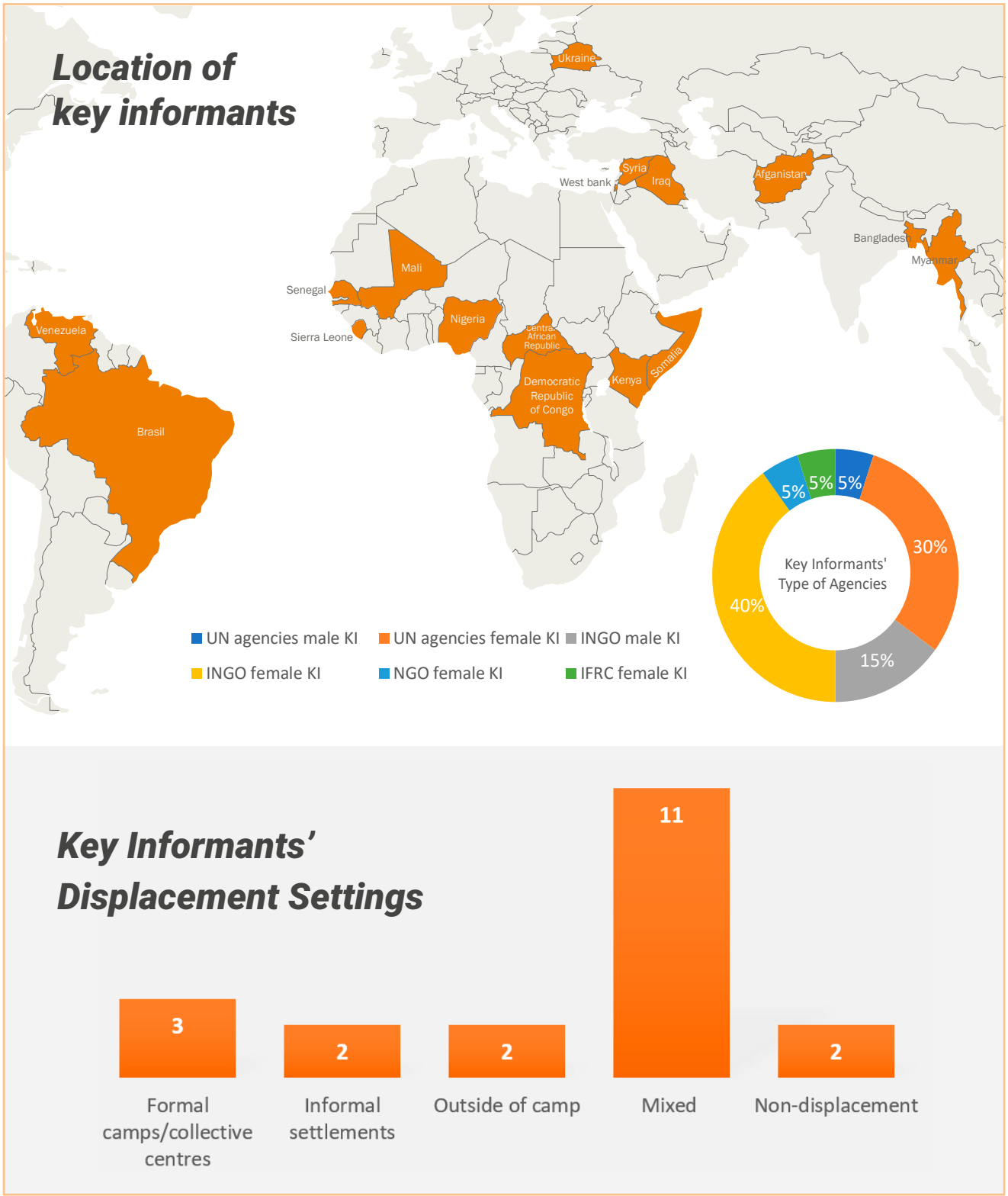
The methodology included a secondary data and literature review as well as interviews with twenty key informants from ten agencies in seventeen different displacement and non-displacement locations providing findings from case studies, experiences, reports, research, best practices, and initiatives relating to participation methods in their COVID-19 response. The research methodology did not include consultations with the communities receiving assistance. This was because of the access issues created by the pandemic which restricted travelling to the field locations and the risks of spreading the virus that physical meetings would place upon both the potential intermediaries and community members.

Specifically, the research sought to answer the following questions:

1. How were the community representatives engaged in the design and coordination of the COVID-19 response?
2. Which methods and tools were used to amplify community voices when face-to-face meetings were not possible?
3. To what degree did the community representatives participate?
4. Were the existing community structures participating, or were new ones established for the purpose?
5. How were digital solutions used to benefit community engagement?
6. How were women and marginalised groups' participation ensured, if at all?
7. What were the main challenges in engaging the communities during COVID-19?

