



■ Research Brief

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RISK COMMUNICATION AND COMMUNITY ENGAGEMENT RESOURCES

A Landscape Analysis of Guidance and Training Materials Supporting Community Health Workers

Objective

This brief and resources will inform the development of a community health worker Risk Needs Assessment and Orientation Toolkit.

MOMENTUM INTEGRATED HEALTH RESILIENCE partners with countries facing shocks and stresses (e.g., weak institutions, conflicts, disasters). Proactive social and behavior change activities among community health workers, health providers, and community members before, during, and after shocks and stresses increase health resilience and mitigate disruptions to health services for families and communities.

BACKGROUND

Risk communication and community engagement (RCCE) is a health strategy and response that is vital for individual, family, and community uptake of essential public health and biomedical interventions. It works to prevent and control the spread of disease outbreaks, as well as cope with safety issues and the impact of climate change on health. By sharing scientifically verified public health information and guidance that is consistent across all levels, RCCE ensures participation and dialogue among all stakeholders and affected communities during preparedness, readiness, and response activities. It also prioritizes the health, safety, and security of at-risk populations.

Community health workers (CHWs) are close to the populations they serve and are often a main force in implementing social and behavior change (SBC) and RCCE activities and communicating with households and community leaders. They play an important role in providing health services. They can also be instrumental in sensitizing families and communities to anticipate and prepare for shocks through self-care and resilient practices while continuing to demand access to and uptake of family planning; maternal, newborn, and child health; nutrition; and immunization services—even in difficult times. As risk is a function of the probability and impact of shocks and stresses, identifying and understanding risk can provide insights into and help individuals and communities prepare for unpredictable events that can affect their health and well-being.

The Importance of RCCE

“Risk communication and community engagement is one of the key pillars of health emergency response and fundamental for the successful implementation of response measures. Strategies to communicate risks and mobilize communities to engage in controlling an outbreak and protecting the population are therefore crucial aspects of health emergency response strategies.” Robert Koch Institute

METHODOLOGY

This brief is based on a review of literature and resources relevant to RCCE prepared for MOMENTUM Integrated Health resilience (MIHR), a project funded by the United States Agency for International Development (USAID). It included a review of grey literature compiled by project staff, as well as assessment tools created for specific country contexts by MIHR, such as the Fragility, Crisis Sensitivity and Complexity (F2C) assessment; Analysis of the Resilience of Communities to Disasters-Health (ARC-D Health); and the Resilience for Social Systems (R4S) assessment. Email and listserv conversations were also examined.

Second, key word searches were done in various CHW needs assessments, orientation tools, trainings, and resources for community engagement and health communication. Additional searches were conducted in targeted, specific sources within content aggregators (e.g., MedBox and the RCCE Collective Service websites) and governmental and international institutional website archives.

The initial review found more than 150 sources that could potentially have been included. Ultimately, 36 sources were selected for the landscape review (not all of these resources are published and available for listing in the references at the end of this brief). A descriptive inventory of the documents, toolkits, and resources was entered into a matrix that included an annotated bibliography, strengths, weaknesses, appropriateness for the CHW RCCE toolkit, the existence or potential for digitization, a ranking of relevance, and references. The results are shown in Table 2.



KEY FINDINGS

There are dozens of training guidelines, online courses, curricula, tools, and toolkits for RCCE for CHWs. In addition, many CHW trainings that are not specifically focused on RCCE include diverse elements of RCCE, ranging from effective communication to cultural sensitivity.

A few trends emerged in this landscape review. First, a clear differentiation needs to be drawn between CHW RCCE training competencies for supervisors and/or trainers, and competencies for CHW RCCE. Different resources exist for different target audiences, as noted in Table 1.

Table 1. Training Competencies for RCCE CHW Supervisors and CHWs

Training competencies for supervisors	Training competencies for CHWs
<ul style="list-style-type: none"> • CHW core competencies • Recruitment • Assessment • Skills differentiation • CHW training • CHW training evaluation • CHW evaluation • Budgeting programs and activities • Staffing • Compensation • Scoping program needs 	<ul style="list-style-type: none"> • CHW code of ethics* • Community engagement principles • Risk communication principles • Message development • Engaging with the media • Addressing rumors and misinformation • Active listening • Community engagement actions • Community entry • Community planning • Monitoring and evaluation

Training competencies for supervisors	Training competencies for CHWs
<ul style="list-style-type: none"> • Data and evidence collection • Measuring effectiveness • The development of national and subnational strategies • The development of standard operating procedures 	<ul style="list-style-type: none"> • Engaging in advocacy • Humanitarian contexts and public health emergencies (see this briefing pack) • Case management • Mental health and psychosocial support • Community feedback mechanisms • Safety in community engagement actions • Challenges in RCCE practice • Working with researchers* • Using digital/mHealth tools* • Data collection and reporting

*These were not well represented in the landscape review but are likely to be high value/impact.

