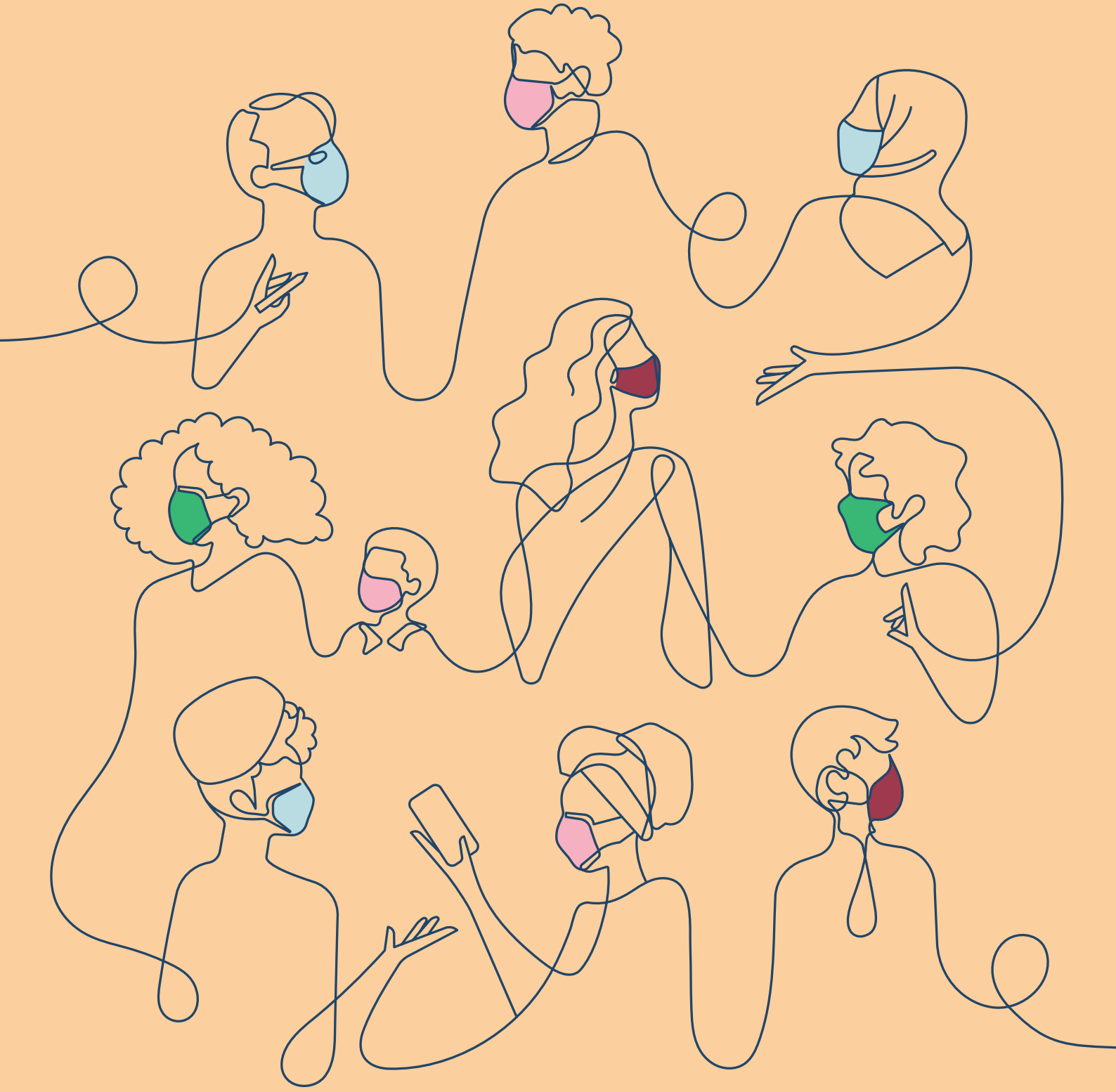
Operational guide
for engaging communities
in contact tracing

28 May 2021



World Health Organization

IFRC

GOARN
Global Outbreak Alert and Response Network

unicef
for every child

WHO continues to monitor the situation closely for any changes that may affect this operational guide. Should any factors change, WHO will issue a further update. Otherwise, this operational guide will expire 2 years after the date of publication.

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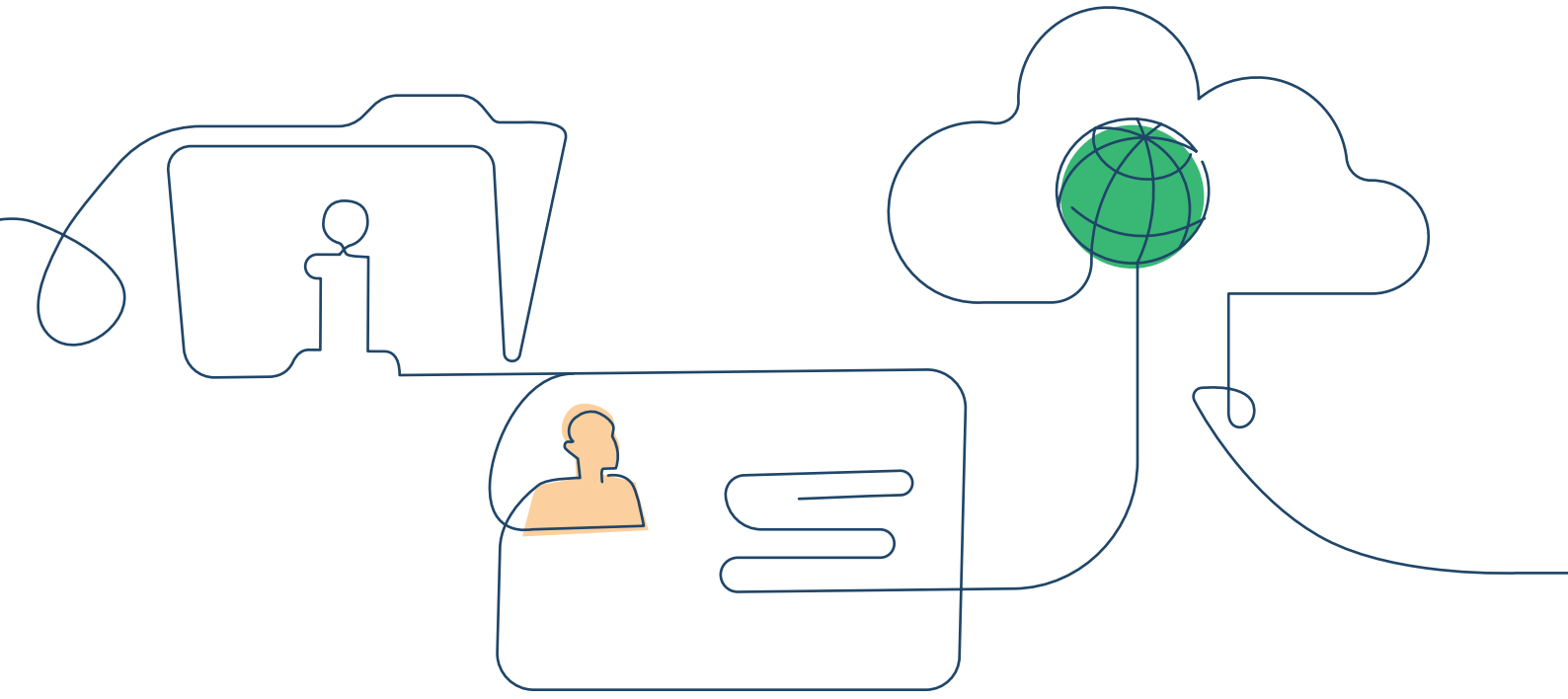
WHO/2019-nCoV/Contact_tracing/Community_engagement/2021.1



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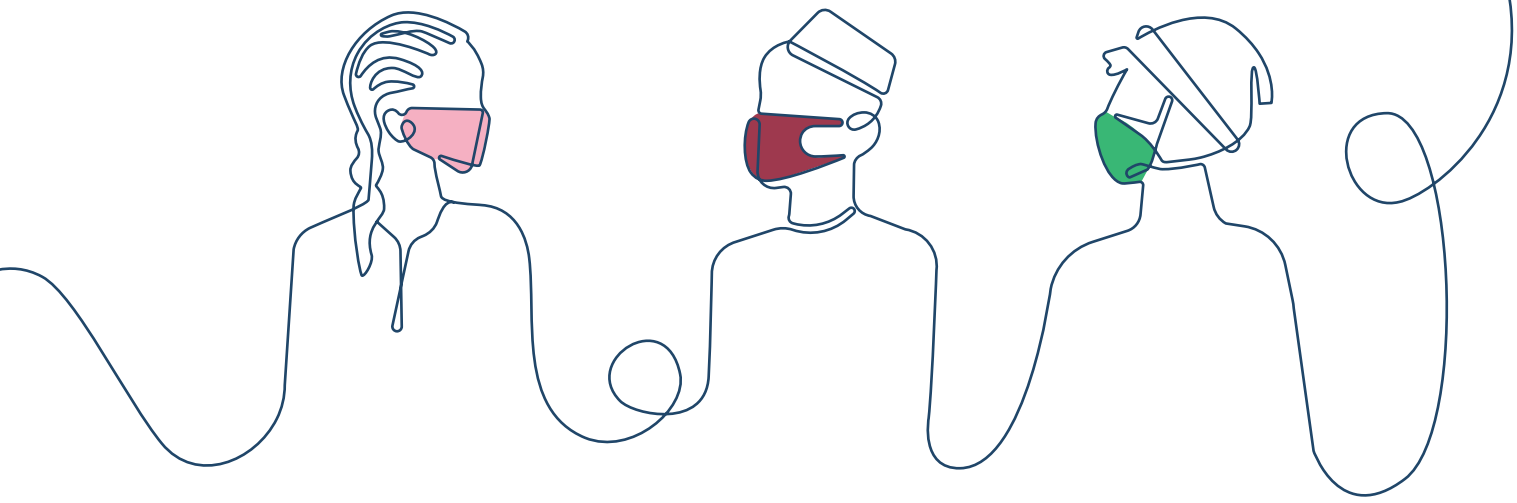
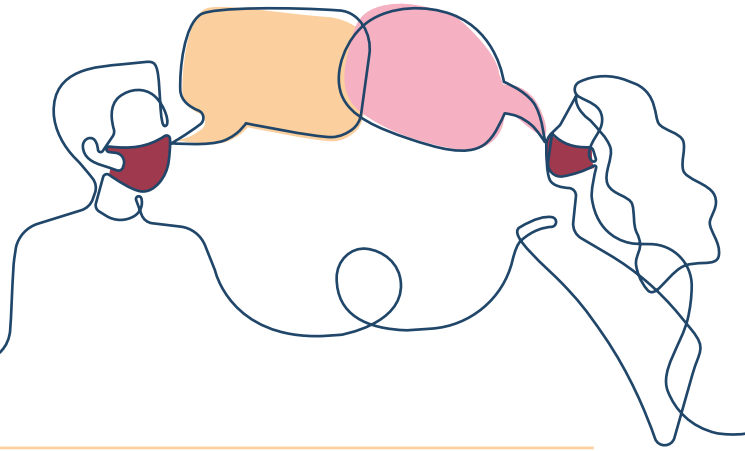


