Questions and Comments from the 1st EORE-COVID-19 Webinar

**Date:** 1 April 2020

**Time:** 13:30 – 15:00 CET

**Recording:** <https://www.youtube.com/watch?v=OUKR9jf6-r4&t=22s>

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This document is periodically updated in order to ensure the most updated guidance or practices are reflected. When referring to the Q&A, be sure it is the most current version. If you have any input(s), please share them with the EORE AG Co-Chairs (hlaurenge@unicef.org; Sebastian.Kasack@maginternational.org) and Secretary (k.hodge@gichd.org)

# EO/COVID risk education delivery methodologies

| **Overall Question** | **Questions Received** | **Answer** | **Guidance** |
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| **Generally, how can we deliver risk education messages without doing harm in different COVID-19 contexts – from where there is little COVID-19 impact so far, to places in complete lockdown?** | * In different ground level COVID-19 contexts, how we can deliver EO and COVID-19 risk education (e.g. in high level, medium level and low level risk areas)? Is there any specific new method to deliver EORE/COVID-19 messages to the audience which would be safe for trainers and for recipients? * In countries with relatively lower impacts of COVID-19 like Somalia, lifesaving RE operations are required to continue, but the question of *how* remains… | Of principal concern should be ensuring both **duty of care** (primarilyfor staff)and **do no harm** (primarilyfor communities).  Duty of care means here, “acting towards others [employees, accompanying dependents, partners, external contractual partners] with prudence and vigilance in order to prevent any risk of foreseeable damage” ([ICRC](https://www.unsystem.org/CEBPublicFiles/ICRC%20-%20Duty%20of%20Care%20ICRC%20definition.pdf)). Operations should be continued only where it is both safe and permissible to do so (remembering that there are lots of unknowns), and staff should not be forced to work in communities where they are scared to go to. Before any intervention, assess the risk of community resistance or rejection of external interventions. For example, we have seen sentiments against humanitarian/development actors and/or discrimination against certain foreigners due to a perception that they are bringing the virus.  Do no harm means, we “should always assess whether it is necessary to establish contact with a person who may be placed at risk as a result of that contact. Contact should not be attempted if organizations determine that they will not be able to ensure the safety of the cooperating person, if the risk of harm is too high or if organizations do not have sufficient information to make an informed determination on the level of risk. At a minimum, the action or inaction of organizations should not jeopardize the safety of victims, witnesses or other individuals with whom they come into contact.” ([OHCHR](https://www.ohchr.org/Documents/Publications/Chapter02-MHRM.pdf)). Practically, it means ensuring we are not ourselves vectors of the virus. We can do this by supporting remote working operations where possible (e.g. laptop, internet, phone credits) and, where it isn’t, ensuring that other mitigation measures are put in place. Organisations may have Standard Operating Procedures (SOPs) in place for transport, community engagement, etc. At a minimum, this should include:   * Providing professional face-to-face (if safe) or remote training on COVID-19 to all staff before any activities to ensure their safety and not spread the virus (it is important that staff be an example of applying recommended behaviours to communities) and identifying and considering those who are most at risk. * Scaling up remote EO/COVID RE rather than face-to-face approaches (e.g. by using radio, mobile app, social media, mobile megaphones, etc.)   Depending on the context and local regulations and recommendations, other mitigation measures are likely to include:   * Reducing group meetings and possibly doing more house-to-house activities, if feasible and safety distances can be maintained * Keeping groups small & physically distant * Ensuring handwashing   Note on Personal Protective Equipment (PPE): PPE issues are determined by global and national guidance/policy.  