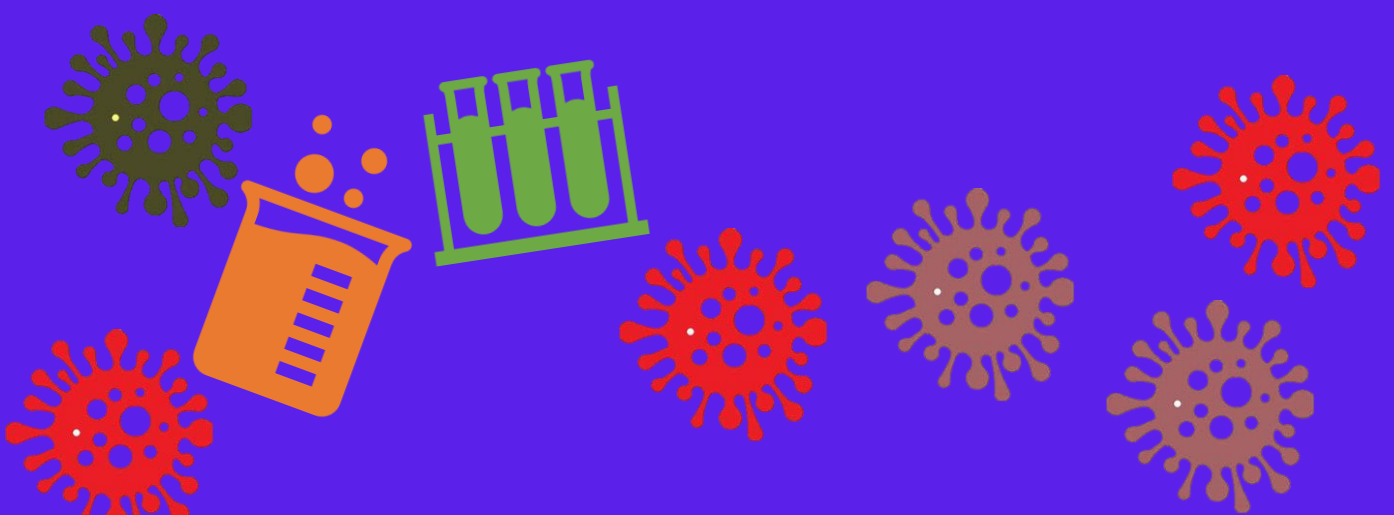




Standard Operating Procedures (SOPs) on Risk Communication Coronavirus (COVID-19)

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Acknowledgement

The Risk Communication Pillar acknowledges this document as an interim version of the COVID-19 Standard Operating Procedure (SOP) for COVID-19 preparedness and response in Liberia by the National Public Health Institute of Liberia, Ministry of Health, line Ministries and agencies, with technical guidance from partners.

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PREVAIL

MCC

Acronym

AFENET	-	African Field Epidemiology Network
CBO	-	Community Based Organization
CHA	-	Community Health Assistant
CHC	-	Community Health Committee
CHFP	-	Community Health Focal Point
CHT	-	County Health Team
CHV	-	Community Health Volunteer
COVID-19	-	Coronavirus Disease 2019
CSO	-	Civil Society Organization
DHT	-	District Health Team
FGD	-	Focal Group Discussion
GIZ	-	Deutsche Gesellschaft für Internationale Zusammenarbeit
HPFP	-	Health Promotion Focal Point
IEC Communication	-	Information, Education, Communication
IMS	-	Incident Management System
IP	-	Implementing Partner
IPC	-	Infection Prevention and Control
KAP	-	Knowledge, Attitudes and Practices
LCP	-	Liberia Crusaders for Peace
LMH	-	Last Mile Health
MMD	-	Message and Materials Development
MOA	-	Ministry of Agriculture
MOH	-	Ministry of Health
NHPD	-	National Health Promotion Division
NPHIL Liberia	-	National Public Health Institute of Liberia
PREVAIL and Infectious Diseases	-	Partnership for Research on Vaccines and Infectious Diseases
RC	-	Risk Communication
RCSMCE Mobilization and Community Engagement	-	Risk Communication, Social Mobilization and Community Engagement
SOP	-	Standard Operating Procedure
UNICEF	-	United Nations Children’s Fund
WHO	-	World Health Organization

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1.1 Purpose

The goal of this Standard Operating Procedure (SOP) is to improve the collective understanding and coordination of the operational guidance on the roles and responsibilities of Risk Communication before, during and after COVID-19.

2.0 Implementation of Risk Communication

2.1 Message and Material Development SOP

All requests for developing messages and materials for COVID-19 should be channelled through the MMD committee.

