Implementing and Monitoring Community Engagement Activities in the Era of Physical Distancing

This document provides guidance on how *to adapt and monitor community engagement* activities within Risk Communication and Community Engagements (RCCE) plans to fit physical distancing measures in response to the COVID-19 outbreak. The guidance provided is to be contextualized and adapted to country /regional environment recognizing that a "one-size-fits-all" approach to coronavirus mitigation does not produce the same outcomes across different populations and conditions.

The brief has been developed for professionals, staff of actors in the public health and other social sectors as well as implementing organizations in the humanitarian and development field that are responsible for conducting community engagement interventions in the context of COVID-19. The brief is specifically relevant for community mobilizers, faith & community leaders, and healthcare providers.

- **NOTE**: From here on, *community mobilizers* refer to community health workers, social influencers, community-based organizations (youth groups, women's groups, etc.), teachers, social service workers, and NGO & INGO volunteers that have roles within the community.

UNICEF's RCCE COVID-19 response, strategy and actions are implemented based on key principles. One of the key principles embraces 'people-centered' approaches as critical to ensure participatory and inclusive processes, that empower communities to take action, facilitate two-way communication between communities and responders, and invest in local capacity building, that are core community engagement standards.

Organizations build and maintain trust with stakeholders through continuity and quality engagement. Lack of trust between local communities and international and national public health actors is [one of the foremost challenges](#) facing humanitarian action, outbreak response as well as preparedness. It is incredibly important to strengthen the relationship between communities, stakeholders and "emergency responders", not only during the current COVID-19 outbreak, but through recovery and beyond. [According to the WHO](#), in order to foster trust, risk communication should:

> *Quality community engagement builds vital trust between communities and responders*

- ➢ be linked to functioning and accessible service
- ➢ be transparent and timely
- ➢ be easy-to-understand/contextualized – languages, education levels, preferences for oral, visual, or written formats
- ➢ acknowledge uncertainty – indicate what is known (based on accurate data/info) and unknown, but do **not** over-reassure
- ➢ target and address at risk and vulnerable populations
- ➢ be disseminated through multiple trusted sources, platforms, channels, and methods

Community engagement is critically important in all contexts, but especially in low-resource settings like informal rural settlements and urban slums. Low-resource areas are not uniform in their needs, as measures such as physical distancing are considered more possible in a rural village than in an urban slum, where physical distancing is essentially impossible. Community leaders and other key actors, as well as local organizations are vital actors as well as stakeholders to the implementation of RCCE actions in these areas.

Monitoring Community Engagement Activities

Monitoring the implementation of community engagement activities and solutions is fundamental to make sure the activities are evidence-based. A range of data needs and methods, including processes for collection, analysis and use should be integrated throughout implementation of RCCE interventions, to improve and adjust activities as needed.

National and local authorities, trusted community leaders/actors and partners should be actively engaged and clarify roles in the coordination and planning of data collection, monitoring, and evaluation. When these partnerships are leveraged to their maximum potential in the development of an RCCE monitoring plan, implementing partners can identify preferences in communication channels as well as trusted sources of information within the community. All monitoring and evaluation efforts must avoid perpetuating vulnerability and stigma.

Some key questions to answer while developing a monitoring plan include:

DATA COLLECTION

How are existing data collection systems being leveraged?

Are data collection timelines, budgets, staffing, and resources realistic?

Do the means of verification align with other key UNICEF and government data being collected?

DATA ANALYSIS

How will the data be analyzed?

Does RCCE data "speak" to non-RCCE response pillars to provide greater insights?

Is there a data management plan?

DATA USE

Who will receive findings? Are there existing reporting and decision-making platforms that will review the data?

How will findings be used?

Will local communities have access to lessons learned?

How will the County Office use data to help respond to COVID-19's primary and secondary

Two-way dialogue with communities, the public, and other stakeholders should be a proactive and continuous process. Early and ongoing assessments that develop a better understanding of social, cultural, and contextual factors of communities and the public should be conducted and findings continuously communicated on-going, participatory, and inclusive. These assessments aim to

address critical drivers and enablers of behavior change and informed decision-making, trust-building, and continuous communication between people and the organizations and authorities that are responding in a public health outbreak.

