

**International Organization for Migration (IOM) SUPPORT TO COVID-19
RISK COMMUNICATION AND COMMUNITY ENGAGEMENT**

**Report of a Mentoring and Coaching Exercise on COVID-19
Prevention and Control Measures in Borderline Communities
in Lower River Region (LRR), Central River Region (CRR),
Upper River Region (URR), North Bank Region East (NBRE)
and North Bank Region West (NBRW)
Ministry of Health- 11th – 14th June 2020**

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REPORT ON RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) MENTORING AND COACHING VISIT IN 5 (FIVE) HEALTH REGIONS IN THE GAMBIA

DATE: 11TH -14TH JUNE 2020



1.0 Background

In December 2019, an outbreak of coronavirus was discovered in Wuhan, China. Due to its magnitude, the World Health Organization named the virus as COVID-19 in March 2020 and declared it a global Pandemic. This virus has spread to more than 188 countries across the world.

The Gambia registered its first confirmed case of COVID-19 on the 17th March 2020 and registered its first death on the 22nd March, 2020. Since then the Ministry of Health together with its partners both locally and internationally are working closely to fight the pandemic.

The Risk Communication and Community Engagement

Committee (RCCE) Committee which is one of the committees set by the Ministry of Health to fight the pandemic is responsible for the creation of awareness among the general public. In that background, the RCCE conducted coaching and mentoring visits in 135 borderline communities in the five health regions namely: CRR, NBRE, NBRW, URR and LRR. This activity was meant to strengthen the readiness and border surveillance being conducted by the community leaders, Red Cross volunteers and health personnel.

2.0 Introduction



The Ministry of Health in Partnership with International Organization for Migration recently embarked on mentoring and coaching exercise in border communities in five health regions. This mentoring and coaching trek to border communities was a follow-up visit to the previous engagement with the communities along the border by the Risk Communication and Community Engagement Committee (RCCEC) on COVID-19.

The communities visited were all trained on the preventive measures of COVID-19 and also provided with hand washing facilities and some sanitary materials. However, the purpose of this visit was to see how far they have gone in

implementing the preventive measures and what their challenges are in practicing hand washing with water and soap, physical distancing and wearing of face mask which was lacking in most communities visited.

The objective of the mentoring and coaching exercise is to assess the level of implementation of Community Action Plan (CAP) on COVID-19-19 prevention and control measures and thereby provide technical support to these borderline communities to effectively implement the CAP. Among the preventive measures been assessed includes:

1. The State of implementation of Community Surveillance with particular emphasis on border communities;
2. The level of awareness among the communities on COVID-19 prevention and control measures;
3. How communities are complying with key recommendations such as social distancing, handwashing, usage of facemask and avoidance of public gatherings in the intervention communities.

This exercise took place from the 11th to 14th June 2020 and the five teams were able to meet 135 borderline communities within the four days period in the five (5) health regions.

3.0 Objectives of the Exercise

1. To acquire first-hand information on what prevail in the communities in terms of the state of implementation of COVID-19 preventive measures and thereby provide the necessary support to better observance and implementation of the recommended measures;
2. To support borderline communities with Knowledge and Skills necessary for the effective implementation of COVID-19 recommended preventive and control measures;
3. To identify key challenges hindering the implementation of COVID-19 prevention and control measures within the communities visited;
4. To strengthen community capacity in the fight against COVID-19;
5. To assess the level of preparation and implementation of COVID – 19 prevention and control strategy in communities along the borderline with Senegal;
6. To mentor the communities on how to respond to fake news, COVID – 19 denial, stigma and discrimination, illegal border crossing, and low clinic attendance by pregnant and lactating mothers as well as the elderly and sick persons along the borderline communities;
7. To coach the targeted participants on how to effectively observe the preventive protocol declared by MoH and WHO;
8. To assess the joint efforts of the borderline communities in the fight against COVID-19.

4.0 Methodology

The mentoring and coaching exercise was jointly conducted by a team from the Central level comprising of staff from the Ministry of Health, Directorate of Health Promotion and Education, Health Communication Unit, Traditional Medicine Unit, Ministry of Information and Communication Infrastructure, National Nutrition Agency, Department of Information Services, The Gambia Red Cross Society, The Gambia Radio and Television Services, Women’s Bureau, Youth Volunteers and National Council of Seyfolu.

