Organizational and Community Resilience: Learning from Local Leaders' Responses to COVID-19

By James Radner, Lindsay Tuthill, Nathaniel Foote and David Wood, with Peter Dunn and Russell Eisenstat

This report is based on work carried out in partnership with the International Society for Social Pediatrics and Child Health by a team from the TruePoint Center that included Megan Mattes and Jasjeet Ajimal. The project was funded by Porticus, with related support from Grand Challenges Canada. The work of the organizations discussed here was supported by a variety of international and local funders, including, in some cases, Porticus and Grand Challenges Canada (in turn funded by the Government of Canada). The four case profiles appended to this report were written by Megan Mattes with James Radner, Nathaniel Foote and Jasjeet Ajimal.

Background and Introduction:

In 2020-21, the TruePoint Centre conducted a series of interviews with 19 local leaders of human services programs in vulnerated communities in low- and middle-income countries. Our aim was to understand how these programs were responding to the COVID-19 pandemic. We discovered that these leaders, their colleagues and their communities had together developed – very rapidly after the pandemic's arrival – a remarkable set of adaptations that enabled them both to sustain service provision and to add vital new pandemic-related programming. Responses ranged from:

- rapid application of phone and text to support education in virtual formats accessible to all, often combined with hard-copy materials or outside in-person meetings; to
- larger packages of new digital programming on appropriate platforms; to provision of food and other necessities; to
- new artistic and cultural programming; to
- public health messaging and distribution of hygienic supplies; to
- sophisticated provision of medical oxygen; and much more.

ORGANIZATIONS INTERVIEWED:

- *AeioTU* - Colombia
- *Ahlan Simsim* (in English, "Welcome Sesame") – Syria, Jordan, Lebanon, and Northern Iraq
- *Amal Alliance* – Greece, Lebanon, Bangladesh
- *Ana Aqra* - Lebanon
- *Bal Umang Drishya Sanstha* – BUDS Early Childhood Drop-In Centres – Delhi, India
- *Casa Monarca* - Monterey, Mexico
- *Coalition of Youth-Serving NGOs* – Calabar, Nigeria
- *Colectivo Sociocultural La Bicicleta de Calama* - Calama, Chile
- *First Steps* – Rwanda
- *Fundación Oriéntame* – Colombia
- *Gradian Health Systems* – East Africa
- *Guangaje Parish School System* – Guangaje, Ecuador
- *Jusoor* – Lebanon, Bangladesh
- *M-SHULE mobile learning platform* – Kenya
- *Max Foundation* – Bangladesh
- *Millennium Promise Alliance & One Million Community Health Workers Campaign* – Ghana
- *Mobile Crèches* – India
- *National Breastfeeding Week* – Asaba, Nigeria
- *RTCCD* – Vietnam
- *Tejiendo el Barrio* – Buenos Aires, Argentina

All this was achieved despite the acute stresses the pandemic and lockdown-style restrictions imposed in the low-resource settings where these programs operated.

Photo credit: Ahlan Simsim

The experiences of these leaders and their communities suggest a view of resilience in human services as a capacity to adapt rapidly and collaboratively to challenges, and thereby to strengthen human development. Looking across their cases, we identified a common sequence of steps leaders seemed to be taking to respond to the crisis, a sequence we call the resilience cycle in human service programs. While observed in responses to COVID-19, the resilience cycle can apply to other emergencies or challenges faced by human development organizations, including challenges on the pathway to impact at scale. Importantly, the cycle was enacted not by the organizations alone, but in partnership with their communities: Community engagement and community mobilization were embedded in the resilient responses we observed.

Below, we first describe the resilience cycle in general terms and offer some observations on how it works in practice. We then summarize results of our follow-up efforts, through further engagement with leaders, to better understand what underlying capacities enabled them to enact the cycle effectively. We found that successful approaches merged organizational resilience and community resilience, with respect for the dignity and agency of vulnerated people at the core. After reviewing how these core dynamics worked in practice, we conclude this paper with profiles of the four cases we worked with most fully. A complete set of our case profiles can be found at www.truepoint.com/clear.

The Resilience Cycle for Programmatic Adaptation

Photo credit: Amal Alliance

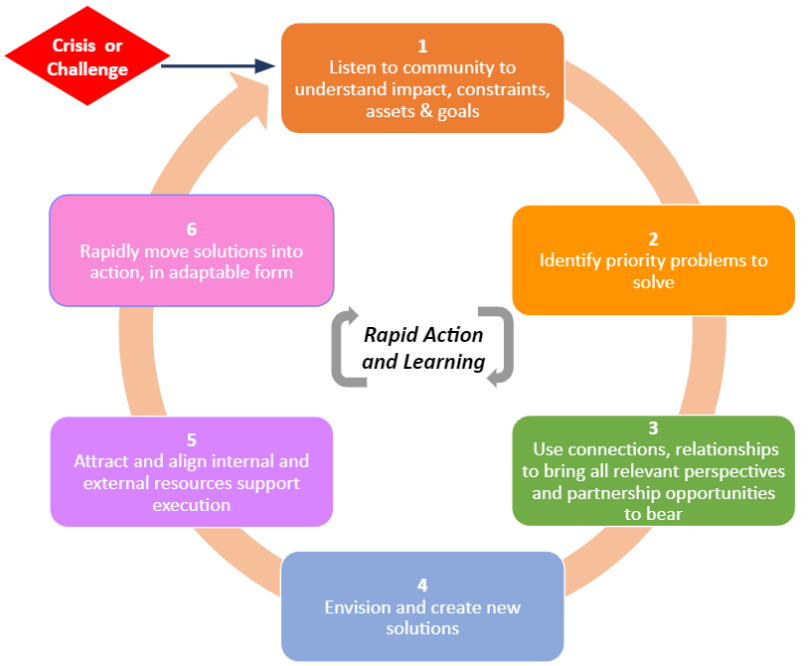
The resilience cycle sketched in Figure 1 is an idealized version of steps – drawn from the cases we observed – that organizations can take to rapidly respond to crisis conditions or acute challenges. At its simplest, it represents a collaborative problem-solving process that maintains motivation and alignment by connecting people around a clear shared purpose. This enables organizations and their communities to build a crisis response, from assessment to planning to action, with remarkable speed and effectiveness. This speedy enactment, in turn, sets up the possibility of repeating the entire sequence based on results from the first round, enabling iterative learning and cumulative gains.

As we reflected with leaders on this sequence, we observed that although the steps taken were all based on the need to deliver an urgent response, they also created potential for longer-term value. By taking these six steps and iterating as needed, organizations can rapidly identify and act on potential solutions and build valuable relationships and learning as they go.

While the methods employed through the six steps are flexible and varied, three characteristics were common and seemed to animate the cycle:

- *Respect* for and engagement with the community being served, in a way that honors human dignity
- *Fidelity* to an organization's purpose and a commitment to delivering and building on core capabilities
- *Agility*, the ability of organizations and communities to work through the cycle quickly and flexibly, often in just a few weeks, producing creative responses in emergency conditions

Figure 1: *The Resilience Cycle*



Observations on the Resilience Cycle in Action

The cycle is launched by a crisis or other challenge, in these cases the onset of the COVID-19 pandemic.

Step 1: Listen to community to understand impact, constraints, assets and goals

Respectful, trusting, ongoing connections with the vulnerated community being served enabled the organizations to gain a deep understanding what people are facing – the impact of the crisis, new challenges and priorities, and resources available within the community to respond. Having this level of community connection was critical in the COVID-19 emergency, since not only did lockdowns disrupt ordinary communications and services, requiring accessible adaptations, but significant new services also had to be developed – so that, for example, a child-care organization could help address food emergencies and hygiene priorities.

Often, when the pandemic struck organizations immediately surveyed their communities, sometimes via rigorous research techniques[1], and sometimes informally via their service network. More broadly, we observed three approaches to community listening across our cases:

- Formal surveys of community members
- Informal discussions, both individual and in groups
- Trying things out: Collecting feedback and learning from the experience of delivering a new service or using a new delivery platform.

Some organizations focused on one of these three approaches, while others used a combination.

