Pilot version

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) COORDINATION IN PUBLIC HEALTH EMERGENCIES, INCLUDING COVID-19

INTERIM GUIDANCE, OCTOBER 2022

ABOUT THIS GUIDANCE

This guidance is drawn from global best practice of Risk Communication and Community Engagement (RCCE) coordination, developed over the nearly two years since this pillar was established during the COVID-19 response, and from other public health emergency responses.

Better understanding of how a RCCE coordination platform sits across the triple nexus of humanitarian architecture, those working in development, peacekeeping, and policy makers, as well as with other actors is still very much needed. This coordination guidance hopes to contribute to this conversation. This document includes practical tips and pointers and is intended to be a menu of ideas that can be selected and adapted based on local contexts, capacities and resources available. This guidance is accompanied by supporting coordination tools included in the annex.

It should be noted of course, that each country has its own cultural, social, economic, and political context that have affected their experience of public health emergencies, including the COVID-19 pandemic. The severity of the outbreak and the factors that hinder or exacerbate the spread of pandemics need to be carefully analysed and responded to. This national and local context will determine the type and strength of both the response and coordination structures. The local political economy and power dynamics are critical to understanding this. A strong response effort needs to be localised and well coordinated with a collaborative approach, led from the bottom-up..

About Risk Communications and Community Engagement

Communities are central to preventing and controlling disease spread – including increasing vaccine uptake. Response efforts need to include diverse communities, local networks and civil society from the design, planning and decision-making stages, through to monitoring, and re-design. The quality of the overall response to a public health emergency is dependent on this active and inclusive engagement of diverse communities.

Communities must have decision-making power about a public health emergency, allowing them to co-design solutions based on their changing needs, local cultural contexts, information flow and availability. These community-led solutions should be guided by social behaviour change communications, strengthening two-way information flow, and be conscious of the management of misinformation. The inclusion of marginalised groups, who do not readily have access to trusted sources of information, needs to be at the centre of Risk Communications and Community Engagement (RCCE) approaches, strategies and budgets.

RCCE has been recognised as a central pillar of public health emergencies, particularly in the wake of the COVID-19 pandemic. RCCE is essential to the successful delivery of both medical and non-medical interventions. RCCE is a crosscutting priority that requires a broad range of humanitarian and public health partners to work together with governments, and affected communities. There is a natural affinity with Community Engagement and Accountability to Affected Populations working groups, where these are active in the humanitarian coordination architecture.

Coordinating and collaborating with a broad range of stakeholders to strengthen their RCCE approaches will improve the scale, efficiency, and the quality of the response to a public health emergency, including the ongoing response to COVID-19.

ACRONYMS

Risk Communications and Community Engagement (RCCE)

Community Engagement and Accountability to Affected Populations (CEA/AAP)

Non-Governmental Organisations (NGO)

The Humanitarian Country Team (HCT)

Inter-Agency Standing Committee (IASC)

I. INTRODUCTION

National governments are responsible for implementing Risk Communications and Community Engagement (RCCE) as a key pillar[1] of their respective public health response, as articulated in the International Health Regulations (2005).[2] However, civil society at all levels, together with a multitude of others including the media and private sector, should (and often do) also support the government and its partners to fulfil this responsibility.

This guidance document provides ways to ensure predictable, sustainable and well-functioning RCCE coordination platforms, strategies and approaches that work with the government and partners, at national, state and local levels.

Why is this guidance needed?

Effective *coordination* of Risk Communications and Community Engagement plays an essential role in public health responses. With the COVID-19 pandemic and the global public health response, well-coordinated RCCE coordination bodies, including the strategies and approaches they use and advocate for, have never been more needed than now.

It is critical to support improved coordination of RCCE efforts worldwide, strengthening practice, building partnerships, and providing systematic and quality support to governments and partners in their work to adopt community-centred strategies and implementation of plans.

This guidance presents pathways to transform how public health and the humanitarian sectors coordinate, implement, monitor, and resource collaborative RCCE approaches together to save lives and safeguard the health and safety of the most vulnerable men and women.

Well-coordinated RCCE approaches are necessary to provide technical leadership and to maximise limited resources - thus avoiding duplication of efforts, filling any gaps in the response, and maximising the *use* of various data and information collection efforts to ensure a strategic and comprehensive response based on community needs.

The effective coordination of RCCE can:

1. Improve Reach, Efficiency, Inclusiveness and Collaboration
2. Strengthen Quality and Consistency, and
3. Deliver and Enhance Effectiveness.

By ensuring planning and operational decision-making are driven by systematic data and information gathering, that includes and prioritises community perceptions and perspectives, all these three key areas will be strengthened. Ultimately, effective RCCE coordination, including stronger collaboration, can support the prevention of serious illness, reduce the spread of disease, and deliver better impacts of a response. Ultimately, *well-coordinated RCCE can save lives.*[3]

Conversely, poorly and ineffectively coordinated RCCE platforms and approaches can lead to inefficient use of resources and duplication of activities. It can contribute to inconsistent communication, uncreative and top-down disease prevention strategies and health messages that lead to confusion, information fatigue and the marginalisation of the most vulnerable people. Poorly coordinated RCCE activities can also contribute to inequitable access to services (including testing, tracing, medical care and vaccines). This can further lead to fear and mistrust, limiting the adherence to public health recommendations. *Poorly coordinated RCCE can contribute to rising infections and deaths from COVID-19.*

RCCE coordinators and technical support staff are likely to be skilled in their respective area. However, they may need additional *coordination* guidance, tools and skills to enhance their intervention, which this guidance hopes to provide. Moreover, ensuring this coordination

[1] The term pillar is used to denote a specific technical area, which is crucial to the implementation of the public health response to COVID-19. There are nine pillars in total, with the RCCE the second pillar. For more information about the pillars please see: https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf

[2] International Health Regulations provide a legal framework that defines countries' rights and obligations in handling cross-border public health events and emergencies.

[3] Indeed, lessons from humanitarian interventions are clear that collective approaches to communication, community engagement and accountability can add value to a humanitarian and public health response. For further information on collective approaches see: The Role of Collective Platforms, Services and Tools to support Communication and Community Engagement in Humanitarian Action, Communicating with Disaster Affected Communities (CDAC) (2017), and the Collective approaches to communication and community action, Overseas Development Institute (ODI).

guidance, tools and skills are themselves consistent across countries and operations will contribute to establishing minimum standards and strengthening the effectiveness of coordination efforts. Coordination is a discipline in and of itself that needs to be better understood and practised consistently.

A well-run RCCE coordination platform should ensure stronger collaboration in delivering dedicated support with coordination, advocacy, operational social science, information and knowledge management, and capacity strengthening for targeted needs.

Who is this RCCE coordination guidance for?

This document is intended for RCCE coordinators and staff conducting RCCE activities[4] at national and subnational levels responding to COVID-19, or to other public health emergencies. It aims to support the integration of those working on RCCE and coordination with other technical specialties within the public health sector to support the process to update and implement national RCCE plans.

This document also offers critical suggestions for coordinators and practitioners to think through the integration of RCCE approaches with Community Engagement and Accountability to Affected Populations (CEA/AAP) approaches, systems and field-level practices in humanitarian operations, to ensure those involved meet commitments made to create 'a participation revolution' as outlined in the Grand Bargain.[5] This framing understands that communities are not passive recipients of information and aid. Humanitarian and public health response efforts need to *involve people as co-collaborators of change with agency and decision-making power of their own.*

Who should RCCE coordinators be coordinating with?

The effects of the COVID-19 pandemic go beyond health and are far-reaching. This has required, and indeed offered up, a diverse group of potential partners and collaborators who could work together to achieve common goals, with a whole-of-society response. This could include: local authorities; national governments; academic and research institutions; the media, including social media; the private sector; educational establishments; civil society; and many more. In some geographic areas, these participants in a public health response have not always previously worked together. A well-coordinated RCCE coordination platform and strategic plan brings together new opportunities, experiences and ways of working. There is a need for on-going preparedness both for future epidemics and for the far-reaching and long-term consequences of the current COVID-19 pandemic.

RCCE is a technical area of expertise delivered by individuals who communicate and engage with communities. It is also a public health pillar that requires operational coordination functions. *There is a need to better highlight RCCE's role as both an operational pillar, and also as a strategic pillar (supporting multiple cross-cutting technical areas) amongst global, regional and national practitioners.*

Supporting innovative thinking to build networks that seek to support and collaborate with a wider array of stakeholders can only strengthen national strategies and implementation. Strategic, innovative and creative thinking is a critical component for RCCE coordinators and their team; not least because of limited resources, and response fatigue. Moreover, undertaking the task of coordination, while ensuring that *real-time* data and information needs are central to operations, is needed not only to better engage communities and adapt interventions with them, but also to ensure *timely* action.

[4] Different national responses have recruited RCCE coordinators from a range of backgrounds. Some RCCE coordinators are recruited and supported by their respective Ministry of Health, while others by the UN and implementing partners.

[5] For the Grand Bargain Commitments please see: https://www.agendaforhumanity.org/initiatives/3861

What does this RCCE Coordination guidance aim to do?

This guidance aims to support improved quality, harmonisation, optimisation and integration of RCCE strategies and response across the different technical areas of public health, humanitarian and development responses to COVID-19. The objectives of this guidance should be seen in the context of the global RCCE strategy[6] that aims to stop the transmission of COVID-19 and mitigate the effects of the outbreak by:

1. Providing an RCCE guiding framework and coordinated approach to enable effective country preparedness and response across the main pillars of the public health approach.
2. Extending RCCE approaches to promote and sustain critical behaviours in all phases of the preparedness and response strategy.
3. Fostering participatory community engagement to: improve people's knowledge; motivate action; and create and promote an enabling environment for change to contain the spread of virus.