Image credit: IOM Bangladesh

Twenty key informants from humanitarian agencies across Latin America, Europe, West, Central and East Africa, the Middle East and South East Asia were consulted between June and August 2020. See map below for the countries represented in the initial consultations. The key informants represented national and international non-governmental organisations (NGOs), UN agencies and the International Federation of the Red Cross and Red Crescent Societies (IFRC).



During the first phase of key informant interviews it became evident that the agencies interpret the concept of community engagement very differently. Half of the agencies approached identified their community engagement programming as information activities; this only sometimes included communication from the communities, and rarely identified how information from communities was used to inform decisions on response design. Examples often included bulk RCCE text messaging or hotline initiatives, or the use of megaphones and posters to provide critical information about health services, referral pathways, good hygiene practices, and suggestions for coping mechanisms during lockdown and isolation, etc. – which has been considered crucial activities in the pandemic response

According to Brown and Donini's ALNAP report from 2014[16] , agencies engage with crisis-affected populations for three main different purposes: 1) because they believe it is the right thing to do, 2) because it makes humanitarian programmes more effective, and/or 3) because it addresses structural inequalities and root causes of crises. The same report defines community engagement as (at least) seven different types of approaches to involve the affected population in the aid delivery towards them[17], presented as degrees or levels of engagement starting from the bare minimum where the aid provider receives or shares information with the affected population but remain the aid gatekeepers pertaining to all levels of decision making. At the highest level the affected population has full ownership of the aid, including controlling the funds and making decisions on how and what, while the service providers take a facilitating and supporting role.

Degree of empowerment of crisis affected groups in different approaches to engagement [18]

"THE BEST WAY TO PREVENT AND SLOW DOWN TRANSMISSION IS TO BE WELL INFORMED ABOUT THE COVID-19 VIRUS, THE DISEASE IT CAUSES AND HOW IT SPREADS."

WHO, SEPTEMBER 2020 [15]

The examples gathered in this report focus less on WHY agencies use participatory approaches and more on WHAT this means to them, how they define community engagement, and how it manifests in their COVID-19 response. The research team used the ALNAP framework on degrees of participation to frame the analysis of the information from the field, and to identify selection criteria for examples to investigate further. Because of the divergence in defining community engagement among the key informants, the research team defined three selection criteria for narrowing down the response examples to use for further study in the second phase. The selected examples met at least one of the following criteria:

a) The community had provided input toward the design of the response, e.g. the type of modality for receiving assistance or information, or what the response included.

b) The RCCE strategy followed a two-way communications approach and included women and marginalised groups.

c) Practical examples were exhibited of engaging official or unofficial community representatives in the response design, implementation and/or monitoring.

After getting a better understanding of the agencies' strategies, approaches and methodologies, the research team selected examples from twelve of the initial group of twenty key informants. The examples discussed further below reached different levels of meaningful participation thus far in their pandemic response but are all aiming for high levels of community engagement, and so exhibit valuable challenges, lessons learnt, as well as best practices.

5. Main findings

Several of the key informants reported either that at the time of the interview they are still in the process of figuring out how to address community engagement in their COVID-19 response (7 out of 20), or the examples they gave of community engagement were on the information transfer level of the participation scale (10 of 20). Few of them could provide examples of community representatives having been involved in designing the response so far, such as deciding what means of communication to use for information sharing/gathering and providing feedback/complaints, type of technology (if any), and what role they want to play in the implementation and monitoring of the response.

> “[Our agency's] experience of working in humanitarian situations – and in the recent Ebola and Zika outbreaks – has demonstrated that the best way to respond is to build trust in communities and services, understand community perspectives and share information, and to work with communities to determine how to keep people safe[19].”

Image credit: IOM Bangladesh

This was reflected in the literature reviewed. Despite a number of very good and practical guidance documents and discussions on both the need for community engagement to achieve impact, and how to make sure there is meaningful participation, examples of applying the guidance were so far either not recorded or implemented adequately.

As an example of community engagement being defined as and confused with CwC, the Community Engagement and Accountability Working Group in Burkina Faso defines community engagement as «the process and assurance of providing timely, relevant and actionable information to save lives and improve the lives of communities[20]».

