COVID-19: DISTANCING IN EASTERN AND SOUTHERN AFRICA

WHAT IS PHYSICAL DISTANCING?

REMEMBER: WHO RECOMMENDS THAT WE ALL USE THE TERM PHYSICAL DISTANCING, AND NOT SOCIAL DISTANCING AND THAT WE PROMOTE SOCIAL CONNECTEDNESS WHILST MAINTAINING PHYSICAL DISTANCE.
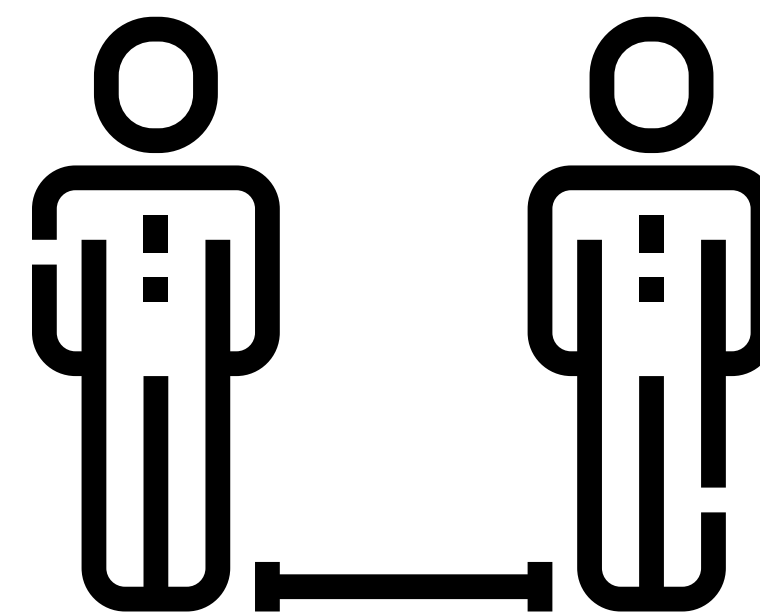

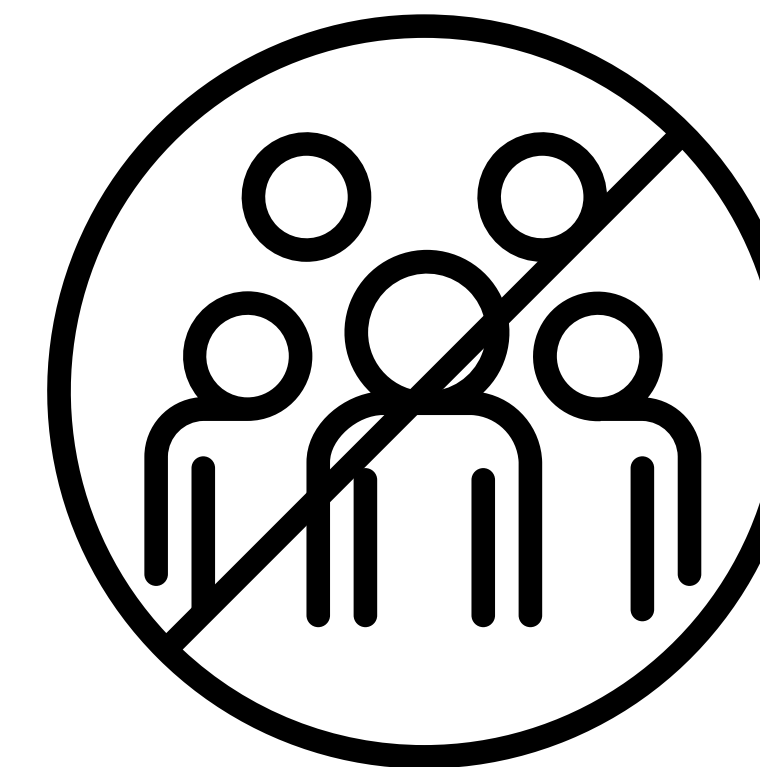**Individual physical distancing** can include using non-contact greetings, maintaining distance between people, and staying at home.
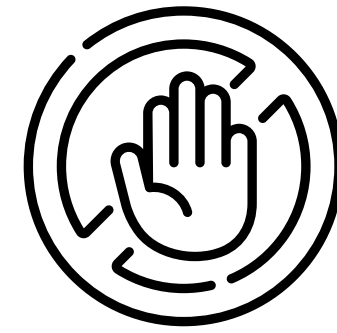

Community physical distancing can include closing schools, workplaces and places of worship, cancelling mass gatherings, and prohibiting public transport.

Countries in Southern and Eastern Africa are implementing a range of physical distancing measures to combat COVID-19.

Many people are trying to comply with these measures, but there are often reasons why they cannot.

People are afraid of the negative effects distancing will have on their livelihoods, and of the repercussions of non-compliance.

Some countries are using police and defence forces to ensure compliance. There have been reports of violence against those not complying.