This document aims to support a guiding framework to catalyse coordination to improve reach, efficiency collaboration, quality consistency and effectiveness.

II. AIM, CORE SERVICES AND OBJECTIVES OF RCCE COORDINATION PLATFORMS

This section outlines the core objectives and services or functions of RCCE coordination platforms (described as an RCCE Pillar/ Task Force / Working Group etc.) and offers up some ideas and best practice that can be implemented. This section can be used to update national RCCE platform Terms of Reference (see Annex 1 for an example TOR template which offers more detail). This section can also be used to refine job descriptions for RCCE Coordinators and staff

A RCCE coordination platform *should be government-led,* with technical support, or co-leadership as needed, from a UN or NGO RCCE specialist. Meetings might be opened by the government lead and the details of coordination then handed to the technical co-lead or coordinator. It is important from a localisation perspective, and in line with the principles of an RCCE, to consider the ways in which the skills of government to lead coordination are strengthened, if this is needed, or requested.

With a wide variety of participants involved in responding to COVID-19, as outlined above, an RCCE platform should proactively engage with multiple stakeholders and offer an open invitation to join a mailing list and to attend meetings. Local representation and diversity is critical in a RCCE platform; building up a network of local responders and groups will support this. This could include those from the humanitarian sector, NGO consortiums or forums, development, private sector and media organisations and journalists.

For efficiency, some RCCE coordination platforms develop subgroups or specialist working groups to deliver tools, guidelines and technical support in key areas. These may include for example, a *media working group, a social media working group* or *a social research and/or data and information working group* - depending on the needs identified nationally and locally. These subgroups will lead key areas but will need to be managed and supported to deliver timely efforts.

In addition, a national RCCE coordination platform may work alongside subnational RCCE efforts or local RCCE coordination bodies established by the government. It is useful to engage with these subnational RCCE efforts, as they will offer a localised source of information and additional networks. Inviting them to attend national RCCE meetings is a useful starting point. The political sensitivities and context may need to be considered carefully in some contexts.

[6] The global RCCE strategy can be found here: https://www.who.int/publications/i/item/covid-19-global-risk-communication-and-community-engagement-strategy

Overall aim of a RCCE coordination platform

To drive scale, quality efficiency and effectiveness in Risk Communications and Community Engagement efforts - by ensuring that communities are fully engaged with and leading the response efforts, and that people have timely, accurate, trusted and localised information about the public health emergency (including COVID-19) and prevention measures. This strengthened community-centred communications and community engagement can ultimately save lives and reduce transmission.

Key services provided by a RCCE coordination platform

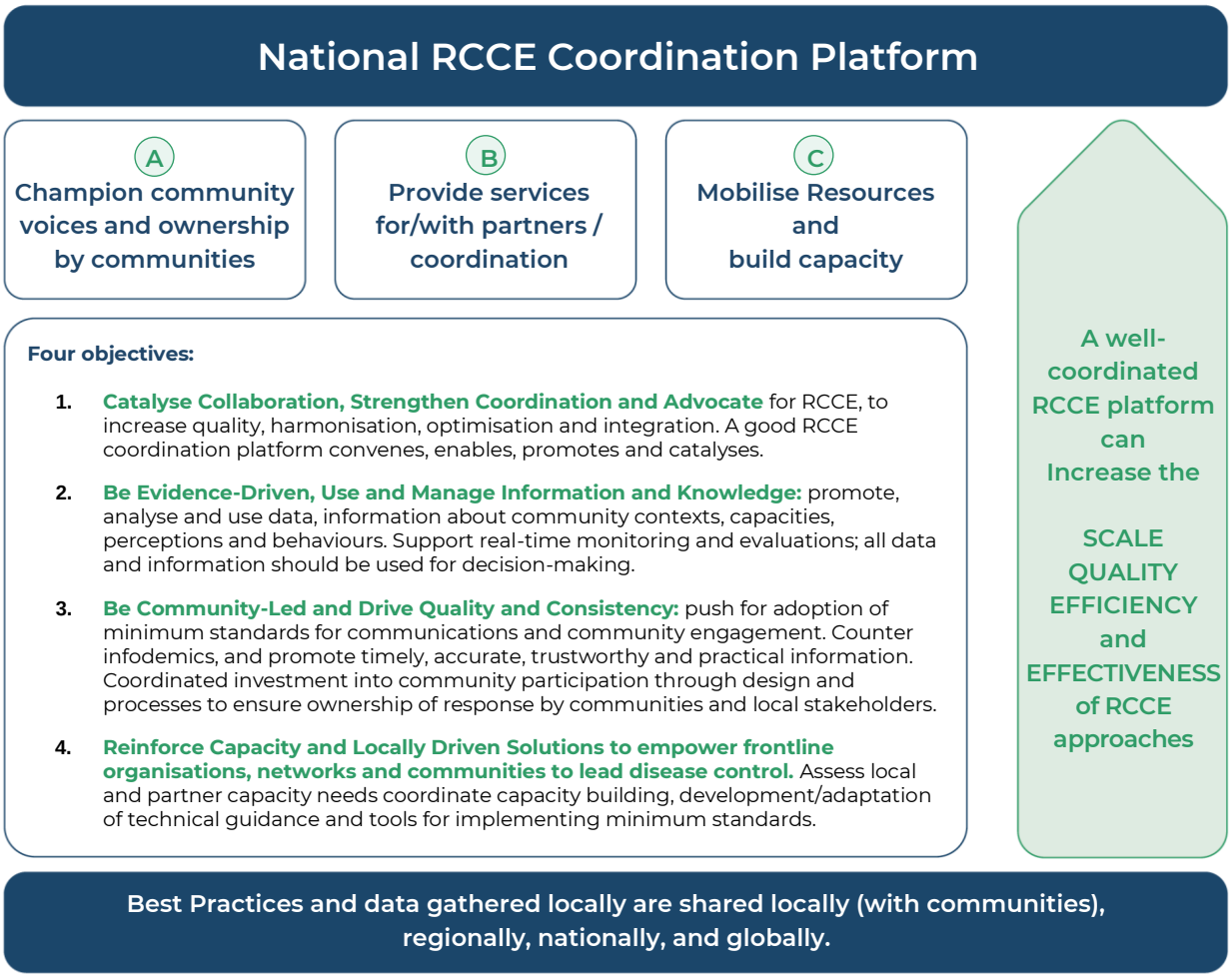
A national RCCE coordination platform should:

a) Champion community voices and ownership of response and recovery by communities themselves.
b) Provide services for public health pillar partners, clusters and organisational partners
c) Mobilise resources, build capacity of partners and stakeholders.

Four objectives of a RCCE coordination platform

The objectives for a national RCCE coordination platform are listed in figure 1 below, with the key service areas articulated. The four objectives are based on the Global RCCE strategic objectives.[7]

Figure 1. The aim, services and core objectives of a national RCCE coordination platform



[7] The Global RCCE strategy: https://reliefweb.int/sites/reliefweb.int/files/resources/COVID%20Global%20RCCE%20Strategy%20-%20IFRC%20WHO%20%26%20UNICEF%20pdf.pdf

RCCE Indicative activities aligned to four core objectives

Table 1 below outlines the four objectives of RCCE coordination platform and potential corresponding key activities. It suggests ideas to illustrate how the objectives can be translated into practices. *This list should be contextualised and localised by RCCE coordinators and practitioners. It is not intended to be an exhaustive list, or a checklist for activities to deliver.*

RCCE Objectives	In practice this may include
1. Catalyse Collaboration, Strengthen Coordination and Advocate for RCCE, to increase quality, harmonisation, optimisation and integration. A good RCCE coordination platform convenes, enables, promotes and catalyses.	1. Align, Coordinate and Advocate Strategically with partners, donors, experts, national and local stakeholders, and catalyse collaboration and funding. 2. Identify and nurture the right membership and structure for an inclusive and locally diverse platform or multi-stakeholder network and use their networks and engagement channels. 3. Facilitate joint assessments, planning, monitoring, advocacy 4. Develop national plans, objectives and indicators collaboratively. 5. Champion and enact the inclusion of women, youth, disabled, minority and marginalised populations. 6. Map those involved in the response (4Ws), including from the humanitarian, development, media, academic, and private sectors. 7. Manage gaps and duplication with a focus on reaching disease hotspots through innovative channels. 8. Integrate RCCE into all public health response efforts, humanitarian operations, private sector operations and media operations. 9. Provide strong technical leadership, ensuring RCCE country strategy is relevant, practical and effectively implemented. 10. Prepare for future outbreaks with planning, tools, and skills.
2. Be Evidence Driven, Use and Manage Information and Knowledge: promote, analyse and use data, information about community contexts, capacities, perceptions and behaviours. Support real-time monitoring and evaluations. All data and information should be used for decision-making.	1. Advocate for, and use, data for decision-making based on community priorities. 2. Encourage data collection, analysis, and *use* of national trend analysis in perceptions, while conscious of subnational and hyper-local realities. 3. Identify gaps in: existing disaggregated evidence; information; data about community context; perceptions; and needs. 4. Develop plans to fill gaps in information, evidence, data about community context, perceptions and needs. 5. Enhance media monitoring, social listening and community feedback systems. 6. Identify recommendations for gaps and obstacles, e.g. face mask-wearing, disease stigma, or targeted advice for vulnerable groups. Advocate for communities to develop solutions.

