



Impala Platinum

# COVID19 Behaviour Change

SACHRA Presentation

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RIIS/IDM



**MINERALS COUNCIL**  
SOUTH AFRICA

# Behaviour change is key to the COVID-19 response

CEO  
Zero Harm  
Forum  
**BEHAVIOUR  
CHANGE  
PROJECT**

- **Research healthy and safe behaviours** required in the context of COVID-19 prevention and infection control efforts in the context of SA Mining Industry
- Identify, consolidate and curate **leading practices** across the mining sector
- Develop **practical field guides** to share and disseminate these leading practices, in order to improve response efforts across the sector
- Support the roll-out of the field guides with **practical problem-solving** for mining companies

## *Behaviour change **within the mine gate***

Healthy and safe working environment

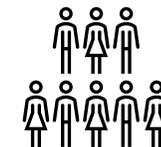


## *Behaviour change **beyond the mine gate***

Empowering employees as agents of change



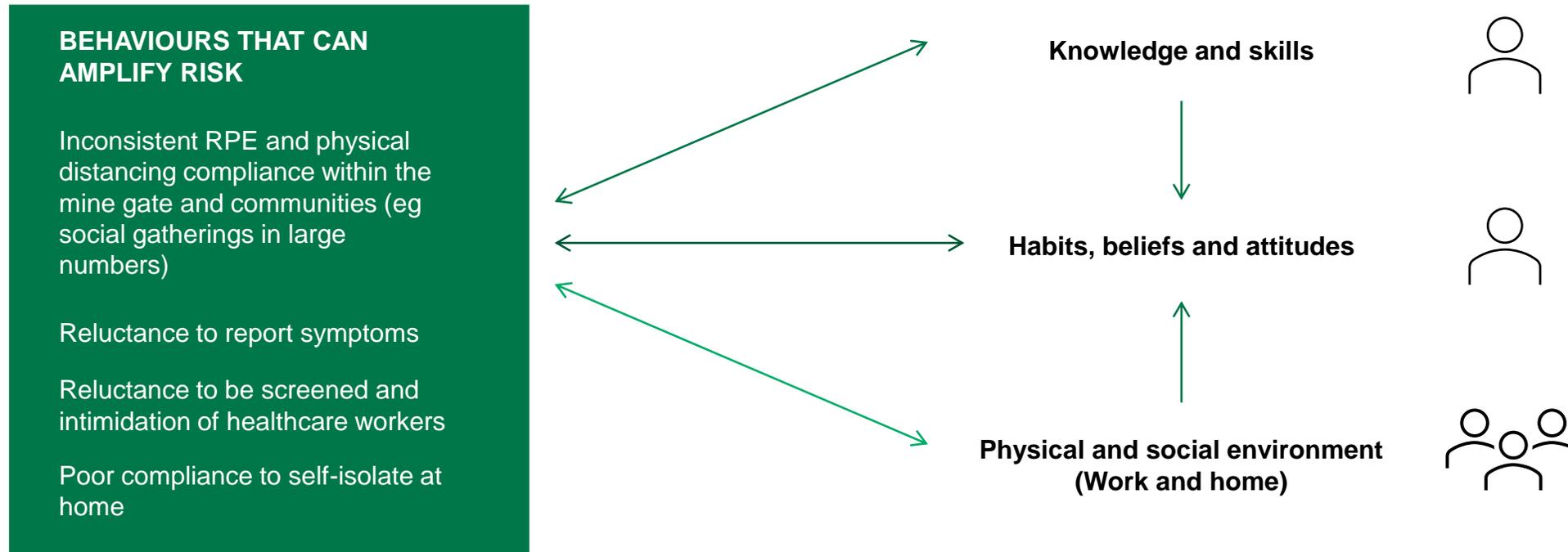
Promoting and supporting healthy and safe behaviours within communities