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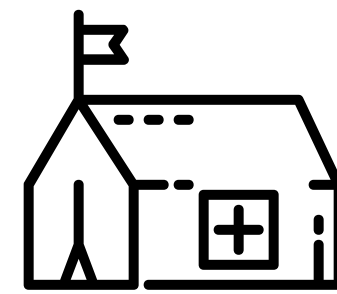
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# WHY IS PHYSICAL DISTANCING A CHALLENGE IN EASTERN AND SOUTHERN AFRICA?

Street children, victims of domestic violence and other vulnerable groups may be more at risk due to distancing.
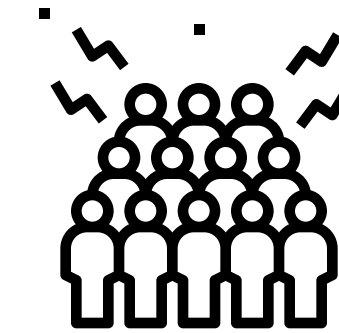
Many parts of the region are highly and densely populated, and many people live in crowded informal settlements.

Many prisons, refugee camps and IDP camps may be crowded and many lack sanitation, rendering it's populations vulnerable to infection with COVID19.
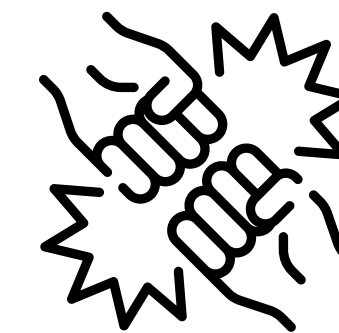
Troops and civilians may be on the move in conflict settings, which can contribute to feelings of insecurity and provide an infection risk. People in conflict areas may also be more concerned about conflict than about the disease.
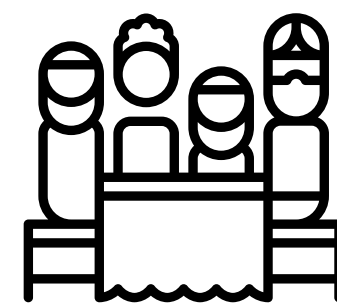
Many households are large and multigenerational, with shared sanitation facilities and limited housing space.
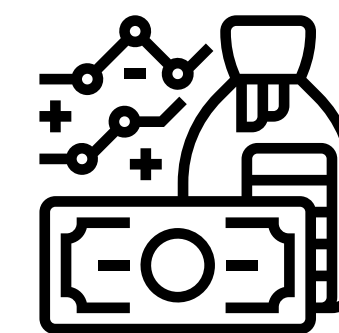
Many people live day-to-day and work informally. They will have no income if confined to their homes.

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WHY ELSE MIGHT PEOPLE NOT COMPLY WITH PHYSICAL DISTANCING GUIDELINES?

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Historical events may have eroded trust in the state or the international response, leading people to reject public health guidelines.
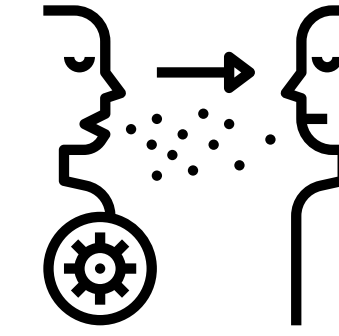
There are differing beliefs about the origin of COVID-19 and its cure. These may not be in line with distancing guidelines.
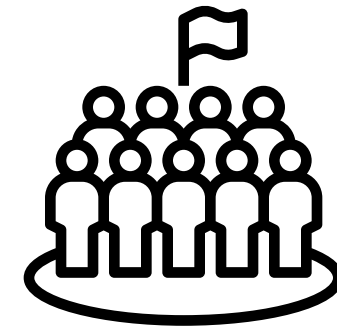
Mass prayer gatherings are an essential part of life for many and their closure could have adverse psychosocial effects. However they may be vital to curb infection spread and need to be negotiated well with religious and local leaders.
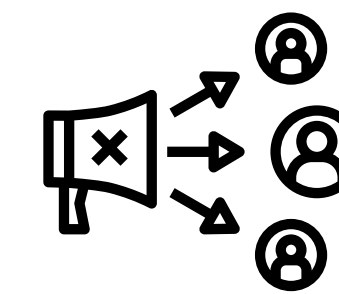
Misinformation on social and other media about the origin and transmission of COVID-19 can influence behaviour.
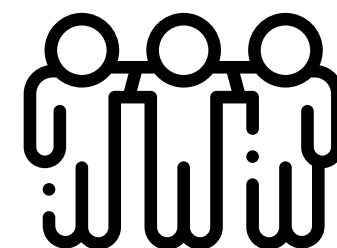
Physical contact greetings, such as handshaking and hugging, are important aspects of social life in many countries.
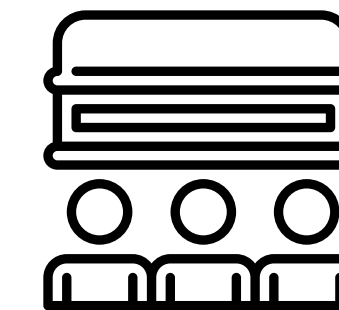
Burials and funerals are important events that can involve large groups of people and high-risk activities such as touching the deceased.
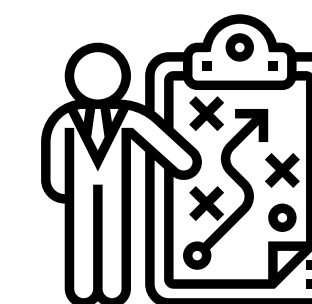
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# HOW SHOULD RESPONSE PARTNERS COMMUNICATE ABOUT PHYSICAL DISTANCING?

