Monitoring and Evaluation Framework and Tools for Risk Communication/ Community Engagement (RCCE) & Covid-19

The Monitoring and Evaluation (M&E) component must be considered, planned and budgeted for from the onset of the communication response. In the initial phase, M&E should focus on developing simple, use-oriented and flexible systems that can be adjusted to the changing context. As the outbreak progresses, a more formal M&E plan should be developed.

Monitoring during the first phase of an emergency often involves the systematic collection of quantitative, output- level data that can strengthen accountability and inform progress.

Examples of indicators that could be used to monitor communication activities in the initial phase include:

- Percent of households reached with messages/door-to-door activities
- Number of leaflets distributed
- Number of radio spots broadcast
- Percent of respondents recalling one message from radio spots
- Percent of respondents knowing that they can call a hotline for information
- Number of calls received by the hotline
- Number of mobilizers trained and deployed

For communication activities it is also important to monitor qualitative data that can help inform messages and activities. This type of monitoring allows you to identify challenges early. Examples of areas that can be assessed through qualitative data include:

- Fidelity in content of information provided by spokespeople, community mobilizers, media and press to the public
- Reaction of communities to the emergency and to the communication activities
- Rumors and misunderstandings
- Fears and concerns that develop among community members
- Reactions to SBCC messages and activities
- Unintended interpretations of communication products
- Information needs of community members and intended audiences
- Identification of vulnerable and at-risk groups
- Identification of most compelling approaches to reach target communities
- Behaviors that aggravate the emergency
- Barriers to adopting the desired behaviors
- Rapid and simple systems and tools should be put in place to collect the above data.

Data Collection & Feedback Systems

Rapid and simple systems and tools should be put in place to collect this data. The table below shows some methods and tools for collecting quantitative and qualitative data.

Quantitative Data Collection Methods	Qualitative Data Collection Methods
Quantitative Data (i.e., numbers and percentages) is often used to answer "what," "to what extent," or "how many/much" questions. Collected through: • Forms completed by community mobilizers • Surveys (door-to-door and phone SMS) • Logs of phone calls to the hotline • Participants lists • Materials distribution lists	**Qualitative data** (i.e., types of questions received, reactions in the community and behaviors) is often used to answer "how" or "why" questions. Collected through: • Observation • In-depth interviews • Open-ended questions embedded in door-to-door surveys • Focus group discussions • Log of questions received by hotline • Case studies

Importantly, the data collection systems must be incorporated into regular communication between (1) field teams, (2) M&E teams and (3) communication teams. Communication needs to be ongoing, especially in the initial phase, when people's reactions are likely to be unpredictable. Throughout the emergency response, this essential feedback loop can inform activities for improved success.

Tips for Setting Up an Effective System for Continuous Monitoring of the Communication Response

- Set-up and/or participate in regular meetings with the communication response team and the national emergency coordination cell.
- Agree with stakeholders and RCCE partners what indicators need to be reported on regularly and how.
- Consider access to and ability to use specific mobile technologies for rapid data collection/monitoring of activities.
- Develop data collection templates jointly with other partners and stakeholders to facilitate data analysis.
- Create a data information flow chart to share with partners and stakeholders so that they know exactly what information needs to go where and by when.

- Set up a feedback mechanism to liaise with field teams of social mobilizers, spokespeople, outreach personnel, health personnel, community surveillance officers and other relevant individuals on the ground.

- Provide mobilizers, spokespeople and other relevant personnel with the necessary knowledge and sensitivity training to identify and report back on important information that can be used to guide the communication response. Examples include: detecting rumors, identifying vulnerable and at-risk groups, detecting barriers to desired behaviors, misinterpretation of messages and traditional or cultural practices that hinder the adoption of desired behaviors.

- Have systems in place to track if and how the intervention is reaching marginalized and vulnerable populations.

- Train program staff on how to quickly assess data findings to modify SBCC activities, messages, etc., and ensure a system is in place that encourages rapid data analysis and use in programs.

- Ensure a coordination forum, email or online platform exists for ongoing sharing of data collection efforts and analyses amongst partners to limit duplication of efforts and ensure timely dissemination of findings.

M&E Tool

In the initial phase, although basic M&E needs to be structured and guided by tools and a coordination system, it tends to remain flexible and simple to allow for the rapidly changing context. As the emergency stabilizes, M&E should start to become more rigorous and be guided by better defined tools. One way of doing this is to develop a formal M&E Plan. An M&E plan is a document that defines what data will be collected, and when and how it will be collected. It establishes the system that will guide measurement of the immediate, intermediate and long-term effects of the intervention.

The program goal defines the desired outcome resulting from the risk communication program or strategy. In cases of emergencies and outbreaks, the goal is often to interrupt transmission to stop the emergency.

The communication objectives are the desired changes in behaviors or factors that affect behaviors that can contribute to achieving the program goal. Examples of factors that affect behavior include knowledge, attitudes and beliefs (e.g., self-efficacy, perceived susceptibility and perceived severity). Communication objectives should be established on the basis of the needs assessments and the data collected in the initial phase of the emergency, and they should be Specific, Measurable, Attainable, Realistic, Time-bound (SMART). SMART objectives support the development of well-defined indicators that can be measured.

