

Behaviour Change Field Guide

Behaviours that support healthy and safe ways of working beyond the mine gate, with a specific focus on COVID-19

Minerals Council South Africa
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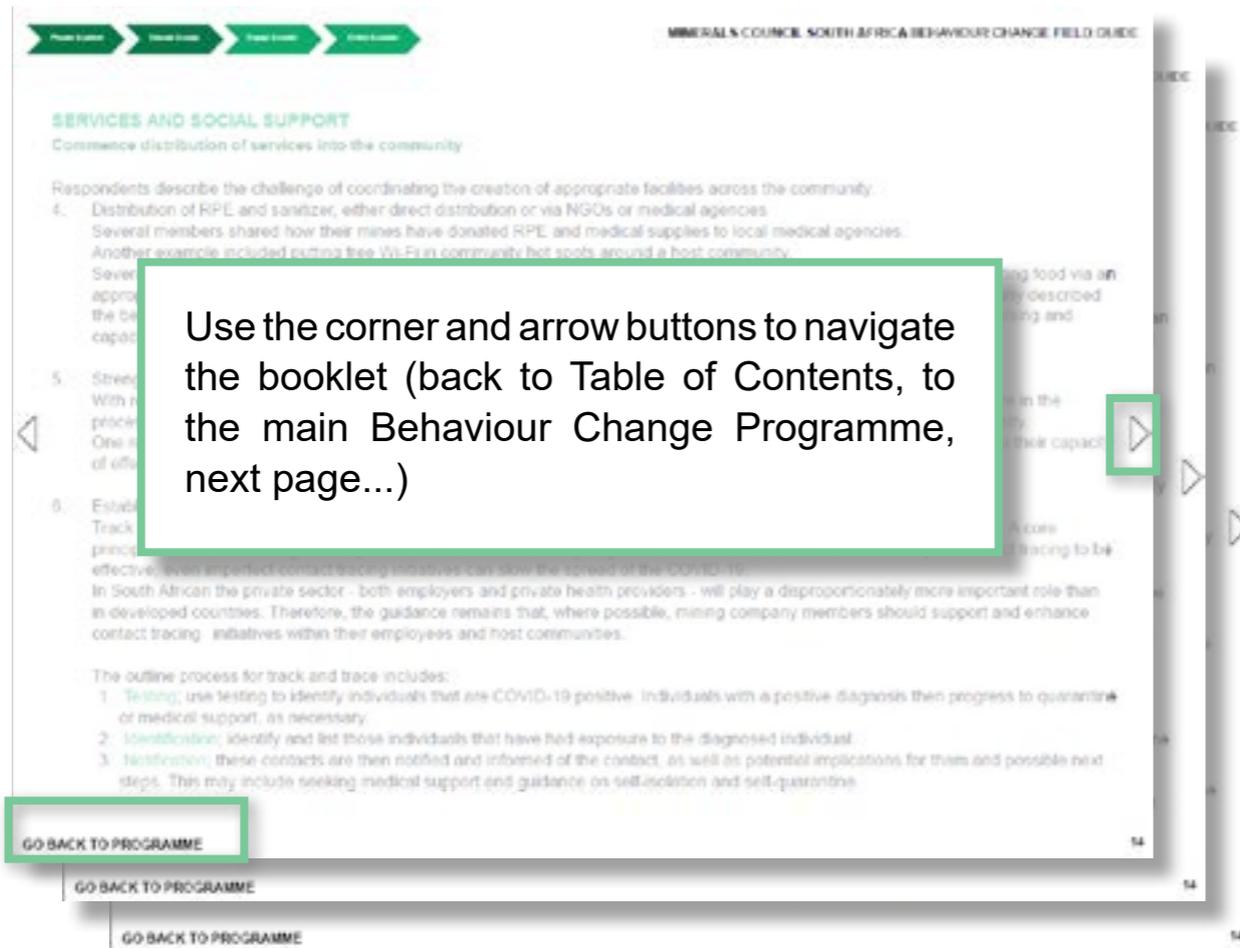
What is the Field Guide?

This field guide is based on leading practices as described and tested by members of the South Africa mining sector, as well as leading organisations around the world. The guide can be used to support an effective industry wide-response to COVID-19 as it impacts host communities and deepen the resilience and response-ability to external shocks of both the industry and host communities.

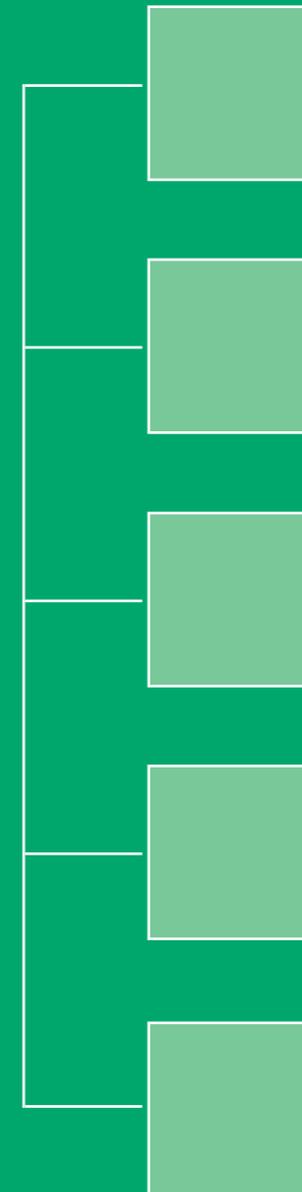
This guide helps identify:

- Specific behaviours to target to minimize the transmission of COVID-19 (the Community Health Check)
- COVID-19 hotspots within the community (the GIS Platform)
- Measures which may be implemented to improve the community response to COVID-19 and address the specific behaviours identified (the Behaviour Change Programme)
- How to address some of the burning issues facing communities (the Aide Memoires)

Navigation:



FIELD GUIDE COMPONENTS



For a brief overview of each component, go to the next page

Below is a brief overview of each tool that can be found within the “Behaviour Change Field Guide for Beyond the Mine Gate”. For further information on each of these tools, click on the numbered box associated with the tool.



The community health check is a **self-assessment tool to track your community response** to COVID-19 and **identify possible gaps** in your response. This questionnaire, centered on the five key outcomes of the behaviour change programme will enable you to:

- Assess how you are progressing against the nine outcomes of the community health check;
- Identify which of the five outcomes are a priority for you;
- Scope any changes that could be made to strengthen your current response;
- Spot any behavioural bottlenecks; and
- Validate and further develop your execution plan.



The GIS platform is an analytical tool which **can be tailored** to help you understand the current situation for **specific locations and communities of interest**, and that can help you plan for the impact of COVID-19 on these communities.

These insights offered through GIS can be used to highlight the specific challenges faced by each community including **health susceptibility, coping capacity, transmission risk** and **overall vulnerability**.



Consider current pain points you have identified prior to your engagement. Coordinate these with the insights you have gained with the Community Health Check diagnostic tool on your current response; and intelligence provided by the GIS platform to identify focal points, or “hot spots”, in your community response to COVID-19.

Keeping these “hot spots” in mind, utilise or adapt the behaviour change programme to adjust and improve your current community response to COVID-19.



The programme can be used to adjust and improve community support strategies. The template programme described below is drawn from experiences shared by members of the Minerals Council SA and aligned with standards defined by the DMRE.

The program provides an extensive overview of steps to address behaviour change across five main areas:

- **Partnering and coordinating actions;**
- **Community understanding, beliefs and attitudes;**
- **Employees as agents of change;**
- **Enabling environment; and**
- **Services and social support.**

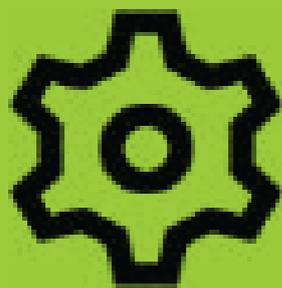
Each of the areas has been subdivided into a four-staged approach for the easy incorporation of new experience, recommendations and approaches into existing community preparedness and response plans, as appropriate.



An Aide Memoire is an easily digestible summary of key findings recommendations.

- **How to combat COVID-19 stigma:** Insight on the root of COVID-19 stigma and the best ways to address it in your host communities;
- **Holistic health:** Insights on the 5 areas that need to be considered and addressed to empower host communities to be at their healthiest and enable them to be more resilient in the face of crises;
- **Psychological wellbeing:** Focus on psychological wellbeing in host communities and the kinds of actions that help improve psychological wellbeing in host communities;
- **Vulnerable and high-risk individuals:** Insights on comorbidities and key interventions to take to assist vulnerable and high-risk individuals in your operations and host communities;
- **Gender based violence:** Insight on GBV and response principles for this issue; and
- **How to effectively govern coordination and delivery of services and aid in host communities:** Key insights on governance and templates to use for partnerships and coordination.

**BEYOND THE MINE GATE BEHAVIOUR
CHANGE FIELD GUIDE
GAUGING THE RESPONSE TO COVID-19:
COMMUNITY HEALTH CHECK
SELF-ASSESSMENT**



What are the desired behaviours, both in employees in their role in the community and across the community itself?

The employee behaviours identified as essential beyond the mine gate have been shared with the members of the CEO Zero Harm Forum and are outlined below.

Desired behaviour change	Description for employees as change agents in the community
<p>Physical distancing when travelling and in the community</p>	<ul style="list-style-type: none"> • Employee adheres to and actively supports physical distancing SOPs when travelling to and from the mine • Employee role-models physical distancing at taxi ranks, police stations, medical centres, shops etc.. • Employee actively engages in opportunities to further extend physical distancing • Employee role-models physical distancing in the community even when not observed by supervisors or peers • Employee calls out and rectifies lapses in physical distancing in the community
<p>Hand hygiene and use of PPE at home and in the community</p>	<ul style="list-style-type: none"> • Employee role-models widespread use of PPE and hand hygiene practices SOPs when travelling to and from the mine • Employee role-models PPE and hand hygiene at taxi ranks, police stations, medical centres, shops etc.. • Employee actively engages in opportunities to further extend PPE and hand hygiene in the community (distributing PPE, distributing sanitizers, etc.) • Employee role-models PPE and hand hygiene in the community even when not monitored by supervisors or peers • Employee calls out and rectifies lapses in PPE and hand hygiene in the community
<p>Screening, self-reporting and self-isolation</p>	<ul style="list-style-type: none"> • Employees actively supports screening and self-screening procedures in the community • Employees actively reports any symptoms of feeling unwell in self and others, especially symptoms related to Covid-19 • Employee proactively self-isolates at home when feeling unwell • Employee actively supports quarantine and isolation of those showing symptoms and/or feeling unwell • Employee calls out and rectifies lapses in screening, self-reporting and isolation in the community

Those community behaviours identified as essential to limit the spread of COVID-19 in the community have been shared with the members of the CEO Zero Harm Forum and are outlined below.

Desired behaviour change	Description for employees as change agents in the community
<p>Physical distancing in the community</p>	<ul style="list-style-type: none"> • Physical distancing in taxis and taxi queues, in queues at medical centres, in queues at shops, at schools, during faith gatherings • Community members actively discourage home visits and socialising in person between households • Community members restrict children street games and, when outside play does happen, ensure children use appropriate hand hygiene and PPE • Physical distancing during socialising, smoking places, waiting places, funerals, shebeens and food places, etc. • Local leaders and influencers (councillors, teachers, faith leaders, police, medical practitioners, etc.) advocate and role-model physical distancing • Converting children into advocates of change re physical distancing
<p>Hand hygiene and use of PPE at home and in the community</p>	<ul style="list-style-type: none"> • Holistic hygiene and hand hygiene extensively used at home and in residences • PPE and hand hygiene in taxis and taxi queues • PPE and hand hygiene in queues at medical centres • PPE and hand hygiene in queues at shops • PPE and hand hygiene during faith gatherings • PPE and hand hygiene during socialising, smoking places, waiting places, funerals, shebeens and food places, etc. • Local leaders and influencers (faith leaders, police, medical practitioners, etc.) advocate and role-model PPE and hand hygiene • Converting children into advocates of change re hand hygiene and use of PPE
<p>Self-reporting and self-isolation</p>	<ul style="list-style-type: none"> • Community members actively support screening and self-screening procedures in the community • Community members actively report any symptoms of feeling unwell in self and others, especially symptoms related to COVID-19 • Community members proactively self-isolate at home when feeling unwell • Community members actively support quarantine and isolation of those showing symptoms and/or feeling unwell • Community members call out and rectifies lapses in screening, self-screening and self-isolation • Local leaders and influencers (councillors, faith leaders, police, medical practitioners, etc.) advocate and role-model screening, self-screening and self-isolation • Converting children into advocates of change re self-screening and actively watching out for sick relatives

Using the Community Health Check to understand the challenge

A health check is a self-diagnostic tool that can help you evaluate and track the key outcomes for a successful community response to COVID-19.

The Community Health Check below has been designed to assess the community response to COVID-19 based on a questionnaire centred on nine key outcomes. It is based on extensive input from across the South African mining industry, national and international community health behaviour change programmes and DMRE standards, as well as international (WHO) standards and advice.

The health check is intended to be easy to use. You could use it as a quick sense check or use it as a basis for a more comprehensive audit process. It includes a set of short questions that allow you to review your current community engagement and response to COVID-19.

You can use your responses to: **Assess** how you are progressing against the nine outcomes of the community health check. Identify which of the six outcomes are a priority for you. **Scope** any changes that could be made to strengthen your current response. Spot any behavioural bottlenecks and **Validate** and further develop your execution plan.

QUESTION	OUTCOME	Strongly disagree	Disagree	Agree	Strongly agree
You support and enable local coordination between key stakeholders and public institutions in host communities	PARTNERING AND COORDINATION				
You are working in coordination with other mining houses who have some operations that share the same host communities with yours.					
You work closely with local district committees and structures that share and coordinate resources and information to aid host communities. Additionally, you listen to and consider the perspectives of your host communities.					
You have sight of your host communities' ability to partake in COVID-19 mitigating practices. The use of masks and/or PPE; the practice of physical distancing and hand hygiene, within host communities is thorough and consistent.	COMMUNITY UNDERSTANDING, BELIEFS AND ATTITUDES				
The public information campaigns that you are disseminating are easily digestible and in the variety of languages spoken in host communities. You are also involved with local radio stations in host communities in disseminating topical information.					
You are measurably addressing false and stigmatising attitudes and beliefs in host communities through all available engagement and media avenues.					
Your employees consistently role-model the correct behaviours both at work, as well as with their families and as they move through host communities where they reside.	EMPLOYEES AS AGENTS OF CHANGE				
Your employees address and correct members in host communities who are not participating in COVID-19 mitigating practices.					
Your employees distribute and disseminate vital educational material (print or otherwise) and address false and stigmatising attitudes and beliefs in host communities.					
You are involved in projects/programmes that offer a significant improvement to access to safe (de-densified) and regularly sanitised transportation to host communities	ENABLING ENVIRONMENT				
You are involved in project/programmes that offer a significant improvement to access to clean safe water and sanitary facilities to host communities					
You are involved in projects/programmes that offer a significant improvement to access to medical care and isolation facilities in host communities					
You are in communication with and providing support (such as medical supplies) to local public health care facilities that provide services to host communities	SERVICES AND SOCIAL SUPPORT				
You are involved in project/programmes that offer a significant improvement to access to food and fuel/energy (for heating, cooking and lighting) to host communities					
You have invested in the developments in telecommunications technology infrastructure and support in host communities (i.e.: Wi-Fi hotspots, data vouchers, platform specific bundles and unrated site/platform access)					

fillable check boxes


Review your situation against the health check:

A suggested approach, to utilise or adapt as appropriate, is to:

1. Consider and discuss the types of challenges that your community engagement and communications teams may be seeing in host communities.
2. Then use, adapt, or reference the health check index in order to review your current situation, using the questionnaire to identify and consider key areas of your response that can be quickly and easily strengthened.
3. Discuss, review, or otherwise define appropriate interventions, referring to the Behaviour Change Programme as helpful.