Step 2: Identify priority problems to solve

This involves applying the learning from Step 1 to sort out what challenges to address. Setting priorities emerged as a collective task among diverse leaders and community members, each of whom sometimes agreed to take on a different challenge, so that leadership was distributed. Setting priorities involved integrating emerging, urgent needs with longer-term, strongly held organizational and community values.

Step 3: Use connections and relationships to bring all relevant perspectives and partnership opportunities to bear

Here we observed innovators crossing boundaries – connecting with diverse stakeholders inside and outside the community, across public, civic and private sectors – to create or build on alliances that

[1] For an example of such a survey, see: Ezeonwu Bertilla, Joseph Ajanwaenyi Uzoma, Uwadia Omozele, Osim Chinemerem, Ofudu Prince, Opara Hyginus, Adeniran Kayode, Onyeka-Okite Ezinne, Okike Clifford, Okolo Angela. Parental Perceptions of COVID -19 Pandemic: Adherence to Laid Down Containment Measures. *American Journal of Pediatrics*. Vol. 6, No. 3, 2020, pp. 357-361. doi: 10.11648/j.ajp.20200603.41.

could generate practical solutions. For example, Tejiendo el Barrio, a group working in a vulnerated neighborhood in Buenos Aires, connected with an association of professional therapists to work out a system of pro bono support for people in the neighborhood who faced acute stress from the pandemic. Critical to this cross-boundary work was equal respect for people from all walks of life. With respect as a given, along with the reservoir of trust that leaders had built in their work, the crisis became a motivator that brought people together to engage in new ways. A shared purpose, based on community values, and the organization's long-term mission, and the joint work of steps 1 and 2 then enabled fast-moving, effective collaboration.

Step 4: Envision and create new solutions

Organizations and communities took a collaborative, team-based approach to problem solving, tapping community energy with radical respect for the most marginalized. The result was that everyone became a valued part of the response. Teams took a flexible approach to method while remaining true to the community's priorities and organization's mission, and the underlying know-how contributed by both the organization and community members. For example, when the usual in-person programming for Nigeria's National Breastfeeding week became impossible, a team at Department of Pediatrics of the Federal Medical Center in Asaba worked with community mothers to organize special radio and television programs around breastfeeding and infant care.

Step 5: Attract and align internal and external resources to support execution

Once potential new solutions have been defined with the community and other stakeholders, this step involves garnering support for execution. A crisis can spur new or renewed relationships with funders and external supporters, who may also provide in-kind resources. For example, indigenous leaders in Guangaje, Ecuador raised funds to buy pre-paid phone cards so families could receive educational messages while their children could no longer go to school. In parallel with this kind of external mobilization, communities mobilized internally with remarkable strength, for example with people taking on new volunteer tasks to help their neighbors, and through parents, youth and children stepping up to new roles. In Guangaje children formed groups so they could share content obtained by using a single donated phone card; in Calama, Chile community members formed a "wool brigade" to knit warm clothing in response to an acute, emerging need among their neighbors. The organizations and their leaders ended up playing new roles -- such as supporting health, safety and basic needs – aligned around shared priorities. For example, we interviewed leaders of two organizations providing early childhood educational services in India – Bal Umang Drishya Sanstha and Mobile Creches – and discovered that both had begun distributing food in their communities.

Step 6: Rapidly move solutions into action, in adaptable form

The crisis demanded an urgent response, encouraging organizations to try new solutions quickly, even if they were imperfect. During this stage, organizations and the communities they serve benefited from

the initial response, but they also continued listening – returning to Step 1 in the cycle – to learn from the experience and improve on it. In this way, the resilience cycle became iterative.

Since COVID-19 effectively blocked the in-person services offered by most of the programs we reviewed, it was natural that a shift to virtual delivery was a frequent aspect of the new solutions they created. Those solutions were tailored to the types of technology available to community members – often based on simple telephony, but sometimes with more advanced platforms. Organizations often adopted hybrid approaches, with technology enhancing, rather than replacing, human contact and physical materials. For example, Tejiendo el Barrio in Buenos Aires arranged for tutoring by phone or in person (outside); the First Steps program in Rwanda combined radio programming with individual telephone sessions; and Ana Aqra in Lebanon distributed both virtual materials and hard-copy educational play kits.

Roots of Resilience: Document Overview

We derived the resilience cycle from what we observed from the 19 community-based innovators we interviewed. Once this picture came into view for us, we shared it with other innovators who had worked through the COVID-19 emergency, and we then discussed these dynamics more fully with four of the original leaders that we had interviewed in a special set of "workshop" sessions we organized in partnership with the International Society for Social Pediatrics and Child Health (ISSOP). These four organizations, listed below, were introduced to us by our ISSOP partners:

- Coalition of Youth-Serving NGOs – Calabar, Nigeria
- Colectivo Sociocultural La Bicicleta de Calama – Calama, Chile
- Federal Medical Center and National Breastfeeding Week – Nigeria
- Tejiendo el Barrio - Playón de Chacarita, Buenos Aires, Argentina

We learned that the resilience cycle resonated with the other innovators we spoke with, and also with the four organizations participating in the ISSOP workshops. We were therefore encouraged to explore underlying drivers of resilience that made it possible for organizations and communities to work through the cycle so quickly and effectively. Here, we summarize our findings about these underlying drivers, which we gleaned from the 19 case examples and from our deeper discussions with the four ISSOP innovators. The remainder of this paper is organized as follows:

- First, we describe what we saw as the core driver, present across cases but powerfully evident in our fuller discussions with the ISSOP innovators: a foundational and unwavering commitment to the human dignity and agency of all community members, including vulnerated parents and children. We briefly recount how the four ISSOP programs enacted this

commitment in their COVID response.

- We then summarize a fuller set of organizational capacities for resilience, all grounded in their foundational respect for dignity and agency. These include:
  - Listening and building community trust
  - Aligning around purpose
  - Rapid collaborative problem solving
  - Mobilizing for rapid action

- Finally, we include fuller profiles of the four ISSOP cases listed above.

Human dignity and community agency in the Resilience Cycle

For each of the four ISSOP cases we studied, the resilience of the organization and the resilience of the community itself were tightly linked. The people involved in these projects were deeply engaged with community members in two-way, equal relationships marked by mutual respect, careful listening, dignity and love. The organizations saw community members – including the most vulnerated – as capable and competent, with generous capacity to make valuable contributions to solving the problems presented by COVID-19. In short, community members were moral agents, not passive victims, and the community itself was a reservoir of untapped resources. With this as a basis, innovators were able to connect people inside the community with outside resources as well – including volunteers providing pro bono services, as well as funders. By looking beyond social marginalization and political disempowerment to the individual human beings and the families living in these communities, innovators forged relationships and unlocked resources and enabled rapid, nearly frictionless passage through what might otherwise seem a daunting set of problem-solving steps to achieve resilience.

Coalition of youth-serving NGOs, Calabar, Nigeria: Dr. Bernadine Ekpenyong and her colleagues created a coalition of 37 organizations working together to feed and care for unhoused children in Calabar, Nigeria, with services ranging from medical care, education and training to counselling and family reunification. The pandemic closed down the venues where these children sustained themselves (e.g., outdoor markets and transit hubs). As Dr. Ekpenyong explained:

> During COVID, our focus changed because there was no food for [the children] to eat because of the lockdown. We moved from giving them food monthly, to having weekly

> contact. During these visits, we realized that most of the children came out because there was no food at home, and that most were separated from their homes. The root cause [of being unhoused] was lack of care from the family, and no food for them to eat at home.

Dr. Ekpenyong recounted how these conversations with children led to a new initiative to introduce children to the idea of rejoining their family:

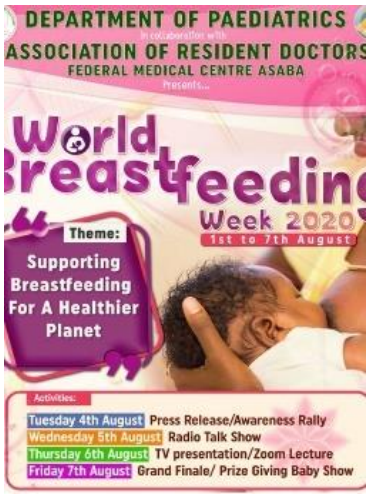
> We started talking to them, counselling them. At the beginning, we did not think about reuniting them with their families. As time went on, that was something that came up and we started doing it during the COVID period. If we didn't listen to those children, we would not understand their challenges at home and why they were out on the street, and while on the street, what their challenges were.

