NB: The OFDA-funded READY Initiative developed this checklist for INGOs/NGOs working in humanitarian response, primary to use in regional/country level Outbreak Preparedness Planning Workshops. It was developed on February 27, 2020, is iterative, and will be updated to reflect updates in Covid-19 guidance.

V1. Social Behavior Change/Community Engagement and Risk Communication Operational Checklist in Outbreaks

Human Resources/Staffing/Budgeting

1. Identify a senior-level expert in social behavior change/risk communication and community engagement in outbreaks to support design and implementation of your health promotion and community engagement programming.
   - ⬜ Completed
   - ⬜ In Progress
   - ⬜ Not started

2. Identify partnerships with local NGOs that have staff/social mobilizers *who speak a range of languages/dialects* in the country, which can be leveraged for participatory community engagement and translating messaging and materials.
   - ⬜ Completed
   - ⬜ In Progress
   - ⬜ Not started

3. Identify budgeting/financing options to financially support risk communication and/or community engagement trainings, activities, and staff to respond to outbreaks.
   - ⬜ Completed
   - ⬜ In Progress
   - ⬜ Not started

4. Include training modules on risk communication and community engagement in staff trainings/orientations for outbreak preparedness and response, with emphasis on strengthening competencies in *participatory* engagement, building trust, and adapting approaches and messaging to social and cultural contexts.
   - ⬜ Completed
   - ⬜ In Progress
   - ⬜ Not started

5. Train staff in risk communication and community engagement in outbreak competencies (see above).
   - ⬜ Completed
   - ⬜ In Progress
   - ⬜ Not started

Coordination

6. Lead/participate in a mapping of health promotion and community engagement competencies in-country among humanitarian response sectors (e.g., WASH, nutrition, child protection) to determine strengths, weaknesses, gaps and how to collaborate.
   - ☐ Completed
   - ☐ In Progress
   - ☐ Not started

7. Identify a country-level focal person(s) to participate in national and local-level coordination mechanisms to ensure messages and activities are coordinated (e.g., risk communication and community engagement [RCCE] pillar or health cluster).
   - ☐ Completed
   - ☐ In Progress
   - ☐ Not started
     - – If such a coordination mechanism does not exist in your country, identify an existing coordination structure to leverage to coordinate messaging and community engagement with other NGOs and the Ministry of Health (MOH).
       - ☐ Completed
       - ☐ In Progress
       - ☐ Not started

8. Maintain a contact list/mapping of community influencers—e.g., community leaders, religious leaders, health workers, traditional healers, alternative medicine providers—that can be leveraged to support community engagement and community mitigation of an outbreak.
   - ☐ Completed
   - ☐ In Progress
   - ☐ Not started

9. Maintain a contact list/mapping of networks—e.g., women's groups, community health volunteers, youth associations, religious groups, unions, and social mobilizers—that can support community engagement and community mitigation of an outbreak, including names and contact information.
   - ☐ Completed
   - ☐ In Progress
   - ☐ Not started

10. Develop stand-by agreements, long-term agreements or memorandum of understanding with one of more of the following (TV/radio production agencies, media buying, creative design agencies/printshops, digital media, local NGOs/CBOs for community engagement, telecommunication/mobile companies, religious groups, research groups, training).
    - ☐ Completed
    - ☐ In Progress
    - ☐ Not started

Research, Strategy and Implementation

11. Map high-risk and inaccessible communities in the country.
    - ☐ Completed
    - ☐ In Progress
    - ☐ Not started

12. Map national research data sources on public attitudes, perceptions, behaviors related to your humanitarian action area, as well as research on mass/social media, audience communication channel preferences to support responses.
    - ☐ Completed
    - ☐ In Progress
    - ☐ Not started

13. Adopt Standard Operating Procedures for conducting *participatory* community engagement in respiratory disease outbreaks/pandemics, which include considerations for social distancing and quarantines, and staff safety protocols.
    - ☐ Completed
    - ☐ In Progress
    - ☐ Not started

14. Have an internal knowledge management system (e.g., shared file drive) with risk communication and community engagement resources, and identify a focal person to continuously update.
    - ☐ Completed
    - ☐ In Progress
    - ☐ Not started

15. Have access to risk communication and community engagement resources that can be adapted for specific disease outbreaks, such as:
    - **Rapid assessment tools** with consideration to knowledge, attitudes, perceived risks/benefits, social norms, cultural/religious contexts, self-efficacy, structural factors, gender/power dynamics.
        - ☐ Completed
        - ☐ In Progress
        - ☐ Not started
    - **Messaging guidelines** including guidance on contextualizing messages to context, and a tool for pretesting messages.
        - ☐ Completed
        - ☐ In Progress
        - ☐ Not started
    - **Community engagement standards** and approaches that emphasize *participatory* engagement (e.g., UNCIEF C4D Quality Standards and Indicators for Community Engagement), designed specifically for outbreaks or can be adapted for outbreaks.

NB: These should include considerations for remote engagement.
- ☐ Completed
- ☐ In Progress
- ☐ Not started

- **Community feedback monitoring** tools and guidance designed specifically for outbreaks or can be adapted for outbreaks.
  - ☐ Completed
  - ☐ In Progress
  - ☐ Not started
- **Social media and mobile technology** guidance either designed specifically for outbreaks or can be adapted for outbreaks.
  - ☐ Completed
  - ☐ In Progress
  - ☐ Not started

16. Adopt a community feedback mechanism that includes tracking rumors/misinformation, and a process for sharing data with other partners and the MOH.
- ☐ Completed
- ☐ In Progress
- ☐ Not started
    - Include a process for linking to relevant services to address community concerns, for example Mental Health and Psychosocial Support or Child Support services.
      - ☐ Completed
      - ☐ In Progress
      - ☐ Not started

Technology

17. Staff have access and ability to use mobile technologies for collecting data and promoting behaviors.
- ☐ Completed
- ☐ In Progress
- ☐ Not started

18. Staff have access and ability to use Web technologies for promoting optional behaviors (e.g., social media).
- ☐ Completed
- ☐ In Progress
- ☐ Not started

Monitoring and Evaluation

19. There are monitoring tools to use to monitor public health emergency communication and community engagement.
    - ◯ Completed
    - ◯ In Progress
    - ◯ Not started

20. Risk communication and/or community engagement outcome indicators are included in new outbreak program design, reflected in an M&E framework for current outbreak responses.
    - ◯ Completed
    - ◯ In Progress
    - ◯ Not started

21. There is a system in place to track if and how risk communication and community engagement interventions are reaching the most marginalized and vulnerable populations.
    - ◯ Completed
    - ◯ In Progress
    - ◯ Not started

22. There is a process to analyze data based on gender and re-examine programs based on gender to make changes.
    - ◯ Completed
    - ◯ In Progress
    - ◯ Not started