

Technical Guidance

TOWARDS A RISK INFORMED APPROACH AIMED AT BUILDING COMMUNITY RESILIENCE

VIS-À-VIS THE COVID 19 PANDEMIC

Frequently Asked Questions

Target audience of the document: this document is developed for Geneva Secretariat, regional and National Society colleagues who are interested in applying a risk-informed approach vis-a-vis the COVID19 pandemic, using some of the insights and perspectives that are applicable in the disaster risk reduction and climate adaptation fields. The document advocates for a stronger multi-sectoral and multi-risk approach when pro-actively dealing with the COVID19 crisis.

I. *Are Biological Hazards part of Disaster Risk Reduction?*

The [Sendai Framework for Disaster Risk Reduction](#) includes biological hazards, such as pandemics and epidemics, and is the only globally agreed multi-hazard roadmap for reducing risk. As a matter of fact, the pandemic's underlying factors, vulnerabilities and impacts go well beyond the health sector. With its cascading and devastating impacts, COVID-19 demonstrates the inter-connected and systemic nature of risk today, highlighting the urgent need for a concerted global effort to accelerate risk reduction activities, involving all stakeholders involved in risk reduction.

It is in this regard particularly important to better align prevention and response efforts of health ministries and disaster management authorities. The [2016 Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030](#) provide a blueprint for integrating health into disaster management planning and disasters into health planning. They call for the establishment of multi-sectoral disaster risk management committees that include health officials and seek to strengthen the integration of biological hazards into multi-hazard disaster risk management. At the same time, the Bangkok Principles also call for better integration of disaster management in health policies and programming at the national and local levels ¹

For that purpose, UNDRR developed a publication "[Biological Hazards and Risk Assessment](#)" as part of the Words into Action Guidelines on National Disaster Risk Assessment by UNISDR.

¹ UNDRR Asia Pacific COVID-19 Brief. Combatting the Dual Challenge of Covid-19 and Climate Related Disasters, <https://www.undrr.org/publication/undrr-asia-pacific-covid-19-brief-combating-dual-challenges-climate-related-disasters> , p.5

II. *Why is a risk informed COVID19 approach at the local level important?*

The current response to the COVID19 crisis is primarily focused on life saving measures led by national and local authorities. However, when future outbreaks will occur, a more pro-active approach, combining a government-led response with a reinforcement of local level pandemic preparedness and mitigation measures may prove more effective in pro-actively controlling and reducing the spread and impact of the disease.

This call for stronger local/community level engagement also strongly links with the localization agenda. Since the World Humanitarian Summit in 2016, calls for far more investment in local action have only been partially heeded. Local level actors are the first to respond to emergencies, yet often cannot easily access resources to support their risk reduction and response activities. Due to the travel and quarantine restrictions, it is likely that, except in exceptional circumstances, developing countries will have to rely on national and local responders to meet humanitarian needs. This requires reflection on how to provide appropriate reinforcement to local and national actors in diverse and compounding humanitarian contexts ².

III. *How to analyse the risk of pandemics at the community level?*

The Risk Formula: **Hazard X Exposure X Vulnerability /Capacity** offers an excellent analytical tool to identify the most appropriate ways to pro-actively address the pandemic at the community level:

1. HAZARD/THREAT:

Is defined by its:

- Virulence (intensity)
- Spread (magnitude)
- Novel character/no immunity
- Season/temperature (?)

2. EXPOSURE:

- Population density (esp. in urban areas).
- Large gatherings/festivities
- Migration/mobility: labour/holidays
- Extended families/living- housing patterns
- Social interaction patterns (types of human to human contacts/tactility...)

3. VULNERABILITY:

- Vulnerable groups, based on age/gender and pre-existing health conditions (cardiovascular, diabetes, pulmonary diseases...)
- Virus carriers/spreaders (a-symptomatic) in society
- Poor access to reliable COVID19 information/rumours/superstition

² UNDRR Asia Pacific COVID-19 Brief. Combatting the Dual Challenge of Covid-19 and Climate Related Disasters, <https://www.undrr.org/publication/undrr-asia-pacific-covid-19-brief-combating-dual-challenges-climate-related-disasters>, p.6.

