

Guidance Notes for incorporating
COVID-19 RESPONSE
within Self Help Africa Programming



This Resource Guide outlines Self Help Africa's community engagement approach, for mobilising communities to take action in the face of the COVID-19 pandemic. It is for senior management and field staff and provides the guidance on how to operationalise the process.

Adapt elements of these guidance notes according to your country situation and needs. Some elements of the guidance may differ between countries depending on in-country laws, disease prevalence, risk levels, perceptions, and local capacities.



**Self Help
Africa**

For more information visit:
selfhelpafrica.org/ie/covid-19

COVID-19

Coronaviruses are a large family of virus that cause a wide range of respiratory illness from the common cold to Severe Acute Respiratory Syndrome (SARS) or Middle-East Respiratory Syndrome (MERS). The virus responsible for COVID-19 is different with respect to community spread and severity than other coronavirus and had not been seen before this pandemic.

On January 30th 2020 the World Health Organization declared the COVID-19 outbreak a Public Health Emergency of International Concern (PHEIC) and on March 11th 2020 updated this to pandemic status. As of April 14th 2020 over 200 countries/territories had confirmed cases of local transmission and imported cases.

Common symptoms of COVID-19 are:

- Fever, tiredness, and a dry cough
- Other symptoms include aches and pains, nasal congestion, runny nose, sore throat or diarrhoea

These symptoms are usually mild and begin gradually.

Some people become infected but don't develop any symptoms and don't feel unwell. Most people (about 80%) recover from the disease without any major complications. However around 1 out of every 5/6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, compromised immune systems and chronic respiratory illnesses are more likely to develop serious illness.

At present the evidence suggests that the following actions can reduce COVID-19 transmission, morbidity and mortality.

1. Hand washing as often as possible and cleaning hard surfaces to remove the virus
2. Physical distancing - staying at least 1 meter apart from everyone so that people do not cough or sneeze droplets onto you. The space between two people with outstretched arms is 1.5 meters (see diagram, right)
3. Avoid touching eyes, nose and mouth so that virus does not enter the body
4. Everyone follows good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately
5. Isolating when you have any symptoms
6. Seeking assistance for severe cases
7. Reduce movement and avoid traveling to places – especially if you are an older person or have diabetes, heart or lung disease or compromised immune systems



Wash your hands often with soap and water



Avoid touching your eyes, nose and mouth



Cough and sneeze into your elbow or a tissue



Disinfect frequently touched objects and surfaces



The space between 2 people with outstretched arms is 1.5m

Practise social distancing



Stay home when possible

Response by Self Help Africa

During this challenging time, it is important that SHA is proactively involved in supporting a “Prevention Strategy” among the smallholder farmers and communities we work in. To support this process, we need to do the following:

- Map which projects we are currently active in and where we still have key SHA and partner staff working and still linking in with the community in project areas
- At project level link in with the ministry of health and other relevant ministries (district/Woreda/health centre) level and sub-level to find out what they are currently doing in terms of the COVID-19 response, compile this data and send to Head of Programmes and country nutrition adviser

At country level compile relevant material from various sources on messaging around COVID-19 including pamphlets, audio and video material – Country nutrition adviser responsible to compile this information.

The aim is to give communities information about COVID-19 and that this will trigger communities at the lowest level - the Household - to ignite them to develop and implement action plans that will include the following:

- How handwashing and surface cleaning will be practiced at the individual/ household/ community level (including in markets, churches, mosques etc)
- How household (HH) and community spaces will be rearranged so that people can stay at least 1 meter apart from each other
- How HH will shield their most vulnerable through isolation in special designated areas
- How assistance for HH with severe sickness (whether COVID-19, malaria, typhoid etc) will be rapidly and safely sought at nearest health facility
- How HH will reduce their movement and travel whilst still being able to access essentials such as water and food, earn a daily income, and seek healthcare for other illnesses
- How new information will be received and disseminated to the HH and myths and rumours will be dispelled



Basic training on COVID-19:

- The country nutrition adviser is responsible for conducting basic training with key project staff at project level on what COVID-19 disease involves and how to prevent the spread of the disease within the community.
- Together with the Head of Programmes and the project team develop an action plan on how to cascade this training at different levels that will get right down to community level and where practicable work alongside the various ministries especially agriculture and health.



*This is true behaviour
change moving
from knowledge to
practice*

How to implement at grass root level

- All project staff receive standard basic training on COVID-19, and also clear simple messaging on how to reduce spread of the disease at household and community level
- Each project team together with Head of Programmes and technical advisers needs to develop a plan on how best to cascade this clear simple messaging to different levels such as nutrition champions, agriculture extension workers and lead farmers – see what is the best way to do this cascade training – virtually or physically in small groups with social distancing
- These trainers then further cascade training to the next level within their villages and community in small groups of 5-10 persons. If possible further cascade to the next level
- Where appropriate it may be possible to supply basic essentials at community level – at a minimum soap would be essential



Monitoring and Reporting

It is important to capture SHA's response to the COVID-19 pandemic by tracking who has received what training and resource distributed on a weekly basis. A spread sheet should be developed to capture this information and a report compiled on a monthly basis at a minimum.

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