There were also different understandings of whom a community representative is, and therefore what role they should cover for the community. Some agencies and their staff consulted with consider their local staff or voluntary/incentive staff to be representatives if they are from the affected community. Others consider any community member e.g. consulted through a survey a representative. The community representatives referred to in these research questions however refer to members of the community who have either been selected, elected, appointed or identified – formally or informally – as inclusive and accountable by several of the community members to represent them when interacting with aid agencies. It can be a formally recognised camp leader or an informally identified and selected influential person within the community. The key criteria are that they have been chosen by the community, or a demographic group within the community, to represent their needs, concerns, priorities and solutions.

The most successful experiences of community engagement in the COVID-19 response were built upon existing community structures, using community representatives who already had a deep connection with the with the organisation and within the community.

5.1 How were the community representatives engaged in the design and coordination of the COVID-19 response?

Organisations reported that having a high level of community engagement was essential to be able to quickly and effectively respond to identified needs of the population.

One International NGO (INGO) that works in several countries across South America, Africa and South-East Asia was able to rapidly and successfully engage local communities, in part because of their already existing networks, but also because of their extensive previous experience in responding to global health emergencies such as Ebola. As they experienced with Ebola, community engagement has the ability to save the lives not only of the community members, but also the health workers. The organisation had existing networks of community health workers and community groups in most of the locations where they work, and so they were able to rapidly mobilise teams to do a knowledge, attitudes, and practices (KAP) survey in 30 different locations in ten days after COVID-19 was declared a pandemic. The information gathered from the survey provided data on specific groups, e.g. people in remote areas, allowed the INGO to make decisions quickly about which trusted communications channels to use and which non-trusted channels to avoid. It gave them a better understanding of misinformation and rumours, so they could design specific resources to tackle them effectively, and allowed them to identify major concerns and priorities for communities including key needs of information and assistance.

Photo credit: NRC Nigeria

Another INGO working in formal camps with staff from the affected communities was able to quickly identify issues around lack of access to mobile phones. A governmental rule requiring all Subscriber Identity Module (SIM) cards to be registered with a person's identification not only greatly hampered the contact humanitarian organisations had with the community, but it also took away the only form of outside communication as movement was restricted. In response to the new rule, the youth focal points and camp management mobilisers conducted a quick assessment of mobile phone usage inside the camps. The assessment found that although most older people did have forms of identification, because of illiteracy or technological challenges many were unable to register their SIM cards. Once the primary problem was identified, the youth focal points created an initiative to help the elderly successfully register their SIM cards and gain access to mobile phone networks again.

A national NGO initiated by a collective of Syrian women to support women's roles in peacebuilding had already provided trainings to the women on leadership, communication and community engagement prior to the pandemic. When COVID-19 was first classified as a pandemic, the NGO leaders reached out to an informal WhatsApp group, run by doctors inside Syria and supported by medical professionals around the world, for advice on how to help prepare the communities they worked with on pandemic preparation and risk mitigation.

Because the NGO already had a network of trained women, the staff were able to quickly engage with the network members for input to the response plan.

The needs raised were on awareness within the communities about the pandemic, and the lack of access to masks. Network members contacted women in the community they knew had sewing machines and sent them YouTube tutorials on how to make masks as well as the funds to buy the materials needed. The women were asked to make as many masks as they could, and some of the network members created a campaign to talk about hand washing and mask usage. The NGO provided medical service providers with masks first, and then offered the rest for sale to generate income for the tailors. At the start of the pandemic, many community members were originally reluctant to wear masks, but the network members who were already respected members of the communities made a point to wear them when they went out in public and to the campaign meetings. Once the first local COVID-19 cases emerged, the sales of masks soared, and most people started wearing them.

Photo credit: NRC Nigeria

5.2 Which methods and tools were used to amplify community voices when face-to-face meetings were not possible?

Several of the key informants reported that previous face-to-face interactions were key to building relationships and trust, and any success they had in engaging the community in the COVID-19 response was due to the work they put in with them beforehand. In locations where community groups were not already in place it was much harder, if not impossible, to reach the communities at all. Organisations resorted largely to communicating with the communities through phone calls and text messages, and WhatsApp groups and Zoom if internet was available.

One UN agency working with internally displaced people (IDPs) in camps in Somalia provided capacity building to site committees in identifying people with specific needs and updated their own registry of committee members and their contact details. They also launched a complaints hotline to provide an alternative to physical meetings, which proved very successful in the sense that people would actually call instead of coming to the community centre, and more complaints were received than previously when a physical complaints mechanism was the only methodology in place. A large number of the affected population in that specific location has mobile phones, and in the case of a lockdown they can use phones to contact the community leaders and ensure service monitoring.

Image credit: NRC Afghanistan

Image credit: NRC Lebanon

Another UN agency working with displaced communities in Syria had trained volunteers from the communities, selected by the community members, prior to the pandemic. Together they opened 800 WhatsApp groups through the networks of the volunteers and community centres. While the approach is to reach the whole household, the groups do not have a gender breakdown. Meanwhile, the same agency reported that 64% of the phone calls made to hotlines established for IDPs to respond to protection concerns during COVID-19 were made by women.

