Managing family risk:

A facilitator's toolbox for empowering families to manage risks during COVID-19

World Health Organization

unicef

IFRC

GOARN
Global Outbreak Alert and Response Network

CONTENTS

The COVID-19 pandemic continues to sweep across the world, affecting global populations in unprecedented ways. Families – and the individuals that make up these universal social units – have been particularly affected.

Jobs have been lost, children have been kept from school or university and weddings and birthdays have been missed. Too many families around the word have experienced the tragedy of losing a loved one due to this new disease.

Over a year into the COVID-19 pandemic, people-centred approaches, that help communities maintain protective behaviours and follow guidelines set out by public health and government agencies, are more important than ever. As risk perceptions change and people become fatigued, and as demonstrations and legal challenges against recommended public health and social measures potentially increase, approaches which highlight cooperation, effective (two-way) communication and participatory decision-making and action remain essential for slowing COVID-19 transmission and saving lives.

The evidence is clear: communities play a role in preventing and controlling epidemics and they are best able to take action and halt the spread of disease when properly empowered. The 2014 - 2016 Ebola Response in West Africa is a good example of where community engagement and social mobilization programmes became critical tools of the response. Once investments were made and strategies were designed, communities proved committed and able to analyse and act towards halting the spread of Ebola within their communities.

These same approaches must be widely scaled up for the COVID-19 pandemic. Until vaccines are widely administered around the world, communities need to continue to take preventive actions and maintain protective behaviours.

This toolbox offers best practice approaches to community engagement, with family as the core component and entry point.

> Promoting individual and joint responsibilities for the safety of the family, this toolbox aims to bring families and households together to manage shared risks and agree to safe behaviours critical for their safety and the safety of their community.

WHY THE FAMILY

Family plays a critical influencing role in our lives. Making decisions, particularly ones that may affect those we love, is difficult.

Families provide a powerful influencing structure that can promote decisions that guide behaviour change. In the end, the process ensures the input and agreement of all members of the household. It thus has greater potential to shift norms within the family and ultimately behaviours.

Additionally, focusing on the family unit targets various demographics (children, young adults, adults, etc.) within the community through a singular engagement strategy.

> This toolbox encourages families to continue to play an active role in halting the spread of COVID-19 within their communities. By making smart decisions that help them manage their risk, each family member can influence their social network and keep their communities safe until vaccines are widely administered around the world.

WHAT IS A FAMILY?

For the purposes of this toolbox, a family is a group of people who live together and form one household.

A family can be people who live together and are related to each other or not. In some countries, a family or household is defined by the sharing of one kitchen. In others, it is defined by blood or marriage. It is important to consider these cultural dynamics when engaging communities.

Gender and power dynamics may create barriers to bringing women and men together – even within the same family. Consider how the family is best engaged and what will work for different contexts and populations.

TARGET AUDIENCE

This toolbox is relevant to two audience types. Each can use it in different ways:

1 Ministries of health, civil society organizations, nongovernmental organizations, community-based organizations, and their community mobilizers can use it to engage with families, helping them to manage risk and make safe decisions.

2 Families without organizational support can use it to reduce their risk from COVID-19 (or other infectious diseases similarly transmitted).

APPROACH

Put family and community first

Empower critical thought and analysis of families' own situation

Inspire self-efficacy leading to feelings of empowerment

Promote informed decisions that allow families to control their lives while staying safe

Motivate individual and collective risk management

Motivate social solidarity, cooperation and mutual support

Engage the family as the 'experts'

Create opportunities for dialogue and discussion within families and the wider community

How community mobilizers can empower families and promote discussion around risk perceptions and management.

This toolbox works best with small groups of two to three families (maximum 10 people), supported by a trained community facilitator or trained community-based networks. The facilitator should assure participants that all information shared in the discussion will remain confidential.

Before starting, consider all potential ethical concerns regarding the safety of the facilitator and participants. Ensure that participants agree that no discussion inside the group will be shared outside, and obtain consent from participants.

Use of the toolbox may bring about difficult family discussions related to gender dynamics, family roles, interpersonal relationships and more. Facilitators must understand norms, power dynamics, and local context in order to facilitate a safe and healthy discussion between the family members.

Remember, the health, safety and security of you and the families you meet with remain the top priority. It is important that the spread of COVID-19 in the community is assessed and that these activities do not increase the spread of the disease. Additionally, all toolbox activities must be implemented in accordance with local and national guidance and laws.

TO INCREASE ACCEPTANCE AND ENSURE THAT PARTICIPANTS DO NOT EXPERIENCE INCREASED STIGMA OR COMMUNITY SUSPICION, CONSIDER:

Whether it is safe to have this discussion. If it could cause risk for staff or participants, do not proceed.