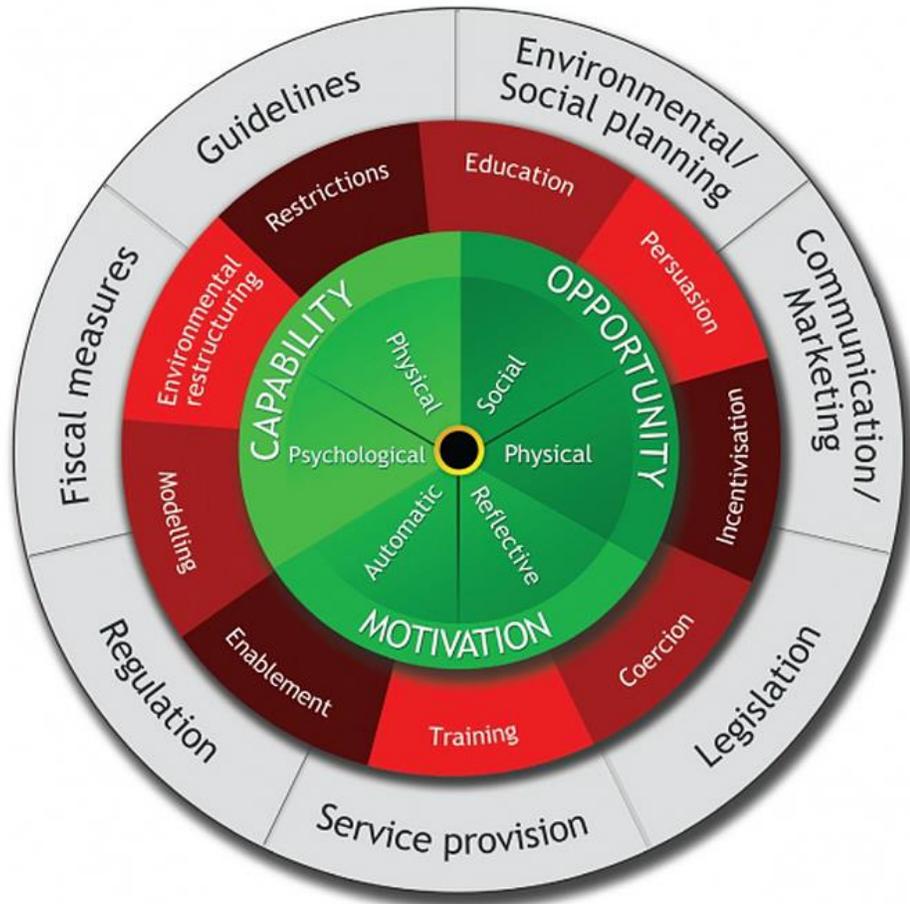
# A methodical approach to behaviour change can help reduce operational and reputational risk

## Mpumalanga risks:

- Threat of growth in cases driven by disregard of health and safety precautions (esp reasons for community transmission in Mpumalanga)
- Threat of secondary outbreaks in the community or in the supply chain;
- Underlying risk of limited capacity to cope, due to increasing number of COVID positive healthcare workers and lack of infrastructure



# The Behaviour Change Wheel - B-COM



 Sources of behavior

 Intervention functions

 Policy categories

**Capability**

**Opportunity**

**Motivation**

**Partnering**

**Attitudes and beliefs**

**Enabling environment**

**Services support**

**NICD**

**DMRE**

**DoH**

# Back to our risks and behaviour change required...

Reported behaviours that act to amplify risk	Knowledge and skills	Physical and social environment (Work and home)	Habits, beliefs and attitudes
Inconsistent RPE and physical distancing compliance within the mine gate and in the community	<ul style="list-style-type: none"> <li>• Misunderstanding of risk around COVID-19 infection</li> <li>• Lack of understanding of effectiveness of PPE and Physical distancing</li> </ul>	<ul style="list-style-type: none"> <li>• Uncomfortable RPE</li> <li>• Stigma relating to wearing PPE</li> </ul>	<ul style="list-style-type: none"> <li>• Individual working habits in dense environments</li> <li>• Fear of being mocked due to use of RPE in social environments</li> <li>• “Not taking the virus seriously”</li> </ul>
<p>Reluctance to report symptoms</p> <p>Reluctance to be screened and intimidation of healthcare workers</p>	<ul style="list-style-type: none"> <li>• Lack of understanding of impact of early detection and control:               <ul style="list-style-type: none"> <li>• On controlling the spread</li> <li>• On treatment and prognosis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Potential loss of income</li> <li>• Symptoms reported lead to stigmatisation by peers (gossiping)</li> </ul>	<ul style="list-style-type: none"> <li>• Fear of consequences, stigmatisation</li> <li>• Worry about the scrutiny from a public health department a positive result will bring</li> <li>• “Not taking the virus seriously”</li> </ul>
Poor compliance to self-isolate at home	<ul style="list-style-type: none"> <li>• Lack of understanding of impact of early self-isolation on:               <ul style="list-style-type: none"> <li>• Controlling the spread</li> <li>• Protecting vulnerable individuals</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Home environment requires public transport by taxi etc</li> <li>• Crowded home environment</li> </ul>	<ul style="list-style-type: none"> <li>• Motivation to keep high-risk close ones (due to age, comorbidities) safe from getting infected</li> <li>• “Not taking the virus seriously”</li> </ul>