An INGO that works in the occupied Palestinian territories (oPt) has developed a Community Protection Approach (CPA) which they relied heavily on during the COVID-19 pandemic. The INGO's oPt field team has slowly built up deep community roots, placing an emphasis on connecting with local duty bearers, stakeholders, and community members. Following the COVID-19 outbreak and the subsequent movement restrictions, the INGO conducted a needs assessment survey that included health and WASH questions for designing emergency responses related to the situation. The technical team was able to collect data remotely by using the CPA tools online and over the phone, and then used the data collected as a baseline. The INGO reported that communities that had engaged with the CPA for a longer period were quicker to identify and communicate their priorities during the lockdown.

In the Democratic Republic of Congo, Mali, and Senegal, one INGO worked with youth groups that they already had a connection and working relationship with for health-related issues. In order to monitor and address rumours on a weekly basis they scaled up their relationship with the youth groups and incorporated the use of volunteers.

5.3 To what degree did the community representatives participate?

Community participation was regarded differently by almost every organisation and key informant consulted for this report. Some organisations believe that information sharing and consultation constitute participation, while other organisations aim for higher levels.

In Ukraine, an INGO working in protection was contacted with requests for information and assistance at the start of the pandemic by a women's network. The network had been supported by another INGO previously, during the start of the internal displacement crisis in Ukraine, linking women with each other from different villages and towns and with relevant responding agencies. Although the former INGO no longer works in the area or supports the network of women, the network remains strong, and the women have since assisted each other in registering their independent local groups as NGOs, in sharing information about their needs with responding agencies, as well as holding the agencies accountable by comparing their assistance received with each other.
They mainly communicate with each other through a phone messaging platform (Viber). In addition to supporting each other in service mapping and coordinating meetings, they also used the messaging platform during COVID-19 to communicate about and barter for food and household items during the lockdown, where the few shops in the villages closed down and access to critical items became difficult. The network requested information sessions on prevention measures, what to do and where to go if they were infected. They also required the INGO to conduct the sessions outside, and for the staff to wear protective masks.

Image credit: IOM Bangladesh

In Afghanistan, the COVID-19 lockdown affected mainly the most vulnerable, among them IDPs. The reason for this is that the income of nearly all IDP families originates from daily wages. When markets were closed, they did not have a regular income source, and the need for food increased during the lockdown.

An INGO working closely with the communities prior to the pandemic arranged Zoom coordination meetings between service providers and affected community representatives. The community representatives shared information on vulnerabilities in the displaced settings, leading to the most vulnerable household receiving cash and food assistance and hand washing stations being installed by the service providers.

A UN agency in Syria had already started implementing community-led initiatives prior to the pandemic and were able use these initiatives to organise support to elderly and the most vulnerable during lockdown. Because they were already selected and trained, the community groups could identify and design the projects based on community priorities.

One agency who has worked for three years supporting displaced Rohingya women's engagement in the response in Cox's Bazar, Bangladesh has developed strong relationships with and trust within the community of displaced women in the camp. Setting up their COVID-19 response, they took steps to gather input and feedback from the community, e.g. inviting women's committees and persons with disabilities to visit the quarantine and isolation facilities in the camp and discussing how the procedures could be facilitated for lactating and pregnant women etc. The women and vulnerable groups were not only able to share their knowledge about the centres in their communities, but they were also able to give valuable feedback to the facilities, such as the need for maternity wards within the isolation centres and making them more accessible for people with disabilities. One point from the visits that was highlighted by the key informant, was that even though the agency has worked closely with the community to build trust over years, and steps such as the go and see visits were taken to ensure meaningful engagement in the response, the representatives still asked them about where the burial pits were for when they were "given the injections and die".

The same agency facilitated meetings where they asked the women's representatives to provide feedback on the different sectors' responses during COVID-19. The women were presented with images of the sectors' logos and were requested to rank them by placing dots on the images for the sectors they face challenges with. Once they had prioritised their issues, the CCCM agency would process the complaint or feedback and refer it to the relevant sector or agency.

5.4 Were the existing community structures participating, or were new ones established for the purpose?

Because of the lack of access to communities during the pandemic, the agencies represented in this desk review all reported challenges in reaching and building a connection with community members they had not already created this trust with pre-COVID-19, and so mostly used the connections and focal points they had already established. However, when there were no established representation structures in place, or the agencies did not find them sufficiently accountable or inclusive, they tried to work with other established community groups, such as youth groups, WASH care and maintenance committees etc.

