Webinar summary report

How companies and land-based operators in Africa are responding to COVID-19

On 23 April 2020, in response to requests from our partners around the world, IDH, FMO, Mirova and Proparco held a second webinar on COVID response: How companies and land-based operators are responding to COVID-19.

This webinar was tailored specifically for the African context and aimed to share practical insights of how businesses are responding to the current crisis. Over 350 people registered and around 200 people joined online.

Besides this report, please also have a look at information shared from the previous webinar we organized, available here (including summaries in French and Spanish):
https://www.idhsustainabletrade.com/news/covid19-on-site-measures-to-support-workers-and-neighboring-communities/

Gautier Quéru, Director
Land Degradation Neutrality Fund
Mirova

Nienke Stam, Head Landscapes Finance,
IDH – The Sustainable Trade Initiative

Agenda

1. **COVID19 Supply Chain Impact, and Business Continuity Planning**
   - Anish Jain, Chief Treasury Officer (CTO) & Head of Corporate Communications and Marketing, Export Trading Group (ETG)
   - Gary Rynhart, ILO Senior Specialist

2. **Occupational Health & Safety during COVID19**
   - Gretchen Blake, Chief People Officer at MTO Group
   - Teddy Deroy, Director at IBIS ESG Consulting

3. **Communications and outreach to local communities about COVID19 (panel discussion)**
   - Esi Nana Sekyiamah, Regional Director Sustainable Management Services (West Africa) at ECOM Agroindustrial Corp. Limited
   - Kate Mathias, Corporate Compliance Manager at Miro Forestry Ltd.
   - Tracy Morse, Senior Research Fellow at Strathclyde University based at University of Malawi.
   - Barthélemy N'Guessan, Senior Sustainability Manager at MOPP - Groupe SIFCA
   - Gerome Topka, Regional Lead Africa at Earthworm Foundation

Session 1: COVID19 Supply Chain Impact, and Business Continuity Planning - Anish Jain, Chief Treasury Officer (CTO) & Head of Corporate Communications and Marketing, Export Trading Group (ETG);

About ETG: ETG is active in 51 countries and operating 120 processing plants worldwide. Of those operations, it has activity in 27 African countries with 59 facilities across Africa. ETG produces products from cooking oil to agrochemicals with a focus on sourcing from smallholders.

Employee safety first and then manage supply chains: Employee safety is supported by safety briefings, advice notices, provision of personal protective equipment, implementation of hygiene procedures, the use of disinfection passages (USD $800-1000 per passage), increasing insurance for workers and upgrading existing medical facilities.

Set up safe ways of transaction: Locations are being set up, in cooperation with governments, where partners can sell products to ETG and others while keeping the required social distance. An app is also being piloted as an online marketplace where partners can sell their produce to ETG. Co-ordination is underway with local procurement markets and co-operatives for aggregation of stocks.

Support to workforce: Newsletters are being sent around to create a sense of community and support staff working from home. A special focus in on the workforce that is still going to the plants.

Logistics: ETG is working with multiple service providers to secure the permits for truck and wagon movement and working with port authorities to seek special permission for vessel clearance. Strategic alliances with shipping companies are being sought for availability of containers.

Expected impact: Next 3 months the focus will be on farmer procurement centres; we expect only a deviation of 2-3% of products that cannot reach the market; that impact is negligible.

Changes in procurement are expected: There is cooperation already underway to create safe procurement centres. Farmers and cooperatives are cooperating with governments to bring produce to markets.

Spread in Africa so far: In the African countries ETG works in, a real lockdown is not really feasible. Health systems are also not prepared for the virus. There is still hope that the virus will not spread as widely as it did in Europe. For the moment, all of the countries ETG works in are still in single digits in terms of cases. In Malawi, the government will open the lockdown starting tomorrow.