In all cases, EO and Covid-19 RE (sometimes referred to as Risk Communication and Community Engagement, or RCCE) will need to be tailored to the level of C-19 risk. Most governments will have accordingly put in place rules that will dictate options to work and allow reduced space or after a while increase space to operate. Our response needs to be pragmatic using increasingly mobile/social and mass media while opting for face-to-face communication when feasible and safe to reach those hardest to reach and most vulnerable. | [A guide to preventing and addressing social stigma associated with the coronavirus disease (COVID-19)](https://www.unicef.org/media/65931/file/Social%20stigma%20associated%20with%20the%20coronavirus%20disease%202019%20(COVID-19).pdf) - IFRC, UNICEF, WHO  WHO course: [Infection Prevention and Control (IPC) for Novel Coronavirus (COVID-19)](https://openwho.org/courses/COVID-19-IPC-EN)  Indicative CDC Guidance: [Resources for Large Community Events & Mass Gatherings](https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/index.html)  [WHO guidance on risk communication and community engagement](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/risk-communication-and-community-engagement)  [IFRC-OCHA-WHO: COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement](https://reliefweb.int/report/world/covid-19-how-include-marginalized-and-vulnerable-people-risk-communication-and-0) |
| **What digital methods can be employed? How much does it cost, what resources are needed, and how long do they take to develop?** | * As geographical access is restricted, why aren't we embracing the internet to deliver messages? The materials already exist; they just need to be adapted for digital use. Budgets aren't strictly necessary; it just needs capacity and an understanding of popular networks in different countries. This is something we could potentially roll out somewhat rapidly. * For colleagues who are using social media/mass media or mobile technology to disseminate RE messages, would you be able to share what resources were needed to develop and disseminate the material? Including some ideas on budget required and how long it took to develop new material? * Any experience on online EORE would be great! * What is the possibility of using social media that is more popular to younger ages as TikTok and Snapchat? * What about the use of MP3 devices for EORE lessons along with leaflet distributions? Though we still need to assess costs and the health implications related to distributions with appropriate COVID-19 risk mitigation in place * When will the GICHD Review of New Technologies and Methodologies for EORE in Challenging Contexts (presented by Sylvie Bouko) be published? | In many contexts, EO/COVID RE messages can be disseminated through technological tools such as WhatsApp, Facebook or through digital apps. A table listing several ways of digitally reaching communities with limited accessibility has been prepared by the GICHD as part of an ongoing Review of New Technologies and Methodologies for EORE in Challenging Contexts. The full report is planned to be published in June and will include a section related to reaching communities remotely. ICRC also conducted a study on the use of digital communication in risk awareness and safer behaviour in weapon-contaminated contexts. Some other ideas currently being used for EORE and/or COVID-19 messaging include:  **Mobile media**  Working with mobile network providers to share text messages on a regular basis to all of their users in one area. This is already being done in some places as part of the COVID-19 response. We could think about integrating EORE with COVID 19 messages, targeting IDP camps for example or zoning a geographical area.  **Social media**  Mobile messaging services are being used to spread COVID-19 messages, like [WhatsApp](https://www.whatsapp.com/coronavirus/who) and [Viber](https://www.euronews.com/2020/03/31/viber-messaging-platform-is-latest-to-counter-covid-19-misinformation). The hyperlinks provide more information on the companies’ responses.   * Social media can also be used in more targeted ways with smaller groupings. For example, setting up groups with directors of particular schools to pass more targeted messages or using digital platforms like Skype and Zoom to communicate with data collectors and interviewers. * [U-Report](https://ureport.in/about/) (active in 65 countries): real-time social messaging platform available via SMS, Facebook and Viber where young people can express their opinion and be positive agent of change and get lifesaving information during emergencies including EORE and COVID 19. U-Reporters respond to polls, report issues and support child rights. * MP3 and other mobile devices may be used; however, it is important to clean and disinfect frequently touched objects, using wet rag and a regular household cleaning spray with disinfectant. | [Resources for remote EORE (UNICEF, UNMAS, ICRC, GICHD)](https://unicef-my.sharepoint.com/:f:/g/personal/hlaurenge_unicef_org1/EgYxrseXFM1Fpp_HA9iEEEcBWAxEVAz7G5UKfvfsuoWUvQ?e=hm3jsg) |