The WHO Regional Office of Europe created a rapid assessment tool to support this effort. Additional assessment and analysis tools such as Mobile Perception Surveys and GeoPoll should also be considered and used to inform RCCE M&E plans. A detailed overview of possible digital data collection tools can be found in the Appendix.

The UNICEF C4D COVID-19 RCCE Indicator Guidance Package provides a comprehensive overview of the indicators and strategies for data collection. A sample of possible indicators is included for each activity in this guidance, more detailed indicators can be found in the RCCE Indicator Guide.

House-to-House Community Outreach

House-to-House community outreach is the most common forms of Community Engagement. During the current COVID-19 outbreak, house-to-house community outreach is not recommended, as this is associated with a highly disproportional use of one-way communication, especially where digital engagement is not possible. This has led to negative consequences to community engagement, participation, and feedback. Traditional face-to-face participatory approaches will be more difficult to implement during the COVID-19 response. However, depending on the epidemiological situation in different geographic areas and local physical distancing measures, the use of traditional face-to-face approaches can be valid, especially if a Country Office is still in the preparedness phase of their response. Strong caution and consultation with technical teams are principles to follow in making such decisions. Follow this simplified flow chart to determine if traditional House-to-House outreach is necessary, and how to conduct activities safely. The comprehensive protocol can be found in the References Annex.
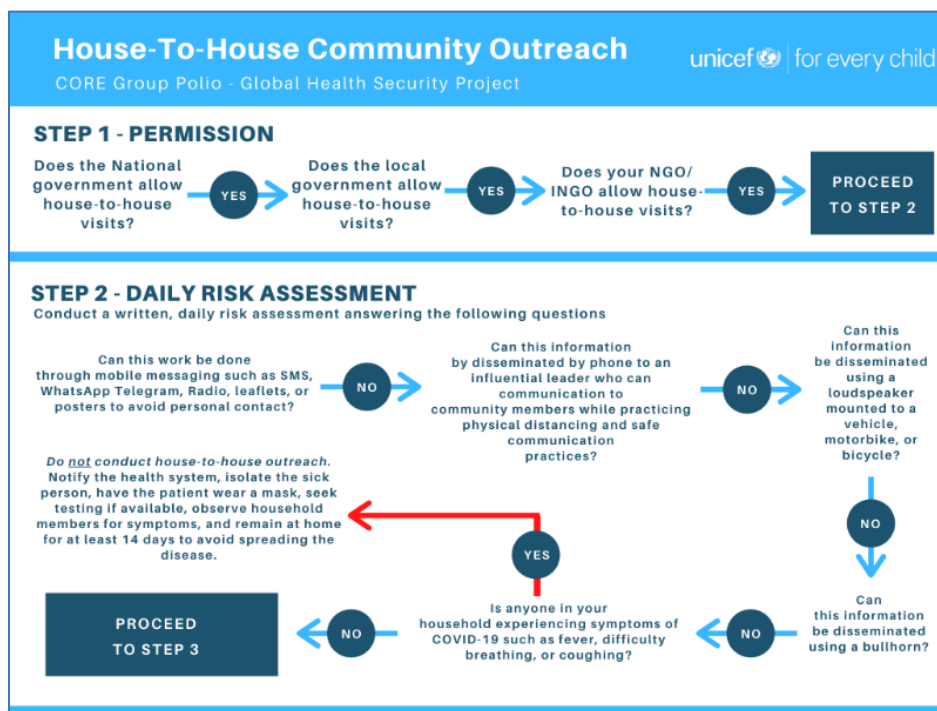
STEP 3 - HOUSE-TO-HOUSE PROTOCOL

If the daily risk assessment concludes that house-to-house visits are necessary, adhere to the following safety precautions and guidelines at all times.

