**Health Promotion Strategy Guidance for MSF-OCB Missions for COVID-19**

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1. **Purpose of this document**

This document has been created to support the Health Promotion with Community Engagement aspects for COVID19 for missions and projects as the epidemiological situation develops. This document serves as a strategic guidance and should not be considered as a SOP document.

The document is dynamic and will be updated as more information becomes available and different missions/projects gain experience in COVID19 outreach/HP activities.

1. **Situational analysis**

Prior to starting health Promotion activities, but also during implementation, it’s important to have an updated general **understanding of the context** you are working in, in relation to COVID-19. Outbreaks are very dynamic, and the operational response (including HP) will need to be very reactive to the fast changes that can occur.

Understanding of the context includes continuously and **systematic monitoring** of the existing response to COVID 19, the involvement of stakeholders, knowledge, beliefs, rumors, health seeking behaviour,… among the target populations. Informationneeds to be collected in a targeted way, which can be through more formal rapid assessments and/or informal information gathering during daily activities.

A **topic guide** is available and can be considered as a sort of checklist to orient on the type of information that is important to be gathered and analysed. Such information will help the MSF team to define the overall strategy, as well prioritize in terms of HP activities and messages.



1. **Design and implementation of HP approach/strategy**

**3.1. Define HP objective(s) and activities, based on the information collected and status of COVID-19 in mission**

* **Define the objectives** and **discuss potential activities** to respond to COVID-19 in collaboration with team and key community-level stakeholders
* Consider how these can/should be **integrated** with ongoing activities or if **stand-alone** objectives/activities are needed. Consider the most appropriate methods given the knowledge of context and information flow, with an emphasis on engagement and interaction.
* Define your **target populations**:
* *Take in account that the primary target population should be the health care workers, who are in the frontline and most at risk for being infected and infecting people. Take in account that without health workers the health system will collapse.*
* *Consider HP targeted activities for vulnerable groups: elderly, comorbidities, HIV patients, malnutrition but also key “actors” like children and adolescents. Think about which channels in your given context are most appropriate to reach these populations (social media, radio,…).*
* What we promote/advice towards the population should be **ALWAYS** feasible. If not, we should NOT advice it, or we should find ways to make it feasible.
* *Eg. Evaluate the need to distribute materials to facilitate the hygiene practices: soap, handwashing points for community structures (schools, churches…).*

Reflective questions to take in account:

* What are key barriers, enablers and gaps (in knowledge as well as services/activities) for effective prevention/management of COVID-19?
* What does the HP team need to do, to achieve effective prevention/management at community level (given these barriers/enablers/gaps)?
* Where MSF can have an added value, taking the overall COVID-19 response in account?
* What is the project’s medical strategy towards COVID-19? Is it enough? How can HP support this? Is there need for a stand-alone HP pillar (eg. Mass awareness campaign)? Is the MSF approach to COVID-19 in line with the MOH approach?
* Is HP treated as a priority (as it should be for COVID-19)? Was / Is the HP team involved in strategy discussions?
* Who should be involved for implementation? Which support is needed?
* Is there space for digital HP?
* *Take in account that during a COVID-19 outbreak, government enforced prevention measures might also apply on MSF outreach teams. In such case, digital approaches might be the only way to engage with our target populations.*
* Is your strategy in line with the general MSF-OCB framework for COVID-19?
* *Check the C-19 Taskforce sharepoint and the HP essential documents on C-19. Ask the HP TF focal point, or HP referent, when you have doubts.*