Session 1: COVID19 Supply Chain Impact, and Business Continuity Planning - Gary Rynhart, ILO Senior Specialist:

COVID is likely to hit Africa hard and spread widely: Based on previous epidemics and pandemics, we have to assume that the impact will indeed be serious. There is a delay with these viruses but they do come to Africa, see SARS, MERS and H1N1 as examples. This is the information that the UN is basing decisions upon.

"There is a delay in how soon these kinds of viruses arrive in Africa. If we look at SARS, MERS and H1N1, there is a delay, but they do come."

Significant economic and social hardship is expected in Africa by the UN beyond the health impacts. Humanitarian agencies are particularly active in planning response in the case of Africa.

"Within the UN, the feeling is that the economic and social hardship will be the main impacts of the crisis."

Virus is causing disruption: to garment industry, mining, tourism, big infrastructure projects, oil, other industries. There is a risk of exacerbating existing tensions and there has already been an increase in crime. Upcoming elections have been postponed and there is a risk that the virus can be instrumentalized for political reasons and affect migration.

Impact on enterprise: Conducting normal enterprise activity is at best highly challenging because the key ingredients – stability and predictability – are absent.

ILO advises asses where the risk to your SME come from. This can be direct or indirect. If production requires a lot of proximity between workers, there is a lot of risk but you can also change a lot. For example, you can change the work shift patterns so that people have less contact or only work with the same people. However, if risks are external, then there is less that you have the flexibility to change.

To assess the risk profile of your enterprises and the level of vulnerability to COVID-19 in terms of its impact on your People, Processes, Profits and Partnerships (the "4Ps") you can use the Business Continuity Plan tool.

Six-step COVID-19 Business Continuity Plan

2. Establish the objective of your BCP

4. List actions to protect your business .

6. Maintain your BCP

1. Identify your key products or services

3. Evaluate the potential impact of disruptions to your enterprise and workers

5. Establish contact lists

Find online the BCP: https://rise.articulate.com/share/xx_FwI7Gzfi3TQhZQR3-O3FBucgqDyl9#/

A new resource is under development with GIZ. A sustainable and resilient enterprise platform will be shared in coming days: SRE Platform (live next week): https://conflictdisaster.org/

How will this pandemic impact on ILO's labour safeguard mechanisms, e.g. with regard to mass retrenchments: Retrenchments and layoffs are now a daily reality. Full or partial lockdown measures are now affecting almost 2.7 billion workers, representing around 81 per cent of the world's workforce[1]. Employment contraction has already begun on a large scale that is unprecedented in many countries. In the absence of other data, changes in working hours, which reflect both layoffs and other temporary reductions in working time, give a better picture of the dire reality of the current labour market situation. Using this approach, as of 1 April 2020, the ILO produced new global estimates that indicate working hours will decline by 6.7 per cent in the second quarter of 2020, which is equivalent to 195 million full-time workers. The final tally of annual job losses in 2020 will depend critically on the evolution of the pandemic and the measures taken to mitigate its impact. The majority of job losses and declining working hours will occur in hardest-hit sectors. The ILO estimates that 1.25 billion workers, representing almost 38 per cent of the global workforce, are employed in sectors that are now facing a severe decline in output and a high risk of workforce displacement. Key sectors include retail trade, accommodation and food services, and manufacturing.

What can be done? The reality in most African countries is that the automatic stabilisers of social safety nets are weak. Most African countries have narrow tax bases, weak tax collection mechanisms, and a heavy reliance on commodity revenues. All these sources are likely to come under significant pressure, placing further strain on already constrained resources. One response in a number of countries – coming from the Private sector – is the establishment of vulnerability funds. In South Africa, one has been set up. One in Madagascar set up the main business organisation *Le*

---

[1] Figures from ILO Monitor, 7 April 2020, available at:www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_740877.pdf
How companies and land-based operators in Africa are responding to COVID 19

Groupment des Enterprises de Malagasy (GEM) actually had the ILO as a convenor of the fund. This is quite a practical response.

