



STANDARD OPERATING PROCEDURE (SOP)

SOP Number: COVID 19 - 4

SOP Title: Community Engagement in the Context of COVID 19

Revision No.	Date	Prepared by/ Changed by	Details of changes	Reviewed and approved by
B04	29/03/2020	Geraldine McCrossan	New	Bernard McCaul/Marie Hallissey/ Fay Ballard
B05	05/04/2020	Marie Hallissey	Clarification in Risk Assessment on community acceptance and use of masks and gloves for front line personnel	Bernard McCaul

Disclaimer: This SOP is written to inform Community Engagements in the context of COVID undertaken by GOAL personnel and those working on behalf of or with support from GOAL. While welcoming the wider use of this SOP, GOAL accepts no liability in relation to its use by any agency unless this is explicitly agreed in writing with GOAL.

The following policy is to provide guidance on how GOAL Country Programmes carry out Community Engagements In the context of COVID 19:

Overview: GOAL is committed to continuing to deliver and maintain its essential programming during the COVID-19 pandemic to the fullest extent possible while minimising potential risk to staff, partners and beneficiaries. As the levels of risk rise of COVID 19 within different geographical areas community interventions will be impacted and communities can become inaccessible to external people within a short time frame. National guidance will also be in place and may impact or even prevent all community interventions. It is understood that during an pandemic, communities may be isolated but there is always access for essential lifesaving and life sustaining intervention. So, there will be access for personal who deliver these services either from the Ministries or those permitted to conduct those activities on the Ministries behalf such as NGOs, community organizations, volunteers, etc.

All community engagements should fully comply with relevant national authorities' guidelines relating to community engagement including travel restrictions and requirements in relation to social distancing and or relevant restrictions. This SOP should be read as a minimum standard for community engagement and national guidelines should be followed where stricter restrictions apply.

Country programmes should negotiate access with relevant authorities and then document the terms of that access in an MOU – especially if it is more permissible than access for general public. This could be done through Clusters, through NGO networks or directly with the relevant government authorities such as the Ministry for Health or the National Risk Management Agency. All community engagements should be undertaken with the express written permission of the relevant authorities.

Purpose: The purpose of this SOP is to provide a decision-making framework for GOAL staff to decide which community engagement activities they can continue and what measures are required to undertake these engagements, balancing safety with the need to continue critical lifesaving and life sustaining programming. This SOP should inform the adjustment of ongoing and planned community engagements under current programming and the design of new community engagement activities for COVID-19 responses.

This SOP is coherent with the GOAL COVID- 19 Global Response Plan and WHO guidelines.

For specific interventions relating to distributions, Cash Based Transfers and food and nutritional assistance use the previously circulated SOPs published by WFP which are available [here](#).

Decision Making on Community Engagement:

There will be two broad scenarios for community engagement:

Scenario 1: Communities are accessible, and community engagements can continue through taking additional risk mitigation measures.

Scenario 2: Communities are not accessible, and community engagements must use an alternative remote modality.

Note 1: When undertaking activities under Scenario 1 preparations should also be made for scenario 2 should circumstances change unexpectedly and access to the community becomes restricted.

Note 2: Much of what GOAL does is through government, partners or contractors or community volunteers. GOAL expects that any actor undertaking community engagement on GOALs behalf or with GOAL support should also meet the standards set out in this SOP. GOAL has a responsibility (duty of care) to train all these actors on proper community engagement and then ensure they are adhering

to it. We need to ask ourselves first if that training and quality control is possible – part of that quality control would also ensure that there is a reporting mechanism in place for communities to let us know if best practices are not being followed. A risk analysis should be undertaken to assess what the reputational and programmatic risks would be if actors engaging communities on GOALS behalf or with GOALS support do not adhere to these standards.

Only essential community engagements should be undertaken where communities are at risk from COVID 19. GOAL teams must first list all community engagements that are considered essential as defined in PC1 and PC2 described below:

- PC 1 - Life-Saving interventions for emergency conditions, emergency WaSH, emergency food distributions and cash
- PC 2 – Life-Sustaining interventions + those with impact on COVID-19 (life-sustaining primary health care, vaccination, MCH: impact on COVID-19 community engagement activities that promotes prevention).