- Stand 2 meters away from others at all times
- Do not enter the homes
- Do not meet in groups
- Avoid shaking hands or other physical greetings or contact
- Limit the number of households visited and days or hours worked to minimize exposure
- Use large format IEC materials to maintain distance (posters and banners)
- Leave behind leaflets
- Avoid Public Transportation if possible
- Use mobile messaging where possible to reduce direct contact

- Avoid wearing jewelry, watches or other things that would need to be cleaned afterwards.
- Travel with sanitizer or soap and wash hands often and especially between house visits.
- Cough into your elbow
- Do not spit & Do not touch your face
- Keep group meetings to less than 10 people
- Use cascade training methodologies such as the Care Group Model to reduce large training groups
- Stop working and self-isolate or go to a health facility if you are ill
- Designate a space for removing and cleaning clothing at home
- Clean/disinfect pens, bullhorn, clipboard, and other items with bleach mixed with water

Additional Considerations

If cloth masks/ face covering protection are used, the protection should only be used for a maximum of 4 hours/ half day of work. The protection should be replaced or washed thoroughly before using again.

As noted previously, these considerations should be molded to the country-specific context. For example, if you are ill, going to a health facility may not be the recommended course of action in your geographic area. However, you can still seek medical advice on next steps.

Additionally, if any of the proposed activities in Step 2 (mobile messaging, use of loudspeakers, etc.) are deemed possible, two-way communication channels must be present for these activities. Communities need to be able to actively participate and provide feedback in any community engagement activity implemented. One-way information dissemination is not recommended.

Alternative Community Engagement Activities

Wherever possible, an alternative to house-to-house community outreach is recommended during the era of physical distancing.

The following breakdown provides guidelines for community engagement actions to maintain physical distancing measures, disaggregated by role/function/key actor. These roles include:

- Community mobilizers

- Community & faith leaders, traditional healers

- Healthcare providers

Dialogue and participation in times of physical distancing will require approaches to reduce risks of exposure, in accordance with local and national COVID-19 safety and prevention recommendations.

The following section provides a summary of possible community engagement activities that may be conducted. Each activity is described by:

- **Activity** – name of the community engagement activity

- **Context** – environment and setting which this activity could be conducted in

    - High Resource vs. Low Resource
        - High Resource: Access to digital services and devices such as the Internet, smart/ mobile phones, and SMS is widely available
        - Low Resource: Digital services and devices are not readily accessible; most common forms of information dissemination and community engagement are word of mouth, radio and mobile/ stationary megaphones

    - Urban vs. Rural

- **Guidelines** – step-by-step instructions on how to conduct the community engagement activity while still maintaining physical distancing measures

- **Examples of RCCE Indicators** – these are possible indicators that could be used to monitor the performance and success of the community engagement activity

    - **NOTE**: the indicators within the table are suggested examples, and not the only indicators for that activity. The UNICEF C4D [COVID-19 RCCE Indicator Guidance Package](#) contains additional possible indicators for monitoring & evaluation and should be used to develop your team's monitoring & evaluation plan for each activity conducted

Direct interactions and gatherings in times of physical distancing will require approaches to reduce risks of exposure, in accordance with local and national COVID-19 safety and prevention recommendations

Community Engagement Activity Guidelines in the Era of Physical Distancing

Community Mobilizers

Community Mobilizers are the backbone of many humanitarian and outbreak responses. At the community level they:
- are the already trusted members of the community, and could foster better understanding of what their communities are facing
- can provide timely and actionable health information regarding the current COVID-19 outbreak, which allows communities to better protect themselves and stay healthy.

The activities that they engage in puts them at high-risk for COVID-19 infection and transmission, and face-to-face interactions as interpersonal communication are hallmarks of a community mobilizers' position. The following illustrates how RCCE activities can be adjusted to facilitate community engagement while reducing risks of exposure to COVID-19.

