

# Capacity Development of Grantees for RCCE Project Execution

## Series of Guidelines

2020-2022



**SGP** The GEF  
Small Grants  
Programme

## Contents

<b>Introduction.....</b>	<b>A</b>
<b>Guideline Number 1: How to Introduce the Project.....</b>	<b>3</b>
<b>Guideline Number 2: Communications &amp; Visibility.....</b>	<b>3</b>
<b>Guideline Number 3: Steps to Clearing Informational &amp; Advocacy Content.....</b>	<b>8</b>
<b>Guideline Number 4: Precautionary Measures to Confront the Pandemic .....</b>	<b>8</b>
<b>Guideline Number 5: Visual Documentation (Still Image &amp; Video).....</b>	<b>23</b>
<b>Guideline Number 6: Safe Communications &amp; Outreach Modalities.....</b>	<b>27</b>
<b>Guideline Number 7: Approaches to Promote Behavior Change.....</b>	<b>29</b>
<b>Guideline Number 8: How to Count and Report on Beneficiaries .....</b>	<b>32</b>
<b>Guideline Number 9: How to Acknowledge and Report on Co-funding .....</b>	<b>33</b>
<b>Guideline Number 10: Monitoring Communications Activities.....</b>	<b>34</b>
<b>Guideline Number 11: How to Enhance Awareness Raising Campaigns.....</b>	<b>36</b>
<b>Guideline Number 12: Communicating the Impact of Psychosocial Interventions.....</b>	<b>38</b>
<b>Guideline Number 13: Calls &amp; Competitions.....</b>	<b>40</b>

## Introduction

The beginning of the COVID-19 outbreak in 2020 affected healthcare system of many countries strongly. Moreover, COVID-19 made daily life and access of communities to healthcare facilities difficult. According to the world health organization's (WHO) report, widespread and rapid outbreak of this disease during March 2021, made Iran to become 8<sup>th</sup> country in the world considering number of people diagnosed with COVID-19 and number of total deaths. To support Iran's effort in terms of response to COVID-19 pandemic, UNDP along with four other UN agencies in Iran, arranged a joint plan to increase the response to the crisis and set up a preventive measures in regions that are more engaged with this disease. This plan is designed for distribution of medical and health equipment and also participatory awareness raising on widespread promotion of effective measures in regard to COVID-19 pandemic.

The GEF Small Grants Programme, during its 20 years of continues activity in Iran and having an extensive network of NGOs/CBOs in areas that are far from the center/capital and are Low-income, provided an appropriate space for communication with a huge amount of beneficiaries in the target group. Therefore, UNDP together with the GEF Small Grants Programme will implement "COVID-19 Risk Communication and Community Engagement". This plan was designed for 16 provinces which were more suffered from COVID-19 pandemic. After the public call, approved 27 project grants will be implemented through NGOs. Given the importance of the subject in the production and monitoring of communication content, to facilitate the work for projects executors, we decided to prepare a set of guides in a very simple language which will help to respect donors' guidelines in different sectors such as how to introduce the project, precautionary measures to confront the pandemic, visual documentation, implementation monitoring and safe communications and outreach modalities.

In addition, these guidelines are produced to build the capacity of projects grantees to implement the GEF Small Grants Programme.

Moreover, these guidelines are explained to projects grantees in a group orientation meeting to clarify the importance and methods of using them.

We hope that this set of guidelines will be also useful for other similar community oriented and participatory projects.

With sincere gratitude,

United Nations Development Programme and GEF Small Grants Programme

2021-2022

## Guideline Number 1: How to Introduce the Project

### Background

*The guideline at hand is designed to help you ensure that the basic project information are referred to as stipulated in the legal documents. Please make sure the below is used by all project staff during the life cycle of the project.*

- 1. Project Name:** COVID-19 Risk Communication and Community Engagement
- 2. Project Duration:** Please refer to the duration stipulated in the contract.
- 3. Project's Main Goal/Key Message:**

COVID-19 Risk Communication and Community Engagement is a one-year participatory project funded by the European Union's Civil Protection and Humanitarian Aid implemented by UNDP Iran. Within the framework of this project, GEF Small Grants Programme in Iran has provided 27 project grants to NGOs/CBOs in 16 provinces that will work with their target groups to promote behavior change vis-à-vis standard preventive measures to confront the COVID-19 pandemic.

In doing so, they will try to reduce risk and adverse psychosocial impacts of the prolonged pandemic among the most vulnerable communities of the project target groups in Iran.

## Guideline Number 2: Communications & Visibility

### Background

*In each project besides the title and main objective, logo of the involved organizations is part of the legal and visual identity of the project. Considering the importance of appropriate utilization of logos in correct place, the guideline at hand is designed to help you navigate the visual documentation (still images and video) throughout the lifecycle of the project.*

### 1. Visibility

Visibility includes Logos and proper usage of them.

#### 1.1. Logo Arrangement

In this project, the main donor of this project is the Humanitarian Aid. We need to make sure the donor's emblem<sup>1</sup> is prominently displayed on project sites (where applicable), relief items and the information we disseminate. Please make sure that logos are always used in the same order. You can insert your organization's logo in the square.



- *Make sure you use the above logos on the top. Where local entities have contributed (cash or in-kind) to the implementation of the project you can use their logos on the bottom. Please ensure that all logos are proportionate and that none is larger than the EU emblem and the accompanying text.*
- *High quality digital files of all the above four logos in addition to color specifications (for printing purposes) will be shared with you in a separate document after the training.*

#### 1.2. Where To Use The Logos?

You are requested to use the above logos on all banners, brochures and informational material you produce. It should also be used on stickers you put on hygiene kits.

- *To make sure we are on the safe side, in case there was a question as to where or not you are allowed to use the logos on anything not included in 1.2, please contact the project's Communication & Partnerships Unit immediately.*

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<sup>1</sup> Please DO NOT translate the accompanying text to Farsi and/or your local language.

### 1.3. Where Not To Use The Logos?

- Uniforms and/or vests, t-shirts, caps, etc. used by project staff
- Promotional material
- Office Equipment
- Header (letterhead) and other office documents/papers
- Office signboards
- Business cards
- Nametags
- Car

### 1.4. How Long Should We Use These Logos For?

These logos are to be used only during the life cycle of this project; i.e. until the end of the project's life cycle as stipulated in the contract. Any derogation from the contractual visibility obligations is granted on a case-by-case basis and must be agreed in writing based on justified safety concerns. Such requests will first be discussed internally at UNDP Iran and the scope of the derogation must be specified in each case.

## 2. Communications

The role of the donor should be communicated to the general public in a structured and proactive manner. This needs to be done in a meaningful way throughout the project cycle and not as a side detail, towards the end of the project only. It is only by communicating at the beginning, at meaningful stages during the implementation, and then at the closure of the action that communication activities can have the most impact, be most cost-effective and are able to show how aid is being given in an impartial, needs-based approach. Our approach is to document progress, achievements and results.

### 2.1. Key Messages

The messages are thoughtfully put together and clearly mention the project's purpose. To learn more about key messages of this project, refer to "How to Introduce the Project" guideline.

Remember to use these key messages in all social media posts and audiovisual content produced by your organization for this project.

Usage of these key messages will help to release the synchronized messages in regards to the main objective of the project.

*\*Please keep in mind that wherever mentioning social media, it means legal social media.*

## 2.2. Media Outreach

Should there be an opportunity for your entity to enjoy media coverage, we would like to ask you to please inform the Communications & Partnerships Unit in advance so that she also participates in the session. Therefore, in case of the below please make sure the Communications & Partnerships Unit is informed a few days in advance and the outline of your messages are discussed. In some cases, we might ask you to please be accompanied by another member of the project management group.

- Television or radio interviews
- Press interviews and/or conference
- Press releases
- Journalist's visit to the project sites

## 2.3. Social Media Posts

Social media communication is a high-impact way of creating visibility among the general public and specific target audiences. It should, therefore, be an integral part of the communication strategy related to any project, and complementing all other planned visibility actions. Partners are expected to make full use of their social media channels and incorporate related posts throughout the life-cycle of projects to provide followers with an interactive or "real-time" experience. To ensure that the social media posts are in line with the guidelines, please share, prior to posting, the messages with the Communications & Partnerships Unit for clearance.