| How can we reach people who aren’t online? | * WhatsApp, Facebook video, etc. are good sources in some countries, but in some other countries like Afghanistan where there are electricity issues and access challenges, particularly in rural areas, as well as the issue of internet usage and familiarity of people... what is another alternative beside awareness campaigns through radio? * Needs to be consideration of accessibility and also use (in terms of gender and age) in use of digital technology and social media, during the COVID-19 period and beyond. Will our messages reach the right people? * India is a country of 1.3 billion people. From 25 March, a lock down has been announced for 21 days up to 14 April by our government. Lock down is very strict and people are staying in homes, with some variation. We have to educate and make people aware of the horrible impact of COVID-19 on all walks of life. In India very few people are lucky to have internet. We have to contact them face to face with caution and inform them. What is your suggestion and advice? How we can do it in India? * How much is the Risk Education Talking Device (RETD) gadget per device? | To reach communities where digital means are limited or not an option, for instance where there isn’t internet connection, consider:   * The use of free digital Apps such as [Zapya](https://play.google.com/store/apps/details?id=com.dewmobile.kuaiya.play&hl=fr) that provide the possibility to share files from device to device without the need of a cable or cellular data. Transfer of massive files across multiple platforms can be done with speeds up to 10MB/second. The [EORE App in Myanmar](https://unicef-my.sharepoint.com/:p:/g/personal/hlaurenge_unicef_org1/EQMe_nEDEpRPgRuB0kemulABbNiJBm7RnLkQc_0shIt7XQ?e=anMhhY) is often shared through Zapya in areas without internet/Wifi access. All EORE messages from this App are accessible offline. * The use of digital devices that do not require cellular data, i.e. the solar-powered [Risk Education Talking Device](https://unicef-my.sharepoint.com/:p:/g/personal/hlaurenge_unicef_org1/EavVRfA5UwFAqqPu2xtP1EcBU-WPEP0RDNOHXcfepMnSrw?e=1clPQQ) piloted in Darfur. * The involvement and capacity building of local community members (where possible). **Community networks** can be good resources for mobilisation during crises. Many organizations already have a network of community focal points and close links to village members in many countries. In Iraq, for example, previously trained community-based risk education volunteers (adults) and risk education youth ambassadors are being mobilised for the emergency response   Even where community focal points don’t have smartphones, they can usually be reached by **text messages** or **phone calls** in most cases to ensure key messages are understood and how to pass them safely to the community. If appropriate and feasible, myths may also be discussed to reduce misunderstandings and rejections of messages/advice.  **Road shows** are another option. In Iraq, posters have been affixed on gas cooking cylinder distribution trucks, and drivers have received a presentation and short training on EORE that they are urged to spread. Since the start of the COVID-19 response, this training had been updated to include COVID-19 safety precautions. Delivery scooter drivers have also been trained on EORE and given loudspeakers to spread the messages.  **Mass and small media** can also be used to reach populations at risk without internet connections. In Iraq where pupils are all at home watching the education channel, the education channel has agreed to broadcast short 4-5-minute risk education spots. Large screens were set up in IDP camps to show EORE messages (and have now been updated to include health messages). Print media (daily or weekly papers, magazines, etc.) and radio can also be used.  [Question for Abel Tesfai]: The RETD is supposed to be low cost with high recyclability | [UNMAS RETD](https://unicef-my.sharepoint.com/:p:/g/personal/hlaurenge_unicef_org1/EZ2cqOOmBexKj4caAk8iBYYB2tImOanX3HiqS0Fnhm1G_A?e=kcVia6) |
| What can be done in urban areas? | * I would like to know what are the actions or modality for non-camp / urban areas | Urban contexts provide advantages as higher numbers of persons have mobile phones/smart phones and access to mass media and digital media. For face-to-face meetings depending on the Covid-19 contamination/risk level, population density will make it harder to arrange public meetings. However, a vehicle/motor cycle with loud speaker may be used to support public health campaigning. Passing on printed messages/stickers is possible, as is working with distribution system for common goods distributed to houses, homes, etc (with the important caveat that these documents should be cleaned before distribution using wet rag and a regular household cleaning spray with disinfectant). |  |