For those interested in returning home, the coalition offered counselling sessions to develop the idea further. Counsellors supported both the child and caregiver through the process, while the coalition also offered the families health care services, groceries, support for school fees and supplies, and adult skills training. Before the pandemic, the coalition had successfully re-housed one child. Between March 2020 and January 2021, the coalition reunified 16 children with their families.

Colectivo Sociocultural La Bicicleta, Calama, Chile: The *Colectivo* works on social and cultural development Calama, Chile, a mining town in one of the driest areas of the world. "We learned that you don't have to have a lot to be able to give. We saw [people] giving away the little they received from us to their friends, their neighbors, and the dogs and animals that were loyal to them," recounted Claudio Martinez, one of the co-leaders of the Colectivo. "It gave us the vision to always put ourselves in other people's shoes."

The *Colectivo's* leaders never assumed they had the answers the community needed as COVID descended. Instead, they worked through the challenges with the community and ended up coordinating a series of volunteer "brigades" that emerged from the community itself. Each brigade focused on a specific priority, and each drew leadership and contributions from the community. One brigade delivered meals and cleaning supplies, another helped families pay bills, while others delivered diapers and other support for mothers and babies, and another delivered food and supplies to care for household pets. The wool brigade became one of the largest, with 180 women knitting blankets and hats. There was even a *Brigada Dulce* – a Sweets Brigade – that brought community members together to bake cakes and cookies for distribution: "Our desire was not only to take care of the basics, but to

give them a small token and bring them joy." Meanwhile, relying often on available social media, the *Colectivo* organized musical and urban art events for children – including creating a community mural – and created a training program for youth on developing their own social projects. Even under the most strained conditions, the generosity and agency of community members proved to be a profound resource for solving community challenges.



Federal Medical Center and World Breastfeeding Week, Nigeria: Dr. Angela Okolo and her colleagues at the Department of Pediatrics of the Federal Medical Center in Asaba organize activities for Nigeria's World Breastfeeding week each year. At their clinic in the Federal Medical Center, the team takes a patient-centered approach to working with new mothers, including those with underweight and premature babies, and babies in neonatal intensive care. These new mothers live in the Center for the days following the birth of their child. The staff learns from the mothers how they care for their children and provides support on breastfeeding and other childcare topics. The Center does not have a milk bank but has created a system for mothers to share milk. Mothers are invited back after they leave the Center to donate milk, and to show their growing, walking, talking children to worried new mothers in the Center. Dr. Okolo notes, "When I see a very, very small baby – less than 1000 grams – I hear the mothers strengthen each other saying 'Don't worry. Mine used to be like that. You'll see that she's going to grow in no time. Take this pump – use this milk.'"

When the pandemic hit, mothers were no longer able to return to the Center. The team had learned how important these visits were for new mothers, and sought to create opportunities for new mothers to see healthy, growing babies and to talk about their own children. Through a series of discussions between physicians at the Center and new mothers, a special program for National Breastfeeding Week emerged. Its culminating event was a televised babies' health competition where parents presented their babies at a clinic, with social distancing in place, and received prizes donated by community members. This complemented a radio show where mothers could call in to ask questions in their local language about breastfeeding and childcare. "Once the donations [for these events] started coming in, it had a snowball effect; others started," Dr. Okolo added. The community of mothers and the Center's staff volunteered their time, materials, and funds to make it possible to provide hope to new mothers and to spread the word about the importance of breastfeeding and early childcare, even without being able to be together in person.

Tejiendo el Barrio, Playón de Chacarita, Buenos Aires, Argentina: *Tejiendo el Barrio* is a social development organization working with vulnerated people in a precarious settlement in Buenos Aires known as *Playón de Chacarita.* As the organization's leader, María Victoria Herrero, noted, "We are part of the community. We are listening and instilling trust, and we are part of the dynamics of the

neighborhood." As the pandemic arrived, there were approximately 1,000 families living in roughly 500 households. "Some of these families needed to isolate, and many didn't have an income anymore. They had to have food aid, and they couldn't buy medicine or even go to a drugstore," Ms. Herrero explained. *Tejiendo el Barrio* arranged for delivery of food and supplies set up COVID-19 support stations throughout the neighborhood. But more was needed. "People told us about the extreme anguish they were feeling," Ms. Herrero reported, and the team responded by setting up a referral service for pro bono telephone counselling through the Buenos Aires professional therapists' association. They also adapted a tutoring program for delivery by phone (or in person, but outside) to support students with at-home schooling (often with no internet) and linked mothers, including new mothers, to available childcare.

Finally, Ms. Herrero put this crisis work in a larger context:

> We had to create immediate solutions to the sanitary emergency, of course, but we believe that the only way to get ahead is through long-term opportunities. The right to work, and to a dignified household is key, so we developed productive units. We had a co-op for beauty shops, bakeries, textiles, car washes. We focus on their interests, and we connect them to opportunities. People found new sources of income.

Organizational Capacities Supporting Resilience

For all four organizations reviewed above, a core commitment to human dignity and human agency – with respect for community members as creative, generous participants in solving community problems – unlocked the potential for resilience and adaptation in their programming. To further understand organizational resilience in particular, we reviewed these four examples, and all 19 cases we profiled, to identify capacities and resources that organizations draw on to effectively enact the six-step resilience cycle. These fell naturally under four broad categories: listening and building community trust; aligning around purpose; rapid collaborative problem solving; and mobilizing for rapid action. With respect for human dignity and community agency at the core, these four types of capacities and resources in turn helped propel the cycle forward, as depicted in Figure 2.

Figure 2

Capacities and Resources Underpinning Resilience Cycle

Listening and building community trust:

Relevant capacities here include the ability to conduct surveys and assessments and to constantly listen in both formal and informal settings, with underlying, respectful relationships in the community as a key resource. For example, *Colectivo La Bicicleta* held regular meetings with the community to understand people's priorities and constraints and to assess strengths and weaknesses of each ongoing activity. They also used telephone surveys: "We needed true information for every problem in the community so we could conduct the needed services. We gathered information through phone surveys to learn about their challenges," Claudio Martinez told us.

Aligning around purpose:

This involves the capacity to bring together diverse stakeholders based on shared goals, where common commitment to those goals can in turn reduce friction in sustaining joint work. The coalition in Calabar, Nigeria included no fewer than 37 organizations. With the guiding purpose of serving unhoused children

in Calabar, the coalition was able to align their many partner organizations for collaborative action. To do this, they organized the 37 NGOs into seven groups based on expertise and area of focus (e.g., medicine, skill acquisition, reunification), and each provided relevant service through the pandemic.

Rapid collective problem solving:

This includes capacity for open dialogue to generate and explore a range of options, and then to coalesce quickly around an agreed path forward. Adaptive response requires this be done rapidly, but without skipping the open exploration step. *Colectivo La Bicicleta* used their regular meetings with the community to brainstorm for new solutions and develop new initiatives. Their shared their work on social media (sometimes in video form), which enabled fast communication, quick idea-generation and nearly immediate feedback, so problem solving could be continuous.

Mobilizing for rapid action:

This requires flexible, ongoing engagement with the community, with partners and with funders, in contexts where resources need to be used in new ways, or new resources need to be generated. For example, the coalition of youth-serving NGOs in Calabar, Nigeria used a WhatsApp group to put out calls for resources required for new activities as they developed them.

The project team developed a self-assessment tool to enable organizations to review their own capacities in each of these four areas, and to consider ways they may wish to enhance priority capacities given their context. We piloted the tool successfully with the four ISSOP cases as part of the workshop – a copy is provided as an appendix to this paper, after the profiles of the four ISSPO cases. The fillable tool is available at www.truepoint.com/clear/synthesismaterials; see the appendix for facsimile of the diagnostic categories.