For community engagements considered to be non-essential, consideration should be given to redirecting resources to essential activities or rescheduling these activities to a later time when communities are less exposed to the threat of COVID 19.

For all community engagements considered to be essential and depending on the level of access to communities and context of the intervention, each engagement must be categorized into either scenario 1 or scenario 2 in the following figures and the appropriate option selected to determine how the engagement can continue or if it cannot continue.

Note 3: In all cases, where adjustments are required to how planned community engagements continue consideration has to be given as to whether these adjustments are feasible within the project resources. Any adjustments to project interventions that result in material changes to donor grants/contracts must be agreed with the funding agency.

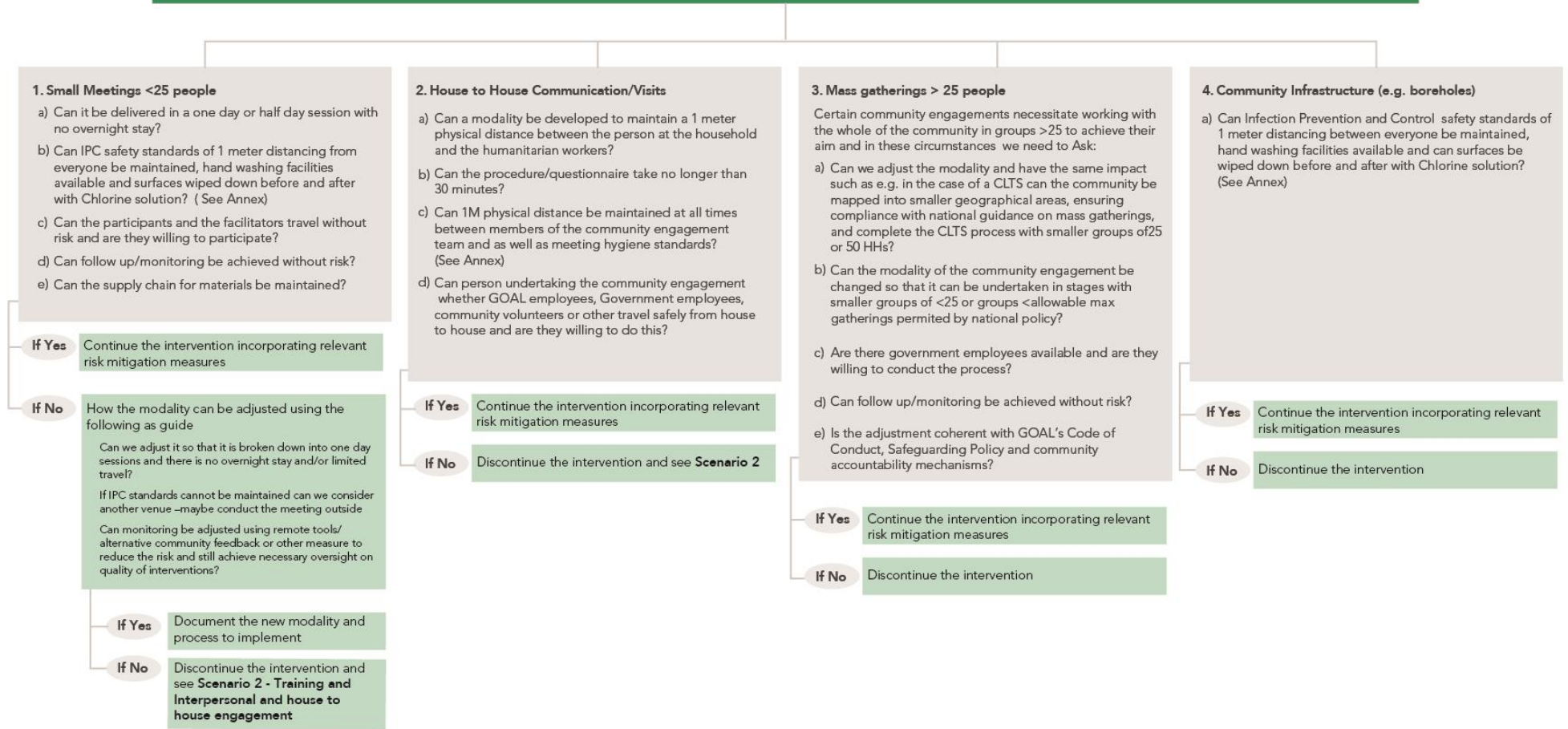
Note 4: No person considered to be in the vulnerable groups to COVID 19 should undertake community engagements in communities and if any person shows symptoms of COVID 19 they should immediately discontinue to access communities and follow the all relevant GOAL staff health and safety advice in relation to quarantine and other necessary measures for those suspected of being infected by COVID 19.