Activity	Context	Guidelines	Examples of RCCE Indicators
Community-based dialogues *in areas without or with limited cellular and internet coverage*	Low Resource Urban/ Rural	***If confinement measures are not in place:*** -Hold smaller group meetings, limited to *10* people at a time • The specific threshold capacity varies greatly across contexts, follow local/ district/ national guidelines -Have every group member stand/sit at least 1 meter apart, ideally 2 meters apart from one another -Ensure space is well-ventilated -Encourage dialogue, record & utilize community feedback on COVID-19 response to foster two-way communication **If confinement measures are in place:** -Partner with local radio stations to create daily/ weekly **interactive** radio shows	**Input**: # COVID-19 community engagement interventions planned **Output**: # of people engaged through community-based actions **Outcomes**: # community-based activities conducted % of attendees who can accurately identify correct COVID-19 prevention measures **Impact**: # people who feel that COVID-19 CE intervention outcomes are consistent with community needs and expectations

		• Accurate COVID-19 prevention information can be disseminated by an expert/ trusted local community leader/trusted source • Listeners can call in to ask questions, concerns, share suggestions, solutions and speak about their own experiences and actions *Source:* WHO Engaging Communities Tips; UNICEF C4D South Sudan & Uganda COVID-19 Lessons Learned	

Community-based dialogues *in areas with widespread access to digital services*	High Resource
	
	Urban/ Rural
		-Hold **interactive** virtual discussion groups composed of local leaders and community representatives
		• Any platform that is chosen must have the capacity to facilitate two-way communication, participation, inclusion and opportunity for community feedback
		
		-Interactive digital platforms include, but are not limited to:
		• WhatsApp Discussion Groups
		   o WhatsApp Cascade reaches high levels of decision-makers and can share clear information for individual families to advise on practice proper prevention behavior
		• Social Media
		   o Using platforms such as Facebook, Twitter, Instagram and Weibo allows information to be disseminated while also providing a space for the community to share their thoughts and feedback
		• Interactive Local Mass Media & Mobile Phones
		   o Organize deliberate community engagement efforts with local radio/ TV/ online media
		   o Ensure that the chosen platform allows for community feedback (call-in radio
			Input:
			Audience analysis to determine reach to at-risk and/or vulnerable populations
			
			# persons planned to be reached through COVID-19 community engagement interventions
			
			Output:
			# of interactive TV spots broadcasted
			
			# of interactive radio shows broadcasted
			
			Outcomes:
			# of call-in questions received through during interactive radio/ TV program
			
			# of comments on posts on social media
			
			Impacts:
			# of people who got the help they needed following use of feedback mechanisms

		shows, interactive TV formats, online presence to capture question, concerns and overall community sentiment *Source:* [WHO Engaging Communities Tips](#)	
Maintain social links for isolated patients /at risk population (in case of shielding approach)	All contexts	-Provide the daily needs for isolated cases during their isolation/ quarantine period • Food, water, hygiene materials (including for menstrual hygiene), mental health and psychosocial support, etc. -Identify safe ways to allow contact of isolated and quarantine individuals with family members and friends • Use of communication technology • Set up of physical barriers between patients and visitors -Incorporate child safeguarding and protection measures against sexual exploitation and abuse into the set-up and management of isolation and treatment facilities -Establish a link with GBV actors to provide GBV services in case survivors seek support while they are in a facility -Collaborate with child protection actors to prioritize use of measures that maintain family unity and prevent family separation when a child or a parent(s)/caregiver(s) are quarantined. • For children who stay in quarantine facilities, make a necessary arrangement for them to continue accessing education and mental health and psychosocial support. *Source:* [UNICEF Faith-In-Action](#)	**Input:** # community goals for inclusive participation are identified **Output:** Community members identify the needs of vulnerable and marginalized groups impacted by COVID-19 **Outcome:** # community goals for inclusive participation are achieved **Impact:** # people who feel that COVID-19 community engagement intervention outcomes are consistent with community needs and expectations

Faith Leaders/ Community Leaders/ Traditional Healers

Influential leaders within communities, whether they are faith leaders, group leaders, or traditional healers, play a vital role in the success of RCCE activities. Leaders should be fully incorporated into co-planning and monitoring of the COVID-19 responses. These are the people who the community looks up to, trusts, and listens to. Leaders should be provided with clear information to prevent the spread of misinformation and encourage appropriate prevention behaviors. The following guidance provides specific actions community leaders can take to help prevent the spread of COVID-19 while following physical distancing measures.