# Health recommendations for face-to-face Risk Education

| **Overall Question** | **Questions Received** | **Answer** | **Guidance** |
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| What guidance is available from the health sector for humanitarian operations? | * Has WHO or UNOCHA developed/published any advice on safety protocols for ongoing humanitarian operations? | A resource library has been put together for EORE practitioners with guidance including from the health and other sectors (WHO, IFRC, CDC, UNICEF (Health/Wash), MHPSS, OCHA/IASC, OHCHR, Global Protection Cluster, Child Protection, GBV, C4D, etc. | [EORE-COVID Resource Library](https://unicef-my.sharepoint.com/:f:/g/personal/hlaurenge_unicef_org1/EqdE3V2BFFBOoGw0_o0CnxkBeXYBJuR9ZJELsaunKZfaLw?e=twRt43) |
| What specific measures should be put in place to do no harm? e.g. recommended distances and group sizes | * For direct presentation to EORE audiences, please let us know how many audience members can participate and the recommended distances between them. | Ensure the latest national/local COVID policy on gathering of people allows face-to-face educational activities. Remember that the permitted group-size will have to include your staff.  If face-to-face activities are allowed, ensure your organization meets policy/guidelines on gathering and social distancing.  Each country/area and/or each mine action authority or operator may have a specific policy for such gathering. | Indicative CDC Guidance: [Resources for Large Community Events & Mass Gatherings](https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/index.html)  MAG: Annex to Global Technical Standard 12.10 EORE (To come)  HALO: SOP on EORE in context of COVID 12 (To come) |
| What can spread COVID-19? Can devices like tablets or pamphlets put people at risk? | * I love the idea of using of devices (e.g. RE talking device) to disseminate COVID-19 messages, but it might raise another hygienic concern as it will be passed from person to person. * As noticed in current ongoing presentation, distribution of leaflets with awareness messages by staff in the community to other community member may cause spreading of the virus? Instead, remote or vehicle campaigns for messages might be good? * While we are thinking about using digital media, also we could think using tablet screens to play awareness materials or stick leaflet or stickers on the walls where visibile to the community rather distributing materials. Also a potential risk as passing on hand-to-hand might be slightly risk! And still there needs to be some safety protocols in distancing. Any standard procedures have been developed there? | Different contexts (i.e. no spread / minimal or moderate spread / substantial spread) will require different responses. Find out the latest guidance issued by national/local authorities.  “It is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems to behave like other coronaviruses. Studies suggest that coronaviruses (including preliminary information on the COVID-19 virus) may persist on surfaces for a few hours or up to several days. This may vary under different conditions (e.g. type of surface, temperature or humidity of the environment).  If you think a surface may be infected, clean it with simple disinfectant to kill the virus and protect yourself and others. Clean your hands with an alcohol-based hand rub or wash them with soap and water. Avoid touching your eyes, mouth, or nose” (WHO).  If the spread of the virus is confirmed, Risk Education operators should:  “Clean and disinfect frequently touched objects such as […] playing materials, learning and teaching aids, using wet rag and a regular household cleaning spray with disinfectant” (UNICEF-WASH). | [WHO Q&A on coronaviruses (COVID-19)](https://www.who.int/news-room/q-a-detail/q-a-coronaviruses)  [UNICEF Hygiene Programing Guidance Note](https://www.unicef.org/media/66401/file/WASH-COVID-19-hygiene-programming-guidance-2020.pdf) |

