

Discussion brief

COVID-19 COMMUNITY LEADER GROUPS: Supporting community-led solutions for prevention, response and resilience

KEY MESSAGES

- Previous public health crises have demonstrated that epidemics start and end in communities and that supporting community-led risk communication and community engagement (RCCE) is key to limit transmission and mitigate the impacts on the economy and social fabric beyond the pandemic itself.
- This brief, co-authored by UN-Habitat and WHO, outlines the UN-Habitat-led initiative to establish 'COVID-19 Community Leader Groups' that bring together communities — in particular Gozar Assembly members — and government authorities to co-develop community-level response plans for COVID-19 prevention, response and resilience.
- In order to set up and maximize the potential of COVID-19 groups operate, support is required from municipal authorities, UN-Habitat, the World Health Organisation (WHO), and the Ministry of Public Health (MoPH).

1. Why 'COVID-19 Community Leader Groups': tackling COVID-19 within and by communities

Previous public health crises have demonstrated that epidemics start and end in communities and that public health messages alone won't change people's behaviours. Global best practice shows that beyond communicating the risks, fostering greater dialogue with communities and supporting community-led solutions is key to limit transmission of COVID-19 and mitigate its impacts on the economy and social fabric beyond the pandemic itself.

Supporting community-led solutions is particularly important in informal settlements where recommended measures to prevent COVID-19 transmission, such as hand washing, physical distancing, self-quarantine, self-isolation or community-wide lockdowns, are often impossible.

In Afghanistan, existing community-based urban development structures such as Gozar Assemblies

(GAs) and Community Development Councils (CDCs) are uniquely positioned to play a vital role in supporting risk communication and community engagement (RCCE) on COVID-19.

GAs are government-recognized, democratically elected community councils that represent the local urban Gozar. A Gozar is an area-based group of up to 1,250 households, with each GA comprising of a cluster of CDCs of up to 250 households. These area-based networks of men and women, together with government support, lead the process of urban development planning and implementation at the local level.

GAs and CDCs are thus well placed to play a key role to facilitate the prevention, mitigation and management of the epidemic within and by the community.

What is RCCE and why it matters?

RCCE is integral to the success of responses to health emergencies. The World Health Organization (WHO) defines risk communication as the real-time exchange of information, advice and opinions between experts, community leaders, or officials and the people who are at risk. It allows people most at risk to understand and adopt protective behaviours, and authorities and experts to listen to and address people's concerns and needs so that the advice they provide is relevant, trusted and acceptable.

RCCE is participatory and community-based in nature and is deeply rooted in trust between those who know (experts), those in charge (authorities) and those affected (communities).

According to the International Federation of Red Cross and Red Crescent Societies (IFRC), RCCE has four main pillars:

- **Life-saving information**, so people have access to timely, relevant and actionable information to adopt safe health practices, access available services and reduce fear, stigma and misinformation through the most appropriate communication approaches.
- **Community feedback mechanisms**, so people's beliefs, fears, rumours, questions and suggestions inform and guide the COVID-19 response in a safe and confidential manner;
- **Behavior change**, so by knowing what prevents people from adopting safe health practices, responders can motivate people to take context-relevant actions to prevent and reduce the spread of the disease.
- **Community-led solutions**, so people can actively participate, co-design and, ultimately, own the response and recovery from COVID-19 through supporting community-led solutions that build on existing knowledge and networks.

2. What role COVID-19 groups can play: spearheading 'community plans for COVID-19 prevention, response and resilience'

In order to effectively tackle the current and future impacts of COVID-19 and continue building urban resilience in Afghanistan, municipalities and communities will need to co-develop community-level response plans that identify and build from concrete and locally-relevant measures for COVID-19 prevention, response and resilience.

Setting up COVID-19 Community Leader Groups to lead the development of those 'community plans' will reinforce the role of GAs as key platforms to, first, improve service delivery and municipal development, and, second, strengthen the 'social contract' between citizens and municipal authorities for a more accountable and democratic government.

The role that the COVID-19 groups could play in the co-design and implementation of 'community plans' will depend on the support and resources that municipalities, UN-Habitat, Ministry of Public Health (MoPH) and World Health Organisation (WHO) may make available at the provincial level.

These are some of the main roles and responsibilities that COVID-19 groups could play to spearhead 'community plans for COVID-19 prevention, response and resilience':

- **Dissemination of official information TO communities:** Share timely, relevant and actionable public health information from municipalities, MoPH, WHO, etc. with communities. This includes distributing,



© UN-Habitat Afghanistan

in local languages and in a coordinated manner, both Information, Education and Communication (IEC) materials and official updates on the pandemic and on available services. The dissemination of official information will use multiple and contextually relevant channels, including religious leaders, community influencers and local media.

- **Share information FROM communities back to relevant stakeholders:** Working with COVID-19 groups is essential to identify effective, local communication channels and mechanisms to foster dialogue between citizens, municipal authorities and services providers. The role of COVID-19 groups will be central to ensure that feedback, complaints, rumours and concerns from the community are safely and confidentially shared back with municipalities, MoPH and WHO so they can act on those in a timely manner, when possible. This is particularly relevant in informal settlements where rumours can spread rapidly.
- **Engage closely with local surveillance teams to maximise limited resources:** Data-led responses can help focus limited resources on the most at-risk urban informal settlements. COVID-19 groups will engage closely, for example, with WHO mobile health teams to ensure that RCCE interventions are informed by consolidated surveillance data.
- **Become a 'knowledge point' for community members:** While COVID-19 groups may not have answers to all questions about COVID-19 and available services, they will know who to find those answers from. This will be achieved by ensuring that COVID-19 groups can easily communicate with municipal authorities and other health authorities, such MoPH and WHO, or simply call Awaaz, the toll-free, confidential, country-wide humanitarian hotline.
- **Identify and support existing community-led initiatives and networks:** Citizens are always first responders. Whether as individuals or as part of community-led initiatives or larger networks, citizens have been mobilizing across cities at varying scales to address basic relief needs and other impacts caused by COVID-19. COVID-19 groups could identify, and whenever possible, support community-led initiatives and

networks.

