Community Engagement (CE) means involvement and participation of individuals, groups and structures within a geographic area for decision-making, planning, design, governance and delivery of services. CE implies a multi-sectoral linkage of existing structures and networks that includes community leadership, community groups informal providers, social networks and faith organizations. Experiences of earlier epidemics have shown that CE strengthens trust and thus allows health workers to gain easy access to the community so they can then spread health messages as per local context and do better surveillance.

The Community Health Community of Practice (CH-CoP) launched a survey on CE for COVID-19 to document country level CE strategies for the pandemic response. The aim is to generate insights in terms of involvement of communities, the types of support they have provided along with the health system and its approaches for COVID-19 prevention and control. The survey was shared between June-July, 2020 among the CH-CoP members and also in networks like CHW-TWG, CH Academy.

We received 18 responses covering 14 countries, across low- and middle-income countries (LMIC) and high-income countries (HIC). This includes from Africa (Burkina Faso, Uganda, Zambia, Malawi, Botswana), Asia (India, Pakistan, Philippines, Japan, Indonesia), South America (Brazil), North America (Haiti) and Europe (Spain). To participate in the survey, all respondents must have noted having on-going COVID-19 related community engagement activities, other than community health workers. Apart from the response of the questionnaire the analysis is also based on some of the key documents and guidelines that the respondent have shared.

KEY FINDINGS

Nature of community engagement:

Respondents were asked to identify the different engagement actors within the community. All countries engaged multiple actors, with an average of 5.5 different community engagement actors (range 2-10) used. As noted in Figure 1, the most popular actors across countries are the community leaders, followed by media and radio, and community groups or committees. ‘Other’ actors identified and not including in Figure 1 include cultural organizations like poets, singers, and film actors and also religious organisations for COVID-19 related services.

Examples of community engagement are diverse. For instance, in India, local level elected bodies are maintaining a community preparedness checklist to strengthen community action against the pandemic. In the Philippines the local level government bodies are using a mobile app for contact tracing, in Japan there is collaboration with local governance. Community help-desk comprising of influencers like local political and religious leaders is one of the key strategies adopted in urban areas particularly in slums of India. In Uganda, Village Health Teams have included community members like market vendors, restaurant and lodge owners as part of wider community mobilisation. Most of the CE teams in majority of the countries have women representatives.

<table>
<thead>
<tr>
<th>Figure 1: Country engagement with different community actors, n=18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional groups</td>
</tr>
<tr>
<td>Community groups/ committee</td>
</tr>
<tr>
<td>Schools and educational institutions</td>
</tr>
<tr>
<td>Self-help group</td>
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<tr>
<td>Youth groups</td>
</tr>
<tr>
<td>Mothers group</td>
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<tr>
<td>Media &amp; community radios</td>
</tr>
<tr>
<td>Faith organisations</td>
</tr>
<tr>
<td>Champions [influential people]</td>
</tr>
<tr>
<td>Community leader</td>
</tr>
</tbody>
</table>
Service provided through community engagement:

Behaviour change communication (BCC) was identified as the most prevalent service/activity delivered through community engagement. This often occurs after an orientation conducted by CHWs or local health administration, where community engagement actors are trained on COVID-19 prevention and control mechanisms and then involved in wider community BCC activities. As noted in Figure 2, community engagement is also being used heavily for referrals and for distribution of foods and essential goods, followed by surveillance and tracking, and distribution of medical supplies. Countries have also cited other ways how community groups are involved for the pandemic, which includes promotion of health protocols to communities, counselling and guidance to people, installing of hand-washing stations and management of funerals of the deceased.

The majority (n=16) of countries identified more than one activity provided by community engagement, with the mean across the countries of 3.4 different activities (range 1-6). For example in Uganda, teams have organized and participated in community engagement activities such as community dialogues, distribution of Information Education Communication (IEC) materials and contact tracing. Community level involvement has also been key to convert some infrastructures to quarantine facilities particularly in densely populated slums in India and Brazil.

Mechanism for Community engagement

The Government was identified as the main mobilizing force for community engagement networks in each response. In seven responses, the government was the sole mobilizer. In the other 11 responses, the government and non-governmental organizations (national or international) and/or aid agencies (multi-lateral or bi-lateral) were also involved in mobilization. The community actors are coordinating simultaneously with multiple agencies range from NGOs, to health administrators to health facilities and CHWs (Figure 3). In most cases, coordination is conducted by multiple actors. In case of Brazil they are also directly coordinating with Police departments and in India, the CHWs are coordinating with existing self-help groups, youth networks, village committees for emergency planning, which involves identifying high risk groups of the area and distribution of essential supplies for quarantine families.

Given the nature of COVID-19 transmission, community engagement methods in countries have used various strategies for reaching the population. Findings from this survey noted that the use of mobile phones is the main tool being utilised, followed by radio and face-to-face interactions (Figure 4). Countries have also reported using sound trucks, megaphones, brochures, posters. Some countries noted special messaging for vulnerable population and groups like people with disabilities, elderly, minorities, and refugees. In countries messaging is particularly prominent for elderly with underlying health conditions.

![Figure 2: Types of services provided through community engagement, n=18](image)

![Figure 3: Coordinating agencies for community engagement, n=18](image)
In India, in-order to address the issue of trauma and violence in children the CHWs are also coordinating with child protection committees comprising of community members and civil society organisations.

There are mixed pictures across countries in terms of provision of personal protective equipment (PPEs) for community engagement actors who are involved in service provision, particularly during contact tracing (Figure 5). However, the majority (n=13) of respondents noted that actors were provided some form of PPE. Similarly in half of the countries there is combination of performance based monetary incentive and also non-monitory incentive for the CE teams (Figure 6).

Maintaining routine services: The majority of responses (89%) reported that routine community-based services provided by CHWs, as immunization, antenatal, delivery care and nutrition services, are still being run throughout the COVID-19 response. However, some countries (n=6) had either partial or no routine services being provided. Some areas where the service is disrupted were primarily due to diversion of staffs for COVID-19 response.

People are also avoiding availing services in health facilities to avoid risk of transmission. But the disruptions are more pronounced for services that are provided by CHWs (Figure 7). The reasons cited includes that CHWs are encouraged to stay at home as part of social distancing measures and also they are engaged in contact tracing and other COVID-19 related activities. Moreover services that are provided at community meetings by CHWs are stopped as activities involved congregation of more than five people and also in some areas integrated health post were postponed until end of the pandemic.
Key take away:

- Results from this survey indicate that most countries are continuing routine services, and are utilising varied community engagement actors and networks to support an expanded COVID-19 response.
- Local governance through community leaders, use of digital technology and their involvement in BCC services are most common community engagement strategies across geographies.
- Government and Health administration is key in mobilising and coordinating agencies for community engagement.
- Continued learning on what is working best for community engagement, and how to support these essential responses is needed.

The survey will remain open, so more country cases can be documented as these findings can support countries to adopt approaches as best suited to their context.

Additional resources link:

Brazil : https://www.saude.gov.br/participacao-e-controle-social
Japan : https://www.mhlw.go.jp/content/10900000/000635889.pdf; https://www.newcoronavirus-japan.info/
Pakistan: http://covid.gov.pk/guideline

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