The health and safety concerns affecting women, girls and other vulnerable groups. Before gathering participants, meet with community leaders and/or local government representatives to explain the purpose of the visit and to assess the situation, including the impact of having facilitators in the community.

Linking with a range of local women's leaders – formal and informal – when gathering participants. Women leaders have played important roles in halting the transmission of COVID-19 within their communities. They may have an idea of which families or groups within their community may be most open to participation.

Supporting the displaced, refugee or returnee community, as well as the host community where relevant.

Ensuring that facilitators do not ask probing or inappropriate questions. If the exercises are combined with home visits related to other programming needs, ensure the topics are related. Avoid causing tensions with or between family members.

Develop key programme indicators (KPIs) and have facilitators collect data to measure programme performance and impact against those indicators. Use the data to measure outcomes and to improve the implementation of the toolbox in the community.

Below is a basic form to collect demographic information. This information helps us to better understand our audience and shape future community engagement tools and resources. You can adapt this form by including relevant KPIs, agreed upon prior to the visit. Fill out one form for each family participating in a toolbox facilitation within the community.

Facilitator name: _____

Program title: _____

Location type: _____
(family home, community centre, public space, etc.)

Geographic region: _____

Date: _____   **Location:** _____

Translation necessary for the interview: ◯ Yes   ◯ No

If yes, the translation was from: _____ to _____
          original language   *translated language*

Number of participants: _____

Participants:

Age: _____ Sex: _____

Age: _____ Sex: _____

Age: _____ Sex: _____

Age: _____ Sex: _____

Age: _____ Sex: _____

Note: *The facilitator has a crucial role in guiding participants through the activities and exercises proposed in this toolbox. They should be trained to carry out the specified tasks and provide up-to-date information about COVID-19 rules and regulations within the community context.*

DOS AND DON'TS OF FACILITATION:

Do

Observe body language and what is not said.

Listen attentively; facilitators should always speak less than the family members.

Stand or sit at the same level as the participants.

Encourage women and vulnerable members of the community to participate.

Offer health information in line with WHO or nationally approved guidance and let people know about available services.

Be honest, humble and respectful, and admit if you do not know something.

Be creative and flexible; improvise and adapt.

Let the family do the activities (draw, map, discuss, prioritize).

Be patient.

Don't

Judge the family. If they express incorrect notions, ask them where they heard this OR why they feel that way. Consider what impact these beliefs might have on their lives, particularly during COVID-19.

Interrupt, talk all the time, or impose your ideas.

Educate, lecture or tell people what to do.

Push for, or demand action.

Be bossy or physically dominate people.

Interrupt when the discussion becomes charged; discourage family members from disagreeing with each other.

Overlook women, children, and others who often get left out; allow one person to dominate the conversation.

Insist on or impose your viewpoint.

Make up answers, defend, doubt people.

Be rigid, stick to a 'script'.

Try to control the process or the outcome, be disappointed when things don't go according to your plan.

Rush.

The organization should provide materials and guidance. However, if materials are not available (example: your organization does not have a printer), be creative about how to adapt (example: utilise the backside of old papers or newspapers for activities that require paper).

You'll need:

HEALTH-RELATED INSTRUCTIONS, SUPPLIES AND EQUIPMENT (FOR YOU AND THE FAMILY):

- ○ Instructions for participation during COVID-19

- ○ Hand sanitizer

- ○ Mask

- ○ Other personal protective equipment considered necessary by your organization

- ○ Consent form (please check your organization's policy and procedures for engaging communities in private settings)

- ○ Safety tips

- ○ Approved information, education and communication materials and key messages developed by your organization that reflect national and/or WHO guidance

DEPENDING ON WHICH ACTIVITIES YOU CHOOSE TO ENGAGE FAMILIES, YOU MAY ALSO NEED:

- ○ Flip chart paper or roll of butcher paper
- ○ Masking tape

- ○ Coloured markers/pencils/paint, etc.
- ○ Scissors

- ○ Risk activity chart (designed material) or coloured paper to create chart with the family

- ○ Game cards and other print material included in the toolbox

The family toolbox was created to help NGOs, CBOs and other relevant stakeholders facilitate conversations with families and households on how to continue to live their lives safely during COVID-19. The toolbox does not take a one size fits all approach. It should be adapted to fit the local context, culture, transmission situation and end user. The activities can be carried out one after another or the facilitator can select one or two activities suited to the family or household involved. The key to successfully using the toolbox is understanding the needs of the family's involved and adapting the activities to suit those needs. The toolbox is a starting place for exploration, conversation and critical thinking. It is intended to spark community action and empower families before and during the COVID-19 vaccination efforts.

