

GOAL



COMMUNITY-LED ACTION (CLA) FOR COVID-19

A FIELD MANUAL FOR COMMUNITY MOBILISERS

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*“This is not just a public health crisis, it is a crisis that will touch every sector...
so every sector and every individual must be involved in the fight.”*

Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, 11th March 2020

Established in 1977 GOAL is an international humanitarian and development agency, committed to working with communities to achieve sustainable and innovative early response in crises, and lasting solutions to poverty and vulnerability. GOAL has worked in over 60 countries and responded to almost every major humanitarian disaster and are currently operational in 13 countries globally. GOAL's purpose is to save lives and empower communities to develop resilience and greater control over their lives and livelihoods. GOAL aims to increase the resilient wellbeing of the world's poorest people and focuses on those who are excluded or marginalised, particularly those who are vulnerable due to socio-economic status, gender or age. Intervention focus areas include: food and livelihood security; health and nutrition; water and sanitation; and humanitarian assistance, resilience and social behaviour change.

CLA Field Manual published in 2020 by
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Statement on Acknowledgement

The present document aims to provide public access to the Community-Led Action for COVID-19 Field Manual for Community Mobilisers for other organisations who wish to implement the CLA approach as part of their COVID-19 pandemic response. We ask that GOAL be explicitly and visibly credited in any use of the material or the approach.

Acknowledgments

This Field Guide was written by Geraldine McCrossan and Katharine Owen. It draws heavily on the Community-Led Ebola Action (CLEA) Field Manual¹ developed for the Social Mobilisation Action Consortium (SMAC)²² in 2014, which in turn, took inspiration from the Community-Led Total Sanitation (CLTS) approach and built on a history of Participatory Rural Appraisal (PRA).

¹ <https://restlessdevelopment.org/file/smac-clea-field-manual-pdf>

² SMAC was comprised of BBC Media Action, FOCUS 1000, GOAL Global and Restless Development

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CLA For COVID-19

Acronyms

- CLA Community-Led Action
- CLEA Community-Led Ebola Action
- CLTS Community-Led Total Sanitation
- PHEIC Public Health Emergency of International Concern
- PLA Participatory Learning and Action
- PPE Personal Protective Equipment
- PRA Participatory Rural Appraisal
- SMAC Social Mobilisation Action Consortium
- WHO World Health Organisation

About this Field Manual

Who is this Field Manual for?

This Field Manual was developed by GOAL for GOAL Community Mobilisers implementing the Community-Led Action (CLA) approach to reduce the spread of COVID-19 in their communities. It can also be used by other organisations who wish to implement the CLA approach as part of the COVID-19 pandemic response.

How should this Field Manual be used?

This Field Manual is intended as a guide for CLA Community Mobilisers (CMs), supporting them to implement CLA's five steps. It provides CMs with Participatory Learning and Action (PLA) tools and ideas for empowering communities to do their own analysis and take their own action to prevent the spread of COVID-19. The CLA approach recognises that communities have the power and the agency to stop the spread of COVID-19 and protect themselves. The approach also recognises that contexts and communities vary widely, and as such, the guidance given should be adapted and tailored to suit local conditions.

Any Community Mobilisers using the Field Manual should receive comprehensive training, ongoing supervision, and adequate financial/material support to be able to do their job safely and effectively.

Given the evolving nature of the COVID-19 pandemic, GOAL Global will be continuously reviewing, adapting and updating this tool based on feedback from the countries in which it is being used, and rapidly changing needs.

1. Introduction to COVID-19

COVID-19 is an infectious disease caused by a newly discovered coronavirus first detected in Wuhan, China on 31st December 2019. On January 30th 2020 the World Health Organisation (WHO) declared the COVID-19 outbreak a Public Health Emergency of International Concern (PHEIC), and on March 11th 2020 declared that the outbreak could be described as a pandemic, due to its rapid spread across the globe. By early April there were over a million confirmed cases and over fifty thousand deaths, affecting almost every country.

1.1. Symptoms

People infected with the disease are affected in different ways. Some don't develop any symptoms and don't feel unwell, most will experience mild to moderate respiratory illness and recover without requiring special treatment, and about 1 out of every 6 people infected become seriously ill and develop difficulty breathing. Older people, and those with underlying medical problems such as high blood pressure, heart disease, lung disease, cancer or diabetes, are more likely to become seriously ill and die from COVID-19 if infected. For those who are infected who experience symptoms, the most common are fever, tiredness and a dry cough. Some people may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea.³

1.2. Spread

The disease is spread from people infected with the disease (even if they don't have symptoms or only have very mild symptoms) to others through small droplets from the nose or mouth which are spread when they cough or exhale. These droplets land on objects and surfaces around the infected person and are passed to others if they touch these objects and surfaces and then touch their eyes, nose or mouth, or if they inhale them.⁴

1.3. Preventive Measures

As it can be difficult to know who is infected with COVID-19 due to the fact that some of those infected may not have any symptoms, or their symptoms may be very mild and/or similar to other illnesses, *everyone* should follow preventive measures to avoid unknowingly or knowingly spreading COVID-19, as well as preventive measures to avoid becoming infected with COVID-19.

These preventive measures are:

- Cough and sneeze into your elbow or a tissue (and then dispose of the tissue immediately) to prevent potentially infected droplets from your nose or mouth from landing on objects and surfaces around or being inhaled by others

³ <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

- Disinfect frequently touched objects and surfaces to kill viruses that may be on them
- Wash your hands often with soap and water, or clean them with an alcohol-based hand rub, to kill viruses that may be on them
- Avoid touching your eyes, nose and mouth to avoid transferring viruses that may be on your hands to your eyes, nose or mouth where they can enter your body
- Practice physical distancing by maintaining *at least* 1 metre (3 feet) distance between yourself and others to prevent potentially infected droplets landing on either of you, or being inhaled
- Stay at home when possible to reduce the opportunity for the virus to spread from person to person
- Avoid travelling to other areas when possible, especially from or to known COVID-19 hotspots (cities or local areas where COVID-19 is spreading widely) to reduce the opportunity for the virus to spread from person to person
- Stay at home if you feel unwell, and seek medical attention if you have a fever, cough and difficulty breathing and follow the directions of your local health authority. This is to protect you and prevent the spread of virus from you to others
- Take extra precautions if you are an older person, or someone with an underlying medical problem, to reduce your risk of being infected and becoming seriously ill with COVID-19.⁵



For many people in many contexts, these measures can be difficult to follow. Some people don't have access to a clean water supply or soap. Practicing physical distancing is impossible unless everyone in your neighbourhood does it. Staying at home if you have a farm to manage or another livelihood to take care of is often not an option if you want to continue to feed yourself and your family. Because of this, simply instructing people to follow these measures is not enough, individuals need the opportunity to discuss within their communities and plan how to act together. The CLA approach aims to ignite just this type of collective community action.