Indicators are the tools that measure any change and progress toward the behavioral communication objectives as a result of the intervention. Indicators can be used both to monitor and to evaluate the intervention, and they can be of four kinds: input, output, outcome and impact indicators. Process and output indicators are monitoring indicators that measure who the intervention is reaching and how, while outcome and impact indicators are evaluation indicators that provide information on the effects of the intervention. All four types of indicators should be included in the M&E plan. In order to develop these indicators, it is essential to have a clear operational definition.

See examples of the different types of indicators below.

<table>
<tr><th colspan="2">Indicator Phase:</th><th>Initial</th><th>Maintenance</th><th>Resolution</th><th>Evaluation</th></tr>
<tr><td rowspan="2">Monitoring</td><td>Input</td><td colspan="4">• Number of community mobilizers in the program
• Number of personnel manning the hotline
• Number of radio stations airing messages</td></tr>
<tr><td>Output</td><td colspan="4">• Number of community mobilizers trained
• Number of radio spots aired
• Number of materials distributed
• Number of households visited
• Number of participants in sensitization sessions
• Percent of households visited</td></tr>
<tr><td rowspan="2">Evaluation</td><td>Outcome</td><td>Not applicable for Initial phase</td><td colspan="3">• Percent of respondents recalling three messages from the radio spots
• Percent of respondents claiming to have adopted at least one new protective behavior
• Percent of population demonstrating correct water usage and storage</td></tr>
<tr><td>Impact</td><td colspan="3">Not applicable to Initial, Maintenance or Resolution phases</td><td>• Percent of households having adopted new behavior
• Percent of health services having incorporated recommended practices
• Introduction of new recommended policies</td></tr>
</table>

M&E Template

Purpose: This template that can support the development of an M&E plan (to insert the necessary information for the M&E plan – definition of indicators; definition of data collection methods and timeline; identification of roles and responsibilities)

Directions: Use the tables below to input the required data for your M&E plan. When completed, the first table can be shared with relevant partners to inform them of the data being collected, how and by whom. When completed, the second table can be used to report regularly to the emergency response team and shape the intervention.

1. Define your program goal and communication objectives. An example of a communication objective may be "To increase handwashing with soap among households in Community X by 30% in three months."

Communication Objective:	

2. Using the table below, list all program indicators, how they will be measured, when and by whom. Indicators should be related to your communication objective, for instance "Percentage of households in Community X reporting washing their hands with soap at all five critical times."

   Repeat this exercise for each communication objective. When completed share with all emergency communication response partners.

Indicator	Data Source(s) for Measuring Indicator	How Measured	Frequency of Data Collection	Person Responsible/ Data Manager

3. The table below can be used to update the emergency coordination cell on key indicators. It can be designed on an Excel spreadsheet to allow inclusion of data over the course of the whole emergency, not just up until Week 5, as presented below. Graphs and charts can be used to represent information visually.

Key Indicator	Baseline	Week 1	Week 2	Week 3	Week 4	Week 5

WHO Risk Communication Readiness Assessment Questions

1. Is there a team of risk communication, communications or health promotion professionals at the national and subnational levels who are trained in risk communication and can be called upon to design and implement risk communication strategies during crises? Is there surge support available within the government, in partner agencies or elsewhere to cover increased communication needs during a public health crisis?

2. Are risk communication personnel invited to participate as equal partners in risk assessment, in rapid response teams and at response coordination meetings (e.g. at the public health emergency operations center)?

3. Are there mechanisms in place for the rapid clearance of timely and transparent communication messaging and materials in such crisis situations? Do those in senior government leadership – including those outside of the Ministry of Health or equivalent – understand the importance of releasing timely and transparent information to protect the public's health even when there is uncertainty (e.g. the cause, effective treatment, severity of pathogen) or when there may be political sensitives.

4. Is it clear which government agency is leading on risk communication for an event of this nature and how communication will be coordinated across ministries and partners, and across different levels of government (e.g. which agency speaks first on which issue, what specific topics and audiences will be best addressed through which agency/partner, how will messaging be aligned)?

5. Is there capacity to develop and implement strategies to engage with at-risk or affected communities, including through their influencers (e.g., community leaders, religious leaders, health workers, traditional healers, etc.) and existing networks (e.g. women's groups, community health volunteers, unions, social mobilizers for polio, malaria, HIV)?

6. Are there systems in place to detect and quickly respond to misunderstandings, misinformation, rumors and frequently asked questions detected through the monitoring of media coverage, social media and hotlines or through healthcare worker and/or community networks? Is there a mechanism in place to utilize this information for revising risk communication strategy?

WHO Monitoring Framework for Covid-19

(Strategic Preparedness and Response Plan | February 3, 2020 Draft)

The key performance indicators listed below will be used to globally monitor the implementation of the 2019-nCoV strategic preparedness and response plan. Systems will be established with national governments and partners to monitor key performance indicators on a regular basis.

Category	Indicator	Target	Rationale for use
Country – Risk communication and community engagement	% countries reported to have contextualized their risk communication and community engagement strategies	>80%	A reporting mechanism needs to be set up to enable data collection for this potential indicator.
	Number of individuals reached with tailored information through (frequency) (% of those that took action – changed course)	TBD	This measure focuses on alternative channels to reach individuals and decision makers in different sectors – travel and tourism, food and agriculture, healthcare workers, and business.