Case Profiles

Below are fuller descriptions of four ISSOP cases featured above:

- *Coalition of Youth-Serving NGOs* – Calabar, Nigeria
- *Colectivo Sociocultural La Bicicleta de Calama* – Calama, Chile
- *Federal Medical Center and National Breastfeeding Week* – Nigeria
- *Tejiendo el Barrio* – Playón de Chacarita, Buenos Aires, Argentina

Our special engagement with leaders from these organizations, through their participation with the TruePoint Center and the International Society for Social Pediatrics and Child Health (ISSOP) in workshop sessions to discuss the dynamics of the resilience cycle, contributed substantially to the lessons reported here. The resilience cycle itself had emerged from earlier interviews with 19 community-based innovators, including these four. The stories of all 19 of these innovators can be found here: (LINK). We are deeply grateful to all these leaders for the time they spent with us, and for the valuable work they and their colleagues are doing with their communities. We also wish to extend special thanks to the ISSOP leadership and the members of the four organizations who participated in the workshops.

Coalition of Youth-Serving NGOs in Calabar, Nigeria

By Megan Mattes with James Radner, Nathaniel Foote, and Jasjeet Ajimal
February 2021

PART 1: THE BASICS

THE LEADER

Dr. Bernadine Ekpenyong is a public health practitioner and lecturer at the University of Calabar Department of Public Health in Calabar, Nigeria. Her work to support children in particular includes engagement with the International Society for Social Pediatrics and Child Health in their Voices of Children project, and leadership in a coalition of NGOs and individuals working to help street children in Calabar.

Dr. Bernadine Ekpenyong

THE ORGANIZATION: A COALITION SERVING STREET CHILDREN IN CALABAR

Prior to the formation of the coalition, Dr. Ekpenyong was working with two NGOs - Youth Care and Voice of Children Foundation - to feed and care for street children in Calabar. Realizing that other groups were also doing this, and seeking to coordinate efforts and avoid duplication, Dr. Ekpenyong and her colleagues formed a coalition. Currently, 37 groups are members of the coalition, along with individual participants and supporters. Groups and individuals contribute money, volunteer hours, and pro bono professional services. The coalition is organized into committees for its primary activities: feeding children, supporting their education, providing medical care, providing counseling, linking children to skills training, and family reunification. Dr. Ekpenyong coordinates the feeding and reunification committees, with support from zonal coordinators. Dr. Ranti Ekpo chairs the medical committee; the woman leading the coalition overall (anonymously) is a professor at the University of Calabar.

The coalition's target clients are unhoused children 7 to 18 years old in the city of Calabar. These children come to be homeless for a variety of reasons, says Dr. Ekpenyong: some have many siblings, and their families are unable to provide food for all of them; some have fled abusive households; some come from homes where adult caregivers suffer from substance abuse and addiction. Prior to COVID-19, the coalition had only managed to reunite one child with their family.

PART 2: THE STORY

RESPONDING TO COVID-19

As public health restrictions were put in place in Cross River State, markets shut down, parks closed, and public transit hubs emptied out These closures had economic consequences for many households and led, Dr. Ekpenyong reports, to an increase in the number of street children in Calabar: she notes that during the pandemic about 160 children used the coalition's services, a 25% increase in demand over pre-pandemic levels. At the same time, the impact on street children was severe. The venues that were their sources of income and food before the pandemic were now closed; now, simply staying alive was much more difficult than before. Theft rates increased as children turned to stealing bags to survive.

Photo credit: Dr. Bernadine Ekpenyong

The coalition responded to this crisis, firstly, by doubling their food distribution from once per week to twice. Secondly, the team implemented a pandemic education program: the coalition talked directly with children about the importance of mask use and physical distancing. They then implemented these measures in their food program, requiring youth wear a mask to receive their meal. This was challenging for many youth: without homes, they had no stable or secure location to store their belongings, making it difficult to keep a mask. In response, the food group handed out disposable masks at every meal for those who had lost or forgotten theirs.

REUINITING FAMILIES

The coalition seized the pandemic's depletion of street children's incomes as an opportunity to reunite more children with their families. Whatever their situation was at home, many children became more receptive to the idea of returning there, given how difficult survival had become on the streets. So the coalition increased their counseling service hours and used counselling sessions to make children more aware of the option of reunification. Coalition members approach youth at several popular spots for street children in the city: the markets, the parks,

and the garbage dumps. The dump in particular became more heavily frequented during COVID-19, because with markets and parks virtually empty, it was the best opportunity to find food scraps.

Photo credit: Dr. Bernadine Ekpenyong

If a child is receptive to reuniting with their family and moving back home, the reunification team then gets in contact with their parent or guardian. This can be challenging in itself - some children have been away from home for so long that they don't remember where their family lives, or how to contact them. Most parents and guardians, once reached, were happy to have their child come home. In a case where the family could not be found, one of the coalition's NGOs pursued fostering and adoption as options for rehoming the child. The coalition has also facilitated temporary housing options for children where external funding has made this possible, including housing in group homes and boarding homes.

BOX: TUNDE'S REUNIFICATION

This story is a fictionalized account based on a composite of actual stories shared by Dr. Ekpenyong. Names and details have been modified and narrative elements added to create a rounded picture while preserving the confidentiality of the families involved.

When his mother died, Tunde and his three siblings were left in the care of their grandmother, Tari. At 73 years old, she ear his mother died, Tunde and his three siblings were left in the care of their grandmother, Tari. At 73 years old, she earns a modest income from selling eggs in Calabar; it is hardly enough to survive on herself. Tari's home is small, with just one bedroom; with the arrival of four children, each of the residents felt crowded. This stressful situation was aggravated further by hunger - Tari's income wasn't enough to feed all of the children properly. Tunde and his older brother often forewent meals to ensure their younger siblings had enough in their stomachs to fall asleep at night.

Photo credit: Dr. Bernadine Ekpenyong

The close living quarters led to fights, and a month after his twelfth birthday, Tunde had had enough. Packing a backpack, he left home and met up with a boy he knew who had also fled a difficult home life to live in the streets. Life was less safe, less stable; but at least he had enough to eat, finding leftover food from the markets, and earning a bit of money by helping people carry purchases to their cars.

This changed when COVID~19 hit Calabar. When the government restricted gatherings and businesses, the markets and parks emptied, and Tunde's precarious sources of food and money evaporated. Desperate for food, he and his friends started going to the garbage dump to scavenge.

Later that week, Tunde and his friends were approached by a woman who let them know about a food program that served meals to street children three times a week. The boys started attending the next day. Three good meals per week was a real boon, but Tunde was still sifting through garbage for meals on the off days. He knew something had to change - after all, it could be months before the markets and parks opened back up.

Photo credit: Dr. Bernadine Ekpenyong

As he waited in line one day for the meal service, one of the meal workers struck up a conversation with him. How was he doing? Not well, he told them. There was never enough to eat. The worker told him that the group she worked for helped children in other ways too: they also offered counseling to kids, and could help him return home to his family.

A few days later, Tunde found himself in the organization's offices. The two women who met with him encouraged him to share the story of his home life and what led him to leave. Would he be interested in them reaching out to his grandmother to explore reunification? Tunde hesitated; he wasn't optimistic. He'd left home after a big fight wi he waited in line one day for the meal service, one of the meal workers struck up a conversation with him. How was he doing? Not well, he told them. There was never enough to eat. The worker told him that the group she worked for helped children in other ways too: they also offered counseling to kids, and could help him return home to his family.

A week later, he came back to the offices to meet with the same women. They had good news: Tunde's grandmother and siblings missed him terribly, and were excited that he was considering returning home. The counsellors shared their plan to help him and his family: their skills team could help his grandmother

develop her business and increase family income. Knowing that her business still may not provide enough, they also planned to help Tunde's older brother by funding his training with a local tailor. Tunde was still school-age, and the counsellors asked if he was interested in returning to school; he was, and they told him that once schools reopened from their COVID-19 closures, his books and uniform would be paid for. Finally, the counsellors assured Tunde that there would be enough for him and his family to eat: while his grandmother and brother were developing their abilities, the counsellors would bring over groceries.

The next day, Tunde met with the workers again, and they drove together to his grandmother's house. His initial nerves toward seeing his family after months away were dispelled when he walked through the door into a frenzy of excited siblings. He was home.