⁵ <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

2. Introduction to Community-Led Action (CLA)

The CLA approach is based on the premise that communities have the power and the agency to stop the spread of COVID-19. It recognises that in every society, communities can and do modify norms, beliefs and behaviours in response to the conditions around them, and that their collective local actions are at the heart of an effective COVID-19 response.

Under the CLA approach, Community Mobilisers working in pairs and within their own communities, enable small neighbourhood units to do their own appraisal and analysis of the COVID-19 pandemic; its effects and the likely future impact if no local action is taken. The idea is to help residents understand the urgency and the action they can take to prevent the spread of COVID-19, and to ‘trigger’ a collective desire to develop a Neighbourhood Action Plan. Within this action plan, residents themselves can decide how they will ensure good hygiene practices for everyone, re-design community hubs to facilitate physical distancing, stay at home without going hungry, restrict entry into the community, seek medical attention for those who are sick, and shield older people and those with underlying medical problems etc.



Figure 1: CLA 5-Steps

As a Community Mobiliser, your job is to work with your partner within your community, to implement the 5-steps of the CLA model (see Figure 1). This includes mapping your community into small neighbourhood units, preparing to run triggering sessions, running triggering sessions, supporting action plans, and conducting follow-ups. Remember, you should feel free to adapt and tailor the guidance given to suit your local context and community. Table 1 outlines the 5-Steps, which are also described in more detail in the following sections of this guide.

Table 1: CLA 5-Steps

Time	Key Activities
1. 1 day	<ul style="list-style-type: none"> Engage community leadership Secure permission to implement CLA Establish community point-of-contact Break-down community into smaller neighbourhood units Establish neighbourhood point-of-contact
2. ½ day per unit	<ul style="list-style-type: none"> Engage neighbourhood units Secure permission to run triggering sessions Confirm day, time, specific location and participants for each triggering Review triggering tools and prepare materials
3. ½ day per unit	<ul style="list-style-type: none"> Conduct triggering sessions in each neighbourhood unit Complete CLA Monitoring Forms for Triggering
4. ½ day per unit	<p><i>In 'ignited' neighbourhood units:</i></p> <ul style="list-style-type: none"> Facilitate the development of Neighbourhood Action Plans Identify Community Champions <p><i>At community-level:</i></p> <ul style="list-style-type: none"> Re-visit community leadership and discuss establishing a Community Committee
½ day	<ul style="list-style-type: none"> Support the development of Community Action Plan
5. Ongoing	<ul style="list-style-type: none"> Conduct follow-up with all neighbourhood units Conduct follow-up with community leadership/Community Committee Complete CLA Monitoring Forms for Follow-Ups

When CLA works well, it should:

- Be based on **collective community decision-making and action by all**
- Be driven by a sense of **collective achievement and motivations** that are internal to communities, not by coercive pressure or external payments
- Engage women, men, youth and children in **time-bound specific activities** that will reduce the spread and negative impacts of COVID-19
- Lead to emergence of new **Community Champions** and/or new commitment of existing leaders
- Generate **diverse local actions and innovations** that support healthy environments, utilisation of health services, and social support
- Build on **traditional social practices of community cooperation** and create new local examples that can be shared with other communities
- Focus on and celebrate **community-wide outcomes** such as number of suspected COVID-19 cases isolated; number of people with serious illness referred to a health facility within 24 hours; number of action plans in place
- Rely on clear, accurate **two-way information flow** that builds trust and positive feedback-loops between communities and health authorities.

3. How to be an Effective Community Mobiliser

As a Community Mobiliser, your attitude and behaviors are among the most essential ingredients for effective implementation of the CLA approach. Communities will be experiencing the uncertainty and anxiety associated with the emergence of an unfamiliar, highly contagious and deadly disease and the related movement restrictions and lock-downs often announced at short notice and with severe economic and livelihood impacts for many.

You must be ready to face communities with a calm, honest, empathetic approach. You will have a clear understanding of local knowledge and capabilities and so must be hands-off, not teaching or lecturing to simply deliver health messages, but rather actively listening and facilitating to enable community members to confront incredibly difficult realities on their own terms. You can build trust and inspire your community to take action. Much more than any tools or methods, it is your attitude and style when interacting with communities that will determine success.

Table 2: Key Attitudes and Behaviours of Community Mobilisers

DO	DON'T
Listen attentively; observe body language and what is not said	Interrupt, talk all the time, impose your ideas
Facilitate community's own appraisal and analysis	Educate, lecture or tell people what to do
Trigger self-mobilisation; let people come up with their own actions and activities	Push for, or demand action; prescribe what to do
Stand back, leave it to local leaders; stand or sit at the same level as people	Be in charge; physically dominate people
Be hands-off, stay neutral, allow heated discussions between insiders	Interrupt when the discussion becomes charged; discourage community members from disagreeing with each other
Encourage women and vulnerable members of the community to participate	Overlook women, children, and others who often get left out; allow one person to dominate
Offer response information and let people know about the services available	Insist on or impose your viewpoint
Be honest, admit if you do not know something, be humble and respectful	Make up answers, defend, doubt people
Be creative and flexible; improvise and adapt	Be rigid, stick to a 'script'
Let go, always let community members do it (draw, map, discuss, prioritise etc.)	Try to control the process or the outcome, be disappointed when things don't go according to your plan
Be patient	Rush

4. Community-Led Action (CLA) 5-Steps

4.1. Engaging and Mapping Communities

The first step is to work in your pairs to respectfully engage your community's leadership in line with local protocol, and (with their permission) map your community into smaller, distinct neighbourhood units of **maximum 15 households**.

