

Community Engagement and Accountability

Outcome(s) and Outputs	КРІ	Means of Verification		
Pillar Risk communication, Community engagement and Accountability				
 People actively participate in controlling the Mpox outbreak by: promoting safe practices and healthier behavior, facilitating community action, and helping to reduce fear, stigma, and misinformation 				
Output: The response is based on a thorough understanding of community needs, priorities, and context, including preferred ways to receive information, participate and give feedback	Need assessment and context analysis performed	Assessment or context analysis report		

- Carry out a context analysis and community mapping to understand the structures, groups, power dynamics, capacities, beliefs and challenges and needs
- Rapid community assessments to understand knowledge, attitudes, practices, and perceptions
- Train staff and volunteers in rolling out operational research (in coordination with partners)
- Community workshops to identify problems, brainstorm solutions, and agree activities and roles
- Community trainings for leaders and influencers on RCCE (what,who,why) is critical with a special focus on stigma
- Community discussions (radio, f2f, etc) to co-develop and co-design targeted risk communication messages for populations or groups more likely to be exposed to the virus. This requires the identification of relevant community-based organisations and stakeholders and leveraging their existing networks



- A particular effort should be made to communicate/target both low and high risks groups to raise awareness using language adapted to their community and through appropriate communication channels
- Engage with community groups supporting MSM, sex workers and other populations experiencing transmission and likely to experience stigma.
- Conduct community discussions to support communities to adapt burial-related behaviours of suspect or confirmed mpox cases.

Output: Effective community engagement and behaviour change approaches to motivate action, promote participation and create an enabling environment for change.	# and type of methods established to collect feedback from the community	Operation plans and reports
	# of community-led solutions to solving problems supported by the response	Community meeting reports, operation reports
	# of opportunities for community participation in managing and guiding the operation (e.g., number of committee meetings, etc)	Operation reports, community meeting minutes

Activities

- Train and support local community groups, leaders, volunteers, and representatives to lead activities and behaviour change and risk communication approaches
- Train staff and volunteers on community engagement, with focus on behaviour change and risk communication approaches
- Continually adapt response activities based on changing perceptions, transmission dynamics, and information needs.
- Raise awareness about Mpox virus transmission, signs and symptoms, where to access care, and actions to reduce the risk of transmission to others



- Scale up outreach activities to provide timely, accurate and trusted information and support to enable them to take action and protect their health and prevent the spread of infection focus on risk communication and community support efforts at venues where intimate encounters take place and target settings where other at-risk communities may meet. Keep in mind that at risk communities may change, vary, increase/decrease, etc
- Adapt/translate information about Mpox transmission, treatment and prevention local context regularly in local languages
- Intensify community engagement with focus on strengthening community-led solutions to prevent and control the outbreak
- Roll out trainings to ensure CEA is integrated across the response and staff and volunteers at all branches level have the knowledge and capacity to engage communities
- Interactive social media, radio and TV shows to encourage positive behaviours and safe practices, address rumours, fear, misinformation, and stigma
- Engage community members and groups in developing behaviour change and risk communication information and materials if possible
- Continue to collaborate with health facilities to understand and identify referral pathways for people who require immediate care (e.g. sexual health clinics; health facilities that are welcoming to MSM and/or sex-workers, etc. This will provide a welcoming, inclusive and respectful environment for all patients as relevant

Output: Analyse, respond, and act on community feedback and	# and type of methods established to	Perception and
social data about behaviours and use it to make changes and	proactively track community beliefs,	feedback reports
improvements to the response	suggestions, questions, rumours, and complaints about the behaviour change issue and the National Society	

Activities

- Set up (or adapt) the feedback mechanism, including systems for collecting, responding, analysing, sharing, and referring feedback. Focus on understanding and addressing main doubts, concerns, rumours around Mpox transmission and protection measures.
- Train all those involved in collecting and managing feedback on how the process will work, including on referral pathways as well as managent of the dead



- Collect feedback from community volunteers about the beliefs, fears, rumour, questions, and suggestions in communities
- Regularly review programmes and activities as well as update the information shared with communities based on community feedback data and changes in the context
- Monitor how the feedback mechanism is working by analysing the volume of feedback received and who it comes from to ensure no one is being missed and it is working well
- Regular FGDs to check the response is using the most effective channels, approaches, and languages to reach different groups and that information is received, understood, trusted and useful
- Collaborate with Mpox survivors and co-create a network of champions to share testimonies and advocate for accurate information sharing