PART 3: LESSONS

The coalition's approach to rehoming children through a multi-pronged process seeks to address the root causes of children leaving their homes: poverty, neglect, inadequate housing, and abuse. This approach recognizes that every child's circumstances are unique, and seeks to ensure sustainability of each child's new home life. The coalition's diversity means it can offer a wide range of services without turning to the government for support. Though some of its services were more difficult to provide during the COVID-19 pandemic, the coalition recognized that the pandemic had created an opportunity to encourage and arrange more family reunifications.

The authors wish to thank Dr. Angela Okolo for sharing her experiences for this brief, and our partners in this work, the International Society of Social Pediatrics and Child Health. We would also like to thank Grand Challenges Canada and Porticus for their support.

ORGANIZING COMMUNITY SOLIDARITY DURING COVID-19 IN CALAMA, CHILE

By Megan Mattes with James Radner, Nathaniel Foote, and Jasjeet Ajimal
August 2021

PART 1: THE BASICS

THE LEADER

Originally from Santiago, Claudio Alexis Arenas Martinez relocated for work to Calama, in northern Chile, where he has lived for the last 16 years. Mr. Arenas works in occupational risk prevention and the environment at a large mine near Calama. He is the leader of the Colectivo Sociocultural La Bicicleta de Calama, together with his brother Matías Felipe Arenas Martínez.

THE SETTING

Calama is a mining town. Home to 180,000 people, the city is one of the driest in the world and is known as the gateway to the Atacama Desert. At 2,400 meters above sea level, Calama experiences extreme seasonal variation in temperature. Just south of the city is the Chuquicamata mine, one of the world's largest open-pit copper mines. Between 2004 and 2007, the mining settlement was dismantled because of the expansion of the mine and its pollution; residents then relocated to Calama. Mr. Arenas points out that the region's drinking water has high levels of arsenic contamination, and the air quality is highly hazardous to human health, increasing infant mortality and deteriorating lung function a mong the population. This is due to the nearby mining activity, mostly from exposure to nitrous oxide, carbon monoxide and sulfur dioxide, increasing the rates of respiratory diseases and cancer.

Ethnically, people from the northern region of Chile are known as atacameños, in reference to the Atacama Desert. The greater Calama region is also home to several communities of Indigenous Quechua peoples. Calama also is home to many immigrants, and many people come and go for temporary work in the mines.

Despite the challenging conditions, the Colectivo Sociocultural La Bicicleta de Calama was able to tap into remarkable social solidarity in the face of COVID-19.

THE ORGANIZATION

Colectivo Sociocultural La Bicicleta de Calama – in English "The Social and Cultural Bicycle Collective of Calama," "Colectivo La Bicicleta" or "The Bicycle Collective" for short – is a non-profit, solidarity community organization founded in 2015. The bicycle in the name is intended to evoke people pedalling to advance solidarity, social consciousness, and culture. Originally created as a neighbourhood association in the Los Balcones neighbourhood of Calama, the Colectivo has expanded to communities across the Calama area. Not politically or religiously affiliated, the organization's agenda is simply to help people. Over six years, Colectivo La Bicicleta has cultivated a rich network of volunteers – including doctors, psychologists, teachers, geologists and artists. In addition to direct support programs, primarily for young children and the elderly, the Colectivo also provides cultural education to develop social consciousness. Cultural activities include providing geology workshops for children to foster environmental consciousness; sponsoring local musicians to perform for the community; creating murals out of children's drawings; and storytelling and reading support for young children.

PART 2: STORY

THE IMPACT OF COVID-19

At the beginning of the pandemic, Colectivo La Bicicleta conducted a small survey of people they support to learn about their circumstances. The survey found that most of these families subsisted on only 130,000 Chilean pesos a month – about $175 USD, one-fifth of the living wage for a family in a non-metropolitan urban setting in Chile – and were struggling to meet household needs.

In response, the Colectivo created new volunteer teams – the "brigades" – focused on different types of services. The food or "common pot" brigade provides free meals three days per week: volunteers cook a soup or stew in a large pot and serve it along with sides and a dessert to about 200 food-insecure community members per session. When the common pot program started, children were its target users, but now has grown to serve entire families. The program also grew to include delivery to community members unable to attend in-person – primarily families who were isolating at home due to a family member's COVID-19 diagnosis. Over 16,000 meals have been served since the beginning of the pandemic as of January 2021.

> *One project was called Brigado Dulce, which means sweet brigade, in which people with who were not having socioeconomic problems and who wanted to help would bake cookies and cakes which were incorporated into the food banks and given out as dessert. This also provided an activity for people that wanted to find something to do and to help.*
>
> *-Claudio Alexis Arenas Martínez*

The food delivery volunteers discovered that some households had their water or gas cut off for non-payment. These families could not cook or clean, and sanitation – especially important in a pandemic – was impossible. To support them, the Colectivo stepped in to help pay some of their bills.

The Colectivo did what they could to support community members who caught COVID-19 – mostly older adults. They paid their bills, delivered food and cleaning supplies to their homes, and provided acetaminophen to ease symptoms. The Colectivo also supported people with chronic diseases; in one case, they provided oxygen cylinders and tubes to a patient's homes.

Another brigade supported mothers and babies, delivering formula and diapers. The "animal brigade" helped people provide for their pets, providing food and supplies to care for these important members of many households. Brigada Dulce – the sweets brigade – brought together community members to bake cakes and cookies for the common pot program. A wool brigade engaged 70

members of the community to knit hats and other small items for community members in need. The team also organized a clothing drive: they collected unwanted clothes, cleaned and sanitized everything, then gave the clothes away at a street fair.

During the pandemic, Colectivo La Bicicleta managed to continue some arts and culture programming for both children and adults. The Colectivo organized events with famous musician Lulo Arias, member of the Chilean hip hop band Legua York, including a hip hop activity with children and a webinar about urban art. At the beginning of the pandemic, famous musician Tata Barahona shared his music with the community. Famous Argentinian musician Piero also provided support with his greetings to the community. The Colectivo also organized an urban art project for children, asking them to draw pictures about the common pot program; when the pandemic has receded, they hope to transform these drawings into murals.

While Colectivo La Bicicleta was remarkably active mobilizing community resources through the pandemic, they were sometimes limited by financial constraints since they do not receive money from the Chilean government and are self-managed. With regular education disrupted by lockdowns, Mr. Arenas hoped to launch a virtual schooling program, but costs proved prohibitive. On the other hand, during the pandemic Colectivo La Bicicleta created a certificate program for community youth on how to create and fund their own projects. Delivered remotely via Zoom, teens and young adults could attend this single-day training to learn about applying for grants in the Chilean system.

PART 3: LESSONS

Prior to the pandemic, Colectivo La Bicicleta placed near equal weight on their cultural programs and social support programs. But when COVID-19 aggravated existing socioeconomic disparities in the community, Mr. Arenas and the Colectivo leadership team emphasized the social support agenda. Informed by a community needs assessment survey, the Colectivo rapidly shifted its programming to direct resources towards the most urgent needs of the most vulnerable in Calama.

Yet even as they focused on basic needs, the Colectivo honoured the humanity of vulnerated people. Rather than distributing basic food boxes, they provide nutritious home-cooked meals accompanied by delicious home-made desserts. The Colectivo also specifically provides for pets, recognizing the importance these animals have to families.

Without significant financial resources, Colectivo La Bicicleta has managed in its five years of work to make major contributions to the wellbeing of children and families in Calama by engaging volunteers. During the crisis of COVID-19, the leadership team systematically responded to assessed needs by drawing on the community's own resources in new volunteer brigades. Farmers could contribute crops to the common pot; knitters could craft warm clothing for those who needed it; artists and musicians could lead cultural activities for children; others could contribute by cooking food, collecting, donating, or sanitizing clothing, or delivering meals and supplies to people's homes. For anyone who wanted to help their community, a job could always be found.

Alliances created with other organizations have been integral to the Colectivo's accomplishments. Mr. Arenas attributes the many strong relationships built with other organizations to the Colectivo's transparency and non-partisan manner; because they have no economic interests of their own, the Colectivo is trusted by the community.

While addressing needs of people of all ages, the Colectivo retained a special focus on the wellbeing and human rights of the community's children. As Mr. Arenas noted, children are not well protected under Chilean law, and their plight animates the Colectivo's work.

The authors wish to thank Claudio Alexis Arenas Martinez and the Colectivo La Bicileta de Calama for sharing their experiences for this brief, and our partners in this work, the International Society of Social Pediatrics and Child Health. We would also like to thank Grand Challenges Canada and Porticus for their support.

