COVID-19 guidance for legal empowerment organizations

Last updated: April 6, 2020

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Protective actions against COVID-19

My country has no confirmed cases / has only reported a few cases. Why does this affect me?

A case can only be confirmed if a test has been conducted, and most places have not been testing as proactively as an aggressive pandemic response requires. So we know that there are many, many people who have the virus but are not being tested for COVID-19. Based on how quickly the global situation has been changing -- and the number of countries that have moved into crisis mode overnight -- there is every reason to assume there are cases in your country and to act with proactive precaution.

What are protective actions I can take to avoid getting COVID-19 and to prevent the spread of the virus in my community?

Increase washing your hands and sanitizing your home and work environments. This is the number one thing you can do, and there's no downside! It will help reduce colds, flus, and other illnesses. Make sure that you are using proper handwashing techniques (see below) and washing for 30 seconds.
**Use proper respiratory etiquette.** Cover your coughs! Cough into your elbow or use a tissue and wash your hands immediately. If you have a cough, remain at home. Coughs are the easiest way to spread the virus.

**Avoid physical contact with others.** When greeting others, instead of shaking hands, choose to bow, nod, or wave. Avoid hugs or other gestures of affection with anyone outside your family/isolation circle.

**Avoid touching your face.** Touching your eyes, nose, and mouth can increase the likelihood the virus transfers from your hands into your system.

**Minimize the number of people you physically interact with in a day.** Reducing contacts makes a difference -- see the discussion on distancing below. To the extent you can, identify a group of people (your household + any other essential contacts) and try your best to keep to them. Seek to venture out only for essentials and use the transportation option least likely to put you into contact with others -- for instance, try to avoid crowded buses if you can.

**Prepare your household.** During a local outbreak, you and your household may need to take care of yourselves while sick without outside help. It’s possible your community might be put under quarantine. And there might also be local, temporary stock outs of important items. In order to prepare for these possibilities, it makes sense to buy extra items (staple foods that will not go bad) and make sure you have household essentials, prescription medications, over the counter fever and cold medications, and household supplies. It’s best to build up this store of supplies over time -- for instance, a week -- to avoid panic buying.

**Know what to do if you or someone in your house has a suspected case.** In most locations, health officials will want mild or moderate cases to remain home, self-isolate, and call a doctor for further instructions. However, instructions will vary greatly, depending on your location. Find out what the local protocol is and make sure your friends, family, and colleagues are informed. As a general rule, if you have a mild or moderate case it’s better not to go to the health facility automatically.

**Understand how to self-quarantine:**

If you or a member of your household fall sick with COVID-19 but the local protocol indicates you should self-quarantine at home:

- Limit contact with other people as much as possible for 14 days. This includes isolating yourself as much as possible from anyone living in your residence, ideally, maintaining a distance of two meters. Sleep separately if at all possible. Where a separate room is not possible, designate a specific area of a shared room that would allow maximum distance from others in the residence.
- Be extra vigilant about protective measures (coughing etiquette, hand washing). Consider using a homemade mask.
- Avoid sharing household items. Do not share dishes, drinking glasses, towels, eating utensils, and bedding, with others in your home.
- Clean “high-touch” surfaces that you share with others daily (e.g. kitchen areas, bathroom areas, tabletops, doorknobs, etc.).
- Allow maximum ventilation into the home. Keep windows and doors open as much as possible.

If there are no tests available to determine if it is COVID-19 -- even if the illness is mild -- assume that it is COVID-19. Quarantine yourself and your household. You play a vital role in preventing the spread of disease!
Home care for people with suspected or confirmed COVID-19
Take care of yourself and your family

All members of the household

Wash hands with soap and water regularly, especially:
- after coughing or sneezing
- before, during and after you prepare food
- before eating
- after using the toilet
- before and after caring for the ill person
- when hands are visibly dirty

Avoid unnecessary exposure to the ill person and avoid sharing items, such as eating utensils, dishes, drinks and towels.

When coughing or sneezing, cover mouth and nose with flexed elbow or use a disposable tissue and discard immediately after use.

Monitor everyone's health for symptoms such as fever, cough and if difficult breathing appear, call your health care facility immediately.

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For caregivers

Ensure the ill person rests, drinks plenty of fluids and eats nutritious food.

Wear a medical mask when in the same room with an ill person. Do not touch the mask or face during use and discard it afterward.

Frequently clean hands with soap and water or alcohol-based rub, especially:
- after any type of contact with the ill person or their surroundings
- before, during and after preparing food
- before eating
- after using the toilet

Use dedicated dishes, cups, eating utensils, towels and bedding for the ill person. Wash dishes, cups, eating utensils, towels, or bedding used by the ill person with soap and water.