The aim of this step is to break-down large communities into smaller, distinct neighbourhood units which have a strong sense of identity and high social cohesion, to increase the practicalities of joint action-planning and the likelihood of actions being taken up and maintained. Working with distinct neighbourhood units instead of whole communities in one go, also means that CLA triggering and follow-up sessions do not require residents to travel across communities or far from home, which is not advisable or safe in an active outbreak context. Furthermore, this may not be allowed in some communities where strict movement restrictions and lock-downs are already in place.

Be sure to map neighbourhood units that are meaningful to residents. For example, if several residents share a latrine or a water point, their households and these facilities should be within one neighbourhood unit, not separated. This is important to avoid drawing arbitrary lines, but also to make it easier for residents to put in place and be responsible for actions related to these facilities. Similarly, consider community hubs such as shops, markets, and churches and which residents use them the most, and try to ensure that they are kept within the same neighbourhood unit as far as possible. Once you have mapped your community, ensure that each neighbourhood unit has a name. This could be a name that the residents already use to refer to their area, or a name or description that you and your partner come up with to use internally (between yourselves and your supervisor) for the purposes of identifying the unit when planning, implementing, and reporting on activities. Finally, be sure to establish a point-of-contact within the neighbourhood unit, someone that you can call to prepare for the triggering session.

The number of neighbourhood units per community will depend on the size of the community and the number of households within it. Communities with a larger number of households will result in more neighbourhood units than communities with a smaller number of households. Some densely populated urban communities may break-down into many neighbourhood units whereas some quiet rural communities may only have 15 households within them and not need to be broken-down at all.

4.2. Preparing for Triggering

The second step is to work in your pairs to prepare to run triggering sessions in each neighbourhood unit. The aim of this step is to ensure that neighbourhood units are respectfully engaged in line with local protocol, informed of the wish to conduct a triggering session, and asked for their permission to proceed. This step also aims to ensure that all the necessary practical arrangements are put in place to ensure that the session goes smoothly.

Explain to the point-of-contact in the neighbourhood unit that you wish to conduct a triggering session, detailing how long it will take, what it will entail, and what it aims to achieve. Secure their permission to proceed before discussing and agreeing on the day, time and specific location for the session. Take care to ensure that the day and time fits well with the residents' schedules and availability, and that the location is convenient and comfortable for all (for example, the location should not be too hot/cold/cramped and it should be somewhere where it is possible to put in place Infection Prevention Control measures (IPC) - see Table 3).

Table 3: Ensuring IPC Measures when Working in the Community

- Set up a handwashing station at the entrance to the group session and ask people to wash their hands before they join the group.
- Ensure that no more than 15 participants attend the group session. Watch out for additional participants and support staff joining, and numbers increasing throughout the day.
- Make sure that everyone can and does maintain a distance of at least 1 metre (3 feet) at all times. (This means that no-one is sitting within arm's length either to the side or in front or behind them). Set up chairs and activities in a way that promotes and encourages this.
- Ensure that anyone who feels unwell or who has a cough does not attend the session.
- During the session make sure people do not move around together, for example, make sure they only come to the flipchart paper one at a time.

Also discuss and agree upon who should be invited. Stress that just **one person per household** should attend, and that the session should have no more than **15 participants in total**. This is very important from an IPC perspective, and to ensure that triggering sessions don't exacerbate the spread of COVID-19. In some countries and communities, if it is not allowed/possible/preferable to bring together 15 residents at a time, discuss alternative ways of running the session. Try to ensure that key stakeholders (such as chiefs, councillors, community/religious/youth leaders and teachers) are invited to the session, and that participants are a mix of genders, ages, abilities, and incomes.

Once the day, time, location and participants for the triggering have been confirmed, review the triggering tools and prepare any materials you need. Discuss the session with your partner and agree who will lead and co-lead each exercise, and how to divide reporting tasks.

The day before the triggering session, call your point-of-contact to confirm that it will be going ahead (or if there have been any changes to the plan). Keep in touch in the event that you are running late out of courtesy and respect for the residents.

If in your areas triggering cannot be conducted in a gathering setting then your GOAL supervisors will support you on finding the right modality to continue the triggering process.

4.3. Triggering Communities

The third step is to work in your pairs to conduct triggering sessions in each neighbourhood unit. The triggering process is about stimulating a collective desire to take action in the face of the COVID-19 pandemic.

As a Community Mobiliser your objectives are to: facilitate dialogue, appraisal and analysis so that community members can decide for themselves whether COVID-19 poses a real threat, what action can be taken to prevent the spread of COVID-19, and whether and how to take action.

Introductions & Building Rapport

When beginning a triggering session, be sure to follow local protocol, for example if it is the norm to wait until the Chief or most senior community member present invites you to speak before starting, then do so. Introduce yourself and explain why you are there. Relax and don't rush and try to help participants feel comfortable. Make it very clear that you are there to learn and understand more about what is happening in the community and NOT to prescribe or enforce any behaviours or practices. If you are asked for funds or materials resources, be clear that you do not have any.



Participants doing a triggering exercise in Sierra Leone (not in the context of a disease outbreak and so physical distancing measures not in place)

Initiate an opening discussion about COVID-19. This will be a topic which is at the forefront of participants' minds and something which is probably already affecting their daily life in one way or another. You could begin by asking broadly about the latest news they may have heard, or asking generally about their experiences in the neighbourhood.

Using the Participatory Learning and Action Tools

Use the 3 Triggering Tools outlined below to facilitate community dialogue, appraisal and analysis of the situation. Don't be overly concerned about following the guidance exactly,

your attitude and behaviours and your facilitation skills (see Table 4) are much more important, and spontaneous discussion among the participants is good and should be encouraged when it occurs. Remember, the goal is to help participants build their own self-awareness of what is happening, the action they could take, and reach a collective decision to act. This may happen very quickly for some neighbourhood units, or not at all in others.