## 2.4. Web Communication

Ongoing EU-funded projects should be mentioned on the Partners' websites, acknowledging the EU's role as a donor and highlighting the partnership aspect. The EU emblem and a link to DG ECHO's website must appear on the Partner's website (for example, on the page listing partners or listing donors, on the page describing financing or on pages dedicated to projects financed by the EU).

## 2.5. Publications

The EU emblem should generally be reproduced wherever the Partner's logo is also displayed in reports, brochures, leaflets, flyers, posters, newsletters and other publications, printed or electronic, relating to EU-funded projects. No publication can be published without the clearance of the Communications & Partnerships Unit.

## 2.6. Photos

While the project is running, in addition to photos capturing main achievement based on your Work Plan, you are invited to send high resolution photos in the form of photo stories – i.e. a series of 6-9 photos with short explanatory captions. The photos should also be accompanied by an explanatory sheet with background information (date, country, city/region, project, name and role of the person on the photo if applicable). UNDP Country Office of Iran reserves the right to edit the text of the

provided photo captions to fit the editorial style of UNDP/DG ECHO website and social media platforms. The name of the organization/person that owns the copyright should always be included to allow UNDP/ DG ECHO to ensure that the photos are properly credited.

The photos chosen should be those which will best illustrate the impact of the action, and should match any written information on the action. As with written material, people involved in the action are the focus, not the officials involved in managing the action, in holding meetings about the issue, and so on.

- *Please note that a separate Guideline on Visual Documentation (still images and videos) will shortly be shared with you to help you harmonize the quality and format of the visual documentation captured throughout the life-cycle of this project.*

## 2.7. Audio-Visual Products

The aim of audio-visual products is to highlight the tangible impact of EU-funded humanitarian aid. The European Union's role must be clearly emphasized by integrating it into the story-line and by including, for instance: images of items displaying the EU emblem. For videos made for social media, the format, duration and edit must be in line with the current standards and best practices of social media dissemination (i.e. one minute or less duration, square or vertical format, edited for watching without sound, with large text/subtitles, no acronyms, etc.).

- *Please note that a separate Guideline on Visual Documentation will be shared with you to help you harmonize the quality and format of the visual documentation (still imaged and video) captured throughout the life-cycle of this project.*



## Guideline Number 3: Steps to Clearing Informational & Advocacy Content

### Background:

To make sure the informational and advocacy content produced by your organization completely corresponds with the most update guidelines on COVID-19 approved by World Health Organization (WHO) as well as Iran's Ministry of Health and Medical Education and other governing bodies responsible for the national-wide effort to contain the pandemic, please ensure that your team follows the below steps in close collaboration with the project's Communications Consultant.

To facilitate the content production process and with an aim to harmonize the informational and advocacy messages disseminated within the framework of this project, a list of updated and internationally accepted guidelines produced by WHO will be shared with all grant beneficiaries. Please ensure that you base your content on the said material. However, you are highly advised to use the local language and modify the visual representation of the content in a way that helps local communities better content with the messages. Should you wish to receive suggestions on this aspect of the content production, please contact the Communications Consultant prior to setting a meeting with your graphic design team/contractor.

The process of informational and advocacy content production is classified under three sections of pre-production, production and after production. Key points related to each section is explained separately.

### 1. Pre-Production:

- 1.1 Brainstorm with your team on what could be included within the framework of your organization's approved Work Plan for COVID-19 RCCE Project.
- 1.2 Consolidate the above input and share them with Communications Consultant. Make sure you include the references you have used. Give it two working he days and then receive feedback from the Communications Consultant in Writing.
  - 1.2.1 In case there is a need for further clarification, request an online session with the Communication Consultant.
  - 1.2.2 In case all suggestions and modifications request are agreed, proceed with finalizing the revised version and share it with the Communications Consultant. Give it two working days and then receive the go-ahead in writing.
- 1.3 When producing educational material for trainings/workshops/webinars, please provide Communications Consultant with the material along with the agenda of the training (including date and time) at least one week prior to the training/workshop/webinar.

## 2. Production:

- 2.1 Make sure you all visibility requirements are duly met. For more information on visibility requirements please refer to Communication and Visibility Guideline.
- 2.2 Design the content in the previously agreed upon medium (poster, podcast, motion graphics, etc.) and share a final draft with the Communications Consultant. Give it two working days and then receive feedback in writing. In case there is a need for further clarification, request an online session with the Communication Consultant. In case all suggestions and modifications request are agreed, proceed with finalizing the revised version and share it with the Communications Consultant. Give it two working days and then receive the go-ahead in writing.
- 2.3 Share the final product with the Communications Consultant and receive the confirmation in writing. In case you are going to use the end-product in local language, please ensure that the organization only uses the approved material in the local language.

## 3. Actions after production

- 3.1 Make sure you track the dissemination record and impact of the content produced based on the previously agreed upon indicators. For more information please refer to Monitoring and Evaluation Guideline.
- 3.2 Along with the progress and financial report, make sure you include visual documentation of the dissemination process and impact.  
For more information please refer to Visual Documentation Guideline.

## Guideline Number 4: Precautionary Measures to Confront the Pandemic

### Background:

The World Health Organization (WHO) is a specialized agency of the United Nations responsible for international public health. Since the onset of the COVID-19 pandemic, WHO has been at the forefront of alerting the general public to the facts about the pandemic helping people learn practical precautionary measures and apply them to their everyday life. The COVID-19 RCCE Project has also been designed with an aim to raise the awareness of the most vulnerable local communities to the risk associated with the pandemic and how they can stay safe until a more permanent solution is reached.

To facilitate the content production procedure and harmonize all grant beneficiaries' access to the most updated COVID-19-related resources verified by international and national health authorities, a selection of WHO-produced content can be referenced in this Guideline. The content selected for this purpose mainly revolves around what could be shared with the public as envisaged in the SGP-UNDP COVID-19 RCCE Project.

Please ensure that you base the content that your organization should produce on the key messages you find below. This Guideline is a living document and will be duly updated should there be any development vis-à-vis the approved precautionary measures to confront the pandemic. However, you are highly advised to use the local language and modify the visual representation of the content in a way that helps local communities better connect with the messages. Should you wish to receive suggestions on this aspect of content production, please contact the Communications Consultant prior to setting a meeting with your graphic design team/contractor.

### 1. What is COVID-19 and how does it infect humans?

COVID-19 is an infectious disease caused by a new coronavirus introduced to humans for the first time. It is spread from person to person mainly through the droplets produced when an infected person speaks, coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby. These droplets are too heavy to travel far in the air, they only travel approximately one meter and quickly settle on surfaces. This is the reason person to person spread is happening mainly between close contacts. The exact time that the virus can survive on surfaces is not yet known. So it is wise to clean surfaces regularly, particularly in the vicinity of people infected with COVID-19. Hands touch many surfaces which can be contaminated with the virus. You should therefore avoid touching your eyes, nose, mouth, since contaminated hands can transfer the virus from the surface to yourself.

### 2. How is COVID-19 transmitted?

#### 2.1. How does COVID-19 spread between people?

COVID-19 is caused by the SARS-CoV-2 virus, which spreads between people, mainly when an infected person is in close contact with another person. The virus can spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing or breathe heavily. These liquid particles are different sizes, ranging from larger 'respiratory droplets' to smaller 'aerosols'. Other people can catch COVID-19 when the virus gets into their mouth, nose or eyes, which is more likely to happen when people are in direct or close contact (less than 1 meter apart) with an infected person.

Current evidence suggests that the main way the virus spreads is by respiratory droplets among people who are in close contact with each other. Aerosol transmission can occur in specific settings, particularly in indoor, crowded and inadequately ventilated spaces, where infected person(s) spend long periods of time with others, such as restaurants, choir practices, fitness classes, nightclubs, offices and/or places of worship. More studies are underway to better understand the conditions in which aerosol transmission is occurring outside of medical facilities where specific medical procedures, called aerosol generating procedures, are conducted.