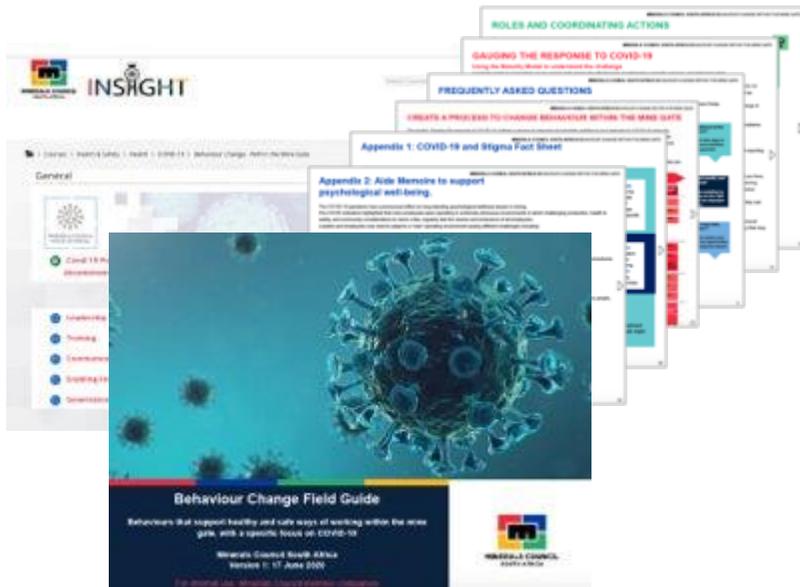
# ...and some potential considerations and solutions

Reported behaviours that act to amplify risk	Knowledge and skills	Physical and social environment (Work and home)	Habits, beliefs and attitudes
Inconsistent RPE and physical distancing compliance within the mine gate and in the community	<ul style="list-style-type: none"> <li>Review communications collateral and training content to ensure the necessary understanding of mechanisms and implications of virus spread and management are easy to understand                             <ul style="list-style-type: none"> <li>What? Why? How?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>Workplace:</b> <ul style="list-style-type: none"> <li>Is the RPE comfortable to wear during work time? Are masks ergonomic?</li> <li>Are work shifts, change rooms and break areas reconfigured to allow for physical distancing?</li> </ul> </li> <li><b>Community:</b> Communications material on the risks and precautions in the “day-to-day” key moments (eg at Funerals, at the Shop..)</li> </ul>	<ul style="list-style-type: none"> <li>Are supervisors and managers reinforcing the habits required in COVID-19 times during the work day? (Prompts, reminders)</li> <li>Is the communication material appealing to the possible consequences of not taking the virus seriously, no matter one’s age and health?</li> </ul>
Reluctance to report symptoms	<ul style="list-style-type: none"> <li>Visibility of Health Care Workers and the work they do: “Hero Campaigns”</li> <li>Build trust in the healthcare system, transparent communications about the protection of individual rights of the public and how it is respected throughout the track &amp; trace, testing and treatment process</li> <li>Provide visibility of the treatment, demystify “what happens when I get COVID-19”</li> </ul>	<ul style="list-style-type: none"> <li><b>Workplace:</b> Does leadership talk openly and honestly about testing and self-isolating, is the language used mindful?</li> <li><b>Community:</b> Availability of community health care workers providing individualised information and awareness raising</li> </ul>	<ul style="list-style-type: none"> <li>Emotive communications material: e.g. “I wear my mask because I care about my elders, even if I think I will be fine”; “When I suspect I have COVID-19, I don’t put my elders at risk”</li> </ul>
Poor compliance to self-isolate at home	<ul style="list-style-type: none"> <li>Review communications collateral and training content to ensure the necessary understanding of mechanisms and implications of virus spread and management are easy to understand                             <ul style="list-style-type: none"> <li>What? Why? How?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Supporting self-isolation away from home, in specialised facilities</li> <li>Availability of community health care workers providing individualised information and awareness raising</li> </ul>	