**3.2. Implementation**

* Develop a step-wise plan for implementation. As the context can be very volatile in an outbreak setting, don’t think in months, but in days and weeks.
* Identify barriers to your implementation (internal or external MSF) and alert about these barriers: do not take them for granted -> HP and CE are absolute priorities in this outbreak!
* Organize space and time to listen questions, concerns, “fear” from your staff (MH, HP, med).
* What are your needs in terms of resources (HR, materials)?
* Which kind of support you will need? (eg. Digital HP; technical HP support,…)
* What basic information/**training** does the HP team need to implement COVID-19 related activities?
* Train HP related staff (HP/outreach/CHW) to handle questions from the community, how to respond on it. Train them on the importance or rumor monitoring and how to collect these.
* Ensure that the training on COVID-19 awareness raising includes emphasis on participatory, engaged, two way approaches towards the population (community dialogues), rather than ‘top down’ health education/teaching. Prepare them to give clear explanation of what we *do not* know and why.
* Train HP related staff on infection control measures and on social distance and how to protect themselves in their workspaces (health structures and communities)
* Train on other HP-COVID-19 specific advice and protocols (eg. Referrals, triage procedures, how to manage the stress expressed by patients, family…).
* What is the **capacity** available in terms of organizing supervision, coaching and training?
* *Be ambitious but* ***take in account your current capacity****: don’t start too big, if you don’t have (yet) the capacity to follow up. Quality and safety is the priority! Think about gradually scaling up. If the needs are enormous, but capacity is limited, ask for additional support!*
* **Develop HP materials and test it** with community representatives. See the Teams platform for available visual tools for COVID-19 awareness.
  + Ensure that the messages are scientifically correct and in line with the standard HP guidance on C-19. Check with your referent or with the HP focal point of COVID-19 TF, if you have doubts.
  + Remember that health education tools and messages should be **adapted to the context and specific target population.** All materials/messages should be **pretested** before using.
* If connectivity is ok, **digital HP** might be a major (and maybe only) channel for HP to reach the target populations during a COVID-19 outbreak (taking in account government enforced prevention measures, such as reduced mobility). Don’t necessarily see this as optional. If you don’t feel experienced with digital HP, **reach out** and ask for support.
* The primary target population should be the **health care workers** (MSF and non-MSF) (see above):
* Consider (supporting) IPC training for other actors in non-MSF health facilities.
* Reinforce the IPC education visuals tools inside the health structure and reinforce the hygiene education messages in existing health education sessions.

**3.3. Involve the community from the start, in terms of sharing information, discussion of MSF strategy, who does what etc., and “how” to engage with the community about COVID-19**

Mission/projects will have to discuss the possible **community reactions** that will results from any community activities implemented (and information collected). HP activities/ monitoring/active case finding/contact tracing / self-isolation promotion etc. may cause anxiety in the population. Therefore;

* Discuss all community activities or changes with key people/ leaders/influencers (based on the community mapping) in the community (objective, procedure and possible public health actions based on results) to make sure you have their input, approval and support. Key community members can inform the population and give advice on the operationalisation of an activity.
* Discuss a with key community members, with who, when and how information will be shared.
* Agree and plan systematic follow-up meetings with community key members to ensure information sharing.
* Give special attention to the more ‘invisible’ groups: youth, key populations,… Everyone needs to be involved. Don’t focus only on the ‘leaders’.

1. **Monitoring: To assess the outcomes of the HP strategy and to assess aspects that need adjustment. What is being done, when, where, How well?**

* Identify at the outset moments for **review of objectives/activities**: outbreaks are very dynamic and HP activities need to be reactive to the very fast changes in context (epidemiological, informational, etc) so setting up regular check-ins with team (i.e. weekly) to discuss developments and re-align objectives activities is important.
* Continue the **situational analysis**:
  + Systematic monitoring of knowledge, perceptions, community reactions, outbreak response,…
  + Establish **systematic collection of rumours** and questions/ suggestions related to COVID-19 from the community, to identify patterns, recurring topics, sources or channels where rumours are more often produced or circulated. This early analysis and consequent reaction help to respond to questions and effective counter miss/dis-information. (See more about this in the folder of ‘rumor management’.)
* Make sure you ask yourself regularly **why** we doing these actions, what we are trying to do (objectives) rather than just running to activities! Is it still relevant?

**See also “How to make a HP strategy?”:**



**For support in design or methods, questions and suggestions, please contact:**

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