# Working with the health sector & supporting the COVID-19 response

| **Overall Question** | **Questions Received** | **Answer** | **Guidance** |
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| What is the role of the mine action sector to support the COVID-19 response? What about creating multi-risk education teams? | * Do we propose upgraded multitask RE and public information campaigns, or keep messages and activities separate? * Given that we will have less access to communities, would it be worth to have a multi-risk management strategy so affected people receive information on various risks in a coordinated way? | Creating Multi-Risk Education Teams (EORE, Health and Sanitation, Explosive Weapons in Populated Areas, Firefighters, etc) should be considered. Some things to keep in mind:   * Risk education/Risk communication programmes share many common aspects: dealing with beliefs, social norms lack of knowledge & misinformation; behaviours range from acceptance to rejection; some persons/groups are reckless while others are forced to take risks; and change of life patterns due to a new risk is a sensitive subject (fear of retributions, e.g. if first to have it). Yet stigma is an additional element we haven't had to deal with as much: we can learn from HIV, Ebola, etc. * The language by the two sectors is also similar, with some differences : risk communication vs. risk education, community engagement vs. community liaison. EORE is a form of Communication for Development (C4D) intervention.   We in the EORE sector have experience in community-level work but need to get used to new requirements (e.g. spacing). If we do not integrate Covid-19 messaging as such into the EORE session, we should still explain why we put up a hand-washing station, why smaller groups, physical distancing, etc.  Note: PPE issues are determined by global and national guidance/policy.  We can work on integrating COVID-19 into **face-to-face messaging and via network and community focal points** (also via telephone/mobile media). For mass messaging and two-way messaging, systematic authorisation is needed from the health sector.  If delivering COVID-19 messages, consider whether there is the possibility for communities to apply the preventive measures (e.g. access to water, soap, space). Messages need to be realistic and locally adapted. | [Examples of Integrated EO/COVID Risk Education](https://unicef-my.sharepoint.com/:f:/g/personal/hlaurenge_unicef_org1/EvpMqEfJZxZFu-PirHQbt8kBy10vby9JAzo31ozqln5adQ?e=BfPPhr)  [UNICEF Hygiene Programing Guidance Note](https://www.unicef.org/media/66401/file/WASH-COVID-19-hygiene-programming-guidance-2020.pdf)  [A guide to preventing and addressing social stigma associated with the coronavirus disease (COVID-19)](https://www.unicef.org/media/65931/file/Social%20stigma%20associated%20with%20the%20coronavirus%20disease%202019%20(COVID-19).pdf) - IFRC, UNICEF, WHO    [FACT SHEET: Handwashing with soap, critical in the fight against coronavirus, is ‘out of reach’ for billions](https://www.unicef.org/press-releases/fact-sheet-handwashing-soap-critical-fight-against-coronavirus-out-reach-billions) – UNICEF |
| How can we integrate COVID-19 messaging into EORE? Do we need certification to deliver it? Is this happening already anywhere? | * Regarding integrating COVID-19 messaging into EORE, which is reasonable: no one-size-fits-all approach here but it is good if general direction could be given to show the sector the way forward. * Do we need certification to do COVID-19 RE? * In some countries COVID-19 has not spread to that level but it might be very deadly. Should we fully train the EORE teams to deliver awareness messages on COVID-19? Is it already happening in other countries, and if so could you please share the experience with us? * Would you please share sample of EORE messages integrated with COVID-19 ones? * Is there a way that different programs share their key messages integrating COVID 19 and EORE? | EORE workforce, infrastructure and networks can be utilized for COVID 19 response. This process may take different shapes: for example, a radio/TV/SMS EORE campaign may be transformed into COVID RE; or new RE tools may integrate joint EORE/COVID RE messaging (e.g. Palestine, Iraq).  According to the brief given in the webinar, UNMAS has given guidelines to their field programmes to use WHO material where possible and stick to WHO & UNICEF messaging. Also looking at how can incorporate materials as part of EORE or completely swapping it out and using media slots to do COVID-19 education.  EORE providers that plan to integrate COVID-19 messaging into their activities or to temporarily replace EORE by COVID-19 messaging should get trained by a qualified institution that is part of the national/international COVID-19 response. If not possible, at minimum EORE providers should ensure that their new messaging, material or activities are approved by a similar qualified institution and in line with existing global guidance. Trained educators on COVID 19 should receive a formal certificate on completion of their training.  For basic integration of messaging, possibly in leaflets, posters, etc., operators should ensure they are filling a perceived gap in the national COVID-19 response, and all new material should be field tested. (As an analogy, remember that EORE providers are often not happy about other agencies delivering EORE that may not follow international mine action guidelines and standards).  Some examples of integration:   * In Iraq: EORE messages were combined with COVID messages. The NGO IHSCO got the basic messages from WHO. They trained medics from other programs and liaised with dept of health to get up to date messages. They also distributed RE COVID hygiene kits and dad stickers on them with short emergency messages while being disseminated. * In Yemen, EORE teams also looking at integrating EORE with health workers whom are trained on Child Protection response   Share your experiences, successes, failures or lessons learned on COVID RE with EORE partners, for example through the I[nternational MRE Working Group](https://dgroups.org/groups/imrewg). | [Examples of Integrated EO/COVID Risk Education](https://unicef-my.sharepoint.com/:f:/g/personal/hlaurenge_unicef_org1/EvpMqEfJZxZFu-PirHQbt8kBy10vby9JAzo31ozqln5adQ?e=BfPPhr)  [EORE-COVID 19 Webinar (April 1st)](https://unicef-my.sharepoint.com/:w:/g/personal/hlaurenge_unicef_org1/EcEaokVHk81PrJc5J4QsrXkBvuiLhcxNKeipNhALHiqtjg?e=bfVTWU) |