In terms of legal matters: ILO produced a guide which has been transposed into the legal situation of a number of countries. This should provide guidance. This is an example from the Tanzanian guide which was produced by the Association of Tanzanian employers: https://www.ate.or.tz/news_events/employer%E2%80%99s-guide-managing-your-workplace-during-covid-19-ate-ilo. There are other examples if interested, please contact ILO and check their websites.

ILO would appreciate dissemination support.

Session 2: Occupational Health & Safety during COVID19 - Gretchen Blake, Chief People Officer at MTO Group

About MTO: MTO works in Forestry, Manufacturing, Conservation, Energy, Agriculture, Training and Ecotourism in South Africa, managing approximately 80 000 ha of land, and employs 3 347 people in the Southern and Eastern Cape and the Mpumalanga provinces.

Including subcontractors in COVID response: MTO has its own workforce and also subcontractors. The latter must also be considered and they are included in MTO's COVID interventions.

Pre-lockdown response: Prohibited non-essential travel; Established a COVID-19 Task Team; Developed a Contingency Plan; Hygiene protocols; Scenario planning and actions to follow; HR Protocols related to impact of COVID-19

Navigating moving targets: The SA government has been very supportive. However, access to support and systems changes daily. MTO has dealt with that through having a structured approach internally.
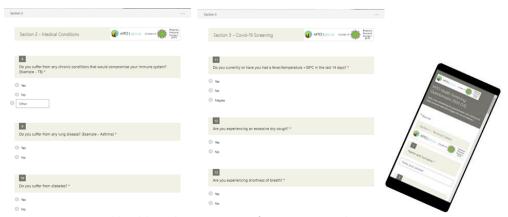
Current status is heavily reduced operations: Majority of operations halted; Undertaking essential services related to agriculture and emergency/security services; Skeleton staff; Work from home; Enhanced hygiene protocols; Engaging intensively with stakeholders; Revised Contingency Plan

Planning a phased resumption of operations: A sudden start up is still not feasible. The workforce will be sparsely spread, will be contactable and will go through awareness training.
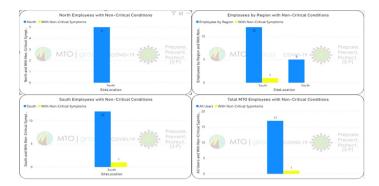
Screen employees before they return to work: Employees will be pre-screened via a mobile app. The individual or a supervisor can complete this screening to identify those who may be vulnerable. Through this, MTO can assist employees who may have been exposed to COVID.

Make toolkit as easily understandable as possible: The workforce is multilingual and questions must be understandable to all users, so questions were made as simple as possible. Teams of operations are assisting each other to fill gaps of workers without internet access or smartphones.

Maximise capacity by training employees BEFORE they return to work: Toolkits focus on training and are completed at home while the lockdown is in place. This means that when staff arrive back at work, potential worktime does not need to be spent on training.

Share resources with wider community: This same toolkit and pre-screening is also being used in the wider community to provide support there.

Post-lockdown interventions

Local procurement: Procurement will need to be flexible in case usual suppliers are not accessible. Local procurement also supports local business.

Procure a mobile clinic

Multiple communications channels including a toll-free phone line.

Planning is needed for transporting employees: Public transport is a challenge and risks will have to be mitigated. Measures: Stringent SOPs for labour carriers, Restrictions on number of passengers and mitigating public transport risks.

Nutrition of employees is critical: Feeding schemes are in place. Community food gardens will be ramped up. MTO is also looking at additional provision of food in order to support their health and ensure that they can stay healthy and carry out their work.

Additional responses provided by Gretchen to questions raised during the Webinar

Does the digital screening tool MTO developed check the paths infected people took? No, the actual tool does not track the physical path of the individual, however it gives us a time stamp and location in pre-screening and at physical work when they arrive. The information provided in the screening tool will be monitored daily with investigations on all the medium and high risk alerts. To the extent that we believe the risks require immediate attention we will direct the employee to the appropriate, closest COVID 19 screening centre. The protocols can then be followed up by the authorities in respect of paths infected people took. We will, insofar as the impact this has on our own employees and any families in the employees 'communities, take immediate action to alert everyone and to ensure the authorities are aware of the situation. The screening is expected to be weekly and ongoing

Can the COVID-19 toolkit be shared, or is it publicly available? This is proprietary information, however we would be prepared to share elements of this with selective organizations.

