Guidance for CBR/CBID workers (this includes paid and volunteer workers) in the COVID-19 pandemic

CBR/CBID workers have a very important role to play in the **COVID-19** pandemic. Their actions can help to protect and support persons with disabilities, families with members with disabilities and vulnerable members in the community such as the elderly or homeless. In doing this, they will be in turn protecting the whole community.

- 2. CBR/CBID workers should only visit communities for essential purposes such as delivering food, water or medication. When such visits occur, care should be taken to maintain physical distancing. CBR/CBID workers are encouraged to contact families and or community members by telephone (text or whats app) on a regular basis to keep them informed, gather information about their needs and discuss ways in which these needs can be met.
- 3. The key messages that are developed and relayed by the CBR/CBID program should be based on the local context and regulations and also take into consideration the following issues that are based on Person-Centred Emergency Preparedness tool (PCEP)
 - Know your local hazard /risk in relation to COVID-19.
 - Make a plan together with community members on what is to be done and who is responsible to include persons with disabilities and other vulnerable members.
 - Get your community motivated and ready
 - Be aware of changes in the situation and adjust your plan if needed
 - Look out for each other.

These five points can form the basis of ongoing telephone/text/email contact with the communities that workers are already responsible for.

4. Know your local hazard/risk.

Community workers need to familiarize themselves with the local situation as far as they can. CBR/CBID workers need to ensure they are familiar with all of the rules and practices set out by their government and to collaborate with their local structures to see how they can work together to ensure that the needs of persons with disabilities are always considered in planning and subsequent action.

5. Make a plan together with community members on what is to be done and who is responsible.

Where possible telephone families and individuals known to the community service and make a plan together with them. Try to make sure that the needs of people with disabilities are being considered in the local strategies that are being implemented.

These strategies will vary according to individual circumstances but for example might include:

- Making sure that people with COVID-19 are not stigmatized by their communities.
- Working closely with all persons with disabilities and their families, to ensure access to rehabilitation services, and medicines when needed.
- Isolating people with disabilities and vulnerable members in the village or community with other members protecting them, supplying food or doing shopping for them, while observing guidelines to ensure they stay free from COVID-19 infection.
- Isolating people who already have the virus and caring for them in one place away from other community members without discrimination or stigmatization of those infected or their families.
- Providing clean water and soap for regular, thorough hand washing
- Positioning the clean water and soap in accessible places
- making and wearing masks when going out and in crowded places, and ensuring only essential trips are made
- Sending clear messages about physical distancing, (presently staying 2 meters apart) and hand washing.
- Contacting a health facility in line with local policies when anyone has symptoms of COVID-19.

6. Get your Community motivated and ready

The community will decide on the actions they want and are able to take and who will be responsible. The community worker can encourage all involved and guide the group to make realistic decisions based on the latest information available.

- 7. Be aware of changes in the situation and adjust your plan if needed. The community worker will be in regular contact with the community noting how the situation is changing at the community level and for individuals and their families and giving them up to date news on developments (such as the number of persons infected or new local guidelines). Together they need to work out the best way to respond in light of these changes, bearing in mind the local guidelines.
- 8. **Look out for each other**. Look out for other colleagues, look out for other persons with disabilities, look out for older people and look out for community leaders. It is by working and sharing together that this pandemic and its associated fear can be reduced and timely intervention can be provided.
- 9. **Share information**. It is important for the community workers to keep a good record of people, places, illnesses, successes and challenges, in a format that is locally compatible so that this information can be reported quickly and accurately to CBR managers, coordinators and the government authorities.

Produced by Professor Sally Hartley (UK) and Venkatesh Balakrishna (India) with contributions from Christine Cornick and the Zambian CBR/CBID team, Abdul Busuulwa CAN (Uganda) Professor Gwynneth Lelewellyn (Australia) Elanie Marks (Geneva, WHO)