- **Support the identification of and appropriate support to the most vulnerable households:** COVID-19 and the public health measures issued affect different groups differently. Municipal authorities need to give priority to vulnerable groups to prevent further deterioration of their fundamental rights and living conditions. Among those rendered most vulnerable by COVID-19 are women and girls - with a rise in Gender Based Violence - older people isolated at home, people living with disabilities and children whose education and nutritional support may be cut off. COVID-19 groups could improve the identification and targeting of those most in need.
- **Help monitor perceptions, knowledge and attitudes to COVID-19, compliance with public health and social measures, and co-design the contextualisation of those measures:** In the absence of a vaccine, community-wide lockdowns, hand washing, physical distancing, masks and self-quarantines are central to limit transmission of COVID-19 and mitigate its socio-economic impacts. However, it is important to recognize local challenges and capacities of the vast majority, particularly of those living in overcrowded informal settlements, to comply with MoPH/WHO guidelines. Building on the living practice and knowledge of local communities, COVID-19 groups could co-design and contextualise public messages and measures, and better explain why those measures are needed and how to comply with them. This could include, for example, identifying alternatives to mass religious and social gatherings and compassionate management of the deceased.
- **Support the identification of community priorities and the selection and monitoring of potential projects:** Through block grants, projects could target not just COVID-19 prevention, mitigation and response priorities, as indicated by community members/groups, but also improve the resilience of urban areas and municipal service delivery through WASH (e.g. public handwashing stations), solid waste, livelihoods and other infrastructure investments.

3. Who should be in the COVID-19 Community Leader Groups?

The COVID-19 Community Leader Groups will be built on the existing GAs though it is not necessary for all GA representatives to be willing or able to be involved. For COVID-19 groups to be more diverse and inclusive, it is proposed to

include additional members such as religious leaders, Wakil-i-Gozars, youth and other local leaders. The GA standard minimum of three women or more must be applied.

4. Support required from all relevant stakeholders involved

To effectively set up and maximise the potential of the COVID-19 Community Leader Groups, it is recommended that the following stakeholders commit to the following (in line with available resources):

4.1 Municipalities

- Recognise the value of COVID-19 groups and take leadership in helping set them up.
- Appoint key focal points to work with COVID-19 groups, UN-Habitat City for All (CFA) teams, WHO/RCCE and MoPH.
- Lead a coordination and learning platform for all these stakeholders to come together on a regular basis.
- Assist in the development and review of community plans as requested.

4.2 UN-Habitat

- Through CFA teams, assist municipalities identify key staff to support COVID-19 groups.
- Mobilise GA members and other community leaders to establish the groups and assist them to register at the municipality.
- Assist COVID-19 groups on the design, implementation and monitoring of community plans.

- Support connecting community leaders with municipal authorities and WHO.

4.3 WHO, through the RCCE working group

- Identify and introduce a key focal point to, as part of the coordination and learning platform, assist COVID-19 groups on the design, review, implementation and monitoring of community plans.
- Assist COVID-19 groups connect with relevant humanitarian service providers through introductions
- Ensure public health messages and IEC materials in local languages are provided to the relevant focal points in COVID-19 groups.

4.4 MoPH

- Identify and introduce a representative at the local level.
- Assist COVID-19 groups connect with relevant MoPH service providers through introductions.
- Ensure public health messages and IEC materials in local languages are provided to the relevant focal points in COVID-19 groups.
- Review community plans as requested.

5. References and further information

- [Communicating risk in public health emergencies](#) (WHO, 2018)
- [COVID-19 in informal urban settlements](#) (Social Science in Humanitarian Action, 2020)
- [COVID-19 Vulnerability in Informal Settlements: A Case Study of an Urban IDP Community in Jalalabad, Afghanistan](#) (UN-Habitat, 2020)
- [Red Cross Red Crescent Guide to Community Engagement and Accountability](#) (IFRC and ICRC, 2016)
- [Strengthening preparedness for COVID-19 in cities and urban settings: interim guidance for local authorities](#) (WHO, 2020)
- [UN-Habitat COVID-19 Response Plan](#) (UN-Habitat, 2020)
- [UN Special Rapporteur on Adequate Housing's COVID-19 Guidance Note: Protecting Residents of Informal Settlements](#) (Office of the United Nations High Commissioner for Human Rights, 2020)

Authors: Felicity Cain (cain@un.org), Jacobo Quintanilla (jacobo.quintanilla@gmail.com), and Rachel Maher (maherr@who.int)



© UN-Habitat Afghanistan

Discussion brief

COVID-19 Community Leader Groups: Supporting community-led solutions for prevention, response and resilience

UN  HABITAT
FOR A BETTER URBAN FUTURE

**United Nations Human Settlements Programme
(UN-Habitat) Afghanistan**
UNOCA Complex, Jalalabad Road, Kabul, Afghanistan
info@unhabitat-afg.org, www.unhabitat.af