Note 5: All adjustments to project activities must be checked to ensure that they comply with GOAL's Code of Conduct, Safeguarding Policy and community accountability mechanisms.

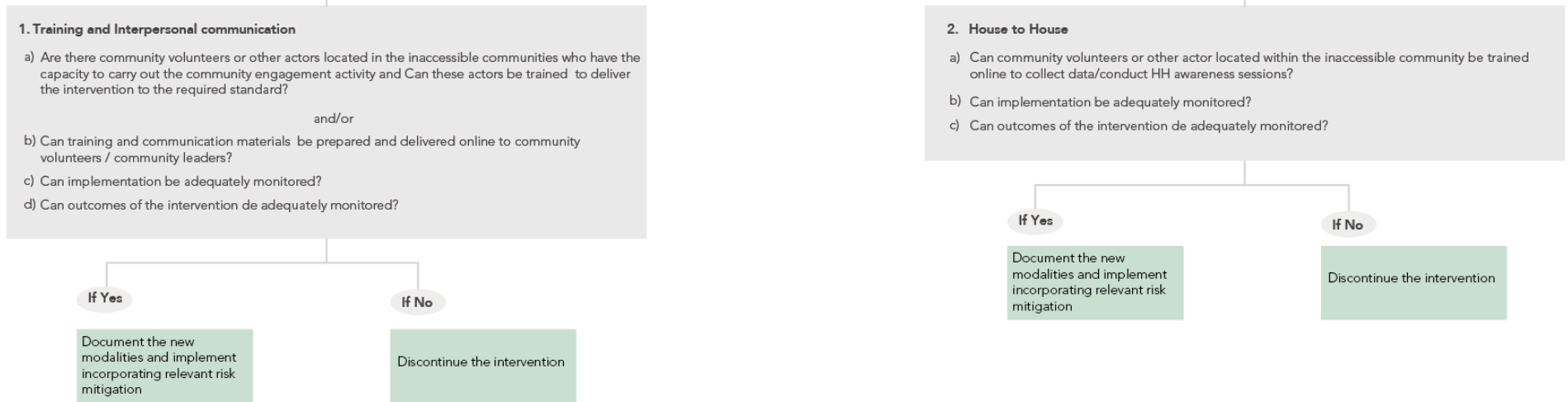
Note 6: Staff undertaking in person community engagement should carry ID at all times and a copy of written consent from relevant authorities confirming GOALS access.

Note 7: Community Engagement, particularly in person engagements, may present security risks. For example, communities could be very suspicious of COVID-19, seeing it as imported by international humanitarian workers or as a government tool to undermine their communities, religion or tribe and other such rumours and misinformation. Therefore communities or certain groups may not react well to messaging, especially if these messages are not well understood or accepted. To address these risks a risk assessment should be carried in advance of all in-person community engagements and mitigation measures put in place to achieve an acceptable level of risk. This risk assessment should be completed and shared with front line staff. See also SOP on *Staff Safety and Security: COVID-19 Outbreak and Response*.

Scenario 1: Communities are accessible, and community engagements can continue through taking additional risk mitigation measures.



Scenario 2: Communities are not accessible, and community engagements must use an alternative remote modality.