# Behaviour Change Field Guides

## Within the Mine Gate

- Available for download and implementation



[Download the document here](#)

Visit the [Minerals Council COVID-19 website](#)

## Beyond the Mine Gate

- Will be finalized over the coming days
- Available for download and implementation over the next week

**BEHAVIOUR CHANGE FIELD GUIDE**  
Beyond the Mine Gate Overview

MINERALS COUNCIL SOUTH AFRICA

A tool which can be used to understand which behaviours support a healthy and safe community environment, with a focus on COVID-19

**TOOLS**

- 01 IDENTIFY KEY BEHAVIOURS TO TARGET
- 02 IDENTIFY COMMUNITY HOT SPOTS
- 03 FOCAL POINTS IN COMMUNITY RESPONSE
- 04 ADAPT & IMPROVE COMMUNITY RESPONSE
- 05 DEEP DIVE INTO SPECIFIC TOPICS

**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 Program*)
- How to address some of the burning issues facing communities (*The Aide Memoires*)

**How to use this Field Guide:**  
This document functions as a roadmap to the different sections of the field guide, for easy navigation click on the section that is of highest priority for you for more information and access to these tools. Throughout you will find external hyperlinks to example collateral which have been uploaded to the Insight Platform. In order to access these, you will be prompted to sign-in to the platform, either with your existing credentials, or as "guest". Once you have done this, the document will automatically download.

For more background on each tool, jump to Page 2.

- 01 COMMUNITY HEALTH CHECK**  
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.
- 02 GIS PLATFORM**  
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.
- 03 FOCAL POINTS IN COMMUNITY RESPONSE**  
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 program to adjust and improve your current community response to COVID-19.
- 04 BEHAVIOUR CHANGE PROGRAMME**  
The programme is a tool which can be used to adjustment 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 as 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.
- 05 AIDE MEMOIRES**  
An Aide Memoire is an easily digestible summary of key findings, recommendations.  
These documents offer additional deep dives and recommendations on hot topics surrounding the community response to COVID-19.
  - **How to combat COVID-19 stigma:** This section provides insight on the root of COVID-19 stigma and the best ways to address it in your host communities;
  - **Holistic health:** This section provides 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:** This section focuses on psychological wellbeing in host communities and the kinds of actions that help improve psychological wellbeing in host communities;
  - **Vulnerable and high-risk individuals:** This section provides insights on comorbidities and key interventions to take to assist vulnerable and high-risk individuals in your operations and host communities;
  - **Gender based violence:** This section provides insight on this GBV and response principles for this issue; and
  - **How to effectively govern coordination and delivery of services and aid in host communities:** This section provides key insights on governance and templates to use for partnerships and coordination.