- Poor health infrastructure/testing capacity/protective equipment
- Poor hygienic standards
- High food insecurity
- Lack of social cohesion/solidarity mechanisms/inclusiveness. Stigmatization/division.
- Economic insecurity/ informal employment/limited livelihood opportunities

4. CAPACITIES and potential for COVID19 COMMUNITY RESILIENCE BUILDING

While hazard and exposure reduction may be largely within the realm and responsibilities of the national and local authorities, vulnerability reduction and strengthening local resilience can be realised through an approach based on the dimensions of a resilient community (see Question IV).

IV. How to apply the dimensions of a resilient community in a Covid19 context?

The dimensions of a resilient community provide a useful approach to a multi-hazard and multi-risk assessment of community vulnerabilities and capacities. When applying it for pandemics, it presents a range of entry points to align it with other humanitarian sectors.

In COVID19 context a risk-informed community -

is knowledgeable about its risks and how to address these
<ol style="list-style-type: none"> 1. public awareness messages re. physical distancing and hand-washing reaching communities; 2. access to reliable (social media) information; 3. biological hazards are incorporated in multi-hazard risk reduction and Preparedness for Effective Response approach; 4. Forecast-based Finance/Action being applied for pandemic preparedness.
is healthy and able to meet its basic needs
<u>Health</u> <ol style="list-style-type: none"> 1. availability of good quality health services 2. availability of sufficient tests 3. protective equipment for health staff 4. effective referral system
<u>WASH:</u> <ol style="list-style-type: none"> 1. info on effective hand washing practices 2. clean water, access to soap
<u>Shelter</u> <ol style="list-style-type: none"> 1. places for self-isolation/shielding made available
<u>Food:</u>

<ol style="list-style-type: none"> 1. info on proper diet disseminated to boost immunity 2. self-gardening, community gardening, urban gardening promoted
has economic and livelihood opportunities
<ol style="list-style-type: none"> 1. Business Continuity Plans for small and informal businesses developed 2. cash distribution takes place to deal with secondary impacts 3. strengthening of financial solidarity mechanisms
is socially cohesive and promotes inclusiveness
<ol style="list-style-type: none"> 1. mutual support systems are effective 2. BPI with specific biological hazard focus 3. inclusiveness measures for those at risk (gender/age-sensitive) 4. apply and enforce tracing
manages its natural assets sustainably
<ol style="list-style-type: none"> 1. avoid zoonotic virus transmission 2. waste disposal management of contaminated equipment
manages infrastructure effectively
<ol style="list-style-type: none"> 1. insulation and decontamination of buildings/dwellings 2. revise infrastructure standards 3. distancing in common areas – elevators – stairways
is well-connected
<ol style="list-style-type: none"> 1. enhance access to remote locations 2. at risk groups can influence COVID19 decision making 3. information sharing reaches most-at-risk 4. availability to tests - protective equipment

While the actions to make health, WASH, shelter, food and disaster reduction pandemic-informed are sector specific, other dimensions are of a more general nature, like social cohesion, inclusiveness, connectedness. Red Cross/Red Crescent' connection to these puts emphasis on its local-based structures, volunteer base, and auxiliary role.

V. How does a Covid-19 Risk Informed approach relate to the Disaster Risk Management Continuum?

A Covid-19 risk informed approach can also be applied to the disaster risk management continuum, as follows:

- 1) **Covid-19 response:** Most of countries are now in the response phase, in which the key priority is to save lives. In this phase, the DRR focus is to ensure the inclusion of a

risk-informed perspective aimed at avoiding unintended consequences (“*Do No Harm*”) when certain containment measures are taken (eg. damaging social cohesion, undermining connectedness, leaving the most vulnerable behind, affecting economic/livelihood activities, etc.). It is therefore important to propose alternative resilience building actions: DRR messaging and PAPE may be used to raise awareness, enhance public action and cooperation and promote collaboration among stakeholders. Advocating for the most vulnerable and getting the necessary support/protection for them is also key in this phase.

- 2) **Covid-19 recovery:** Some countries are slowly transiting to early recovery and other countries will follow suit. In this phase, what is important is not just going back to normal but building back better/more safely.