Activity	Context	Guidelines	Examples of RCCE Indicators
Find Community-led solutions from within your own community	All contexts, but particularly relevant for low-resource	-Develop effective disease prevention measures based on the local context (built environment, resource availability, cultural or religious customs, etc.) -Examples of existing community-led solutions: • Neighborhood resilience committees making and distributing hand sanitizers using alcohol originally intended for use in illicit liquor – Sudan • Indigenous peoples' communities making their own traditional disinfectant from plants and fruits – Indonesia • Group of local soap makers will include COVID-19 prevention messages and child-friendly pictures with examples of activities parents can practice with their children – Tanzania *Source:* WHO Engaging Communities Tips	**Input:** # COVID-19 community engagement interventions planned **Output:** # of people engaged through community-based actions # of focal points trained to facilitate engagement activities **Outcome:** # community-based activities conducted **Impact:** # people who feel that COVID-19 CE intervention outcomes are consistent with community needs and expectations
Hold religious activities for worship and information dissemination	All contexts	-If possible, hold gatherings virtually over platforms such as Zoom, Facebook, Twitter, and other social media/ telecommunication platforms -If it is not possible to hold gathering virtually, keep worshippers at least 1 meter apart, ideally 2 meters apart	**Input:** # community goals for inclusive participation are identified # of people planned to be reached through community engagement activities **Output:**

		-If gatherings are planned, consider having the event outdoors.	% of people reached by messages who recall at least 3 preventive practices
		-Regulate the flow of people to decrease person-to-person contact. -Consider having multiple services with fewer people.	**Outcome:** # of people reached through digital religious gathering/ other community engagement activity # of people who trust messages # of people who feel that they can access information that they need **Impact:** % of people who have implemented [recommended prevention actions] for COVID-19 # of people who used available messaging to access [services] for COVID-19 % of people who have shared the messages with members of their family, peers
		Source: UNICEF Faith-In-Action	
Religious rituals to strengthen community bonds	All contexts	-Promote worshippers greeting each other without touching. -Do not allow worshippers to kiss or touch any devotional objects. Consider bowing to the objects instead. -Consider pre-packaged individual servings of ceremonial food rather than communal servings.	**Input:** # of people planned to be reached through community engagement activities **Output:** # of messages, tools and guidance documents that have been locally validated to determine timeliness, accuracy, and relevance to context prior to deployment of messages **Outcome:**

		-Encourage worshippers to perform their ritual ablutions at home, and also provide hygiene materials for handwashing and ablution	% of people reached by messages who consider it important to take the recommended actions to prevent the spread of COVID19
			Impact: % of people who have implemented [recommended prevention actions] for COVID-19
		Source: [WHO](#)	
Identify and support elderly and people with fragile health	All contexts	-Support/lead communities identifying the most-at-risk among communities. -Support understanding of people with special needs. -Adapt, promote and support positive messaging. -Engage with care, support vulnerable and affected people. -Encourage communities to extend support. -Prepare for possible shortage of essentials and medication. -Facilitate access of the most-at-risk to services. -Mobilize resources and volunteers for support. -Engage vulnerable groups in response plans. *Source*: [UNICEF Faith-In-Action](#)	**Input:** # of people living in communities that have integrated local institutions, networks, and leadership into COVID-19 planning, management, assessment and monitoring **Output:** Issues identified are among the top priorities of communities for community action. **Outcome:** # community goals for inclusive participation are achieved **Impact:** # people who feel that COVID-19 CE intervention outcomes are consistent with community needs and expectations