What does SOP mean? Standard Operating Procedures.

How is MTO dealing with those who are not complying with internal procedures (e.g someone that are travelling without permit of their supervisor, and need to stay in quarantine, for example)? We firstly will continue to emphasize the SOP's through training and awareness to ensure employees know and understand the rules and regulations. However, an employee who does not comply with our Standard operating procedures in respect of COVID will be subject to a disciplinary process (misconduct),which will include an enquiry where the employee will have the chance to explain the reasons for the misconduct(including whether the employee was aware of the rule) following which the employee may be disciplined by way of a final written warning alternatively potential dismissal (severity dependant). Contractors working for MTO Forestry whose employees do not comply with the SOP's will be required to investigate non-compliance and implement corrective measures aligned with the MTO practices. Non-Compliance with our COVID 19 SOP's are seen as very serious and will be managed as such in terms of our disciplinary code (i.e. final written warning or dismissal).

How is MTO (mobile clinic) making sure they are not substituting national health structures? The MTO Mobile clinic project is not only in response to the COVID pandemic. The clinics are not in place of the local government health facilities but rather to support and relieve these clinics due to high demand. The mobile clinic project is also to provide health access to our employees and stakeholders who are more geographically removed -and the offering is linked to occupational health measures e.g. Vaccinations, monitoring of chronic illnesses(diabetes, hypertension etc),dispensing chronic medication, TB management, Family planning etc. The clinics are even more critical now with the COVID 19 pandemic with a key focus on facilitating general health and immunity in our workplaces and communities. In MTO, we certainly require more than 1 clinic-and our model is to partner with local Occupational health providers, NGO's etc in various locations across our business. We have initiated a pilot project which is a Social economic development programme ,accessing resources (nurses, doctors) from local communities and assisting them through financing, equipment, facilities, training to establish clinics within the community to provide a service to the MTO own, contractor employees and family members. We have the capability to facilitate successful mobile clinic

Are the companies giving masks and other relevant PPE for all of their workers? (including occasional workers, for example)? Yes, in MTO we are providing our employees with the **first** face mask for which they will be responsible to take care of. We will need to manage the "turnover" of masks for financial purposes and we understand that the government are investigating providing relief for masks in businesses.

What does MTO think, with these measures already taken, is not yet well covered in preventing COVID19? Notwithstanding the measures taken, two aspects still remain high risk for MTO-being Public transport and the community living spaces. Nutrition is a further risk and we hope to use our community food gardens to provide sustainable feeding schemes. We are looking for funding partners to assist us expand this project across multiple sites in the rural areas.

What is the main constraint on implementation measures? MTO's largest constraint to roll out a sustainable protection and prevention model is financial. We are working hard at accessing funding specifically to assist our mobile clinic projects which will reach so many of our stakeholders who have very little or no access to health facilities. We have other challenges and constraints in logistics, demographic spread and communication, however these we feel we can deal with effectively.

How can we better bridge the gap between needs for certified medical supplies and availability? Through our respective networks we would be able to engage and create a smoother passage of supply and communication. As MTO we would welcome facilitating the supplies to the needs most specifically in the Agriculture (forestry) and timber product sectors. Please feel free to engage with Gretchen Blake to unlock this.

Gretchen is open to engaging directly with any of the attendees via email and can be reached at Gretchen@mto.group.

Session 2: Occupational Health & Safety during COVID19 - Teddy Deroy, Director at IBIS ESG Consulting

About IBIS: IBIS is an African sustainability consultancy assisting companies to improve their sustainability performance with a strong focus on professional health and safety. IBIS has been supporting a number of clients on health and safety, continuity planning and community response.