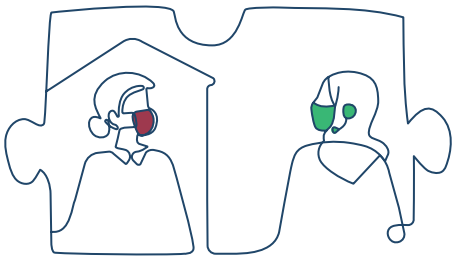
Useful terms



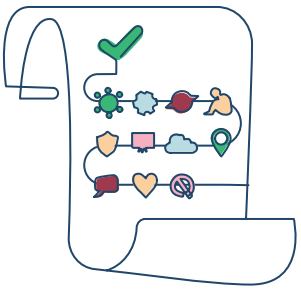
Communities	are groups of people that may or may not be geographically connected but who share common interests, concerns or identities. These communities could be local, national or international, with specific or broad interest (1).
Community Engagement	Community engagement is an approach to directly involve local populations in all aspects of decision-making implementation, and policy. Building on a participatory approach, community engagement strengthens local capacities, community structures and local ownership to improve transparency, accountability and optimal resource allocations across diverse settings (2).
Community feedback mechanism	A system developed to listen, analyse and act on people's needs and opinions in order to provide organizations with deeper insights on the priorities of affected communities and ultimately improve programme development, implementation and sustainability. The information collected can also serve as an early warning system to address unforeseen challenge (3).
Contact Tracing	The identification, assessment, management and monitoring of persons who may have come into close contact with a person infected with COVID-19.
Contact Tracing Pillar	Overarching term to include all contact tracing entities and activities in a COVID-19 outbreak response.
COVID-19 Contact	A person who has been exposed to someone else infected with COVID-19, at any time between 2 days before or at least 13 days after the person begins to show symptoms for a symptomatic case; and for asymptomatic cases, 2 days before and 10 days after the sample that led to a positive test was taken. For the detailed definition of a Contact and Exposure criteria, please refer to WHO's guidance: Contact tracing in the context of COVID-19 (p.4).
Emergency Operations Centre (EOC)	Physical or virtual location that brings together highly trained experts and state-of-the-art technology to coordinate resources, information and crisis and emergency risk communication during emergencies.
Incident Management System (IMS)	The IMS provides a standardized, yet flexible approach to managing a response to an emergency. The IMS includes six primary functions: leadership; partner coordination; information and planning; health operations and technical expertise; operations support and logistics; and finance and administration. The IMS is an internationally recognized model for responding to emergencies (4).

Indicator	A tool that measures change and progress as a result of the intervention.
	Input: indicators for monitoring performance - measure the contributions necessary to enable the programme to be implemented.
	Process: indicators for monitoring performance - measure the important processes (i.e. activities) that contribute to the achievement of programme outcomes.
	Outputs: indicators for monitoring performance - measures the quantity and sometimes quality of programme activities.
	Outcomes: indicators for evaluating results of the programme - specific, observable, and measurable characteristic or change that represent immediate achievement of the programme objectives.
	Impact: indicators for evaluating results - measure of characteristics that indicate the long-term goals of the programme are achieved. Impact indicators can be distally related to programme inputs and can be influenced by external factors independent of the programme. Successful execution of input, process, output, and outcome indicators provides evidence that the programme contributed to achievement of goals.
Isolation	The separation of a person or group of people infected with COVID-19 (based on the case definition) from people who are not infected to prevent spread of the virus.
Monitoring and Evaluation	A combination of in-going data collection and analysis **(monitoring)** and assessing to what extent a programme or intervention has, or has not, met its objectives **(evaluation)**, which aims to improve current and future intervention quality.
Quarantine	The separation from others of a person or group of people exposed to a probable or confirmed COVID-19 case. The aim is to separate and monitor contacts of probable or confirmed cases to prevent onward transmission if they are infected, and to ensure early detection of infection among contacts.
Risk Communication and Community Engagement (RCCE)	The two-way and multi-directional risk communication and engagement with affected people so that they can make informed decisions to protect themselves, their loved ones and their community.
Risk Communication	The exchange of real-time information, advice and opinions between experts and people facing threats to their health or economic or social well-being. The ultimate purpose of risk communication is to enable people at risk to take informed decisions to protect themselves and their loved ones (5).
Social Ecological Model	Theory-based framework for understanding the interactive effects of personal and environmental factors that determine behaviours.

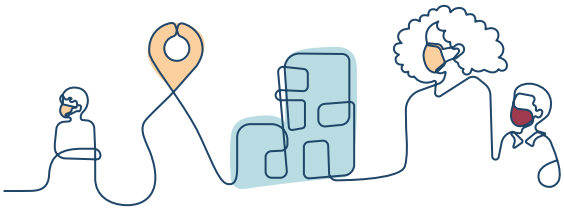
Key messages



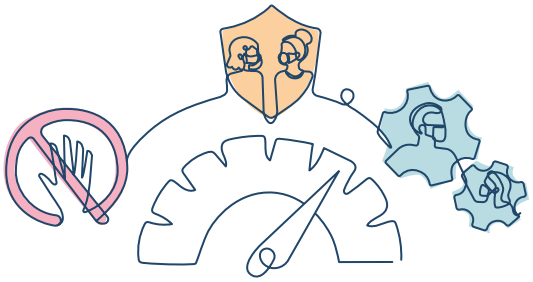
Contact tracing is a key component of a public health response to infectious disease outbreaks. Evidence from previous contact tracing efforts shows that across all contexts, community trust is critical to success.



The document articulates best practice principles for community engagement and how they can be operationalized, monitored and measured as part of any community-centred contact tracing strategy.

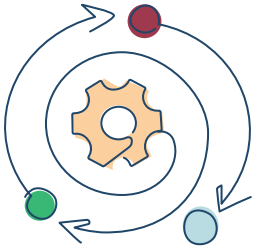


Implementing contact tracing successfully requires close and consistent engagement with local communities at all stages of the process, from planning through to monitoring and evaluation.



Monitoring and evaluation (M&E) plans can measure the effect of community engagement on contact tracing and should be integrated from the onset of the response. Suggested indicators are included in this operational guide, based on the best practice principles.

This document is designed to increase knowledge and understanding of outbreak response programme managers and implementers on the importance of putting communities at the heart of contact tracing, while also empowering community members to do so.



This guidance was developed through a collaborative process in partnership with the Risk Communication and Community Engagement Collective Service and will be updated as needed.

Introduction

Contact tracing is a strategy that has been used for decades to stop the spread of infectious diseases. Over time we have learned that implementing contact tracing successfully requires close and consistent engagement with local communities. This includes having community members as part of contact tracing teams and community involvement in the planning, selection and monitoring of contact tracing methodologies, broader sensitization strategies and communication channels.

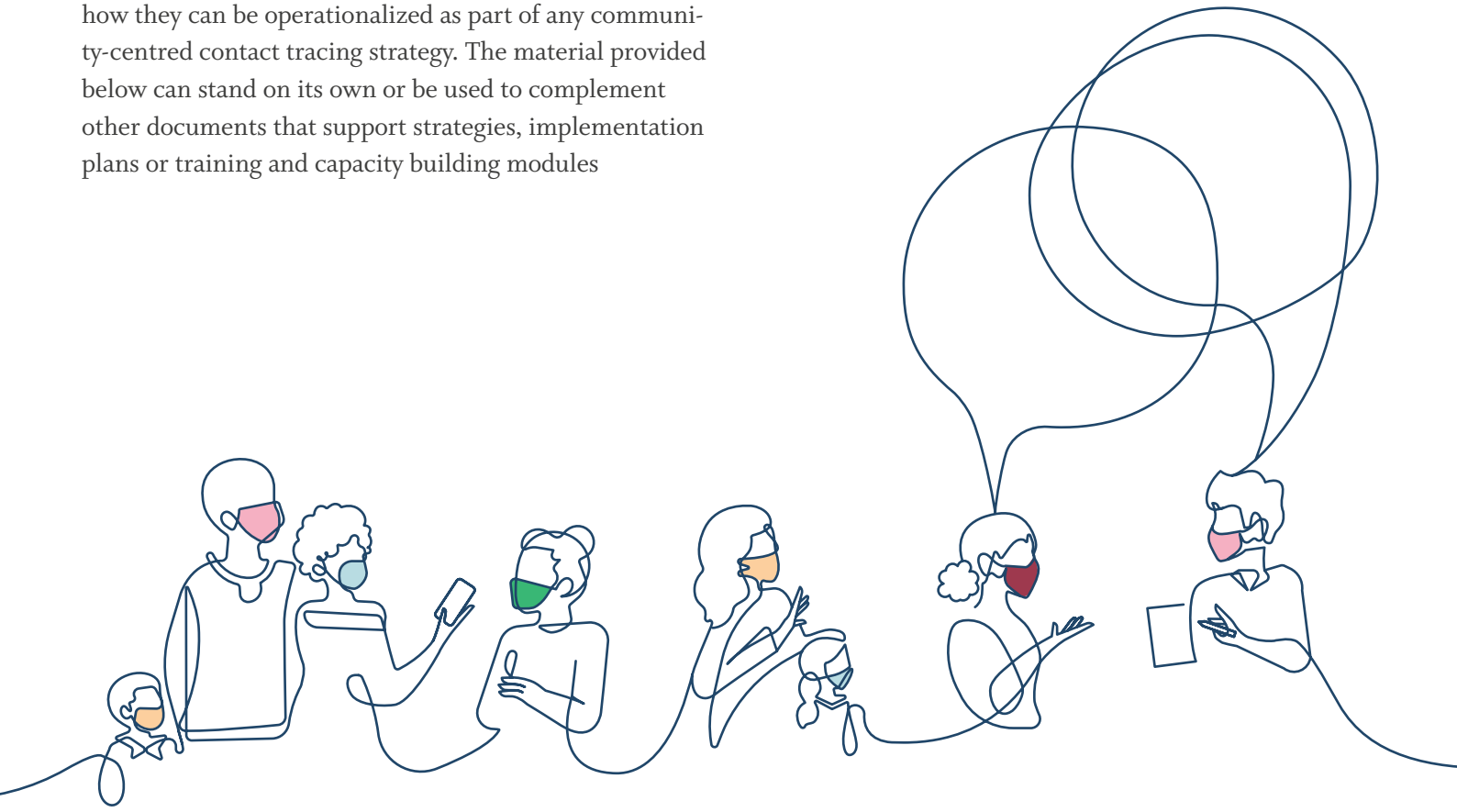
Evidence from previous contact tracing efforts shows that across all contexts, community trust is critical for contact tracing to be successful. This trust is even more important for people who may be marginalized or underserved by government or other relevant stakeholder services, particularly in conflict or post-conflict settings or in settings with large refugee or migrant populations. Community ownership, buy-in and active participation are central to successfully implementing contact tracing, reducing transmission of COVID-19 and saving lives.