Annex – Risk Mitigation Measures

1. Minimum Hygiene Standards for all in-person community engagement gatherings

- a) Limit numbers so that everyone can always sit or stand at least 1 meters apart within the meeting area. An easy way to communicate this measurement is if you are standing with outstretched arms and cannot touch anyone else's outstretched arms.
- b) Monitor meal breaks and anytime when people are entering and leaving the room to ensure that minimum 1 meter apart¹ is observed at all times.
- c) Everyone washes hands at the beginning and end of the trainings/meetings/community gathering. Handwashing facilities must be available for this (See Item 4. Hand Washing Facility Standards below).
- d) All hard surfaces are wiped before and after each event with 0.5% chlorine solution.
- e) People must not swap or share chairs or desks. People may bring their own chair.
- f) People must not share any personal items e.g. pens, paper, phones.
- g) Facilitators must maintain hygiene standards when preparing and ensure handouts are only touched by one person.

The above standards need to be displayed at all in-person community engagements on a poster at the entrance and on the walls of the meeting room.

2. House to House

Staff should always maintain hand hygiene by using portable 60%-95% alcohol-based hand sanitizer if available. Hand hygiene must be performed after touching surfaces; touching doors handles, going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.

3. Personal Protection Equipment consideration

Masks: For the above interventions it is recommended that frontline personnel wear a medical mask for all in-person community engagements for prevention of COVID-19, but noting the following:

- At all times it is imperative to maintain distance and practice respiratory and hand hygiene;
- In the context of a global pandemic, there are many demands on and delays in global procurement with priority given to PPE needs of frontline healthcare workers;
- Local solutions may provide the best source of stocks and face masks may be fabricated locally as described in the following guidance from the US Center for Disease Control: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
- In contexts where government guidance actively discourages the wearing of masks, the national guidance should prevail.

Gloves: The wide-spread use of **gloves** is not required for community engagement as staff should continually maintain hand hygiene. However non-sterile single-use gloves may be used in certain circumstances such as:

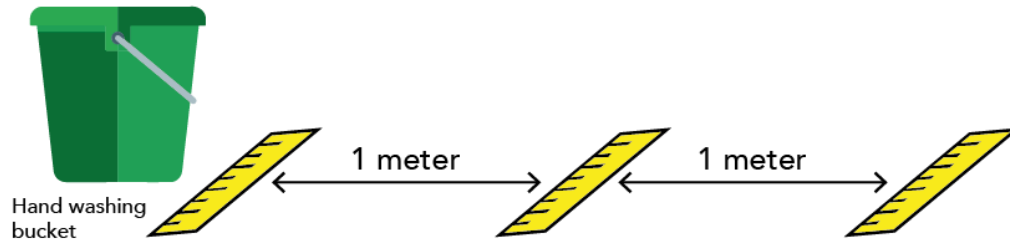
- transporting or caring for confirmed or suspected COVID 19 patients;
- during distributions and similar activities staff may feel more protected wearing gloves, in which case they should avoid touching their face and wash their hands after safely removing the gloves. The risk remains that staff will contribute to the spread of infection when they touch surfaces with gloved hands. Therefore, frequent handwashing should be maintained even when wearing gloves.

¹ This standard is per WHO guidance but national guidelines should be followed where wider distancing restrictions apply.

4. Hand washing Facilities standards

Handwashing stations should be available directly in front of the entrance to where the community engagement will take place. A line of place markers 1 meter apart should be placed on the ground for people to stand on while queueing to wash their hands. Recommended that only 5 people be allowed in the queue at a time standing on the markers.

MARKING THE HAND WASHING QUEUE



At a minimum handwashing facilities should be a bucket with tap, not a jug which has to be lifted and above the hand washing stations should be a poster that shows the 11 step of handwashing (link for printing [here](#))



5. Chlorine Solution Guidance

Solutions used are

1. Chlorine 0.5% for surfaces
2. Chlorine 0.05% for hand washing if soap is not available

See link for printing and additional resources on mixing chlorine solutions [here](#)

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the entire procedure: 40-60 seconds

