**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.

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1. 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.  
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1. Identify budgeting/financing options to financially support risk communication and/or community engagement trainings, activities, and staff to respond to outbreaks.

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1. 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.

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1. Train staff in risk communication and community engagement in outbreak competencies (see above).

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**Coordination**

1. 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.   
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1. Identify a country-level focal person(s) to participate in national and local-level coordination mechanisms to ensure messages and community-level activities are coordinated with others on the ground during an outbreak (e.g., risk communication and community engagement [RCCE] pillar or health cluster).

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* 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).

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1. 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.  
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1. 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.  
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**Strategy and Implementation**

1. Adopt Standard Operating Procedures for conducting *participatory* community engagement, which include staff safety protocols, and which can be adapted for specific disease outbreaks.  
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1. 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.  
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1. Have 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.   
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* **Messaging guidelines** including guidance on contextualizing messages to context, and a tool for pretesting messages.   
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* **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.   
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* **Community feedback monitoring** tools and guidance designed specifically for outbreaks or can be adapted for outbreaks.  
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* **Social media and mobile technology** guidance either designed specifically for outbreaks or can be adapted for outbreaks.  
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1. Adopt a community feedback mechanism that includes tracking rumors/misinformation, and a process for sharing data with other partners and the MOH.

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* Include a process for linking to relevant services to address community concerns, for example Mental Health and Psychosocial Support or Child Support services.  
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**Technology**

1. Staff have access and ability to use mobile technologies for collecting data and promoting behaviors.  
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1. Staff have access and ability to use Web technologies for promoting optional behaviors (e.g., social media).  
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**Monitoring and Evaluation**

1. Include risk communication and/or community engagement outcome indicators in every new outbreak program design, reflected in an  M&E framework for current outbreak responses.  
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1. 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.  
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1. There is a process to analyze data based on gender and re-examine programs based on gender to make changes.  
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