

Subject area A: Evidence generation

Evidence generation is the process of gathering, analysing and interpreting community-level data, such as perceptions, knowledge, practices, attitudes and behaviours; it involves using primary and secondary research, from diverse online and offline sources, to drive effective evidence-based RCCE-IM interventions across all stages of the emergency life cycle.

Domain A1: Online listening

Use digital platforms and tools to collect, analyse and interpret data in real time on online information flows, community perceptions and needs, and emerging narratives related to health topics, to rapidly inform RCCE-IM tactics and interventions.

A1.1	Monitor search engine queries and trends related to health topics to understand information needs and gaps.
A1.2	Utilize online listening tools across mass media, social media and web content to monitor conversations, assess public sentiment, track trends, and identify positive and negative influencers on relevant platforms.
A1.3	Use digital tools and artificial intelligence solutions to automate the detection of trending health topics of interest and of circulating narratives including false information and to track the conversations of influential figures of a community in the digital information ecosystem.
A1.4	Analyse, synthesize and share with response teams and community members actionable insights based on online listening to inform RCCE-IM interventions tailored to community needs.

Domain A2: Offline listening

Gather, analyse and interpret community knowledge, perceptions, concerns and needs through rapid research methods conducted offline, including those involving the community, to inform RCCE-IM tactics and interventions in the short to medium term.

A2.1	Use rapid quantitative research methods, such as surveys and polls, to gather and compare evidence on population-level trends, ensuring questions are relevant and sensitive to each community's context.
A2.2	Employ rapid qualitative research methods, such as direct observation, key informant interviews, focus group discussions and community meetings to collect data and connect with communities, in partnership with relevant stakeholders.

A2.3	Involve local civil society organizations and community groups in monitoring health narratives across diverse channels, including civil society organizations' websites or newsletters, community sessions or townhall meetings, media outlets and hotlines.
A2.4	Analyse, synthesize and share with response teams and community members actionable insights based on offline listening to inform RCCE-IM interventions tailored to community needs.

Domain A3: Longer-term research

Conduct in-depth studies in collaboration with stakeholders and academic institutions to generate, analyse and interpret comprehensive knowledge and evidence of cultural, social and behavioural factors and dynamics to inform longer-term RCCE-IM strategy and planning, including for future emergencies.

A3.1	Utilize secondary research, synthesizing relevant information from various sources, such as literature reviews, academic articles, public health data and grey literature.
A3.2	Utilize quantitative and qualitative primary research methods, such as behavioural and cultural insights studies, knowledge, attitudes and practices (KAP) surveys, qualitative and longitudinal studies, and ethnographies, to gather comprehensive insights into the barriers to and enablers of health behaviours in the context of health emergencies.
A3.3	Build partnerships with research groups across government, academia and civil society to tap into wider resources, access expert opinion, facilitate knowledge exchange, and stay updated on the latest evidence-based RCCE-IM research practices and solutions.
A3.4	Analyse, integrate and incorporate research findings into the development or adjustment of RCCE-IM strategic planning and interventions.

Subject area B: Risk communication

Risk communication, tailored, targeted and informed by evidence, enables at-risk or affected individuals and communities to make informed decisions that protect their health in emergencies.

Domain B1: Audience segmentation

Segment target audiences according to the desired behavioural change and their specific information needs, informed by an ongoing understanding and analysis of demographic, psychological and behavioural factors.

B1.1	Set risk communication objectives and use evidence to segment audiences according to the specific behavioural change desired to protect their health, their information requirements and their unique contexts.
B1.2	Inform segmentation through an analysis of the specific characteristics, needs and preferences of audiences, such as their attitudes, values, beliefs, lifestyle choices, perception and interpretation of risks, and trust in institutions.
B1.3	Identify and address accessibility needs of different audience segments, considering factors such as language barriers, literacy levels and context, as well as any physical, cognitive or socioeconomic limitations.

Domain B2: Content development

Develop and test accessible, audience-focused content to deliver accurate, clear and actionable messages.