Nearly all training manuals are purpose-built for context, audience, and a specific health context. The majority of resources identified had a clear and explicit focus on COVID-19, followed by HIV, general health outreach, and reproductive health. In disease-specific training contexts, RCCE training modules are focused on community-level behavior change and CHW risk mitigation in community milieus. This is, to some extent, a term validity issue. The term “RCCE” came into common use just a year or two prior to the COVID-19 pandemic, resulting in the possible omission of related guidance and training using outdated language. Future initiatives should broaden search criteria to include a wider range of terms such as “social mobilization,” “community health outreach,” “participatory action for health,” and others that might have been more current before 2016/2017 when the term RCCE began to gain traction.

For example, tools developed for the West Africa Ebola epidemic would largely have focused on the term “social mobilization,” which was the name of the intervention pillar in the West Africa Ebola response, or CLEA (Community-led Ebola Action). However, precision regarding the future selection of search terms will be necessary because there is a vast technical and academic literature on participatory action for health dating back to the [Alma-Ata Declaration](#). Specificity will be required, as labels tend to track the language of broader intervention systems or structures.

In CHW training manuals that do not focus explicitly on RCCE, RCCE skills are present in (on average) 1-3 modules, but there is a lack of consistent presentation of content, competencies, or expectations. There is a lack of standardized approaches to RCCE core topics, including those pertaining to core community engagement standards, effective communication, and message development. Consequently, relevance was somewhat difficult to assess for this brief.

As Table 2 demonstrates, there is a continuum of modules and thematic areas addressed in training resources. Despite the quantitative presentation of these resources, it would be inappropriate to apply a quantitative cutoff because of the wide qualitative variation in the modules. For example, some low-ranked resources may have good-quality information for training-of-trainers design, while others may have robustly developed resources on CHW supervision. Some may have rich resources prioritizing health content and messaging, while others may prioritize skill development. The highest-scoring reports had *the most* modules, but not necessarily *the best* modules.

Table 2: Relevance Ranking of Identified Resources

No.	Resource	Rank
1	Compass: COVID-19 Regional Support Coordinators Training	10
2	International Rescue Committee (IRC) RCCE Webinar	10
3	Development and Deployment of Community Health Workers in Delaware Establishing a Certification Program and Reimbursement Mechanism	10
4	IFRC Trainer of Trainers Webinar on Risk Communication/CEA	10
5	IFRC Community Engagement and Accountability Toolkit	10
6	Supervision of Community Health Workers	10
7	RCCE Collective Service: Risk Communication and Community Engagement on COVID-19 Vaccines for Marginalized Populations	10
8	CHW Assessment and Improvement Matrix (AIM)	10
9	IFRC. Resources for Systematically Listening and Responding to Communities	10
10	SBCC for Emergency Preparedness Implementation Kit (I-KIT)	9
11	Digitized COVID-19 Training for Health Workers	8
12	COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement	8
13	How-to-guide: Provider Behavior Assessment for Social and Behavior Change	8
14	TEPHINET: Risk Communication Training	8
15	Minimum Quality Standards and Indicators in Community Engagement, UNICEF	7
16	Risk Communication and Community Engagement for COVID-19 in West and Central Africa	7
17	Sub-National Risk Communication and Community Engagement Implementation Field Guide to Coronavirus Disease (COVID-19)	6
18	C3 Project: CHW Roles and Competencies	6
19	A Guide for Training Community Health Workers/Volunteers to Provide Maternal and Newborn Health Messages	5
20	COVID-19 Digital Classroom Course 7: Risk Communication and Community Engagement for COVID-19	4
21	COVID-19 and the Community	4
22	Accompagnateur Training Guide: Facilitator Manual: A unit of the PIH community health worker training series	4
23	Ghana National Community Health Worker Training Manual Module 1: Community Health Worker Basics Facilitators Manual	4
24	Tingathe	4
25	The SBCC Emergence Helix: A Framework for Strengthening Public Health Emergency Programs with Social and Behavior Change Communication	3
26	Facilitator's Kit: Community Preparedness for Reproductive Health and Gender	3
27	Somalia: Harmonised community health workers' training manual	3
28	Building Trust Within and Across Communities for Health Emergency Preparedness	2
29	COVID-19 Global Risk Communication and Community Engagement Strategy—interim guidance	2
30	Community Health Workers Toolkit	2
31	Orientation training for COVID-19 & Community Health Workers	2
32	Centers for Disease Control and Prevention Health Literacy Training	2
33	READY Risk Communication and Community Engagement Outbreak Readiness Training—Ethiopia	2
34	Compass RCCE Guide for Community Health Workers, Volunteers, and Social Mobilizers	2
35	The Public's Role in COVID-19 Vaccination: Planning Recommendations Informed by Design Thinking and Social, Behavioral, and Communication Sciences	1
36	Global Outbreak Alert Response Network	1

THEMES ADDRESSED

An important distinction is evident between resources developed for United States versus those developed for international CHWs. International-focused guidance placed more emphasis on core health content, basic communication, and effective listening skills. U.S.-focused guidance placed greater emphasis on supervision, planning, training, and programming. To build local CHW RCCE capacity, both elements are likely required, but none have been explicitly adapted to specific local contexts reflecting the needs of fragile settings.