Adapting Nigeria's National Breastfeeding Week

By Megan Mattes with James Radner, Nathaniel Foote, and Jasjeet Ajimal
December 2020

PART 1: THE BASICS

THE LEADER

After working for 25 years as a Professor of Pediatrics and child health at the University of Benin, Dr. Okolo decided to return to her home community of Asaba, in Delta State. In the three years since her return, she's helped set up six new community health centres. She still manages to teach, training residents and MDs who rotate through the tertiary hospital where she now works. Dr. Okolo feels that this setting affords her a different perspective than the university-dominated world in which she worked for so many years.

Dr. Angela Okolo
Department of Pediatrics
Federal Medical Center
Asaba, Delta State, Nigera
Photo credit: Dr. Angela Okolo

In addition to her work as a professor and clinician, Dr. Okolo has been involved in numerous other activities throughout her career, including lactation management programs across Nigeria, two years at UNICEF, supporting the development of Pediatrics Departments at universities other than her own, and non-clinician roles in the delivery of community pediatrics. Additionally, she has participated in regional and national Pediatric Society activities for over 20 years.

THE PROGRAM: NATIONAL BREASTFEEDING WEEK

Nigeria celebrates National Breastfeeding Week during the first week of August each year, in harmony with the 170 countries who celebrate World Breastfeeding Week. Nigeria marks the event with its own national programming, facilitated by health organizations and government agencies, to promote best practices in infant and young child feeding (IYCF). Breastfeeding awareness efforts are much needed; though progress has been made, the rate of exclusive breastfeeding in Nigeria stood at 29% in 2018, while the World Health Assembly target is 50% by 2025. Taking full advantage of the benefits of breastfeeding requires early initiation, exclusive breastfeeding for the first six months, and continued breastfeeding into the second

year. Awareness efforts – such as those of National Breastfeeding Week – are thus highly important to spread accurate information about breastfeeding best practices.

In past years, Dr. Okolo has participated in the organization of events commemorating National Breastfeeding Week through her work at the Department of Pediatrics of the Federal Medical Center. These events have always been in-person. With the onset of the COVID-19 pandemic, the annual breastfeeding week activities were in jeopardy. Organizers faced a challenge: how could they continue to engage the public on breastfeeding awareness while adhering to physical distancing measures?

PART 2: THE STORY

THE ARRIVAL OF COVID-19

The COVID-19 pandemic has been felt acutely by the communities with which Dr. Okolo works. Dr. Okolo recounts that even during lockdown at the height of the pandemic, many people could be seen outdoors without masks, and without adhering to physical distancing measures. When Dr. Okolo and her team convened a meeting of mothers in the community to understand the reasons for this lack of adherence to safety measures, they heard from participants that community members were indeed aware of public health recommendations; the lack of adherence was out of necessity, since community members felt they were more likely to die of hunger than of COVID-19. People were frustrated – with no money to buy food, many prioritized the need to eat over government orders to stay home.

The pandemic has also disrupted Dr. Okolo's clinical work directly: utilization of clinical services has dwindled throughout 2020 due to the pandemic, with May – a lockdown month – having the lowest utilization. The anxiety of motherhood and pregnancy during a pandemic is apparent, Dr. Okolo says, with immunization rates down, and pre-term births up. Fear of health facilities is driven by a fear of a COVID-19 diagnosis, which carries significant stigma amongst the community.

ADAPTING TO COVID-19

In response to COVID-19, Dr. Okolo, working with her team of resident doctors in the Pediatrics Department, adapted both her clinical work and the various child health initiatives with which she was involved. It was through the latter that her leadership on the adaptation of National Breastfeeding Week emerged.

A solution emerged through conversations with mothers at the antenatal clinics. The doctors shared with mothers their uncertainty surrounding whether National Breastfeeding Week would operate in 2020, and one mum, a journalist presented an idea: she suggested she could share her experience with pre-term babies through her existing platform. Building on that idea, another mother agreed that working through media would be productive, and suggested including an interactive program: a radio show in which mothers could call in to ask an expert their questions about breastfeeding.

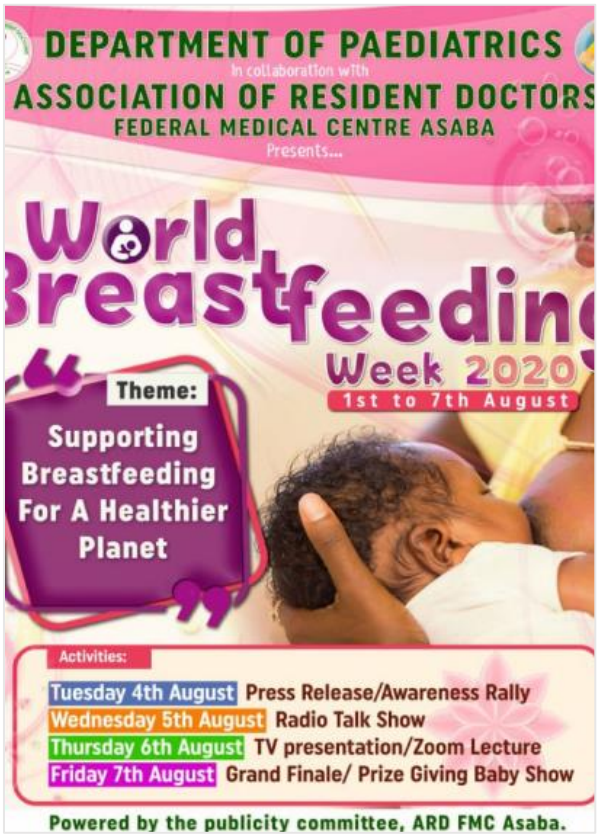


Photo credit: Dr. Angela Okolo

So began the process of adapting National Breastfeeding Week for remote delivery. To coordinate the adaptation, Dr. Okolo assembled a team comprising the resident doctors in pediatrics and the nurses in the neonatal unit. Drs. Omoadoni Emeagui and Obinna Ajaegbu, with the support of the neonatal unit's lead nurse, Theresa Ighele, were key to the conceptualization and implementation of the National Breastfeeding Week events organized by the Federal Medical Center.

To kick off the week's events, a press release was shared with media outlets, and an awareness rally was held. For the radio program, Dr. Okolo fielded questions in local dialects from mothers who called in to ask about breastfeeding and infant care. The radio program also included mothers of pre-term babies sharing their stories with listeners. On Thursday, August Dr. Obinna Ajaegbu appeared on a live television early morning talk program; she led three mothers in conversation about their experiences with exclusive breastfeeding.

The final event of the adapted National Breastfeeding Week was another unique, creative approach to engaging the community: a baby contest. Recruiting contestants from hospitals and antenatal clinics, Dr. Okolo and the event team told parents that they could enter their babies into a competition which would judge babies on factors such as weight, and skin, eye, and hair health. Criteria for entry also included up-to-date immunization records and adherence

to good breastfeeding practices. The event would be broadcast on TV through a partnership with National Nigerian Broadcasting, so parents were told to bring their baby photo-ready. On judging day – which took place at the hospital with PPE and physical distancing guidelines followed – 20 babies were brought in for the show. By the end of judging, six babies were declared winners for achieving over a 90% score in the judging process. Prizes – including a stroller, a jolly jumper, and a wardrobe – were donated by local parents whose own babies had outgrown the need for this equipment.

Photo credit: Dr. Angela Okolo

The baby contest delivered value to the participants as well as the public at large thanks to partnership with television, radio, and print media, ensuring that its spotlight on traits of healthy babies – and the practices to which parents should adhere to achieve such characteristics – were shared widely.

PART 3: LESSONS

A key factor in the successful adaptation of National Breastfeeding Week to COVID-19 restrictions was the creation of brand new events that fit the circumstances. Rather than delivering previous years' material in an online format, Dr. Okolo and her team brainstormed with members of the community to develop new programs. Dr. Okolo and her team sought out creative approaches to engage the community and introduced elements of interactivity to events (on radio and television) that might otherwise have garnered less interest. This approach succeeded in capturing the attention of the target audience, enabling the team to spread awareness for breastfeeding best practices.