Table 4: Effective Facilitation Skills for Triggering

- **Always facilitate in the local language.** And use the local words, especially any local word(s) for COVID-19 and illness and sickness. It is very likely that there are already words for ‘contagious’ diseases or ‘isolation’. Do not use medical terms that may be met with suspicion or be difficult to understand.
- **Don’t focus only on implementing the tools ‘perfectly’.** Your attitude and behaviours and your facilitation skills are much more important than the tools or exercises you cover, or even how you cover them. Remember that spontaneous discussion among the participants is good and should be encouraged because it can provide useful insight.
- **Be flexible.** Every community is different and if communities are really owning the process, they may drive things in all kinds of directions.
- **Give up control.** You do not own this process. Avoid dominating by controlling who speaks or who is given markers to draw. Lay everything out and allow participants to do all of the drawing, mapping and recording themselves.
- **Keep your eyes and ears open.** Listen to what participants have to say, even when you are not formally conducting an exercise. Pay attention to body language.
- **Watch your body language.** Be careful that your body language does not reveal that you either agree/approve or disagree/disapprove of what participants are saying. Do not be judgmental. Never respond with astonishment, impatience, or criticism. Remember your job is not to convince participants of biomedical facts or tell them what you think they should do.
- **Keep in mind the triggering objectives.** Ask probing questions during and after you have completed the activity. Remember that doing an exercise, such as a map, is only the first step. The discussion that follows is the key opportunity for learning.
- **Be aware of participation levels.** Be aware of people who dominate the discussion and those who are shying away from it. Try to bring those who are quiet or shy into the discussion but take care not to make anyone feel uncomfortable or pressured to talk about something if they do not want to.
- **Be ready to handle conflict.** Remember that COVID-19 can be a very sensitive topic; emotion, tension, and conflict could arise in a group setting. This is normal and to be expected, so be ready to handle it appropriately. It is your role to help people find common ground when conflicts arise and recognise when to agree to disagree. Try to avoid taking criticism or resistance personally.
- **Allow silences to happen.** The person who was speaking may continue, or another person may decide to talk.
- **Don’t be quick to jump in and answer questions yourself.** Always allow participants to ask any questions they have but do not immediately answer them yourself, throw/share them to the larger group to see what others will have to say.
- **Allow people to voice their frustrations.** Let people voice their concerns about the health services they have received or might need. You do not have to defend the health authorities.
- **Do not focus on collecting data during triggering sessions.** If you are facilitating, do not attempt to fill in monitoring forms at the same time. Your co-facilitator can be responsible for discretely noting down the important information emerging from participatory analyses, and ensuring that these notes and results are summarised in the monitoring tool so that you can focus on igniting collective action.

Tool 1: Body Mapping Exercise

BODY MAPPING	
Objectives	<ul style="list-style-type: none"> Identify the most common symptoms of COVID-19, what parts of the body it affects, and how it compares to other illnesses Explore different perceptions about transmission routes into the body Explore understandings of how COVID-19 affects people differently (e.g. asymptomatic, mild symptoms, severe symptoms) and who would be most vulnerable to severe symptoms (e.g. older people, and those with underlying medical problems)
Materials	Flipchart paper and markers OR a smooth surface for drawing in the dirt and a stick Blank cards and markers
Duration	Approx. 30 minutes

Process

- Begin by asking a volunteer to draw an outline of the body on the paper or ground.
- Place some cards and markers near the body map.
- Ask participants to think of some general symptoms of COVID-19 and write or draw them on the blank cards using the markers you have put out.
- Ask them to place the symptoms on/near the part of the body they affect.
- Discuss the symptoms and what kind of illness COVID-19 is. Is it easy or difficult to tell if someone has COVID-19 or another illness? Does everyone who gets COVID-19 experience the same symptoms? Are some people more likely to become seriously ill from COVID-19 than others? Do the symptoms change over time? How? Is it an 'easy to understand' illness, or a 'difficult to understand' illness?
- Next, ask how the disease comes to affect the body. Ask participants to use the cards to write or draw some pathways or agents (for example, people might say mosquito bite, droplet, blood faeces, contaminated surface, the wind etc.)
- Then ask for participants to draw lines from these cards to show how it gets into the body (for example, through the eyes, through the skin, through the hair etc.)

Notes for facilitator

- Try to avoid suggesting symptoms or answering questions yourself. Let people discuss, identify, draw/write.
- If there are any misunderstandings or myths, try to illicit alternative opinions from the other community members through probing and strategic question. Do not tell a participant they are wrong.
- If someone states one of the key points (see below), invite them to the front to tell everyone. Once one of the participants has given this information, you can repeat it from time to time. But do not give this information before they do, it must be something that is put forward as the result of a participant's own analysis, not something you have told them.

Reminder of key points for facilitator

- The most common symptoms of COVID-19 are fever, tiredness and a dry cough.
- Without a test it can be difficult to tell if someone is infected with COVID-19 because some COVID-19 symptoms are the same as the symptoms for other illnesses (for example, a common cold, flu, malaria, typhoid etc.)
- Some people infected with COVID-19 don't develop any symptoms and don't feel unwell, most will experience mild to moderate symptoms, and some will experience severe symptoms.
- Most people infected with COVID-19 will recover without requiring special treatment, but some will become seriously ill and develop difficulty breathing.
- Older people, and those with underlying medical problems such as high blood pressure, heart disease, lung disease, cancer or diabetes, are more likely to become seriously ill and die from COVID-19 if infected.
- COVID-19 is a new disease which is still being studied and learnt about.
- COVID-19 is spread via contaminated droplets from a person infected with the disease (even if they don't have symptoms or only have very mild symptoms) to others through small droplets from the nose or mouth which are spread when they cough or exhale.
- Contaminated droplets from a person infected with COVID-19 are spread to others if they touch objects or surfaces where these drops have landed and then touch their eyes, nose or mouth, or if they inhale them.

Tool 2 Disease Spread Exercise

DISEASE SPREAD	
Objectives	<ul style="list-style-type: none"> • Build a collective realisation of how COVID-19 can rapidly spread • Explore ideas around the different ways in which rapid spread of COVID-19 can affect individuals, neighbourhoods and health facilities
Materials	<ul style="list-style-type: none"> • Flipchart paper and markers OR a smooth surface for drawing in the dirt and a stick • Blank cards and markers
Duration	Approx. 30 minutes

Process:

- Begin by asking a volunteer to draw an outline of a house on the paper or ground.
- Place some cards and markers near the drawing of the house.
- Ask for a volunteer to suggest who lives there and what work they do (for example a caregiver, farmer, market seller, Community Health Worker, teacher etc.).
- Explain that this person feels healthy and so is conducting his daily activities. Ask participants to suggest some places s/he might visit during the day and write or draw them on the blank cards using the markers you have put out (for example, church, school, communal vegetable garden, shop etc.).

