Community IPC Score Card

Guidance and tool

August 2021

Contents

1. Overview

1.1 Message from ESA IPC TWG:

This document has been produced for aiding governments and partners, community-based organizations, and community volunteers to plan and facilitate community engagement in monitoring and taking action on COVID 19 exposure risks at the community level.

IPC Sub-TWG at ESA encourages Governments and partners to use this document for harnessing improvements in IPC/WASH at community levels in consideration of the widespread community transmission of Covid-19 through the engagement of community, stakeholders and volunteers.

This guideline presents the objectives, needs and methods for implementation of community IPC/WASH score card and risk based improvement interventions

1.2. Objectives

This action is designed to help governments plan and implement a targeted roll-out of the community IPC score card. When rolled out, the scorecards will deliver the following outcomes:

a. Provide a system for **continuous monitoring and reporting** of **COVID-19 transmission risks and risks level** incommunities with high COVID-19 transmission, with focus on risk assessment in places and situation where the transmission risks are high due to public interactions (markets, funeral, schools, gatherings etc

b. **Provide feedback, guidelines and information COVID-19 transmission risks** to targeted community members (those who have an effective influence for reducing and preventing COVID-19 transmission in risky places and situations) and service providers (at community and district levels) with the aim for them to make informed decisions supported by behavior change promotion material (IEC), appropriate support from government and aid actors, for keeping CES operational and reduce COVID-19 transmission

1.3 Guidance the IPC Community Score Card

A community self-assessment process is envisioned. Community Score Card tools are developed to aid the process and ensure that the self-assessment process is helpful, relevant, and effective in terms of triggering and harnessing voluntary action and response at the community level as well as informing decision making.

Self-assessment is a form of assessment. A self-assessment process encourages self-reflection about practice and performance, it leads to learning and is the starting point for intentional improvements to an organization or community.

There is no external assessor but volunteer/CHW facilitator: self-assessment requires a community to asking *itself* questions, often guided by an IPC score cards to bring out tangible evidence, critically assess performance of community members and take an individual as well as collective response based on the findings.

This IPC score card is designed to be adapted for use by community leaders and other stakeholders including CBOs/CSOs, with the purpose being to measure community IPC risks within communities.

The community IPC self-assessment process should be facilitated by trained volunteers using the IPC and CES score cards.

The process starts with an IPC self-assessment that is based on observations. The second phases involve a short interview that looks at Perception, communication, access and WASH, IPC Community Programand Socio-economic and socio-cultural activities: public transport, mosques, churches, family ceremonies, cinemas, etc.a score is the calculated showing the risk level.

While immediate action and decisions will be taken at the community setting where the self-assessment is happening, volunteers will aggregate the results to be forwarded to and discussed by community levelCOVID-19 response committees/teams, local facilities and the national and subnational IPC pillar and appropriate actions taken at all levels. This will in turn help to advocate for establishment of IPC pillars at these levels if not previously in existence to ensure continued monitoring and response to disruptions in essential health services

The priority or target community where this IPC community self-assessmentshould be conducted is for vulnerable and case reporting communities in a district or town.

A community should be zoned into neighborhood clusters with a given group of people living in the same area of having a particular characteristic in common (i.e. village or cluster, urban slum, camps) and may involve 500 - 1000 households, including urban slums, commercial areas, marketplaces, faith-based settings, camps, rural village etc.

Conduct mapping of list of community settings in the community and put target for the IPC assessment. A community setting is facility such as a shop, market stall, hotel, bus stop etc. where community members come together for goods, services, or meetings. It includes places of worship. Note: A school, Hospital and other big institutions can be classified as a cluster and settings thereof mapped for assessment.

The method of data collection involves facilitated self-observations, interviews, and discussion with people at the selected community settings.

Collect data until saturation of information (on interview and discussion) ie. collect data until same things being observed and heard over and over within the community.

1.4 An introduction to self-assessment

What is self-assessment?

Self-assessment is a form of assessment. A self-assessment process encourages self-reflection about practice and performance, it leads to learning and is the starting point for intentional improvements to an organization.