Examples that respondents shared during this research included:

- **Poor compliance:** Inconsistent use of RPE, hand hygiene and physical distancing, due to lack of understanding, opportunity or skill.
- **False beliefs:** Beliefs and attitudes that may undermine the effective use of hand hygiene, RPE, physical distancing screening, testing, self-reporting, or self-isolation
- **Passive resistance:** explicit agreement but tacit disagreement and the non-adoption measures.

Diagnose root cause: Choose some easy to adapt strategies to deepen your understanding of any root cause to the behavioural problem that you see in host communities, if any. Note, not all strategies may be practical or feasible in the specific context of your community.

Examples of different approaches include observing host community behaviour; talking to key stakeholders in host communities and understanding their perspectives; and using data to explore different patterns of host community behaviour (see the [GIS guidance](#)).

Clarify the change you want to see: Clearly define the changes you want to achieve. Set these out clearly in a document or an email, so that they can be shared with all stakeholders and tracked as you progress.

Identify potential blockers: Clearly define any constraints that may limit *how* host communities adopt the new behaviours. There may be “behavioural bottlenecks” or cognitive biases (these can be visible in the predictable ways in which host community members seem to make errors in choices or reasoning) that may be contributing to the problem. It may be useful to describe how the behavioural blockers themselves may contribute to the identified problem. As examples, these blockers may include:

- **Service Infrastructure access:** The kinds of access or lack thereof, to basic service infrastructure such as running water can inhibit shifts in behaviour.
- **Beliefs and attitudes:** Common community beliefs and attitudes, such as stigma against those affected by COVID-19, held by different community groups may inhibit a shift in behaviour.
- **Community member choices:** Specific choices may amplify or inhibit a shift in behaviour. For example, the choices an individual makes around using PPE when moving through the community; using dense transport; not calling out fellow community members that do not wear PPE or use hand sanitiser, etc..
- **Limited capability:** The socio-economic positionality of community members may inhibit the tangible capability that members have to

adhere to COVID-19 mitigating practices.

- **Optimism bias:** The optimism bias may influence or inhibit a shift in behaviour, especially where the relative perception of risk may vary, potentially influenced by underlying beliefs or attitudes.

Set out the steps to move forward:

Define your approach:

Having specified the desired behavioural change, the next step is to set out a plan to create the materials and the approach to upskilling, equipping, enabling and motivating those involved in behaviour change. It may be useful to reference the 3 elements of the Behaviour Change Wheel, in order to accurately define and assure that the plan will have its intended result.

Capabilities: Have you clearly set out the knowledge, skills and capabilities that employees need to have in order to be able to change behaviour and will your planned approach support employees and members of host communities in gaining the identified skills and capabilities.

Opportunity: Are you able to specify the changes in the enabling environment, both in terms of the operational changes as well as in terms of the cultural and infrastructural changes needed to provide employees and members of host communities with the right opportunities to change their behaviours.

Motivations: Have you clearly identified the key drivers that motivate employees and members of host communities behaviour, their core attitudes and beliefs, and can you check and validate that your designed approach will influence employee motivation in an appropriate way to achieve a change in their behaviours.

Create the plan:

Users of the field guide may draw on the next section as needed in order to create a full plan. Elements may include:

Partnering and Coordination: Describe any partnering agreements, kick-off meetings, district committees etc..., ensuring that these are appropriately interfaced against any previously identified dependencies and are scheduled, as necessary.

Community Understanding, Beliefs and Attitudes: Describe the adoption and consistence of COVID-19 mitigating practices within host communities & Describe the plan, resources, channels and schedule to roll out and assess the impact of the necessary communications, education and awareness within host communities.

Enabling environment: Describe the plan, resources and schedule to roll out and monitor the impact of the changes necessary in the enabling environment of host communities.

Services and social support: Describe any possible services and support that can be given to host communities.

Employees as agents of change: Describe how employees may be influenced and supported into becoming agents of change within the host communities.

BEYOND THE MINE GATE BEHAVIOUR
CHANGE FIELD GUIDE
**USING GIS AS A TOOL TO AID IN
DECISION MAKING**



The GIS platform outlined below can serve as a powerful **tool to assist** in both identifying COVID-19 high risk areas and predicting where community relief could be most pertinent. To fully benefit from the potential capabilities of the platform and understand the full extent of questions it can answer, users are encouraged to **contact** the GIS team directly so options to tailor the tool to meet individual needs may be explored.

What is GIS?

A geographic information system (GIS) is a computerised, spatial analysis system that can store, process, and visualise geographic data on a map as well as analyse the spatial relationships between different types of geographic information.

In the context of understanding the implications of decisions, GIS fulfils the technical requirements of scenario planning. Tools such as ArcGIS are capable of modelling the relationship between human beings and their surrounding environment as a series of data layers. In this way, economic, social, health and geographic data can be intuitively visualised on a digital map, which gives decision-makers insight into the public health situation near and around mines and mining communities. Ultimately, this increases the chances of successful planning and behavioural change efforts.

What is the ArcGIS Platform?

The ArcGIS platform that has been developed is a tool that can be utilised to specifically understand the current status of the COVID-19 pandemic within the context of the South African mining industry (with a focus on screening, testing and positive result numbers updated daily), and to undertake scenario planning processes that can help member firms gain visibility into the impact of COVID-19 on the various mining areas, which leads to more effective decision-making and a more efficient use of resources.

What are the 4 information sets you can access on the platform:

The GIS platform currently has **four** readily available information sets (indicators) which allow you to draw insights specific to the host communities of interest to you.

Each of these information sets, and their uses are explained below. These data sets - and the related insights offered through the GIS analysis - should be examined in reference to specific communities of interest, in order to assist in the identification of potential challenges that individual communities may face as the pandemic progresses.

The four indicators are:

Overall Vulnerability: This index provides an indication of the vulnerability of communities to the potential impact of COVID-19, based on how effectively the spread of COVID-19 can be contained (transmission potential) and secondly, the population's susceptibility to suffer severe disease associated with contracting COVID-19 (health susceptibility).

Questions this indicator can assist in answering include "which communities are the most vulnerable to a COVID-19 outbreak" and "which communities should COVID-19 mitigation efforts be emphasized in".

Transmission Risk: The indicator provides an indication of areas where existing living conditions could make it very difficult to maintain social distancing and practice good basic hygiene in order to contain the spread of COVID-19.

Questions this indicator can assist in answering include “which communities will require additional provision to clean, running water?”.

Health Susceptibility: Current observation shows that mortality rates associated with COVID-19 tends to be higher in elderly populations and those individuals with underlying health conditions (one or more comorbidities). These two factors were included into the health susceptibility (sometimes referred to as epidemiological vulnerability) indicator.

This indicator can be used to identify areas where larger numbers of people are potentially more susceptible to being adversely affected by COVID-19 (suffering a more severe strain of the disease). Questions which this indicator can assist in answering include “which communities have the highest concentration of vulnerable individuals?” and “which community populations might be hit the most severely by a COVID-19 outbreak?”.

Coping Capacity: This is an indicator of response mechanisms (coping capacities) put in place to offset vulnerabilities. It is a combination of all strengths and resources available within a community that can reduce the level of risk, or the effects of COVID-19.

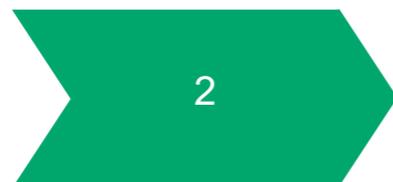
This indicator can be used to identify which communities would be most vulnerable when it comes to having to deal with a surge in COVID-19 positive cases, and could be used to assist in answering questions such as “Which communities require the construction of additional field hospitals and health care facilities?”.

How to access the Platform



Set up Access:

Reach out to Nandi Mtethwa* from the GIS team to request and receive access to the platform



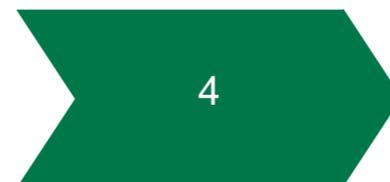
Access the platform:

Follow the link provided via email to access the platform



Login to the Platform:

Use the Guest login provided with the link to access the platform



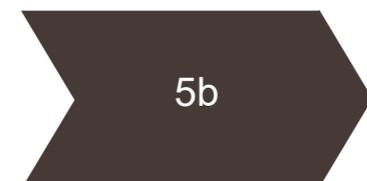
Select your province of interest:

Select the province tab that is relevant to your organization / operation



Province and / or tab of interest are present:

Use the platform as a tool to assist in your decision making



Province and / or tab of interest are not present:

Contact Nandi Mtethwa* to understand how the platform can meet your needs

The platform is evolving daily, and we encourage users to work with the team in identifying how best the tool can be further developed and tailored to meet your individual needs.

*email: nandi.mtethwa@riis.co.za

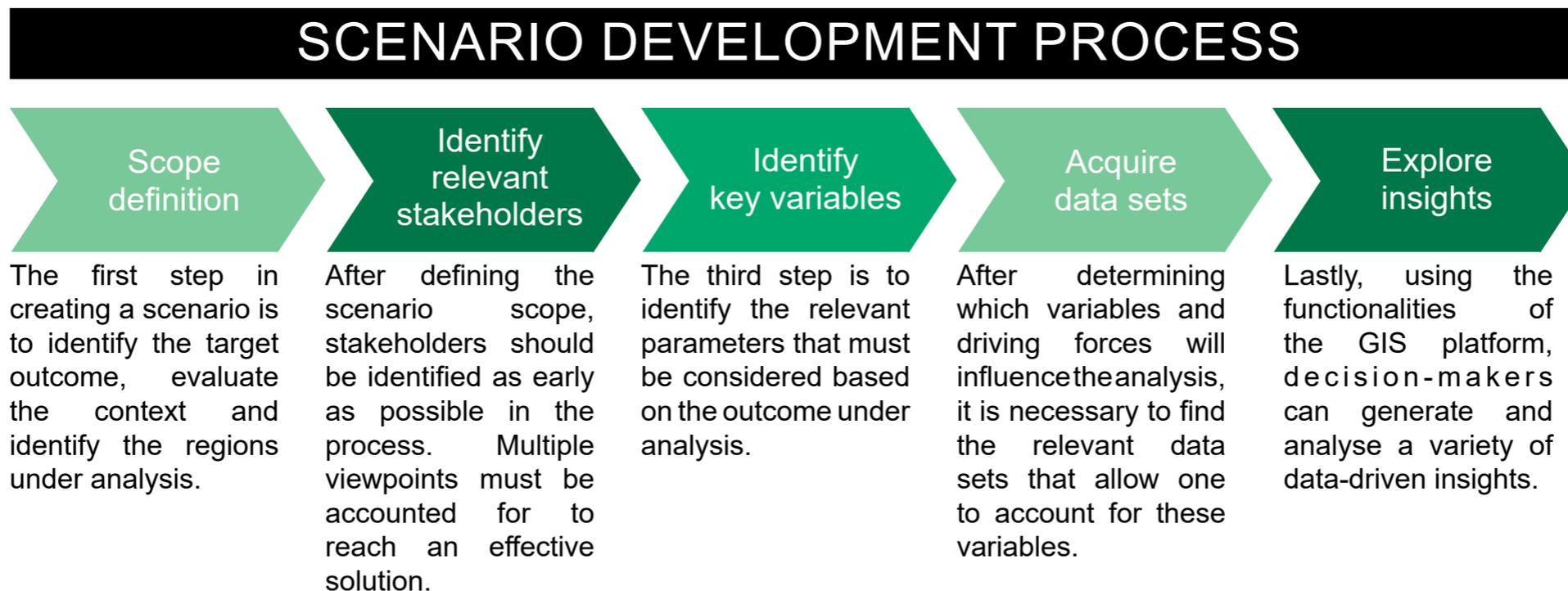
Other possible scenarios

While the four indicators outlined above may be incredibly useful, there might be additional questions which you would like to utilize the platform to assist you in answering. These questions can be understood using the scenario planning process outlined below.

Scenario planning is a strategic process which can be utilized to help decision-makers explore the outcome of their actions. Key advantages of scenario planning include the capacity to

- i. assess future trends in the spheres under analysis,
- ii. account for the interrelationships between the variables and parameters that have a direct impact on the outcome of decisions, and
- iii. involve stakeholders at various stages of decision-making which translates into robust and inclusive planning.

Below, we demonstrate a 5-step scenario development process that can be followed to conceptualise new scenarios which may be explored. By means of two examples, we will then show how scenarios can be translated onto the GIS platform. The two examples relate to the transmission and health susceptibility risks associated with COVID-19. To analyse these risks on the GIS platform, various parameters were identified and related to one another through a standardisation methodology known as multi-criteria analysis (MCA). A more detailed look at the methodology can be found [here](#).



Example 1: Transmission risk and mitigation in Mpumalanga

COVID-19 is thought to be transmitted as a result of close contact between individuals. Furthermore, the disease can adhere to surfaces and objects and then propagate itself when people come into contact with those infected areas. The main measures introduced to reduce the spread of COVID-19 in communities revolve around social distancing and adequate access to sanitation resources.

In order to evaluate transmission risk and mitigation, the scenario development process was applied as follows.



**The transmission risk surface was created by combining the “population density”, “informality” and “lack of access to basic services” data sets. More detail on the methodology can be found here.*

Map and Insights: Transmission potential in Mpumalanga

Key Insights:

Areas with high transmission risk are characterized by high traffic volumes or connectivity such as train stations and train routes in addition to proximity to active cases.

Mines near high risk areas and high traffic volume areas are likely to have positive cases as their workers are likely to be exposed travelling to and from work as well as within their communities.