# Behaviour change Beyond the Mine Gate programme

	Prepare and partner	Educate and equip	Engage and enable	Embed and sustain
<b>Partnering and coordinating actions</b>	1. Establish the principles for community co-creation	4. Align stakeholder partners on key community priorities and anti-COVID measures	6. Activate, align and coordinate joint delivery of initiatives, comms and anti-COVID measures	7. Establish BAU ways-of-working across stakeholder partners
	2. Establish the right support ecosystem - Local authorities; DoH; NGOs; peer companies etc.	5. Agree accountabilities with stakeholder partners – who does what re PPE; sanitizer; education etc	7. Establish joint reporting and M&E frameworks	8. Establish BAU joint decision making
	3. Establish healthy working relationships with key influencers			
<b>Community understanding, beliefs and attitudes</b>	1. Review community adherence to distancing, PPE, self-isolation and hygiene, and assess root causes	5. Use effective comms across all COVID-19 prevention measures - distancing, hygiene, isolation	9. Gain community feedback and input to update and sharpen messages and delivery channels	13. Deploy comms influencing specific daily choices, e.g. stigma; travel; socialising.
	2. Update communications to address root causes, e.g. awareness; understanding; stigma; beliefs etc	6. Use effective comms on critical issues, such as stigma; vulnerable groups; myth-busting	10. Build regular updates to comms as new info becomes available – WHO; DMRE; DoH; local info	14. Community concerns and misperceptions re stigma, what is safe/not safe are effectively mitigated,
	3. Monitor and optimise communications channels (radio, social media, print etc) to maximise reach	7. Use effective comms to build coping capability, e.g. screening; testing; self-isolation; reporting	11. Focus comms to amplify impact – e.g. high traffic areas; key community platforms.	
<b>Employees as agents of change</b>	4. Ensure employees have all adopted appropriate anti-COVID-19 behaviours <u>within</u> the mine gate	8. Equip employees with appropriate skills and collateral to influence families and communities	12. Engage and enable employees to maintain their influence to reduce the spread of COVID-19	15. Employees generate ideas and suggestions on how to further influence the community
<b>Enabling environment</b>	1. Review and align roles, accountabilities and budgets across all stakeholder partners	4. Equip supporting infrastructure for Covid response, e.g. testing and quarantine facilities	7. Activate enabling hygiene measures across the communities	9. Embed new ways of working into BAU protocols across stakeholder partners
	1. Assess and agree priority enabling environment measures across all stakeholder partners	5. Activate (or renew) social distancing measures across all stakeholder partners e.g. taxi associations	8. Leverage the use of technology to engage communities and enable behaviour change	10. Amplify those social interactions that can sustainably limit COVID-19
	3. Define and align delivery plans - incl Social Labour Plans - across all stakeholder partners	6. Activate additional measures, e.g. identification of under-utilized land,		11. Active income-earning opportunities e.g. mask manufacturing; cleaning and transport services
<b>Services &amp; social support</b>	1. Support Community Health & Social Workers wages (via NGOs) to strengthen community support	4. Distribution of PPE and sanitizer, either direct distribution or via NGOs or medical agencies	7. Adjust supply to changing demands re services e.g. food distribution; PPE; quarantine facilities	9. Capacitation programmes
	2. Design community support measures and align across all stakeholder partners	5. Strengthen testing capacity, scalable in order to accommodate peak	8. Complete scenario planning to understand emerging challenges	10. Transition delivery of support services to sustainable (BAU) providers
	3. Ensure that needs of vulnerable groups are appropriately identified and understood	6. Establish or strengthen track and trace capabilities, scalable in order to accommodate peak		

# Employees when they act as agents of change in the community:

## Physical distancing when travelling and in the community

- Adheres to and actively supports physical distancing
- Role-models physical distancing in the community, even when not observed by supervisors or peers
- Engages in opportunities to further extend physical distancing
- Calls out and rectifies lapses in physical distancing in the community

## Hand hygiene and use of RPE at home and in the community

- Adheres to and actively supports use of RPE and hand hygiene practices
- Role-models RPE and hand hygiene in the community, even when not observed by supervisors or peers
- Engages in opportunities to further extend RPE and hand hygiene in the community (distributing RPE, distributing sanitizers, etc)
- Calls out and rectifies lapses in RPE and hand hygiene in the community

## Screening, self-reporting, self-isolation and quarantine

- Actively supports screening and self-screening procedures in the community
- Reports any symptoms of feeling unwell in self and others, especially symptoms related to COVID-19
- Proactively self-isolates and quarantines at home when feeling unwell
- 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

## Physical distancing in the community

- Physical distancing in taxis and taxi queues, queues at medical centres, in queues at shops, at schools, during faith gatherings
- Actively discourage home visits and socialising in person between households
- Restrict children street games and, when outside play does happen, ensure children use appropriate hand hygiene and RPE
- 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

## Hand hygiene and use of PPE at home and in the community

- Holistic hygiene and hand hygiene extensively used at home and in residences
- PPE and hand hygiene in taxis and taxi queues, queues at medical centres, queues at shops, during faith gatherings, 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 RPE and hand hygiene
- Converting children into advocates of change re hand hygiene and use of RPE

## Self-reporting, self-isolation and quarantine

- Actively support screening and self-screening procedures in the community
- Actively report any symptoms of feeling unwell in self and others, especially symptoms related to COVID-19
- Proactively self-isolate at home when feeling unwell
- Actively support quarantine and isolation of those showing symptoms and/or feeling unwell
- Call out and rectifying 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

# The first step may be to evaluate your response (Gauging your community response)

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 Attitude				
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)					

**Thank you!**

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