There is no external assessor: self-assessment requires an organisation to ask *itself* questions, often guided by a capacity-strengthening framework or a quality standard. As well as asking questions of itself, the organisation will identify evidence, critically assess its performance, and implement a Learning Action Plan based on its findings.

2. Approaching a community self-assessment

2.1 Before you conduct your self-assessment

The aim of this guidance is to help volunteers and CHWs understand and deliver social dialogue around adherence to IPC/WASH protocols and monitor disruption of essential health services.

We suggest you approach the self-assessment in three phases: preparation, discovery, and learning.

Some things to think about before you begin:

a. This is not a research aimed at collecting and analyzing data. It is a public outreach action aimed at detecting risk levels and disruptions to essential health services. The emphasis is on triggering and harnessing a social dialogue as opposed to a systematic data collection and analysis.

b. Every community is different. While these recommendations are based on good practice your team should do what you feel is best for your own context and situation.

c. The Community around which the self-assessment is conducted can be defined by geography e.g., a whole neighborhood or constituency eg. the deaf community in Kasarani sub-county Nairobi.

2.2 Conducting the self-assessment

Preparation

During this phase, remember that the period of this pilot is short. This means that you probably cannot fully survey many staff members, nor hold consultations with all the communities you work with. Just do what you can.

Here are some prompts for you:

Question	Explanation
Identify and form a team	Two types of teams can be considered. (i) a team of community volunteers out to champion IPC/WASH in their communities (ii) an inclusive team mandated jointly by the formal and informal leadership within the community
Identify and train the enumerators/self-assessment facilitators	The team of enumerators should be trained in: 1- participatory action research methodologies- social dialogue process 2- facilitativeinterviews skills where the role of the facilitator is to help the interview come to own conclusions after making self-assessments 3- The facilitators should be well trained on community IPC guidelines and protocols. 4-They should be trained on how the services are offered in the community and should have an up-to-date information on the status of services. The training should be done jointly with the leadership of the local facilities. 5- Details IPC guidelines and protocols

	6- How to deal with resistance and rumors Ideally, a two-day training has been found ideal to enable acquisition of the knowledge, skills and attitudes as well as generate the draft plans of action.
How much of the IPC domains should we observe? How many people should we speak to and how many community settings should we assess?	You can choose to self-assess against either: 1.　All the four domains of the IPC score card. 2.　Conduct FGD with key informants 3.　collect data till saturation 4. Contextualize and collect data around a selected domain that you want to emphasize
How will we present the self-assessment to community members?	Emphasize to team that this is not a data collection exercise but a community learning and action process. It is not a fault-finding exercise but an inspirational and behavior change exercise. Nevertheless, do not underestimate the possibility of resistance or slow reactions. At the end of the exercise, you will have created awareness. Further using your Learning Action Plan, you will then work to advocate amongst community leaders and decision makers, plan and execute behavior changecampaigns, lobby for enforcementIPC protocols and inspire community action to redress disruptions.
Who will lead this process?	Identify community gate keepers, social accountability champions or other community leaders (or a team of volunteers) who will take responsibility for brokering willingness to engage. To ensure cooperation ensure the formal and informal structures in your settings notifythe community members of the exercise. They should stress that this is for safety and wellbeing of business, customers and traders.
Who should we consult?	Relevant stakeholders include: ·　Community leaders ·　The police ·　Community members ·　Partner organizations Bear in mind, COVID-19 restrictions may limit your ability to consult directly with stakeholders.

Remember that this process focuses on learning about your community and taking steps to improve. To achieve this, you need to ask yourself questions about how change happens in your context.

Assessment

This phase is to collect evidence for each of the key IPC/CES score card areaswhich you have chosen to assess your community against.