Upon arrival to the various regional health directorates, the team made courtesy calls to the Regional Health Directors and had a briefing with the management on the purpose of the visit. A short movement plan on how we should strategically move from community to community was quickly developed and agreed upon during this initial meeting.

In all the communities visited, the exercise was conducted using the following methods:

1. Focus Group Discussion with key community representatives
2. Site visits to key facilities within the community such as community hand washing facilities at border points and public places
3. Observations
4. Interviews with key community influencers
5. House to house visit
6. Village meetings

7. Community sensitization using PA system

During the visits, RCCE mentoring and coaching teams interviewed community members on what they know about COVID-19, how to prevent and control COVID-19 and what prevail in their respective communities as far as COVID-19 prevention and control is concern. The teams also made observations within the community and visited to key installation meant for COVID-19 prevention such as handwashing facilities. All discussions were in the form of participatory dialogue and participants were given enough time to freely express their views and opinions, the challenges they are facing in implementing COVID-19 prevention and control measures and suggest recommendations to strengthen community capacity in the fight against COVID-19.



The RCCE team with the community representatives discussing on COVID-19 related issues

After each discussion and hearing from the community members, the mentoring and coaching team would then take stage one after the other and present on key facts about COVID-19, highlights the role of borderline communities in the fight against COVID-19, highlights and affirm key areas that the communities are doing well, clarify doubts and concerns if any, share the good practices from other communities visited earlier and provide feedback on what has been observed by the team in the community and elaborate on what the community need to improve upon in order to strengthen its response within the community.

The coaching and mentoring was planned with indicators set out as per the framework for the activity. The indicators provided the necessary information to be collected during the visit. Simple tools to collect the information included questioning, collection of testimonies/comments, focus group discussions and community observations with the help of a designed checklist.

In all the communities, the regional team members introduced the team, which was followed by a welcoming remark from the elders of the community. The coaching and mentoring took the form of a question and answer session and as part of the coaching and mentoring, while observing the social distancing protocols. Community members were asked to brainstorm on the preventive measure, signs and symptom of COVID-19, demonstrate, and explain the contents on the posters provided in the communities.

As part of the methodology was the distribution of Poster and the explanation of the content in each of them. During the process, great emphasis was made on the importance of the communities to be proactive on putting mechanism to control their borders.



Community members demonstrating the use of the posters in the community

5.0 Key Findings from the Mentoring and Coaching

5.1 North Bank West

- I. The evidence has shown that out of the 20 borderline communities visited, only few (only 5) communities were able to setup a surveillance committee that would be vigilant for any foreigner entering the village through the border. In most of the other communities, they still feel that border security is the responsibility of the police and as such, they are not making any effort to control their borders. They also felt that the authorities did not empower the VDCs to act on anyone that entered the country using the unidentified borders;
- II. On the part of the MDFTs for example the CHN, PHO, Red Cross Volunteered were not seen to be visiting the communities in except for two communities that acknowledged their presence and hold meeting with them;
- III. The issue of facemask was not observed in any of the community visited except for Bakindiki and Ginack Niji were only one person was seen wearing facemask;
- IV. All the communities visited acknowledged that they are still seeing Senegalese entering the borders through their villages or the outskirts;
- V. Most of the communities visited either have scarcity or limited water supplies or the water is not potable, thus uses that as pretext for not practising regular handwashing. That's the case in Ginack Niji, Ginack Kajata, Bantanding Tukolor and Chissay Majaw;
- VI. Hand Shake is still an issue in almost all the communities. Influential leaders for example Alkalos are seen shaking hands with people and even relatives;
- VII. Hand Washing Station were seen established in many communities and in strategic areas. A good number of the households were also visited and about 50% of them had already established hand washing facilities;
- VIII. Social Distancing was not at all observed in any of the communities visited and a few of them acknowledged not observing it even in Mosque or their market places and public taps likewise children playing in groups;
- IX. Most of the villages are well informed about the signs and symptoms, mode of prevention and transmission of COVID-19. However, lot of misconceptions about COVID – 19 exist too most believed the virus to be airborne and most of the communities are in denial about the existence of the disease in the country;
- X. Vigilante group/committee not formed but some youths volunteer do enforce border control;
- XI. In some communities it is only the Alkali who is enforcing the border control.