	7. **Collaborate** with academia, local researchers, Monitoring and Evaluation and/or third party data collection services. 8. **Coordinate** development of guidance and tools for implementing minimum standards, and use of RCCE indicators for measuring progress and effectiveness. 9. **Share** and provide a platform for insights, innovations, best practice, and knowledge. 10. **Adapt** and use existing social science research frameworks globally, regionally and nationally.
3. **Be Community-Led and Drive Quality and Consistency:** push for adoption of minimum standards for communications and community engagement. Counter infodemics, and amplify timely, accurate, trustworthy and actionable information. **Coordinated investment into community participation through design and processes to communities and local stakeholders own the response.**	1. **Coordinate** support for community participation to encourage community-centred approaches and ownership by local groups. 2. **Drive** adoption of minimum standards in people-centred communications and community engagement. 3. **Develop** strategies on priority issues e.g., stigma, service equity 4. **Advocate** for inclusion of women, youth, disabled, minority and vulnerable groups. 5. **Support** people-centred information campaigns that resonate with key target audiences and are exchanged through diverse trusted channels - discourage top-down delivery of one-way messages. 6. **Advocate and support** two-way engagement that answers people's questions and concerns. 7. **Use** social research and behaviour change strategies to guide RCCE approaches. 8. **Coordinate** management of infodemic in real-time (support rumour tracking, social listening efforts and innovation in response). 9. **Unify and boost** timely practical information, update FAQs for communities and SOPs for frontline staff. 10. **Collaborate** with other public health and humanitarian responses to ensure a holistic response. Encourage vaccine uptake planners to include RCCE approaches through programme design, budgeting funds and offering technical support.
3. **Reinforce capacity and locally-driven solutions to empower frontline organisations, networks and communities to lead disease control.** Assess local and partner capacity needs coordinate capacity-building, development and adaptation of technical guidance and tools for implementing minimum standards.	1. **Champion, support and seek resources** for a vision for localisation and community leadership in disease response. 2. **Assess** skills and support existing local community structures to take ownership of the response. 3. **Support** relevant local parties to use their unique channels, resources and networks. 4. **Identify** core RCCE skills and competencies needed by all partners. 5. **Map** partner and stakeholder capacity needs for RCCE and CEA/AAP. 6. **Facilitate** participatory capacity assessments, (frontline workers interpersonal or deep-listening skills, and disease knowledge).

	7. **Develop,** implement, monitor capacity building strategies. 8. **Design** training and capacity opportunities for RCCE members, frontline staff, local media and community networks. 9. **Facilitate** peer-to-peer learning exchanges at different levels to identify the local solutions and share best practices. 10. **Develop**, adapt and test RCCE training resources, linking to vaccine uptake and CEA/AAP training.

III. STRATEGIES AND TIPS FOR COORDINATION ACROSS PUBLIC HEALTH PILLARS

This section outlines examples of how a ***RCCE coordination platform coordinator*** may want to strategically engage with other public health pillars that *may* have been activated in the response.

The public health response to COVID-19 is divided into nine technical pillars. RCCE is also a foundational way of working that enables other pillars, other people and other organisations to achieve their respective objectives. *These pillars may or may not exist or be functional in a country.* Where they do not exist, or are not resourced, or are not active, working with government and/or UN partners to initiate or develop responses in the key areas identified by the pillars below may reveal innovative areas for effective RCCE strategies and operational approaches.

This section outlines ideas on how RCCE can support other pillars, and some ideas about how RCCE approaches can be integrated into the operations of other pillars. Where the government is co-leading these pillars, engagement with relevant line Ministries or Government departments and officials may be needed (e.g., office of the Prime Minister or President, Cabinet Office, Ministry of Health, Education, Women's Affairs etc.). It is important to map the pillars that have been activated and which are delivering a response to a public health emergency or to COVID-19, and to engage with pillar leads to assess their RCCE needs and gaps, and think through where RCCE could offer strategic support.

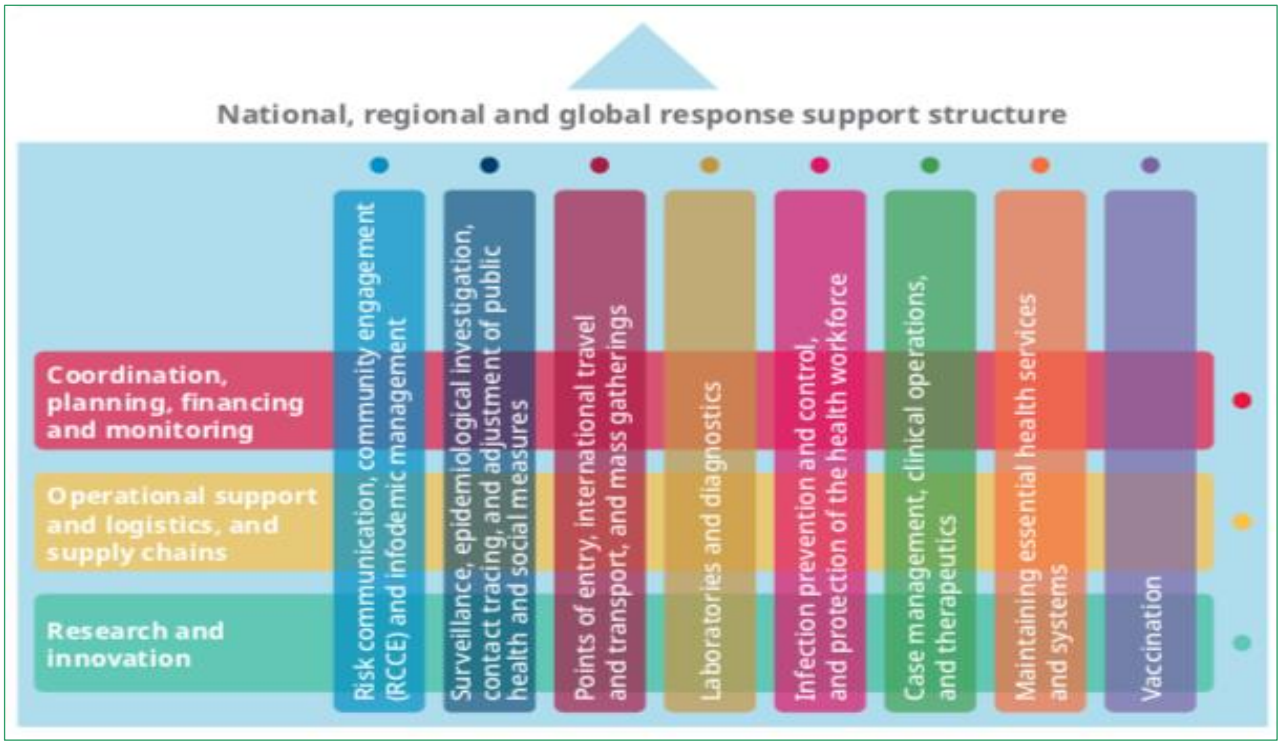


Figure 2 (above) outlines the multiple public health pillars (the vertical bars). These national response

structures are supported by global cross cutting pillars and support structures (horizontal bars). Image taken from WHO Strategic Preparedness and Response Plan (SPRP2021)[8]

Indicative activities across the official public health pillars

The RCCE coordination platform coordinator and or team may want to engage with the activated public health pillars as outlined below.

Public Health Pillar	Indicative activities for RCCE
Pillar 1: Country-level coordination, planning, and monitoring This pillar plays a crucial role in ensuring coherence and operational alignment throughout all of the pillars (hence it is depicted as cross cutting above). This pillar should be led by the government, bringing together people and information to inform, monitor and review the country's response.	1. **Represent** RCCE with confident championing reflecting community priorities for decision-making. 2. **Share** evidence of community perceptions, feedback, outcomes, and local best practice that can be replicated. 3. **Hold** those involved to account to ensure evidence is followed. 4. **Provide** technical input on RCCE approaches and strategies. 5. **Support** a creative, collaborative and an open culture. 6. **Champion** diversity, local representation and inclusion; pillars should refrain from elitism or 'groupthink'. 7. **Champion** inclusion of vulnerable, marginalised populations (disabled people, those of minority ethnicities, dialects or languages) into strategic approaches. 8. **Integrate RCCE** strategies into National Country Response Plan and the National Deployment and Vaccine Plan (NDVP) at (sub)national and local levels. 9. **Promote** RCCE indicators and minimum standards in the national plan,[9] adapted from Global RCCE strategy,[10] and from interim guidance on RCCE Indicators.[11] 10. **Support** national communications of social or public health measures. Use local networks and integrate people-centred and lay people's science explanations.[12] 11. **Drive** an effective AAP system at health facilities. 12. **Coordinate** and support the collection of rumours and misinformation through social listening, data and information-gathering from partners, frontline workers and key informants on the ground. Having done this ensure appropriate action.