The virus can also spread after infected people sneeze, cough on, or touch surfaces, or objects, such as tables, doorknobs and handrails. Other people may become infected by touching these contaminated surfaces, then touching their eyes, noses or mouths without having cleaned their hands first.

## 2.2. When do infected people transmit the virus?

Whether or not they have symptoms, infected people can be contagious and the virus can spread from them to other people. Laboratory data suggests that infected people appear to be most infectious just before they develop symptoms (namely 2 days before they develop symptoms) and early in their illness. People who develop severe disease can be infectious for longer. While someone who never develops symptoms can pass the virus to others, it is still not clear how frequently this occurs and more research is needed in this area.

## 2.3. What is the difference between people who are asymptomatic or pre-symptomatic? Don't they both someone without symptoms?

Both terms refer to people who do not have symptoms. The difference is that 'asymptomatic' refers to people who are infected but never develop any symptoms, while 'pre-symptomatic' refers to infected people who have not yet developed symptoms but go on to develop symptoms later.

## 2.4. Are there certain settings where COVID-19 can spread more easily?

Any situation in which people are in close proximity to one another for long periods of time increases the risk of transmission. Indoor locations, especially settings where there is poor or no ventilation, are riskier than outdoor locations.

Transmission can occur more easily in the “Three C’s”:

- Crowded places with many people nearby;
- Close-contact settings, especially where people have conversations very near each other;
- Confined and enclosed spaces with poor ventilation.


The risk of COVID-19 spreading is higher in places where these “3Cs” overlap.

## Avoid the Three Cs

Be aware of different levels of risk in different settings.

There are certain places where COVID-19 spreads more easily:


1



Crowded places

with many people nearby


2



Close-contact settings

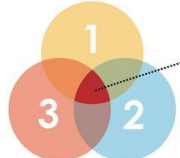
Especially where people have close-range conversations

3



Confined and enclosed spaces


with poor ventilation




The risk is higher in places where these factors overlap.

**Even as restrictions are lifted, consider where you are going and #StaySafe by avoiding the Three Cs.**


WHAT SHOULD YOU DO?




Avoid crowded places and limit time in enclosed spaces




Maintain at least 1m distance from others



When possible, open windows and doors for ventilation



Keep hands clean and cover coughs and sneezes



Wear a mask, especially when you can't physically distance

If you are unwell, stay home unless you need to seek urgent medical care.

### 3. How to lower the risk of infection?

When coughing or sneezing cover your mouth and nose with the bend of your elbow or use disposable tissue. If a tissue is used, discard it immediately into a closed bin. The most effective way to prevent the spread of the new coronavirus is to clean your hands frequently with an alcohol-based hand rub or soap and water. This will eliminate the virus if it is on your hands.

Clean your hands frequently and thoroughly specially before and after putting on your mask and going outside or coming home. Avoid crowded places and mass gatherings.

Avoid touching surfaces in public as they might be contaminated by someone with the virus.

Socialize at a distance. Stay at least 1 meter away from other as much as you can and wear a mask if you cannot.

If you feel even slightly unwell, stay home. Call your local health authorities and get tested. If you test positive, follow the recommendations from health authorities about how or where you should isolate from others and receive medical care if needed.

Make a list of people you have recently been in contact with. Self-quarantine for 14 days if you've been in contact with anyone with COVID-19. Make sure you follow your local guidance.

Each country or area has its own levels of transmission, resources and recommendations and the situation can change rapidly. The COVID-19 pandemic has changed the way we live, work and connect with others. It is challenging but together we can break the chains of COVID-19 transmission.



## 4. What to do to keep yourself and others safe from COVID-19

### 4.1 Physical Distance

Maintain at least a 1-metre distance between yourself and others to reduce your risk of infection when they cough, sneeze or speak. Maintain an even greater distance between yourself and others when indoors. The further away, the better.

### 4.2 Masks

In areas where COVID-19 is widespread and physical distance cannot be maintained, masks can help stop the spread of COVID-19. Make wearing a mask a normal part of being around other people. The appropriate use, storage and cleaning or disposal are essential to make masks as effective as possible.

#### 4.2.1. Basics of wearing a mask:

- 4.2.1.1 Clean your hands before you put your mask on, as well as before and after you take it off, and after you touch it at any time.
- 4.2.1.2 Make sure it covers both your nose, mouth and chin.
- 4.2.1.3 When you take off a mask, store it in a clean plastic bag, and every day either wash it if it's a fabric mask, or dispose of a medical mask in a trash bin.

#### 4.2.1.4 Don't use masks with valves.

### 4.2.2. Medical/Surgical Masks vs. Fabric Masks

In general:

- Medical masks should be worn by the health workers, those who have COVID-19 symptoms and those who take care of someone suspected or confirmed with COVID-19. In areas where COVID-19 is widespread or physical distance of at least 1 meter cannot be achieved medical masks should be worn by those who are 60 and over and those who have underlying health conditions.
- Fabric masks should be worn by people who have no COVID-19 symptoms, where COVID-19 is widespread and physical distance of at least 1 meter could not be achieved. Fabric masks should also be considered in busy public settings such as public transport, workplaces, grocery stores and other crowded environments.
- However, please follow your authorities' advice on wearing a mask.

### 4.2.3. What Characteristics Should Fabric Masks Have:

Fabric masks should ideally have three layers: an outer layer, an inner layer and a middle layer that can be an insert or can be another fabric layer. The inner layer which comes in direct contact with your face should be a hydrophilic material (an example of this material is a cotton). Choose a light color which can help you determine when it is soiled or wet. The middle insert should be a strip of polypropylene (spun bond non-woven) fabric. The outermost layer should be a hydrophobic material (this could be a synthetic material such as polyester or polyester and cotton blend)

### 4.2.4. When and How Children Should Wear a Mask

- Those under the age of 5 are not required to wear a mask because they are less likely to be able to wear it properly. However, there may be local requirements or times when a mask is necessary such as when the child is sick.
- Children 6-11 years old can wear a mask when recommended. Make sure they can wear it safely and that there is adequate adult supervision.
- The use of masks for children 12 and over should follow the same guidance as adults. For children with developmental disorders or disabilities masks should not be mandatory and assessed on a case-by-case basis.
- Children with underlying health issues such as cystic fibrosis or cancer should wear a medical mask for protection. Children in general good health should wear a fabric mask when they cannot be at least 1 meter away from others.
- Before putting on the mask children should clean their hands at least 20 seconds if using an alcohol-based hand rub or at least 40 seconds if using soap and water.
- Make sure the mask is the right size to cover the nose, mouth and chin. Children should not touch the front of the mask, put it under the chin or into the mouth and definitely not sure it.
- After taking off their mask, they should store it in a bag or container and clean their hands.



## 5. Contact Tracing

You can help stop the spread of COVID-19 by participating in contact tracing.

### 5.1 How does contact tracing work?

Contact tracing is a system that has been used for decades to stop infectious diseases. A contact is anyone who has had direct physical contact or was within 1 meter for at least 15 minutes with an infected person, even if that person does not have symptoms. This applies to anyone who has had contact from 2 days before the person gets sick until 14 days afterwards or from 14 days where an asymptomatic case tested positive. Once you are confirmed as a contact, you will be asked to go into quarantine which means to separate yourself from others and to monitor your health for any signs of illness. The monitoring ends on the 14th day from your last contact with the person infected with COVID-19. Quarantine can take place in a special facility outside of your home, or at home if you can stay separated from family members.

### 5.2 Why 14 days of quarantine?

It can take from 1 to 14 days for the virus to develop symptoms. During this time, you should stay in quarantine and monitor symptoms and follow instructions given to you if you become symptomatic.

Without contact tracing and quarantine the virus will continue to spread. This leads to more people becoming sick and infecting the most vulnerable. To break the chain of transmission we all need to work together.

## 6. Don't forget the basics of good hygiene

- a. **Regularly and thoroughly clean your hands with an alcohol-based hand rub (for at least 20 seconds) or wash them with soap and water (for at least 40 seconds).** This eliminates germs including viruses that may be on your hands.
- b. **Avoid touching your eyes, nose and mouth.** Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and infect you.
- c. **Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze.** Then dispose of the used tissue immediately into a closed bin and wash your hands. By following good 'respiratory hygiene', you protect the people around you from viruses, which cause colds, flu and COVID-19.
- d. **Clean and disinfect surfaces frequently especially those which are regularly touched,** such as door handles, faucets and phone screens.