Question	Explanation
What are we looking for?	Both good practices and gaps.
	We are looking at the root causes against which action can be taken to promote behavior change i.e., it is not just about NOT wearing a mask, it is about the underlaying causes of the observed practice.
	The score card points community members to IPC measures to assess. The score card is not questionnaire, but interview guides aimed at shaping and directing the conversation.
	The person you encounter, and their context should dictate the starting point and the framing of the questions. For example, if you meet an elderly person, well known to you and has been getting insulin from the local dispensary, you could start the conversation from. "Are you able to get insulin from the dispensary during this covid period?" Then build the conversation towards IPC observations and other services.
What documentation do we need?	As you go through the self-assessment, you should fill in the column marked comments.
	Use the scorecard more for note taking that for centering the conversation. Do not select the word to use but let the interviewee select the word and even assign the score. Your role is to interrogate further and confirm on words to use. For example, It is the interviewer to decide on the phrase "water is not available" or "water is expensive" let them give meaning to that.
	Document in a language that is spoken other than translate to English.
What good practices or processes are already in place?	Show casing good practices may be a better reinforcer to behaviors. Apply rewards and sanctions in a balanced manner. For example, let the owners of business know that you want to help them attract customers from those who don't care about COVID as well as those who are much afraid of COVID.
How do we interpret the data and/or information gathered?	The IPC score card has provided a quantitative way of assessing risks. More, importantly classify the comments into themes. The RCCE Technical working group has come up with some key questions you could use to summarize and communicate the IPC data.
	1. write down the most common/important community feedback you are seeing in your data. Please describe the topic in a few words. *
	2 Please provide a sample quote if possible (you can share more than one, please indicate where the quote was collected)
	3.Please specify the demographic group you have primarily heard this comment from,

	if possible. * Youth Elderly Men Women Refugees/IDPs/migrants Handicapped Ethnic minority Don't know/can't tell/across groups

Action

At the end of the self-assessmentPhase you will have plan for an action Plan. Now it is time to act on what you have learnt.

Question	Explanation
What is the Learning Action Plan?	The Learning Action Plan is a form which should list any areas of improvement you have identified, and the possible actions that need to be taken. Some actions and commitments will be taken by the owners of the settings assessed, other actions will be taken by the formal and informal community leaders. In other cases, the team may decide to carry out public sanctions such as name and shame, report cases to the authorities etc. In other case a reward structure such as recognizing the safest hotels in the area for example may work. In self-assessment actions, applying peer and social rewards and pressure may worker well depending on context. .
Who should be consulted at this stage?	It may be useful to circulate a report widely in the community using available means including social media highlighting good practices, gaps etc. and noting any commitments to improvement. Be sure to consult community leaders and those mentioned on the contents of this report.
What if it's not clear how we can improve?	Every context is unique.
What tells us that we have completed the Learning Phase?	

3. IPC Community Score card

IPC Self Observation Score Card	

Section 1: Observation checklist

	Country:_____ Province/Region:_____ City:_____
	Community setting being assessed:_____
	Please tick and indicate the community setting being assessed ☐ Market, ☐ Bus Terminal, ☐ Business Centre, ☐ Community gathering place, ☐ **Home**/Household, Other (specify): _____
	District level: _____
	Date of observation: _____
	Interviewer name: _____
	Interviewer email or phone: _____
	Interviewer function or position: _____

	Variable 1: Hand hygiene in the community	**(2)**	**(1)**	**(0)**	**Additional description / comments**
1	**Hand hygiene equipment (Washing/Friction)** (*total 11 questions/indicators*)				
	Location, Visibility and Accessibility of Handwashing Stations:				
	In the case where only the option of hand rubbing with hydro-alcoholic solution is proposed, the answer N/A from 1.1.1 to 1.1.10 must be systematically ticked				
	Questions 1.1.8 and 1.1.12 are mutually exclusive. Only one of the two questions should be used.				
1.1	*Visibility and accessibility of hand washing station* No Hand washing facility (0- Score)				