The purpose of this document is to reinforce the place of community engagement and participation in the contact tracing process. The document articulates best practice principles for community engagement and how they can be operationalized as part of any community-centred contact tracing strategy. The material provided below can stand on its own or be used to complement other documents that support strategies, implementation plans or training and capacity building modules

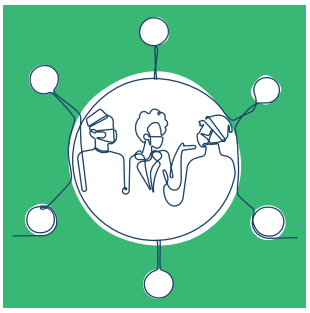
Audience

This document is intended for national and local-level planners and implementers, including government, nongovernmental organizations and other stakeholders involved in the coordination, implementation and monitoring of contact tracing for COVID-19.

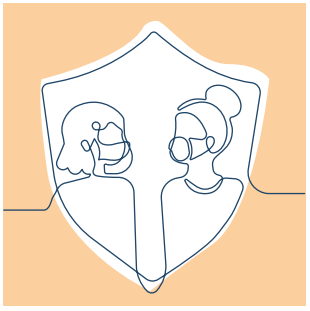
This document is designed to increase knowledge and understanding of programme managers and implementers on the importance of putting community at the heart of contact tracing while also empowering them to do so. Effectively integrating community engagement principles and processes into contact tracing strategies and implementation will build and promote trust for this critical operational approach ultimately reducing transmission of COVID-19 and saving lives.



Key Principles



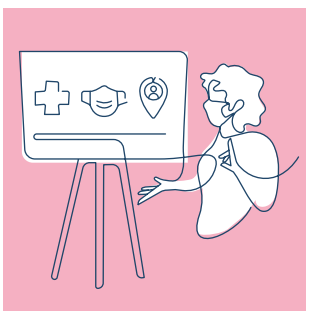
01
Understand the community context



02
Build trust

03
Ensure and maintain community buy-in

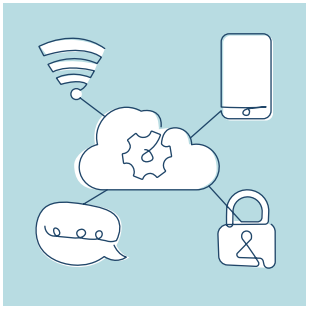
04
Work through community-based solutions



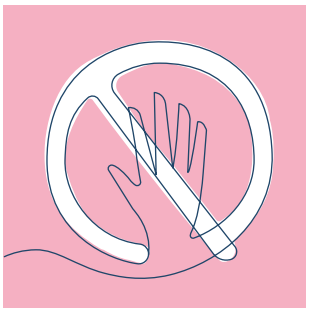
05
Generate a community workforce

06
Commit to honest and inclusive two-way communication

07
Listen, analyse and respond to feedback



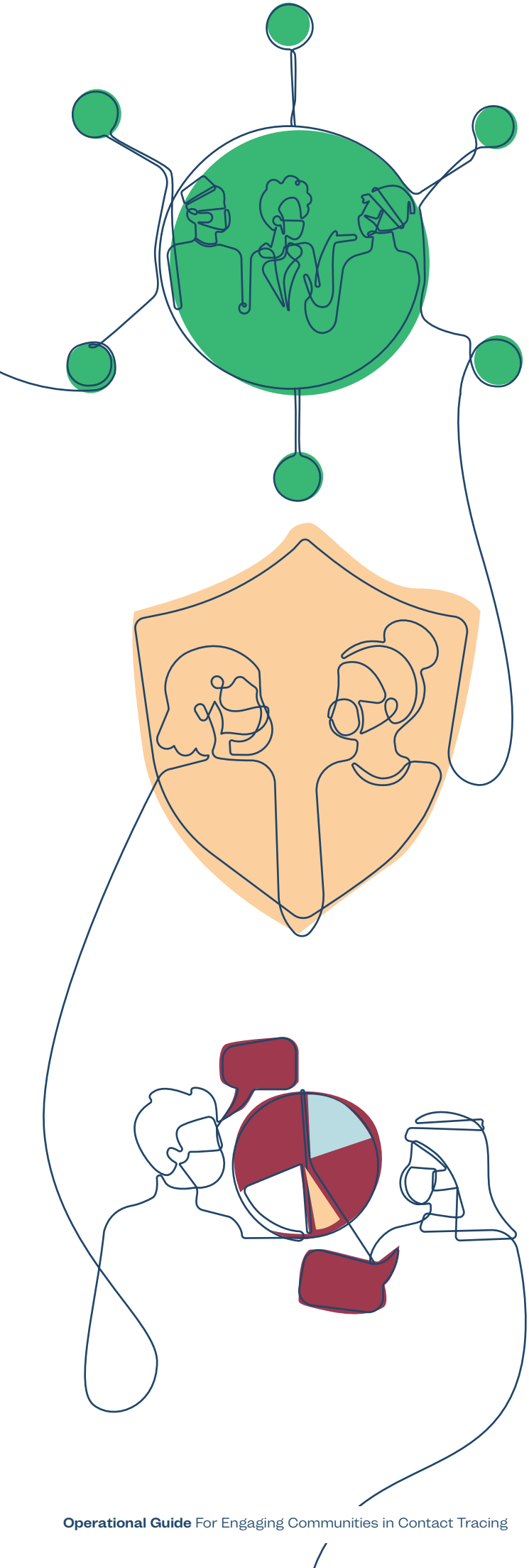
08
Consider the use of contact tracing technology



09
Do not criminalise actions

10
Discourage and address stigma, discrimination and rumours

11
Coordinate with all response actors



01
Understand the community context

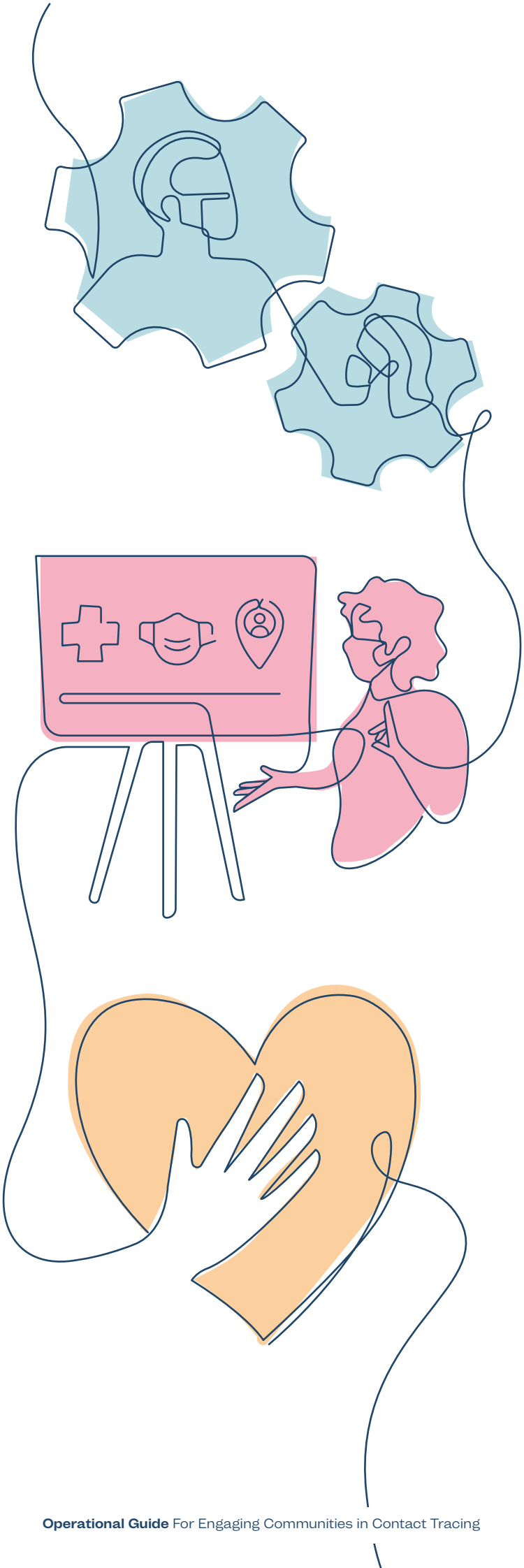
Quickly identify existing information (health, social, cultural, epidemiological, geographic, linguistic, historical), and get to know the community. Seek out information about community dynamics and social and political power structures, and attitudes, perceptions and practices around contact tracing.

02
Build trust

In crisis situations, people are more likely to make decisions based on trust and perceived credibility. Identify trusted community members (local government, informal leaders, community committees, religious institutions and community groups, among other influencers) as experts on their own culture, tradition and practices. Partner with them in the planning, implementation and evaluation of contact tracing programmes. Community representatives have an especially important role when vulnerable populations are concerned. They can help to ensure that the best community-based solutions are identified and leveraged. Frequent, honest, and clear communication helps build and maintain trust.

03
Ensure and maintain community buy-in

Contact tracing is best undertaken when the community fully understands why it is necessary and how it can be done in the least invasive and most culturally appropriate manner. The better the contact tracing process is understood and the more it involves communities' perspectives, the better they will engage with contact tracing activities.



04
Work through community-based solutions

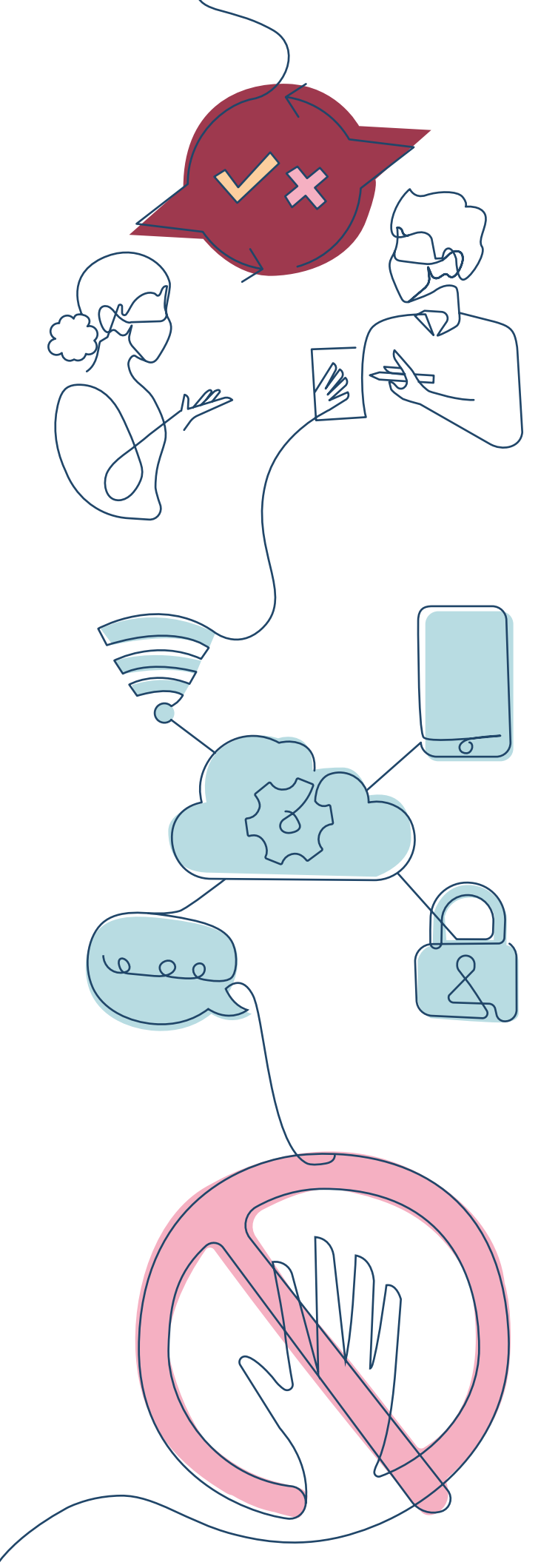
It is essential that local leaders, representatives and other influencers are adequately engaged as they are often accountable to their communities and knowledgeable about the best entry points for community action. Be sure to consult community representatives of vulnerable populations including women, children, schools, youth, refugee and migrant populations, seniors and people with disabilities to ensure the best community-based solutions are identified and leveraged.