## 7. What to do if you feel unwell

- a. **Know the full range of symptoms of COVID-19.** The most common symptoms of COVID-19 are fever, dry cough, and tiredness. Other symptoms that are less common and may affect some patients include loss of taste or smell, aches and pains, headache, sore throat, nasal congestion, red eyes, diarrhea, or a skin rash.
- b. **Stay home and self-isolate even if you have minor symptoms such as cough, headache, mild fever,** until you recover. Call your health care provider or hotline for advice. Have someone bring you supplies. If you need to leave your house or have someone near you, wear a medical mask to avoid infecting others.
- c. **If you have a fever, cough and difficulty breathing, seek medical attention immediately. Call by telephone first, if you can** and follow the directions of your local health authority.
- d. **Keep up to date on the latest information from trusted sources, such as WHO or your local and national health authorities.** Local and national authorities and public health units are best placed to advise on what people in your area should be doing to protect themselves.

## 8. Ventilation and Air Conditioning

### 8.1 What is ventilation?

Ventilation is the intentional introduction of fresh air into a space while the stale air is removed. It is done to maintain the quality of air in that space. Ventilation is part of a package of interventions and should be used along with the above three recommendations. Ventilation is a very important tool in preventing the virus from spreading indoors. Opening doors and windows to get natural ventilation can provide renewal of healthy air to breathe. Whenever possible in public spaces, ensure natural ventilation. In schools, offices, etc. increase the rate of ventilation by natural or mechanical ones (avoid recirculation of the air). Roughly speaking, try to change the air up to 6 times an hour. In case of outdoor air pollution, still ensure natural ventilation except if you are very close to the source of emission or if there is a very high amount of pollutants in which case you can consider purifiers or HEPA filters.

### 8.2 Can I use air conditioning in the context of COVID-19?

Heating, ventilation and air-conditioning (HVAC) systems are used to maintain indoor air temperature and humidity at healthy and comfortable levels. A well-maintained and operated system can reduce the spread of COVID-19 in indoor spaces by increasing the rate of air change, reducing recirculation of air and increasing the use of outdoor air. Recirculation modes (which recirculate the air) should not be used. HVAC systems should be regularly inspected, maintained, and cleaned.

### 8.3 Can fans be used safely in indoor spaces?

At home, table or pedestal fans are safe for air circulation among family members living together who are not infected with the virus that causes COVID-19. However, fans should be avoided when people who are not part of the immediate family are visiting, since some people could have the virus despite not having symptoms. Air blowing from an infected person directly at another in closed spaces may increase the transmission of the virus from one person to another.

At home, offices or school, if the use of table or pedestal fan is unavoidable, it is important to increase outdoor air changes by opening windows and minimize the air blowing from one person (or group of people) to another person (or group of people).

The use of ceiling fans can improve circulation of outside air and avoid pockets of stagnant air in occupied space. However, it is critical to maintain good outdoor ventilation when using ceiling fans. An efficient way to increase outdoor air exchange is by opening windows.

## **8.4 Ventilation and Air Conditioning in Public spaces and buildings**

### **8.4.1. What steps can be undertaken to improve the ventilation in indoor public spaces and buildings?**

Ventilation is an important factor in preventing the virus that causes COVID-19 from spreading indoors. Below are steps to consider which can improve indoor ventilation. These steps should be considered in consultation with a heating, ventilation and air conditioning (HVAC) professional.

- Consider using natural ventilation, opening windows if possible and safe to do so.
- For mechanical systems, increase the percentage of outdoor air, using economizer modes of HVAC operations and potentially as high as 100%. Before increasing outdoor air percentage, verify compatibility with HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor/indoor air quality considerations.
- Increase total airflow supply to occupied spaces, if possible.
- Disable demand-control ventilation controls that reduce air supply based on temperature or occupancy.
- Improve central air filtration:
  - Increase air filtration to as high as possible without significantly diminishing design airflow.
  - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
- Consider running the HVAC system at maximum outside airflow for 2 hours before and after spaces are occupied, in accordance with manufactory recommendations.

- Generate clean-to-less-clean air movements by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers and adjusting zone supply and exhaust flow rates to establish measurable pressure differentials. Have staff work in “clean” ventilation zones that do not include higher-risk areas such as visitor reception or exercise facilities (if open).
- Ensure exhaust fans in restroom facilities are functional and operating at full capacity when the building is occupied.

#### 8.4.2. Are there any recommendations for offices, schools and the accommodation sector regarding ventilation and air conditioning use?

In all workplaces, schools and tourist accommodations, there should be fresh, clean air. WHO recommends an increased ventilation rate through natural or mechanical means, preferably without recirculation of the air. In case of air recirculation, filters should be cleaned regularly, especially for jobs that place an individual at a medium or high risk of exposure to COVID-19. Examples of such jobs may include frontline workers in retail, tourist accommodation and domestic workers.

## 9. Small Public Gatherings

Any decision to hold an event during the COVID-19 pandemic, no matter how large or small, should rely on a risk-based approach. Precautions to consider include actions to prevent transmission between people, and where to hold the venue and how it can be modified to make a safer environment. Cancelling a planned event is an option that should always be considered, especially in case of non-essential events or when precautions cannot be implemented or adequately communicated.

### 9.1 I am attending a small gathering or an event such as a wedding, a party or sports tournament. What precautions should I take to protect myself and others from getting infected with COVID-19?

9.1.1. Always check local regulations before attending an event. (Ensure that you are well-informed about the local regulation on restricted movement hours or temporary quarantine regulations).

9.1.2. Stay at home if you are feeling unwell.

9.1.3. Always comply with the following 3 basic preventive measures:

- Maintain at least 1 meter distance from others, and wear a mask if you cannot guarantee this distance.
- Cover a sneeze or cough with a tissue or bent elbow, and immediately dispose of tissue in a closed-lid bin. Avoid touching eyes, nose and mouth.

- Wash your hands frequently with soap and water, or with a hand sanitizer.

## 9.2 I am organizing a small gathering or an event such as a wedding, a party or sports tournament. What precautions should I take to prevent the spread of COVID-19 among guests?

9.2.1. Always check local guidelines before planning your event. (Ensure that you are well-informed about the local regulation on restricted movement hours or temporary quarantine regulations).

9.2.2. Brief guests about precautions before the event starts; during the event, remind guests of these precautions and ensure they are followed.

9.2.3. Choose outdoor venues over indoor spaces – if indoors, ensure the area is well-ventilated.

9.2.4. Minimize crowding by staggering arrivals and departures, numbering entries, designating seats/places and marking the floor to ensure physical distancing between people of at least one meter.

9.2.5 Provide all necessary supplies – hand hygiene stations, hand sanitizer or soap and water, tissues, closed-lid bins, distance markers, masks.

## 10. Travel Advice for the General Public

### 10.1 What precautions should I take during traveling?

During travel, everyone should clean hands frequently, cough or sneeze into a bent elbow or tissue, and try to maintain a physical distance of at least one metre from others. Travelers should follow the recommendations of the travel authorities regarding policies in the airport and of the airline for the flight.

### 10.2 Who should not travel?

People with confirmed diagnoses of COVID-19 cases should be in isolation and not traveling. Anyone who has had contact with someone else confirmed with COVID-19 cases should be in quarantine and not travel. People aged 60 and over, and those with serious chronic illnesses or underlying health conditions should try to postpone travel, or take special precautions and wear a medical face mask continuously throughout the travel. Check the destination country for policies on what kind of tourism travel is allowed.

### 10.3 What is meant by “essential travel”?

Essential travel is travel for emergencies and humanitarian actions (including emergency medical flights and medical evacuation). It includes essential personnel (including emergency responders and providers of public health technical support, critical personnel in transport sector such as seafarers and diplomatic officers) and repatriation to a home country.