	The hand washing station was difficult to find and/or Access (1 Score) The hand washing station is easily visible and accessible to all in the vicinity of its setting *e.g., from anywhere in the market or bus terminal (2- Scores)* N/A: if not applicable				
	Hand washing facility status				
1.2	**Facility capacity -** Please tick the one that applies: None (0- Score), 5–10-litre capacity (1 Score), above 20-litre capacity (2 scores) N/A: if not applicable				
1.3	**Status of Tank** – Please indicate if there are any cracks or breakages on the handwashing tank: Completely damaged (0- Score), Leaking (1 Score), No Cracks of Damages (2 Scores) N/A: if not applicable				
1.4	**Status of Tap** – Check tap. Please indicate if the tap is faulty or leaking: Faulty – not working (0- Score), Working but leaking (1 score), Working without leaking (2 scores) N/A: if not applicable				
1.5	**Water availability** Please indicate if there is water in the hand washing facility: No water (0- Score), Water available (2 scores) N/A: if not applicable				
1.6	**Soap availability:** Please indicate if there is soap available for use: Soap is not available (0- Score) Bar soap is available (1 Scores) Soapy water is available (2 Score) N/A: if not applicable If chlorinated water is used, put 0 and use the comments column to indicate a bad practice				

1.7	If **bar soap** is available, please comment on the appearance of the soap. Soap looks dirty (0- Score), Soap looks clean (2 Scores) N/A: if not applicable If chlorinated water or liquid soap is used, put 0				
1.8	Please indicate if there is communication material (sticker, poster etc.) at the hand washing station on either correct handwashing technique and/or Covid19 prevention measures No (0- Score), Yes (2 Scores)N/A: if not applicable				
	Convenience and ease of use of hand washing facility				
1.9	**Ease of use of tap**: The tap does not work at all (0- Score) The tap is difficult to open and/or close but eventually does (1 Score) The tap opens and closes easily (2 Scores) N/A: if not applicable				
1.10	**Tap water positioning:** The handwashing station is too low or too high and to use it, most adult users have to bend over or Stand someway behind, People with Disabilities cannot access (0- Score) The handwashing station is a comfortable height and the most one has to do is lean forward (2 Scores) N/A: if not applicable				
1.11	**Availability of sufficient quantity of hydro-alcoholic solution:** No (0- Score) Yes (2 Scores) N/A: if not applicable				
1.12	**Are there communication materials (stickers, posters, etc.) that are well placed in cases where only hand rubbing with hydro-alcoholic solution is offered?** **No (0-score)**				

	Yes (2-scores) **N/A: if not applicable**				
1.13	**Comments**				
2	**Proportion of people practicing hand washing or Alcohol based hand rubbing at the public location** (*2 questions/indicators*)				
2.1	The proportion of the people observed (15-20 minute) in the location **who practices hand washing** (i.e., # of person washed divide by total person observed * 100) Few people wash hand (less 50%) (0- Score) Moderate people (50-80%) wash hand (1 Score) More than 80% wash hand in the location (2 Scores)				
2.2	**The proportion of the people observed (15-20 minute) in the location who washes hand correctly.** Few people wash hand correctly (less than 50%) (0-Score) Moderate proportion of people (50-80%) correctly washes hand (1 score) More than 80% of people wash hand correct in the location (2 scores)				
2.3	**Comments**				
3	**Mask Use** (*2 questions/indicators*)				
3.1	**The proportion of the people observed** (15-20 minute) in the location who **wears mask** Few people wear mask (less than 50%) (0 Score) Moderate proportion of people (50-80%) wears mask (1 Score) More than 80% of people wear mask in the location (2 Scores)				

3.2	**The proportion of the people observed** who **wears mask correctly** (not under the chin, hanging from ear, on top of head, on forehead, not below the nose) Few people mask (less than 50%) (0 score) A moderate proportion of people (50-80%) wears mask (1 score) More than 80% of people wear mask in the location (2 scores)				
3.3	**Comments**				
4	**Physical distancing** (*2 questions/indicators*)				
4.1	**The proportion of the people observed** in the location who **keeps distance of at least 1 meter from each other** Few people keep the distance (less than 50%) (0 score) A moderate proportion of people (50-80%) keep the distance (1 score) More than 80% of people keep the distance (2 scores) N/A: if not applicable				
4.2	**Comments**				
5	**Natural Ventilation in the room** (Score will not count for outdoor settings) (*2 questions/ind.s*)				
5.1	**Location or room have adequate natural ventilation** Few windows and or not opened (0 score) Door and windows exist but not in opposite direction (1 score) Yes, door and windows open in opposite direction (so that air enter from one direction can go out in the other side) (2 scores) N/A: if not applicable				
5.2	The location or room have adequate space for the number of people using the room The room space limited (less than 1m distance) (0				