REMEMBER: PEOPLE WILL CHANGE THEIR BEHAVIOUR IF FEASIBLE AND IF GIVEN GOOD REASON.

Provide accurate, up-to-date information about distancing measures through trusted channels in appropriate languages and formats.

Give practical information about what people need to do, how to do it, and why. Messages should be clear, simple, and locally specific.
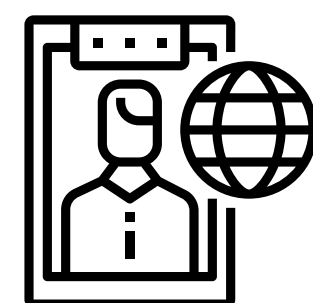
Take into account the wide range of factors that influence compliance. Include information on support available to people when distancing.

Also raise awareness about other preventive measures, such as handwashing. Ensure people are able to carry out these measures.
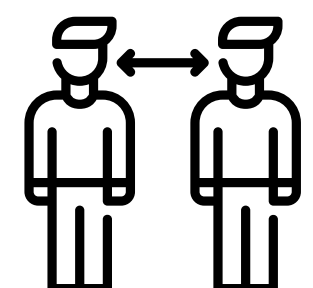
Give practical advice on how to maintain social connectedness, social responsibility and solidarity at a distance.
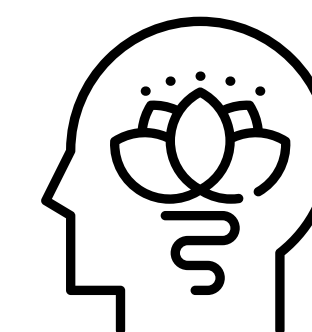
Offer advice on how to maintain psychosocial wellbeing, including exercise and remote contact with support networks.
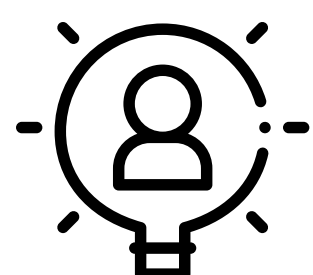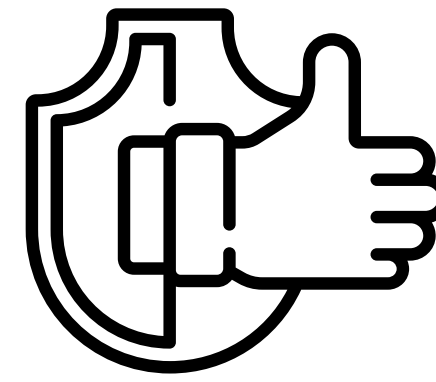
Take into account existing community-led distancing measures and local understandings of COVID-19.
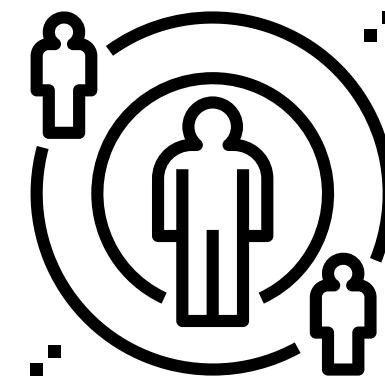
Target key messages to specific groups, such as adolescents, the elderly or people living in informal settlements.

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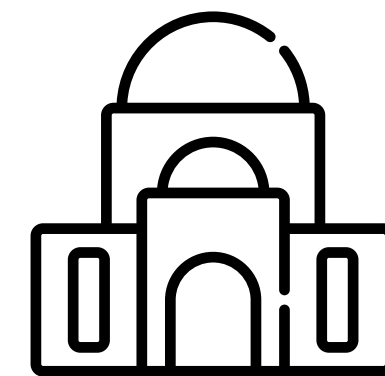# WHAT CAN RESPONSE PARTNERS DO TO ENGAGE COMMUNITIES AT A DISTANCE?

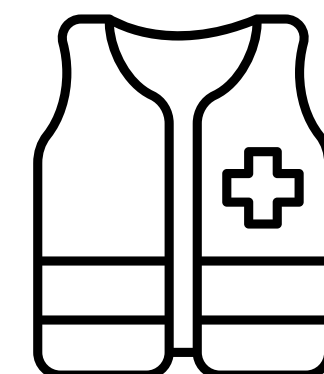Use and adapt trusted communication methods, channels and networks.

Encourage influencers to safely communicate with their own networks and share feedback.

Use loudspeakers and posters to share information. Use hotlines, social media and radio for two-way communication.

Work with churches and mosques to ensure their social media, television and radio channels are used to convey accurate information.

Support health workers and other essential workers to engage effectively with community members.

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