Approaches around equipment, systems and behaviour go hand in hand.

1. **Company clinics in remote areas are crucial:** Your farm / plantation / forest camp clinic or health centre is often the only health infrastructure locally. Doctor / head of clinic to be central in the COVID-19 response – consider him/her joining Crisis Team
2. **Increase capacity** by collaborating with other health centres. For example, one clinic provided electricity to another hospital to make it more operational in the crisis.
3. **Review stock of PPE** (masks, gloves etc) and ensure that strategic stocks are maintained at the local health centre. This is essential to protect the local health workers.
4. **Order oxygen canisters and respirators (where available):** ICU bags are generally not available, but oxygen canisters or respirators can be helpful.
5. **Implement chair and bench spacing:** Waiting room chairs and benches should be kept apart from each other
6. **Ensure that there are sufficient beds in the clinic.** Non-critical patients should not be directed to the clinic but to another building or a tent. Essential patients such as vulnerable people and COVID patients should have access. Clear beds of non-critical patients, set-up tent / separate building for non-critical examinations and patients – essential patients = (vulnerable people + COVID-19 symptoms) + medical emergencies
7. **Inform visitors** of COVID 19 rules through information materials. Posters about COVID-19 rules erected throughout the clinic (entry gate, corridors, waiting room)
8. **At least cotton fabric masks** should be worn and these are being manufactured across Africa. Whether these can be reused is debatable.
9. **Review access rules** and access prioritization for workers, worker families, communities, officials and explain any new policies clearly.

Changing behaviours is difficult: As was extensively discussed in the last webinar, changing behaviour is even more difficult than resolving equipment and supply chain issues. The workforce employed in agricultural and forestry companies often has a low level of education. They live according to different rules at home compared to at work.

People protect themselves first from tangible and evident harm: People tend to be more cautious with dangers where they see the immediate impacts, such as welders protecting their eyes. However, they protect themselves less from long-term risks such as smoking or alcohol. The same is true for the virus as the risk is not as immediately tangible.

Leaders of the organisation must lead by example. They must wear masks, socially distance and wear gloves. Secondarily, they should train COVID-19 champions such as health and safety supervisors.

Recognise good behaviour: Endeavor not only to react punitively to bad behaviour but reward compliance.

Supervisors must communicate respectfully if their rules are to be respected: *Example:* A supervisor sees a group of workers standing closely together without wearing masks. He/she reacts by chastising the workers and ordering them to separate and wear masks. The workers will at first separate and put on their masks, complying in the supervisor's presence. However, they will ultimately not respect the reasons for this request and will go back to ignoring the rules as soon as the supervisor leaves.

Senior managers cannot be everywhere all the time: Especially on plantations or in forests and especially during times of crisis

Respectful communication does not require more time – over the same duration as a punitive intervention. The intervention is more efficient, so you achieve sustainable behaviour changes.

Respect works in all cultural contexts: You show leadership, you empower your workers

Make a worker into a COVID champion with 4 questions: In the above example, the supervisor should invite one of the group to answer a series of questions that invite them to identify the current behaviour, reflect on what it means for them personally, and ultimately means that the change will sustain after the interaction.

The 4 questions

1) **What do you see?** e.g. That the employees are standing together and not wearing masks.

2) **What about this specific behaviour of your colleagues?** If the worker does not mention anything related to social distancing or masks, the supervisor can make suggestions.

3) **Why is this important?** e.g. It is needed to protect ourselves, because of family and kids.

4) **What would you like to tell your colleagues now?** Because this is communicated respectfully, workers will implement the changes for their own benefit and will implement it themselves.

This type of intervention works as it:

- Helps people to see the same issues that senior management is seeing
- Draws their attention to what they are seeing as a behaviour
- Makes it personal: why is it important to protect from COVID
- Works advocate actively for protection measures

3. Communications and outreach to local communities about COVID19 (panel discussion) - Esi Nana Sekyiamah, Regional Director Sustainable Management Services (West Africa) at ECOM Agroindustrial Corp. Limited;

About ECOM: Working in 4000 cocoa producing communities in Cote D'Ivoire and Ghana

Ensured that farming communities were safe via the 40% to whom ECOM had direct access and the 60% to whom they had indirect access.