[8] COVID-19 Strategic preparedness and response plan 2021 see: WHO-WHE-2021.02

[9] Minimum standards for community engagement and indicators can be found here: https://www.unicef.org/mena/media/8401/file/19218_MinimumQuality-Report_v07_RC_002.pdf.pdf

[10] The RCCE Global strategy can be found here: https://apps.who.int/iris/rest/bitstreams/1332346/retrieve

[11] The RCCE Interim Guidance on Indicators https://docs.google.com/document/d/18CbB7IjVtcpYGo0G2zVtDJEttWREemcy/edit

[12] Ideally there should be an agreed set of criteria that trigger changes in public health policy, which are clearly communicated ahead of time. New Zealand is often held up as a great example: https://cdn-flightdec.userfirst.co.nz/uploads/sites/multiculturalnz/files/2020/COVID_Alert-levels_v2-1.jpg

Pillar 2: Risk communication and community engagement This pillar includes infodemic management and is integral to the response efforts. As this guidance outlines, communities have a crucial role in the success of disease control and prevention. RCCE approaches are cross-cutting across pillars, clusters, sectors. Effective coordination and integration of RCCE is critical.	1. Encourage pillars to engage with the RCCE platform (manage expectations of support and resources). 2. Identify other pillar focal points to be involved in RCCE meetings, added to mailing lists, and instant messaging groups. 3. Ensure representation at both national and local RCCE. 4. Encourage pillar representatives to raise their priorities at RCCE meetings, and offer an RCCE lens and technical advice to support. 5. Establish micro-task groups that can help solve specific challenges for other pillars e.g., contact tracing, media engagement, social research, monitoring, and technology.
Pillar 3: Surveillance, rapid-response teams, and case investigation A central pillar to a public health response is the ability to test, trace, and isolate and treat people. Rapid Response Teams (RRTs), or community testers and tracers can be a community's first interaction with COVID-19 response workers or officials; ensuring strong interpersonal and listening skills are demonstrated at this first interaction is vital to help inspire confidence and build trust with communities.	1. Deliver technical advice and capacity building to support first responders and the engagement strategies they use. 2. Collaborate with RRT, surveillance teams, local government officials to identify transmission patterns, hotspots, and target groups or triggers). 3. Support or develop local content to target key groups and locations (e.g., taxis and public transport), religious leaders, for key cultural or religious events. 4. Offer training for RRTs in interpersonal communications, and making health terminology more accessible. 5. Support the engagement of local media to humanise RRTs and frontline staff work. 6. Ensure sensitisation and community involvement in planning and selection of contact tracing methodologies. 7. Identify local cultural sensitivities arising from community engagement and identify solutions with local groups. 8. Encourage recruitment of contact tracers locally with inclusion of marginal and vulnerable groups - avoiding tensions between ethnic or political groups.
Pillar 4: Points of entry, international travel and transport This pillar covers: advice to travellers; effective border controls to mitigate risks, environmental controls; and capacity of border and transport staff to manage and enforce measures.	1. Support government policy-making, communication and implementation as needed. 2. Make use of the expertise of specialist partners and that of those working in protection (IOM/CCCM/UNHCR,). 3. Visit a port or entry and exit checkpoint and review communications, processes, staff engagement and advice. 4. Offer support on effective channels, languages or tools to communicate information about and at entry or exit points. 5. Integrate new policies into radio messages, leaflets, posters for entry and exit ports, *as appropriate*.

	6. Encourage data collection to get target audience feedback of current processes. *Use* data available to strengthen process and experience. 7. Support development of travel related Frequently Asked Questions (FAQs). Use FAQs to inform advice about wider communications and engagement needs. 8. Encourage new messages pre-testing to ensure comprehension, accuracy and effectiveness. 9. Advocate for tailored engagement and communications as different types of entry points (land, air and sea). 10. Use global best practices for behavioural nudges and localise these as appropriate (e.g., seats removed or taped up to prevent use). 11. Support design of Standard Operating Procedures (SOPs) for port-entry staff and ensure they are leading best practice behaviours to protect themselves and travellers passing through.
Pillar 5: National laboratories and diagnostics Test and trace facilities play a critical role in disease prevention and control, but they can also support trust-building. It is important to build trust in any national testing (and tracing) strategy and in the testing facilities themselves. People need to understand when and how testing is triggered, how samples are collected, and the measures in place to ensure safety both of the people tested and staff delivering the service.	1. Support demystifying medical language around the testing programme for effectiveness and clarity. 2. Promote maintenance of patient confidentiality to minimise stigma and discrimination. 3. Encourage and support the development of a policy if needed around information shared about testing. 4. Ensure transparency, and sensitivity to cultural and social contexts, when designing effective communications around testing, treatment and vaccination (e.g., women collecting specimens from other women) to increase access to services and to build privacy and trust. 5. Monitor the effects of any communications around testing and treatments, and regularly adapt. 6. Support research to understand low take-up and unequal take-up in services; use evidence to encourage positive change in behaviour. 7. Advocate for clear, appropriate, effective and timely information regarding sample collection, testing, and results delivery. 8. Support community sample collection processes and communication and engagement strategies. Offer support in interpersonal skills, updating FAQs using simple language, SOPs, staff knowledge of the particular health emergency (e.g., COVID-19) and the vaccines. 9. Advocate for timely relay of test results to patients, clinicians, and family members to maintain trust. 10. Support regular reviews of processes, staff capacity, communications and engagement to improve service delivery and service take-up.

Pillar 6: Infection prevention and control (IPC) IPC is central to a public health response and can provide effective tools to contain disease spread in health facilities and in communities. Protecting health workers and public health and social measures can support resilient communities	1. Share global best practice in social behaviour change communications (SBCC) and nudge theory, adapting locally. 2. Champion inclusion, and offer practical policy ideas e.g., change clinic times to improve access, cover transport costs for key women's groups to support uptake. 3. Encourage wide engagement including traditional healers, home birth attendants and local care-givers, and make use of their powerful community outreach channels. 4. Collaborate with vaccine programmes (through health teams and regular Expanded Programme on Immunisations (EPI) partners) to *target disease hotspot areas* for vaccination particularly if vaccines are in limited supply. 5. Consider current political, cultural, social context (elections, sporting, or cultural events) and offer targeted support. 6. Support *use of data* and evidence to identify disease (COVID-19) hotspot areas, accessing those at hyper-local community level working with authorities. 7. Advocate and use targeted messages in disease hotspot areas using local channels and networks (e.g. radio, religious groups, women's, protection, and nutrition groups etc.). 8. Support regularly updated FAQs based on rumour tracking and social listening. Share an internet link to a live and regularly updated FAQs document with networks of frontline workers. 9. Train local groups, frontline workers, health professionals, hotline staff or call centres on FAQs and SOPs (e.g., think about Infant and Young Child Feeding (IYCF) groups to target pregnant women with FAQs). 10. Assess pros and cons of working with diaspora; cultural, financial, social influence could be useful if this is not politically sensitive. 11. Share both *unbranded and branded campaign content options* (versions with no government or UN /partner logos)[13] and encourage adaptation locally. 12. Advocate for UN agencies / (I)NGOs to share campaign content through *their own staff across all sections* and through their own implementing partners and local networks.

[13] This may pose accountability issues that will need to be considered locally (e.g., where one agency or the RCCE has developed content, there will need to be discussions with donors regarding logos, and awareness that some organisations may claim to have created and distributed content themselves).

Pillar 7: Case management, clinical operations and therapeutics Effective case management Preparation of case management, including systems strengthening, development of patient care protocols, and staff knowledge and skills training.	1. **Support** building a positive culture around testing e.g., making the care journey of patients and family more familiar and normal. 2. **Help** raise awareness of *why and how* preventative measures are effective and adapt to local contexts. 3. **Encourage** use of messages that reference the wider public, moral and social good e.g., 'wear a mask to protect others'[14]. 4. **Collaborate** with health partners to build capacity in communications with people (develop FAQs, explaining '*why*' key medical practices are needed). 5. **Support** the communications of rapidly changing policies with a simplified 'peoples' science' lens. 6. **Support** communications on guidelines for burials, encouraging input of religious leaders, community leaders, and health care workers.
Pillar 8: Operational support and logistics Incident management requires logistical and supply support. This includes staff surge, stockpiling supplies and resources, storage, transport and logistics.	1. **Support** authorities to manage communications about the availability of critical supplies (oxygen, vaccines, etc.) to build trust. 2. **Encourage** transparency in procurement processes. 3. **Champion** local ownership and distribution of supplies at community level.
Pillar 9: Maintaining essential health services and systems Balancing response to the public health emergency while maintaining and managing basic essential health care requires strategic planning and coordinated action to prevent the collapse of essential health services.	1. **Support** trust-building for on-going health care activities (e.g., routine immunisations, neonatal care, chronic conditions). 2. **Collaborate** with those working in health to address mistrust in the health system resulting from public health emergencies, including COVID-19. 3. **Strengthen** existing community groups that hold health facilities to account (and therefore can help to ensure equitable, free, and fair access to care, including to vaccines and treatment). 4. **Strengthen** local networks with health facilities, media and key community leaders to mitigate fear. 5. **Promote** health care worker (HCW) adoption of basic disease-safe protocols e.g., SOPs, FAQs and orientations. 6. **Use** local networks and local media to hold health facilities to account, to explain the reasons for using Personal Protective Equipment (PPE) and to build trust. 7. **Support** monitoring changes of health-seeking behaviours amongst different groups to help inform future strategies and response. Understand these changed behaviours with a view to improving the response to them. 8. **Consolidate** information about patient perceptions and behaviours around care-seeking, including rumours and misinformation, to inform strategic response planning.

[14] For examples of effective campaigns of this type see Public Health England's Hands, Face, Space https://youtu.be/jr09ByDYuq4, and the Somalia RCCE-led and UNICEF-funded Hands, Face, Space and #IMaskUp: https://covid19som-ochasom.hub.arcgis.com/pages/rcce

IV. COORDINATION WITH THE HUMANITARIAN COORDINATION ARCHITECTURE (LEADERSHIP, CLUSTERS/SECTORS, WORKING GROUPS), OTHER (DEVELOPMENT) ACTORS, AND THE PRIVATE SECTOR.

A. Engaging with humanitarian coordination architecture

Many countries face huge competing humanitarian priorities (e.g., conflict or climate-led disasters such as famine, drought, floods) that result in human displacement, loss of livelihoods, insecurity, and protection issues. With such competing and overlapping humanitarian needs it is important to ensure that public health emergencies, including the COVID 19 response, remains on the humanitarian agenda. This is particularly important given the nature of COVID-19 as 'waves' or cycles of disease-spread and response. The RCCE coordinator, working with others may need to work to keep public health emergencies high on the humanitarian agenda given these competing crises.