Several organizations have invested heavily in RCCE training and support for CHWs, including UNICEF, the International Federation of Red Cross and Red Crescent Societies (IFRC), and USAID. The IFRC Community Engagement and Accountability Guide and Toolkit—which has more than 25 tools and guidances for CHW training, evaluation, data collection, strategic planning, budgeting, and other forms of operations—is a high-quality product. Recognition also goes to Partners In Health’s accompaniment guides (focused on HIV), and several somewhat dated maternal and child health program CHW guidelines and trainings developed by USAID in the 2000s and 2010s, prior to more recent public health emergencies. These are also included in the landscape review inventory.

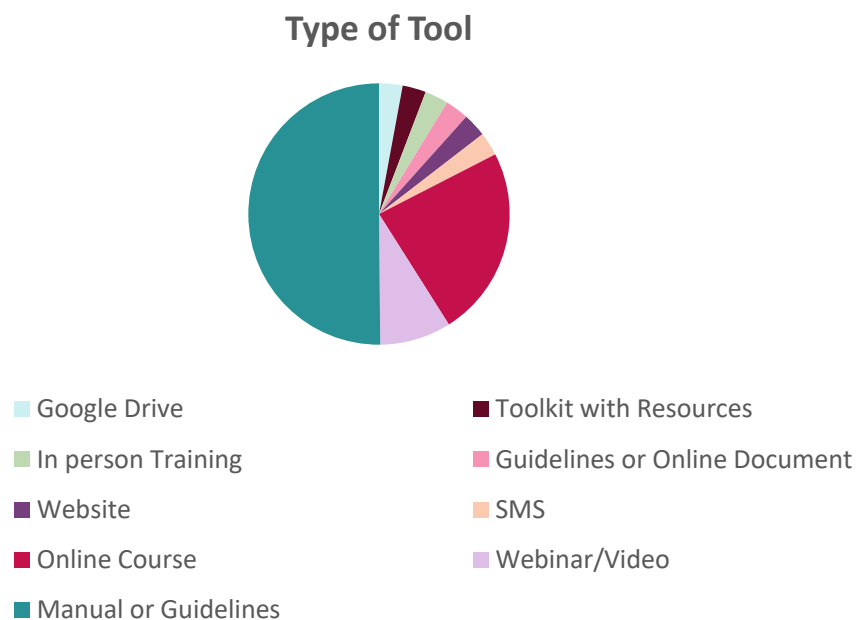
Thematic priorities widely diverged and are not articulated in uniform language. Table 1 (above) is a distillation of the key findings, rather than a direct reporting. While some documents focused on thematic priorities (explaining RCCE, community engagement and accountability, and effective listening), others were focused on the operationalization of CHW efforts (e.g., the U.S. American Public Health Association and U.S. Centers for Disease Control and Prevention [CDC]). U.S. Government documents and documents from U.S. Government support networks provided critical information regarding CHW qualifications and differentiated qualifications on the basis of skills. Other documents from the United States and from global sources differentiated CHW qualifications by the CHW’s base of operations, tasks, and functions.

FORMAT

Nearly all the tools included in this literature review are in the form of digitized documents, although some webinars and videos are available (see Figure 1). The language in these tends to be English, highly technical, and somewhat complex. In MIHR’s own portfolio, there is a novel and helpful short message service (SMS)-based guidance called the “Digitized COVID-19 Training for Health Workers,” which is simple and intuitive but lacks two-way feedback and depth of information.

Nearly all MIHR CHW tools presume a high level of literacy, and a disproportionate amount presume English language fluency. Alternatively, some RCCE training guidelines have been developed for low-literacy CHW populations. These tend to have simple language, but the core concepts and skills are insufficiently developed for meaningful capacity building.

Figure 1: Types of RCCE Training Tools Identified



RECOMMENDATIONS

1. **MOMENTUM and other projects will need to develop an RCCE-specific training tool for their specific program contexts.** Existing resources are highly focused on COVID-19, HIV, or other infectious diseases and may not be readily adaptable to a given project’s thematic priorities.
2. **Projects will want to consider developing two RCCE training tools: one for supervisors/training of trainers, and one for CHWs.** This will help to improve RCCE capacity, sustainability, and program integration at project sites.
3. **Projects should identify priority training categories for health-related actors, audiences, and priority health areas prior to design.** Most reviewed tools were either very long, abstruse, or complex, or they were excessively simplistic. It will be necessary to be parsimonious in the selection of priority training categories. A balance needs to be found in order to optimize CHW RCCE capacity.

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