Top 3 high risk areas are:

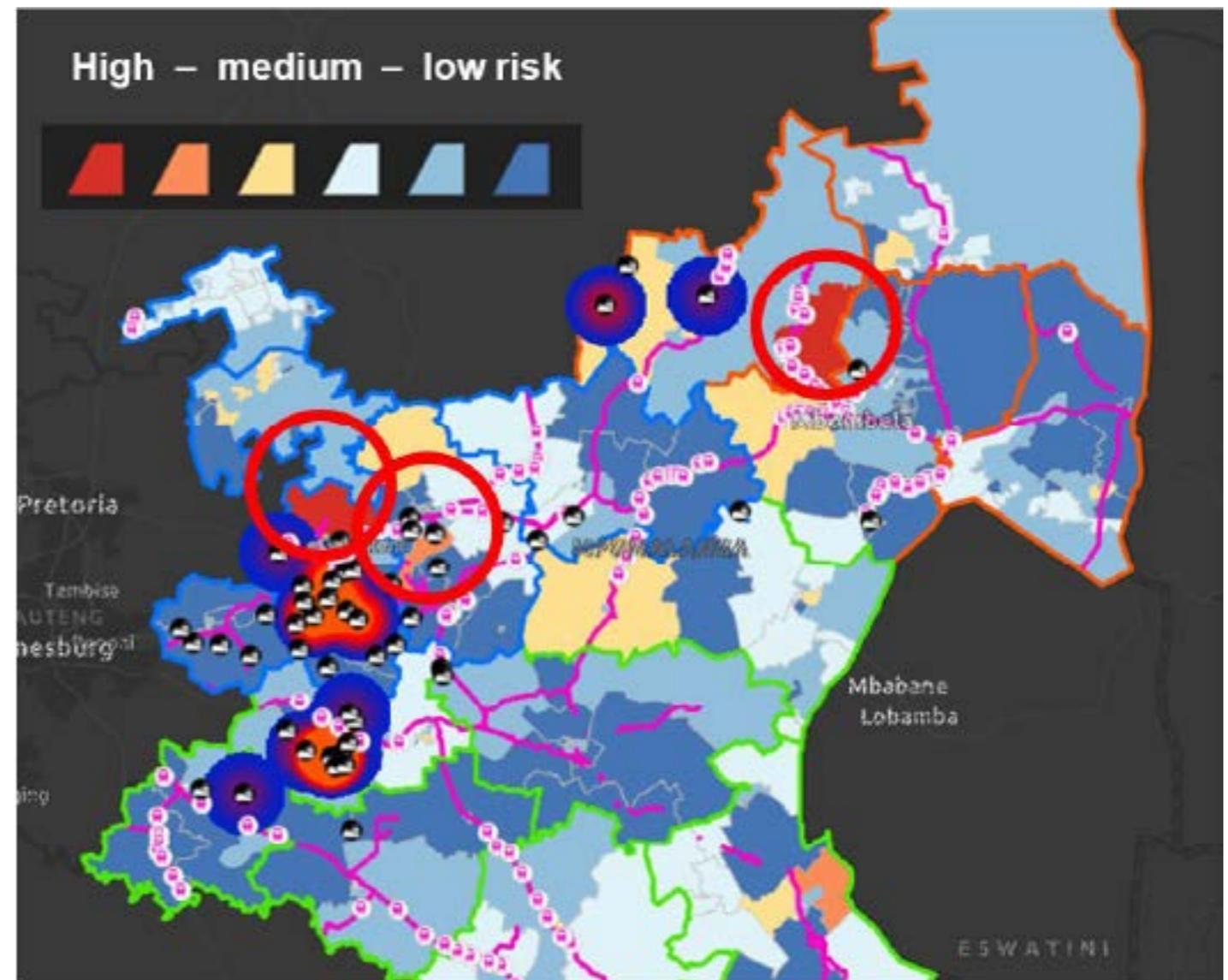
- Emalaheni ward 12
- Thaba Chweu ward 11
- Steve Tshwete ward 5

Regional Transmission Risk: Using the index, a risk profile can be created ranking each mining community based on the degree of risk that Covid-19 would spread in that area.

Priority areas for mitigation efforts: It is in the high risk areas that efforts to minimize transmission (hand sanitizing stations, staggered allocation of appointment and shopping times, information about best practices for reducing transmission, stay at home policies, large group danger alerts, etc.) will be most important.

Testing requirements and incidence rate: By identifying the potential high risk and hotspots, decision-makers gain visibility into where a surge of cases is likely. As such, it may be necessary to prepare to expand the testing efforts near the mines mining communities in high risk areas. The increased chance of mining employees' testing positive highlights two important factors for decision-makers to consider: i) the availability of quarantine centres in these areas and ii) the disruption to business continuity.

Workforce implications: Companies having insight and forward planning to ensure other mining employees are on standby at short notice to take over shifts at short notice to ensure mining operations continues.

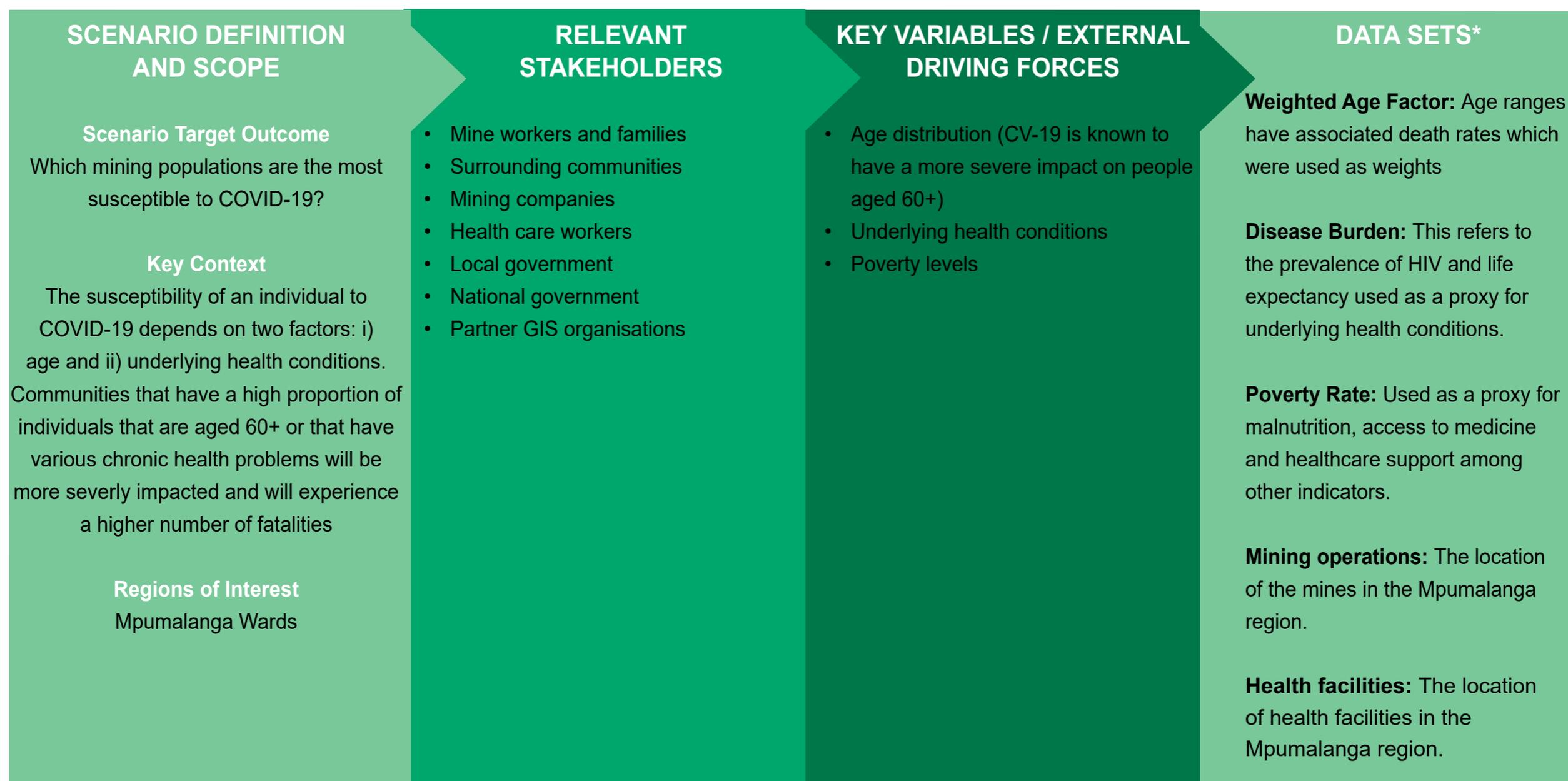


Example 2: Health Susceptibility

One of the most significant aspects of the Covid-19 pandemic is the ability of uncontrolled outbreaks to overwhelm the national healthcare facilities. Decision-makers need to have insight into factors that directly influence the capacity of an outbreak to overload the healthcare system, one of which is the susceptibility of a population to coronavirus.

It is important to mention that this analysis used a variety of proxies to indicate the general health of a population group, including a weighted age factor, relative death rates, life expectancies, and a poverty rate, which was used to indicate malnutrition and access to healthcare. Please refer here for more details on the modelling methodology.

In order to evaluate health susceptibility risk in the wards of Mpumalanga, decision-makers can apply the scenario development process applied as follows:



*The health susceptibility risk surface was created by combining the “weighted age factor”, “disease burden” and “poverty rate” data sets

Map and Insights: Health Susceptibility in Mpumalanga

Key Insights:

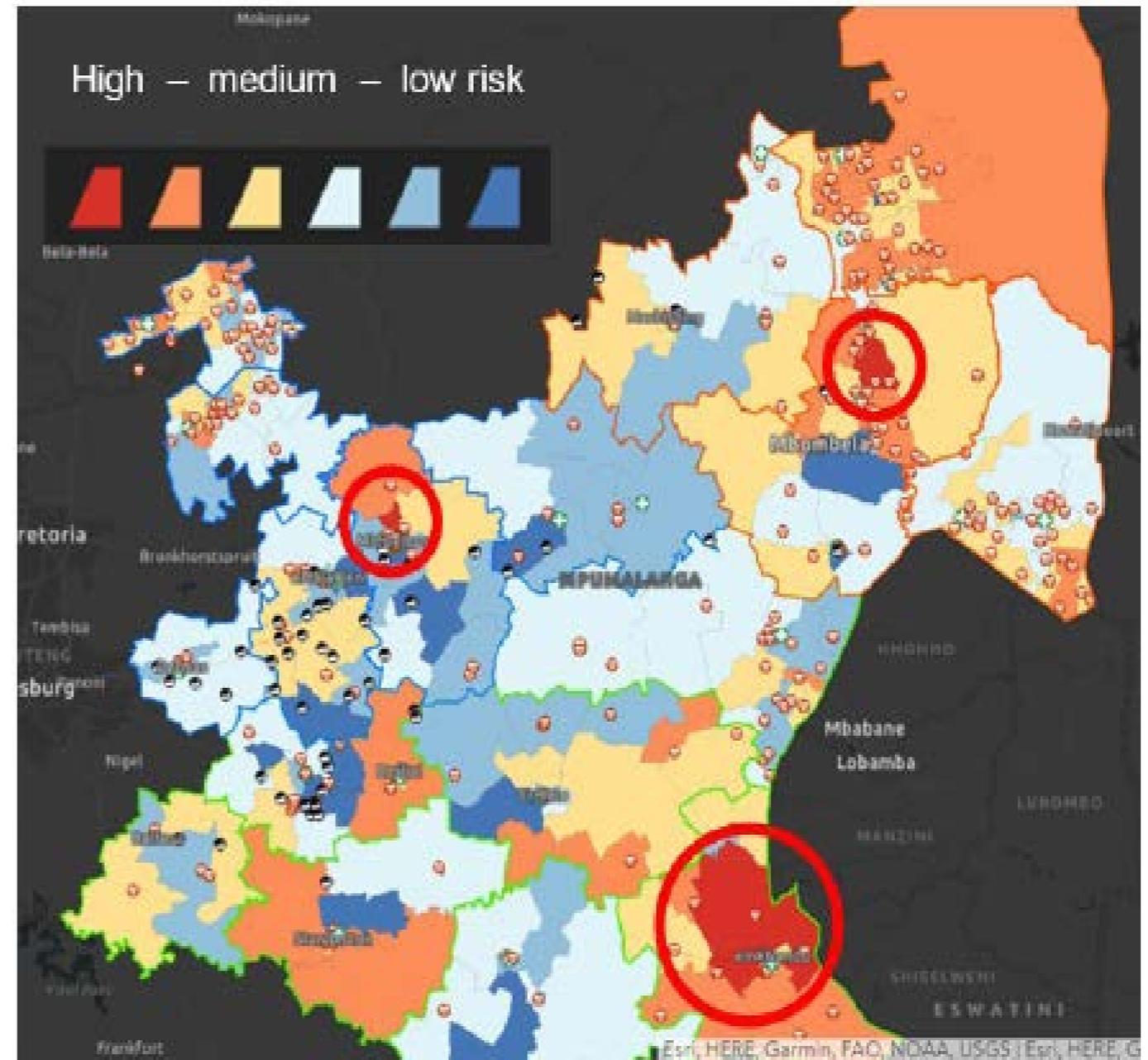
The susceptibility risk map shows areas where death rates could potentially be highest if control measures are not put in place. Such areas are those with high concentrations of elderly people and people with underlying conditions. These are also areas with relatively high levels of poverty.

Top 3 highly susceptible areas:

- Steve Tshwete ward 9
- Mbombela/Umjindi ward 5, 7 and 9
- Mkhondo ward 6 and 17

Regional Transmission Risk: Using the population density and adding parameters to account for age distribution and underlying health problems, a risk profile can be created ranking each mining community based on the degree of risk that Covid-19 patients will experience severe and, even lethal, symptoms.

Priority areas for mitigation efforts: It is in the high risk areas that efforts to minimize impacts to the most susceptible populations (restricting access to nursing homes, establishing screening, testing and quarantine centers in the areas, extra healthcare support for existing health conditions, food/health supplement packs for needy households, etc..) would be most important.



BEYOND THE MINE GATE BEHAVIOUR
CHANGE FIELD GUIDE
**IDENTIFYING FOCAL POINTS IN THE
COMMUNITY RESPONSE**



As you get ready to amend and adjust your community response with the Beyond the Mine Gate Behaviour Change programme, identify some focal points. What are the pain points that you have discussed with your peers and colleagues about your company's response to the COVID-19 pandemic in your host communities? Make a list of these pain points and add further considerations that you would like to address using the behaviour change programme.