The Humanitarian Country Team (HCT) is the strategic, operational decision-making forum established and led by the Humanitarian Coordinator in a country.[15] The HCT includes representation from the United Nations (UN), Non-Government Organisations (NGOs) and the Red Crescent and Red Cross movement. Respective government and national organisations should, where possible, maintain control of response efforts, with HCT offering a supportive coordination role.

Clusters are groups of humanitarian organisations in each of the main sectors of humanitarian action (water, health, food, protection etc.). These clusters have clear responsibilities for coordination and are designated by the Inter-Agency Standing Committee (IASC).[16]

This section outlines some of the key clusters that may already be activated and fully functioning in an existing humanitarian response and can offer possible entry points for collaboration with an RCCE coordination platform.

It is possible that existing cluster members or working groups will not be aware of the RCCE coordination platform, particularly in contexts with high staff turnover and multiple forums and participants. It is an important first step for the RCCE coordinator to engage with and meet humanitarian cluster leads, technical working groups and experts, and offer collaboration and engagement on the RCCE agenda. Seek any existing parallel structure to the RCCE, or experts in the humanitarian sector e.g., a community engagement and accountability working group (*see below).*

The RCCE coordinator should seek support for RCCE strategies from key cluster leads and receive their advice into how RCCE can imbed itself into existing cluster work or identify where existing activities may support the RCCE agenda. This is an important way to reach communities through existing teams on the ground and the networks and channels already active and reaching key target audiences.

Clusters may or may not have been actively engaged in a public health emergency response (even to COVID-19). They may have responded in earlier waves but have now moved to responding to other multiple humanitarian priorities. It is critical to understand and assess where there may be gaps and opportunities. Another significant factor in engagement with clusters and working groups is RCCE capacity, time and resources; identifying key clusters to engage with fully, and which ones to have a lighter approach will depend on the national RCCE strategy, and plans and resources to support this.

The list of clusters and working groups outlined here is not intended to be exhaustive but highlights some potential priorities and ideas of what to seek and how to engage, if this has not been undertaken already. It is important to note that this is not a list of things to work through – more a menu of suggested ideas and approaches to adapt to the context, resources, and time available.

Community Engagement and Accountability to Affected Populations Working Group (CE or AAP-WG)[17]

[15] For more information on the HCT and the coordination architecture please see: https://www.humanitarianresponse.info/en/coordination/clusters/who-does-what

[16] For more information on the humanitarian cluster system please see: https://www.humanitarianresponse.info/en/coordination/clusters/what-cluster-approach and https://reliefweb.int/report/world/humanitarian-coordination-and-cluster-approach-quick-guide-local-and-national

[17] This working group may or may not operate within the UN system and may be known under other names; Communications with Communities (CwC),

Accountability to Affected Populations (AAP) or Community Engagement and Accountability (CEA). There may also be a common AAP or CEA service led by the UN, or supported by a third party monitoring organisation to connect with.

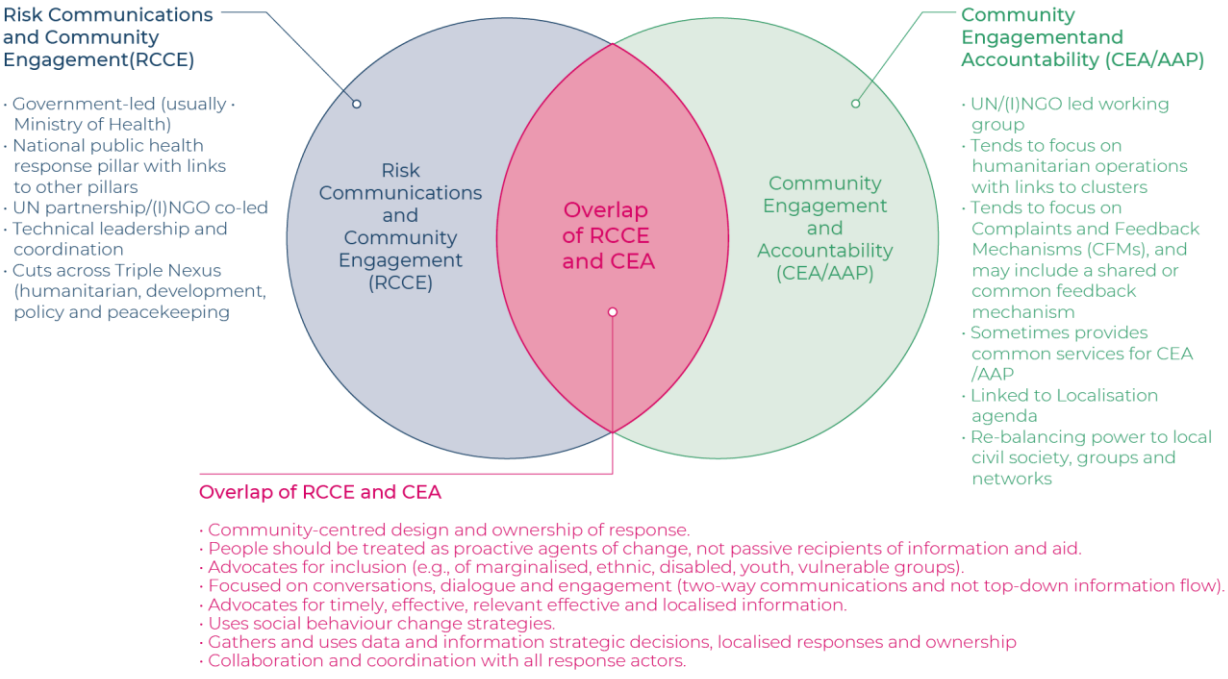
Many of those working in the humanitarian sector have been working on strengthening their accountability to disaster-affected communities. Over the years this has included improving the way organisations communicate, engage with, and gather data and information from communities with the aim of improving the quality of interventions. This has been undertaken directly by some organisations, through third party partners, media, research, or through monitoring and evaluation activities.

These initiatives, over the years, have led the IASC to prioritise *accountability and inclusion*,[18] with the aim of strengthening what they describe as system-wide Accountability to Affected Populations (AAP) into humanitarian operations.[19] The priorities are designed to move agencies towards meeting the commitments outlined in the Grand Bargain, including a 'Participation Revolution' and the localisation agenda.[20] One of the first technical working groups RCCE coordinator or focal point should therefore identify is the Community Engagement and Accountability Working Group (CEA WG), or equivalent. This group may already be working on complementary activities or be offering technical support to agencies in multiple clusters for the COVID-19 response.[21]

Indicative coordination activities

- Collaborate and leverage CEA-WG's experience, networks and resources.
- Consider merging the RCCE platform with the CEA-WG to further pool resources, skills, tools, build sustainability, and to reduce any potential confusion between the two groups.
- Use information and data collected by CEA-WG partners to inform RCCE strategy and plans.
- Conduct joint assessments or research with CEA-WG group actors.

Figure 3. The above outlines RCCE and CEA/AAP functions and strategic agendas and where they overlap.



[18] For more information on IASC priorities see: https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-strategic-priorities-2019-2020

[19] The IASC has reviewed links between RCCE coordination and the humanitarian architecture globally and nationally, offering up a list of tools which may support: https://interagencystandingcommittee.org/covid-19-resources-relating-accountability-and-inclusion. It is also important to note that some of those working in aid including the IFRC, describe this area of work as Community Engagement and Accountability (CEA).

[20] For more information and example of the localisation agenda see: https://odihpn.org/magazine/localisation-and-local-humanitarian-action/

[21] https://interagencystandingcommittee.org/system/files/2020-11/COVID-19%20Risk%20Communications%20and%20Community%20Engagement%20%28RCCE%29.pdf

The RCCE coordination platform should engage and work closely alongside Community Engagement and Accountability (CEA)/AAP experts. The RCCE and AAP have overlapping strategic agendas, actors, networks, data and analysis. Coordination with CEA can lead to a more effective response, for example with:

- Analysis of the local political economy, power dynamics *and* the wider socio-economic and political context.
- Better engagement based on wider and deeper local networks, data and research.
- Access to more locally-trusted channels of communication and engagement.
- Awareness and inclusion of marginalised, vulnerable groups, and minorities.
- Innovation in design, planning and budgeting to ensure operationalisation.
- Improved ownership in participatory planning, design, implementation and adaptation based on community and frontline staff feedback.
- Strengthening community voices to influence decision-making.
- Strategies to support socio-behavioural communications and social nudges to encourage practice change for health, protection, nutrition etc.
- Building community trust in information and engagement approaches.
- Long-term advocacy, resourcing and sustainability of community-driven planning, resourcing design and strategies.
- Supporting tailored information flow with sensitivities for age, gender and minority inclusion.
- Building partner capacity for a more participatory and inclusive response.
- Using existing data and information about the context.

The Office for the Coordination of Humanitarian Affairs (OCHA)

OCHA is responsible for the overall coordination of humanitarian response, and supports advocacy, policy, information management, and humanitarian financing. This central coordination office will have contacts for the cluster leads, and is important in helping to strategically map who is working and where they are working.[22]

The RCCE coordinator and team may sit with OCHA, which will provide a good networking opportunity. OCHA staff may be active in the RCCE, and depending on the context may be the UN lead with the RCCE. The CEA OR AAP Working Group may also sit with OCHA.

Indicative Activities

- Access reports and documents produced or shared on OCHA's national website to get a picture of the wider humanitarian context. May include a media landscape review or guide to understand preferred communications channels.
- Use OCHA's network and support to strengthen the RCCE network and local contextual knowledge.