DRR activities may include collecting evidence and lessons learned on what’s worked or not in COVID Risk informed DRR actions/plans; review and improve contingency plans and DRR plans. Critical is to ensure pandemic/epidemic preparedness become integral part of CP/DRR plans and improve them through simulation drills. This is also the time to critically review which resilience characteristics/dimensions (see above) have worked/weakened or need to be further strengthened. Solutions will need to be found to strengthen resilience, especially social cohesion and connectedness which may have been weakened during the Covid-19. More work needs to be done to improve collaboration across sectors and borders and among different stakeholders. Lessons learned from Covid-19 will provide a good opportunity to review and resign plans to make communities, organizations, private and public sectors resilient in the face of multiple future hazards.

- 3) **Stable non- or low-Covid-19 phase:** Design and implement risk-informed and sustainable development plans aimed at boosting overall community resilience. The focus in development is to mainstream DRR to protect development gains and prevent the creation of new disaster risks.

This entails:

- Ensuring risk informed plans and actions across sectors.
- Continuous analysis of current and future risks and design/implement DRR plans.
- Strengthen community DRR mechanism.
- Developing risk transfer and funding mechanism.
- Advocating for DRR policies, legal and regulatory mechanisms.
- Capacity building of local actors

VI. Who/what are the most at-risk groups/challenging settings, what challenges do they face and what potential solutions can be offered?

Covid-19 risk informed measures need to be specifically adapted for vulnerable groups and challenging settings, including but not limited to migrants, asylum seekers, refugees and other displaced populations; people living with disabilities; the elderly; pregnant/lactating women and children under 5; people living in urban slums and informal settlements; and areas exposed to climate related shocks. Many of these groups are particularly vulnerable to discrimination, protection risks and increased COVID-19 transmission, and may not be included in standard response strategies/plans/operations.

Adapting prevention measures for challenging settings/vulnerable groups

Key challenges	Potential Solutions
Migrants, asylum seekers, refugees and other displaced populations	
<p>People on the move:</p> <ul style="list-style-type: none"> • Legal status, discrimination and language barriers may limit access to otherwise publicly available information, health care or social services. • Difficult to reach due to mobility; often excluded from national response operations. • Exposure to protection risks including SGBV, trafficking, discrimination, accusations of carrying the virus and associated backlash. • Financial barriers to accessing healthcare and support; lack of trust. • High prices/less income opportunities put food and nutrition security at risk. • Migrants stranded at closed borders with limited or no access to support. Border closures increase the use of irregular methods of movement, which can increase risks of human trafficking. <p>People settled with irregular status:</p> <ul style="list-style-type: none"> • Lack of documentation, stigma, discrimination, fear of arrest/deportation and financial resources may hinder access to healthcare and other services. • Higher risk of destitution: one of the first groups at risk of losing jobs; not targeted by social protection; excluded from humanitarian assistance. • Higher risk of accepting offers of work which are exploitative or abusive. <p>People in detention centres/camps:</p> <ul style="list-style-type: none"> • Increased risk of infection; lack of opportunity to social distance/ self- isolate. 	<p>All groups:</p> <ul style="list-style-type: none"> • Translate information into the preferred languages of migrant communities and disseminate through trusted channels. Use continued feedback to adapt messages and tailor all activities to the context, adjusting for perceptions, beliefs and practices. • Advocate for inclusion in support schemes, regardless of status or documentation. • Risk analysis is conducted for key protection risks and mitigation measures are developed. • Identify safe, confidential and appropriate referral pathways for survivors of exploitation and abuse. Staff have the basic knowledge and skills to apply the survivor-centred approach. <p>People on the move:</p> <ul style="list-style-type: none"> • Effective risk communication and dissemination of key information in transit areas. • Basic needs assistance (cash/in-kind) including food. <p>People settled with irregular status:</p> <ul style="list-style-type: none"> • Advocate for inclusion in support schemes without risks; basic needs assistance; socio-legal advice to regularise their situation and access formal employment and support. • Set-up of 'isolation rooms' in fixed settlements and establish links with local health services for safe referrals to intensive/ critical care. <p>People in detention centres/camps:</p>