Many key informants reported that women in non-formal leadership positions were often found to be more influential than the formal leaders in providing feedback to humanitarian agencies, caring for the ill, distributing soap and masks, and identifying vulnerable people.

Several agencies created rumour task forces dedicated to tracking the rumours and understanding what aspects of the rumour were true or false. The key informants mentioned they had used women and youth specifically to help with rumour tracking. This tracking was especially critical in areas with functioning internet where 'fake news' could flourish. Others created and trained specific health education teams consisting of community members that can provide the rest of the community with locally appropriate awareness sessions on how to prevent infection, personal care, and social distancing, while some used awareness or information sessions as spaces to discuss rumours, concerns and fears. In Syria, one INGO distributed messaging through written messages in bread bags from a bakery in an IDP camp where the local baker had been identified by the community as an influential woman whom they trusted for information.

Image credit: NRC Ukraine

5.5 How were digital solutions used to benefit community engagement?

Image credit: NRC Afganistan

With in-person meetings and gatherings becoming a major risk for COVID-19 transmission, the reliance on technology and digital solutions has increased. Depending on the setting, this ranged from creating radio programmes and telephone hotlines to coordinating through WhatsApp groups and social media such as Facebook and YouTube. Radio remains one of the most accessible routes of engagement for many people, with people able to listen to messaging but also interact by calling in to programmes. One INGO working in the Central African Republic, collaborated with a phone network and radio programmes so people could make free phone calls to radio shows hosting question and answer sessions with medical staff.

Several examples of how digital means have been used to inform and engage communities remotely (not exclusively COVID-19 specific) can be found in GOARN, IFRC, UNICEF, and WHO's Tips for Engaging Communities during COVID-19 in Low-Resource Settings, Remotely and In-person. They include social media and mobile phone platforms, text message alerts, phone calls, hotlines, radio programmes and chat bots.[21]

One article from the CDAC Network argues that the ongoing pandemic's heavy reliance on technology for gathering and sharing information with disaster affected communities has exacerbated the imbalanced power relationship between the provider and receiver of aid, due to the creation of the devises, apps and algorithms being done in and by western countries also providing the aid, and because the assistance is available only through technology that is often inaccessible to large parts of affected communities and fully controlled by the providing agency[22].

A few of the key informants – both in low and high performing digital regions – reported increased gender balance in community communication and engagement when they used telephone calls rather than other digital means to reach out or make themselves accessible to the community.

When targeting affected communities that speak several languages and have high illiteracy levels and low digital skills levels, one INGO addressed this through sending out voice/audio messages to their beneficiaries. When the beneficiaries would receive an audio message, they were able to choose the language and then request an automatic call back.

5.6 How were women and marginalised groups' participation ensured, if at all?

Image credit: Tastakel, Syria

According to the RCCE Working Group on COVID-19 preparedness and Response in Asia and the Pacific, previous epidemics and their responses clearly highlight the value of engaging with women when communicating about risks:

- Women are a disproportionate part of the health workforce.
- As primary caregivers to children, the elderly, and the ill, women must be recognised and engaged.
- When we do not recognise gendered dynamics during outbreaks, we limit the effectiveness of risk communication efforts.
- Women's access to information on outbreaks and available services are severely constrained when community engagement teams are dominated by men.
- Tailoring community engagement interventions for gender, language, and local culture improves communities' uptake with interventions.[23]

Although COVID-19 mortality rates have been higher in men, women in some communities can be more vulnerable to contracting the virus due to their role in caring for sick family members without adequate information on prevention[24]. One UN agency in Nigeria undertook community consultations to understand concerns related to COVID-19. In the assessment they targeted different community groups, where they were able to express their concerns and fears. The agency staff noticed a lower level of understanding in terms of what the virus is among the groups of women compared to male groups. A general concern was visitors from outside the camp coming and spreading the virus. Specific fears among the women were regarding quarantining of lactating mothers. They were concerned whether they would be quarantined with their children in the event they were suspected to have COVID-19 and the risks that this posed for their children if they were quarantined together.

To address this, the UN agency involved other partners in the community group awareness sessions and tried to address the misinformation and rumours, and worked together with sectors such as protection, mental health and psychosocial support (MHPSS) and child protection in practically addressing the matters.