Emergency Telecommunications (ETC) Cluster

ETC is tasked with emergency preparedness and response and to help empower communities through strengthening communications channels. The ETC works to support access to early warning systems, engaging with communities, national disaster management agencies and regional institutions.[23] This cluster may include a focus on 'services for communities' (S4C) by finding ways to use technology to overcome communications and engagement barriers with, and between, communities.[24]

[22] See: https://www.unocha.org/about-ocha/our-work

[23] See: https://www.etcluster.org/about-etc

[24] It may be the case that the government leads messages through mobile phone companies (Interactive Voice Response (IVR) and/or text messages), but ETC or OCHA may be able to offer technical support as needed. Government or other parties may also be running state or national level call centres for COVID-19. Mapping who is running these and where, and how RCCE can contribute should be added to RCCE strategic planning.

The World Food Programme (WFP) is the lead agency for the ETC cluster.

Indicative Activities

- Coordinate to access an existing community feedback mechanism that may be supported by ETC, such as a national hotline.
- Advocate for a 'short-code' - a four-digit memorable telephone number. ETC can support access through the Ministry of Telecommunications or equivalent.
- Gather support in strengthening existing call centres to answer people's questions and concerns about the public health emergency. If no such centre exists, and resources allow, build a call centre. Build the capacity of call centre staff, call monitoring and data collection.
- Coordinate use of Interactive Voice Response (IVR) and/or text messages to communities.
- Develop a strategy to reach 'marginalised communities' where there is a high risk of disease spread or a disease hotspot.
- Consider how to reach communities where the digital-divide prevents access through digital technology.

Health Cluster

Works to meet the health needs of populations affected by humanitarian emergencies. It aims to reduce avoidable mortality, morbidity and disability, and restore the delivery of, and equitable access to, preventive and curative sustainable health care.[25] The health cluster is responsible for the health response in partnership with the government, and as such they are the primary partner for the RCCE.

The World Health Organisation (WHO) is the lead agency for the health cluster.

Indicative Activities

- Engage with health cluster partners, and ensure they are aware of RCCE services and support.
- Support health facilities and frontline health worker engagement with communities through updating SOPs, FAQs etc.
- Contribute to health worker and patient perceptions surveys, gathering data and information and creating content.
- Map local hotspots based on data and information locally.
- Collaborate to design, innovative interventions that reach the most marginalised people.
- Learn about the contextual and wider health landscape.
- Build innovative strategies that learn from global best practises, and that also meet local challenges.
- Strengthen or build health facility level accountability groups that can report issues arising in quality, equity or access to free health care for all.
- Develop a longer-term health strategy that integrates health emergency (including COVID-19) response into other health activities.
- Develop and share campaign materials through health teams and networks on the ground, including dedicated materials for health facilities.
- Advocate and develop plans to ensure vaccine equity, particularly for marginalised groups in disease hotspot areas or high-risk groups (e.g., pregnant women).

Protection Cluster

Works to ensure effective protection preparedness and responses by placing protection of men, women and children at the core of all humanitarian action.[26]

The United Nations Refugee Agency (UNHCR) is the lead organisation for this cluster.

All RCCE work should support the rights and freedoms of the people with whom it is engaging, and ensure that it does not harm the populations it is aiming to support. Protection cluster work by nature must be inclusive and ensure that marginalised, vulnerable and minority groups are included. It is key for the RCCE to coordinate with the protection cluster.

[25] See: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/IASC%20HC%20Guide.pdf

[26] See: https://www.globalprotectioncluster.org/about-us/who-we-are/

Indicative Activities

- **Seek** localised technical advice to ensure 'a do no harm approach' to RCCE strategy.
- **Learn** from those working in protection about community level political economy mapping.
- **Collaborate** on engagement approaches, to ensure work is sensitive and designed with disability, gender and minority group lens.
- **Make use of** local networks and referral systems (e.g., where people adopt adverse coping strategies).
- **Collaborate** on SOPs for frontline workers where services are still running.
- **Support** development of communications and engagement specifically for children and young people.

Camp Coordination and Camp Management (CCCM) Cluster

CCCM supports equitable access to assistance, protection, and services for internally displaced persons (IDPs), to improve their quality of life and dignity during displacement while seeking and advocating for durable solutions.[27]

This cluster is co-led by the International Organisation for Migration (IOM) and United Nations Refugee Agency (UNHCR).

CCCM cluster works in IDPs sites, with mobile populations, and with refugees (both inside and outside of camps, settlements and host communities). These groups are often at a higher risk of public health emergencies given their movement across the country and across international borders. This population is at additional risk due to living in highly populated sites with poor infrastructure, limited space, poor sanitation and, crowded housing, making good hygiene and self-isolation a serious challenge.

Indicative Activities

- **Assess** public health risks of IDP sites with CCCM partners, and plan and prepare communications and engagement using their existing trusted local networks and groups.
- **Collaborate** on design and delivery of plans, content and engagement approaches.
- **Use** well-established and well-trusted community networks.
- **Coordinate** perception surveys and data gathering using existing systems and networks.
- **Plan** engagement for hard to reach, marginalised and vulnerable populations.
- **Test** content and strategies with CCCMs local networks; gather insights and learning, and increase the spread of best practices.
- **Educate** frontline workers to use and adapt content created by RCCE or partners (audio, video, engagement SOPs and vaccine FAQs etc.).
- **Channel** local knowledge, skills and networks of CCCM frontline staff and community workers as key informants about issues arising (e.g., perception and rumours).
- **Support** CCCM on tailoring messages for different groups at a hyper-local or site level.[28]

Water, Sanitation and Hygiene (WASH) Cluster

The WASH Cluster supports agencies that provide water, sanitation and hygiene services to deliver a coordinated and quality response. It works to ensure that assistance is equitable, culturally acceptable and protects the dignity of the populations affected by crises.[29]

The United Nations Children's Fund (UNICEF) leads the global WASH cluster.[30]

As with the other clusters above, the WASH Cluster is a critical coordination body in a public health emergency not least because of the role of good hygiene and access to water in controlling disease spread. Those working in the WASH Cluster also have a strong network of community groups on the ground and these could potentially support stronger engagement, and hold deep listening sessions and conversations with communities to better meet their information needs.

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[27] Please see: https://cccmcluster.org/about

[28] CCCM staff may or may not live in the IDP sites. It may be useful to think about how frontline workers working inside the sites can offer support, knowledge and networks outside the IDP sites too.

[29] Please see: http://washcluster.net/wp-content/uploads/sites/5/2013/09/GWCSP-Narrative-2016-2020-VF1.pdf

[30] For more information see: https://washcluster.net/index.php/

Indicative Activities

- Support the development of SOPs for WASH related distributions (e.g., hygiene kits) to keep staff and communities disease safe.
- Assess the local context to determine how effective hand hygiene promotion is likely to be (e.g., in the absence of hand washing facilities, soap and water shortages). Promoting this may lead to message fatigue and add to community mistrust.[31]
- Test any new messages or engagement strategies related to hand hygiene with WASH partners locally.
- Develop standalone WASH RCCE interventions, if the context and resources allow (e.g., avoid diluting hand washing messages with other health responses).
- Engage with WASH frontline workers, community mobilisers, and community WASH groups (e.g., water pump maintenance groups), as well as water collection points to engage with communities to listen and share information.
- Collaborate on mapping where hand washing stations may be needed and how they may need to be supported to ensure use and sustainability.
- Coordinate social behaviour change communications (surveys, deontological messages, social nudges etc.) with those working in WASH ,especially where they are related to increasing hand washing practices.

Food Security and Livelihoods Cluster (FSL)

The FSL coordinates the food security response during a humanitarian crisis, addressing issues of food availability, access and utilisation.[32] This can be a useful cluster to be aware of given the wider economic and social implications of a public health emergency.

This cluster is co-led by the Food and Agricultural Organisation (FAO) and the World Food Programme (WFP).

Indicative Activities

- Make use of on-going food, voucher and/or cash distributions, focusing on under-represented areas, in order to listen, learn, and share information with communities.[33]
- Support the development of SOPs for disease *safe* distributions for staff and communities who may be waiting in queues for extended periods of time.
- Collaborate on information strategies at distribution sites (e.g., flyers in food packs, audio messages on speakers, working with religious and community leaders etc.).
- Develop strategic partnerships with appropriate local networks (e.g., food relief committees).
- Include key questions to assess the quality of engagement and communications efforts through adding questions to regular Post Distribution Monitoring (PDMs).
- Connect with Money Transfer Companies (which transfer cash payments). These could support information exchange to communities, and/or gain support of diaspora who send money back home.

[31] Those working in WASH in humanitarian contexts have likely been promoting hand washing practices for many years, perhaps with mixed results. Collaborating on innovative approaches is critical, avoiding the temptation in critical moments of the public health emergency to link hand washing to multiple disease prevention messages.

[32] For more please see: https://fscluster.org/page/about-food-security-cluster

[33] While a monthly food or cash distribution can be a critical moment to reach people with conversations about a public health emergency, it should be noted that this will be a targeted population group that may or may not include marginalised or vulnerable people.

B. Engaging with others working in development

The landscape of individuals, organisations and networks that the RCCE platform or coordinator can work with is large and diverse. Be strategic about how to use limited RCCE time and resources available for the context.

Ensuring the RCCE coordinator and team makes connections to networks outside government, health response pillars and humanitarian networks is very much needed because *public health emergencies cut across all segments of society and all economic groups*.

This includes across populations not traditionally the scope of humanitarian or development operations. The urban working and middle classes are just as likely to suffer from a public health emergency as the COVID-19 pandemic has shown, and are perhaps even more at risk given the higher population numbers and urban housing proximities.[34] Indeed, with their connections to the diaspora, international cross-border travel, and resources to move across the country, means that they can be highly susceptible to disease-spread.