## 10.4 I feel well, but I am in the “high-risk” category, should I travel?

People age 60 and over, and those with serious chronic diseases of underlying health conditions, should postpone or delay travel internationally to and from areas with community transmission, where there are many cases of COVID-19. This is because people in the high-risk group more frequently get very sick after getting the disease, with some dying of it.

If you have to travel in these circumstances, you should wear a medical mask for more protection against the virus. However, masks do not mean you are fully protected. You should also clean your hands frequently, cough or sneeze into a bent elbow or tissue, and maintain a distance of at least 1 meter from others wherever possible.

## 10.5 The travel company is asking me to wear a mask while traveling. Which kind of mask should I use?

You should follow the advice of your travel company. If the type of mask is not specified then people 60 years and over, and those who have underlying health conditions, should wear a **medical** mask while traveling. This provides greater protection from others who may have the virus. People who feel healthy and have no symptoms can wear a **fabric** mask to prevent any virus they may have from spreading to others.

Remember that wearing a mask does not provide full protection. You should always combine this with frequent hand cleaning, covering a cough or sneeze with a bent elbow or tissue, and maintaining at least a 1 meter distance from others wherever possible.

## 10.6 What should I do if I get sick while travelling?

If you become ill during your travel, inform your travel attendant (plane, ship, train, etc.). You may be moved to a seat farther away from others. Ask for information on how to be seen by a health care provider and seek care immediately. Wear a mask continuously while you travel, frequently clean your hands with hand sanitizer, cover a cough or sneeze with a bent elbow or tissue, and maintain at least a 1 meter distance from others wherever possible. You should stop travelling as soon as feasible. If you are told you must quarantine or self-isolate yourself in a specific place, you should be provided with free, appropriate facilities and care, and not be asked to stay longer than 14 days.

# 11. Preventing COVID-19 in your workplace or while teleworking

11.1 Follow distancing measures issued from your local health authorities and stay informed through information disseminated by trusted sources such as WHO and local health authorities.

11.2 Stay home and avoid direct contact with anyone if you feel unwell or even have a mild cough. This will help protect your family members at home and your colleagues at work.

11.3 Reduce the risk of transmission by avoiding crowded public transport. If possible go by bike or walk and if possible discuss with your supervisor if you can work from home.

11.4 At work or at home, if you can, use the stairs instead of elevators.

11.5 Avoid using your hands to touch common objects like elevator buttons, door handles or staircase railings.

11.6 If you work in contact with the public stay at least 1 meter away from others as much as you can.

11.7 After commuting to and from work, and throughout the day, clean your hands frequently and thoroughly.

11.8 Avoid touching your eyes, mouth and nose.

11.9 Ventilate your workplace regularly, keeping the windows open if possible.

11.10 Make sure tables, door handles and other frequently touched surfaces are disinfected regularly.

11.11 Avoid crowded places and unnecessary public activities.

11.12 Find no-contact ways to greet your colleagues and express affection to your friends and family.

11.13 While maintaining physical distance, stay social. Contact your friends and family regularly to check how they are coping.

11.14 Remember to seek ways to stay active and positive.

11.15 Staying behind Plexiglas boards at reception and concierge desks can prevent droplet transmission.

11.16 Teleworking may be a possibility for some jobs, which can help reduce physical contact with others.

## **12. Three factors help you make safer choices during COVID-19**

When you are in an area of widespread COVID-19 transmission

Consider: 1) the location, 2) the proximity to others and 3) the amount of time you spend there. Think about each of these factors and avoid situations where the risk is high: small or poorly ventilated places and crowds of people for long periods of time.

- 1) Where does your activity take place? Open air spaces are always safer than enclosed spaces, particularly if they're small or without fresh air.
- 2) Proximity to other people is also important. It's safest when there are fewer people around and you can keep more than 1 meter apart.
- 3) How long does your activity last? The shorter the better.

## **13. What foods should be consumed to support the immune system?**



The immune system requires the support of many nutrients. It is recommended to consume a variety of foods for a healthy and balanced diet, including whole grains, legumes, vegetables, fruits, nuts and animal source foods. There is no single food that will prevent you from catching COVID-19.

## 14. Misconceptions about COVID-19

14.1 Vitamin and mineral supplements cannot cure COVID-19.

14.2 The likelihood of shoes spreading COVID-19 is very low.

14.3 The coronavirus disease (COVID-19) is caused by a virus, NOT by bacteria. Antibiotics do not work against viruses. Some people who become ill with COVID-19 can also develop a bacterial infection as a complication. In this case, antibiotics may be recommended by a health care provider.

14.4 The prolonged use of medical masks when properly worn, DOES NOT cause CO2 intoxication nor oxygen deficiency. Do not re-use a disposable mask and always change it as soon as it gets damp.

14.5 Most people who get COVID-19 recover from it.

14.6 Spraying and introducing bleach or another disinfectant into your body WILL NOT protect you against COVID-19 and can be dangerous.

14.7 Catching COVID-19 DOES NOT mean you will have it for life.

14.8 People of all ages can be infected by the COVID-19 virus.

14.9 Older people and younger people can be infected by the COVID-19 virus. Older people, and people with pre-existing medical conditions such as asthma, diabetes, and heart disease appear to be more vulnerable to becoming severely ill with the virus. WHO advises people of all ages to take steps to protect themselves from the virus, for example by following good hand hygiene and good respiratory hygiene.

**People of all ages can be infected by the new coronavirus (nCoV-2019).**

Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus.

WHO advise people of all age to take steps to protect themselves from the virus, for example by following good hand hygiene and good respiratory hygiene.



**#Coronavirus**

**Does the new coronavirus affect older people, or are younger people also susceptible?**



## Guideline Number 5: Visual Documentation (Still Image & Video)

### Background

Still images and short video clips are one of the main tools of visually documenting project's achievements and impact. When done properly, they can be used as powerful story-telling medium that will leave a long-lasting effect on the audience. SGP-UNDP COVID-19 RCCE Project Team in Iran highly encourages you to think about the way you can visually document each one of your interventions. Below you can find a list of requirements and recommendations that are aimed at enhancing and harmonizing the quality and format of the still images you submit as supporting documents. By adhering to them, we wish to be able to better represent a real image of the intervention.

Visually represent SGP-UNDP COVID-19 RCCE projects' beneficiaries. To tell a full story, take un-posed portraits, posed portraits (if appropriate), project details, indoor and outdoor settings, landscapes, action, and daily life. For instance, you can take photos when an awareness raising or training workshop is in session or when your staff are distributing hygiene packages. Where and when possible, aim to include emblems of the project and the donor in the photo.

Since UNDP-SGP COVID-19 RCCE Project is mainly aimed at raising the local communities' awareness of the standard precautionary measures to confront the pandemic, it is important to set specific, measurable, achievable, relevant and time-bound indicators from the start. To showcase the change process, we need to have a few frames capturing the 'baseline', a few frames demonstrating 'the activity' and final few shots exhibiting the 'end line'. When possible, in addition to a photos story, you can show the trajectory of change via a short video clip.

To show the story, you do not always have to photograph beneficiaries' faces. In distribution settings, photos showing hands exchanging packages (displaying project's logos) would suffice. To show the change process in a public setting, before and after picture could be taken without clearly showing people's faces; i.e. you can take a photo from behind / slightly far back to highlight the setting and not the people. When photographing people; i.e. when their face is going to be visibly recognizable, ALWAYS solicit their consent, especially if and when photographing women. When photographing children, ALWAYS solicit their parents' consent. This includes both direct and indirect beneficiaries. Remember: Respecting beneficiaries' dignity is our first and foremost priority.

When and where possible, please produce quality content for with the local viewers in mind. To do so, ensure that your material is based on the most updated guidelines approved by international and national authorities but that your presentation is in local language and simplified so that a large range of viewers could relate to it.



## Part One – Still Images:

### Format

When shooting choose the highest JPEG quality; around a 10 MB file size is ideal, but no less than 1 MB. To the extent possible, please choose the ‘landscape’ orientation.