05
Generate a community workforce

Prioritize recruiting contact tracers from the community to harness their cultural, linguistic and social understanding. Provide them with adequate training to ensure efficiency, accuracy and good communication skills when implementing case and contact investigations and to integrate them with the wider response team.

06
Commit to honest and inclusive two-way communication

Effective and transparent communication is crucial to ensure community comprehension and uptake of contact tracing. Information conveyed should include communications on privacy rights and confidentiality of collected information; available resources for contacts under quarantine; and personal, household and community risks and benefits from participation in contact tracing procedures. Work with local networks to decide which activities, verbal and pictorial messages and local languages should be used. Ensure two-way communication channels are evaluated based on accessibility and trust, not solely according to how much they are used.



07
Listen, analyse and respond to feedback

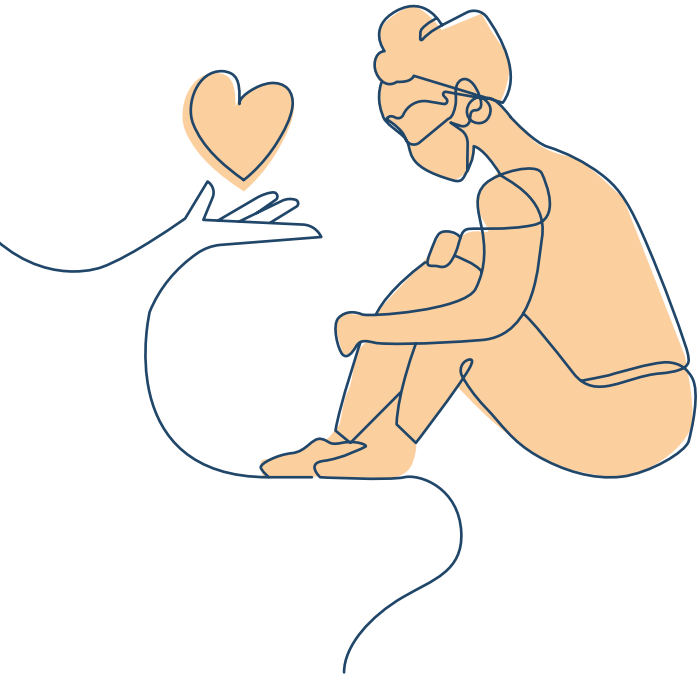
Ongoing listening is important for understanding the dynamic nature of the local context. Pay attention to fears and concerns people may have about contact tracing, and make sure these are responded to. Adapt contact tracing to meet communities' expressed needs, while maintaining reach. An effective feedback mechanism on contact tracing can manage expectations and prevent issues from escalating. Get the buy-in of programme staff and if possible, pair feedback systems with those of partners to accelerate improvements by decision makers.

08
Consider the use of contact tracing technology

Communities will respond differently to the use of mobile applications or technology-based contact tracing tools. Many may express concerns around geo-localization, data privacy and health information protection. These situations can increase levels of mistrust and reluctance. Public health agencies implementing contact tracing for COVID-19 should be prepared to communicate how information will be used, stored, and accessed and how individuals will be protected from harmful disclosure or identification. Implementers should be well prepared to anticipate questions and concerns.

09
Do not criminalize actions

It is critical that contact tracing and associated steps, such as quarantine of contacts and isolation of cases, not be used punitively or associated with security measures or other cultural concerns outside the realm of public health. Understanding the full ramifications of punitive actions for non-compliance from a community perspective is imperative to ensure high levels of participation in reporting and full disclosure of activities and contacts.



Take special care not to bring undue stigma or attention to individuals or families affected by COVID-19.

10
Discourage and address stigma, discrimination and rumours

Take special care not to bring undue stigma or attention to individuals or families affected by COVID-19.[1]

11
Coordinate with all response actors

COVID-19 has an impact on many aspects of community life beyond health, including access to food, water, sanitation and hygiene, livelihood, security and education. Supporting the community in partnership with other actors can help diminish resistance to contact tracing, make interactions with the community more effective and enable more efficient solutions.

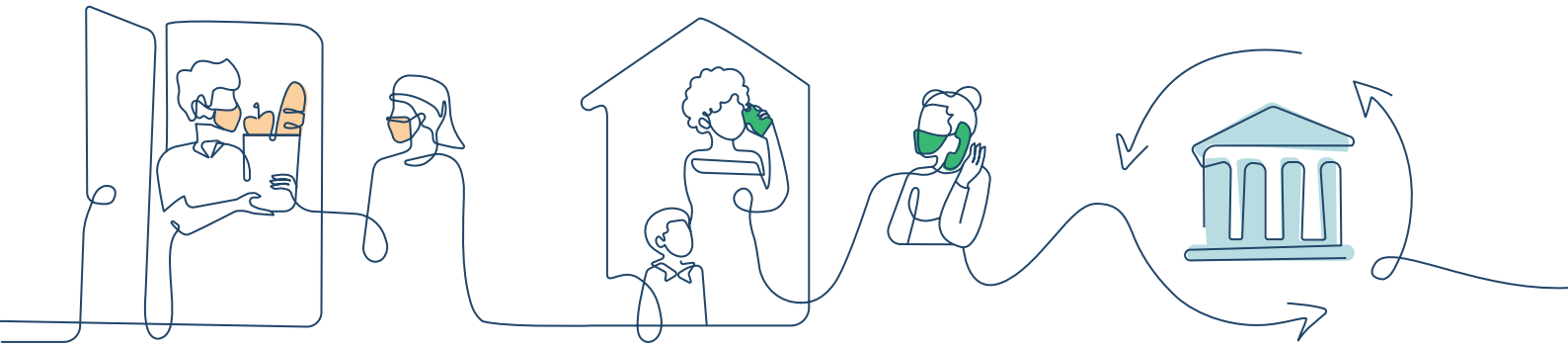
1. See WHO, IFRC and UNICEF Stigma guidance for additional information.

Using the social ecological model to enhance community-centred contact tracing

Evidence has demonstrated that social and community factors such as policies and norms influence the success of outbreak control measures. Contact tracing is one such control activity that is influenced by community contexts.

For example, integrating community engagement in contact tracing interventions provides a process for considering these social and community factors in the response, so we can adapt to the local context, earn trust of the community, and reach contacts more successfully.

To explain the many factors that influence people's health-related decisions, public health experts use the Social Ecological Model (SEM). When applied to contact tracing, the model helps us to identify barriers and opportunities at all levels--from the physical to the health services and social and individual levels--which support a contact to fully participate in contact tracing and quarantine upon exposure (6). The model also illustrates the vital inter-dependencies among policy makers, the community, the contact tracer, and the individual contact. It links community engagement and communication actions of contact tracing (see 'Community' pillar in Figure 1) to factors of a supportive environment for compliance (see 'Individual' pillar in Figure 1).



Social response to an economic factor of the CT experience

Eg. In community engagement we identify a need for support for food for those in quarantine, or paying bills- then you can develop a policy like rent moratoriums, training and capacity building modules.

Interpersonal

Eg. the community has a high number of single parents, the contact tracer identifies barriers to quarantine when interviewing them to link them up to community resources that the contact could use for child care in the event of exposure.

If the services aren't available, telling the person they need to quarantine when it isn't feasible is alienating, labelled as non-compliant or resistant. Finding a solution together is important for the matter to be addressed.