National NGO Consortium (or NGO Forum)

A national Non Governmental Organisation (NGO) Consortium is a collective of NGOs that work together to provide collaboration, cooperation and collective action.[35] These bodies can include both international and local NGOs and are a good first point of call to engage with local individuals and organisations working in this area. NGOs work with those already facing both humanitarian emergencies and who need long term development support. They may or may not have been invited to the RCCE to date; extending an invite to the leadership and members of the NGO Consortium will support a multi-stakeholder and diverse RCCE. NGOs may already be delivering innovations in their community engagement and communications, and it is critical to collaborate and assess best practices that could be extended.

NGO Consortium members can support an assessment of gaps in information for targeted communities, and can help to ensure any new information or campaigns are consistent and uniformly shared. Consortium members could also support the creation of and sharing content, as well as gathering the feedback of their members and partners on the ground. And thirdly, working with the NGO Consortium can help to identify local /national NGOs or networks that could be supported and resourced to lead a response with a longer-term vision for localisation.

The United Nations Development Programme (UNDP)

The UNDP works to eradicate poverty, reduce inequalities and exclusion, and build resilience, and works to achieve the Sustainable Development Goals.[36] The agency develops policies, leadership and institutional capacities. Collaborating and using UNDPs networks in government, civil society, and local media can all support a RCCE strategic agenda.

Many countries have held elections during the pandemic; the UNDP often supports governments to create fair and safe elections. The RCCE could strategically input into the delivery of disease safe (e.g., COVID-19) protocols and processes. The UNDP also works with local media, (journalists and media networks), social media, and social and economic development projects. Accessing a media landscape review, and assessments on people's preferred channels of communications may be found with UNDP or their partners.

With UNDPs connections to civil society, religious leaders, musicians, singers, poets, and sports people there is scope to collaborate with their networks and make use of their influence and resources for social behaviour change communications campaigns.

[34] A key step for the RCCE is to look at a mapping of COVID-19 hotspots and support targeted localised response operations. It is also critical that these operations are connected to vaccine roll out and demand generation activities (targeting vaccine campaigns and efforts in COVID-19 hotspots areas, particularly where the number of vaccines coming into a country remain limited).

[35] See for example: https://odihpn.org/magazine/ec-push-for-ngos-to-form-consortia/

[36] For more please see: https://www.undp.org/

The UN Industrial Development Organisation (UNIDO)

UNIDO works towards industrial development for poverty reduction while considering environmental sustainability.[37] UNIDO works with small scale and mid-size enterprises and they may support activities like mask or soap manufacture at scale. This will support RCCE health promotions and disease prevention strategies.

Coordination with UNIDO to work with small-scale tailors, manufacturers and entrepreneurs at community level, can offer innovative links and ideas. It could ensure that the RCCE health prevention campaigns are couched in a context of strengthened supply systems.

Please note - there are multiple UN organisations and (I)NGOs to map and explore. This list is to give an indication of some actors to consider and to help the mapping and network building process.

National, local and community media

It is critical to identify those with strong links to local media outlets, networks, media houses and individual journalists. Ensuring they have access to the right information about a public health response, and can improve understanding about the disease and response efforts is critical. Some communities around the world are in denial about the pandemic and can harbour stigma about the disease and its spread. Working with local media (national, regional, and community networks) can support the production and distribution of timely, accurate, trustworthy information.

Journalists can provide key information in the absence of good data; building this relationship and network, to act as key informants, can provide invaluable information from the ground. They can also help to hold the quality of the response to account - a critical component of their work that should be encouraged.

The RCCE should explore delivering training for those using the media so that they can better support the reporting of the public health emergency, vaccines and any campaigns. The media has a critical role to help ask and answer key questions and issues from the public including questions about the response, the science, as well as the social, economic and health implications of the emergency.

It is very important to work with those in the media; including those who broadcast programmes over the Internet or who have large social media followings. Include community radio networks, commercial media houses and freelancers with large followings on social media as well as through radio or TV.

Recognise that TV is a key channel of communications for urban and wealthier populations (not a usual target audience for humanitarian aid workers). It is important to include this channel to reach everyone at risk, and everyone who can influence change.

Explore innovations in digital technology for example, Artificial Intelligence-supported social media strategies to reach local influencers who can more rapidly respond to online rumour and misinformation.

Teams that specialise in external communications may have worked on the pandemic response in earlier waves, and making use of their networks can support a social behaviour change-led strategy. Consider that social behaviour change communications are likely to have been designed by key agents including UNICEF's Communication for Development (C4D) section. Using their skills, resources, media networks, and on the ground community mobilisers will support RCCE work, and vice-versa - the RCCE coordinator or technical lead can offer support to this team.

Other community networks to consider

It is important to assess the specific audience you are trying to target and identify their trusted channels. This may be unexpected and innovative for each context. Consider professional networks such as: health care workers; teachers; university staff: youth; and transport staff (trains, taxis, buses, rickshaws and auto-rickshaws).

[37] Please see: https://www.unido.org/who-we-are/unido-brief.

Women's networks and groups

While gender mainstreaming is a critical part of any intervention it is important to seek expert advice to deliver this and to look at global best practice in women's inclusion. This may require dedicated understanding of women's and men's hesitancy to take the vaccine or to understand men's higher risk due to their increased tendency to not follow health guidance. Building a strategy that meets the needs of key audiences and groups (e.g., pregnant women, youth, elderly, disabled) requires expert input and innovation in plans. Gender specific interventions also need dedicated resources to deliver a high quality response.

Faith-based organisations networks, traditional healers and birth attendants

In assessments of preferred and most trusted communications channels, communities often point to religious leaders and traditional healers. Many agencies will already have links to these networks and it is worth mapping these agencies, NGOs and networks to consider where and how these can be used. Other public health campaigns such as polio vaccine interventions may make use of and fund religious networks for example where synergies can be explored. It is important to think about the audience and their specific information needs and trusted channels. For women, for example, orientating a network of traditional birth attendants and midwives may offer an effective route to both listen to their concerns and share key information.

Marginalised and Minority People's networks

All countries have diverse populations, multiple ethnic groups with multiple languages, dialects and political sensitivities. Identifying key groups, though an NGO consortium or through clusters will ensure access, inclusion and sensitively managed communications and collaborations to reach these groups.

Disability Rights Groups, networks and experts

Inclusion is a key component of the work of the RCCE. Seeking expert advice throughout the programme cycle management - from assessment, design, implementation to monitoring and review - requires experts in disability to ensure questions, information and engagement strategies meet the needs of everyone in society.

C. Coordinating with the Private Sector

Private sector businesses may be engaging their customers directly on the public health emergency or pandemic. Coordinating with these organisations could offer significant spread and innovation for an RCCE. Thinking strategically about how to use these opportunities could offer significant added value to a response.

Support can be drawn from collaborations with for example mobile phone and Money Transfer Companies. Those working in the humanitarian sector such as OCHA, Food Security and Livelihoods or the Cash Working Group (CWG) may have these connections and relationships in place already. Indeed, the government may have this relationship in place and have designed and shared content with them – for example with mobile phone ringtone messages (IVR), or SMS text messages. GMSA[38] represents mobile phone operators and may have a strategic presence or dedicated resources for key countries. They can potentially support with connectivity, data and outreach.

Internet social media companies (Facebook, Instagram and Twitter etc.) may provide free advertising space or support a specific national public health campaign. It is important for the RCCE to map those in the private sector with a physical and online presence in a country. Once mapped the RCCE should connect and develop a strategic network to build a more innovative response.

[38] For more see: https://www.gsma.com/

ANNEXES

ANNEX 1: National Risk Communications and Community Engagement (RCCE) Coordination Platform - Terms of Reference (TOR)

1. Background to the public health response

[Add information about the public health emergency as it relates to your context]

2. Why this Risk Communications and Community Engagement Coordination Working Group/ Task Force is needed [delete or edit as needed]

This RCCE coordination platform *is led by* the Ministry of [XXXX], Government of [XXXX], and co-led by [XXXX ADD DETAILS e.g., UN / RCCE specialist], as a key pillar of the public health response to the [XXXX] emergency.

Effective coordination of the national RCCE strategy plays an essential role in the public health response and recovery plan at national, regional/sub-national and local levels. By ensuring planning and operational decision making is driven by systematic data and information gathering, that includes and prioritises community perceptions and perspectives, with local representation and inclusion at its heart, the *scale, quality* and *effectiveness* of RCCE efforts can be increased.

A well coordinated RCCE can support the prevention of serious illness, reduce the spread of disease, and can deliver a more effective response. *Access to well coordinated life saving, timely, accurate and trusted information is essential to disease prevention and fair, free access to health care services, as is ensuring response efforts are guided and indeed owned by the communities it aims to protect.*

3. The aim of this national RCCE Working Group/Task Force

Aim*: To drive scale, quality and effectiveness in Risk Communications and Community Engagement efforts - by* ensuring that communities are fully engaged with and leading the response efforts, and that all communities have timely, accurate, trusted and localised information about the public health and prevention measures. This strengthened coordination of community centred communications and community engagement can ultimately save lives and the impact of the public health emergency.

4. The objectives of this RCCE coordination platform

The RCCE coordination platform objectives are based on the Global RCCE strategy.[39]

1. To catalyse collaboration, strengthen coordination and Advocate for quality RCCE efforts, to increase quality, harmonisation, optimisation and integration. The RCCE coordination platform convenes, enables, promotes and catalyses RCCE response efforts.

2. To be evidence-driven; to use and manage information and knowledge: promote, analyse and *use* data, information about community contexts, capacities, perceptions and behaviours. And support real time monitoring and evaluations.

3. To be community-led and drive quality and consistency: push for minimum standards for engaging communications and community engagement. Counter rumour and infodemics, and advocate and amplify timely, accurate, trustworthy and actionable information.