The MMD will convene a working session with the MMD Core team for the development of requested messages

The NHPD through MMD core team must ensure that messages and materials are expeditiously developed or revised, pretest approved and shared with the RC pillar for onward printing and production.

Background

Emergency Risk Communication is a global, regional, and national health priority that encourages people, organizations, and governments to share life-saving information to take preventive and protective actions that protect against threats to diseases. This is accomplished through the effective use of health communication and education, community engagement and social mobilization, mass and social media, policy and research. Risk communication is a core element in emergency preparedness and response. It has been identified by the International Health Regulation (IHR 2005) as one of the elements that all countries need to put in place and sustain to detect, report, and respond to any public health emergency.

Effective risk communication is a multi-level and multi-faceted process that aims at helping stakeholders define risks, identify hazards, assess vulnerabilities, and promote community resilience, thereby promoting the capacity to cope with an unfolding public health emergency. The success of risk communication implementation in any society, should consider the social, religious, cultural, political and economic aspects to be effective. In addition, the timely release of information and transparency in decision making are essential for building trust between authorities, populations, and partners.

The following are to be addressed in the Standard Operating Procedures (SOPs) for effective planning, coordination and implementation. These will involve the following: Coordination and Resource Mobilization, Message and Materials Development, Social Mobilization and Community Engagement, Media and Public Communication, Rumour Monitoring and Management. Developing an SOP for Risk Communication aims primarily to improve coordination between line ministries, agencies and partners, and to provide technical guidance to risk communication activities in Liberia.

2.3 Rumor monitoring and management

Rumors are speculations that do not contain facts and have the propensity to disrupt response and destroy facts

The following steps should be considered to effectively monitor and respond to rumors;

Mobilizers should track and record reported rumors using the tracking tools and report to the next level within 24 hrs.

The CHTs through the health promotion focal point should report all rumors related to the outbreak to the national risk communication pillar

RCSMCE Pillar within 48 hours should disseminate feedback to CHT and respond to rumors gathered timely using facts

The CHO in collaboration with county authorities(superintendent) should respond to rumors referencing national feedback at the county level within 72hrs

The RCSME should utilize the channels identified in the rapid KAP assessment to confirm, correct or dispel rumors, and monitor the impact.

2.4 Pillar Participation SOP

All IPs and line Ministries and agencies are required to participate in weekly / daily RC Pillar planning exercises to enable better coordination and monitoring of Risk Communication activities in the communities. IPs are expected to follow agreed plans.

The Risk Communication Pillar Lead is to facilitate an evidence-based planning of social mobilization taking into consideration all critical factors including hot spots, hard to reach areas, population and households to be covered in particular communities etc.

2.5 Mapping of IPs SOP

The RC pillar at national and county level sends out the mapping form to all IPs. The form should be filled and returned to the pillar within 72 hours.

Prior to beginning of RC-activities, the social IPs must inform the coordinating body (response team, CHT and the Risk Communication Chair) what their contribution is towards the response.

2.6 Selection and recruitment SOP

IPs should work along with the CHT and local leaders for recruitment of CHVs / community mobilisers.

CHTs to maintain the database of trained CHVs, in coordination with National Health Promotion Unit.

2.7 Training and Preparation SOP

TOT training for mobilizer from national level will be scaled down to county level

CHT shall ensure that all IPs fully orientate/train their CHVs on the approved MOH training manual.

CHTs and IPS should ensure that training hall is well ventilated and social distancing is maintained

2.8 Deployment Methodology SOP

CHT should ensure mobilizers are deployed in all communities across the county

Additional CHVs/CHAs shall be deployed in the affected area within 24 hours of the confirmation and declaration of Coronavirus outbreak.

The national level will deploy supervisors and monitors to provide support to the CHT

2.9 Community Entry SOP

CHT should ensure that CHAs/CHVs are properly introduced to the community leaders and key stakeholders; know the local cultural context

Local authority should give security update to CHT

The team must conduct meetings with local leaders in each community.

2.10 Community Engagement meeting SOPs

The CHT should communicate and arrange with community chair/town chief/ leader prior to the meeting

The CHAs and CHVs of the CHT should liaise with local leaders to plan community meeting based considering venue and time

Meeting should be chair by the local leaders and facilitated by technical teams

The Social mobilization and community engagement committee lead will identify different CSO and schedule a meeting

2.11. Monitoring and Reporting SOP

All levels should report using the standardized reporting tool

County health team is to share the RC monitoring and reporting tools with line ministries and IP

Community mobilizers submit daily report on RC activities to supervisors

Supervisors submit report on RC activities to district supervisors

District level report to the CHT on risk communication activities.

CHTs submits Report on the planned RC activities implementation daily to National

National level to provide daily updates on RC activities implementation to Incident Management System