Identify frequently touched surfaces by the ill person and clean and disinfect them daily.

Call your health care facility immediately if the ill person worsens or experiences difficulty breathing.
Make sure you get information from official sources only. Unfortunately, the spread of misinformation is rampant. Check information from the World Health Organization (WHO), your Ministry or Department of Health, and official Centers for Disease Control (either in the United States or other countries). Before you share something on social media, check its origins and check to see if experts are refuting it.

Here is an official WHO page providing accurate information in response to widely spreading rumors about COVID-19. You can ask further questions of the WHO here:

Or report misinformation to Avaaz here:

You can also flag posts for review on social media and share correct information with family, friends, and colleagues.
What is social distancing? I’ve heard I should stay away from other people, but I live in a very crowded area. What can I do?

Social distancing is a practice of deliberately reducing contact between people in order to slow the spread of a pathogen. Right now, your country may be focusing on closing events, schools, and other public spaces. Large gatherings are one of the easiest ways to spread the virus and closing them is a good idea. However, that doesn't mean that our small actions don't matter.

*Instead of asking, “how can I stay away from all other people” ask yourself, “what contacts can I cut out today?”*

*Don’t be paralyzed over contact that you can’t avoid, but think carefully about what you can eliminate each day.*

Let’s take a look at these two scenarios. In the first scenario, individuals do not practice social distancing. By day four, 1 person has infected 16 others. In the second scenario, some people are practicing social distancing and some are not. Even without practicing perfect social distancing, we have far fewer infections on day four in the second scenario.

When we take all those actions together, they really matter! Reducing contacts protects you and those in your family, as well as the broader society. *Our collective action matters.*

I am young and healthy. Why should I stay home?

True, if you are young and healthy, you’re less likely to get severely sick from COVID-19. But as the diagrams above show, this is not just about keeping yourself safe. *We need to distance in order to protect our community as a whole* to prevent the rapid spread of the disease into the population. The faster the disease spreads, the more likely vulnerable people are to get sick -- putting their lives at risk, the health system under duress, and straining health providers.

Should I wear a mask to protect myself?

We are still understanding what is truly protective. Masks often give people a false sense of security and may prompt people to touch their faces more frequently. In general, masks are on short supply and our frontline health workers need them. The most evidence-based protective measures are washing your hands, not touching your face, and maintaining a distance of 3-6 feet from others.

That said, if you find yourself sick and self-isolating at home, or living with someone who is sick, a homemade mask worn by the sick person and their caregiver may be protective. Given the shortage of masks in most places, consider *sewing a homemade washable mask* for use in this instance.
Hand sanitizer is sold out at all the shops, and I don't always have access to water for hand washing. Can I make hand sanitizer myself?

There are many ways to make hand sanitizer. To be effective, choose a formula that's at least 60% alcohol and only follow instructions from trusted sources.

You can find WHO's guidelines for preparing hand sanitizer here. It is a very thorough guide and can be overwhelming. If it is, you can follow the guidance in this article. The simplest recipe is 3 parts isopropyl alcohol to 1 part aloe vera gel.

How can my organization prepare?

Talk to your staff and volunteers. Explain that their safety -- and that of society at large -- is paramount. Ensure that all staff and volunteers are informed and empowered. Help them to create plans for social distancing. Keep in contact with staff/volunteers and decide on a mode of communication (e.g., a Whatsapp group). This whole experience can be anxiety-inducing, isolating, and stressful, and colleagues can offer support and solace to one another -- even virtually!

Transition your team to remote work. Many of us do work that requires gathering and travel that is too risky to continue in this moment, staff need to be protected, and more and more areas of the world are taking measures to restrict movement. In this context, many of us are asking how staff whose work is not office-based -- such as our frontline legal empowerment advocates -- can continue their work in a remote/virtual manner. We are already seeing creative solutions in our community.

Some teams are exploring how paralegal work plans can be modified to keep in contact with clients via phone/virtually where possible. Paralegals might also work on updating case files, maintaining data quality, or reading updates on the laws while at home. In addition to staying in touch with communities, paralegals may be able to continue advocacy efforts with authorities through virtual means. Namati is trying this approach in Myanmar, although we recognize that many government functions will also likely be disrupted with time. Now is also a great time for paralegals to step back and analyze trends and patterns across cases.

Allow staff time and space to get prepared. It is good right now to allow people to prepare their households and practice isolating to the extent possible. Some staff may want to travel to spend this isolation period with family in a different location than the one where they work. Please support them to do so using the safest modes of transport available.

Prepare to be flexible with staff. As more and more locations take proactive restrictive measures such as closing schools and child care centers, you may have staff who will be balancing remote work with childcare responsibilities. Organizations will need to ensure that staff have the flexibility to juggle their various responsibilities.