- XII. The traditional communicators and Village Support Groups in most of the communities visited felt that they have not been empowered and capacitated to play their quota in the fight against the pandemic, reminding us the successes registered during the Ebola period where they were fully engaged to embark on community sensitization;
- XIII. Community action plan was not available in all communities visited and no evidence of implementation has taken place as community gave the pretext that no formal training were conducted. The only activity that took place was sensitization of the communities using a Caravan with a PA system going round the communities by the Regional Health Authorities and The Gambia Red Cross Society and at the time, community were not allowed to gather for a formal orientation or training.

Premised on the above, communities did not get the opportunity to interact or to be coached to develop an action plan for any implementation. The findings also revealed inadequate supportive supervision to the community structures by MDFTs.

5.2 North Bank East

- I. Panneh Ba, Tawakaltu, Chamaya, Ngayen Sabatch, Missira bayen and Daru Rahman have inadequate water supply and this can seriously affect their personal hygiene such as hand washing and other critical aspect of hygiene. Most of these communities have a single deep open well, where women queued for long time before they could secured a full bucket of water for their daily activities. In some instances some of the communities use either donkeys or horses to draw water from the available open wells due to the depth of the water table;
- II. Communities with big towns' neighborhood in Senegal such as Yallal Ba, Sabach Njien, Gumaloya, Kerr Biron and kerr Pateh are still facing problems of people coming from Senegal with their motorist, donkey or horse carts who just used the said communities as passages into the country. This is one of the most worrying information as some of them will escape the quarantines and be in mix of others;
- III. The communities' knowledge on COVID-19 is wide, everybody (young and old) can tell something about the disease especially it sings and symptom and preventions;
- IV. None of communities members visited, denied the existence of the pandemic, they all admitted it is a global problem that need attention;
- V. Most of the communities have functional hand washing facilities at their strategic location including their main entrance and at their homes gates. A few did not have and claimed that animals destroyed most of their hand washing containers;
- VI. Only few communities have community vigilantes who always try to stop anything that could be a threat to their lives;

- VII. The communities' village health workers and the VSGs continued to serve as their surveillance committees who always report all matters concerning their health;
- VIII. Social distancing remain one of the most challenging precaution amongst all other measures. Despite their knowledge in the disease, they still find it difficult to give space to each other when gathering;
- IX. The use of mask is not common within the community, some only use their masks when going outside their communities while others did not even have masks. They were encourage to have the locally made masks which can be wash and be reuse;



The RCCE Committee members facilitating community meetings at community level

5.2.1 Key actions taken

During the discussion, the team advice the communities to be more careful especially with people coming in because the disease is still all over the world and Senegal are seeing many new cases and deaths. They were also advised to continue to observe all the precautionary measures as people are still getting sick of the disease and our neighbor Senegal are still registering tenths of positives daily, therefore they should not allow anybody to go or come from Senegal and stay with them. Poster were given to them and the toll free number **1025** was emphasized should any one see or experience anything related to covid-19. The team also urges the communities to stick to government advice and recommendations, as that will go a long way to protect their families, communities and the nation and a whole.

5.3 Central River Region

- I. House to house visit:** Following the community sensitization by the MDFTs, most communities visited highlighted that certain members of the communities are responsible for house to house sensitization on COVID 19. They make visits to the houses and usually they divide the community such that all households are reached;
- II. Focus Group Discussion:** Community members explained how they are observing the preventive measures and disseminating the information using various strategies learned from the campaign team;
- III. Hand Washing Stations:** There are functional wash hand stations at community levels to wash hands and practice hygiene. As COVID-19 has already shaped the way, residents view hygiene and sanitation as crucial. In some of the communities the people take it upon themselves to set rules and making sure that anyone coming from the nearby villages washes his/her hands before entering the community and in case they refuse, they are denied entry and if there is resistance, the securities are involved;