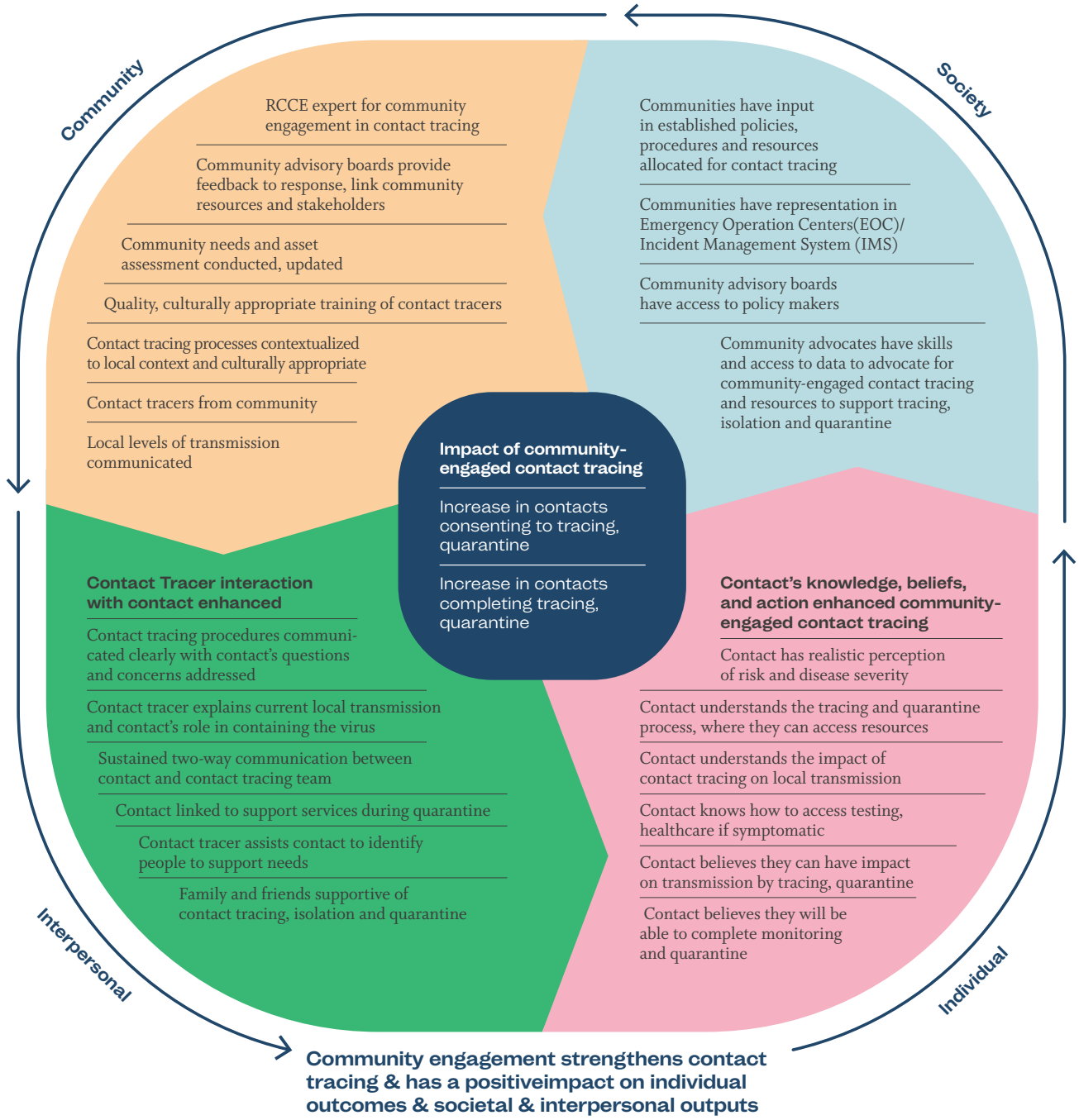
Societal/policy response

Eg. Essential workers who only get paid when they show up to work need more support at the societal level- so adapting policy for rent moratoriums, food bank support and adopting a policy that businesses can't fire someone when in quarantine etc.

Engaged communities can inform local policy solutions that adapt processes to community needs, which strengthen trust and partnerships. The interpersonal interactions of the contact tracer with the contacts will be more contextualized. Ultimately, with the contact tracing and quarantine experience adapted to the context, individuals are more able to follow policy recommendations and make good decisions in support of their health.

Enabling a contact tracer to understand each level of the response context better prepares them to identify misgivings and resistance to contact tracing and helps them to offer alternative solutions (for example, entering the community more discreetly), to improve the experience for contacts and improve uptake of contact tracing activities. Likewise, the SEM framework guides the monitoring and evaluation indicators suggested below, from the individual to societal level. This enables contact tracing activities to be adjusted appropriately with the right actors and actions based on the outcomes identified.

Figure 1



Additional factors that influence contact tracing performance and impact

Community

- Resource distribution to contacts inquarantine
- Employers/schools permitting absences during quarantine
- Alternative services for cultural events
- Quality testing
- Adequately staffed contact tracing team

Society

- Policies to protect livelihoods during quarantine
- Resources for individuals during quarantine
- Accessible testing
- Evidence-based policies
- Policies for mass-gatherings and cultural events

Interpersonal

- Individuals able to assist contacts under quarantine with daily needs
- Physically distanced social connections

Individual

- Access to facilities to quarantine individually
- Access to healthcare if symptomatic
- Access to affordable and timely testing
- Minimal negative economic or social costs to quarantine

Standard Operating Procedures (SOPs) for Community-Centered Contact Tracing

Contact tracing is most effective when the community where tracing will take place is actively involved at all stages, including planning, implementation, and review.

This is a working example that will be revised and refined over time.

Taking the time to cultivate relationships with people whose communities have been affected is paramount to building trust, community buy-in, participation and ownership which are all crucial for successful epidemic control.

These SOPs provide a sample set of actions to incorporate community engagement principles into a contact tracing strategy. Contact tracing may be conducted through a mix of technological approaches, phone and in-person visits. Regardless of the format used to conduct contact tracing and the presence or absence of a community engagement partner, community engagement principles remain relevant. The principles identified above are mapped on to actions below to illustrate how these principles can be applied.

01

Prior to contact tracing programme

Train contract tracers in key principles (above) of risk communication and community engagement (RCCE).

PRINCIPLES 1 2 3 4 5 6 7 8 9 10 11

Identify trusted community leaders or representatives to support relationship building with the community members and affected individuals. They may be faith or ethnic group leaders, community leaders, public officials, informal gatekeepers, teachers, local business people like drivers or salon owners or others. Engage them to gain buy-in for contact tracing interventions and to inform locally adapted procedures for contact tracing, including focus on hard-to-reach subgroups.

PRINCIPLES 1 2 3 4 5

Establish a community feedback mechanism (if one is not already in place) to ensure that rumours, misinformation, concerns and suggestions from the community related to contact tracing efforts are reported, shared with relevant teams and used to refine messaging and approaches. Report back to communities to let them know their voices are being heard and considered.

PRINCIPLES 1 2 3 4 6 7

Establish or align messages and procedures for community health risks related to potential exposure. For example, be alert for symptoms; watch for fever, cough, or shortness of breath; maintain at least 1 metre of distance from others; stay out of crowded places.

PRINCIPLES 4 5 11

Connect with local RCCE actors to understand common concerns in the community and be prepared to provide additional information to community members when they need supplemental resources to address other health issues or concerns and link with local health facilities.

PRINCIPLE 11

Work with local RCCE actors to harmonize communication campaigns on contact tracing, using trusted sources of information and influencers – which may include public health experts and health workers – to explain contact tracing and case investigation and their importance. Use trusted communication channels, such as mass media and local community radio, among others, taking into consideration specific needs of the target audience to amplify these voices (7).

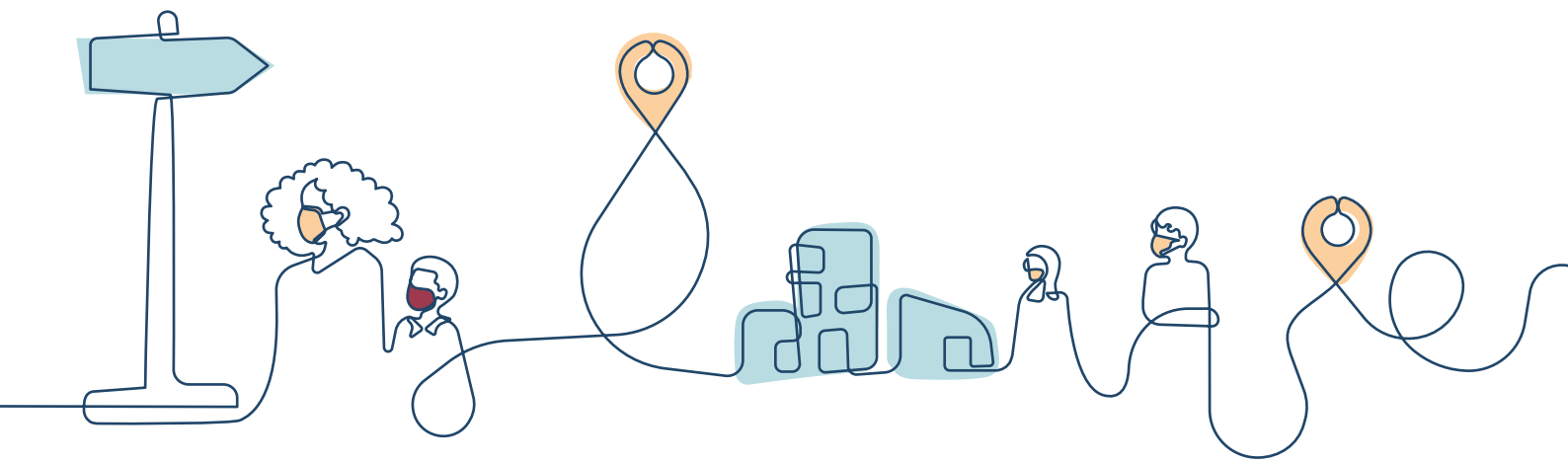
PRINCIPLES 1 2 3 4 6

Work with trusted community leaders and mobilizers or representatives to communicate the case investigation procedures when someone is ill or tests positive for COVID-19. Coordinate with local RCCE actors to promote the importance of sharing information about contacts with case investigation teams and how these activities can protect communities from further transmission.

PRINCIPLES 1 2 3 4 5 6 7 8 9 10

Coordinate with trusted community leaders and mobilizers or representatives in areas where contract tracing is taking place to connect with households and discuss upcoming contact tracing visits.

PRINCIPLES 1 2 3 4 5 6



02
Initial contact tracing visit/engagement

Communities may have established protocols for entering homes and communicating with residents. Work with community mobilizers, leaders or representatives to make introductions and help facilitate the conversation with contacts and their families. Remind the family that they may ask any questions they have about the process.
PRINCIPLES 2 3 4 6 7

Implementing partners should provide contact tracers with appropriate Information Education Communication (IEC), materials including information on COVID-19 and community resources to support households during quarantine. Materials should use simple language that can be understood by a primary school student while maintaining the accuracy and integrity of the information. If contact tracing activities do not occur in person, the same information should be available to share over the phone or through easy-to-access links to resources.
PRINCIPLES 6 8 11

During contact tracing, community members may want answers to additional concerns such as how to receive medical attention for other relevant health issues or how to access government support packages if isolation or quarantine is required. Contact tracers should be prepared to share appropriate resources to address common concerns, and share information with other humanitarian response teams who can address a variety of needs and feed back into the community.
PRINCIPLE 11

Organizations supporting contact tracing in person should be discreet when entering the community and ensure community leaders or gatekeepers have been consulted. This will prevent exacerbating any existing stigma against health workers, volunteers, cases and contacts (8).
PRINCIPLES 1 2 3 9 10

Address and allay concerns about privacy and confidentiality. Contact tracers should be prepared to communicate how information will be used, stored and accessed and how individuals will be protected from harmful disclosure or identification (9).
PRINCIPLES 6 7 9

Contact tracing training modules should emphasize interpersonal communication skills, including the use of personal pronouns like "we" to reinforce credibility and support. Lessons learned from contract tracing efforts during Ebola virus disease outbreaks have highlighted the importance of avoiding language that can be interpreted as judgemental or that will fuel fear or anxiety, which may be already high.
PRINCIPLES 1 6 9 10

Training modules should also emphasize the importance of listening and looking (depending on the approach to contact tracing) for signs of discomfort and consider ways to allay fear, anger, frustration and anxiety. Expressing empathy will facilitate relationship building between individuals, families and communities.
PRINCIPLES 1 2 3 6 7 9 10

Emphasize solidarity, reciprocity, and the common good. Remind people of the benefits of contact tracing to their family, neighbours, friends and communities. By participating in contact tracing, communities will contribute to controlling local spread of COVID-19, vulnerable people will be protected and more restrictive measures – such as general stay-at-home orders – might be avoided or minimized (10).
PRINCIPLES 1 2 3 7 10 11

Prepare individuals, families and communities for the possibility of quarantine or isolation. Contact tracers should be trained to explain the process, including 1) what quarantine/isolation is, 2) why it is important, 3) how long the quarantine will last, 4) how to stay safe, follow public health measures and minimize contact during isolation/quarantine and 5) how family/community needs will be met during isolation/quarantine.
PRINCIPLES 6 7 11