- Ask them to place the locations around the house and draw travel lines from the house to the other locations, to show the route s/he took.
- Next, ask the participants who the person might have met as s/he moved around and write or draw them on more blank cards (for example, priest, group of school children, neighbour, trader etc.).
- Ask them to place the people on the map where s/he would have met them.
- Discuss how the person may have greeted these people (for example, waving from afar or through a window, shaking hands, hugging, sharing a meal etc.).
- Explain that later that evening the person developed a fever, tiredness and a dry cough at her/his home, and discuss what this could mean. Is it possible s/he could have COVID-19? If so, could s/he have already spread the disease to others? Who?
- Let the participants discuss and debate this and circle the people on the map who they agree could now potentially be infected with the disease.
- Next, ask the participants to discuss what the impact of this could be, on the individuals who could potentially have COVID-19, and on the wider community. Would they have to isolate themselves? How would this affect them? Would they develop symptoms? Could some individuals become seriously ill? Who would be most likely to become seriously ill? How would the healthcare facility be affected by this? How would this affect other people trying to access routine and other emergency healthcare services?
- Finally, ask the participants if it is possible that those infected people could also infect others, how?

Reminder of key points for facilitator:

- Some people can feel healthy even though they have COVID-19. This can be because they don't have any symptoms, because their symptoms are so mild they hardly recognise them, or because their symptoms have not developed yet.
- The most common symptoms of COVID-19 are fever, tiredness and a dry cough, but these symptoms can also be caused by other illnesses (for example, a common cold, flu, malaria, typhoid etc.). Without a test it can be difficult to know the cause.
- COVID-19 is spread via contaminated droplets from a person infected with the disease (even if they don't have symptoms or only have very mild symptoms) to others through small droplets from the nose or mouth which are spread when they cough or exhale.
- Contaminated droplets from a person infected with COVID-19 are spread to others if they touch objects or surfaces where these drops have landed and then touch their eyes, nose or mouth, or if they inhale them.
- If people are considered primary contacts of someone with COVID-19 they have to isolate for two weeks (sometimes with their family and sometimes without) depending on the situation), this means they can't leave the house or the facility where they are isolated, it often means they can't work or earn money, and they can't buy water or food etc.
- Primary contacts of someone with COVID-19 may start to develop symptoms, these symptoms could be mild to moderate or severe. Older people, and those with underlying medical problems such as high blood pressure, heart disease, lung disease,

cancer or diabetes, are more likely to become seriously ill and die from COVID-19 if infected.

- If COVID-19 spreads rapidly, healthcare facilities will become overwhelmed (not enough beds, not enough equipment, not enough healthcare workers to keep up). This will affect everyone wishing to utilise the healthcare facility for routine and other emergency services.
- Those infected with COVID-19 can go on to spread the disease to others, so the number of infected people will keep growing unless preventative measures to stop spread are put in place.

Tool 3 Social Mapping Exercise

SOCIAL MAPPING	
Objectives	<ul style="list-style-type: none"> • Map homes and important places in the neighbourhood and identify where residents are safest/least likely to contract COVID-19 and where they are least safe/most likely to contract COVID-19 • Discuss the challenges of reducing risk whilst still being able to continue with essential activities
Materials	<ul style="list-style-type: none"> • Flipchart paper and markers OR a smooth surface for drawing in the dirt and a stick • Bag of stones/large seeds • Blank cards and markers
Duration	Approx. 30 minutes

Process:

- Place the bag of stones/large seeds near the flipchart paper or near the space for drawing in the dirt.
- Ask the participants to map their neighbourhood unit, using the stones/seeds to represent each of their houses and writing or drawing on the blank cards you have put out to show the places that are important to them (or using something else to symbolize them, sticks, leaves, flowers etc.).
- Encourage participants to identify the places that are important for their health (water-point, latrine, health centre); livelihoods (shop, farm, childminder's house); faith (mosque, church, cemetery); well-being and relaxation (football pitch, location for community meetings, café, bar) etc.
- Next, ask the participants to imagine the COVID-19 virus is in their neighbourhood, and to think about where they and their family are safest/least likely to get the virus (for example, at home, in an open space etc.) and where they are most at risk/most likely to get the virus (for example, at a crowded water-point, during Friday prayers or Sunday service, whilst at a busy community meeting, when children are playing with other children and not maintaining physical distance).
- As participants respond, gently probe them to think about the times of day that are most risky (for example, "is the water-point busier/less busy at certain times of

day?” etc.) and disease spread and transmission routes (for example, “why is Sunday Service risky?” – “because there are many people, many from outside the neighbourhood, and we all drink from the same communion chalet” etc.).

- Discuss the problem. Can all neighbourhood residents just stay at home all the time? Why not? (No because they need to earn money/take care of their livelihood, collect water, buy food etc.). Can residents stay at home more of the time with some support? (Yes if neighbors take it in turns to manage farms/livelihoods, collect water, buy food etc.). Can residents just avoid the health facility? Why not? (Because children still need to have their vaccinations, pregnant women still need to deliver safely, malaria needs to be treated quickly etc.). Can people who suspect they have COVID-19 just stay at home? (Yes but only if they have reported to the COVID-19 response and are supported by their neighbors to access essentials and be referred if they become seriously ill).
Is it possible to stop outsiders entering the neighbourhood? (Yes)
- Lead the participants to start thinking about what they can do to reduce risk of COVID-19 transmission whilst still ensuring residents can access essentials such as water and food and minimizing negative economic impact. If they seem to begin to have reached ‘the ignition moment’, continue straight into action planning (see Step 4 below), otherwise end the exercise.





At each triggering session complete a CLA Monitoring Form for Triggering and submit to your supervisor.

The Ignition Moment

Be very alert for the ignition moment which could be reached at any point during the triggering session. It is the moment of collective realisation that the community is at serious risk from COVID-19. When this moment of realisation occurs you may notice that the energy in the group is at its highest, residents may be debating and arguing about how to protect the neighbourhood. At this point there is no need to continue with other exercises. Don’t interrupt or advise. Quietly listen to the discussion.