In Cox's Bazar, Bangladesh, Rohingya women leaders self-mobilised to raise awareness about COVID-19 in the camps. The women collaborated with UN Women to form networks and recruit volunteers to be trained on COVID-19 prevention and response. The volunteers conducted door-to-door visits, giving information to women and girls about how to protect themselves and what to do in case of infection, in addition to connecting them with women-friendly spaces, and were quickly able to reach thousands of community members. Volunteers have also reported feeling respect from their families and communities as their role provides them with an official identity and dignity.[25]

Image credit: UNHCR Syria

5.7 What were the main challenges in engaging the community during COVID-19?

Below is a summary of the main challenges highlighted by the key informants in facilitating meaningful engagement of the community in their COVID-19 response. Each of these challenges were specifically mentioned by several of the interviewees.

Reaching women and marginalised groups

Most of the key informants reported that their community focal points were male. Outreach approaches, whether they were digital, face to face or via phone calls, tended to not provide a gender breakdown. However, as household phones are often controlled by men, and women are often less literate than men, text messages would disproportionally reach male household members. And with more male community focal points, face to face meetings would similarly benefit men more than women.

One agency pointed out that they were able to reach more diverse groups through direct meetings in focus group discussions, while through WhatsApp groups or other digital solutions they could not make sure women and marginalised groups could participate equally.

In Brazil, one UN agency started a WhatsApp group between community leaders from informal settlements and neighbourhoods hosting Venezuelan refugees and migrants and service providers, in addition to hanging posters and using cars with speakers disseminating messages to the community. Although the WhatsApp group linked community representatives with the coordination system, it primarily involved men. The agency tried to address this risk of gender imbalanced engagement by triangulating participation methods with organising focus group discussions and identifying other activities seen as important by the communities, such as WASH activities, to identify and support the community members interested in further engagement responsibilities.

Image credit: IOM Brazil

Moving beyond information sharing

Communities are scared. The pandemic is seen as something external entering and threatening the community e.g. through aid workers, and rumours about transmission, prevention and cures are widespread everywhere in the world. The externally led systems agencies had in place were often too fragile to ensure engagement during COVID-19. Complaints and feedback mechanisms were examples of how, when processes were depending on human resources and heavy agency structures rather than being built to systematically link community input to programmatic changes, they became ineffective during COVID-19.

The nature of the crisis with its somewhat attainable but collectively critically preventative measures may have led to the understanding that the most important part of the response is to share this information – regardless of the diverse needs of the different groups among the communities – and thus so many of the key informants reported successful messaging as successful community engagement.

One of the biggest challenges in combating COVID-19 has been the spread of misinformation about the virus. Some communities did not believe the new coronavirus would infect them due to their ethnicity or religion, and in other communities there was widespread misinformation about the cause and prevention of COVID-19. Interestingly, many countries had quite similar rumours around food and drink related treatments such as the use of hot water, chlorine, bananas, or garlic in preventing the new coronavirus. Organisations reported that their engagement with respected community leaders, such as health care providers, teachers, and religious leaders helped provide accurate information about COVID-19 and correct misinformation.

Vulnerable communities often organised themselves; they found ways to organise quarantining, assisting those in isolation, organised safe burials etc. An example from the literature reviewed was the study of the urban 2014-15 Ebola response in Monrovia, Liberia[26] which demonstrated how a response led by assumptions regarding type of information and assistance was ineffective, and how community leaders took charge to address this. It proved that when listened to, the community

leaders did not request the information about Ebola that was currently provided as part of information campaigns. Rather, they wanted information and training on how to properly care for sick people, manage isolation centres, safely isolate and bury diseased, etc. They requested training of trainers for community volunteers and leaders on how to manage the response. They implemented by-laws for separate neighbourhoods restricting movement between and restricted entering without quarantining, and they established systems for monitoring movement prior to entering neighbourhoods for tracing purposes.

Monitoring effectiveness and impact

Where it has been possible to ensure community engagement in the COVID-19 response, organisations have reported high levels of feedback from the communities as well as significant behaviour change within communities, such as social distancing, mask wearing and addressing false rumours.

However, for the agencies who managed to include community participation effectively in their response, be it through pre-programme design assessments on needs, priorities and concerns, or through continuous coordination activities such as meetings and phone calls or text messaging between community representatives and service providers, not many could provide data or examples on how well they involved women and marginalised groups.

The fact that the response is still ongoing means there is little documentation and data in general, such as impact evaluations or after-action reviews, that can provide any link between the different response activities and a decrease in numbers of infected persons within a community or different community groups.

Community engagement in urban, non-camp settings

In urban and non-formal camp situations the formal and familiar coordination systems that normally include some form of community representation, are frequently missing. The displaced population is often difficult to identify and register. They may not have access to the protection a camp setting offers, and so wish to remain under the radar. With the additional risks of engaging with anyone outside their household during COVID-19, much of the vulnerable population became isolated and increasingly invisible and inaccessible to the service providers.