### Caption

Please provide full and final captions at time of submission in the file metadata or in a Word document: include the names, profession, and ages of people photographed, and details about the story. Explain what we are viewing and the context: Where, When, Who, What, and Why. Caption example:

15 March 2016–Tehran, I.R. of Iran. Doctor Masoudi, 42, studies malaria samples. 80% of Iran's malaria cases are in the south due to movement of cross-border seasonal workers. The Iran Ministry of Health, UNDP and the Global Fund are distributing 2.7 million bed nets and equipping 14,500 clinics with rapid diagnostic test kits and anti-malaria drugs. Photo: UNDP Iran / Sadaf Nikzad

### Photo Credit:

Include the name of the person/team or organization in the caption (as above)

1. Photo: UNDP Iran / Sadaf Nikzad
2. Photo: Caspian Project – Society for Conservation of Biodiversity (Mazandaran, Iran)

OR

3. Photo: NAME OF CITY / PHOTOGRAPHER’S FULL NAME ex:  
Mashhad / Mr. Alireza Gholami

Please do not put photo credits on the actual photo—no watermarking, just state it at the end of the caption.

Credit photos sourced outside of this SGP-UNDP project as requested by the source. Such as photography purchased from photo agencies, stock photography, and public domain images. Examples:

1. Photo: Fabio Diena/Shutterstock.com
2. Photo: Jeremy Bishop on Unsplash

It’s critical that you include the correct credit every time the photograph is published; without proper credit UNDP offices can be and have been sued for using the wrong photo credit.

Avoid retouching the image to the extent possible. Make light adjustments to correct exposure, contrast, sharpness, etc. Please do not use vignettes, adding frames and refrain from over- or under-saturating.

## Part Two - Video:

### Three Hints for Your Content Production Team:

The aim of producing audio-visual products is to highlight the tangible impacts of project's interventions; therefore, you are highly advised to refrain from showcasing administrative steps (such as meetings) taken to achieve results. Instead, please make sure that your content production team focuses on creative ways to:

- a) Find a narrative line to tell the 'story' of the intervention; i.e. why your organization intervened (in response to what), what has been done and with whom and what are the end results;
- b) Ensure that the audio-visual production could be used as a stand-alone product; i.e. that even a one-minute clip could tell a mini-story;
- c) Genuinely include community-member's voice talking about how the intervention has impacted their life vis-à-vis the project's main goal. Within the scope of this project it would be increased access to information and material/equipment/gear as to combat the pandemic through standard preventive measures.

### Basic Requirements

Please, do not aim for medium-length or feature documentaries as the time-frame of this project would only allow for production of short videos (clips) made for online use (mainly social media). Therefore, please ensure that the format, duration and edit are all in line with the current standards and best practices of social media dissemination. Tell simple, engaging stories with attractive footage. Try to make them relatable. The video should give people a small idea of what we do, not <sup>[[1]]</sup><sub>SEP</sub> explain it to them in detail. You only have 2-3 seconds to catch people's attention on social media with your video. Use it well and start with the most exciting part of the story (not with general footage or long explanatory text). Statistically, videos that show a person in the first couple of seconds retain viewers best. You could also start with an intriguing emotional sound bite.

To do so please ensure that videos:

- 1. Are one minute or less in duration. Please note that fifteen-second videos are the most popular;
- 2. Are captured in square or vertical format; these are the formats you can later use on social media;
- 3. Include project's logos in the first part of the video, not only as a final slide in the end - the vast majority of viewers do not watch that far.

4. Are edited for watching without sound as 85% of viewers watch without turning the sound on;
5. Are easy to understand and do not include any acronyms, jargon.
6. Are Accompanied by with large text/subtitles:
  - 6.1 When using text in the video, make the text large, bold, simple and as brief as possible.
  - 6.2 Always use subtitles when there is speech. Make the subtitles large and easy to read.
  - 6.3 Introduce the person who is talking in the video; i.e. Dr. Minoo Mohraz, Infectious Disease Specialist and member of Iran's National Committee to Combat Coronavirus.
  - 6.4 If the video is in local language, include subtitles in Farsi.
  - 6.5 If the video shows a landscape make sure basic information is included in the subtitle; i.e. Margoos Waterfall, Fars Province.

## Guideline Number 6: Safe Communications & Outreach Modalities

### Background

Within the framework of COVID-19 RCCE Project as a responsible, accountable employer you are urged to effectively communicate the most updated standard COVID-19 safety tips to anyone who works with you in implementation of this project. This includes your staff members, volunteers, contractor, community members and other stakeholders you meet and/or work with to meet the goals set out in your organization's approved Work Plan.

We are all working in a fast-paced environment where we have to constantly keep the most recent knowledge and information on COVID-19 abreast. To break the chains of transmission to ensure safe communications and outreach modalities please follow the below steps:

7. Thoroughly study Guideline #4 on the preventive measures to confront the pandemic.
8. Train your colleagues on the above and ensure that everyone you work with complies with those measures.
9. Monitor updates from trustworthy sources (such as WHO) and the local health authorities (such as Department of Health in your city). Please note that Guideline #4 is a living document and will be duly updated during the life-cycle of this project.
10. Regularly update your team (administrative/project/maintenance staff, volunteers, surveyors, drivers, etc.) on the new developments.
11. Avoid unnecessary travel. Make best use of smart telecommunication channels and tools; i.e. in villages where WhatsApp groups have previously been formed by the Village Council to share updates with inhabitants, please make sure you use those channels instead of door to door visit where and when possible. Avoid exchange of physical files/paper products to the extent possible.
12. When in the field, please remind those present on site to keep a physical distance of at least one meter and wear a mask. When in a close space please ensure air circulation and keep the meeting as short as possible.
13. Enable two-way communication with your staff members. Instead of overloading those with one-way messages in the format of newsletters (that are likely not to be read) make sure you use a more interactive method of communicating with them. For instance, you can consider setting up regular group calls.
14. Personalize/customize messages based on your colleagues' needs. Where and when possible you can share context-specific safety tips; i.e. when they are assigned to visit a high-risk location

(crowded, indoors) or a high-risk target group.

15. Where and when possibly provide your colleagues with Personal Protection Gear and ensure that they use them when at work/in the field.
16. Foster a safe environment in which your colleagues can disclose information about possibility of infection with their line manager. Seriously encourage your colleagues to immediately see a doctor in case they have symptoms or if they have been in contact with someone who has contracted COVID-19 even if they feel well.
17. For more information on Contact Tracing please consult Guideline #4.

## Guideline Number 7: Approaches to Promote Behavior Change

### Background

More than a year has passed since the outbreak of the new coronavirus was confirmed in Iran. To date, the only practical way to stop the chain of transmission of the COVID-19 pandemic is by actively influencing how we interact with one another and with the world around us. Within the scope of COVID-19 RCCE Project, our main objective is to positively change the behavior of target communities vis-à-vis their physical and mental health during the pandemic. This approach is sometimes referred to as Social and Behavior Change or Communication for Development. There are dozens of models and theories that revolve around behavior change. In the guideline at hand we only cover what is shared and generally understood as facts among all the said models and theories.

### Definition of Behavior

Behavior, once broadly defined, is the product of individuals / collective action. Therefore, in order to foster behavior-change a multi-faceted approach needs to be considered taking into account the below criteria:

- a) Personal: an individual knowledge, attitude and performance as a member of the target population;
- b) Social: interactions with other individuals and institutions such as friends and family;
- c) Environmental: homes, workplaces, neighborhoods, etc.

Behavior changes is viewed as a process and is schematically simplified as:

Unaware → Aware → Concerned → Knowledgeable → Motivated to Change → Practicing Trial Behavior Change → Sustained Behavior Change

### Steps to Operationalize Behavior Change

In order to walk through the above process, below steps should be taken:

1. State the program's goals
2. Involve stakeholders
3. Identify target populations
4. Conduct formative Behavior Change assessment
5. Segment target populations
6. Define behavior change objectives
7. Define behavior change strategy and M&E Plan
8. Develop communications products

9. Pre-test
10. Implement and monitor
11. Evaluate
12. Analyze feedback and revise

## The Three Factors Contributing to Behavior Change Interventions' Success

Behavior change interventions are usually successful when they

- a) Apply a mix of interventions;
- b) Are long-term; and
- c) Regularly modified based on impact evaluation results.