Talk to your funders about the actions you are taking. Many funders are allowing organizations to repurpose restricted funds for general purposes. Others are indicating more likelihood of sticking with current grantees / renewing, while others are asking grantees to stay in touch about any changes in plans, indicating flexibility. It's a good moment to stay in regular contact with funders.

Continue to pay staff whose work cannot be done remotely. Most of the funders we are seeing are deeply understanding of the realities organizations are facing in keeping their people safe. If you encounter challenges, please let us know. We are looking at ways to use our platform to advocate for the best interests of our community facing this crisis.

Do basic contingency planning for absences. As described above, in the context of an outbreak, we can expect high absenteeism. Not only will staff be ill, but we can expect staff to be caring for sick household members and caring for children out of school. Such planning may include:

- Updating all staff contacts and emergency contacts.
- Ensuring a clear chain of command (i.e., who is in charge if senior leaders are unavailable).
● Reviewing what knowledge and functions would cause serious issues if that staff person is unavailable. For example, can only one staff run payroll or approve a purchase? This may be a good time to ask staff to document essential functions and train a colleague, if necessary.

● Considering needed changes to sick leave policy should there be local transmission in your area.

Get connected with your local actors.

● Follow WHO and your Ministry of Health on social media.

● Connect with local U.N. offices and find out who is organizing civil society/NGO response. They may not be organized yet, but getting in touch to receive updates is the first step.

● Find out how the major health NGOs in-country are preparing to respond. The International Federation of Red Cross & Red Crescent is a good place to start. Ask to be added to their list-servs, calls, or plans.

For reference: COVID-19 basics

What is “coronavirus”?

SARS-CoV-2 is the name of the virus that causes the COVID-19 disease. This virus has been spreading globally at a rapid rate throughout the first few months of 2020. SARS-CoV-2 is in the family of coronaviruses. There are many coronaviruses, including a few that have caused alarm in prior years such as SARS and MERS. Coronaviruses often cause respiratory diseases and complications.

Coronaviruses can affect both animals and humans. The COVID-19 disease originated in Wuhan, China, and is thought to have moved from an animal host to a human host in November/December, 2019. This is the reason the original outbreak of COVID-19 was seen in Wuhan province.

How does the virus spread?

Because COVID-19 is a new disease, we are still learning about how it works. Based on what we know, the virus spreads between people, primarily through small droplets from the nose and mouth. These droplets can reach others either when people are physically close to one another, or when the droplets remain on objects or surfaces.

What are the primary symptoms of COVID-19?

The primary symptoms of COVID-19 seen in the cases to date are fever, cough, and shortness of breath. These symptoms can appear between 2 and 14 days after exposure to the virus.

Can I catch the virus from someone who has no symptoms?

This is a question we’re still trying to understand, but recent studies suggest that you can. What’s known is that many people with the virus have only very mild symptoms and thus may not be aware that they are sick -- and may be spreading the disease. So just because a person doesn’t have a fever or a cough, doesn’t mean they don’t have the virus.

How often do people get sick and die?

These numbers can be very difficult to figure out, especially in the early days of understanding a new virus. Based on what we’ve seen to date, COVID-19 may be fatal in anywhere between 1% and 5% of cases. Pretty consistently we have seen that 15% of cases have severe symptoms and are hospitalized.
Those numbers don't seem very high! Plus, we face threats all the time, why is this one such a big deal?

We've been extremely fortunate that, in our lifetime, we've never experienced a moderate or severe pandemic from influenza or coronaviruses. When new viruses emerge that can spread efficiently through casual contact, we can expect a large percentage of the global population to become infected because no one has prior immunity.

Even if a very small percentage of the cases are severe/fatal, the sheer numbers can overwhelm health systems and cause severe disruptions to normal life. Because most health systems and facilities in most of our countries are already operating at full capacity, when large numbers of people need medical services all at once, the health systems can become completely overwhelmed and more people can/may die than should.

Who is most likely to get sick from COVID-19?

Based on what we have seen to date, the elderly and those with health conditions -- such as high blood pressure, diabetes, lung disease, heart disease, and cancer -- appear to develop serious illness more often than others.

Children, particularly older children and adolescents, tend to be the least affected. And healthy adults ages 18-49 have not had the same case fatality rate as the older populations. However, that does not mean that children and adults are immune or that they cannot experience severe illness. As noted above, once the disease starts to affect large segments of the population, even small percentages can translate to very large numbers.

Where can I learn more?

- WHO COVID-19 Resource Page
- CDC COVID-19 Situation Summary
- WHO or Johns Hopkins Corona Virus Map
- New York Times Coronavirus Live Updates