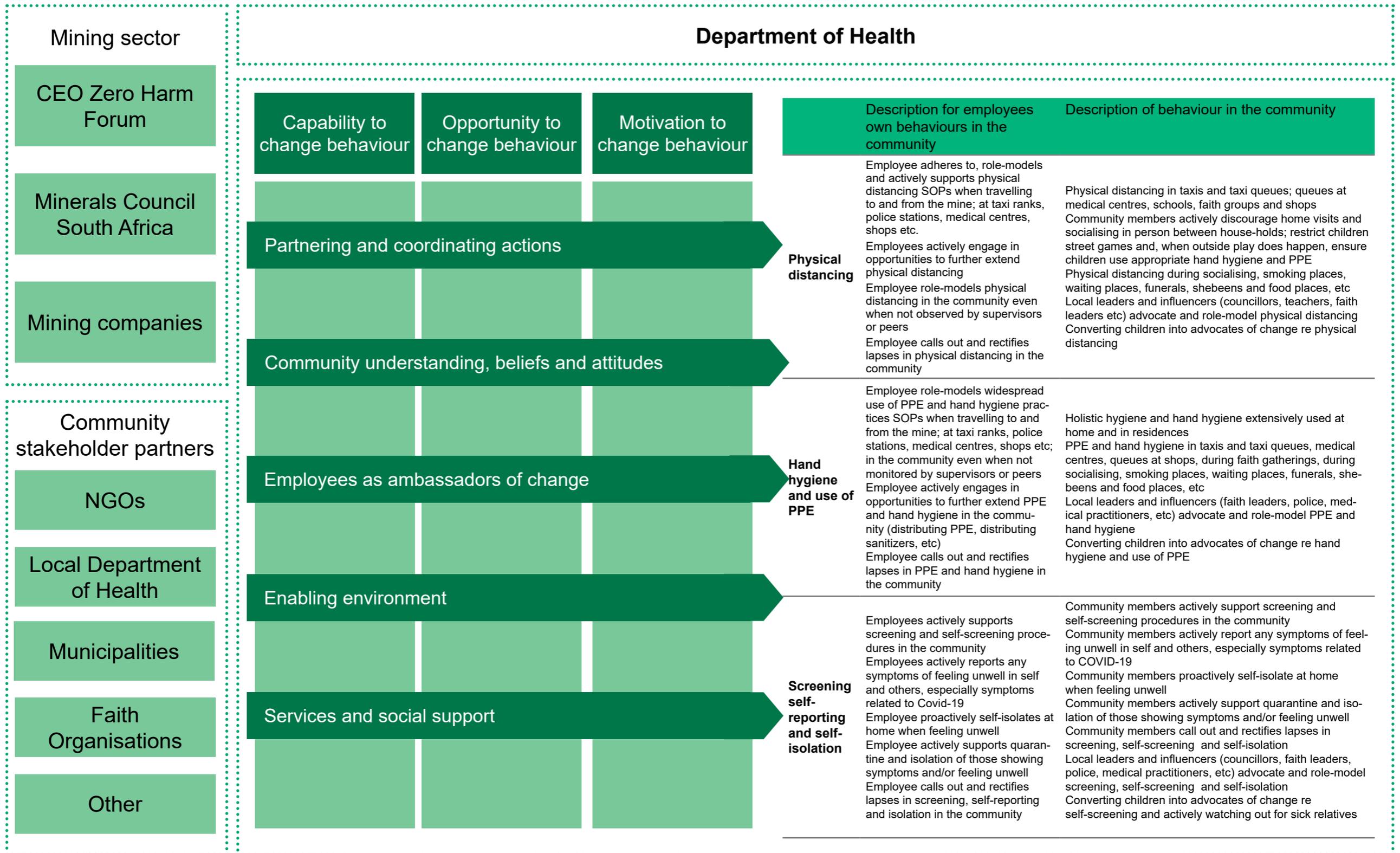
Consider this COVID-19 pandemic as a key moment to build up relationship(s) with your host communities by focusing on co-creation. Consider any inputs that you have had concerning life during the COVID-19 pandemic in your host communities from members of these host communities and employees who move and live in these spaces.

To gain a greater insight on your current community response to COVID-19 consider using the [Community Health Check self-assessment tool](#) that can give a good sense of which of the behaviour change programme sections are greater importance to you. You can also source intelligence on current infection rates, healthcare access and population demographics on your host communities by using the [GIS platform](#) to identify current "hot spots".

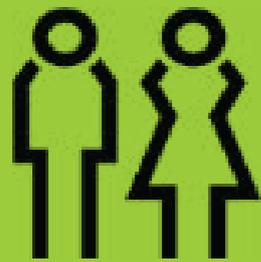
A combination of the above tool in addition to your pain points listed can give you great focus on what sections of the behaviour change programme would be of most importance to your adjustment and improvement to your current community response to COVID-19.

For further details on key phases and interventions as you consider and refine your focal points, go to the next component, the [Behaviour Change Programme](#).

Keep the following key factors in mind as you consider your focal points



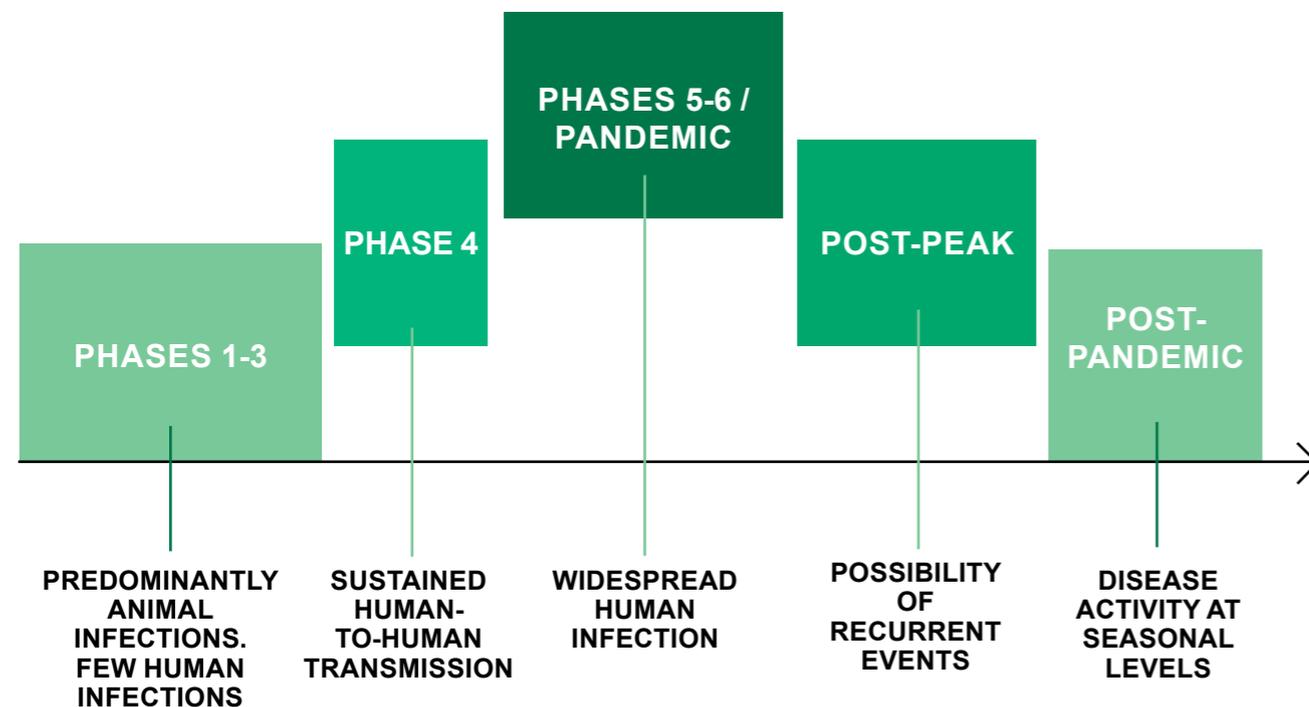
**BEYOND THE MINE GATE BEHAVIOUR
CHANGE FIELD GUIDE
CREATE A PROCESS TO CHANGE
BEHAVIOUR BEYOND THE MINE GATE**



The section '[Gauging the community response to COVID-19](#)' process which can be used to diagnose and make adjustments to your community support strategies. You can either use this process - or a similar process of your choice - to evaluate the current state of the community support strategies you have implemented to address COVID-19, and to identify areas which can be both enhanced and improved.

You can also refer to the [GIS platform](#) to assist in identifying community hotspots and area specific pain points which can be addressed through the behaviour change programme. Once this evaluation is complete, the steps below can be adopted or adapted to identify a set of interventions which can be used to strengthen the community support strategy in response to COVID-19.

The World Health Organisation highlights several phases in the course of a pandemic, based on the experience with influenza. In gauging your community response to COVID-19 and defining appropriate interventions, it may be helpful to make reference to the stage of the pandemic in the relevant community.

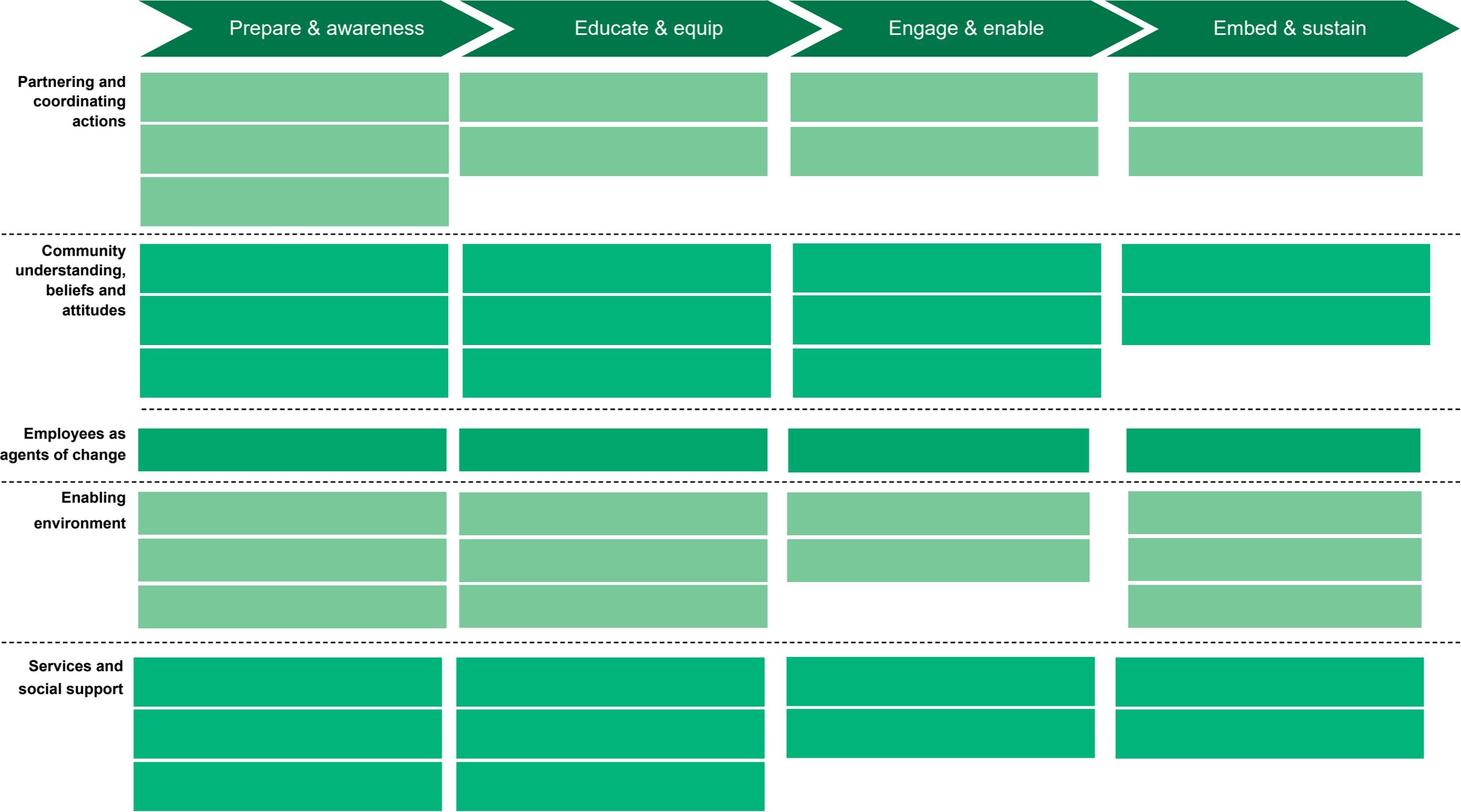


The template programme described on the next page is drawn from experiences shared by members of the Minerals Council SA and aligned with standards as defined by the DMRE. This four-stage approach has been created for the easy incorporation of new experience, recommendations and approaches into existing community preparedness and response plans, as appropriate. Both South African and global experience indicates that both capacity development and response planning activities are critical at early stages in the pandemic.



The behaviour change programme is an approach that is readily adaptable to local conditions. It does not need to be implemented in its entirety. Individual components can be selected, adapted, and deployed depending on local requirements.

A template process for supporting behaviour change in the community:



Please see below steps and examples for each phase.

PREPARE & PARTNER



PARTNERS AND COORDINATING ACTIONS

Establish a basis for co-creation between the mine and the community

During this research mining company members powerfully described the need for building or maintaining high levels of trust between the mine and the host community.

In some cases, respondents indicate levels of trust are not as deep as they could or should be.

To help establish or further develop a basis for partnering the steps below can be utilised or adapted as needed:

1. Establish the robust and reliable principles as a basis for community [co-creation](#):

Respondents referred to a number of principles that appear important in establishing or strengthening ways of working with host communities.

These included:

Multi-agency structures for joint decision making and co-ordination. Examples shared included a 'District Joint Operations Committees' including attendees from the mine and a diversity of local 3rd Parties. [District Command Councils and Regional Command Councils](#) are also active.

The maintenance of high-quality dialogue maintained through virtual channels. One respondent described the current difficulty of maintaining good relations with stakeholders that previously relied on face-2-face meetings.

Maintaining a strong ethic of 'care and love' throughout all community relations. One respondent stated that involving communities is critical to a comprehensive response, but that this has to be done from a position of authentic 'care and love', engendering a 'care for yourself, care for those around you'. Consider the [Holistic Health](#) and [Psychological Wellbeing](#) of you host communities.

Trust. A wide number of respondents stated the critical importance of establishing and maintaining trust as a basis for community relations. In addition, the global experience of those societies that have most successfully contained COVID-19 (such as New Zealand) are those where communities have high levels of trust in their institutions.

See this [World Bank](#) article for reference.

Wherever possible, establish **joint reporting and M&E frameworks**. For example, multi-disciplinary joint operations committees established at community level, or provincial level COVID-19 working committees can be aligned on the key measures and metrics that will guide decision making.

2. Establish the right support ecosystem:

Ensure that you consider the full range of 3rd Party actors operating across your communities.

One respondent stressed the importance of establishing the right links with local faith groups.

Another example that was shared included establishing the right institutional links and updates, for example, from the DoH or the NICD.

Several respondents highlighted examples that included NGOs as part of the broader support ecosystem.

NOTE: your approach to the [GIS platform](#) should be mirrored in the ecosystem that you establish. The data overlays that you want to build or utilise in GIS would ideally refer to the coverage of agencies and data that is relevant to your ecosystem.

3. Establish healthy working relationships with key influencers - faith leaders, union reps, social workers etc:

It is important to identify those personalities that may be of disproportionate importance in terms of local influence. And then deliberately establish and maintain relationships as appropriate.

A leading example shared during the research highlighted the close and deep relationships developed over time between senior operational executives on a mine and the local Mayor and local representatives from the Departments of Social Development and Health.

Examples shared also included establishing relationships with local taxi associations regarding de-densification.

A perspective on behavioural change from [The Australian Institute of International Affairs](#)

Similarly, [BCG](#) has emphasised the importance of involving local community leaders early and often.