03
Throughout the contact tracing period

Work with response services (e.g., community mobilizers, community health workers) to support cases and contacts during isolation and quarantine to ensure they have the information and resources needed to stay safe, adhere to public health recommendations and have their needs met.
PRINCIPLES 1 11

Listen to community members, answer questions and help them feel safe. Express concern and sympathy.
PRINCIPLES 1 2 3 4 7

Consider that certain communities may be more burdened and impacted by COVID-19 than others and may require additional support from local actors and specific engagement with community sub-groups (such as community centres or mother's groups).
PRINCIPLES 1 2 3 4 5

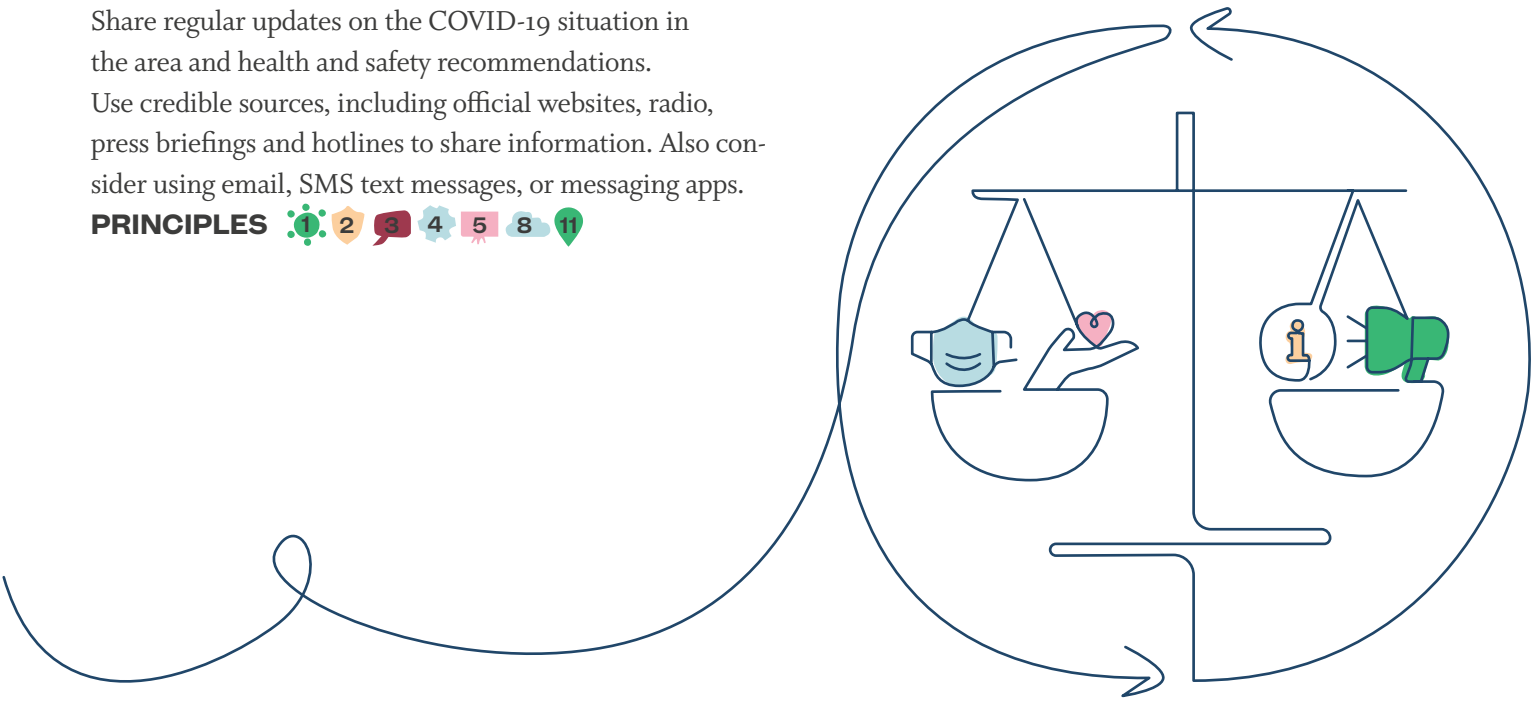
Continue to disseminate messages to ensure community awareness about exposure and necessary procedures – ensuring updated information is provided as new public health measures are established.
PRINCIPLES 4 5 11

Share regular updates on the COVID-19 situation in the area and health and safety recommendations.
Use credible sources, including official websites, radio, press briefings and hotlines to share information. Also consider using email, SMS text messages, or messaging apps.
PRINCIPLES 1 2 3 4 5 8 11

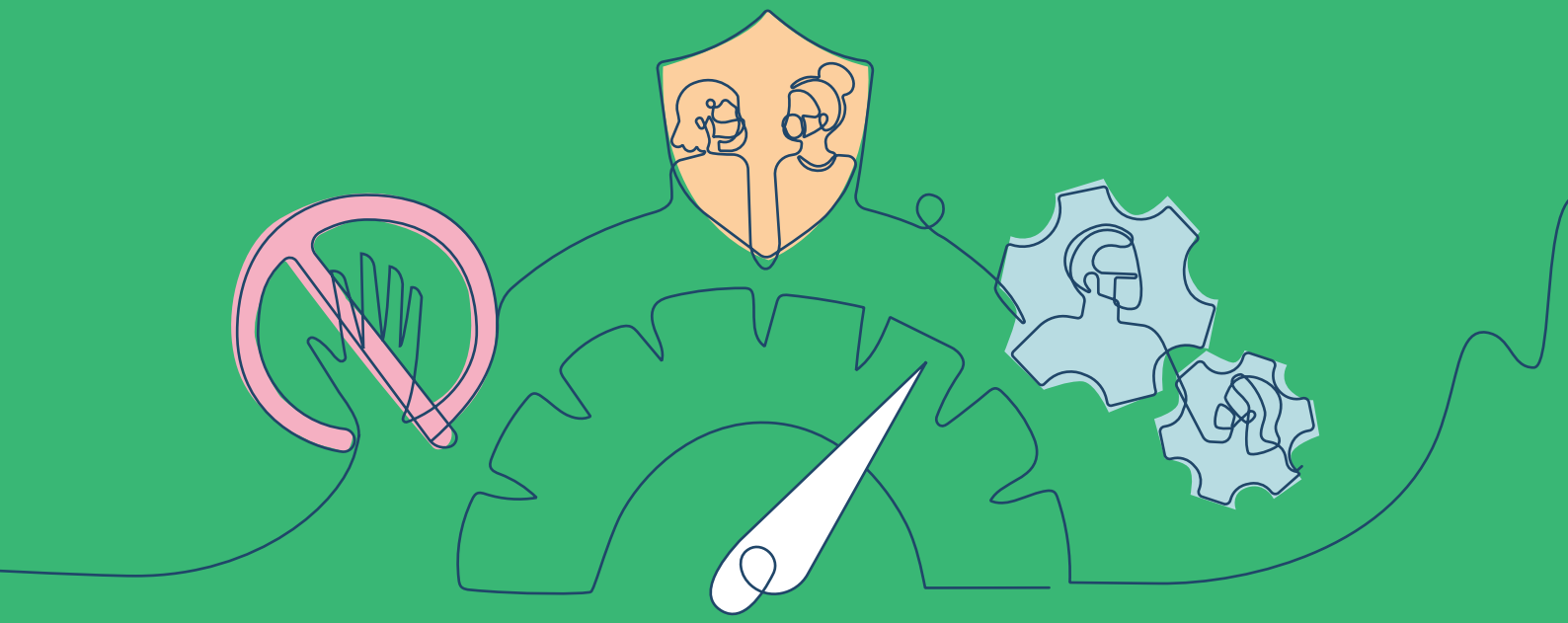
Provide reminder cards, infographics, or other information in appropriate languages with considerations for local literacy levels.
PRINCIPLES 1 2 3 4 6 8 10

If feedback from community members and leaders indicates issues with contact tracing activities and strategies, change course and adapt your approach. Share information and data on concerns/rumours/misinformation with other response pillars, including RCCE, so they can support on-going adaptation to community concerns.
PRINCIPLES 1 7 11

Ensure contact tracers are able to share their experiences to facilitate iterative changes to programmes. Where negative events or experiences are registered, a detailed incident report should be provided to the Emergency Operations Centre (or equivalent) for immediate action. Positive experiences should also be reported to the Emergency Operations Centre.
PRINCIPLE 11



Monitoring and evaluating for community engagement in contact tracing



With enhanced community engagement and social support, contacts are more likely to engage in contact tracing behaviours. Monitoring and evaluation (M&E) plans can measure the effect of community engagement on contact tracing. M&E should be planned from the onset of the response. Indicators should include outputs that monitor **process** – used to measure the first phases of contact tracing efforts – and measurements on the **quality** of the community engagement and the resulting **effects** of community engagement in the contact tracing process. To learn more about building effective M&E systems in the context of COVID-19 please refer to the READY Initiative's 'Monitoring and Evaluation Framework and Tools for RCCE and COVID-19'.

The following indicators are often used in contact tracing and can also contribute to understanding the effects community engagement has on the process[2]:

1 Proportion of identified contacts that agree to tracing and quarantine.

2 Percent of identified contacts that complete tracing and quarantine or become a case.

The addition of other indicators can capture more of the nuances of the community engagement process for contact tracing. The indicators in the table below measure the impact of the corresponding 11 key principles outlined at the start of this document. They are designed to provide a basic structure for measuring community engagement efforts in contact tracing.[3] They are not designed to be comprehensive but are rather meant to provide guidance and be considered alongside indicators based on the local context.

2. These indicators align with the WHO Interim guidance on contact tracing in the context of COVID-19 KPIs, however, were further developed to highlight the role of community engagement in contact tracing.

3. There is a need to pilot this framework in key settings to assess effectiveness of community engagement on contact tracing KPIs for COVID-19

Table 1. Indicators for key principles

Principles	Suggested Indicator
01 Understand the community context	Asset & Needs assessment for contact tracing completed with the involvement of the community
02 Build Trust	Contact tracing procedures link contact to existing community resources to support quarantine
	Contact tracing procedures explain the contact tracing process and the contact's role[4]
03 Ensure and maintain community buy-in	Mechanism established for community input into contact tracing process[5]
04 Work through community-based solutions	Percent of contact tracers trained in community engagement
05 Generate a community workforce	Proportion of contact tracers from the community[6]
06 Commit to honest and inclusive two-way communication	Locally appropriate mechanisms in place for contact to communicate with contact tracing team
	Contact tracing procedures include information dissemination of local transmission and contact's role in containment
07 Listen, analyse and respond to feedback	Contact tracing procedures include question and answer exchange between contact and contact tracer
	Presence of feedback and response mechanism established for community input into contact tracing process
	Mechanism established for community input into contact tracing process
08 Consider the use of contact tracing technology	Track or trace technology app uptake via percentage of contact tracing-related app downloads.[7]
09 Do not criminalise actions	Presence punitive action for violation of contact tracing and quarantine guidance
10 Discourage and address stigma, discrimination and rumours	A locally appropriate mechanism is established to disseminate current information and allow for two-way communication about local transmission, testing, contact tracing
	Contact tracing procedures explain the contact tracing process and the contact's role[8]
11 Coordinate with all response actors	Community has documentation of recommendations for policy, procedures, and resource allocation for contact tracing
	Community focal point embedded in EOC/IMS

Annex A provides additional examples of community engagement indicators to be considered for integration into a comprehensive M&E framework for contact tracing. It includes additional indicators and suggestions on data collection, who collects the data and where to report the indicator.