Identify and support people living in extreme poverty	All contexts	-Support authorities to identify the extremely poor. -Understand their needs and potential risks. -Adapt and disseminate positive messaging. -Engage with care and help to prioritize assistance. -Include in decision making processes and response plans. -Enhance their capacity to cope, adapt and support their peers. *Source*: UNICEF Faith-In-Action	**Input:** # community goals for inclusive participation are identified **Output:** Community members identify the needs of vulnerable and marginalized groups impacted by COVID-19 **Outcome:** # community goals for inclusive participation are achieved **Impact:** # communities that report having been successfully able to advocate for needs and resources related COVOD-19 response to government using RCCE channels
Identify and support pregnant women and children	All contexts	-Consult and understand their concerns, fears and needs. -Support the design and tailoring of messages for children. -Promote simple practices like hygiene. -Provide parents skills to handle and manage children under stress. -Promote fun activities to reduce anxiety and tension. -Advocate for counselling support for affected children. -Consider different needs by gender, context and marginalized group.	**Input:** # community goals for inclusive participation are identified **Output:** Community members identify the needs of vulnerable and marginalized groups impacted by COVID-19 **Outcome:** # community goals for inclusive participation are achieved **Impact:** # communities that report having been successfully able to advocate for needs and resources related COVOD-

			19 response to government using RCCE channels
Identify and support people living with disabilities	All contexts	-Support active outreach to collect feedback from people with disabilities. -Support access to information in appropriate and multiple formats. -Involve them in decision making. -Provide tailored support to specific needs *Source*: UNICEF Faith-In-Action	**Input:** # reports of stigma, discrimination or racial/ethnic targeting related to COVID-19 # community goals for inclusive participation are identified **Output:** Community members identify groups vulnerable to stigma, discrimination or racial/ethnic targeting related to COVID-19 Community members identify the needs of vulnerable and marginalized groups impacted by COVID-19 **Outcome:** # of interventions conducted to reduce stigma, discrimination or racial/ethnic targeting related to COVID-19 **Impact:** # communities that report having been successfully able to advocate for needs and resources related COVOD-19 response to government using RCCE channels
Identify and support people experiencing discrimination	All contexts	-Translate information to local languages. -Listen to questions and concerns in their own language.	**Input:** # reports of stigma, discrimination or racial/ethnic targeting related to COVID-19 **Output:**

		-Enable spaces for safe communication for specific vulnerable groups. -Support minorities to access services and have capacities to cope and adapt. *Source*: UNICEF Faith-In-Action	Community members identify groups vulnerable to stigma, discrimination or racial/ethnic targeting related to COVID-19 **Outcome**: # of interventions conducted to reduce stigma, discrimination or racial/ethnic targeting related to COVID-19 **Impact**: % change in reported incidents of discrimination or stigma between baseline and reporting intervals
Identify and support people experiencing homelessness	All contexts	-Provide or initiate a partnership with a community-based organization to provide psycho-social support. -Facilitate shelter reflecting recommended physical distancing measures: • Keep people at least 1 meter apart, ideally 2 meters • Distribute pre-packaged, individual servings of meals instead of communal meals • Wear PPE at all times: gloves, protective gowns, face masks/ coverings -Encourage community solidarity. -Support provision of food, face masks, hygiene basic needs.	**Input**: # reports of stigma, discrimination or racial/ethnic targeting related to COVID-19 # community goals for inclusive participation are identified **Output**: Community members identify groups vulnerable to stigma, discrimination or racial/ethnic targeting related to COVID-19 Community members identify the needs of vulnerable and marginalized groups impacted by COVID-19 **Outcome**: # of interventions conducted to reduce stigma, discrimination or racial/ethnic targeting related to COVID-19 **Impact**:

			# communities that report having been successfully able to advocate for needs and resources related COVOD-19 response to government using RCCE channels
		Source: UNICEF Faith-In-Action	
Identify and support people on the move: migrants, internally displaced people, refugees	All contexts	-Support translation and dissemination of health information. -Address beliefs, practices and values. -Use appropriate channels of communication to reach population of the move. -Support services at international borders and transit points. -Partner with civil society organizations. -Mobilize volunteers among migrant groups. *Source*: UNICEF Faith-In-Action	**Input:** # reports of stigma, discrimination or racial/ethnic targeting related to COVID-19 **Output:** Community members identify groups vulnerable to stigma, discrimination or racial/ethnic targeting related to COVID-19 **Outcome:** # of interventions conducted to reduce stigma, discrimination or racial/ethnic targeting related to COVID-19 **Impact:** % change in reported incidents of discrimination or stigma between baseline and reporting intervals

Healthcare Providers

Healthcare providers are truly on the frontlines of the pandemic. They are at the highest risk of exposure to the virus, and in some contexts lack proper personal protective equipment (PPE). The following actions can be taken by providers and healthcare facility staff to minimize the risk of COVID-19 transmission while still providing the community with clear and accurate information.