## How to Ensure Sustainability in Behavior Change Interventions

To ensure sustainable behavior change, we need to encourage positive external influences as well as the internal ones. Internal influences are what help instill the change in the individual as they entail joy and sense of ownership rather than a mere commitment to follow rules and regulations. Traditionally, behavior change heavily leaned on dissemination of information and advice which is barely sufficient as it does not invest on the internal influences.

## Strategically Using Communication Channels

To reach various segments of your target audience make sure that different communication channels are used. Communication channels could include:

- a) Interpersonal and community-based channels such as peer to peer education and mentorship;
- b) Mass media such as radio, television, newspapers, billboards and social media networks;
- c) Telecommunication platforms such as text messaging services such as SMS platforms, online messaging applications, etc.

Each of the above has its own resource implications and reach. For instance, interpersonal and community based channels are high-intensity resource consuming channels with a small reach that could effectively be used (when and where possible to increase buy-in). Mass media on the other hand are low intensity channels with a high reach that are best appropriated for campaigns or other on-going educational and advocacy interventions.

**Remember:** there is no one-size-fit-all approach or tool. You need to carefully factor in the socio-cultural context of the area in which you operate. This includes community norms, traditional practices, language

and geographic characteristics of the project site. Do not just use a communication channels because it is available to us, strategize!

## Four Practical Suggestions

In response to COVID-19, grant beneficiaries can:

1. Contextualize the standard content in order to help their target populations relate to the educational / advocacy material. When a content is delivered in the local language in an easy to understand manner, chances are more people would feel like they are actually being addressed and therefore they listen in.
2. Apply innovation in terms of making the best of available digital / online technologies to help deliver the message across;
3. Make the COVID-19 RCCE more approachable by fostering two-way communication;
4. Where and when possible make the educational and advocacy material personal and fun. We usually do not remember facts and figures, we remember stories especially if they are told clearly, simply and with a touch of fun.

*N.B. When unsure which approach or communication channel to use, please contact the Communications Consultant.*



## Guideline Number 8: How to Count and Report on Beneficiaries

### Background

Direct beneficiaries are those who will participate directly in the project, and thus benefit from its existence. In the context of this project, direct beneficiaries are individuals who directly receive training/hygiene packages from your organization. Your direct beneficiaries are most likely those you will target as the ‘special groups’.

Indirect beneficiaries, sometimes called secondary beneficiaries, are those who are not directly connected with the project, but will still benefit from it. This could be other members of the community or from the area or family members of the participants. Sometimes, you can collect the exact number of indirect beneficiaries in collaboration with local health authorities. Each grant beneficiary has committed to reaching 10,000 beneficiaries in total which is going to be a sum of direct and indirect beneficiaries.

### Disaggregate

#### 1. By Gender and Age Group

To facilitate reporting on beneficiaries please ensure that your staff members record each single beneficiary’s basic information including gender and age. For the purpose of this project we need to mainly categorize our beneficiaries under three age groups:

- 1) Children (5 to 17 years of age)
- 2) Adults (18 to 49 years of age)
- 3) Elderly (50 years old and above)

#### 2. By Vulnerability

Since your organization is required to report on how you have impacted the lives of the most vulnerable target groups vis-à-vis the COVID-19 pandemic, you are strongly encouraged to disaggregate your beneficiaries by their type of vulnerability to the pandemic. Below you can find a suggested list of the most vulnerable social groups within the framework of this project:

1. Children;
2. The elderly;
3. Pregnant women;
4. Female heads of household;
5. Health / social workers (and their immediate families);
6. People living with HIV and Tuberculosis;
7. People living with disabilities;
8. People infected by the COVID-19 virus;
9. Men and women engaged manual labor (highly exposed to infection);
10. Homeless persons;
11. Substance users;
12. Incarcerated persons;
13. People with underlying medical conditions (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer)
14. Other vulnerable groups.

## Guideline Number 9: How to Acknowledge and Report on Co-funding

### Background

Co-funding is a well-established way of working towards development. It means when a percentages of the project/program costs are either covered by the grant beneficiary or by other entities beside the main donor. Co-funding could be secured through governmental and non-governmental bodies, funding agencies, universities or research organizations, the private sector and other enterprises.

Co-funding is not mandatory or required by most donors; however, it is highly encouraged as it helps organizations ensure mid to long-term sustainability. Efforts should then be made to develop communication strategies and plan that will help diversify funding sources. Co-funding could be secured in the form of monetary or in-kind donations and grant beneficiaries should ensure that all these contributions are duly acknowledged and reported on. Please note that in-donations could range from pro bono consultation to access to venue/transportation/ distribution material free of charge.

Apart from what your own organization contributes to the implementation of the project, whenever there is a chance to absorb external funding to co-finance the project, please ensure that you consult with the SGP team first, informing of them of the source, amount, etc. Receive the go-ahead in writing before proceeding with accepting the donation.

### How to Acknowledge Co-funding

It is highly important to effectively acknowledge your supporters as this might pave the way for their on-going support in the future. To do so you need ensure that you receive a donation certificate and that in return you issue an acknowledgement letter.

Where and when possible please give visibility to your donor; i.e. include their logo on the event banner or the education/advocacy material you produce with their support. Please solicit information from the donor as to what their visibility requirements are and make sure you do not modify their branding (name, logo, motto, etc.) in any way or form. For more information on this project's visibility requirement please refer to Visibility and Communications Guideline.

### How to Report on Co-funding

To be able to report on the co-funding you need to ensure that you have documented in well. You can subsequently include it in your progress and financial reports. To do so ensure that a detailed explanation of the committed funds including the timeframe they could be used in, the commitment they bring to your organization and any additional conditions/restrictions (if any) exists in your files. This should in essence be in the form of donation certificate issued by the donor in addition to a receipt note for file issued by your organization for your internal records. For more information on this one please consult with your Finance colleagues and ensure that you are audit-ready at any given time.

## Guideline Number 10: Monitoring Communications Activities

### Background

Within the scope of COVID-19 Risk Communication and Community Engagement project, information and awareness raising is viewed as form of assistance in and of itself. Therefore, as any other form of assistance, its impact should be monitored throughout the implementation.

### Baseline & End-line

To be able to showcase the impact of communications activities – just like any other intervention – we would need to have a baseline and an endline. This is to prove that as a result of project's interventions local communities a) know the reliable sources of information and b) know where and how to get medical and/or psychosocial assistance.

### Indicators

To be able to gauge the difference between the starting point and the endline, we need to have SMART indicators.

### What are SMART Indicators?

1. **Specific:** it should target a specific area of improvement. For instance, Target beneficiaries have access to the most updated guidelines approved by int'l and local health authorities on the COVID-19 preventive measures is a specific indicator.
2. **Measurable:** it should be quantifiable. For instance, % community households that have gained access to the most updated guidelines approved by int'l and local health authorities on the COVID19 preventive measures is a measurable indicator.
3. **Achievable:** it should be possible to be implemented throughout the lifecycle of the project.
4. **Relevant:** the indicator should be directly linked with the objectives of your work plan and the project itself.
5. **Time-bound:** it should be trackable and time-based; i.e. % community households that have gained access to the most updated guidelines approved by int'l and local health authorities on the COVID19 preventive measures from January 2021 to September 2021.

Considering the objectives of COVID-19 RCCE project, the SMART indicators you set for communications activities should ideally reflect the local communities' knowledge of the risks associated with COVID-19, ability to respond to the risks, capabilities to take preemptive actions, vulnerability reduction vis-à-vis COVID-19 in terms of awareness of safe practices and access to personal protective equipment.

### Means of Verification

To monitor the previously set indicators you need to think of means of verification in advance. KAP surveys are of the standard and popular monitoring tools. However, they have their own shortcomings as they could not be applied in settings where the target group does not have the necessary time, literacy rate, articulation to answer survey questions. Instead, you are advised to use focus group discussion with randomly selected sample groups, semi-structured interviews with key informants and observation as means of verification. Make sure each indicator is coupled with at least one means of verification.

## Monitoring Plan

Just like you devise an implementation time-table, make sure you have a monitoring plan in which communications interventions are also incorporated. Plan for conducting focus group discussions, interviews and observation in advance. If and when necessary, train your project staff (including facilitators and surveyors) on the matter and make sure you visually document the process. For more information of visual documentation, please refer to Visual Documentation Guideline.