Direct access: Provided field agents with reliable COVID-19 health information and tasked them to share with farmers and communities; Trained field agents to practice COVID-hygiene during farmer interactions (social distancing, handwashing etc.). This was easier as structure and trusting relationships were already in place. These were activated to distribute COVID information.

Indirect access: Shared COVID-19 safety messages with influencers in communities through WhatsApp platforms and phone calls; Experimented with delivering COVID-19 safety messages through audio messages on phones.

Distributed hygiene products: Distributed 1M bars of soap to all cocoa communities in Ghana; Leveraged field agents to support communities to construct tippy-taps

Lessons learned among direct access communities: ECOM enjoyed trust and status as change agents among direct access communities and built on this structure to convey COVID 19 messages. We pushed messages through different platforms; we have seen most change through pathways that people are most familiar with, where we had prior practice of change. Audi messages are not that effective so far

The groups that are easy to reach are the once we normally reach. In some communities normally only men turn up; therefore, we thought audio message would be a good way to extend the reach

Audio message and quiz experiment: An 82-second audio message was delivered randomly with a quiz at the end from an unfamiliar phone number. 100% of recipients listened to the message, but 50% dropped off after 75 seconds. The next test will ensure that the message 1) comes from a familiar number, 2) is shorter, and 3) features the quiz earlier.

3. Communications and outreach to local communities about COVID19 (panel discussion) - Kate Mathias, Corporate Compliance Manager at Miro Forestry Ltd.

About Miro: Miro leases land through the forestry commission in Ghana and directly lease from communities in Sierra Leone. Therefore, communities are very central in the work in Sierra Leone; Miro has about 2000 workers and is planning to do smallholder projects in Sierra Leone. Ghana lifted lockdown; getting back to business as usual

3-pillar action plan:

1. **Awareness-raising:** Developed posters, radio talks and film clips.
2. **Reducing exposure;** Measures are reactive, and policies are changing on a weekly basis. Working conditions were changed so that workers have the freedom not to work in the case of health risks or anxiety. Workers are only working in their local area with people from their local area to reduce movement and exposure. To go beyond reaching the workers and also reach their communities Miro is working with local government to spread materials to workers and their communities.
3. **Responding to outbreaks;** Work through own clinics and support the local clinics, e.g. by providing PPE.

Operating without extensive outreach structure: Unlike in the case of ECOM presented by Esi, an existing structure is not well developed yet. Therefore, outreach is done via chiefs and local government.

Impact on food security: In industrial operations, planting was closed for a period to change the layout in order to implement distancing. For this time, workers were furloughed. Workers were very resistant to this although they were being paid during the furlough. The canteen was closed in Sierra Leone but workers pushed back against this because they were reliant on the one free meal a day from the canteen.

Ensuring business continuity: Numbers of workers have to be reduced and this has a massive impact on the communities as in Sierra Leone, Miro is the only company in the area. It is a priority to keep the workers as much employed as possible, with appropriate spacing restrictions.

Risk of social unrest if mortality changes social dynamics: If, as in Europe, the victims of the Coronavirus are disproportionately elderly and male, this may have knock-on societal and cultural effects due to shifting land rights.

Support reducing exposure while workers are at home: It is much more difficult to influence people's behaviours at home, such as sharing meals and water pumps.

Additional responses provided by Kate to questions raised during the Webinar

Do you see learnings from the fight against Ebola that could help adjust responses to COVID19? The country has certainly learned from Ebola and was extremely rapid in implementing increased checks and hygiene at the airport and other public spaces, closing borders and implementing controls. They also have a practiced protocol for restrictions of movement and

people/communities are more responsive and experienced of roadblocks, health checks and lockdown procedures and their understanding of the impacts and limitations of lockdown is extremely good. At community level they have been able to rapidly form taskforces to address the virus. From a company point of view we have learned from Ebola and the employees who lived and worked through it have input into the policy and procedures drawing from their own experiences and we have learned and taken onboard advice from other companies (see the previous webinar organized by IDH and Mirova).