Activity	Context	Guidelines	Examples of RCCE Indicators
Face-to-face health services and counseling at facility or clinic	High/ low resource	-Brief front-line teams on the basics of good inter-personal communication. -Ensure they have access to accurate, up-to-date information that they can pass on to communities. -Ensure front-line staff know how to collect, record and address feedback, concerns, or complaints they receive from service users. *Source:* BBC Media Action	<u>**Input**</u>: Availability of government and UNICEF reporting mechanisms for COVID-19 interventions and actors <u>**Output**</u>: # community focal points who are trained to facilitate real-time or asynchronous two-way communication <u>**Outcome**</u>: # of people who feel that they were able to get the information they needed through feedback mechanisms <u>**Impact**</u>: Increase in quality and frequency of interactions between community members, service providers, and other stakeholders (ex. Govt)
Audio/ video messaging at health facilities	High/ Low Resource Rural/ Urban	-Use regularly updated posters with the latest information and advice in health facilities to discourage people to gather in large groups.	<u>**Input**</u>: # persons planned to be reached through COVID-19 community engagement interventions

		-Hand-written information on a whiteboard or flip-pad is equally as useful in contexts where posters cannot be readily printed.	**Output:** # of people engaged through community-based actions
			Outcome: # communities demonstrate an ability to explore key issues, develop action plans, carry out action plans and evaluate results.
			Impact: # people who feel that COVID-19 CE intervention outcomes are consistent with community needs and expectations
		Source: BBC Media Action	

Appendices

References Annex
In order of appearance within the document

Title	Source	Description
FROM WORDS TO ACTION: Towards a community-centered approach to preparedness and response in health emergencies	IFRC	A guidance document detailing the important of community engagement in emergency preparedness. The document outlines effective approaches, the necessity to bring community engagement into the forefront of planning, and priority actions for achieving a community-centered approach.
Compliance with physical distancing measures for COVID-19 and implications for RCCE in Eastern and Southern Africa (April 2020)	Social Science in Humanitarian Action Platform (SSHAP) - Anthrologica	This brief reports on attitudes and practices relating to physical distancing measures in Eastern and Southern Africa in the context of the current global COVID-19 outbreak. It sets out practical considerations for the formulation of communication strategies and messaging on the subject of physical distancing related to COVID-19, taking into account the numerous challenges regarding implementation and mitigation of harmful effects that exist in the region, and cognizant that distancing may, in some settings, have adverse effects and contribute directly and indirectly to COVID-19 related deaths.
Minimum quality standards and indicators in community engagement	UNICEF	Guidance that describes how to operationalize monitoring efforts for community engagement activities. It also outlines minimum standards that seek to establish a common language of government, local populations, donors, implementing actors, and policy makers, to facilitate the adoption and acceptance of this essential range of practices.
COVID-19 House-to-House Community Outreach	CORE Group Polio – Global Health Security Project	A guidance protocol outlining how to conduct house-to-house community outreach while maintaining physical distancing measures. The document contains a comprehensive version, a simplified version, and an even more simplified version of the protocol.
Monitoring behavioral insights related to COVID-19	WHO Regional Office for Europe	The WHO Regional Office for Europe developed a tool to complete rapid, simple data collection and analysis of human behavior and attitudes during the COVID-19 crisis. The guidance document includes guidance on the recommended process and steps, a sample methodology, advice for obtaining ethical clearance, a suggested sample questionnaire and codes for data analysis and establishing a protected website for presentation of findings.