At any given point (before, during and after the triggering session) the residents’ readiness for action can be described in one of the following ways: ‘Matchbox in a Gas Station - Ready for action’; ‘Promising flames - Almost ready’; ‘Scattered sparks - Not quite ready’; ‘Damp Matchbox - Not ready’ (see Table 5).

Table 5: Readiness for Action – 4 Stages

	<p>Matchbox in a Gas Station - Ready for action: Where the entire group is fully ignited and all are prepared to start local action immediately to prevent COVID-19. In this case, you can facilitate action planning (with clear activities, responsible persons and dates), identify a Community Champion, and set a date for follow-up.</p>
	<p>Promising flames - Almost ready: Where the majority of residents are agreed, but some are still unconvinced or undecided. Thank them for the detailed analysis. Ask them to raise their hands if they want their neighbourhood to be COVID-19 free. Ask them to raise their hands again if they are ready to take local action. If someone from the group agrees to initiate local action, bring this person up front and encourage them to share their thoughts. If enough others are also interested, facilitate action planning, identify a Community Champion, and set a date for follow-up.</p>
	<p>Scattered sparks - Not quite ready: Where the majority of residents are not decided on collective action, many are still unsure, and only a few have started thinking about going ahead. Tell them they are free to stand by and continue their practices. If one or two from the group are ready to take action, call them to the front and applaud them and set a date for follow-up.</p>
	<p>Damp Matchbox - Not ready: Where the entire group is not at all interested in initiating their own action to stop the spread of COVID-19. In this case, do not pressurize them. Tell them that you are surprised to know that they are willing to sit and wait while this pandemic continues. Remind them that you are not far away and ask if they would be interested for you to make another visit soon.</p>

4.4. Supporting Action Plans

The fourth step is to work in your pairs to support the development of Neighbourhood and Community Action Plans.

4.4.1 Neighbourhood Action Plans & Neighbourhood Champions

Neighbourhood Action Plans

During or following triggering, if the neighbourhood is ‘ready for action’, or ‘almost ready’ (see Table 5) but enough residents are interested in proceeding, then keep up the momentum and begin to facilitate the development of an action plan immediately.



Physical distancing in action outside a health facility in Freetown, Sierra Leone (photo credit: Sandra Lako)

At this stage, it is very important that you do not take control or step in. Do not give in to the temptation to begin dictating what should go into the action plan or giving suggestions. Encourage the group to nominate a note-taker and together discuss the specific actions they want to work on. Encourage participation from everyone and ensure no one (including community leadership) dominates the discussion. Encourage residents to reflect on the previous triggering exercises and recall if there were any actions or solutions already mentioned during these discussions. If the group is struggling, revisit these discussions (looking again at the maps and drawings created) and help to draw out some key points made so the group can suggest possible actions. Encourage action plans that specify who is going to lead on each action and when it will be completed.

Table 6: Neighbourhood Unit - Potential Indicative Actions

Potential Focus Area	Indicative Actions
Infection Prevention Control	<ul style="list-style-type: none"> - Enforcing regular household and neighbourhood cleaning/disinfecting (including of small businesses and public spaces such as mosques, churches, community centres etc), and agreeing who will be responsible for each, and how it will be checked and enforced. - Setting up handwashing stations at each household/key points in the neighbourhood, and agreeing who will be responsible for refilling these and ensuring they are used. - Decisions around how to modify Sunday communion in church so that people do not share the communion chalet, and who will be responsible for putting this in place. - Decisions around how to promote good IPC at the individual level (how to get small children to cover their mouth when they cough, how to stop adults spitting on the ground etc).
Physical distancing & staying at home	<ul style="list-style-type: none"> - Agreements around how to reduce crowds in the neighbourhood, who will be responsible, and how this will be enforced, for example: <ul style="list-style-type: none"> - Have a neighbourhood roster for taking it in turns to manage farms/livelihoods, collect water, buy food etc so everyone is not doing these things at the same time and more people can stay at home;

	<ul style="list-style-type: none"> - Give people set times for using the water point or going to the market; - Put down physical markers to space people queuing for drinks or phone credit. - Put in place curfews or temporary bans on visiting usually-crowded neighbourhood spaces that are not deemed essential.
Restricting travel	<ul style="list-style-type: none"> - Decisions around how to reduce the frequency/stop any non-residents (or just non-residents from known COVID-19 hotspots) from visiting the neighbourhood. - Decisions around whether to prohibit residents from travelling out of the neighbourhood at all (or just out of the neighbourhood to known COVID-19 hotspots) and then returning to the neighbourhood. - Setting up a neighbourhood watch system and screening points (thermometer for temperature check, handwashing station etc) for visitors and returning residents, and agreeing on who will provide the equipment needed for these, manage them, and what the process will be in the event someone is detected as having COVID-19 symptoms. - Agreeing on whether visitors and residents travelling into the neighbourhood need to self-isolate and where they should do this, how they will receive water and food, and who will be responsible for checking in on them etc.
Shielding older people and those with underlying medical problems	<ul style="list-style-type: none"> - Decisions around the steps to take to sensitively identifying older people and those with underlying medical problems such as high blood pressure, heart disease, lung disease, cancer or diabetes, and help to shield them from the risk of COVID-19 infection and serious illness, for example: <ul style="list-style-type: none"> - Have a neighbourhood roster for collecting water, buying food etc for these individuals so they can avoid crowds and stay at home more; - Put in place a system for these individuals to receive Sunday communion or prayer at home so they can avoid potentially crowded churches and mosques; - Appoint someone or several people as being responsible for checking in on these individuals on a daily or weekly basis so that healthcare can be sought quickly in the event of them having COVID-19 symptoms.
Responding to sick people	<ul style="list-style-type: none"> - Decisions on steps for reporting and isolating new suspected cases of COVID-19, including the first point of contact for reporting, where they will be isolated, who will bring them water and food, who will take care of their farm/livelihood/other business, who will check on them daily etc. - Establish a system for suspected cases of COVID-19 to start recording who they have been in contact with for the purpose of rapid contact tracing if confirmed positive. - Decisions on steps for referring those with serious illness within 24-hours, including who will be responsible and how will the referral be made etc. - Agreement on community sanctions for those not following agreed procedures.
Responding to deaths	<ul style="list-style-type: none"> - Decisions on steps for reporting deaths in the community. - Agreements around how to ensure the burial process is safe from a disease spread perspective and inline with COVID-19 response policy.
Protecting health workers and their families	<ul style="list-style-type: none"> - Agreements around prohibiting residents from seeking healthcare in-person from a health worker when they are not at the health facility and are without Personal Protective Equipment (PPE). - Decisions around whether health care workers can be temporarily accommodated away from their families to reduce the risk of them spreading COVID-19 to them.