Does the company give masks and other relevant PPE to all of its workers? (including occassional workers, for example)? We have been testing prototypes of masks from local suppliers and are in the process of identifying the optimal ones. The aim is that ALL workers will be supplied with masks and those that work inside the industrial plant will have a mask for outside and then will pick up a sterilised mask when they enter the premises and return it for sterilisation after their shift finishes. Our two company nurses will be provided with full PPE as will any other front line workers engaged with suspected cases. As we are taking temperatures before anyone accesses the trucks or operational sites, those operating the thermometers will have masks and gloves.

3. Communications and outreach to local communities about COVID19 (panel discussion) - Tracy Morse, Senior Research Fellow at Strathclyde University based at University of Malawi.

Provision of knowledge or equipment alone will not change behaviour: Within a workplace setting, people may comply for fear of losing their job, but to be carried into personal life and communities, the information needs to be perceived as useful to the receiver in order to motivate behavioural change.

Behavioural change is complex: This depends on many things. People may be choosing between using soap to wash their hands and using the soap to wash clothes or bath before coming to work.

Focussing messages: Some examples have already been given. Often, leaflets or radio messages are provided and these are not sufficient. Audiences need to find information useful and believe that messages pertain to them in order to change behaviour.

Risk is intangible: This makes the motivation more difficult, especially in the home.

Requirements: Handwashing depends on access to water and other conditions.

Good practices: Using messages as in Esi's examples and using existing trusted sources

Capacity building is needed among nurses, community health workers and other key people. They are not experts in COVID or in behavioural change so need support.

COVID is giving the opportunity to enforce positive hygiene behaviour that has other co-benefits: This is also an opportunity to improve public health on the long run

Understand the people you are trying to reach: the conditions they live in and the social networks they participate in

Resources available

COVID-19 Hygiene Hub: https://hygienehub.info/covid-19

WHO: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

CDC: https://www.cdc.gov/coronavirus/2019-ncov/index.html

Use activities to make abstract risks visible: Nurses covered people's hands with paint, to show how easily the virus spreads by touching the face, shaking hands and touching objects. It also showed that a brief rinse with water is not sufficient but hands must be washed with soap for 20 seconds.

Additional responses provided by Kate to questions raised during the Webinar

What are some of the social complexities that need to be considered when trying to support COVID-19 and other community outreach activities?

- Ensure actions are context appropriate
- Ensure the inclusion of local leadership
- Ensure you understand social networks in your communities - who do they trust to provide information and guidance, use those channels and make sure you build capacity in those 'champions' if needed.
- Where possible you can use local by-laws to achieve the changes needed in the initial stages until behaviour change is achieved.
- Be as inclusive as possible - you could be causing unintended social tensions particularly in relation to trust and jealousy

How can companies help when they do not have the personnel to provide the support to communities in terms of training, advice etc.? There were great examples of this from Teddy and Esi but key points:

- Using existing experts - health workers, extension workers, community based volunteers and company staff working on extension can be effectively used - don't forget they need effective training!
- Ensure you understand what the government and other partners are doing - add value do not duplicate to contradict (specially with messaging and guidance)
- Support health facilities and workers where ever you can to provide effective and separated services - Teddy gave good guidance for health facilities in his presentation

Can you give some examples of behaviour change activities which you have seen to be successful in improving hygiene practices? Look at the IDH website page on this webinar for a toolkit for hand washing - not COVID specific so has long implementation time but some components may be of interest for adaptation. The COVID hygiene hub is great for examples and for advice from experts.