| Are there agreed or suggested messages on COVID-19? | * I would like to know more about the contents of "COVID-19 messages." What core messages do you present to them? have the contents been developed by health sector or is it of your organization? And do you brief beneficiaries on COVID-19 at the very beginning or the end of RE sessions? | Follow WHO, UNICEF, IFRC and CDC guidance.  See examples for integrated EORE/COVID RE messaging developed by several programmes including Iraq, Palestine and Syria. | [Key tips and discussions points for community workers, volunteers and community networks](https://www.unicef.org/media/65926/file/COVID-19:%20Key%20tips%20and%20discussion%20points%20for%20community%20workers%20and%20volunteers.pdf) - IFRC, UNICEF, WHO  [UNICEF Hygiene Programing Guidance Note](https://www.unicef.org/media/66401/file/WASH-COVID-19-hygiene-programming-guidance-2020.pdf) (page 3)  [Examples of Integrated EO/COVID Risk Education](https://unicef-my.sharepoint.com/:f:/g/personal/hlaurenge_unicef_org1/EvpMqEfJZxZFu-PirHQbt8kBy10vby9JAzo31ozqln5adQ?e=BfPPhr) |
| What can mine action actors do to respond to questions we receive on COVID-19 that our staff are not equipped to answer? | * Will communication be two-way or one-way (if information is shared via social media, to phones)? We will need to link health actors who will be able to answer questions such as what is the nearest health facility for example, and we will not be able to answer that unless we do a mapping of health care providers for each area and share with the COVID-19 and MRE messages. * Deminers have paramedics but they are not trained on this type of response. Still, may be a resource to link with our EORE/CL teams | * All HMA staff need to be trained on Covid-19. * In case of face-to-face activities: EORE teams and NTS teams need to be trained in more depth as they are the ones entering in direct community contact. All teams need to be clear about their limits. Any detailed health/medical discussion has to be avoided. If possible, work in teams with public health/C-19 specialists.   See answer above on integrating COVID 19 messaging as well.   * In case of remote activities: EORE providers shall ensure that their new messaging, material or activities are approved by a COVID-19 qualified institution and in line with existing global guidance |  |
| What about incorporating EORE messaging into COVID-19 campaigns? |  | In general, COVID-response teams will already be stretched. Adding another task to include EORE messaging may not be the best approach unless, the EO threat is very high. |  |
| What challenges may we encounter in delivering face-to-face integrated EORE COVID-19 response? | * [Question for Ahmed- IHSCO] I would like to know a few challenges that your teams might have experienced during your door to door EORE-COVID-19 responses? In South Sudan we are intending to start with such activities and would like to learn from your experience. | From Ahmed: The main challenge is accessibility due to curfews. We had to make teams work locally in accessible areas and impacted the supply of materials and other logistic issues. People are still receptive of EORE but we think we should add COVID-19 messages to engage people more and to help them protect themselves from both risks. [See presentation in the webinar for more information on challenges also related to logistics and financial hindrances, health concerns of virus spread, and government department shutdowns.]  Communities may be afraid of our teams as they may be seen as bringing the virus. Before visiting any community ensure you have the support from community leaders and you are generally welcome.  Staff may be too afraid to work in a Covid-19 affected environment.  The operator must fulfil the Covid-19 mitigation protocol. This may be difficult when managing group sizes. Be prepared to split groups in two and work in groups of 2 persons (woman, man) at minimum to allow flexibility. |  |
| How can we coordinate with the health and other sectors? | * There are many actors doing risk education on EORE and on COVID-19. How should it be coordinated with the health cluster? | In humanitarian emergencies, the Mine Action Sector generally has an Area of Responsibility within the Global Protection Cluster and the MA coordinator represents mine action at the Inter-Cluster Coordination Group where inter-cluster collaboration issues (for instance with Health, Education or WASH) are being coordinated.  Therefore MA organizations should first reach out to the MA coordinator (if any) to find out what the coordination arrangements, and which guidances and response plan have been agreed with key partners at the national or regional level. This is critical to avoid gaps and duplication in the delivery of risk education and avoid that some communities receive RE teams and others none.  Coordinate with the Covid-19 response team. This will include the health sector, but also WASH, child protection, education, C4D, etc. Combined campaigns will help provide hygiene products, set up health response mechanisms including case management, support restarting education systems. | [Global Protection Cluster](http://www.globalprotectioncluster.org/covid-19/)  [IASC Resource Centre](https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response) |
| What are other sectors/clusters doing? Have any released guidance on integrating COVID-19 messaging in their work? Are we as an EORE sector falling behind and will need to play catch-up later? | * Have we seen useful guidance from other clusters that can be used to help inform our EORE-COVID messaging (though I appreciate these may be context specific)? UNICEF guidance has also been mentioned. Can this please be shared? * At the global level, are there plans to facilitate standardization of integration work of EORE and COVID19? How soon shall these guidelines be shared? Otherwise different organizations shall use what they have now and harmonize later, e.g. UNICEF collaboration with health, education, WASH and C4D are already progressing. | Lots of excellent guidance out there; for example, how to run focus groups to understand how the community perceives this new pandemic  There are no plans to facilitate standardization of integration work of EORE and COVID 19 yet. This needs to be discussed among the EORE AG members. | [EORE-COVID Resource Library](https://unicef-my.sharepoint.com/:f:/g/personal/hlaurenge_unicef_org1/EqdE3V2BFFBOoGw0_o0CnxkBeXYBJuR9ZJELsaunKZfaLw?e=twRt43) |