COMMUNITY UNDERSTANDING, BELIEFS AND ATTITUDES

Complete an accurate assessment of current behaviours and their root causes to help establish a solid foundation for education initiatives

Respondents frequently highlighted the role of underlying attitudes and beliefs in how members of the community respond to COVID-19.

You can use the [Health Check](#) to assess the current challenges in the community.

Examples of leading practices and interventions described and the appropriate links to the Insight Platform include:

1. Review community adherence to social distancing, RPE, self-isolation and hygiene and assess root causes.

Several respondents described visiting or hearing anecdotes of low levels of compliance in local communities, regarding visible use of RPE and physical distancing.

2. Assess how communications address root causes.

Several respondents describe the difficulty of influencing core beliefs and attitudes.

One article presents a good example of grassroots AIDS activism. It shows how “AIDS literacy” was disseminated by activists in public spaces and institutions such as railway stations, taxi ranks, shebeens, schools, factories, religious institutions, universities as well as door-to-door campaigns. The highly successful [“citizen science” campaigns](#) took place at a time when there were hundreds of AIDS-related deaths a day.

Another example is the long-running Soul City soap opera by Soul City institute, which included relatable narratives on topics such as HIV prevention, GBV and IPV, an example of compilations can be found [here](#).

Another example shared was how many community members are unaware that they have diabetes, hypertension, or obesity. This leads to an inability to adequately identify themselves as ‘vulnerable’ and may result in serious health consequences for them. For more information on vulnerable individuals and identification of these comorbidities, please see [the Aide Memoire on Vulnerable and High-risk Individuals](#).

3. Monitor and optimise communications channels to maximise reach.

[Examples of COVID-19 campaigns](#) addressing underlying beliefs can be found on Facebook [here](#).

Other external examples include non-verbal, visual resources, ideal to address the underlying motivations whilst crossing language and cultural spheres: see example videos [here](#), [here](#) and [here](#).

In another [example](#), the Soul City institute has developed an initiative that effectively leverages social media and “talk show” style to target South African youth.

Ensure all employees have fully adopted appropriate anti-COVID measures when at work.

Numerous respondents describe the importance of employees acting as ambassadors of the correct anti-COVID behaviours when they leave work and return to their homes and communities.

In order to achieve this, an important pre-requisite is that employees fully adhere to and become champions of the behaviours and disciplines necessary to control COVID-19 whilst at work.

To achieve this outcome, or to review those measures that you have in place, you can refer to this field guide: [Behaviour Change Field Guide; Behaviours that support healthy and safe ways of working within the mine gate, with a specific focus on COVID-19](#).

ENABLING ENVIRONMENT

Complete the plans to support a community environment that enables anti-COVID-19 behaviours

Work with stakeholder partners to define joint priorities, align roles and accountabilities and create joint delivery plans that will support an enabling community environment for the control and prevention of COVID-19 spread.

Preparatory measures may include:

1. Review and align roles, accountabilities, and budgets across all stakeholder partners
A variety of coordinating and decision-making fora have emerged across South Africa with the purpose of coordinating the response to COVID-19.
These structures include Regional Working Groups; local municipality structures; local Department of Health committees; and local Joint Operations Committees established by member companies.
It is important that your organisation identifies and is included, involved, or represented in appropriate structures and fora, both at regional and local levels.
2. Assess and agree priority enabling environment measures across all stakeholder partners
One of the central lessons in how private sector organisations successfully respond to COVID-19 is in the clarity of purpose that is engendered across the organisation.
Whilst aligning diverse stakeholders is often not an easy undertaking, a similar principle of ‘aligned purpose’ can be adopted across agencies that support any local community.
One respondent shared the importance of agreeing priorities across stakeholder partners for rapid Track & Trace protocols.
The World Bank shared this [example](#) of stakeholder alignment in COVID-19 response plan in Bangladesh.
3. Define and align delivery plans – including Social Labour Plans, Corporate Social Investment, and other Community Development discretionary funds - across all stakeholder partners
Note: Considerable difficulty has been shared in repurposing existing SLP projects and budgets when already in the 5-year period.
However, companies currently undergoing renewal of SLPs could consider infrastructure-related projects linked to WaSH and Health for the coming year or two.

SERVICES AND SOCIAL SUPPORT

Establish the basis for coordinated community support

As part of setting up a behaviour change programme, respondents have highlighted the importance of the following measures in extending services and social support into communities:

1. Gain feedback from the community to hear what is most needed
The principle of **co-creation** with the community, and the critical ethic of engaging communities from a position of **deep empathy and appreciation** of local needs, are critical throughout any behavior change effort in the community.

A perspective on Empathy from [Psychology Today](#).

An example shared referred to a clearly identified need for screening in the community. Other examples included the need for hygiene facilities in the community and per residence; the need for better testing facilities; requirements for quarantine facilities and hospital beds.

A further example shared involved hearing the need for [support](#) and the provision of temporary shelters for those who had experienced Intimate Partner Violence / Domestic Violence through the lock-down period and could no longer stay at their own homes. Appropriate shelters then became a point of focus for community support in this instance. Please see the Aide Memoires for more information on [Gender Based Violence](#).

2. Review current Community Support measures and align across stakeholder partners

There have been numerous examples shared of initiatives and services delivery across mining communities.

Whilst many of the initiatives described are anchored in the community through close collaboration with 3rd Parties and community members, there remains a risk (which may become a heightened risk as the pandemic progresses and demand for support increases) that the increasing demand for services support to the community may encourage initiatives to be rapidly rolled out based on historical initiatives and previously established community relations support programmes.

This may create a risk of a potential disconnect between the accurate match of the demand for services support and the supply on the part of mining companies and 3rd Parties.

In keeping with the ethic outlined above (1), it may therefore be appropriate to regularly monitor and evaluate the alignment and impact of measures and identify any gaps that may be emerging in anti-COVID-19 measures or service delivery across the following areas;

- The provision of RPE
- The consistency of and adherence to social distancing measures
- Access to appropriate hygiene facilities
- The ease and ability of community members to self-isolate
- The ease and ability of community members to self-quarantine
- Access to necessary healthcare facilities - beds, ventilators, etc.
- Other

3. Ensure that needs of vulnerable groups are appropriately identified and understood

Several respondents highlight the importance of identifying and responding to the needs of chronic sufferers, such as those living with diabetes; HIV; TB sufferers; the elderly; medical front line staff; those living in poverty etc.

Key steps highlighted include:

- Identifying those individuals that are members of a specific at-risk community, or that are suffering from comorbidities, either via employee data records or similar records held by 3rd Party stakeholders.
- Using the steps above in Partnering and Coordinating Actions, agree and align priorities and initiatives to support vulnerable groups.
- Use the measures outlined in this document in Enabling Environment and Services Support to delivery support, as necessary.
- Here is a [UNICEF example](#) focused on vulnerable children; a [UK example](#); and a [NGO example](#) focused on supporting vulnerable families in Angola.
- For more information on how to identify some of the most commonly undiagnosed comorbidities, please see the Aide Memoire on [Vulnerable and High-Risk individuals](#).

THE CAPABILITIES TO BEHAVE DIFFERENTLY; EDUCATE & EQUIP



PARTNERS AND COORDINATING ACTIONS

Align stakeholder partners around how best to dovetail delivery and gain agreement on roles and responsibilities

During the research for this Field Guide, several respondents described the importance of agreeing and maintaining the alignment across key stakeholder partners.

This step supported the effective coordination and cascading services - for example from the funder to the delivery partner - as well as maintaining a consistent messaging and cadence around the control of COVID-19.

4. Align stakeholder partners on key community priorities and anti-COVID measures.
Several respondents raised the importance of a methodical and regular approach to reviewing and aligning the diverse initiatives that are underway at local levels. There are clear imperatives and benefits for conducting an effective review and alignment across 3rd Party actors. For more insight on this matter please see [the Aide Memoire on effective governance to coordinate and control delivery](#).
One example is the Community Response Plan approach from [Anglo American](#);
NOTE: this step also presents an opportunity for aligning the effective use of the [GIS platform](#). For example, it may be possible to plot data describing the access a community has to basic services, such as water availability.
5. Agree accountabilities with stakeholder partners - how are “jobs-to-be-done” coordinated across partners regarding RPE distribution, service delivery, and others?
The process of agreeing aligned accountabilities for the delivery of initiatives into the community is likely to become increasingly important as the pandemic progresses, and the infection rate remains high.
A number of respondents shared examples of arrangements between the mine and locally operating NGOs in regard to food or grocery voucher distribution.

COMMUNITY UNDERSTANDING, BELIEFS AND ATTITUDES

Manage messaging and coverage to influence critical beliefs and support the uptake of behaviours

Community-based media, such as local radio and print have been shown to be highly effective in communicating the necessary behaviours to respond to COVID-19. However, the beliefs and deep attitudinal shifts that are needed remain elusive across many communities - rendering host community populations very vulnerable to the rising threat of COVID-19.

Examples of leading practices and interventions include:

5. Use communications to promote effective COVID-19 prevention measures

One respondent stressed the importance of checking whether the 'what', 'why' and 'how' is clear in all community comms. Identifying and targeting the real motivation for community members to change their behaviour

Examples include mindful use of language to counter misinformation and gossip. For example, COVID-19 should not be referred to in terms of location, class or ethnicity (i.e. 'Chinese Virus'; 'Only rich/poor people get sick'; 'People from Western Cape/Western Cape are bringing the virus').

Care should be taken to separate the people infected from the virus that they are affected by, in order to reduce stigmatisation. (For more examples review the ["Do's and Don'ts" section in the COVID-19 Stigma Aide Memoire](#).

Whilst the core training around RPE etc is now widespread across the sector, leading practice has shown that rapid deployment of [simple poster](#) and videos is valuable, as is the involvement of Peer Educators and H&S Reps. ([Using a mask](#))

Another [example](#) emphasised the importance of extremely clear, actionable instruction on how to behave, including Cough Correctly; Wash Correctly; Monitor Yourself and Others; Maintain Physical Distancing. This was framed as '4 Actions everyone can do'.

Finally, see the UP Department of [Health COVID-19 educational video series](#) in three SA languages, covering a range of issues, to create competencies through learning;

6. Manage communications to target critical issues, such as stigma and psychological wellbeing

One example shared included the use of regular updates every two days on a community WhatsApp group and [Facebook page](#).

Another example was regarding self-declaration and regarding test, track and trace. It was noted that behaviours that support these capabilities in the community become disproportionately critical to control COVID-19, but that the correct behaviours and protocols were not yet operating properly in the community.

An example of communications that influences attitudes in this regard are found [here](#).

Another respondent highlighted their community communications that targets myth busting regarding Covid-19 and that these messages have to be made very personal, in order to carry real resonance for the individual. For example, one contributor to this research described how to leverage the desire to protect families, and how to focus on the key behaviours to achieve this (changing clothes, hygiene, precautions when shopping etc). See an example [here](#)

7. Utilise communications to support coping capabilities, e.g. testing, self-isolation, self-reporting
It is important to ensure close alignment between initiatives supporting an enabling environment and augmented social services support, with the communications that will help encourage the behaviours to optimise these initiatives.
For example, in a number of cases self-screening and track and trace apps have been provided to communities. However, the success of these are often reliant on the diligence of the individual to utilise the technology and upload the necessary data. In this regard communications messages and channels and enabling environment initiatives should be aligned to support the common behavioural outcomes.
8. Equip employees with the appropriate skills and collateral to influence in families and communities.
The factor of employees acting as agents of change in the community is key, especially for smaller mine companies that may lack the resources for extensive community engagement programs. For resource constrained members the recommendation is to focus specifically on employee behaviour, and how employees can become ambassadors for these behaviours in their own families and communities.
[Examples](#) shared include a [booklet](#) for employees to use with children, that included key talking points on COVID-19. The suggestion was to create similar collateral for key community personalities that included clear ‘how to stay safe’ and ‘reasons to stay safe’.
Other examples include providing employees with FAQs which are designed to appeal across the community. The experience shared was that these FAQs then quickly found their way into families and across communities.
Clear messaging and education materials This should be supported and re-enforced by the equivalent skills and behaviours, displayed by employees as ambassadors of the new behaviours throughout the community.
Another example shared by a mining company member included a three phased communications ‘rally’ against COVID-19 stigma, the second phase of which included efforts to ‘humanize’ the COVID-19 experience by involving employees who have overcome COVID-19, and asking them to speak about their experiences publicly. ([link](#))
Another example showcases a great combination of Educational reading targetting and accessible to children, with the narrative centering around a girl, Sibó, learning about COVID and staying healthy, protecting herself and her family. Linked to this children’s booklet, a game-ified educational campaign targeted at and accessible to children, and given technology accessibility constraints in low-income, informal settlement environments, could easily be adapted to a low-tech, physical resource. To obtain the educational resource, visit [Sibó Stays Healthy](#), to access the online game, go to [Sibó stays healthy game](#) and finally, to find out about the research being undertaken to determine the impact on children’s health-related knowledge, check out [the related article](#).

ENABLING ENVIRONMENT

Establish the infrastructure and ways-of-working to enable the new behaviours during the working day of the community

This stage is a critical step in a response to COVID-19. At this stage, the operational measures defined during the ‘Prepare & Partner are put in place in order to adequately equip communities to be able to fulfil the necessary COVID-19 prevention behaviours.

Such measures may include:

4. Establish the supporting infrastructure for an effective COVID-19 response

Two elements necessary to achieve this were described as scenario planning and partnering.

One example shared that illustrates the scenario planning was in regard to the re-purposing of previous contractor residence (a max capacity of 300, 2 beds per room) into a quarantine facility of 150 beds, in order to anticipate a growing demand for beds but that also allowed de-densified treatment of one person per room.

Several example of collaboration across communities were shared, including the provision of hospital beds as well as the creation of quarantining facilities.

Several examples shared describe how project camps are re-purposed and several examples where guest house residences were de-densified.

5. Activate (or renew) social distancing measures across key community spaces e.g. taxi ranks

Another example shared included working with local retailers to ensure that sanitizer is available at the entrance of all local outlets and that masks are worn on entry. Respondents have also described the importance of liaising and agreeing physical distancing measures with other community outlets and support services, such as local retail banks.

In one notable example, the mine's own security service was accepted by the local community to help enforce physical distancing in the community.

6. Activate additional measures

One example shared included identifying and utilising under-utilised land in the community, in order to create aqua-culture initiatives that can capacitate and sustain community health over time.

Another example shared included financial support in the form of wages to Community Health & Social Workers in order to strengthen community support. This example was also delivered via a pre-selected NGO.

Another example involved the Dept. of Education in Mpumalanga in collaborative efforts across 4 Mining Companies to help fund:

- Schools deep-cleaning
- Matric preparedness sessions (incl. travel to centres) for last year high school students (Grade 12)
- Ablutions (temporary, or renovations of permanent ones) at schools for improved Wash in under served communities/schools

SERVICES AND SOCIAL SUPPORT

Commence distribution of services into the community

Respondents describe the challenge of coordinating the creation of appropriate facilities across the community.

4. Distribution of RPE and sanitizer, either direct distribution or via NGOs or medical agencies

Several members shared how their mines have donated RPE and medical supplies to local medical agencies.