4. Aligned with WHO Interim guidance on Contact tracing in the context of COVID-19 example indicator: "% of contacts provided with information on quarantine within 48 hours of interview with index case."
5. Some core indicators are repeated in the table to indicate how they may reflect multiple principles
6. To align with the key principles, ensure community members engaged in contact tracing have equal representation from marginalized groups and gender balance.
7. Aligned with WHO Interim guidance on Contact tracing in the context of COVID-19 example indicator:"% of the targeted population who downloaded and actively use the application."
8. Aligned with WHO Interim guidance on Contact tracing in the context of COVID-19 example indicators: "% of traced contacts that agree to quarantine," and "% of contacts lost to follow-up"

Resource guide to support community-centred contact tracing

Guidance

- Guidance: Contact Tracing For COVID-19, IFRC
- Operational Guide for Community Health Workers on Covid-19 in Malawi, Ministry of Health, Save the Children, Last Mile Health, Aspen Management Partners for Health
- Communication Guidance For COVID-19 Contact Tracing, Vital Strategies and Resolve to Save Lives
- A Guide For Community Facing Staff, Oxfam
- Contact Tracing in the Context of COVID-19, WHO
- Digital Tools for COVID-19 Contact Tracing, WHO
- Finding Community-Led Solutions to COVID-19: An interagency guidance note on working with communities in high density settings to plan local approaches to preventing and managing COVID, 19, RCCE Technical Working Group (Africa)
- Risk communication and community engagement for COVID-19 contact tracking: interim guidance (2021), WHO EURO

Lessons Learned

- Community engagement for successful COVID-19 pandemic response: 10 lessons from the Ebola outbreak responses in Africa

Data and Insights

- Covid-19: Perception of Contact Tracing Global Report, Imperial College London
- Sierra Leone Standard Operating Procedures (SOPs) for Ebola Social Mobilization and Community Engagement, J Health Community
- Contact Tracing Training Course Mapping and Recommendations for New Course Development, CORE Group
- Case Investigation and Contact Tracing: Part of a Multipronged Approach to Fight the COVID-19 Pandemic, Center for Disease Control and Prevention
- Community Engagement for Contact Tracing During COVID-19 , World Food Programme
- Kap COVID Dashboard, Johns Hopkins Center For Communication Program
- Community Feedback to Inform Ebola Response Efforts – Community Perspectives on Contact Tracing, IFRC

Tools

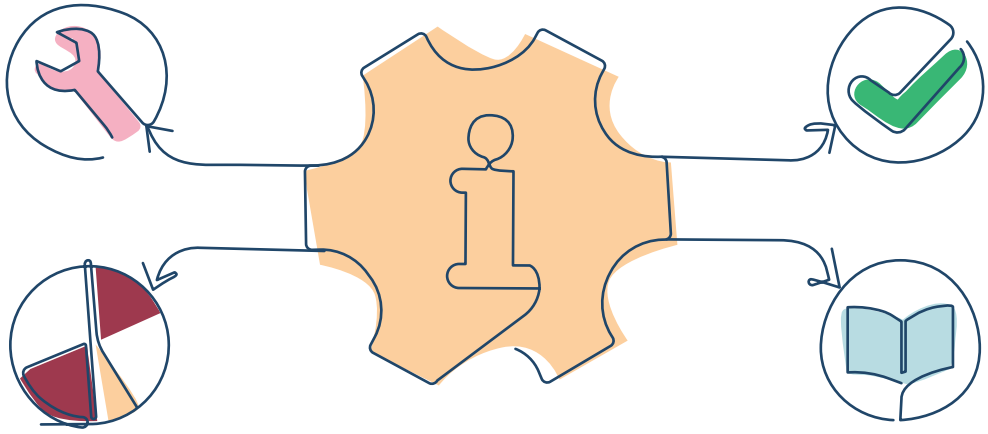
- A Guide for Community Facing Staff, Oxfam
- Step-by-Step: Engaging Communities During COVID-19, READY Initiative
- COVID-19 Contact Tracing Playbook, Vital Strategies
- COVID 19 Contact Tracing Toolkit, Vital Strategies
- COVID-19 Risk Communication and Community Engagement Toolkit for Humanitarian Actors ("RCCE Toolkit"), READY Initiative
- Monitoring and Evaluation Framework and Tools for RCCE and COVID-19, READY Initiative

Trainings

- COVID-19 Contact Tracing, Johns Hopkins University via COURSERA
- Risk Communication Training, TEPHINET

Communications Materials

- How Does Contact Tracing Work, WHO



Methodology

This document was developed through consensus with the experts, namely, the Ad-Hoc Working Group for Community Engagement in Contact Tracing in consultation and collaboration with the Collective Service, a collaborative partnership between IFRC, UNICEF, WHO, GOARN and key stakeholders from the public health, humanitarian, and development sectors including CORE Group, Johns Hopkins University Center for Communication Programs/READY Initiative and Tulane University.

The content was generated through a thorough literature review of existing COVID19 RCCE and contact tracing materials from WHO, IFRC, and RESOLVE to Save Lives amongst others, and modelled off of previous SOPs for Ebola contact tracing efforts.

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Annex A
Indicator guide

This section describes suggested indicators that can be used to measure the effectiveness of selected community engagement strategies in contact tracing. There are many different ways to collect the data needed for measuring each indicator. Examples include community needs assessments, town hall meetings, contact tracing evaluation surveys and national health reports. Evaluation plans should include details about who, where and how this indicator will be measured in a community's specific context. Measurements should be conducted at systematic intervals based on the indicator selected. Indicators should then be reported to the appropriate groups (i.e. national health clusters, community advisory boards, local policy makers, contact tracing teams) taking into consideration the level of the indicator and the community context. Indicators for key principles in Table 1 have been indicated in **bold**.

Community Interpersonal Society

Indicator	Importance	Type of indicator	Level	Data type	How is indicator calculated	Who collects data/ Possible data source	Notes
Proportion of identified contacts that agree to tracing/ monitoring	This is the first overarching goal of contact tracing. This indicator is likely to be influenced by a number of factors. However, community engagement is a critical component.	**Outcome Indicator**	Community and national	Percentage	$\left[\frac{\text{\# Contacts in Quarantine}}{\text{\# Contacts Identified}}\right] \times 100$	Contact tracing team **Example:** Contact tracing database/ line lists/ contact tracer daily reports	Indicator is likely to be influenced by a # of factors external to community engagement performance. If an indicator is not meeting its target, it is important to examine outcome, output, process, and input indicators specific to community engagement AND to other pillars to identify the root cause of the performance. To detect increase, indicators must be measured at more than one time point.
Percent of identified contacts that complete tracing/monitoring/ quarantine or become a case	This is the second overarching goal of contact tracing. This indicator is likely to be influenced by a number of factors. However, community engagement is a critical component.	**Outcome Indicator**	Community and national	Percentage	$\left[\frac{\text{\# Contacts Completed Quarantine or Became Case}}{\text{\# Contacts in Quarantine}}\right] \times 100$	Contact tracing team **Example:** Contact tracing database/ line lists/ contact tracer daily reports	See details in 'note' above.
A locally appropriate mechanism is established to disseminate current information and allow for two-way communication about local transmission, testing, contact tracing	Public will have knowledge of cur-rent incidence and high transmission areas to better assess their own risk.	**Process Indicator**	Community	Yes or No	Presence of defined, publicly known mechanisms established to consistently disseminate current information about local transmission, testing, contact tracing indicators over a specified period.	Contact tracing team or RCCE/ surveillance working group RCCE strategy/workplan/campaign for contact tracing **Examples:** social media, local radio and newspapers, Information Education Communication (IEC) materials.	Information disseminated: incidence, high transmission areas, locations for local testing, latest contact tracing indicators, etc.
Percentage of communities with established mechanism to disseminate current information about local transmission, testing, contact tracing	Measures the differences in public knowledge of current incidence and high transmission areas between the differing communities.	**Process Indicator**	National	Percentage	$\left[\frac{\text{\# Municipalities or Districts Reporting}}{\text{\# Total \# Municipalities or Districts}}\right] \times 100$	Contact tracing team or RCCE/ surveillance working group **Examples:** Municipality or District reports	Important to measure the range of success in implementing community engagement in different communities. This can be reflected on when analysing the effects of community engagement in the contact tracing process as a whole.
Mechanism established for community input into contact tracing process	Including the community in the contact tracing process ensures transparency, community buy-in, and builds trust.	**Process Indicator**	Community	Yes or No	Presence of defined, publicly-known mechanisms established over a specific period of time.	Contact tracing team or RCCE/surveillance working group **Example:** Municipality/district reports	Example mechanisms: town hall, focus group, survey, stakeholder/community advisory board feedback, radio call-in shows, hotline