Another key factor was the ability Dr. Okolo, and the doctors and nurses she worked with, to leverage existing relationships with her community. With no budget for adapting the Week's programming, Dr. Okolo and her team drew upon the ideas and workplace connections of mothers who attended her clinic to facilitate the adapted events. Furthermore, community

connections with media organizations enabled the delivery of several of the Week's events; and community connections with parents enabled the donation of prizes for the baby contest. Without these strong relationships built on trust between the doctors, nurses and patients' families, many components of the Week's events would not have been possible.

Not only did Dr. Okolo and her team leverage their community connections to the best of their advantage – they managed something much rarer, too: harvesting these connections to create a unique sense of community, revolving around the shared mission of supporting and caring for mothers. From their work in clinic to creating a radio program, the team led by Drs. Okolo, Emeagui and Ajaegbu, along with nurse Ighele, carved out a space for local mothers to access the experiences of others via a two-way dialogue in their local languages.

The authors wish to thank Dr. Angela Okolo for sharing her experiences for this brief, and our partners in this work, the International Society of Social Pediatrics and Child Health. We would also like to thank Grand Challenges Canada and Porticus for their support.

Tejiendo el Barrio – Connecting a Community with Services During COVID-19

By Megan Mattes with James Radner, Nathaniel Foote, and Jasjeet Ajimal
February 2021

PART 1: THE BASICS

THE ORGANIZATION

Tejiendo el Barrio – in English, "weaving the neighborhood" – is a non-profit organization committed to the social development of vulnerable people in a precarious settlement in Buenos Aires known as Playón de Chacarita. The organization promotes inclusion, equality, and solidarity, with a mission to strengthen neighborhood relations and foster harmonious coexistence.

Conceived in 2015 as a project to assess issues facing the neighborhood, Tejiendo el Barrio's activities have broadened as the group's understanding of the priorities of the neighborhood motivated engagement and action. Volunteer-run and funded by donations, Tejiendo el Barrio now works in health, nutrition, and education. In addition to running their own programs, they also facilitate connections among community members, and between community members and external organizations. In this way – as their name suggests – they seek to knit together connections to support their community. This comprehensive approach to engagement, with deep roots in the community, formed the basis for Tejiendo el Barrio's remarkable range of responses to COVID-19.

THE LEADER

María Victoria Herrero has been working with Tejiendo el Barrio for three years. She currently leads the organization's Health Commission and coordinates its health programming. Additionally, since the beginning of the pandemic, Ms. Herrero has been a member of the Playón de Chacarita crisis committee, which is working in conjunction with Tejiendo el Barrio to support vulnerable community members through the pandemic. Ms. Herrero's background is in

kinesiology and health systems management, both of which she studied at the University of Buenos Aires.

THE SETTING

Playón de Chacarita is a precarious settlement located between the former Urquiza railroad tracks and Céspedes, Fraga and Teodoro García streets in Buenos Aires. Not quite a village and not quite an urbanized neighborhood, Playón de Chacarita is home to about 2,800 people living at the edge of subsistence. Most residents work in the informal sector – for example, selling goods in the street and in train stations – and have no way to secure their rights. Because of the pandemic, many people are out of work or have only occasional access to employment. This is aggravated by the restriction of public transit to only essential personnel; Playón de Chacarita residents, who generally depend on transit, are now largely excluded.

Most residents live in small spaces, often in the same house as other families: the community comprises 1,042 families in just 513 homes. The houses themselves are informal structures: they aren't rain proofed and they have limited access to electricity and no gas service. While 90% of residents have running water, only some have it directly in their home; others use taps outside of the house. Because of financial constraints and the lack of permanent electrical connectivity, most Playón de Chacarita residents don't have internet, nor do they have devices such as tablets or computers. Education and health systems aren't well funded for this community, and access isn't guaranteed.

PART 2: THE STORY

IMPACTS OF COVID-19

COVID-19's arrival in Playón de Chacarita's already-strained context made a bad situation worse, exacerbating existing problems in the economy, healthcare, housing, and education. For example, jobs in the informal sector ground to a halt, and workers' already meager income sources dried up. The underfunded education system is now under even more strain, as many students lack the technology to receive virtual lessons.

RESPONDING TO COVID-19

As part of Argentina's emergency health response, the government mandated the formation of community crisis committees within every shantytown in Buenos Aires. These committees

consist of representatives from local organizations collaborating with government agencies to assist the population. Ms. Herrero joined the Playón de Chacarita crisis committee straight away, launching response efforts that drew upon connections from both the crisis committee and the Tejiendo el Barrio organization. The crisis committee has no dedicated funding; it relies on volunteers and the resources of its constituent organizations.

The first challenge addressed by Ms. Herrero and her colleagues was the emotional crisis facing members of the community. People were afraid of COVID-19, and afraid for their present and future security. In response, the crisis team launched a therapy referral program, connecting individuals with pro bono counselling services. A team of five volunteers collected people's contact information and assembled it into a Google document, which was shared with program managers at the Buenos Aires professional association of therapists. The community members in need of therapy were then contacted by a counselor willing to provide services pro bono, over the phone. So far, this program has linked 50 community members to free therapy.

The crisis response team then turned its attention to launching other new initiatives to address COVID-19. The first of these was an effort to supply food and other vital commodities, such as diapers and baby formula. The team distributes supplies periodically to families in need; To date, over 1200 bags of food and hygiene items have been delivered to over 100 families. The team also worked to support mothers with young babies by linking them with local women who could provide childcare. This was especially important when a mother contracted COVID-19 while in hospital for her delivery; thanks to this initiative, her older children could be cared for within the community while she recovered and cared for her newborn in a hotel room funded by the crisis response program.

The crisis response team also set up a network of COVID-19 support stations around the community. Volunteers at these stations provide information on preventing COVID-19; check the temperatures of people entering and exiting the neighborhood; to distribute personal

protective equipment and cleaning supplies to reduce viral transmission. People in need of help could also approach these stations for connection to the full range of crisis response services, e.g., provision of food and baby supplies, and access to medical attention for people concerned they may be infected. These stations were run in shifts by the volunteers, who stayed connected with each other – and with the crisis response team – through a WhatsApp group.

The crisis response team also coordinated blood plasma donations, the first time a poor neighborhood has operated a program to supply the hospitals of Buenos Aires with plasma from people who have had COVID-19. Nearly 50 community members have donated plasma through this program so far.

ADAPTING EXISTING SERVICES

In addition to launching new initiatives, the crisis response team also worked to modify existing programs to operate during COVID-19. One major initiative they adapted was their educational support program. With schools closed and virtual classes only available to people with internet access, children and youth in Playón de Chacarita were missing out entirely on school. The government did attempt to provide an alternative by sending a monthly workbook to students at home. However, under prevailing conditions in Playón de Chacarita's, this placed the entire responsibility for educating the child. In theory, students had access via the internet to a teacher to support their learning; but in reality, students in this neighbourhood could not connect with teachers this way.

Prior to the pandemic, Tejiendo el Barrio offered in-person volunteer tutoring to support students' learning, but this program could not safely continue in that form. Tejiendo el Barrio adapted the program to provide tutoring either over the phone or in an outdoor setting, in compliance with physical distancing regulations. Each volunteer is paired with one student. Pairings are made by matching the volunteer's skill areas with the school subjects in which the students need the most support. Students were also frequently under stress from the pandemic and its effect on their families, who often could not provide continuous childcare. As a result,

the volunteer tutors found themselves providing emotional support in addition to standard tutoring. Realizing this, Tejiendo el Barrio then recruited a professional school counselor to provide virtual training to all the volunteer tutors. This program has provided support to 30 children so far.

PART 3: LESSONS

A key factor driving the success of the crisis response team was their deep familiarity with the community. Because the initial convening of the crisis response team drew upon resources and employees of Tejiendo el Barrio, the response effectively addressed the range of nutritional, health and educational needs of the community – all areas of long-standing engagement by Tejiendo el Barrio. Additionally, Tejiendo el Barrio's existing, trained team of community liaison women supported program delivery and ongoing communication with community members. Another source of success for the crisis response team was their ability to engage community members and engage them to provide services, such as childcare and tutoring. In this way, the team not only connected those in need to services; they also built significant capacity within the community itself and contributed to a culture of solidarity.