Another example included putting free Wi-Fi in community hot spots around a host community.

Several member companies described the distribution of food parcels, including in several cases the importance of distributing food via an appropriate NGO, in order to reduce inefficiencies and reduce the possibility of community conflict. Another member company described the benefits of switching to grocery vouchers delivered to cellphone numbers, which came accompanied with awareness-raising and capacity-building content in the SMS.

5. Strengthen testing capacity, scalable in order to accommodate peak

With reference to the COVID-19 Testing Initiative undertaken by the Minerals Council, several mining companies have or are in the process of obtaining PCR and other testing equipment, setting up testing centres that serve the workforce but also community.

One respondent also shared the example of establishing an in-house testing facility, to reduce turnaround time and increase their capacity of effective testing.

6. Establish or strengthen Track & Trace capabilities, scalable to accommodate peak.

Track and trace is most effective when allied with extensive testing, alongside effective isolation, and quarantine measures. A core principle for contract tracing is that 'perfect must not be the enemy of good'. Whilst a minimum scale is necessary for contact tracing to be effective, even imperfect contact tracing initiatives can slow the spread of the COVID-19.

In South African the private sector - both employers and private health providers - will play a disproportionately more important role than in developed countries. Therefore, the guidance remains that, where possible, mining company members should support and enhance contact tracing initiatives within their employees and host communities.

The outline process for track and trace includes:

1. **Testing**; use testing to identify individuals that are COVID-19 positive. Individuals with a positive diagnosis then progress to quarantine or medical support, as necessary.
2. **Identification**; identify and list those individuals that have had exposure to the diagnosed individual.
3. **Notification**; these contacts are then notified and informed of the contact, as well as potential implications for them and possible next steps. This may include seeking medical support and guidance on self-isolation and self-quarantine.

4. **Follow-up**; this is an ongoing process of monitoring individuals, checking on symptoms, updating recommendations on quarantine, self-isolation etc, and recommending testing as necessary.
5. **Isolate / quarantine**; for those individuals that begin to show symptoms

Examples of the principles, process and guidance for track and trace can be found;

1. Here for the [World Health Organisation](#):
2. Here for the [Centres for Disease Control & Prevention](#)

An [example](#) of contract tracing in a South African context is the [COVIDConnect platform](#)

CREATE THE OPPORTUNITY FOR NEW BEHAVIOURS; ENGAGE & ENABLE



PARTNERS AND COORDINATING ACTIONS

Careful coordination of delivery across stakeholder partners, combined with joined-up monitoring of results and rapid joint decision making

As the number of cases amplify, respondents are concerned that relationships and ways-of-working established at earlier stages in the pandemic will come under pressure, and this may slow decision making and threaten long-term successful and aligned delivery.

It is important that members sustain deep trusting relationships, with regular reference to and (if necessary, updating of) common goals and principles of alignment across stakeholder partners.

Measures shared during this research include:

6. **Activate, align and coordinate delivery of initiatives, comms and anti-COVID measures**

Whilst several respondents described processes whereby the delivery of services, or social or healthcare support into the community is carefully coordinated alongside 3rd Party providers, this was not uniformly true across all examples shared.

In addition, those examples of coordinated delivery of anti-COVID measures tended to be on a bilateral basis between a mining company and a 3rd Party provider or local agency, rather than through close alignment and coordination across multiple stakeholders.

The finding of this research therefore is that mining company members could deliver greater impact, and communities could receive greater benefit, if multi-stakeholder alignment and coordination is managed on a more extensive, comprehensive basis.

7. **Establish joint reporting and Monitoring & Evaluation frameworks**

The research for this Field Guide indicates a gap for an effective, replicable and methodical approach to reporting, monitoring and evaluating the alignment and delivery of services and behaviour change initiatives across communities.

A joint M&E framework could be utilised to help evaluate progress and ensure initiatives are targeted as appropriate.

COMMUNITY UNDERSTANDING, BELIEFS AND ATTITUDES

Manage rapid feedback, updates, and renewal of communications, in order to ensure relevance and in order to target specific beliefs or behaviour shortfalls

At this stage in the program the communications and education channels that are being used to influence attitudes and beliefs across communities must be amplified.

A potential trap to avoid - as described by one respondent - is in relaxing the effort on community engagement and communications once comprehensive measures have been put in place.

Successfully changing entrenched attitudes can take considerable time, as testified to be the South Africa HIV experience.

At this stage it is therefore important to gain rapid feedback from community members and influencers; evaluate those initiatives are producing results and which initiatives may need to be adjusted; and re-doubling efforts where necessary in order to build the appropriate protection and resilience across communities.

Examples of leading practices and interventions and the appropriate links to the examples and resources include:

9. Gain community feedback and input to update and sharpen messages and channels

The principle of community co-creation that is highlighted earlier in this Field Guide should be closely adhered to at this important stage in a behaviour change programme.

Multiple channels have been put in place by member companies to gather community feedback. These include social media channels; local structures and forums; local help desks and call-in numbers; [community newspapers and letters](#); and of course, the employee community itself, acting as a key interface and channel between the employer and effective behaviour change in the community.

One respondent highlighted that the negative comments that do occur on social media were typically not from employees themselves, but from other community members. Social media then becomes a platform to engage with and correct any misperceptions.

Another example was of regular community SMS updates that elicit feedback and input from community members.

Some tips on community engagement can be found [here](#).

10. Build regular updates to communications as new information becomes available

An example shared, although focused specifically on employees, included very active digital updates with the newsletters and videos to Facebook from key leaders.

Another respondent described 30-minute interview-type slots that they conduct with local radio stations, including input from different social performance representatives (stakeholder engagement managers, community liaison representative, health manager, etc.) to talk about latest developments regarding COVID-19.

11. Focus communications in order to amplify its impact

Leading practice suggests that communications can be designed to focus in on and influence specific decisions during the day of an individual in the community.

One approach that may be useful to further influence specific beliefs, attitudes, and choices in the community in regard to COVID-19 is based on the use of [heuristics](#).

Here's a perspective from MIT Sloan on the use of [Heuristics to combat COVID-19](#).

12. Engage and enable employees to maintain their influence

The examples shared suggest that those mining company members that are most effectively engaging their employees as agents of change in the community are adopting some of the following principles:

- Purpose - leaders and managers throughout the mine are consistently and clearly explaining and importance of adopting the necessary behaviours, as well as the importance and benefits of adhering to these behaviours at home and in the community.
- Empathy - those mines that have reported good adherence to anti-COVID behaviours beyond the mine gate also adopt very people focused forms of engagement and leadership.
- Persistence – the steady drum beat of communications and the role-modelling and messaging from leaders has to be maintained.
- Further reference can be made to the [‘Behaviour Change Field Guide: Behaviours that support healthy and safe ways of working within the mine gate, with a specific focus on COVID-19’](#).

ENABLING ENVIRONMENT

Create the opportunities that enable the right behaviours throughout the community and across the working day

Without correctly managed community spaces and community environment there will be reduced opportunity for community members to adopt the necessary behaviours to limit the spread of COVID-19.

Appropriate measures should address both the physical environment, as well as the social environment that can encourage and unlock new behaviours. Respondents have described that both hard (physical) and soft (social) enablers must be considered as part of a holistic approach.

Respondents have described that both hard (physical) and soft (social) enablers must be considered as part of a holistic approach:

7. Activate enabling hygiene measures across the communities

Examples shared by respondents included delivering additional hygiene and toilet facilities (temporary or permanent); establishing mobile hand-washing stations; increasing access to RPE.

The Department Of Health has also launched initiatives to improve school ablutions, which may present an opportunity against which other local initiatives could be aligned.

Respondents also describe hand hygiene and sanitisation facilities put in place in crowded transit areas, such as garages; taxi ranks; police stations; clinics, etc.

8. Leverage the use of technology to engage communities and enable behaviour change

There is a clear need to amplify the use appropriate use of technology in order to encourage and enable anti-COVID-19 behaviours. However, examples of the success use of technology to achieve measurable shifts in behaviour were scarce during the research.

Examples included the [WeCare programme from Anglo Platinum](#), and a number of free Wi-Fi / free data initiatives, enabling access to information, “physical distanced” socialisation, work and learning opportunities, among others.

The World Bank shares [the following insights](#) on the correlation between access to digital technology and internet, and lower risk for epidemics.

SERVICES AND SOCIAL SUPPORT

Wherever possible match supply to the changing demand - at this stage take steps to ensure the careful alignment of service delivery to the changing needs of the community

A key challenge that is emerging from the research is in regard to the accurate matching of the changing community demand for PPE, sanitizer, medical supplies and services and other services support such as food parcels, with the available supply being offered by member companies and by NGOs and local agencies.

The accurate and timely matching of supply and demand is likely to become very important as the pandemic progresses.

There are several sources that can be utilised to help refine an understanding of the changing demand at community level. Whilst there may be many local sources of intelligence and insights available to members, the two sources recommended as part of this Field Guide are the joint planning and decision making structures recommended to be established as part of Prepare & Partner; and the [GIS platform](#).

7. Adjust supply to changes in demand re services to limit COVID, e.g. food distribution; PPE provision; hygiene support. The research indicates several replicable steps to be utilised or adapted as necessary for local conditions. These are;
 - Gain insight and input from the community, hear their needs;
 - Gain insight from 3rd Party stakeholders, hear their perspective on changes in local demand
 - Gain insight from the GIS platform to evaluate the progress of local infections and hospitalisation rates, etc.
 - Extrapolate from GIS and other sources the total emerging demand in local communities for PPE; sanitizer; isolation or quarantine facilities; support services such as food parcels etc; hospital beds etc.
 - Review the consolidated supply of services support, both on the part of the mine, as well as on the part of other 3rd Party stakeholders.
 - Complete a gap analysis between current and future demand and any potential gaps in supply.

One example shared of how supply was being adjusted as local conditions changed included grocery vouchers instead of food parcels. These were directly sent to people’s cell numbers (as well health promotion messaging included in the SMS voucher) in order to align the

provision of support with the changing requirements of the community.

8. Adjust supply to changes in demand re response measures, e.g. quarantine, treatment, beds and other support measures
Using the GIS platform, it is recommended that members define and complete several scenarios in order to help create effective contingencies, in order to further develop resilient anti-COVID-19 responses.

BUILD THE MOTIVATION TO BEHAVE DIFFERENTLY; EMBED & SUSTAIN



PARTNERS AND COORDINATING ACTIONS

The trust and practices established can now be transitioned into sustainable ways-of-working, as a basis for on-going trust and community engagement

Several respondents have spoken about transitioning the learning from the COVID-19 response into longer-term ways-of-working that could underpin a response to future events.

The sustained vigilance and adherence to the appropriate community behaviours remains absolutely critical for the long-term success of a COVID-19 mitigation response.

8. Establish BAU ways-of-working across stakeholder partners

An opportunity shared by several respondents was regarding aligning and coordinate Social Labour Plans (SLPs) across mining companies and other stakeholder partners.

An example shared included the suggestion of converting SLPs to address the longer-term considerations of combating COVID-19. However, it was also noted that sign-off by regional and/or central DMRE is necessary for any change, and even then, there may still be some risk associated with this step-in regard to a successful SLP audit. There are also capacity considerations regarding regional DMRE capacity that impacts both the yearly audit as well as any change.

9. Establish BAU joint decision making

Few respondents have yet described transitioning the decision-making structures established to respond to COVID-19 into longer-term structures that could strengthen community support and community engagement efforts.

However, due to the work underway across the industry there exists an opportunity to deepen the links, the planning and delivery processes, resource allocation, and M&E methods to align community support measures across a diversity of 3rd Party stakeholders. Examples will be included in the future versions of this document.

COMMUNITY UNDERSTANDING, BELIEFS AND ATTITUDES

Embed new beliefs and attitudes regarding social distancing, health and hygiene behaviours

At this stage in a COVID-19 response programme, with the core communications and education effort now well underway, the opportunity may be that the on-going efforts to influence attitudes and beliefs across the community can become much more targeted, specific and focused. The opportunity at this stage may also be regarding ensuring employees are fully converted as ambassadors of change, and then leveraging the employee network in more specific and targeted ways.

Examples of leading practices and interventions and the appropriate links to Insights include:

13. Deploy communications to influence specific daily choices (travel, socialising, shopping etc)
[One example](#) of note regarding “wearing a mask to protect others” messaging, and the associated analogy to drinking and driving
14. Community concerns and misperceptions are mitigated e.g. stigma, what is safe and what is not safe
Another example shared was regarding a myth-buster publication (a flyer) created by government that addresses questions and doubts such as “[Can eating Garlic prevent infection with COVID?](#)”.
One example on anti-stigma campaigns from the World Health Organisation can be found [here](#); lessons from mitigating stigma as part of HIV and Ebola can be found [here](#).
15. Employees can also generate ideas and suggestions on how to further influence the community
One respondent highlighted that with the potential of repeated outbreaks, there may be a need to develop a replicable SOP for a repeated and safe Return-to-Work, that employees can adopt and adhere to as part the pandemic progresses and as part of the employee’s ongoing role in combatting COVID-19.
Another respondent indicated that they have regular meetings which one or two employee representatives are invited to join. At these meetings representatives are encouraged to provide feedback on how community members are responding to COVID-19 and if there are any immediate challenges being faced such as lack of adherence to physical distancing etc.

ENABLING ENVIRONMENT

Leverage the social enablers of behaviour change to create a basis for the on-going control of COVID-19

At this stage in the programme the social and human enablers to behaviour change become disproportionately more important than the - by now well established - physical measures surrounding social distancing, hygiene, screening etc.

Respondents have described the importance of shifting community changes and the new social interactions that limit the spread of COVID-19 into the normal day-in-the-life type interactions and culture of the community.

At this stage it is therefore important to identify measures to integrate and embed new behaviours and social interactions along-side measures that support holistic health and sustainable socio-economic practices, to ensure a long-term and sustainable behaviour change.

Steps taken include:

9. Embed new ways of interacting into BAU protocols across stakeholder partners

It is highly likely that the control of COVID-19 will become a permanent aspect of community healthcare going forward.

It is therefore important to embed COVID-19 control measures into ongoing community initiatives across 3rd party stakeholders, in the same way that over time HIV education and information have become part of established curriculum.

Examples may include:

- The manufacture of COVID-19 control materials and measures (e.g. PPE manufacture) should be encouraged as part of ongoing job creation and capacitation programmes by NGOs, private sector and government initiatives on an on-going basis.
- The protocols for on-going and sustained hand hygiene should be encouraged in local retail outlets, such as banks, supermarkets, etc.
- Healthcare education initiatives in schools and communities should include COVID-19 control measures as a permanent component of their curriculum.
- B-2-C and B-2-B delivery services (Uber, Sendr, DHS, etc) that operate into communities should have COVID-19 control measures as a permanent part of their ways-of-working in host communities.