4. Strengthen capacity and locally-driven solutions to empower frontline organisations, networks and communities to lead disease control. Assess local and partner capacity needs and gaps and deliver a capacity strategy.

[39] The Global RCCE strategy: https://reliefweb.int/sites/reliefweb.int/files/resources/COVID%20Global%20RCCE%20Strategy%20-%20IFRC%20WHO%20%26%20UNICEF%20pdf.pdf

The key tasks of this RCCE coordination platform are described as:

1. Coordinate all RCCE interventions in the country, offering strategic and technical guidance and leadership, and building a culture of collaboration amongst diverse partners, in line with the national action response plan and the RCCE national strategy.
2. Map RCCE member implementation activities, geographical areas of operation and key focus areas in response and recovery and identify gaps and innovation in collaboration to build connections and avoid duplication.
3. Improve the overall quality of all RCCE interventions in the country, by regularly updating RCCE strategy and/or plans and implementation through an on-going cycle of listening and learning from RCCE members, local organisations, influential individuals and communities and other stakeholders who share best practices.
4. Guide the strategic development country and local level plans for community-centred communications and community engagement, based on minimum standards, aligning target audience needs with timely, accurate and effective information.
5. Galvanise, consolidate, analyse, share, and develop recommendations and actions based on data, information and evidence rooted in the local context and community voices.
6. Plan and support RCCE interventions with local organisations, networks and groups, using an integrated Accountability to Affected Populations (AAP) approach to ensure that implementation, monitoring as well as decision making power and resources are held and managed locally.
7. Map, build and reinforce the capacity and skills of RCCE members and local organisations that deliver RCCE interventions.
8. Represent and advocate for RCCE approaches, evidenced-based best practises, and concerns, gaps or challenges that have been identified, and for a community-centred response with government, other in other coordination platforms to support policy and decision making.
9. Monitor and evaluate the progress (outputs, outcomes and impact) of RCCE interventions against the country and global RCCE objectives, and share findings and advocate for ongoing adaptation of interventions as needed.

5. Who the RCCE coordination Working Group or Task Force will coordinate with (needs editing accordingly).

This RCCE Coordination platform is critical to strengthen coordination of the multiple RCCE efforts in the country; it works to strengthen practices, build partnerships, and provide systematic and quality support to partners to adopt community-centred strategies in their interventions. RCCE by nature cuts across all aspects of the response efforts to strengthen community participation and community-centred delivery of efforts to deliver a better quality response.

First this platform will coordinate and work across the other activated public health pillars in the national response efforts (such as *country-level coordination, planning, and monitoring* (pillar 1). [Name active public health pillars in the context]

Second, this platform will coordinate with existing humanitarian operations, (applicable to some contexts) and coordinate and collaborate on RCCE approaches to safeguard the health of the most vulnerable and marginalised people. This involves coordination with the humanitarian cluster system, and associated working groups. A priority for connection will be the Community Engagement and Accountability (or AAP) working group.

Thirdly, it seeks to innovate in its coordination efforts, given the multitude of the scale of the emergency and the plethora of those new to delivering RCCE strategies. It is important to strategically engage with: national, local and community media organisations; the private sector (including mobile phone companies, internet and social media platforms); as well as [super]markets, factories, ports, and transport etc.

6. The structure and responsibilities of the RCCE Coordination platform

The coordination platforms is (co)-chaired by [XXXX] and [XXXX]

- The Chair(s) is/are responsible to ensure the RCCE meets regularly [every week, month].
- The Chair(s) is/are responsible to prepare an agenda, minutes and action points and circulate in advance of the meeting.
- The Chair(s) is/are responsible to ensure multi-sector and multi-stakeholder representation of the RCCE. And to champion and ensure inclusion and diversity of the RCCE platform.
- The Chair(s) is/are responsible to develop strategies, minimum standard guidelines and tools, and to facilitate the creation, testing and coordination of these.
- The Chair(s) is/are responsible to represent the RCCE in other coordination meetings.

[EDIT AS APPROPRIATE]
This RCCE coordination platform leads [XXXX add number of] specialist working groups to support the delivery of tools, guidelines and technical support in key areas. These groups are (for example, a media working group, a social media working group or a social research working group etc.). These subgroups will lead key areas but will be managed and supported to deliver timely efforts by the RCCE Coordination platform.

ANNEX 2: RCCE Coordination Management tools

a. RCCE Coordination Management template

Objective 1 Catalyse Collaboration, Strengthen Coordination and Advocate for RCCE, to increase quality, harmonisation, optimisation and integration. A good RCCE coordination platform convenes, enables, promotes and catalyses.	WHAT? (Indicative) Activity	WHO's responsible (organisation lead) and partners	WHEN by?	Monitoring Quality	Action to take based on monitoring and feedback
	Map key partners and maintain a 4Ws across the Triple Nexus, (plus media, third party monitors and private sector)				
	Review and regularly update National RCCE plan				
	Hold regular RCCE meetings with an inclusive network and/or maintain up-to-date contact and/or email list.				
	Establish subnational RCCE task force(s)				
	Integrate RCCE approaches and local entities into the design, implementation and monitoring for all response efforts and facilitate a change management process.				
Objective 2 **Be Evidence-Driven, Use and Manage Information and Knowledge: promote, analyse and use data, information about community contexts, capacities, perceptions and**	Provide coaching and support to develop, strengthen and/or increase use and contextualise tools and processes for data collection, analysis, interpretation and use (social and behavioural data and community feedback).				

behaviours. Support real-time monitoring and evaluations; all data and information should be used for decision-making.	Support analysis, visualisation and promote use of evidence about community's context, capacities, perceptions, and behaviours (including community feedback, and misinformation trends through on-line or other media social listening mechanisms), triangulated with epidemiological and other sectoral services data.				
	Advocate for and strengthen community participatory monitoring of response				
	Conduct periodic disaggregated behaviour and perception trends analysis reports with practical recommendations for decision-makers to adapt policies or programming				
	Share best practices for RCCE strategies used locally and extend their use				
Objective 3 **Be Community-Led and Drive Quality and Consistency: push for adoption of minimum standards for communications and community engagement. Counter infodemics, and amplify timely, accurate, trustworthy and practical information. Coordinated investment into community participation through design and processes to ensure ownership of response by communities and local stakeholders.**	Support and/or establish rumour tracking mechanisms and social listening systems that are effectively used (sub)nationally and locally with all stakeholders.				
	Design and establish locally relevant minimum standard guidelines and indicators for effective RCCE.				
	Build capacity and media training of officials.				
	Advocate for community-led groups to discuss health emergencies and vaccine uptake.				
	Support planning and budgeting of RCCE approaches into proposals and plans.				

	Support and/or deliver collaborative consistent multi-channel engagement campaign				
Objective 4 **Reinforce Capacity and Locally-Driven Solutions to empower frontline organisations, networks and communities to lead disease control.** **Assess local and partner capacity needs coordinate capacity building, development and adaptation of technical guidance and tools for implementing minimum standards.**	Map partner skills and gaps and needs in RCCE approaches				
	Map globally available and adaptable training modules for key groups (e.g., for health care workers)				
	Design, test and deliver training module(s) in collaboration with partners for key staff or networks				
	Support capacity and skills of hotline staff, frontline mobilisers				
	Advocate and support strengthened Accountability at health facilities				
	Build SOPs for hotline staff ' support quality of official hotline				

b. Useful tools

- WHO Monitoring and Evaluation Framework – COVID-19 Strategic Preparedness and Response Plan
- Collective Service RCCE Indicator Guidance for COVID-19
- Partners mapping: Who is doing What, Where until when
- Rapid context analysis tools:
- Rapid Remote Context Analysis Tool (RR-CAT) in Epidemics
- Rapid Anthropological Assessments in the Field
- Rapid community assessment tools:
- Centers for Disease Control and Prevention
- RCCE Toolkits:
- International Rescue Committee, including specific 'Protection in Outbreaks' resources for body fluid and blood transmission, waterborne transmission, and respiratory transmission diseases
- READY (JHU)

REFERENCE/FURTHER READING LIST

1. Risk Communications and Community Engagement (RCCE) Collective - Action Plan Guidance for COVID-19 Preparedness and Response https://www.who.int/publications/i/item/risk-communication-and-community-engagement-(rcce)-action-plan-guidance
2. COVID-19 Preparedness and Response, WHO https://www.who.int/publications/i/item/risk-communication-and-community-engagement-(rcce)-action-plan-guidance
3. COVID-19 Strategic Preparedness and Response Plan - Operational planning guidelines to support country preparedness and response, WHO. https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf
4. COVID-19 Global Response; Risk Communications and Community Engagement Strategy (all partners), IFRC. https://www.communityengagementhub.org/wp-content/uploads/sites/2/2020/04/RCCE_Strategy_Brand_v.2.pdf
5. Collective Communication and Community Action in humanitarian action - How to Guide for leaders and responders http://www.cdacnetwork.org/tools-and-resources/i/20190205105256-aoi9j
6. https://www.unicef.org/mena/media/8401/file/19218_MinimumQuality-Report_v07_RC_002.pdf.pdf
7. RCCE Interim Indicator Guidance https://www.rcce-collective.net/wp-content/uploads/2022/03/Interim-RCCE-Indicator-Guidance-Final-ENG_compressed.pdf
8. Learning Brief – coordinating and managing information during the COVID-19 pandemic https://resources.hygienehub.info/en/articles/5714634-learning-brief-coordinating-and-managing-information-during-the-covid-19-pandemic

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The RCCE Collective Service enables collaboration between a wide range of organisations engaged in policy, practise, and research to strengthen coordination and increase the scale and quality of RCCE approaches, while also supporting a coordinated community-centered approach that is embedded across public health and humanitarian response efforts.

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