Additionally, without the familiar coordination structure in place and the leverage that the CCCM agencies usually have of being the gate keeper for access to services for the displaced communities, and for information on needs and gaps for the service providers, many agencies reported very low commitment levels among both the displaced community and the service providers to engage in the humanitarian community coordination.

Image credit: NRC Nigeria

Image credit: NRC Venezuela

Reliance on digital means

One INGO working across several West and Central African countries highlights that the rise of digitalisation just does not work in several of their field locations due to instable network connections, the relatively high cost of connecting to a network, and the assets and facilities that needs to be in place; electricity, phones, chargers, digital knowledge etc.

Agencies operating in Nigeria and Somalia were among the operations reporting various challenges concerning technological solutions. Phone networks in both Somalia and Northern Nigeria are not fully reliable, and internet access is limited outside urban centres. There are also issues with not having sufficient phone credit, and with the infection risk related to having to go to a crowded market to buy credit or to charge phone batteries as there was no electricity in many of the sites. At one agency's community centres in Somalia, megaphones were procured with rechargeable batteries to be at the disposal of community leaders, and solar panels were also installed so phones can be charged.

Even in regions with strongly developed 3G and phone networks, for programmes that were not yet fully established, any form for capacity building and support in the form of non-information was generally non-viable using technology.

And, as one agency working in Syria pointed out, just because they work in a region with strong network connections, there are large areas within the region that fall outside of that presumed connectivity. This may again make them more vulnerable, as they suffer from information and engagement gaps.

6. Reflections on way forward

Although this research does not have the ambition to be a comprehensive revision of community engagement in COVID-19 responses, it was possible to identify some trends and potential focus for the future. The reflections and recommendations below are primarily intended for CCCM practitioners in their work with the communities but can hopefully be relevant also for other sectors in their efforts to ensure community participation. The research team also hopes this report will contribute to more discussions on evaluating community engagement overall, and to more thorough evaluations, specifically involving the community members directly, of communities' participation in the response to the current pandemic.

Work with accountable and inclusive community representatives. While the focus on community engagement is not new, the commitment within the global aid community has not proven to last long enough to present any substantial evidences of change. The examples gathered in this report emphasise how – during a time where humanitarian actors are dependent on the communities they seek to assist to get relevant and appropriate assistance to them – without their meaningful participation the aid can become irrelevant at best, and potentially harmful at worst.

CCCM agencies are responsible for providing the communities, through representatives that have been selected by and from the different demographic groups within the community, with the support, training, coaching, and networking they need in order to access the humanitarian coordination mechanisms, and to build their community-led problem-solving capacity. This is work that should be conducted with the communities over time, and with careful considerations of doing no harm and supporting the community as a whole.

Image credit: IOM Bangladesh

Inclusive representation means there are representatives selected by the community from all the different age, gender and marginalised groups. Accountable representatives are not always the same as the formally selected or elected representatives, but can be someone identified as a person many community members trust in receiving information from and handing over information to, and that s/he will be a trusted interlocuter between the community members at large and the aid providers, prioritising and identifying the best modality and most pressing needs for all members of the community.

Various guidance exist that can help CCCM practitioners in this work, specifically developed within the CCCM sector and by the community engagement and protection sectors. Among others, during 2020 NRC has, with the support of IOM, developed a Community Coordination Toolbox [27] with nearly 50 practical tools for how CCCM practitioners can facilitate the engagement of displaced women and marginalised groups in humanitarian planning and decision making. These tools provide guidance on how to conduct a social and cultural analysis to identify the influential groups and persons and their capacities within the community, how to facilitate the establishment of inclusive and accountable community representation structures by providing them with training, coaching and support to access the humanitarian coordination systems and decision making processes. The toolbox also includes tools to help monitor and evaluate the effectiveness and the level of participation of the communities and representation structures.

Build emergency preparedness within displaced communities on community engagement principles that include the participation of women and marginalised groups.

The challenge for many humanitarian organisations during the initial COVID-19 response was the fast pace at which the pandemic first moved, which gave most organisations only a few weeks to prepare at most. Finding the balance between respecting and understanding the cultural context and norms of the community, but also swiftly and accurately responding to rumours and misinformation was a challenge for many organisations. As a result, many agencies realised their existing community engagement systems and approaches were more fragile than they thought, and had trouble identifying the key persons representing different demographic groups to work with, such as women, youth, elderly, disabled persons etc.

Achieving gender balanced participation within community structures necessitates CCCM agencies to spend time with the community, building trust and finding the appropriate solutions for the social and cultural context. Several of the agencies approached during the research admitted that the community representatives and focal points they were working with before COVID-19, and therefore also during the pandemic response, were heavily male dominated. The negative impact of this included both the biased information the responding agencies received from the communities, and the demographic reach the messages from the agencies would have.

