SRSP continues playing its role in mobilizing the communities in recent COVID-19 pandemic in KP including Merged Districts. We have aligned our social mobilization response to the government efforts in this field by tapping into the Social Capital SRSP has developed over the years, as Community Organisations (COs), Village Organisations (VO), Local Support Organisations (LSOs), Village Banks (VBs) and community structures. This Social Capital has been developed over the years through mobilization under different projects. The main work being done by these organizations is awareness raising.

We have currently engaged 11,379 existing Community Institutions in COVID-19 response that includes 149 LSOs, 1428 VO and 9,802 COs apart from 52 Women Village Banks. Support in COVID-19 response was also provided from our existing regular projects in consultation with the donors and SRSP’s own resources. Further, we are collaborating with UNICEF, RSPN, UNDP and other philanthropists in fight against pandemic with the support of Health Department, PDMA and relevant District Administration etc.

Based on our Communication Strategy we developed for COVID-19 response and under “DO NO Harm Approach”, our Social Mobilization in this context was modified to make sure awareness messages reach to maximum people and stop the further spread of the pandemic. All these awareness sessions based on mobilizing communities on safety protocols, hand wash, health and hygiene, misconceptions and superstitions about COVID that are prevalent in our communities.

- Huge gatherings were avoided; instead, 5 people’s sessions were organized. In our normal SM session, on average 40 individuals participate.

- Distribution of IECs (Posters, brochures etc.) were avoided to the maximum extent possible, exchange of IEC could be a potential medium of COVID-19 spread.

- Safety protocols were placed during these sessions i.e. safe distances among participants, wearing masks, avoid shaking hands etc.

- For safe distances, circles were painted on ground in most cases where possible.
• For the mobilization of people in hospitals, loudspeaker/megaphone was used.

• Apart from social gathering, our Community Resources Persons (CRPs) also used Mosques’ loudspeakers and house-to-house mobilization campaign.

• Further, using the social media where access was possible, SRSP had developed PTA approved awareness messages that were disseminated at broader scale through our existing CRPs and Community Institutions.