Another key to success was the decision to set up physical – not just virtual! – support facilities within the community. The COVID-19 support stations enabled community members who had no internet to access vital services in person.

The authors wish to thank Victoria Herrera for sharing her experiences for this brief, and our partners in this work, the International Society of Social Pediatrics and Child Health. We would also like to thank Grand Challenges Canada and Porticus for their support.

Resilience Cycle Self-Diagnostic

The pages that follow display a prototype of a self-diagnostic tool for teams considering developing their capacities and resources for emergency response and resilient adaptation. The tool is available in fillable form at www.truepoint.com/clear/synthesismaterials. Here, we reproduce its core content. The tool covers capacities and resources in the four areas:

- Listening & Building Community Trust
- Aligning Around Purpose
- Rapid Collaborative Problem Solving
- Mobilizing for Rapid Action

These four areas, individually and jointly, represent capabilities and capacities that support a "resilience cycle" that, based on our case observations, enables organizations and communities to respond effectively to crises and other challenges. In each case, leaders can consider not only how their current capacities and resources are placed against the diagnostic, but also how important, in their judgment, each particular area, capacity or resource is to achieving resilience in their own context. Together, those considerations can help shape a learning and action agenda for greater organizational resilience. In each case, leaders can consider not only how their current capacities and resources are placed against the diagnostic, but also how important, in their judgment, each particular area, capacity or resource is to achieving resilience in their own context. Together, those considerations can help shape a learning and action agenda for greater organizational resilience. The self-diagnostic tool is a reflective exercise.

LISTENING AND BUILDING COMMUNITY TRUST

	Dimension	Stage of Development		
		(1) Adoption	(2) Early Stages	(3) Developed Capacity
Capabilities	**Capacity to conduct assessments understand how program is affecting community, and changing community circumstances and priorities**	Occasional, informal use of one of the following: •Community surveys •Informal client discussions •Feedback from program monitoring	Development and use of high-quality, community-appropriate survey tools Ongoing informal contact with community and families Occasional application of feedback to change programming	Systematic use of surveys and feedback to adjust programming on a regular, rapid basis Community members work alongside the organization to conduct, interpret and apply assessments and ongoing monitoring
Capabilities	**Ability to listen while understanding biases (conscious and unconscious)**	Individuals in the organization develop listening skills, keyed to community subcultures	Organization systematically assures its members have culturally appropriate listening skills	Organization and its members engaged regularly in wide-ranging, ongoing dialogues with community members and stakeholders, with reflective interchanges to enhance understanding and reduce bias Results of assessments and listening are co-owned by community
Resources	**Community trust in organization**	Organization has a few key, high-trust relationships with credible stakeholders in the community	Higher density of trusting relationships between organization and community members Regular, frequently used communication channels connect each group of stakeholders with the organization, both formally and informally Community members and organization explicitly discuss their priorities and goals, and build activities accordingly	Community trust is established through long-standing connections Community views the organization as a community member and involves the organization in planning and decision-making Priorities of community recognized and co-owned with community stakeholders

Major practices your organization is currently engaging in that enable Listening & Building Community Trust:

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What level of priority, going forward, would you assign for your organization to further build capabilities and resources for Listening & Building Community Trust? *Indicate Low, Medium, or High*

ALIGNING AROUND PURPOSE

	Dimension	Stage of **Development**		
		(1) Adoption	(2) Early Stages	(3) Developed Capacity
Capabilities	**Capacity to catalyze action across a community of stakeholders**	Stakeholders' connections are largely transactional, based on immediate project needs	Stakeholders engaged as a system, with leaders understanding and responding to the priorities and goals of each Diverse stakeholders are active, but leadership and resources for most activities still flow from center	Joint stakeholder activity is self-sustaining and growing Energy and leadership diversified, but all pulling in the same direction Most vulnerated members of the community engaged as contributors and leaders
	Capacity to energize stakeholder activity through shared objectives and mission	Individual projects and transactions with clear joint objectives	Stakeholders coalesce with explicit agreement around common objectives and mission	Stakeholders energized by common goals, with flow of new initiatives and forms of participation aligned to those goals
Resources	**Relationships with funders, external supporters, and delivery partners**	Funding supports short-term service delivery	Relationships with funders and delivery partners sustain medium-term service delivery	Established relationships enable sustainable funding and delivery support allowing short and long-term goals to be met External support enables additional capacities faster growth
	Trusting relationships across stakeholder groups	Bilateral trusting relationships being formed	Bilateral relationships have been in place for an extended period, creating a trusting context	Stakeholders have an established pattern of working together, in groups across the community, formally in formally, with a long-standing record of trust to meet new challenges

Major practices your organization is currently engaging in that enable Aligning Around Purpose:

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What level of priority, going forward, would you assign for your organization to further build capabilities and resources for Aligning Around Purpose? *Indicate Low, Medium, or High*

RAPID COLLABORATIVE PROBLEM SOLVING

	Dimension	Stage of **Development**		
		(1) Adoption	(2) Early Stages	(3) Developed Capacity
Capabilities	**Ideas generation**	Brainstorming and problem solving for a given issue mostly limited to an individual team or the leadership team	Brainstorming and problem solving brings in some individuals from other teams for cross-organization collaboration	Organization has clear processes to explore the dimensions of different problems, open up possibilities for solutions, then develop answers that create win/win/win outcomes across stakeholders Those processes engage stakeholders, community members, and members of the organization, overcoming hierarchy and power inequalities
Capabilities	**Ability to move rapidly to new solutions or adaptations**	Under emergency pressure, organization coalesces to introduce needed responses	Teams are prepared, drawing on prior emergency experience, to respond to the next crisis Crisis response experiences and procedures documented	Teams have integrated joint problem solving and rapid decision-making and adaptation in the way they approach, and improve, ongoing programming, with stakeholders regularly involved Organization regularly documents, reflects on, and improves its problem-solving capacities
Resources	**Funder Relationships**	Funding arrangements have fixed performance criteria and milestones, enabling problem solving within those limits	Flexible, creative responses supported by funders on an ad hoc basis	Funding relationships encourage and support new ideas and new programming as circumstances change

Major practices your organization is currently engaging in that enable Rapid Collaborative Problem Solving:

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What level of priority, going forward, would you assign for your organization to further build capabilities and resources for Rapid Collaborative Problem Solving? *Indicate Low, Medium, or High*

MOBILIZING FOR RAPID ACTION

	Dimension	Stage of **Development**		
		(1) Adoption	(2) Early Stages	(3) Developed Capacity
Capabilities	**Rapid delivery and continuous improvement**	Program launches require fully developed protocols and long-term planning	"Launch and learn" strategies in place, with opportunities for ongoing improvement	Organization regularly adjusts programming and launches new approaches, with regular systems in place for feedback, review and adjustment Monitoring and evaluation systems in place with capacity for ongoing learning and change Organization regularly reflects on its learning from working through cycles of adaptation and change
Resources	**Flexible engagement of community and external stakeholders able to respond to new situations**	Stakeholders take action in an ad-hoc way in response to emergency	Organization connects with new partners for new joint actions in crisis	Community members and external partners sharing ownership for resilience in face of new or changing circumstances In flexible, adaptive ways, a variety of people within the community and externally take on new leadership roles, aligned to purpose
	Funders aligned with rapid-adaptation approach	Deliverables and commitments to funders based on fixed program	Funders respond flexibly on an ad-hoc basis	Funders support rapid-cycle adaptation strategy and associated monitoring, evaluation and reporting systems Network of funders and collaborating organizations in place for rapid engagement in new circumstances
	Use of delivery technologies that enable rapid launch and adaptation	Limited experience with delivery alternatives or technology platforms Program content fixed, hard to adjust	Experience with different delivery channels and technology platforms Experience adapting program on an ad hoc basis	Delivery channels are highly flexible to changes in program content, including, where appropriate, mix of in-person and virtual (technology enabled) approaches Staff provided with resources to incorporate feedback to modify programs

Major practices your organization is currently engaging in that enable Mobilizing for Rapid Action:

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What level of priority, going forward, would you assign for your organization to further build capabilities and resources for Mobilizing for Rapid Action? *Indicate Low, Medium, or High*