How can we better bridge the gap between need for certified medical supplies and availability? This is best coordinated through national coordination bodies - goes back to my comments on adding value rather than duplication. Everyone is facing issues of supply and most countries are making high level plans with partners and stakeholders to get supplies in place.

3. Communications and outreach to local communities about COVID19 (panel discussion) - Barthélemy N'Guessan, Senior Sustainability Manager at MOPP - Groupe SIFCA and Gerome Topka, Regional Lead Africa at Earthworm Foundation

About SIFCA: SIFCA is an Ivorian agro-industrial Group founded in 1964. It is active in 4 sectors: rubber, palm, sugar and renewable energy production.

About Earthworm: Earthworm Foundation is a non-profit organization working for impact on people and nature. It was previously called TFT.

Current status of operations Earthworm: Most people are normally based on the ground and helping partners to do assessments on the impact. They are currently working from home.

International cascading effects: The virus started in November and West Africa was not prepared.

Lack of institutional trust: We all are connected all over the world, therefore people don't believe the information from the government; they have their own sources. Fake news is really a problem; for example, resistance of African people to trusting government sources. "One of the challenges that we as a community are facing is fake news."

Misinformation circulating in West Africa regarding COVID: People are self-administering malaria medicine and rumours are circulating such as black people being immune to COVID-19.

Need to work together: We have to collaborate together, work with the chief elites so that the information will be trusted in the communities. Cultures are different and people will react differently to information.

Sifca support to local communities:

- Disseminate Government recommendations in rural areas: Volunteers to spread government information in rural areas using newsletter and WhatsApp group.
- Lessons learnt from the Ebola cases: Liberia
- Support local authorities through donations: SAPH
- Preventives measures awareness: PALMCI
- Lockdown has been stated in some areas: Liberia
- Training of local community leaders: Sucrivoire trained community leader how to spread information to communities;

The Liberian president recorded a catchy afrobeat song to spread the message about the Coronavirus: https://www.youtube.com/watch?v=y8Pm2EJk-uo

Knowledge and tools are not enough, use leadership that is already there and show practically how to spread the information.

Does the company provide masks to workers and their families? CRC/MOPP hospital staff receive surgical masks (for single use). For other workers, reusable masks produced locally according to the guide to minimum requirements for testing, making-up and use methods : **AFNOR SPEC S76-001**. It's planned to train these local producers on the production of hydro alcoholic gels as well. Respect of preventive measures by workers is the biggest challenge. Most common cases remain non-respect of masks wearing and social distancing. Daily awarenesses is in continuous implementation and also a task force set up to ensure the respect of preventive measures by workers.

Are rural areas in the continent most affected by COVID19 cases at present? In our experience, to date, only urban areas are most affected, due to the high population density but also because rare cases identified in rural areas are immediately taken care of in urban areas. Thus rural area is quickly tested to limit the spread.

Wrap up:

On Friday 9 May 2020, there will be another webinar in Spanish for a Latin American audience.

Key takeaways

MTO Group

Pre-screening staff and pre-training staff before resumption of operations, so that as soon as operations resume, all staff can go back to work without needing extra time for training.

IBIS:

Make workers into COVID response champions with four questions:

1. What do you see?
2. What about this specific behaviour of your colleagues?
3. Why is this important?
4. What would you like to tell your colleagues now?

ECOM West Africa:

- Companies that already have networks and structures of trusting relationships and direct community contact can leverage these.
- For mobile phone messages: 1) Send them from a familiar and trusted number 2) Be as concise as possible 3) Build in interactive elements, if any, earlier in the message, 4) Target delivery to between 6 to 8 am or after 5pm on weekends to increase pickup and completion rates

University of Malawi:

Use activities to make abstract risks visible: Nurses covered people's hands with paint, to show how easily the virus spreads by touching the face, shaking hands and touching objects. It also showed that a brief rinse with water is not sufficient but hands must be washed with soap for 20 seconds.

Barthélemy N'Guessan:

"Knowledge and tools are not enough. Use leadership that is already there and show by example to spread the information."