	<ul style="list-style-type: none"> - Agreements around making the outside of the health facility safer, for example, putting down physical markers to physically space people queuing outside the health facility. - Decisions around how health workers in the neighbourhood can be recognized and celebrated.
Planning for lock-down	<ul style="list-style-type: none"> - Agreements around how neighbourhoods will collectively prepare for lock-downs, including ensuring water and food supplies, looking out for the most vulnerable, keeping-up neighbourhood spirits, accessing information and updates.

Neighbourhood Champions

At the same time as supporting the initial development of a Neighbourhood Action Plan, it is essential that you also identify a Neighbourhood Champion in each neighbourhood unit who will take the lead to ensure action plans are followed through. Neighbourhood Champions will have the commitment and energy to follow-up with their neighbours and encourage changes in community behaviours and practices, adherence to the agreed action plan, and modifications to the action plan as the situation evolves. They will feel a strong sense of ownership over the plan and will become a key contact for you, so that you can continue to follow-up by phone or visit to check on the status of the action plan, progress made, and further support needed. Your recognition and encouragement of these Neighbourhood Champions will be an important part of your work during follow-ups.

Let Neighbourhood Champions emerge naturally during the triggering session, rather than trying to appoint them. They will be identifiable by their energy, enthusiasm, and positive interactions with others. They may be women, men, youth, school children, elderly people and/or people with special roles such as Community Health Workers, religious leaders, and headmen. There may be more than one (and if so, encourage and support them all).

When identifying Neighbourhood Champions consider the following:

- **Support Women Champions:** Although women play key roles in caring for the sick and preparing the bodies of the dead, their role and their voice in the local COVID-19 response may be overshadowed by that of their male counterparts. Actively look for and support Women Champions, and consider reaching out to women’s groups as a targeted sub-set of potential Champions and leaders of community action.
- **Recognise the role of Religious Leaders:** Religious Leaders are highly influential leaders on the ground. Support them to use their sermons, kutbas and prayers to deliver tailored faith-based messages to religious audiences, and accelerate and celebrate local community action.
- **Celebrate Health Workers and COVID-19 Survivors:** These community members can promote and provide powerful examples of both health-seeking behaviour and the capacity of people to overcome COVID-19 if treatment is sought early.
- **Consider the roles of Youth and Children:** Young people can play important roles in helping to shift family and community norms. Encourage them to take part in

triggering, action planning and follow-up activities, and support the community to consider specific roles for them, for example in community watch.

Once you have identified Neighbourhood Champions, consider how to recognise, encourage and incentivise them. Although Neighbourhood Champions do not receive any formal financial incentives (except in cases where they need to travel) they can be supported with resources (i.e. phone credit, stationary). Champions often take great pride and motivation from this type of more formal recognition.

Be sure to also collect the phone number of the Community Champion so that you can call them for updates as part of ongoing follow-ups.

4.4.2 Community Action Plans & Community Committees

Once you have triggered all your neighbourhood units, and supported the development of Neighbourhood Action Plans and identified Neighbourhood Champions (in those neighbourhoods that were ready), you will need to re-visit the community leadership. During this visit you can update them on the progress made, the number of Neighbourhood Action Plans in operation, the type of actions being implemented, and the Neighbourhood Champions overseeing these processes. You may want to invite the Neighbourhood Champions to attend this meeting so they can report in directly.

During the meeting, discuss establishing a Community Committee that can provide community-level oversight to the ongoing work. This committee can include community leaders, the Neighbourhood Area Champions, and you, the Community Mobilisers, plus other community representatives (though numbers should not exceed 15 - this is very important from an IPC perspective, and to ensure that triggering sessions don't exacerbate the spread of COVID-19).

As well as overseeing the ongoing work in the community, the Community Committee can develop and uphold a Community Action Plan that takes into account the actions happening at the neighbourhood unit level, and promotes overarching action to be taken at the whole community-level. Overarching action points may look at community IPC, communication with the government systems and safeguarding vulnerable households. The Community Committee can decide on how often they want to meet, and who wants to lead on particular activities. Support them to develop a practical, realistic plan with reasonable time commitment from committee members.

Table 7: Community - Indicative Actions

Community IPC	<ul style="list-style-type: none"> - Agreement protecting people as they collect water – how to maintain physical distance. - Set-up a community referral system for severe cases. - Set-up a system for isolating people who do not have enough room in their houses. - Establish a system for people to start recording who they have been in contact for the purposes of contact tracing. - Agreement on a community watch system, including a roster of community members who can screen strangers entering the community or neighbourhood units. - System for people to continue to trade with regular coordination with other business such as suppliers. - How to celebrate successes of different neighbourhood area action planning and/or successes.
Surveillance/safeguarding vulnerable elderly and children	<p>Agreement on a community watch system, including a roster of community members who can screen strangers entering the community.</p> <p>Identification of person responsible for checking on people who have recently travelled to epi-centres or high risk areas.</p> <p>Agreement on steps for identifying and referring vulnerable elderly people.</p> <p>Identifying vulnerable household elderly, disabled, chronically ill and children and what support they need such as psychosocial and livelihoods support.</p> <p>What services can they linked with?</p>
Psychosocial	<p>Decisions on how community will be celebrating survivors when they come home; and how they celebrate health workers in the community.</p>

4.5. Conducting Follow-Ups

The fifth step is to work in your pairs to conduct ongoing follow-up at the neighbourhood unit level and the whole community level. Follow-up with *all* neighbourhood units and the community leadership/Community Committee is essential, regardless of whether they have developed a Neighbourhood Action Plan/Community Action Plan or not.

Your supervisor will advise you of the frequency of follow-ups, and whether they should be made by in-person visit or phone call. Frequency and mechanism of follow-ups will depend on:

- What is advisable, safe, and allowed given outbreak context, movement restrictions and lock-downs
- The situation and needs in any given community/neighbourhood unit
- The number of neighbourhood units you are covering
- Your availability and schedule
- What resources are available
- The receptability of the community/neighbourhood unit.