<ul style="list-style-type: none"> • Reduced economic opportunities; increased food needs. • Stigma and discrimination against people living in hotspots and areas with poor WASH conditions. 	<ul style="list-style-type: none"> • Decongestion of camps or detention centres • Scale-up WASH supplies and facilities; regular disinfection of surfaces and toilets; universal campaigns for regular handwashing with soap and water. • Increase food assistance; promote small scale food production in camps; support markets and livelihoods activities.
<p>People living with disabilities (PLWD), including sensory, physical and developmental disabilities</p>	
<ul style="list-style-type: none"> • Often socially isolated and excluded from decision making spaces; unequal access to information, services, WASH facilities and key behaviour-focused messaging on prevention of COVID-19. • Limited access to health services due to stretched resources; presence of co-morbidities. • Difficult to effectively self-isolate as they rely on others for many daily tasks. • Inability of families to provide additional support due to ill health and economic constraints. • Less economic opportunities due to increased competition for jobs. 	<ul style="list-style-type: none"> • Provide information in multiple accessible formats (including braille, large-print, oral information, easy-to-read text with diagrams, written formats, video with text captioning/sign language, accessible web content). Ensure active outreach to collect feedback from PLWDs. • Provide accessible handwashing facilities for people with reduced mobility. • Prioritise continuity of services supporting PLWDs, including phone/online support and access to assistive devices. • Provide tailored approach to meet individual needs, work with personal carers/support networks. • Ensure that all community stakeholders are sensitized about risks faced by PLWD and have the capacity to communicate life-saving messages to them. • Engage with local organizations of persons with disabilities which can provide support.
<p>Elderly</p>	
<ul style="list-style-type: none"> • A highly vulnerable group in the Covid-19 outbreak, with higher fatality rate. • Difficulty accessing health services due to mobility issues and social isolation. • May be dependent on carers, making it difficult to socially distance or care for themselves. May have difficulty understanding, reading/hearing, or following guidance. • Diverse age groups residing together. • Increased risk of malnutrition; invisible to FSL programmes as they can't be included in livelihoods activities • May be exposed to a higher risk of SGBV, including SEA by caregivers. 	<ul style="list-style-type: none"> • Tailor messages and make them actionable for specific living conditions. Use communication channels used by older people, and communicate also with family members, health care providers and caregivers. Engage the elderly to address their feedback. • Prioritise continued support: scale up telephone/online support, provide care services/home visits, support access to medication and provide basic needs assistance. • Shielding options either a) at household level (multi-roomed houses), b) neighbourhood – moving all high-risk persons within extended compound to isolation house. • Be vigilant for signs of violence; ensure that all staff and volunteers can refer to specialist services.

Pregnant women, lactating women, & children under 5	
<ul style="list-style-type: none"> • Evidence suggests that pregnant women without underlying health conditions are not more likely to contract COVID 19. However social distancing in the third trimester of pregnancy is recommended. • Services may be diverted if health services are overburdened, leading to interrupted ante-/post-natal care. • Increased risk of malnutrition; interrupted breast-feeding. 	<ul style="list-style-type: none"> • Maintain essential health services for antenatal and intrapartum care. Breast feeding should be promoted, respecting respiratory hygiene (wearing a mask if possible), washing hands regularly and cleaning and disinfecting contaminated surfaces. Address misinformation. • Develop and translate education materials designed to meet the needs of pregnant women. • Provide basic needs assistance and consider blanket feeding for PLW and children under 5.
People living in urban slums and informal settlements	
<ul style="list-style-type: none"> • High risk of infection due to cramped living conditions, inability to social distance, inadequate water and sanitation facilities, inadequate nutrition and health care. • Stigma and discrimination for people living in hot spots and in areas with poor water, sanitation and hygiene conditions. 	<ul style="list-style-type: none"> • Understand needs, preferred communication channels, preferred languages, misinformation and questions. Tailor all activities to the context, adjusting for community perceptions, beliefs, practices and feedback. Reduce group gatherings and engage virtually. • Universal campaigns for regular handwashing with soap and water; distribution of essential hygiene items; regular disinfection of surface and toilets; PPE for toilet cleaners and health care facility staff. • Maintain access to preventative and essential services.
Areas exposed to climate related shocks/secondary disasters	
<ul style="list-style-type: none"> • Vulnerable communities don't have capacity to cope with a second disaster. • FSL at risk due to upcoming seasonal disasters, ongoing food security crises, delayed humanitarian assistance or funds redirected towards COVID-19. 	<ul style="list-style-type: none"> • Revise contingency plans to ensure that EWS and response plans will be functional during COVID19 conditions • Include livelihoods protection measures in the programme, including EWEA and Safety nets.

(Source: British RC, *Technical Guidance on COVID-19 for Regions*, version 2: 6th May 2020).