B2.1	Translate risk-related information and technical language into understandable messages for intended audience.
B2.2	Create messages and materials that are accurate, clear, relevant, culturally sensitive, actionable and aligned with risk communication objectives.
B2.3	Test messages and materials through surveys, focus group discussions, interviews and other methods to ensure that they effectively achieve risk communication objectives.
B2.4	Ensure that messages are transparent and acknowledge the uncertainty of science while maintaining public trust in health information and advice and its source(s).

Domain B3: Content delivery

Target risk communication content strategically and effectively across various channels to reach and engage target audiences.

B3.1	Select and prioritize communication channels based on the characteristics and preferences of the target audience, using platforms and media that are most effective for reaching specific demographics and vulnerable groups.
B3.2	Customize and target diverse risk communication content, including in digital, multimedia and printed formats, consistently across diverse channels, such as traditional media, social media, web platforms, hotlines and community forums.
B3.3	Ensure timely release of content in response to emerging risks, situations and needs, adapting risk communication strategies and messages to rapidly evolving scenarios.
B3.4	Identify and partner with trusted influencers, including media outlets, community actors, local organizations, and health and social workers, who can amplify the dissemination of information within their respective networks.
B3.5	Establish clear feedback and performance criteria to ensure optimal audience engagement with deployed content.

Subject area C: Community engagement

Community engagement is about partnering with communities across the emergency cycle and empowering them to co-design and co-deliver interventions effectively and sustainably.

Domain C1: Community mapping

Use evidence to understand the community so that RCCE-IM interventions can be designed in alignment with its needs and preferences.

C1.1	Map community actors, structures and assets that can be leveraged and meaningfully engaged in emergency preparedness and response.
C1.2	Understand and be sensitive to the norms and customs of communities with diverse cultures, backgrounds, lifestyles and beliefs, and incorporate knowledge of these into the development of strategies, plans and interventions.
C1.3	Categorize and analyse key individuals and organizations that can influence the opinions, decisions and behaviours of communities and/or specific groups within them.
C1.4	Develop a demographic overview of vulnerable populations, including children, pregnant women, elderly individuals and displaced persons, among others.

Domain C2: Community participation

Ensure direct community participation in the planning, implementation and evaluation of RCCE-IM interventions to foster support and ownership.

C2.1	Establish or utilize mechanisms and processes, including feedback and engagement, to co-develop and co-deliver localized interventions with community members and stakeholders, tailored to their perceptions and needs.
C2.2	Engage trusted community members and stakeholders, such as community and religious leaders, health and social workers, cultural mediators, peers and volunteers, and other influencers who have a profound understanding of the target communities, to ensure that RCCE-IM interventions resonate with and are well received by community members.
C2.3	Adapt strategies and interventions based on community feedback and maintain flexibility in modifying plans according to responses and emerging evidence from communities.

C2.4	Work with communities in evaluating RCCE-IM interventions, using participatory methods to assess acceptability, impact and effectiveness, and thereby to guide development of future improvements.
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Domain C3: Community partnership

Establish trusting partnerships with communities and empower them to co-own the solutions deployed.

C3.1	Build trust-based relationships with community members and stakeholders, fostering consensus on goals and objectives and promoting mutual accountability for interventions and results.
C3.2	Identify the most appropriate partnership type based on set objectives, which can range from information sharing to collaborative informal mechanisms and formal partnerships.
C3.3	Ensure partnership is in line with organizational policies and values, identify compliance gaps and potential engagement risks, and develop risk mitigation strategies to uphold integrity and accountability.
C3.4	Provide community members and stakeholders with the necessary support, resources and training to enable them to engage with their communities effectively and sustainably.

Subject area D: Infodemic management

Infodemic management is the systematic use of risk- and evidence-based analysis and approaches to manage information overloads, false or misleading information, and information voids in digital and physical environments, with the purpose of reducing their impact on health behaviours during emergencies.