In-person visits and phone calls should be conducted with Neighbourhood Champions (or neighbourhood point of contact if Champion not yet identified) at the neighbourhood unit level, and with the community leadership/Community Committee point of contact at the community level.

During follow-ups you can:

- Get an update on progress with the Neighbourhood Action Plan/Community Action Plan - what activities are occurring, who is getting involved, how is it being monitored, key challenges and issues.
- Encourage and motivate neighbourhood units and communities who are implementing action plans to keep up the momentum.
- Learn about emerging risky practices and behaviours and new rumours and conspiracy theories related to COVID-19.
- Collect data and information on: suspected COVID-19 cases and community action taken in line with national guidance; serious illness from COVID-19 and community action taken in line with national guidance; and neighbourhood deaths and type of burials conducted.
- Understand the interaction between the community and health services (both COVID-19 services such as contact tracing teams, ambulance and burial teams; and routine health services such childhood vaccinations and antenatal care) and whether services met expectations.
- Understand the interaction between the community and non-health services provided by the local authority (including water, electricity, and social care services and additional support services that may be offered during isolation, quarantine or lock-down such as food) and whether services met expectations.
- Understand challenges such as food shortages, and linking households, neighbourhood units or communities with necessary support.
- Provide regular updates to the community on the latest COVID-19 response news, including updates from the district and national health teams, changes to services (such as the opening of new testing points), new social distancing rules or travel restrictions, updates on food aid coordination, and other relevant information. The sharing of timely, credible data on the response will help build trust and will keep the community informed of important changes to the outbreak and the response.
- Encourage the continued use of primary health facilities for usual health services such as childhood vaccinations, antenatal care, malaria treatment etc.

Not all of these will be possible or appropriate in neighbourhood units and communities that have not yet developed action plans, however, even in neighbourhood units without any desire to take action following triggering, follow-up phone calls to check on how things are going and offer updates from the response should be conducted. These calls also present an opportunity to see if there has been any change of heart in the neighbourhood unit and if so, whether it would be appropriate to repeat the triggering session, or just certain triggering exercises.

In addition to the follow-ups you conduct, it is very likely that community members will begin calling you if specific situations arise. You are a resource to your community and you may become their first point of contact and be asked to provide real-time support. You may need to refer or link communities with relevant services, support conflict resolution, and follow up to ensure that action has been taken. You will need to deal with each situation on a case-by-case basis, follow the protocols, and maintain regular contact with your supervisor.

At each follow-up complete a CLA Monitoring Form for Follow-up and submit to your supervisor.

Peer Sharing & Cross Visits

Sharing lessons and practical experience from one community to another is one of the best ways to spread good ideas, foster community pride and build momentum.

Use regular task force meetings at the lowest administrative level (e.g. zone, parish, district) to celebrate community leaders and local Champions who are implementing creative ideas, or who are particularly strong in executing their action plans. Give these leaders recognition for their work in keeping their communities safe from COVID-19. Use these meetings as a chance to update on progress and discuss challenges. This will also help to encourage leaders that are resistant by using positive peer pressure.

If permitted within the national restrictions Invite senior officials, religious leaders, politicians, journalists and others working on the national preparedness/response to visit strong communities and be exposed to positive examples of community action. Encourage them to make public statements about community progress and plans. This will build a sense of pride among community members, and will also help the ideas to spread to other parts of the country.

If permitted within the national restrictions arrange for Champions to speak and present their local successes at district or national preparedness events where possible. Support senior officials to recognize and celebrate these local community leaders.

Use radio dramas and public service announcements to spread the word about specific actions communities can take, and examples of successful CLA-triggered communities.

Share photos, stories and experiences from communities that are having success with other communities, to help inspire them and spread innovation.

Encourage phone communications between area Champions, to allow them to share information and ideas.

Support Services & Linkages

You will provide additional support through community referrals and follow-ups to ensure that other pillars of the Preparedness / Response –case investigators, security officers, and contact tracers – are meeting community needs and expectations. When deeds do not match words – for instance, when ambulances do not arrive or when case investigators treat people with disrespect - a community’s trust in the messages and services of the preparedness decreases, and they may be less likely to try to use these health services in future. As front-line workers, you will bear the brunt of poor service delivery. Your work to inspire action and good behaviors will be seriously undermined if community demand is not met with acceptable, quality services. Through GOAL’s role in the District and National-level Task Forces, specific community concerns can be shared with medical teams and health authorities. Your job will be to listen to community members and share their insights on how services are working, and how they could improve, on the ground. Fostering Pride and Sharing Best Practices.

Learning by Doing

It is hoped that this Field Manual provides you with inspiration and ideas for implementing a community-led approach to prevent the spread of COVID-19. As a Community Mobiliser, your job is to learn from and support the neighbourhood units within your community. You will develop strong relationships within these neighbourhoods, and this will help you adapt your approaches and strengthen your mobilisation skills over time. You and your partner will share experiences, discuss challenges, and support one another to learn and improve. Your experiences and contributions to the CLA programme will help to build best practices and ensure continuous improvement. Congratulations on being the first to use the CLA approach to protect communities globally from COVID-19!

5. Annexes

5.1. Annex 1: Proposed Training Agenda for the CLA Supervisors & CLA CMs

Each country will decide if this training will be delivered in-person or via online platforms. A training manual will be provided to guide the training.

Indicative Time	Session
Session 1 Opening Session	
30 mins	Introduction; Objectives & Expectations
30 mins	Introduction to COVID-19
45 mins	What COVID-19 Means for the Community
Session 2 What it means to be a CM	
30 mins	Introduction to CLA Process
30 mins	The Role of a CM
60 mins	Participatory Facilitation Skills
Session 3 The CLA Process	
60 mins	Engaging & Mapping Communities
30 mins	Preparing for Triggering
180 mins	Triggering
60 mins	Supporting Action Plans
60 mins	Conducting Follow-Up
Session 4 Safeguarding & Safety	
30 mins	Your Safety & Security
30 mins	Safeguarding
Session 5 Planning	
60 mins	Onward Planning

*12 hours 25 mins of training