## Guideline Number 11: How to Enhance Awareness Raising Campaigns

### Background

Awareness raising campaigns are seen as an effective tool in terms of educating the individuals and enhancing the public's awareness about a given issue. They are usually used to complement a broader initiative and therefore should not be viewed as a stand-alone activity. To enhance awareness raising campaigns within the scope of [insert the name of the project], please follow the below steps:

#### 1) Clarify Campaign Goals

An impactful awareness raising campaign is built around clearly defined, SMART goals.

#### 2) Identify Target Group

As stated above, awareness raising campaigns are usually part of a broader initiative and therefore should be based on a previously carried out needs assessment. By specifying who the target audience is you can ensure that you pick the most relevant content that would resonate with that target group. Additionally, identifying your target group beforehand, helps you ensure that you have factored in ways to reach the most vulnerable marginalized groups.

#### 3) Identify Communications Tools and Channels

Make sure you know how exactly you want to get your message across. Is it going to be a mass media campaign or one in which you rely on peer-to-peer awareness raising? If and when possible, aim for multipurpose tools and readily accessible communication channels. Ensure that you use digital/online modalities where and when possible.

#### 4) Partner Up!

By strategically linking your awareness raising campaigns with the already existing efforts made by professionals in the field or expert organizations/networks you can enhance local communities' buy-in and boost outreach. Sometimes you can try to join efforts with individuals who are/could be viewed as role models. These role models need to be pertinent and aspirational relative to the project goals and they should help with community engagement. When working with celebrities and/or influencers ensure that the Islamic Republic of Iran's standards are strictly observed. Additionally, please ensure that the individuals and/or organizations you partner up with are not political in nature or that they are not associated with any political leanings in particular.

## 5) Know the Visibility Requirements

Ensure that you have followed all visibility requirements as requested by the project management and/or your partner.

## 6) Develop Campaign Message

Successful awareness raising campaigns have simple, encouraging and relatable messages. Within the scope of this project, think about a message that promotes behavior change in a very easy-to-understand and actionable manner. Make sure your campaign message is in line with the most updated health guidelines. Think about campaign message in local language/dialect.

## 7) Plan The Campaign

Make sure everyone involved knows the commencement and end-date of the campaign. Inform all the stakeholders (including [insert the name of the project] management team) of the dates, channels, and scope of your campaign.

## 8) Promote the Campaign

Before you start the campaign ask your partners to promote your campaign using previously agreed upon tools and channels. Include key stakeholders from among local community members in the promotional activities. To clear promotional material, please make sure you follow the steps stipulated in Steps to Clearing Content Guideline.

## 9) Monitor the Campaign

Make sure you have a set of previously agreed upon success metrics to gauge the outreach and impact of the campaign.

In terms of outreach the list could include # of banners/shares/likes/views/etc.

In terms of impact the list could include % of individuals / households who demonstrate a change in knowledge, attitude and performance vis-à-vis the campaign message.

## 10) Evaluate the campaign

Sit with your team and partner(s), discuss all the steps from beginning to end to see how much you have reached your campaign objectives. In collaboration with the Communications Consultant, identify best practices and lessons learned of the campaign. Make sure the outcome of the evaluation is properly archived and that it is referred to in following/future awareness raising campaigns.

## Guideline Number 12: Communicating the Impact of Psychosocial Interventions

### Disclaimer!

This guideline is not intended as a tool for developing psychosocial interventions. It briefly reviews what psychosocial interventions are within the scope of COVID-19 RCCE and how they should be monitored and reported on from a communications perspective.

### Background

Psychosocial interventions are those that address individual's psychological development relative to their social environment. They are of particular importance when dealing with vulnerable individuals and/or groups that are at a higher risk or exposure to COVID-19 and its secondary negative impacts. Such interventions typically include counselling, case-management, care coordination, psychotherapy, etc.

The COVID-19 pandemic has caused a great deal of anxiety among both the infected and non-infected. The uncertainty around the diseases, misinformation, the fear and stigma associated with having contracted the disease, lack of knowledge or access to various services has put extra pressure on the most vulnerable communities. As part of COVID-19 RCCE project your organization might have envisaged modalities to help enhance local communities' resilience, boost their positive coping strategies and increase their access to psychosocial support services inter alia through referral mechanism, provision of specialized services in collaboration with licensed counselors/therapists, etc.

In case such interventions are part of your approved Work Plan please ensure that the below steps are taken. Kindly note that the information solicited from the below three steps could help with drafting impactful human interest stories that could later be used as a powerful communications tool to showcase the success of the project.

#### 1) Have A Monitoring Plan

You have a monitoring plan for such interventions as well including SMART indicators and means of verification. For more information, please visit [Monitoring Communications Activities Guideline](#).

#### 2) Count Beneficiaries

Ensure that you have a proper mechanism in place to count and report on beneficiaries who have directly and/or indirectly used psychosocial support service especially through referral mechanisms. For more information, please visit [How to Count and Report on Beneficiaries Guideline](#).

### 3) Visually Document the Process

Like any other part of your project, this segment should also be visually documented through still images and/or video clips. Please ensure that the beneficiaries' dignity is strictly respected. Make sure you sensitize all project staff to the importance of the above as well as the need to solicit beneficiary's consent if and when they could be identified.

When conducting interviews or drafting a success story you can a) take photograph in a way that faces are not recognizable (i.e. from behind) and b) change the names of the protagonists to respect their privacy. For more information, please visit [Visual Documentation Guideline](#).



## Guideline Number 13: Calls & Competitions

### Background

Many organizations view calls and competitions as an interactive tool to engage with their target groups and foster a feeling of inclusion. Calls and competitions are also great complementary activities that could help with outreach, communicating project's main goals and giving more visibility to it.

However, as a grant beneficiary of the COVID-19 Risk Communication and Community Engagement, you need to ensure that Project's community-based participatory approach is not compromised as an unintended result of such calls and competitions. To avoid such inadvertent negative impacts please make sure that your team takes the following into account when planning, organizing and implementing calls and competitions:

#### 1) Transparency

Make sure the application and selection processes and criteria are transparent and clear to follow for everyone who wishes to participate. Select the jury with due diligence and ensure that the jury represent neutral, respected and apolitical experts of the field.

#### 2) Community-Engagement

Make sure that the process is designed as a participatory interaction in which the community is closely involved with all phases of the call/competition. Include them in the screening process, the jury or delegate event organization tasks to them. Make sure they receive necessary assistance throughout the process.

#### 3) Capacity Development

When planning the intervention view is as a participatory practice to help the community learn how to organize such events should they wish to do so. Assist them acquire the necessary skills through mentoring enthusiastic volunteers. Young women and teenagers are usually willing to be involved in such processes. Include them, learn what skills they would need to positively contribute to the process and try to help them acquire those skills while helping out throughout the process along with your team.

#### 4) Sustainability

Ideally, the community should be able to replicate the process should they wish to do so. Therefore, try to ensure that the entire process is as sustainable as possible. If you need to purchase anything do it locally and be transparent about the selection process. Try to advocate for using appropriate venues free-of-charge. Where and when possible include community representatives in your negotiations with local authorities so they learn the advocacy process. Once the event is finalized, sit with community representatives, go over all the steps, draw on best practices and lessons learned and make sure besides enjoying the event, they have now learned how to organize one with the bare minimum.

At the end, we thank and appreciate all project executers of “COVID-19 Risk Communication and Community Engagement Project” that accompanied us in edition, finalization and implementation of these guidelines.

Working along with others on a large and extensive project related to production and publication of informational & advocacy contents for different target groups, during pandemic, was a challenging, informative and valuable. We highly appreciate your constant support provided to the team of “COVID-19 Risk Communication and Community Engagement Project” during the implementation phase. We hope that all the learnings from guidelines, group orientation meetings and also private conversations, develop our capacity in management and implementation of similar participatory projects in the future. Moreover we hope to improve the quality of information sharing to beneficiaries and reporting for the future projects.

Looking forward to working with you in the future,

COVID-19 Risk Communication and Community Engagement Project’s team

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