10. Amplify and re-enforce those behaviours and social interactions that can limit the spread of COVID-19

Many changes in public health are influenced by a surprisingly small number of specific interactions that are disproportionately important. For example, in 2004 the Institute for Healthcare Improvement saved more than 100,000 lives of hospitalised patients in the USA by slight changes in 6 operating practices, one of which was as simple as ensuring that a patient on a ventilator had their head raised between 30-45 degrees. This ensured that oral secretions did not enter their windpipe and thereby helped to reduce incidents of pneumonia (a common cause of unnecessary death in hospitalised patients).

BEYOND THE MINE GATE BEHAVIOUR CHANGE FIELD GUIDE

AIDE MEMOIRES: DEEP DIVE INTO TOPICS

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BEHAVIOUR CHANGE BEYOND THE
MINE GATE AIDE MEMOIRE
**COMBATTING COVID-19 STIGMA IN
HOST COMMUNITIES**



In an outbreak of a new disease or virus (such as COVID-19), rampant uncertainty and confusion can lead to those who contract the new virus to be treated as tainted and be discriminated against. As infection rates start to peak fear and anger can rise in host communities. It is paramount to address this as fear of the uncertain is often projected onto persons who are considered as “others”. Which can result into an array of violent acts towards already marginalised populations, of which migrant labour can be a part of.



Stigma and Health

Social stigma refers to the negative association with a person or a group of people who share certain characteristics and a specific disease.

Internalised stigma

How people accept negative perspectives towards the group to which they belong.

Anticipated stigma

Concern of experiencing future discrimination and bias

This can create a dangerous nexus where people who are already marginalised experience **‘internalised stigma’** or **‘anticipated stigma’** and who might have contracted the virus. Internalised and anticipated stigma often drive people to hide symptoms or having contracted the virus to avoid anticipated negative consequences.

Stigma has a great power to undermine and counteract efforts made to prevent the spread of infections and the treatment of those who are ill.

“Viruses don’t discriminate, people do”

This anticipation and perception of COVID-19 stigma can make people reluctant to protect themselves, get tested or seek treatment in fear of being stigmatised and their identity becoming tainted. For fear of being excluded or being perceived as tainted people might choose not to wear a mask, keep the recommended 1.5 - 2 m of distance from others, or self-report symptoms. Stigma is associated with a low level of education and lack of awareness. Clear and consistent informative messaging is key in responding to the COVID-19 crisis within host communities.

Key considerations in messaging to address stigma include
Highlight that all people are at risk of catching the virus.
Understanding why people become ill from the virus, and how people contract the virus can aid in people adopting effective practical measures to keep them and their loved ones safe.
Build trust in reliable health services within host communities. A “hero” campaign that honours caretakers and healthcare workers who might also be stigmatised, can aid in building and maintaining trust.
Address misinformation and myths as you encounter them.
Key stakeholders and Leaders throughout host communities should demonstrate no gossiping or speculation about other people’s contraction of COVID-19, suspicion breeds fear.
Key stakeholders and Leaders throughout host communities should show empathy with people who are affected by the virus, this will motivate people who are affected in the future to seek help and treatment.
Avoid divisive, othering language or framing association with the virus in a negative way
Focus on creating a safe environment rather than “battling” or “fighting” the virus – war language risks framing those who contract the virus as the enemy, which is counter-intuitive in addressing stigma

DO	DON'T
Talk about the new corona virus disease (COVID-19). The official name is deliberately formulated to avoid stigmatising: “co” refers to Corona, “vi” to virus and “d” to disease, 19 to 2019 the year it emerged.	Attach locations, class or ethnicities to the disease (i.e. ‘Chinese Virus’; ‘Rich/poor People only get sick’; ‘People from Western Cape/ Eastern Cape are bringing the virus’)
Talk about “people who have COVID-19”, “people who are being treated for COVID-10”, “people recovering from COVID-19” or “people who died after contracting COVID-19”	Refer to people with the disease as “COVID-19” or “victims”
Talk about “people who may have COVID-19” or “people who are presumptive for COVID-19”	Talk about “COVID-19 suspects” or “suspected cases”.
Talk about people “acquiring” or “contracting” COVID-19	Talk about people “transmitting COVID-19” “infecting others” or “spreading the virus” as it implies intentional transmission and assigns blame. Using criminalising or dehumanising terminology creates the impression that those with the disease have somehow done something wrong or are less human than the rest of us, feeding stigma, undermining empathy, and potentially fuelling wider reluctance to seek treatment or attend screening, testing and quarantine.
Speak accurately about the risk from COVID-19, based on scientific data and latest official health advice.	Repeat or share unconfirmed rumours, and avoid using hyperbolic language designed to generate fear like “plague”, “apocalypse” etc.
Talk positively and emphasize the effectiveness of prevention and treatment measures. For most people this is a disease they can overcome. There are simple steps we can all take to keep ourselves, our loved ones and the most vulnerable safe.	Emphasize or dwell on the negative, or messages of threat. We need to work together to help keep those who are most vulnerable safe.



ADDRESSING STIGMA WITHIN MY HOST COMMUNITIES:

What faith leaders, community engagement agents and all key stakeholders in host communities should keep in mind when discussing COVID-19

- **Words matter** (see Do’s and Don’ts)
- **Talk about safety, not war**
- **Don’t blame** (yourself or others)
- **Talk about it**
- **But don’t gossip**
- **Counter misinformation**

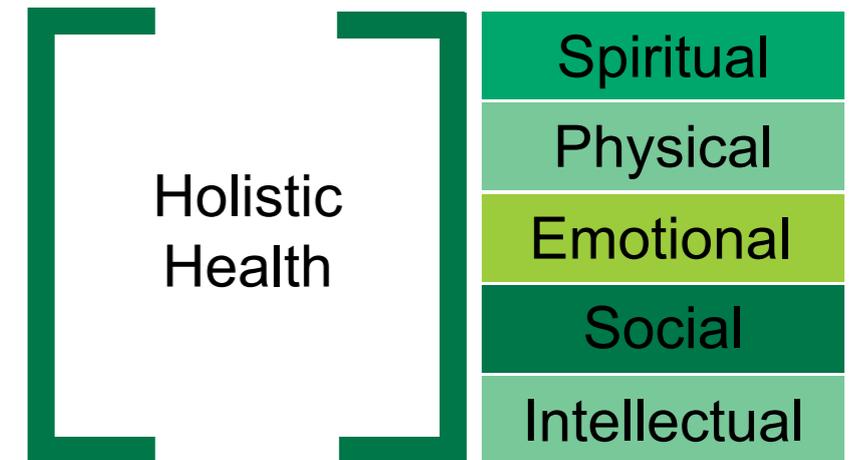
Sources UNICEF,WHO & IFRC: Social stigma associated with the corona virus disease 2019 (2020); Orza: Six ways to stand against COVID-19 stigma (2020); APA: Combating bias and stigma related to COVID-19 (2020); Millum et al: Ethical challenges in global health-related stigma research (2019); Logie&Turan: How do we balance tensions between COVID-19 public health responses and stigma mitigations learning from HIV research (2020); Sotgio et al: The need to demystify COVID-19 and reduce social stigma (2020); World Economic Forum: Facts, not fear, will stop COVID-19 – so how should we talk about it? (2020)

BEHAVIOUR CHANGE BEYOND THE
MINE GATE AIDE MEMOIRE
HOLISTIC HEALTH AND COVID-19



The most widely accepted definition of health is the absolute definition adopted by the World Health Organisation in 1946, which defined health as a “*state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*”. More relative definitions, however, are numerous and defined socially and culturally.

The core tenet of holistic health is to consider and nurture health beyond the biomedical definition of physical and mental health (absence of disease or infirmity). The five areas that have been most commonly identified for holistic health are listed and expanded upon in this fact sheet, as a model for individuals to live their lives to their happiest and fullest extent. It is essential to note that all the “types” of health described below are interconnected and influence each other.



Physical Health: *Physical health includes prevention or management of diseases and physical conditions, acute or chronic.* In the areas of prevention, the main aspects are regular physical activity, practicing good hygiene, a balanced diet and getting enough sleep. This can help reduce high blood pressure, manage weight, and reduce the risk of heart disease, stroke, type 2 diabetes, and various cancers - all conditions that can increase susceptibility to COVID-19. Regular physical activity can help add routine to everyday life. It also promotes mental health - reducing the risk of depression, cognitive decline and delay the onset of dementia - and improves overall feelings. Physical health also includes getting enough, quality sleep at night (7 to 9 hours for adults) and practicing good hygiene.

Management of diseases or conditions includes adapting one’s diet and physical activity to specific conditions and needs and following prescriptions of medications in terms of dosage and duration.

Key physical health interventions:

- Health screening initiatives (mobile clinics, community health worker home visits in local communities, etc)
- Initiatives promoting balanced diets: access to healthy food, subsidies, support for subsistence farming, food vouchers
- Educational campaigns
- Structural interventions such as providing improved Water, Sanitation and Hygiene in community settlements

Emotional Health: *Emotional wellness encompasses the ability to navigate one’s feelings.* This means identifying, assessing, and effectively sharing those feelings with others. The new realities of working from home, temporary unemployment, home-schooling of children, and lack of physical contact with other individuals takes time to get used to. Adapting to lifestyle changes such as these and managing the fear of contracting the virus coupled with worry about people close to us who are particularly vulnerable, are challenging for everyone. Please see [\[link\]](#) for more information on how to promote and support mental health and wellbeing among host and local communities.

Key emotional health interventions:

- Ensure you are aligned with local Department of Health officers and workers in your messaging and support services, and aid institutions who provide psychological support
- Spend time listening to your host communities; recognise their input and the ideas they offer; and empathise with them and their concerns
- Respond rapidly and visibly when host communities raise concerns or ideas, to deepen the trust between your company and host communities.
- Support coaching and educational programmes in host communities to help them own and embed the necessary compliance and behaviours around COVID-19

Intellectual Health: *Regularly engaging one's mind helps improve intellectual health.* This can help build new skills and knowledge which may either challenge or inspire you, ultimately helping you grow. Brain games and puzzles, such as sudoku, are one of the ways to keep the mind stimulated. Another is through engaging in stimulating conversations and debates. This mind stimulation supports the reduction of risk of developing, among others, Alzheimer's disease.

Key intellectual health interventions:

- Educational campaigns and resources, easy to share and use by community members

Spiritual Health: *Spirituality is most commonly viewed as a sense of purpose, direction, or meaning, without which, values can slip to the wayside, upending life's balance.* Many cultivate their spirituality through meditation, prayer, or other activities that foster a connection to nature or a higher power. Spiritual health is about personalizing one's journey. Some people might practice mindfulness as a way of checking in with their intentions, guiding their actions, and maintaining a values-based approach to life.

Spirituality, which is closely linked to cultural and social norms, plays a big role in the experience of disease and healing. In the recent South African COVID-19 context religious and spiritual groups had to find alternative options to maintain hope among congregations and communities, and alternatives utilising technology to communicate. Recent relative relaxations to bans and limits on Religious gatherings have permitted religious and spiritual activities to take place in a community setting again.

Social Health: *Forming positive relationships and connecting with others is the foundation of social health.* Maintaining these meaningful relationships has numerous health benefits for individuals. These relationships help carry you through times of increased stress and provide powerful support and understanding.

The way we engage with family, friends and colleagues is vastly different to how it was pre-COVID and this is something individuals need to adapt to. It is important to ensure that relationships which have previously been built are maintained during this trying time and individuals remain in regular contact with people who are close to them by telephone or online channels.

Key social health interventions:

The best way to consider social health in community interventions is to understand the degree of isolation that different community members or groups may be experiencing, and identify options to “break” or “minimise” the feeling of isolation and separation that might be felt.

- Provide access to Wi-Fi or data
- Be careful in your communication campaigns, use “physical distancing” instead of “social distancing”
- Emphasize the messaging of togetherness and collaboration, “we are in this together, even though we are physically apart”

BEHAVIOUR CHANGE BEYOND THE
MINE GATE AIDE MEMOIRE
PSYCHOLOGICAL WELLBEING
WITHIN THE COMMUNITY



The COVID-19 pandemic has a pronounced effect on long-standing psychological wellbeing issues across the globe. Heightened stress and anxiety linked to economic and health uncertainty has been intertwined with the current COVID-19 pandemic. Economic and structural inequalities that host-communities faced pre-COVID-19 has been further exacerbated under life in lockdown.

Host communities now need to adapt to the additional stressors of life during the COVID-19 pandemic, such as: fear of getting ill, dying or losing loved ones; life in isolation due physical and social distancing; loss of livelihoods and financial insecurity; and disruption of education and adequate health service provision. These stressors can lead to a slew of different consequences that might include:

- A rise of community members experiencing mental and emotional distress, such as: anxiety and depression.
- A rise in substance abuse as community members attempt turn to unhealthy ways of coping with additional stressors.
- A rise of gender-based violence, as well as, domestic and child abuse.
- Stigmatisation of those affected by COVID-19 and those working in medical or service-related positions who are in close contact with people who might be affected by COVID-19.
- Acts of xenophobic violence might surge as communities who are put under heightened pressures of life during the pandemic project their fears, anger, and frustration onto groups who they consider to be 'outsiders'
- Ostracization of migrant and migrant labour populations due to stigma and xenophobia.

ACTIONS THAT CAN ERODE OR UNDERMINE PSYCHOLOGICAL WELLBEING:



- Poor or inconsistent communications and updates on topics relevant to your host communities.
- Neglecting recognition of good initiatives run within host communities.
- Ignoring or poor response to the needs of host communities; ignoring the input and suggestions from host communities.
- Poor direction and poor delegation of social and services support within host communities.
- Failure to address problems related to stress living during the COVID-19 pandemic.
- Failure to provide support to those members of host communities most stricken by the socio-economic impacts of the COVID-19 pandemic.

ACTIONS THAT HELP BUILD PSYCHOLOGICAL WELLBEING

Ensure that host communities can adhere to COVID-19 mitigating practices.

Help your host communities understand how COVID-19 measures keep them and their families safe, and how deal with stressors of life during COVID-19.

Keep communicating updates on the progress of COVID-19, recent developments and means to gain psychological, medical, educational, and financial support.

Help manage stress by continuing to provide good leadership to Team Leaders and crews, through clear guidance on healthy and safe production, realistic and achievable schedules, and targets.

Wherever possible get to know your host communities better, engage with municipal, traditional and faith leaders and take interest in their concerns and initiatives. Enquire on other NGO and grassroots initiatives in your host communities and how you might get involved.

Ensure you are aligned with local Department of Health officers and workers in your messaging and support services, and aid institutions who provide psychological support.

Spend time listening to your host communities; recognise their input and the ideas they offer; and empathise with them and their concerns.

Respond rapidly and visibly when host communities raise concerns or ideas, to deepen the trust between your company and host communities.

Support coaching and educational programmes in host communities to help them own and embed the necessary compliance and behaviours around COVID-19.

Encourage and support holistic health, for example good nutrition; hydration; reduced alcohol and smoking consumption within host communities.

Focus on creating a safe environment rather than “battling” or “fighting” the virus – war language risks framing those who contract the virus as the enemy, which is counter-intuitive in addressing stigma

BEHAVIOUR CHANGE BEYOND THE
MINE GATE AIDE MEMOIRE
**VULNERABLE AND HIGH-RISK
INDIVIDUALS**



While COVID-19 can affect anyone, some individuals have a higher risk of experiencing symptoms that more severe than others, these individuals are broadly classified as ‘vulnerable’. These vulnerable individuals may be classified into two groups:

1. Individuals who are older than 60 years of age

2. Individuals who have pre-existing health conditions (comorbidities)

What is a comorbidity?