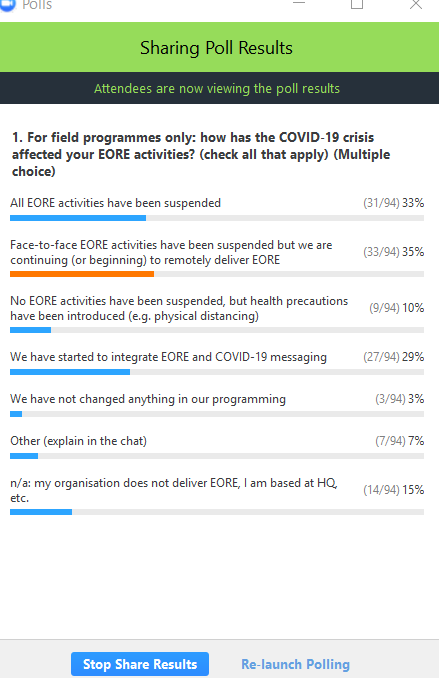
# Funding & personnel concerns [could benefit from donor input]

| **Overall Question** | **Questions Received** | **Answer** | **Guidance** |
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| How will the COVID-19 crisis affect the future funding projections for the EORE sector, given that funds have already been so limited? How can we advocate for our programmes? | * I am interested in hearing reflections on short, medium and long-term projections. Funding for EORE was challenging in some settings already as it was, but how might the COVID-19 crisis and resulting re-prioritisation of activities (as indicated by some donors and organisations) impact on this? Anyone concerned about having to suspend/cancel programmes and having to let teams go? How do we effectively advocate and make sure our programmes are not downgraded? | This is obviously a ‘work in progress’. The world of tomorrow will be radically transformed by these two mega crises (health and economic). It would be challenging or premature to sketch ‘projections’. However, here are some preliminary observations.   * Some analysts anticipate at least a two-year worldwide economic recession. As observed in previous global economic crisis, donor states may be under pressure by their tax payers to deprioritize Humanitarian aid. * Global COVID-19 appeals have been launched or will be adapted (e.g. Humanitarian Response Plan coordinated by OCHA). * Apparently, the Mine Action Support Group - the global community of mine action donors has not yet engaged in COVID-19 discussion/coordination. * Mine Action stakeholders, and thus the EORE sector will have to engage a dialogue with donors and define a common strategy for funding. * The appetite of donors to understand how mine action operators are coping with COVID is a positive sign. | [GLOBAL HUMANITARIAN RESPONSE PLAN](https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf)  [COVID-19](https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf)  [UN launches global humanitarian response plan to COVID-19 pandemic](https://www.unicef.org/press-releases/un-launches-global-humanitarian-response-plan-covid-19-pandemic) |
| What happens to personnel (deminers, EORE trainers) in countries where activities are suspended or where activities have pivoted to digital means? | * Should/will the deminers who standby due to COVID-19 in different countries be paid? And for how long? Is there any policy in such situation? * Any experience of field staff involvement in mass/social media (or alternative?) activities? As RE field staff will be most at risk of losing jobs if the modality of EORE will abruptly change towards digital means. | Mine action operators are reaching out to donors now to see policies on the situation. A couple have been positive, saying they are prepared to continue covering salaries for staff who are unable to work due to COVID-19.  There are concerns for deminers for whom loss of income would have significant impact so will see what can do to mitigate that.  At least temporarily, we will need to be creative to reorient EORE workforce for face-to-face activities towards remote/digital EORE and COVID RE approaches.  Example of NGO approach in the fight of COVID-19: [HALO Trust](https://www.halotrust.org/) is:   * Transporting vital medical supplies and health workers to hard-to-reach communities; * Distributing sanitation kits to villages and refugee camps; * Using mapping capabilities to help countries track the spread of COVID-19; * Providing ambulances and drivers to support medical charities. |  |
| What are the budget implications of an integrated EORE/COVID-19 approach? Will donors accommodate this? | * The budget is very limited to respond to this pandemic and EORE integrated program in most of the areas. What is already being done to advocate for more budget and what is the future plan? Is there any specific amount allocated for this response? | It is a bit premature to document budget implications for EORE/COVID RE integrated approaches. However, we need to engage in positive dialogue with donors, who remain hugely supportive and understanding of the challenges. MAG, for example, has asked for additional funding to enhance EORE via mass and digital media.  Donors will fund the COVID-19 emergency response, and we may include EORE into COVID-19 prevention strategies proposed by UNICEF, WHO and others in global/national appeals for COVID-19 response. |  |

# Other

| **Overall Question** | **Questions Received** | **Answer** | **Guidance** |
| --- | --- | --- | --- |
| What is EORE programme criticality? | * What guidance for the sector on EORE programme criticality? | EORE criticality depends on level of EO threat (in particular incidence of EO explosions or anticipated risk for massive movement of populations). COVID-19 may lead to massive migration and therefore need for enhanced EORE.  Mine action is a humanitarian imperative in many contexts; saving lives and should rank high in programme criticality. |  |
| What has been planned for Mine Awareness Day (April 4)? | * Is anyone doing any messaging, events, presentations for April 4? | UN Secretary General message, Syria, Ukraine and other countries have disseminated joint MA/COVID messages | [UNMAS Package for April 4](https://trello.com/b/fphKhlxP/international-day-of-mine-awareness-and-assistance-in-mine-action-2020) |
| Are there lessons or guidance from previous outbreaks like Ebola, MERS and SARS that we can learn from? | * Any lessons learnt during the MERS and SARS outbreaks? * Is there any guidance for mine action in the countries affected by Ebola that can inspire for implementing and monitoring activities in COVID-19 situation? | Avoid raising fear of death. Avoid creating panic. Understand how misinformation and myths develop and tackle them early on. Be kind to each other and avoid stigmatisation of persons who become affected. | [A guide to preventing and addressing social stigma associated with the coronavirus disease (COVID-19)](https://www.unicef.org/media/65931/file/Social%20stigma%20associated%20with%20the%20coronavirus%20disease%202019%20(COVID-19).pdf) - IFRC, UNICEF, WHO |
| What are the implications of the COVID-19 crisis on movement of populations and accidents involving EO? |  | Persons under lockdown and applying to the national regulations are unlikely to face EO-accidents. However, despite the curfews and regulations, some people (including the most vulnerable) are still mobile and live in proximity to dangerous areas. This may lead to an increase in accidents.  Covid-19 is leading to massive migration movements of persons who cannot work any longer and are returning to their home areas. They may not be familiar with the local EO-threat and face accidents. |  |