	Score)				
	The room space moderate (between 1m and 1.50m distance) (1 score)				
	The room space is adequate (more than 1.5m distance) (2 score)				
5.3	Comments				

	Section 2 : Discussion/Interviews				
	6. Perception, communication, access and WASH (5 *questions/indicators*)				
6.1	Do community members consider themselves at high risk of infection to Covid-19 No / few (0 score) Some (1 score) Yes most (2 score)				
6.1b	Do community members have a positive attitude toward the preventive practices (hand washing, mask, distancing)? No / few (0 score) Some (1 score) Yes most (2 score)				
6.2	Do adequate communications on COVID-19 preventative practices being conducted in the community using different methods (i.e. posters/stickers, mass media, SMS messages etc.) No / few (0 score) Some (1 score) Yes most (2 score)				
6.3	Are the materials and supplies for handwashing (mask, soap, detergent, sanitizer, towel, or alcohol-based hand rub) readily available and affordable to majority of the households in the community? No / few (0 score) Some (1 score) Yes most (2 score) N/A: if not applicable				
6.4	Does the community have adequate and reliable access to improved drinking water sources? No / few (0 score) Some (1 score) Yes most (2 score) N/A: if not applicable				
6.5	Comments				
7	**Socio-economic and socio-cultural activities: public transport, mosques, churches, family ceremonies, cinemas, etc** (5 *questions/indicators*)				
7.1	Are there any regulations (restricting human				

	gatherings, wearing mask) in the community? No (0- Score) Yes (2 Scores) N/A: if not applicable				
7.2	Are the regulations put in place actually respected? No / few (0 score) Some (1 score) Yes most (2 score)				
7.3	Are there effective means implemented to enforce regulations? No / few (0 score) Some (1 score) Yes most (2 score)				
7.4	Have any special community setting / institution present in the area been assessed? (Schools, camp, POI, prisons, etc.) (if applicable) No (0- Score) Yes (2 Scores) N/A: if not applicable				
7.5	Are the recommended preventive measures being followed in these special community settings? No / few (0 score) Some (1 score) Yes most (2 score)				
7.6	Comments				
8	**IPC Community Program** (4 *questions/indicators*)				
8.1	Is there a committee responsible for IPC in the community, involving all stakeholders, with well-defined composition, mission and functioning? No (0- Score) Yes (2 Scores)				
8.2	Does this committee have an action plan, being implemented, monitored and evaluated? No (0 score) Partially (1 score) Yes completely (2 scores)				
8.3	Are there trained community workers who are responsible for implementation? No (0- Score) Yes (2 Scores)				
8.4	Is IPC/RCCE focal (from district) monitoring the intervention, and conduct supervisory support? No (0- Score)				

	Yes (2 Scores)				
8.5	Comments				
	Total questions = 33				
	Total Score for the setting: 33*2 = 66				
	Score in percentage: Sum of score obtained /66*100%				

Section 3: Risk analysis/plan:

Risk category for each of the community assessed (overall and by the domains)

Performance Less than 50%	High risk
Performance higher than 50 and less than 75%	Moderate risk
performance higher than 75%	Low risk

How do we interpret the data and/or information gathered?	Analyze data at different levels; setting, community, district, zone, sub-national and national levels
	Aggregate the data from the number of settings assessed for the community/defined location, then at higher levels
	The IPC score card has provided a quantitative way of assessing risks. More importantly classify the comments into themes. The RCCE Technical working group has come up with some key questions you could use to summarize and communicate the IPC data.
	1. write down the most common/important community feedback you are seeing in your data. Please describe the topic in a few words. *
	2 Please provide a sample quote if possible (you can share more than one, please indicate where the quote was collected)
	3.Please specify the demographic group you have primarily heard this comment from, if possible. *
	Youth
	Elderly
	Men
	Women
	Refugees/IDPs/migrants
	Handicapped
	Ethnic minority
	Don't know/can't tell/across groups

4. Acknowledgement