Testimonies: ‘We first heard about COVID-19 on radio and now we understand the importance of hand washing’. *Explained one of the community members.* “Since the buckets were brought by the Red Cross and Health workers we are still using them and we have seen the impact not only for. Corona but other infections like diarrhoea” Jaiteh Njie Kerr Katim As a community we are thinking of what to drink than what to use to wash our hands, we don’t have a tap sometimes the well we use go dry for days and the only option for us is to go to the nearby village in Senegal to get water to drink and wash our hands” Bah Njallal Toro;

- IV. Physical Distancing:** In many of the communities visited, people are doing their best to practice physical and social distancing;

Testimonies: The Alkalo of Bati Njole explained that most of their activities such as ceremonies, lumos, etc are on hold due to pandemic. We want to stay away from each other to protect ourselves and our families. Another villager said that it is a bit difficult to observe the social distancing as of religious and cultural norms. “It’s difficult sometimes to maintain the physical distance especially we the old ones because we can forget and

sometimes it's difficult to reject hands shakes and approaches but if we have hand sanitizers will do us good" Raneru Wollof;

- V. **Use of Facemask:** In the all the communities visited, the use of facemask is not practice as people of the community said that the mask distribution did not reach the borderline communities and they cannot afford the cost of the mask considering their current situation when business is not working well for them. Others said we need to buy however, there is not access;
- VI. **Denial of the Pandemic:** Despite the efforts made during community sensitization on COVID 19, there is still some level of denial in the existence of the disease in some communities such as Kunda, Simbara Hai, Sanda and Sinchu Yusupha Cham. Notwithstanding, community members assured the RCCE that they will continue to engage with those who matters such that COVID 19 is overcome;
- VII. **Border Security:** This was one of the most critical and phenomenal of our visit as claimed by some of villages that for close to year they have not seen security personals on patrol to control who enters and leave the country. Communities argues that at this critical time with the pandemic at least securities should be patrolling around the borders in order to control the illegal entry of people. Some of the communities underscored that they cannot stop people from entering their villages especial those from the neighboring villages because that is where they get water from therefore, stopping them from entering then they will die of thirst;
- VIII. **Continuity of essential care services:** In all the communities visited, Reproductive Maternal Neonatal Child and Adolescent Health Clinics are being attended by the communities. Accordingly, hand washing and social distancing are enforced at the clinic levels.

5.4 Upper River Region

Below are a list of the findings from URR North –Sandu and Wuli – from the RCCEC Covid-19 mentoring and coaching trek.

- I. At Sare Demba Torro the villagers complained of inadequate water supply in the community makes it difficult for them to provide enough water for hand washing facilities;
- II. The same community also appealed for the ban on motorbikes from carrying passengers to be lifted as for them in those hard to reach areas, motorbikes are their only means of transport and now they are hunted by the police for even carrying their wives;
- III. In Sare Tabu Chindi, the community complained of close proximity to Senegal makes it difficult for people crossing into and out of their communities but always stressed for visitors to wash hands with water and soap as these facilities are located in strategic locations between the borderlines and entry points.

- IV. Another village called Sare Batch, residents explained to us how difficult it is for them to stop people from their neighboring villages entering their communities as they are married to each other and in-laws for that matter, it's hard to send them back when they visit for family reasons;
- V. In Sare Nyaba they only have one local hand pump for the entire village so they also complained of inadequate water supply as their main challenge in hand washing as tipi-taps are built in almost all compound gates but access to water is their problem;
- VI. There was also an active community surveillance committee in Sare Nyaba, who goes round the villages to educate household members and to also monitor adherence to the preventive measures put in place in the village;
- VII. But they also appeal for provision of face mask which they are lacking;
- VIII. Sare Ngai another trading village –lumo- community members also lamented the need to open the local market-lumo- as many of them are petty traders and are finding it difficult to feed their families with the border closure and ban on the local weekly market-lumo.
- IX. At sare njai we also meet a wedding ceremony at the Chiefs residence during our visit to the village with violation of the physical distancing regulation of the State of Public Emergency extended for the third time by the President of The Republic of The Gambia on the 10th June, 2020 for another 21days.
- X. We also visited Gunjur Kuta were Senegalese are said to be bringing their children to clinic into Gambia as they are also provided with farm lands in Senegal where they go to farm in the rainy season and now due to the border closure they both cannot have access to those farms and clinic respectively;
- XI. As a result of the above these villagers are concern about their relations with their Senegalese neighbors if covid-19 ends as Gambia now deploys para-military to prevent the Senegalese from entering during clinic days which they may be revenged on them by losing their farms in Senegal;
- XII. At Makkah Masireh a busy border village with heavy economic activity, as evident of truck of goods were offloading in the village which is assume to be sold to not onlyt the village but neighboring Senegal. This community complained of the lack of their allocation of the covid19 food relief by the Gambia government;
- XIII. The village health worker confirmed to this team that they also have a community surveillance committee that routinely goes round the village and monitor strangers;