GeoPoll Resources: Coronavirus	GeoPoll	GeoPoll provides remote research services, including test message surveys and online surveys, throughout Africa, Asia, and Latin America. This page is devoted to GeoPoll resources centered around the coronavirus, including latest situation reports and tips for collecting data during a crisis.
UNICEF C4D COVID-19 RCCE Indicator Guidance Package	UNICEF C4D	This guidance document summarizes key information on data collection, measurement, and indicators for UNICEF C4D Risk Communication and Community Engagement (RCCE) in relation to the 2019 novel coronavirus (COVID-19) outbreak.
Tips for Engaging Communities during COVID-19 in Low-Resource Settings, Remotely and In-Person	WHO, IFRC, UNICEF, & GOARN	This guidance document provides key considerations for engaging communities on COVID-19 and tips for how to engage where there are movement restrictions and physical distancing measures in place, particularly in low-resource settings. It is designed for non-governmental organizations (NGOs), UN agencies, government agencies, and other humanitarian and implementing actors working on health promotion, risk communication, and community engagement for COVID-19.
UNICEF C4D South Sudan and Uganda COVID-19 Lessons Learned Webinar	UNICEF C4D South Sudan & C4D Uganda	A Lessons Learned Webinar on Communicating Risks and Engaging for Behavior Change held on 05/05/2020 presented by the UNICEF C4D offices of South Sudan and Uganda.
Community engagement from a distance	BBC Media Action	A short guide is designed to assist development and humanitarian agencies to think through how risk communication and community engagement activity related to Covid-19 can be carried out without face-to-face interaction with communities
Community Engagement and Physical Distancing: Guidance for Reaching Populations in Low-Resource Settings with Remote Options	Johns Hopkins University, UNICEF	This brief provides government, non-governmental organizations (NGOs), UN agencies, and other humanitarian and implementing actors working on health promotion, risk communication, community engagement and other community level COVID-19 preventative measures with key considerations for engaging communities where there are movement restrictions and physical distancing measures.
Faith In Action COVID-19 Initiative Regional Webinar	UNICEF, Religions For Peace	An in-depth webinar presented by UNICEF C4D and Religions For Peace detailing actions faith leaders can take to help stop the spread of COVID-19 and keep their communities safe and informed.
Interim Guidance on Public Health and Social Measures for COVID-19 Preparedness and Response in Low Capacity and Humanitarian Settings	IASC	This Interim Guidance outlines how key public health and social measures can be adapted for use in low capacity and humanitarian setting, depending on the scale of transmission, the context, and resources, to facilitate the detection and management of infected and exposed individuals within the population.

Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19	WHO	This document and risk assessment tool provides practical guidance and recommendations to support the special role of religious leaders, faith-based organizations, and faith communities in COVID-19 education, preparedness, and response.

Digital Data Collection Tools

Tool	Source	Description
WHO Rapid Assessment Tool	WHO Regional Office for Europe	The WHO Regional Office for Europe developed a tool to complete rapid, simple data collection and analysis of human behavior and attitudes during the COVID-19 crisis. The guidance document includes guidance on the recommended process and steps, a sample methodology, advice for obtaining ethical clearance, a suggested sample questionnaire and codes for data analysis and establishing a protected website for presentation of findings.
GeoPoll Resources: Coronavirus	GeoPoll	GeoPoll provides remote research services, including test message surveys and online surveys, throughout Africa, Asia, and Latin America. This page is devoted to GeoPoll resources centered around the coronavirus, including latest situation reports and tips for collecting data during a crisis.
U-Report	UNICEF	U-Report is a free tool for community participation, designed to address issues that the population cares about. Once a U-Reporter has followed U-Report Global on Facebook messenger polls and alerts are sent via Direct Message and real-time responses are collected and mapped on this site. Results and ideas are shared back with the community. Issues polled include health, education, water, sanitation and hygiene, youth unemployment, HIV/AIDS, disease outbreaks and anything else people want to discuss.
Mobile Perception Surveys	Viamo	Viamo has the capability to partner with NGOs and INGOs to develop nationwide mobile phone surveys using Interactive Voice Response (IVR). Surveys are used to assess community knowledge gaps, risk perceptions about COVID-19, behaviors, existing barriers to behavior change, specific needs, preferred communication patterns and channels, and influencers.
CommCare	Dimagi	CommCare is an offline data collection application that allows end-users to record and collect data without having to connect to the internet. Users can build and customize their own data collection forms, collect data, and analyze results all in one application.