1 Connect with the family

- Introduce yourself (and your translator if necessary).
- Explain your role and provide general information about your organization.
- If using a consent form, explain its purpose clearly. If participants are comfortable, make sure they sign before continuing with the activities.
- Share the purpose of the activities and how they relate to your organization's wider goals and programmes.
- Explain what you will do with the information discussed and collected during the activities, but do not make false promises, such as offering unrealistic support or services.
- Explain the benefits of the activities and what participants will gain from them.
- Ensure participants know their involvement is voluntary, and that no one has to participate. Tell them that they can leave the activities at any time. Reassure the family that the discussion will remain confidential and explain that details will not be shared outside your organization.
- Use neutral language to avoid negative perceptions and increased stigma due to participation.
- Ask permission to take notes as feedback on how the toolbox can be improved.

2 Establish purpose and objective

- Explain the purpose of the toolbox and how it could help them live healthier, happier and safer lives during times when COVID-19 is present in the community.
- Facilitators should have a good understanding of the purpose and content of the package so they can adapt the activities and the information to suit the setting. This will ultimately improve trust and communication between the facilitator and the families.

3 Discuss the essentials

This step focuses on providing timely and accurate information about COVID-19 and its rate of transmission within the community.

- Ask participants what they know about COVID-19 so you can create a dialogue, rather than a lecture. This is a community engagement session and should not feel like being in a classroom.
- The toolbox includes WHO-approved guidance, but language can be simplified and adapted to fit the local context.
- Discuss how and where families obtain information so you know if the information they have is verified and comes from a trusted source. Misinformation, conspiracy theories and rumours are negatively affecting people around the world.
- Provide information on where families can find truthful information and explain how they can identify false or inaccurate information.

Steps 4-7 are a set of activities that have been developed for families to think critically about COVID-19, how it applies to their lives, and how to best respond to risks. Not all of the activities may be appropriate for your group, or you may not have time to complete all of them. We encourage facilitators to review the activities in this package and choose 2-3 that fit the context and capacity of the group or family that you will be working with.

4 Play your part

In this step you'll explore and analyse personal and family risk and how each person in the family can slow the spread of COVID-19. For this activity, families are asked to write or draw, but if literacy levels are low the facilitator can write down the family's decisions/conclusions.

- Stimulate the conversation by asking engaging and relevant questions.

- Encourage all family members, particularly women and children, to speak freely about their role in protecting and keeping the family safe. After exploring and analysing risks and roles, write or draw the family's conclusions in the table under *Playing your part* on a large sheet of paper.

- Encourage the family to take this home and update it as government rules, transmission rates and their own family routines or environment change.

5 Getting on with your day

This is an excellent critical thinking tool, but it does require time and a basic level of literacy. Assess your group. More literate members of the family can help other members if necessary, or you can modify or simplify the activity if needed.

- Work with families to map their daily activities and interactions in their community to assess their risk.

- Using the Mapping Risky Business visualization, help families Identify which activities they can modify, avoid, reduce or accept throughout their day.

- Create the maps on paper with coloured pens or in the dirt using natural materials such as sticks, leaves, pebbles and other objects found around the home.

- Let families take the lead in this exercise, but prompt them if they need ideas. A number of questions have been provided in the section, but consider other questions that may be relevant to the family or wider community.

- Allow family members to come to their own conclusion around risk as a way to shift negative perceptions, attitudes and behaviours.

- Always encourage the family to use verified and trusted information. Incorrect information can be as dangerous, if not more so, than lack of information. The toolbox provides a list of places to find verified information, but add locally specific information resources.

6 Write a family pact

Making a commitment based on what we have learned, is an important part of behavior change. If your group is unable to write, consider making verbal commitments or discussing plans for household members to keep each other accountable.

- The family pact uses all of the analysis and problem solving from the first phase of the toolbox.
- In facilitating it, ensure all members of the family are heard and that their views are considered.
- Guide the family through the exercise, but don't provide answers or suggest changes to family actions and behaviours.
- The family should feel they have come up with the plan in order to own it and carry it forward.

8 Ask for feedback (and measure impact)

After completing the activities in the toolbox, ask participants how they felt.

- What did they think of the activities and your facilitation?
- What did you do well and what could you do better? Perhaps they have suggestions for engaging others in their community and how to make the toolbox more relevant, engaging or beneficial.

This is your opportunity to learn more about what drives the behaviours of the participants, so set KPIs before you implement the package and collect the relevant data before closing your session. Remember, the families are the experts so it's important to hear from them!

7 Make it fun (optional)

Playing the game is optional and requires the ability of the players to read fluently. It may also present challenges in communities where card games are unfamiliar. As the facilitator, use your own judgement when choosing activities that will best fit your group or family.

