COVID-19

THE PANDEMIC FATIGUE FIRST AID KIT

How to continue engaging communities amid fatigue and new waves

Epidemics are not stable. They can either grow or shrink. It is normal, when control and protection measures are not maintained, that transmission will increase and new waves of cases will appear. But what happens when people are tired of listening and talking about COVID-19? Many people are losing the motivation to protect themselves and others from COVID-19. Such pandemic fatigue\(^1\) threatens our ability to control the virus. People must continue to take preventative measures until transmission is eliminated. Regardless of pandemic fatigue, people must wash their hands, keep physically distant, and wear masks in public spaces. Otherwise, COVID-19 waves are likely to continue.

Open the kit. Click on each icon. Learn tips for new and fresh community engagement approaches.

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LISTEN AND ENCOURAGE SELF-ASSESSMENT:

People have learned to live with the virus to some extent. However, being consistent with protection measures like physical distancing, mask wearing or quarantine, can be increasingly challenging. It is more important than ever to continue actively listening to the people we serve through the communication channels they trust. Keep in mind that the information and channels they trusted six months ago may have changed today. Explore and identify what people are saying about COVID-19 over time.

For example, connect regularly with:

- Civil society organizations and community groups (e.g., women’s, youth, religious)
- Private sector (e.g., small businesses, daily workers affected by economic loss)
- Public transport (bus, taxi drivers, tuk-tuk drivers)
- Education (schools, universities)
- Vulnerable groups (elderly, people with disabilities)
- Journalists and media outlets
- Health workers
- Frontline workers and volunteers

Think about new ways of discussing topics like:

1. What do they find challenging; which measures do they think are being less or more adhered to and why?
2. How do communities perceive heading into a second lockdown?
3. What are the main perceptions in youth regarding mobility restrictions and curfews?
4. What rumors and misinformation exist around the second wave (e.g., denial of the virus, testing, vaccine trials, influenza vaccine campaigns)?
5. How is individual and social responsibility perceived at this stage?
6. Can they help us to promote what they are doing well in inspiring communities to follow measures?
7. For volunteers and frontline workers: what is the most challenging part in engaging with communities?
8. What are the barriers to conducting safe community outreach?

EMPATHIZE:

As responders, we need to try as much as possible to see things from other people’s points of view. Consider and acknowledge the physical and emotional pressure that COVID-19 has caused. Try to respond to communities’ fears, concerns and anxieties, and be respectful and empathic throughout our community outreach and engagement. Work with mental health and psychosocial support experts to plan ways to communicate and engage with people dealing with isolation and quarantine. Plan how to engage with people who have recovered but are still experiencing long-term secondary effects.

For example: It is important to know that to feel sad about the situation or tired to stay at home is completely normal. Link to mental health support groups in your communications. You can also communicate testimonies of people who have recovered from COVID-19 to reduce stigma. In Colombia, the Red Cross supports cross-border migrants to adopt public health measures, thanks to a mobile handwashing station pulled by a motorcycle. Psychosocial support volunteers travel with them to reduce the anxiety of families with children or who are in vulnerable situations.
SHIFT THE TONE:

A lot of COVID-19 communication emphasizes restrictions and keeping safe from danger instead of reducing the risks. Encourage individuals and communities to find ways to reduce the emotional pressure of restrictions. Instead of stressing what cannot be done, highlight why and how the new normal can work. Highlight the importance of playing an active and responsible role for themselves and their loved ones. Individual and social responsibility is and will continue being the key.

For example:

• **Be creative. High spirits:** COVID-19 risk reduction measures and messages can be long and annoying. Be creative in the way you get others’ attention. Propose ideas such as contests or challenges to motivate and incentivize people to do good work in their community. Share positive examples of how people have adopted to new norms and the public health gains achieved through collective effort.

• **Share fun examples of how** routine activities can create opportunities for solutions (going to work, taking public transport, shopping in the market, celebrating a birthday or important ceremonies). Encourage people to go through the different physical motions to identify the specific risk of transmissions. People are always more inclined to comply if the solutions are available during or after a daily activity.

• **Think on a longer engagement** time frame. This will reduce the time spent on it each time. It will contribute to reducing the topic overload and fatigue while achieving better results through a more alert and focused community/individuals.

• **Always encourage discussion.** Allow people to contribute when you introduce new information on COVID-19. Allow them to discuss newly imposed measures, whether taken locally or elsewhere. For example, discuss how students are dealing with COVID-19 measures in different countries, how people are sewing their own masks, how people are dealing with quarantine in different settings, etc.

• **Don’t only talk about COVID-19!** Avoid Covid-19 being the sole focus of an engagement activity. Introduce topics that are not related to Covid-19.

COMMUNITY-LED SOLUTIONS:

The pandemic has seen countless community-led solutions and strategies emerge that were successful in their own and other contexts. Continue to listen and try to understand, and also design specific solutions and strategies together with communities. Use personified routines, encourage fun and storytelling. For instance, people may have good ideas about how to be engaged and support contact tracing, how to safely conduct community meetings, or how to maintain social and religious practices. Help them to design and make it happen.

For example: In Libya, the “Volunteers in every street” campaign developed a city map, thanks to the online engagement of community members. Communities used Facebook and other social media channels to draw the boundaries of their own neighborhoods. This generated a strong sense of community solidarity, ownership and commitment to the COVID-19 response.
**AMPLICIFY AND INSPIRE:**

We have learned that people don’t want to be ‘messaged at’. They are likely tired of hearing the same information they heard six months ago. Volunteers and young people around the world have been incredibly creative in providing solutions for actionable information. Encourage and recognize commitment and effort in sticking to COVID-19 measures. Find opportunities to share and celebrate these examples and promote them to inspire others.

**For example:** Under the slogan #WeAreInThisTogether, the Jamaican Red Cross uses music and influencers to increase outreach and trust. A reggae music celebrity helps the Red Cross to spread facts about staying safe during COVID-19. The Antigua and Barbuda Red Cross has produced COVID-19 sign language videos for the deaf community. Based on the success of that initiative, the Antigua and Barbuda Red Cross is producing a documentary. The documentary advocates for the deaf community on the island and showcases how COVID-19 has impacted their daily life.

**KEEP ENABLING BEHAVIOR CHANGE:**

We can't lose hope. We must keep promoting healthy behavior change. However, some measures put in place to keep people safe are non-sustainable because of their economic and social impacts. We can work within our Movement, with other agencies and the government to inform and advocate for solutions to these concerns. We can also work with other sectors such as Health and WASH to provide hygiene items that help people to follow the recommendations.

**For example:** Many people in Malawi do not have soap at home, so handwashing is not possible. Malawi Red Cross volunteers are carrying out household visits and hygiene training. They ensure that families know about proper handwashing with soap, and the health and safety benefits of this simple but life-saving action.

**SHARE AND DEMONSTRATE KNOWLEDGE:**

We know much more about the COVID-19 virus than before and we have strengthened public health and community engagement capacities along the way. Use the knowledge about and from the communities you work with to sustain COVID-19 protection measures. Use our increasing understanding of how people communicate, who they listen to and the activities they are interested in.

**For example:** Together with your community network, organize safe face-to-face or remote events to share examples between population groups of effective and less effective initiatives. Organize accessible webinar, peer-to-peer education sessions or social media contests to encourage others to share what they know.

**We want to hear from you!**

Do you have any examples you want to share? We are looking forward to receiving examples of how your National Society is facing pandemic fatigue. Please send your stories, examples, case studies, or just ideas and suggestions here.

To know more about Community Engagement and Accountability click here.