Domain D1: Systems and tools

Establish methods and processes to understand the information environment and identify false information narratives and the questions and concerns of the target audiences.

D1.1	Use research methods and online and offline social listening tools to collect timely data on infodemics, focusing on high-risk signals, false narratives, questions, concerns and information voids.
D1.2	Establish a classification system (taxonomy) for infodemic signals and a risk assessment framework to evaluate the risk of signals and narratives.
D1.3	Identify and apply standards for ethical conduct in establishing infodemic management systems and using social listening tools.

Domain D2: Assessment and response

Evaluate the need and feasibility of responding to infodemic signals; design and execute evidence-led infodemic management interventions; and measure and improve their effectiveness.

D2.1	Assess the state of the information ecosystem for specific populations, understanding the ways in which target audiences consume, produce, contribute to, interact with, and behave around health information.
D2.2	Decide whether a response to specific signals and narratives is warranted, based on signal detection, strength and verification and on assessment of risk to health behaviours.
D2.3	Plan, implement and monitor evidence-led interventions such as corrective information actions (debunking) to respond to false narratives and fill information voids, as needed.

Domain D3: Resilience and alliances

Design, implement and evaluate interventions to build resilience to false information and establish a network of partners to coordinate action to prepare for and respond to infodemics.

D3.1	Develop, implement and evaluate programmes aimed at enhancing the health literacy and critical thinking skills of individuals and communities.
D3.2	Design, implement and evaluate evidence-led interventions such as proactive false information inoculation (prebunking) to strengthen individuals' and communities' resilience to false information, thereby mitigating the impact of false narratives.
D3.3	Collaborate with online platforms to leverage their technology, resources and outreach to promote accurate and reliable information, thereby strengthening the information environment and resilience in managing infodemics.
D3.4	Build and strengthen a network of partners, including local, national and international entities, media outlets, fact-checkers and civil society organizations, to coordinate preparedness and response efforts for managing infodemics.

Subject area E: Capacity-building

Capacity-building is the development of sustained knowledge, skills, abilities and systems that enable effective RCCE-IM interventions.

Domain E1: Learning experience design

Design, test and evaluate pedagogically sound RCCE-IM learning experiences based on comprehensive needs assessments.

E1.1	Ascertain learning needs to guide the creation, execution and review of learning experiences to match desired objectives.
E1.2	Design learning experiences that comprehensively cover the RCCE-IM discipline.
E1.3	Use effective teaching strategies and course design techniques, including simulation exercises, to create transformative adult learning experiences.
E1.4	Test designed RCCE-IM learning experiences to evaluate their effectiveness and gather feedback for refinement.

Domain E2: Learning experience delivery

Deliver engaging, participatory and supportive RCCE-IM learning experiences, both online and offline, which leverage the knowledge and skills of the learners involved.

E2.1	Exhibit in a credible manner a comprehensive understanding of and expertise in RCCE-IM subject matter.
E2.2	Use active listening skills to create a participatory and supportive learning environment and adapt the pedagogical experience based on observation and feedback.
E2.3	Respect and draw on the goals, previous learning experiences and knowledge of learners.
E2.4	Show professionalism and confidence in both in-person and online learning settings, keeping learners involved at all times.

Domain E3: Learning experience sustainability

Ensure learning is sustained, updated and applied through a dedicated follow-up plan which includes a range of human and knowledge resources, systems and activities.

E3.1	Create dedicated platforms (e.g. email list, online forum, social media group) for ongoing communication, engagement, resource sharing and support.
E3.2	Conduct ex-post evaluations and follow-up capacity-building activities to evaluate the practical application of acquired knowledge and skills in real-life contexts, while reinforcing learning outcomes.
E3.3	Develop a curated, regularly updated resource repository with relevant learning materials and tools to support continuous learning.
E3.4	Facilitate mentorship and networking opportunities by organizing events or creating coaching programmes or communities of practice, to connect learners with each other and with relevant stakeholders.

Subject area F: Operational management

Operational management is the efficient and effective planning, oversight, implementation and evaluation of all RCCE-IM interventions.