- *Life with Corona* is a card game that engages families with the information in this toolbox. It includes pre-prepared story cards, but we encourage you to create your own story cards as well. When creating your stories please consider your target audience, the types of families or households that you work with, and whether or not there are non-traditional or atypical families or households. Vignettes can be developed around people who are unrelated but share a home, or families that may not have a father present, for example. Change the characters represented, places, types of transportation, foods, and events to match the lives of the families that you are working with.

9 Be thankful

- Thank the participants for their time and involvement. It's not easy to discuss personal matters with strangers. It's particularly difficult in a crisis when people may be stressed about childcare, work, health and other challenges. Participants should feel valued and see the benefit of community engagement activities.

The Managing family risk toolbox was developed between September and December 2020.

The process included a series of consultations and reviews with a number of internal and external stakeholders including the WHO regional risk communication and community engagement leads, the Infection Prevention & Control Technical and Clinical Hub, the Collective Service partners (WHO, UNICEF, IFRC and GOARN network) as well as the Collective Service's Inter-Agency Sub-group on Community Engagement in Low Resource Settings. The latter group brings together an extensive network of non-governmental organizations and civil society organizations implementing community engagement programming in many countries and regions. These organizations include UNHCR, Johns Hopkins University, CORE Group, Internews, BBC Media Action, Oxfam and Ground Truth Solutions.

In addition, as part of the toolbox's development, a review of the latest findings and best practices in community engagement, family decision making, social norms theory and human-centred design was conducted. Searches for these topics were done in English across relevant platforms including the GOARN Networks Knowledge Hub, Johns Hopkins University Center for Communication Programs and the READY Initiative COVID-19 Research Implementation and Knowledge Hub as well as via The National Library of Medicine database and Google Scholar. The literature reviewed represents a selection of the latest understanding of community engagement theory and practice and includes published articles, case studies, lessons learned, and existing guidance and toolkits related to the documented approach. A list of resources utilized in the development of the Managing family risk toolbox are listed in the reference section below.

As part of the final review, the toolbox was pretested in two provinces in Pakistan, Balochistan and Khyber Pakhtunkhwa. Feedback from the focus groups was incorporated in the final version found here.

ACKNOWLEDGEMENTS

Axelrod R. M. (1986). An Evolutionary Approach to Norms. *American Political Science Review*, 80(4): 1095–1111.

Bartholomew, L. K., Parcel, G. S., Kok, G., Gottlieb, N. H. & Fernández, M. E. (2011). Planning health promotion programs: An intervention mapping approach (3rd ed.). San Francisco, CA: Jossey-Bass.

Bedson J, Jalloh MF, Pedi D, et al. (2019) Community engagement in outbreak response: lessons from the 2014–2016 Ebola outbreak in Sierra Leone. BMJ Global Health

Bicchieri, C. (2016). *Norms in the wild: how to diagnose, measure, and change social norms*. New York, NY: Oxford University Press.

Coronavirus Disease 2019 (COVID-19). Centers for Disease Control and Prevention. (2020). Retrieved 3 December 2020, from https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/deciding-to-go-out.html.

Coronavirus Disease 2019 (COVID-19). Centers for Disease Control and Prevention. (2020). Retrieved 3 December 2020, from https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/living-in-close-quarters.html.

IRC (2012). GBV Assessment Tools, Part 4: Focus Group Discussion

Cislaghi, B; Heise, L (2018) Using social norms theory for health promotion in low-income countries. Health promotion international. ISSN 0957-4824 doi: https://doi.org/10.1093/heapro/day017

Hashagen, S. & Scottish Community Development Centre. (2002). *Models of community engagement*. Glasgow: Scottish Community Development Centre.

Petit, V. (2019). The Behavioural Drivers Model: A Conceptual Framework for Social and Behaviour Change Programming. UNICEF

Skrip, L., Bedson, J., Abramowitz, S., Jalloh, M., Bah, S., & Jalloh, M. et al. (2020). Unmet needs and behaviour during the Ebola response in Sierra Leone: a retrospective, mixed-methods analysis of community feedback from the Social Mobilization Action Consortium. *The Lancet Planetary Health, 4*(2), e74-e85. https://doi.org/10.1016/s2542-5196(20)30008-5

Social Mobilisation Action Consortium (SMAC). (2015). Community Led Ebola Action (CLEA) Field Guide for Community Mobilisers.

UNICEF. (2019). Communication for Development Programme Guidance.

Who.int. (2020). https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-how-is-it-transmitted.

WHO (2018). Risk Communication and Community Engagement Considerations: Ebola Response in the Democratic Republic of the Congo. https://apps.who.int/iris/rest/bitstreams/1138918/retrieve