The Women's Participation research conducted by NRC with the support of IOM introduces several practical steps CCCM agencies and protection actors can take to ensure meaningful participation by women

and marginalised groups in humanitarian planning and decision making[28], such as ensuring outreach teams include women, the meetings take place in female friendly spaces, child care is provided for etc. While these recommendations were made pre-COVID-19, and predominantly necessitate and are developed for physical meetings between the humanitarian agencies and displaced communities, one overarching recommendation is to ensure the engagement of women and marginalised groups is planned and conducted in a structured manner, built in as a key part of programming. Currently, women – and particularly older women, as well as other marginalised groups – are prevented from meaningful participation in the coordination of services.

Digital feedback and engagement mechanisms need to adopt a user centred approach and be complemented by alternative, non-digital methods to ensure inclusiveness.

By making use of digital means for sharing and collecting information, as well as receiving feedback from the communities, agencies are choosing how they want to be held accountable, not asking the population how they prefer to hold them accountable. The humanitarian agencies also choose what they want to collect and share information about, with often pre-selected choices for inputting into the screen. These choices may fit the needs of some parts of the population, but by no means can they meet the varying needs of the different population groups within a community.

Relying only on digital methodologies also limit whom the humanitarian agencies are reaching. We know that it is often the men who control the assets in a household, including the phone, the money for phone or network credit, and who have often been more exposed to digital and non-digital education and therefore also controls the managing of the phone/computer/smart phone/tablet etc. Likewise, youth are often more exposed to technology than elderly members of the community who tend to be left out of the communication once it happens online or through digital means.

While digital methods can be very useful in situations of confinement and a general lack of physical access to the community members, it might only be useful for reaching a small, disproportionately represented group within the community. In order to also reach vulnerable and marginalised groups, who often are the groups that need the assistance and information the most, digital solutions need to be triangulated with a range of contextualised appropriate methodologies for engaging the community members in humanitarian planning and decision making.

One way of making sure the community is meaningfully engaged in developing digital information and assistance tools and approaches is by applying a user-centred design (UCD).[29] This design process focuses on the users and their needs in each phase of assistance and response. It requires constant feedback which is used for making ongoing necessary changes to the design, and a deep understanding of the community member's needs and capacities in order for the assistance to be properly contextualised.

UCD is a process-based methodology that relies on empathy and understanding of the users of the end product (assistance), and systematically includes validation from the user throughout the product design process.

The approach comes from product development in the private sector, but can be adapted for the aid sector. The CCCM approach's participation principles of facilitating community-led problem prioritising, solutions and advocacy, coupled with the coaching methodology identifying training and support needs among the community representatives, is similar in approach and process. CCCM agencies would therefore be well placed to further explore how formal and informal community representatives could be engaged in a user-centred design to define the most appropriate digital solutions for CwC and community engagement in humanitarian responses.

A clear and contextualised community engagement strategy should be the base for participation activities across sectors.

Key issues around the lack of agency- or sector/cluster strategies for how to engage the communities in the COVID-19 response, including what is the objective and the specific activities of community engagement, emerged during the key informant interviews, including how agencies and sectors' community participation could not be reviewed without any baseline or standardised understanding of what engagement entails.

By developing clear agency- or sector-specific community engagement strategies that distinctly define the objective of engaging the communities and the level of engagement that is the aim (e.g. information provision or ownership[30]), the corresponding activities can be planned, monitored and evaluated for impact. If agencies aim for a high level of community engagement, there are certain considerations and activities that need to be included in the response design; the community needs to be involved from the start in order to make sure the response is contextualised and meet the specific needs of the community; the community members need to participate in the planning and decision making process by accountable and inclusive representatives; the feedback mechanism needs to be built into the response to systemically generate change; and the community needs to be involved in developing and implementing the monitoring and evaluation activities[31].

Community engagement is often seen as a specific set of activities, and of no relevance to many sectors' technical objectives and outputs. Konyndyk and Worden argue in their policy paper[32] for Center for Global Development (CGD) that while individual agencies and sectors can create effective initiatives for ensuring accountability and participation, it will not result in wider change within the global aid response. They are pointing specifically to the donors, but also to leaders within the aid community, to help making accountability and participation a holistic, systemic part of humanitarian responses, rather than specific, stand-alone activities.

Because of CCCM's multisectoral nature and responsibility for coordinating and ensuring inclusive participation in all sectors' activities within and between camp settings, they are in the best position to promote the need for engagement strategies across agencies and sectors, as well as providing guidance on objective and content of such strategies.

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