Domain F1: Strategic planning

Develop, implement, evaluate and adjust contextually sensitive and flexible operational RCCE-IM plans.

F1.1	Conduct a comprehensive situation analysis to guide RCCE-IM interventions and strategic planning, considering the context, challenges and opportunities, strengths and weaknesses, and potential risks associated with diverse actions.
F1.2	Create RCCE-IM strategies and plans for emergency preparedness and response to all hazards, which include clear goals and SMART (specific, measurable, achievable, relevant and timebound) objectives to steer and measure the plan's effectiveness in complex and changing situations.
F1.3	Detail the plan's tasks, responsibilities, timelines and key milestones, including standard operating procedures to delineate the steps for completing essential tasks.
F1.4	Integrate RCCE-IM functions into overall emergency preparedness and response structures and work within the response team and with relevant departments to successfully operationalize and assess RCCE-IM plans.

Domain F2: Coordination

Develop relationships with a wide range of partners and stakeholders to facilitate coordinated and integrated RCCE-IM strategies, plans and operations, alongside advocacy efforts.

F2.1	Build strong relationships and collaborations across various sectors and administrative levels within the government, as well as with diverse segments of society and international partners, to collectively develop and implement unified strategies, plans and actions.
F2.2	Execute RCCE-IM interventions in collaboration with relevant partners and stakeholders, ensuring alignment of roles and responsibilities to enhance consistency, optimize resources and broaden outreach efforts.
F2.3	Facilitate dialogue among government and societal stakeholders to advocate for and collaboratively develop policies that support RCCE-IM interventions, with a strong emphasis on inclusive governance.

Domain F3: Resource management

Optimize the use and management of all forms of resources, including human, financial, technological and material, to support RCCE-IM objectives efficiently and effectively.

F3.1	Apply project management principles, including to resources, time, quality and risk management, to ensure effective execution of RCCE-IM activities, in alignment with strategic goals and objectives.
F3.2	Assign human resources strategically and sustainably, ensuring that RCCE-IM teams comprise individuals possessing the requisite skills, experience and capacity to manage and respond to emergencies effectively.
F3.3	Efficiently allocate and manage financial resources to meet RCCE-IM objectives, quickly adapting to changes in emergency scenarios by adjusting and mobilizing funds as required.
F3.4	Ensure that material and technological resources are efficiently procured and deployed to support implementation of RCCE-IM plans.

Domain F4: Leadership, teamwork and values

Foster a high-performing team by creating a culture of trust, transparency and accountable decision-making, based on ethical values and emotional intelligence.

F4.1	Promote a psychologically safe environment where open communication and feedback are encouraged, ensuring that team members feel secure in sharing ideas and concerns.
F4.2	Foster effective, trustworthy and accountable interactions and collaboration among team members and other internal stakeholders and establish a process to address internal and external conflicts swiftly and constructively.
F4.3	Nurture positive relationships by embodying mature, flexible and adaptable attitudes and demonstrating emotional intelligence.
F4.4	Lead by example in upholding policies that prevent sexual exploitation, abuse and harassment, and model ethical conduct by demonstrating intellectual and professional integrity and honesty.

Domain F5: Measurement, evaluation and learning

Establish qualitative and quantitative monitoring and evaluation metrics and measures against SMART (specific, measurable, achievable, relevant and timebound) objectives to judge success and continuously improve RCCE-IM interventions.

F5.1	Establish operational measurement, evaluation and learning (MEL) frameworks with clearly outlined short-, medium- and long-term outcomes for RCCE-IM interventions.
F5.2	Formulate outcome-focused key performance indicators (KPIs) based on SMART objectives to effectively evaluate progress and success of interventions.
F5.3	Collect, analyse and interpret both qualitative and quantitative data obtained from activity reports, digital and health statistics, stakeholder and community feedback, and other sources.
F5.4	Utilize the results of measurement and evaluation to enhance current interventions, guide future endeavours, and refine MEL methodologies.