COMMUNITY RESPONSES
IN TIMES OF COVID-19

Speakers:

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INTRODUCTION

This session was a space for partners from all SRHR partnerships to exchange strategies and good practices on 'community responses in times of COVID-19'. This session looked at in times of COVID? What have been your most successful strategies to ensure that your community could continue to access services? What alternative advocacy approaches have you developed to ensure your advocacy work could continue? After a brief introduction to frame the session and key questions, speakers from different parts of the world from the Bridging the Gaps, Health Systems Advocacy and More Than Brides Alliance (MTBA) shared their good practices.

KEY TAKEAWAYS FROM THE DISCUSSION

WHAT ARE CHALLENGES IN THE PARTNERSHIPS RELATED TO THE TOPIC?

- All aspects of society have been impacted by COVID-19 and containment measures - social, economical, cultural, agricultural, etc. Entire nations have been shut down for months and as a result, many people have lost their jobs, especially already vulnerable people in lower tier jobs and/or migrant workers. The loss of jobs means that many people migrated back to their home towns, which can be thousands of miles away. This narrative was prevalent in India and Kazakhstan.

- The More than Brides Alliance conducted an online survey to understand the socio-economic impact of COVID-19 and containment measures. Most notably the results showed that:
  - Most people lost their livelihoods;
  - 70% experienced food shortages;
  - People experienced gender-based violence;
  - Increased domestic workload;
  - Hygiene challenges due to decreased female privacy;
  - Faltering distribution of free materials due to closure of schools

- In Kazakhstan, many people also lost their jobs. As a result, people migrated from the bigger cities to the towns their families are from. Many people of the LGBTI+ community and women were negatively impacted because of the less progressive culture within the smaller towns towards these communities.

- In Malawi, COVID-19 and its containment measures have had big socio-economic impact, with various interrelated effects on the marginalised communities. Companies are downsizing and as a result, people are staying at home more. There is an increase in domestic and gender-based violence, as well as teen pregnancies.

- Programmes have been largely impacted by containment measures, restricting mobility and enforcing social distancing – making it harder for the staff to reach their clients. People themselves were also less inclined to leave their houses and their communities, afraid of contracting and spreading COVID-19.

- Community mobilization is hard when people need to socially distance. Trainings were cancelled and inland outreach made impossible due to travel restrictions. Program outputs had to be redesigned to fit into the new reality.

- Many healthcare services related to SRHR were not provided to those who needed them because all services were focused on COVID-19. People from marginalised communities were further denied healthcare due to discriminatory perceptions and practices in the smaller communities.

- Transport has been restricted and costs are up, making it harder to make use of healthcare related services (or even get to work).

WHAT ARE THE STRATEGIES USED IN THE PARTNERSHIPS RELATED TO THE TOPIC?

- Strategies used to mitigate the impact of COVID-19 on the different SRHR programmes included switching engagement online where possible (i.e. trainings and support).

- Using social media and communication tools which are relevant to different age groups was also another strategy to be able to connect with target populations (e.g. using WhatsApp and Instagram to connect with young people and using radio to connect with older people).

WHAT ARE BEST PRACTICES/LESSONS LEARNED IN THE PARTNERSHIPS RELATED TO THE TOPIC?

- Programmes have been reprogrammed using online platforms. For the MTBA, the programme found that Whatsapp was an effective tool for the target group of adolescent girls and was therefore chosen as the main platform for communication. MTBA created WhatsApp groups to share messages about rights, hygiene and other health care information The WhatsApp groups were also used for home-schooling by sharing voice recordings of teachers. The main challenge is that not all the (most vulnerable) girls are in possession of smartphones. Where possible, they asked parents for permission to use let the girls use their phone to be a part of the WhatsApp group. They also used WhatsApp to collect information from their target population with regard to COVID-19 and SRHR related issues.

- In the Bridging the Gaps Alliance, the programme provided paralegal support to marginalised communities. In order to do so, they train paralegals to support the various groups. The training of the paralegals has been transferred online in order to comply with social distancing legislation. Similarly, they train psychologists to provide psychological support, which has also been moved online. Furthermore, they actively search for members of relevant marginalised groups and organise them in WhatsApp groups. They directly communicated with the population that way, and it also functions as a shared self-help community. They also make use of Facebook to share information on SRHR, and they refer the target population to NGOs and health care facilities.

- Within Health Systems Advocacy, the programme focuses on lobby and advocacy. They had to update their communication strategy to include the use of mass media such as radio to inform people. The programme had to be redesigned to include COVID interventions and to guarantee people's safety from COVID within the programme. Supplies such as PPE and phone credit/data bundles were provided for people who now had to participate in the programme online but have insufficient financial resources to do so. As a result of the unexpected expenditure, a reduced amount of financial resources were available to achieve the objectives of the programme and thus it had to be scaled down. Furthermore, they mainly used WhatsApp for the communication with their target population, which also allowed them to collect information from various parts of the country.