- XIV. Difficulty in accessing farm lands located in Senegal due to the border closure thus affecting Gambian farmers;
- XV. Weak border surveillance was observed along the communities in Upper River Region South;
- XVI. Economic challenges faced by the community was noted as most of the produce by the farmers in The Gambia are sold in Senegal but due to the COVID-19 they are unable to sell their produce;

5.5 Lower River Region

- I. 85% of the communities visited have already got an active community volunteers who are serving as neighbourhood watch to take actions within the community in order to protect their respective communities from covid-19 and are also engaged in community awareness program;
- II. 93% of the communities visited have hand washing stations in homes and strategic locations within the community;
- III. We observed that there exists strong interest and participation of women, youth and community leaders in the fight against covid-19 in most of the communities we visited;
- IV. We noticed that there exists high awareness level among individuals in most of the communities visited;
- V. We noticed that most of the communities are conscious of how to interact with strangers especially people coming from Senegal;
- VI. We observed that relatively only few communities are conscious of avoiding handshaking;
- VII. We observed that most of the communities visited are not strictly observing social distancing regulations; and
- VIII. We noticed that none of the communities visited produced a written CAP but rather they all verbally explain to us their plans.

6.0 Key challenges highlighted by communities in the implementation of covid-19 prevention and control measures

Since the beginning of the COVID-19 pandemic borderline communities along the regions have answered to the preventive measures to protect themselves and their families. The following are some of the challenges registered by communities in the fight against the disease:

- I. Lack of or inadequate clean water supply in some communities to facilitate handwashing and the promotion of hygienic measures has been noted;
- II. Insufficient hand washing facilities and detergent available in some communities to facilitate regular handwashing;
- III. None availability of face mask in communities visited although a pocket of locally made facemasks can be seen in some communities;

- IV. No security personnel for patrols along the some border to intercept strangers from affected near -by communities thus encouraging people to enter and leave the villages;
- V. Shaking of hands and social distancing are still not adhered to by some members of some of the communities visited. Behavioral change towards hand shaking and social distance is a big challenge because is still been practice in some communities visited;
- VI. Inadequate communication support materials such as posters, signboards and billboards with message on COVID-19 to increase awareness in certain strategic locations in the communities visited;
- VII. Border surveillance is still a challenge especially during the night in some communities visited due to lack of mobility;
- VIII. As a result of our engagement with the border-communities- villages jointly complained of inadequate access to water supply as a major challenge in the provision of water for hand washing with water and soap.
- IX. Physical- social- distancing is also another issue that was hardly practice in these villages as evidence of elders crowding the village” bantabas” was common to all these communities;
- X. Security post at the border is needed as the community don’t have the means to control the movement at some of the border communities;
- XI. Finally, another challenge shared by all these villages visited during this mentoring and coaching team of the RCCEC was the lack of facemask in their respective villages and due to which many were not practicing this very important preventive measure.
- XII. All the communities visited expressed concerns of the high number of commuting in and out across their border into Senegal and they expressed that they could do little in stopping this movement
- XIII. Limited implementation of COVID-19 preventive measure by some neighbourhood watch as a result of limited empowerment and inadequate capacity building
- XIV. Most of the communities visited expressed difficulty in acquiring their daily essential needs such as food and household consumables as a result of the stay home order;
- XV. Some communities of lack of fertilizer due to border closure which they normally get from Senegal;