# How are organisations impacted by and responding to current COVID-19 circumstances (as of April 1st)?



* **All EORE activities have been suspended**
* “I would like to inform you that in the Iraqi Kurdistan region all MA activities are suspended and the MoH has taken the responsibility of publishing health and protective instructions about COVID 19 through media channels and fortunately most of the people are applying them. Ako Aziz.”
* “We are supposed to arrange Mine Risk Education in India for Indian Pakistan border schools and people but due to COVID 19 we have postponed the same and it will be arranged in appropriate time and date. Balkrishna Kurvey coordinator, Indian campaign to Ban Landmines & Cluster Munitions”.
* “The RE activities have been stopped in Turkey as per instructions by the government of Turkey to stop all the group activities (DRC/DDG Turkey), also Turkey closed the border with Syria, thus at the time being there is no returnees to Syria!”.
* “In Lebanon, LMAC suspended all direct HMA activities, incl. EORE, prior to the government instituting a nationwide lockdown. Syrian refugees are not permitted to move abound. There is increasing focus on how to engage in RCCE; however, movements of NGOs are challenged.”
* “We have suspended all our EORE activities in Abyei due to social distancing, while all the other clearance activities are still ongoing. There are more and more reports in Sudan about throwing stones at the UN and NGO people conducting different activities to the belief that they are the ones who bring COVID-19 to them.”
* **Face-to-face EORE activities have been suspended but we are continuing (or beginning) to remotely deliver EORE**
* “Hello every one this Zareen Khan Mayar AVR TA from HI Program Afghanistan. we are planning the remote or digital EORE activities, TV, Radio, banners and posters and reshaping the activities and also integrating the COVID-19 awareness in our targeted communities.”
* “Hi everyone, Zakaria from HAMAP-Humanitaire, Iraq. We stopped all EORE Activities in the Middle East. We are working with our partners on innovative ways of conducting EORE in particular through Social Media.”
* “In Libya we UNICEF and local partner 3F are exploring alternative modalities to sustain EORE activities during COVID19. While some radio and other media and social media EORE is ongoing, we are in discussion with national authority for remote EORE sessions (online EORE sessions and trainings - video and audio EORE session for media and social media use on selected platforms), as well as potential cooperation with MoE to integrate EORE key messages in MoE TV based-school lessons (ongoing in Libya) and in between lessons.”
* **No EORE activities have been suspended, but health precautions have been introduced (e.g. physical distancing)**
* **We have started to integrate EORE and COVID-19 messaging [see also underlined parts of answers above]**
* “Hello everyone, Taban Augustine Joseph from Save Lives Initiative South Sudan. We have recently started with the strategy to integrate EORE with COVID-19 messages, currently South Sudan have not registered any COVID-19 cases, but the country Government and humanitarian partners have been prepared enough to contain and response to COVID-19, one of the key activities we are prepared for is to provide awareness raising in relation to our current EORE activities.”
* “Since clearance is on hold, we've been using medics to support the teams in addressing questions, as we're adding some COVID message to RE sessions. We do it door to door, reduced groups, no young children and no elders, with PPE [Note from organizers: PPE issues are determined by global and national guidance/policy]. We've been collaborating with WASH teams as well who are used to deliver hygiene promotion so harmonize messages.”
* **We have not changed anything in our programming**
* [No written updates were shared in this category]
* **Other**
* “We are a bit in the middle. We have stopped all community-based EORE sessions but are continuing border-crossing EORE (as this is considered to be more critical) with protective measures in place. We are also looking to ramp up our remote/ mass media EORE.”
* “DDG Afghanistan stopped direct RE sessions in communities but continues direct RE sessions in border crossing points still open with appropriate safety precautionary measures and with minimum essential capacity. DDG Afghanistan is exploring ideas on how to deliver RE through mass media. Interested also in learning how to integrate RE and COVID-19 awareness messaging.”
* “Hi everyone, Mahboob from DDG Afghanistan. We have not completed suspended the EORE activities, the EORE activities in communities is suspended but we still continue to deliver EORE sessions in border crossings.”
* “The perception no one left behind particularly persons with disabilities and aged. We as HI have established a network with communities and following the list of those person with disability who need follow up Physical Rehabilitation services.”