Comorbidity and comorbid conditions refer to one or more diseases, or conditions, that occur along with another condition in the same person at the same time. Comorbidities are the most common **underlying diseases** and **conditions** of those who have died from COVID-19 to date. Although not everyone who has died from COVID-19 exhibited comorbidities, it is still a serious factor to consider as the comorbidities described below often go undiagnosed.

It is important to note that when these conditions are not under control, the vulnerability of the individual is increased significantly.

What measures should vulnerable individuals implement?

Physical distancing, staying at home and **avoiding crowds** are particularly critical protective measures for vulnerable individuals, with comorbidities or advanced age.

When this cannot be maintained, the usage of mask is also crucial. Finally, hand hygiene should always be reinforced.

Which underlying medical conditions put individuals at an increased risk of severe illness from COVID-19*?

Cancer	Kidney Disease
COPD	Weakened immune system
Obesity	Heart conditions
Sickle cell disease	Diabetes (Type 1 and 2)

*source: *Centre for Disease Control and Prevention*

Which comorbidities many be undiagnosed?

The list below highlights the **3** main comorbidities that are often prevalent, yet undiagnosed in many South African communities:

Diabetes (Type 2): A disease that occurs when blood sugar levels are too high. Type 2 is often referred to as adult-onset/non-insulin-dependent diabetes and occurs when the pancreas either makes too little insulin or the body is unable to use insulin effectively.

Approximately **85-90%** of all individuals with Type 2 diabetes are **undiagnosed**.

Obesity: A complex condition involving an excess of body fat which increases an individual’s risk of health problems. Approximately **70%** of women and **40%** of men in South Africa are overweight/obese.

Hypertension: A condition where an individual’s blood pressure stays elevated over time. It is more commonly known as high blood pressure. More than **1 in 3** adults in South Africa live with hypertension, and nearly **33%** of cases are undiagnosed. Fewer than **1 in 5** individuals who have hypertension have the problem under control even though it is a **major cause** of premature death and often referred to as the “**silent killer**”.

How do I determine if I have a commonly undiagnosed comorbidity?

Community Health Worker home visits, mobile clinics or screening drives can be rolled out with the following:

Screening activities:

- Blood sugar test for Diabetes (Type 2) screening
- Body Mass Index (BMI) measurement and brief questionnaire on eating and physical activity for Obesity screening
- Blood pressure monitoring for hypertension screening

Follow-up and related activities:

- Brief motivational interviewing and counselling with easy-to-take-up diet and physical activity options (including healthy and cheap recipe book, kids' activity book)
- Education on treatment options, referral to local health facilities
- Linking the screening initiative to a healthy eating initiative such as grocery vouchers and subsidies would also be beneficial to provide the opportunity to change eating habits

Further guidance on vulnerable populations and the work place (specifically the mining industry) can be found [here](#) and [here](#).

BEHAVIOUR CHANGE BEYOND THE
MINE GATE AIDE MEMOIRE
**GENDER-BASED VIOLENCE IN
COVID-19 TIMES**



In the subsequent months and weeks of lockdown media and politicians alike have referred to ‘South Africa’s second pandemic’, namely, gender-based violence. The COVID-19 outbreak has intensified gender-based violence globally and particularly in South Africa. There is a tendency for gender-based violence to increase during any type of emergency. This is because pre-existing toxic social norms and gender inequalities is exacerbated under the restricted movement and social isolation measures coupled with the economic and social stress caused by the pandemic. The number of gender-based violence cases are likely to increase as security, health, and money worries heighten tensions and strains and are accentuated by cramped and confined living conditions continue under lockdown.

WHAT IS GENDER BASED VIOLENCE (GBV):

‘Violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering, against someone based on gender discrimination, gender role expectations and/or gender stereotypes, or based on the differential power status linked to gender’-UNESCO



THE CONSEQUENCE OF GBV

Gender-based violence poses a significant threat to the quality of life those who are affected and threatened by it. While GBV acts are apprehensible based only on the human rights violation of those who are victimized through acts of GBV. GBV also a burden and cost to the public and private health sector, reducing capacity for other priorities. Additionally, GBV also poses an economic threat as through lost economic output as a result of injuries.

Different kinds of gender-based violence

Violence against women and girls (VAWG)	This term refers to violence specifically targeting women and girls. Because the vast majority of gender-based violence cases is made up of violence against women and girls these terms are often used interchangeably.
Violence against LGBTI people	This refers to the violence targeting people who are seen as not conforming to their assigned gender roles because of their sexual orientation and or gender identity.
Intimate partner violence (IPV)	This is the most common variant of gender-based violence. This refers the physical, sexual, and emotional abuse as well as the controlling behaviours by an intimate partner or spouse. This is often related to femicide (the murder of woman by her intimate partner).
Domestic Violence	This refers to violence enacted by domestic partners or family member upon their partners, family members and children. This may involve acts and threats of physical violence such as sexual assault and battery.
Sexual Violence	This is a common form of gender-based violence and refers to any sexual act made against a person, and may involve rape, sexual harassment, sexual exploitation, and trafficking for sexual purposes.



GBV RESPONSE PRINCIPLES	
Do No Harm	Be sure that all the COVID-19 interventions that you are a part of, do not reinforce existing toxic social norms and gender roles that underpin GBV
Integrate GBV prevention into COVID-19 interventions	Include GBV resources in COVID-19 centered engagement. Consider including GBV screening when doing mass screenings for COVID-19 in host communities
Put women at the center	Have women lead responses and recovery efforts and develop strategies for women's leadership and participation in decision making in COVID-19, and GBV, response
Engage men and boys	Tailor messages to challenge gender stereotypes and unequal gender roles. Address violent masculinities (that are often linked to alcohol abuse), promote positive masculinities such as care giving.
Explore and support technology-based solutions	Disseminate important technological avenues such as hot-lines, SMS and USSD codes, and Apps that survivors of GBV might use to gain help and support

WHAT CAN I DO ABOUT GBV IN MY HOST COMMUNITIES?

1. Provide coordination support and advice: a multi-sectoral action and coordination is necessary for on the ground change to take place.
2. Adapt and expand services such as shelters, safe spaces, and essential housing, along with psycho-social support and advice for individuals experiencing or at risk of GBV
3. Assess and update GBV referral pathways to reflect any changes in formal or informal services or access points as a result of COVID-19 pandemic.
4. Engage government, private sector and civil society actors, including community, traditional and faith-based leaders, to send a strong message that violence will not be tolerate
5. Provide direct and indirect support to civil society organization service providers: Civil society organisations are under pressure to provide essential services to host communities during the COVID-19 outbreak
6. Enable community-led solutions, including empowering 'good bystanders': help in the co-creation of spaces for host communities to lead GBV prevention and response; promote active dialogue across all community structures.
7. Mitigate the economic impact of COVID-19 on survivors of GBV: the economic impacts of COVID-19 will be felt the most by survivors of GBV and people who are already economically disadvantaged or economically dependent on their abuser

Sources: CSRV&MFAF: Gender-Based Violence (GBV) in South Africa: a brief review (2016); DSD: Gender Based Violence (2017); Mahlali, Z: Minister of women says South Africa is in a crisis with gender-based violence on the rise (2020); SaferSpaces: Gender-based violence in South Africa (2020); KPMG Human and Social Services: Too costly to ignore – the economic impact of gender-based violence in SA (2014); UNPD: Gender-based violence and COVID-19 (2020); Ellis, E: Gender-based violence is South Africa's second pandemic, says Ramaphosa (2020); Onyango& Regan: Sexual and gender-based violence during COVID-19: lessons from Ebola (2020); GIZ: The effects of COVID-19 on gender-based violence (GBV)(2020); UNICEF: Five actions for gender equality in the COVID-19 response (2020); EIGE: Gender-based violence (2020); UNESCO: Global guidance on addressing school-related gender-based violence (2016); IASC: How to support survivors of gender-based violence when a GBV actor is not available in your area (2015); WHO: Understanding and addressing violence against women (2012)



NATIONAL SOUTH AFRICAN GBV HELPLINES

CALL 0800 428 428
USSD (Please Call Me) *120*7867#
SMS 'help' to 31531
SKYPE – Helpme GBV

BEHAVIOUR CHANGE BEYOND THE
MINE GATE AIDE MEMOIRE
**MANAGING EFFECTIVE
GOVERNANCE TO COORDINATE AND
CONTROL DELIVERY**



There are diverse sets of fora and decision making bodies that are emerging in response to the COVID-19 crisis.

This Aide Memoire presents an overview of the principles and structures that can assist in coordinating and aligning priorities and decision making rights.

This Aide Memoire is based on research to date, as well as international leading practices. It is offered as a support to assist in meeting the complex and sometimes competing demands of diverse stakeholders. However, it is not intended to be prescriptive. Rather it is intended as a guide that can be utilised or adapted to local context on an as needs basis.

The effective coordination and control of the diverse initiatives that impact mining communities is important in order to ensure the efficient delivery of community support to limit the spread of COVID-19, and in order to accelerate the speed of response, de-risk the delivery and build the confidence and trust that the communities themselves have in the mining company members, as well as in broader governmental and non-governmental institutions and agencies.

The potential benefits of deliberately curating and managing the available governance structures include:

Clarity of the **priorities; accountabilities;** and **decision-making rights** across a diverse and complicated stakeholder space.

Alignment of understanding across changing legal, compliance and regulatory requirements.

Alignment of communication, coordination (including establishing and managing any feedback loops) and reporting processes.

Alignment of planning, resourcing, operational delivery.

Avoidance of overlaps, and identification and resolution of any inconsistencies and gaps in responsibilities or accountabilities.

The recommendation from this Field Guide is that the user **identify** and **participate in appropriate decision-making committees and bodies**, as necessary for their own context.

The further recommendation is that, in accordance with the duty of care to our communities, and in accordance with the principles of good governance below, members should use their discretion to develop and strengthen the ways-of-working across diverse decision-making bodies, in order to limit the spread of COVID-19, protect our communities and wider industry, and support the benefits described above.

The elements of good governance as described by Governance Pro are:

RULE OF LAW

Good governance requires fair legal frameworks that are enforced by an impartial regulatory body, for the full protection of stakeholders.

TRANSPARENCY

Transparency means that information should be provided in easily understandable forms and media; that it should be freely available and directly accessible to those who will be affected by governance policies and practices, as well as the outcomes resulting therefrom; and that any decisions taken and their enforcement are in compliance with established rules and regulations.

RESPONSIVENESS

Good governance requires that organizations and their processes are designed to serve the best interests of stakeholders within a reasonable timeframe.

CONSENSUS ORIENTED

Good governance requires consultation to understand the different interests of stakeholders in order to reach a broad consensus of what is in the best interest of the entire stakeholder group and how this can be achieved in a sustainable and prudent manner.

EQUITY AND INCLUSIVENESS

The organization that provides the opportunity for its stakeholders to maintain, enhance, or generally improve their well-being provides the most compelling message regarding its reason for exist-

EFFECTIVENESS AND EFFICIENCY

Good governance means that the processes implemented by the organization to produce favourable results meet the needs of its stakeholders, while making the best use of resources – human, technological, financial, natural and environmental – at its disposal.

ACCOUNTABILITY

Accountability is a key tenet of good governance. Who is accountable for what should be documented in policy statements? In general, an organization is accountable to those who will be affected by its decisions or actions as well as the applicable rules of law.

PARTICIPATION

Participation by both men and women, either directly or through legitimate representatives, is a key cornerstone of good governance. Participation needs to be informed and organized, including freedom of expression and assiduous concern for the best interests of the organization and society in general.

Collaboration and governance framework

The structures and committees, as currently understood through the research are shown below.

The recommendation is to adapt the framework below to enter those committees or bodies that are relevant for your context, and participate as appropriate in order to accelerate support to the community and limit the spread of COVID-19.

	Industry - Internal			External (Public Private Partnership and Cooperation)
Groups, Bodies	Regional Working Groups	Leadership Fora (per commodity, per topic..) e.g. CEO Zero Harm Forum	Policy Committees (Health, Skills Development and HRD, Health & Safety, Labour)	Province or District Command Councils
Purpose*	Collaboration	Coordination	Coordination	Cooperation
Activities	<ul style="list-style-type: none"> Review and reflect upon insights provided by the various Minerals Council COVID-19 projects Deliver to communities and populations in common areas of operation by: <ol style="list-style-type: none"> Pooling resources together Co-ordinating responses Commit discrete contributions per company Review and report on progress 	<ul style="list-style-type: none"> Review and reflect upon insights provided by the various Minerals Identify industry stances on specific items Agree on broader strategies to which each company will align Fund projects collaboratively, usually in research and knowledge development 	<ul style="list-style-type: none"> Review and reflect upon insights provided by the various Minerals Share lessons learnt, current approach and leading practices 	<ul style="list-style-type: none"> Identify projects that can be funded through combined Public and Private funding streams Share information, evidence and insights (Example Mpumalanga Department of Health is sharing COVID-19 cases data with Minerals Council for GIS project) Review community needs and consult on priorities

*For Purpose guidance, please see the table below (Oxford Handbook of Public Health Practice, 3rd Edition, 2013)

What are the types of partnership, and how do they differ?

Type of partnership	Organisational vision	Goals congruity	Structural linkages	Rules and formality	Information / Knowledge sharing	Resource sharing	Threat to autonomy	Decision-making	Mutual activity
Co-existence / competition	Individual perceptions	Own goals	None, or market price signals	Own rules	Independent use	None	No threat	Independent	Non mutual activity
Networking	Some shared perceptions	Own goals, some cross-over	Transient, as required	Informal, based on cultural norms	Some knowledge sharing	Limited – on individual basis	Little threat	Consultative	Some mutual activity
Co-operation	Some shared perceptions	Own goals, some cross-over	Few linkages in areas	No formal rules	Some knowledge sharing	Relatively few – requires lower grade officers	Little threat	Consultative	Some mutual activity
Co-ordination	Shared perceptions	Overlapping goals, and aligned activities	Some vertical or horizontal linkages	Some formalization of rules	Sharing and joint interpretation	More resources involved – requires higher grade officers	More threatening	Joint (possible unequal)	More mutual activity
Collaboration	Joint perceptions	Joint goals, supporting activities	Stronger vertical or horizontal linkages	Formal rules agreed	Sharing and reframing of problem	Resources pooled – requires senior officers	Significant loss	Participative (equal)	Novel, mutual activity

Source: p. 529, *Oxford Handbook of Public Health Practice, 3rd edition (2013)*

Template: where is my organisation participating for effective coordination and good governance?

fillable text fields 

Group, body, entity			
Purpose (according to Oxford's model of partnerships)			
Activities			
Which department in my organisation represents us?			
Stakeholders involved or represented (is it internal to the industry? What other society groups are represented? Civil society? Local, Provincial, National government?)			