7.0 Recommendations

- I. All the Alkalo did show their appreciation to the Mentoring and Coaching but appealed to help their structures with a formal training;
- II. It was also found that none of the community at the time of the visit had an action plan for implementation and as a result, the team is recommending that, there should be a formal training of all the structure as soon as possible;
- III. Even though there are some little control of the border by the community members themselves, there is need for the security to be patrolling the border villages more frequently;

- IV. Strengthening of community engagement is now or else all our gains will perish in vain. That said, we are recommending for the release of fund so the planned community engagement that should have been carry out to commence soonest;
- V. The following are the recommendations made by community members and the RCCE team;
- VI. Joint efforts by the Ministry of health and Ministry of Interior is called for by the communities in order to prevent people crossing the boarders.
- VII. More community sensitization and empower community member with the right information to take ownership of the crusade;
- VIII. Communities particularly the committee vigilantes to be provided with facemask and sanitizers to protect themselves during their routine works;
- IX. Government to use this covid19 as an opportunity to provide border communities with access to clean portable water supply to help in prevention of covid19 and other infectious diseases and most importantly for a healthy portable drinking water.
- X. Tailors in border communities to be trained on making local textile facemask that is affordable and accessible to villagers;
- XI. The ban on motorbike from carrying passengers to be eased to allow them to carry but mandatory for both rider and passenger to wear face mask to prevent the spread of the virus, if one coughs or sneezes because that is their only means of transport especially in the rainy season when roads can only be access by motorbikes;
- XII. Have police checkpoints or patrols as some of the Senegalese can be seen entering these border villages to buy basic commodities like rice, sugar and even bread for breakfast on a daily basis; and
- XIII. Enforcement of the ban on public gatherings as weddings and other ceremonies are increasing in that part of the country in URR as it is a tradition for such ceremonies to happen at this time before the rainy season.

Key recommendations

The following are the recommendations made by community members and the RCCE team:

- I. The need to provide security post at border communities to enforce the border restriction measures. Joint efforts by the Ministry of Health and Ministry of Interior is called for by the communities in order to prevent people crossing the boarders;
- II. There is urgent need for communities that do not have portable water supply to be provided with portable water supply to maintain proper hygiene and good health;
- III. There is urgent need for the communities along the border to be provided with sanitary materials such as budgets, handwashing basins, soap and other detergents as well as facemasks;
- IV. There is a need to train and empower community neighbourhood watch to better implement covid-19 prevention and control measures
- V. The need to provide communities with enough communication support materials such as covid-19 posters and pictorial flipcharts and discussion cards for home dialogue sessions and community meetings
- VI. The need to support borderline communities with food rations and other essential household commodities;

- VII. There is a need for other communities close to the border communities in The Gambia to be engaged on COVID-19 issues for them come up with action plans on border surveillance;
- VIII. More community sensitization and empower community member with the right information to take ownership of the crusade;
- IX. Communities particularly the committee vigilantes to be provided with facemask and sanitizers to protect themselves during their routine work;



8.0. Conclusion

The team found the meeting with the communities to be a very productive one since a lot of issues were discussed and doubt clarified. There is urgent need to implement the National Community Mobilization Work Plan in all the regions to avoid further complication of the issues.

This mentoring and coaching exercise was a great success as it gives authorities first-hand information on what is prevailing in borderline communities, the challenges they are facing in the implementation of COVID-19 prevention and control measure and what support would be needed to strengthen their capacity to better fight against COVID-19 in their respective communities. It

was a very interactive exercise and communities were given the platform to face authorities and express their concerns and collectively suggest redress measures. Their doubts were equally clarified during visits and challenges noted for further submission to relevant authorities for support.

In conclusion, the team felt that there is urgent need to support borderline communities as per the recommendations highlighted above. Even more important, there is great need to urgently build the capacity of neighbourhood watch groups and support communities to have formal CAP and strengthening its community engagement interventions. Lastly regional authorities needs to be supported to embark on continuous mentoring and coaching of borderline communities.

9.0 Summary Observation

Generally, some communities visited during the mentoring and coaching field visit are aware of the COVID 19 and the sensitization provided to them have shown great improvement in terms of environmental hygiene, adoption of ideal behaviors such as ensuring regular hand wash, observing social distancing and avoiding hand shake. However, inadequate water supply, lack of detergents and face mask are hindering the efforts taken by communities in the fight against COVID 19.