Community Interpersonal Society

Indicator	Importance	Type of indicator	Level	Data type	How is indicator calculated	Who collects data/ Possible data source	Notes
Percentage of communities reporting established mechanism for community input to contact tracing process	Identifying differences between communities is essential to understand success of community engagement in contact tracing.	**Process Indicator**	National	Percentage	$\left[\frac{\text{\# Municipalities or Districts Reporting}}{\text{\# Total \# Municipalities or Districts}}\right] \times 100$	EOM/ICM **Example:** Municipality/ district reports	Example mechanisms: town hall, focus group, survey, stakeholder/community advisory board feedback, radio call-in shows, hotline
Contact tracing procedures explain the contact tracing process and the contact's role	Explaining procedures will help ad-dress stigma and rumours and will also encourage inclusive communication.	**Output Indicator**	Community	Average score on a scale of 1-4 (1=Strongly agree, 4=Strongly disagree) answer to "I feel confident in my understanding of the contact tracing process"	$\left[\frac{\sum \text{Scores}}{\text{Total \# Contacts Surveyed}}\right]$	Contact tracing team or RCCE/ surveillance working group **Example:** Contact tracing evaluation survey	This indicator is important to disseminate to local contact tracing teams as it addresses quality of community engagement in contact tracing procedures.
Contact tracing procedures include question and answer exchange between contact and contact tracer	This will aim to address questions, concerns, and rumours and work to build trust.	**Output Indicator**	Community	Yes or No	$\left[\frac{\text{\# Yes Respondents}}{\text{Total \# Contacts Surveyed}}\right] \times 100$	Contact tracing team or RCCE/ surveillance working groups **Example:** Contact tracing evaluation survey	See details in 'note' above.
Contact tracing procedures include information dissemination of local transmission and contact's role in containment	Provides transparency within the contact tracing process, which reduces fear, increases trust and therefore reduces stigma.	**Output Indicator**	Community	Yes or No	Presence of mechanism included in contact tracing procedures that disseminates local transmission and contact's role in containment over a specific period of time.	Contact tracing team or RCCE/ surveillance working group **Example:** Municipality/district reports	Example mechanism: preamble in contact tracing interview, community town halls, community advisory boards, local reporting radio and newspapers, social media
Locally appropriate mechanisms in place for contact to communicate with contact tracing team	Supports honest and open communication between the community and contact tracing team.	**Output Indicator**	Community	Yes or No	Presence of contact information for the contact tracing team is easily and publicly available over a specific period of time.	Contact tracing team or RCCE/ surveillance working group **Example:** contact with a telephone # to reach contact tracing teams, information hotline or website	
Contact tracing procedures link contact to existing community resources to support quarantine	Builds trust within the community and contact tracing team so that those who need to be monitored and quarantined will feel that they are able to do so safely and successfully.	**Output Indicator**	Community	Percentage of contacts surveyed that can name at least two (depending on the community and what resources exist) community resources the contact tracer referred them to **OR** Average score on a scale of 1-4 (1=Strong agree, 4= Strongly disagree) answer to "I feel I have the support I need to quarantine safely"	$\left[\frac{\text{\# Respondents Able to Identify 2+ Community Resources}}{\text{Total \# Contacts Surveyed}}\right] \times 100$ $\left[\frac{\sum \text{Scores}}{\text{Total \# contacts Surveyed}}\right] \times 100$	Contact tracing team or RCCE/surveillance working group **Example:** Contact tracing evaluation survey.	Existing community resources and quarantine support includes daily needs (i.e., childcare, running errands, maintaining social connection). This indicator is important to disseminate to local contact tracing teams as it addresses quality of community engagement in contact tracing procedures.

Community Interpersonal Society

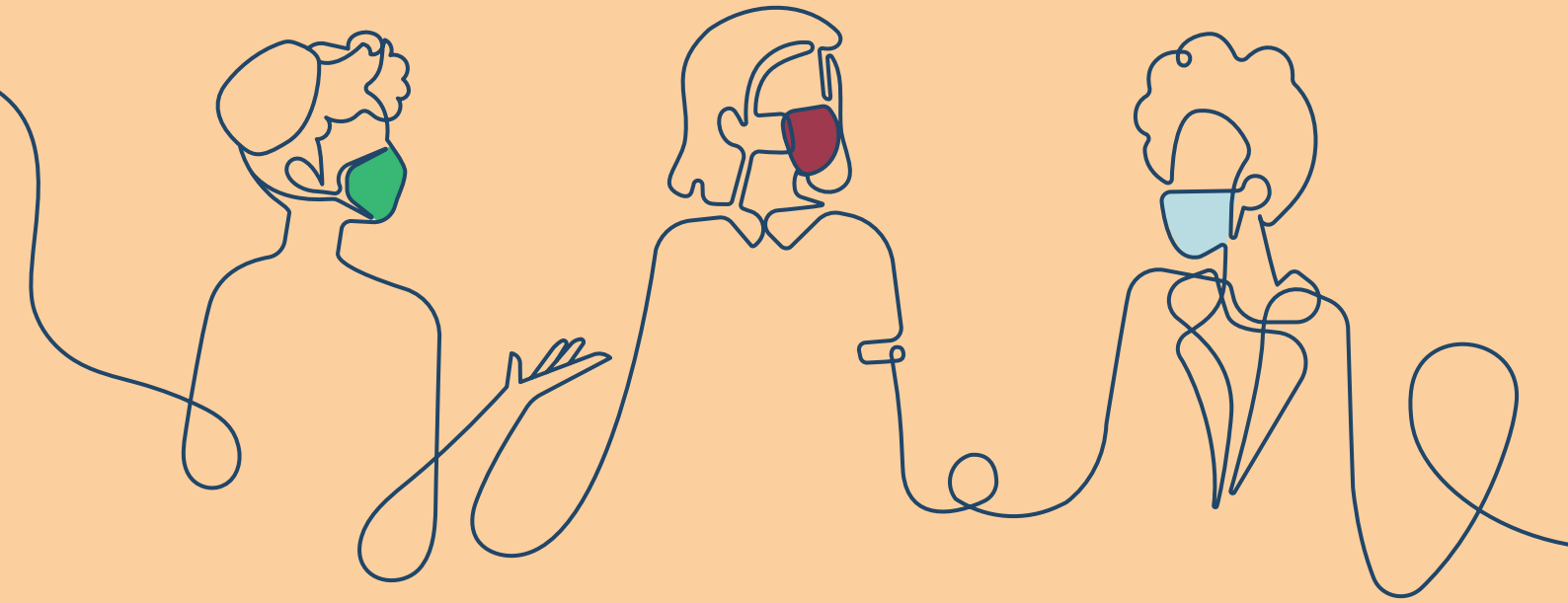
Indicator	Importance	Type of indicator	Level	Data type	How is indicator calculated	Who collects data/ Possible data source	Notes
Contact tracing procedures include identifying and communicating testing locations and COVID-19 healthcare in case symptoms develop	Contact tracers will be seen as trusted sources for health information if they are able to support the community and direct them to care if symptoms develop.	**Output Indicator**	Community	Percentage of contacts surveyed that can name at least two places to get tested for COVID 19	$\left[\frac{\text{\# Respondents that tested positive for Covid-19}}{\text{Total \# Contacts Surveyed}}\right]$ X 100	Contact tracing team or RCCE/surveillance working group **Example;** Contact tracing evaluation survey	See details in 'note' above.
Proportion of contact tracers from the community (disaggregated by sex)	By including community members as contact tracers, the community remains at the centre of the process, promoting transparency and engagement from the beginning.	**Output Indicator**	Community and national	Percentage	$\left[\frac{\text{\# Contact Tracers from the community}}{\text{\# Contact Tracers}}\right]$ X 100	Contact tracing team or RCCE/Surveillance working group **Example:** Contact tracing staff or volunteer database	Should be tracked during the recruitment and training process of contact tracers.
Percentage of contact tracers trained in community engagement	In order for contact tracing to include community engagement, contact tracers must be trained in community engagement principles.	**Output Indicator**	Community and national	Percentage	$\left[\frac{\text{\# Contact Tracers with Future Community Engagement}}{\text{\# Contact Tracers}}\right]$ X 100	Contact tracing team or RCCE/surveillance working group **Example:** Contact tracing staff or volunteer database	Should be tracked during the recruitment and training process of contact tracers
Asset & Needs assessment for contact tracing completed with the involvement of the community	Need to understand community context in order for contact tracers to understand community needs for contact tracing.	**Process Indicator**	Community and national	Yes or No	Presence of assessment report in a specified time period.	Contact tracing team or RCCE/ surveillance working group **Example:** Assessment Report	Assessment should include information on (indicative example): **1.** Gatekeepers to community subgroups, including business owners, youth leaders, religious leaders, representatives from disenfranchised and hard-to-reach populations **2.** Current community perceptions of contact tracing **3.** Existing community resources that could be repurposed to support contact tracing and quarantine **4.** Cell phone coverage and smartphone usage, social media usage **5.** Social and cultural events that involve mass gathering **6.** Existing policy that may inhibit or support contact tracing and quarantine. **7.** Historical context of past epidemic and community crises with robust governmental involvement.
Track or trace technology app uptake via percentage of contact tracing-related app downloads	If applicable, contact tracing apps can be a valuable asset in the contact tracing process.	**Output Indicator**	Community and national	Percentage	$\left[\frac{\text{\# App Downloads}}{\text{\# Smartphone users}}\right]$ X 100	EOC, IMS, Contact tracing team **Example:** Application download data report	

Community Interpersonal Society

Indicator	Importance	Type of indicator	Level	Data type	How is indicator calculated	Who collects data/ Possible data source	Notes
Community focal point embedded in EOC/IMS	Community members need to be included at all levels of the contact tracing process.	**Output Indicator**	Community	Yes or No	Presence or absence of community focal point included in EOM/IMS in a specified time period.	EOC/IMS **Example:** EOC/ IMS staff/ volunteer list/ Municipality or District report	Community focal points could be local stakeholders, religious leaders, political figures, business owners, teachers etc. but must be a trusted community figures.
Percentage of EOC/IMS with community focal point	This will evaluate the community engagement levels among the different communities, districts, municipalities, or states.	**Output Indicator**	National	Percentage	$\left[\frac{\text{\# Municipalities or Districts with a local RCCE focal point}}{\text{Total \# Municipalities or Districts}}\right] \times 100$	EOC/IMS Contact tracing working group **Example:** EOC/ IMS staff/ volunteer list/ Municipality or District report	See note above.
Community focal points report to have skills to advocate for community-engaged contact tracing.	Indicates readiness of focal points to implement community engagement in contact tracing.	**Output Indicator**	Community	Scale counts (frequency) and mean	$\left[\frac{\sum \text{Scores}}{\text{Total \# community focal points}}\right] \times 100$	Contact tracing team - RCCE/surveillance working group **Example:** Contact tracing evaluation report	Need for training can be assessed during the needs/ assets assessment (baseline) followed by subsequent workshops/trainings, if necessary.
Community focal points report having resources to advocate for community-engaged contact tracing.	Indicates readiness of focal points to implement community-engagement in contact tracing.	**Output Indicator**	Community	Scale counts and average	$\left[\frac{\sum \text{Scores}}{\text{Total \# community focal points}}\right] \times 100$	Contact tracing team or- RCCE/surveillance working group **Example:** Contact tracing evaluation report	
Presence of punitive action for violation of contact tracing and quarantine guidance	Contact tracing should not be criminalised because this creates additional fear and stigma. Therefore punitive ordinances should be reduced.	**Output Indicator**	Community and national	Total Count – with a target of zero.	Total number of guidance/ ordinances created for contact tracing that include punitive action within a specific period of time.	EOC/IMS **Example:** Laws/emergency regulations in place	Could be either existing or new ordinances that include punitive measures that may impact contacts' isolation or quarantine. Ordnances should be communicated in advance to contact tracing teams so appropriate information can be shared with cases and their contacts.
Community has documentation of recommendations for policy, procedures, and resource allocation for contact tracing	Having documentation of policies and procedures will provide guidelines for the roles of the differing response actors and pathways for smooth coordination.	**Output Indicator**	Community and national	Yes or No	Presence of document(s) within a specified time period.	EOM/IMS, Contact tracing team or RCCE/surveillance working group **Example:** Community feedback mechanisms/ Municipality or District report	Example: needs assessment, community advisory boards, town halls, etc. and must specify roles for differing response actors.

Learn more

To learn more about contact tracing visit the WHO. For more information on the RCCE Collective Service's role in enhancing community engagement in contact tracing please visit their website.



Collective service
Risk Communication and Community Engagement