



February 2024

## COMMUNITY HEALTH WORKER RISK NEEDS ASSESSMENT: THREE MODULES

### BACKGROUND

Social and behavior change (SBC) is an essential element of voluntary family planning (FP), reproductive health (RH), and maternal, newborn, and child health (MNCH) programming. It shapes not only demand for services, but also client-provider communication, couples' communication, and the engagement of community leaders and other influencers of health-related behaviors and norms.

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

Community health workers (CHWs) are close to the population and are often one of the main groups implementing SBC and RCCE activities and communicating with households and community leaders. CHWs play an important role in the provision of health services. They can also be instrumental in sensitizing families and communities to anticipate and prepare for shocks through self-care and resilient practices, and to continue to demand access to MNCH, 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.

There have been effective responses to shocks, crises, and epidemics as well as bottlenecks in risk communication and response. For example, many responses that used community engagement and behavior prioritization to halt previous epidemics demonstrated that these are the keys to success—as opposed to top-down generic messaging that did not come from trusted community sources (Silva et al., 2022<sup>1</sup>). In several outbreaks, community engagement has come too late, despite evidence suggesting that early community engagement is more effective<sup>2</sup>.

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<sup>1</sup> Silva M, Tallman P, Stolow J, Yavinsky R, Fleckman J, and Hoffmann K. 2022. "Learning from the past: the role of social and behavior change programming in public health emergencies." *Global Health: Science and Practice*, 10(4): e2200026. <https://doi.org/10.9745/GHSP-D-22-00026>.

<sup>2</sup> Barker, K.M., E.J. Ling, M. Fallah, B. VanDeBogert, Y. Kodl, R.J. Macauley, K. Viswanath, and M.E. Kruk. 2020. "Community Engagement for Health System Resilience: Evidence from Liberia's Ebola Epidemic." *Health Policy and Planning*, 35(4):416–423.

## PURPOSE

The purpose of this activity is to utilize a process to assess the risk preparedness needs of CHWs and develop appropriate CHW risk preparedness orientation packages in MOMENTUM partner countries. The expected outcome is that CHWs will be equipped with the skills to understand the potential impacts of shocks and stresses among the populations they serve. CHWs can operationalize these skills among individuals, households, and communities to better prepare for them for unforeseen crises.

## ACTIVITIES

A rapid [landscaping analysis of current CHW materials](#) was conducted to understand what resources were available to support developing a need assessment and orientation package. The analysis showed that while there are many training guidelines, online courses, curricula, tools, and toolkits for RCCE for CHWs, few are specifically focused on RCCE. Based on the findings of the analysis, three modules were drafted by the MOMENTUM Integrated Health Resilience team. The modules were prototyped with Mali Ministry of Health (MOH) stakeholders and MOMENTUM staff in Mali. The Mali MOH adapted and adopted the modules as part of the larger [Community Health Worker Assessment and Improvement Matrix \(CHW AIM\) tool](#).<sup>3</sup> Input from the Mali MOH and other stakeholders, including USAID, led to the final three modules (11, 12, 13) that are proposed as an addendum to the CHW AIM toolkit. While the original purpose was to develop an RCCE module, after the MOMENTUM Integrated Health Resilience SBC, Community Health, and Resilience Leads determined that two additional modules would accompany the RCCE module for a holistic approach. The three modules:

Module	Description
11. Systems and Structures for Continuity and Safety during Shocks and Stresses	How systems and structures ensure that CHWs can promote community safety and resilience before, during, and after shocks and stresses.
12. Personal Safety and Resilience	How the safety and resilience of the CHWs are ensured and continue before, during, and after shocks and stresses.
13. Community Resilience and Risk Communications and Community Engagement (RCCE)	How CHWs can support risk reduction, communication, and participatory community dialogue with individuals, households, and communities efficiently and confidently before, during, and after shocks and stresses.

The primary next steps include: 1) Documenting the adaptation and adoption of the tool and modules in Mali; 2) a cross-country exchange workshop between Mali and Niger to introduce the toolkit, modules, and process of adaptation for rollout in Niger; 3) working with the Community Health Impact Coalition Community of Practice to advocate for an addendum of these modules to the current CHW AIM toolkit; and 4) ensuring that after assessing the CHW functionality using the modules, a relevant orientation guide is in place based on the functionality score in the modules.

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<sup>3</sup> The main CHW AIM toolkit was updated and adapted by USAID, UNICEF, the Community Health Impact Coalition (CHIC), and Initiatives Inc. to support quality CHW program design and implementation.

# MOMENTUM

## Integrated Health Resilience



### 11. Systems and Structures for Continuity and Safety during Shocks and Stresses

How systems and structures ensure that CHWs can promote community safety and resilience before, during, and after shocks and stresses.

<ul style="list-style-type: none"> <li>Emergency Preparedness Response Plan (EPRP)<sup>4</sup> does not exist. In absence of EPRP, personal safety and security protocols for CHWs do not exist and role of CHWs in emergency response or continuity of services is not defined.</li> <li>There is no system for supervisors to respond to risks or emergent threats against CHWs.</li> <li>There is not a two-way emergency response and surveillance system in place for (1) CHWs to engage in participatory monitoring and submit reports, and (2) for CHWs to receive reports of potential threats.</li> <li>Network of local stakeholders with potential to respond to the community's immediate needs, e.g., clean water, food, shelter, does not exist.</li> <li>CHW has access to no or a partial ANSI/ISEA class B first aid kit for community use and there is not a system to replace expired/missing supplies.</li> </ul>	<ul style="list-style-type: none"> <li>EPRP exists but does not include personal safety measures and protocols for CHWs or define the role of CHWs in emergency response and continuity of services.</li> <li>Supervisors can respond to risks or emergent threats against CHWs.</li> <li>There is a two-way emergency response and surveillance system in place but CHWs are not trained in how to engage in participatory monitoring or submit reports, and reports/alerts to CHWs are not timely or specific to catchment area.</li> <li>Network of local stakeholders with potential to respond to the community's immediate needs, e.g., clean water, food, shelter, exists, but CHW is not part of it.</li> <li>CHW has access to a partial ANSI/ISEA class B first aid kit for community use and is unaware that a system exists to replace expired/missing supplies.</li> </ul>	<ul style="list-style-type: none"> <li>EPRP exists and includes some personal safety measures and protocols for CHWs and defines some of the role of CHWs in emergency response and continuity of services.</li> <li>Supervisors are trained to recognize and respond to risks or emergent threats against CHWs.</li> <li>There is a two-way emergency response and surveillance system in place and CHWs are trained in how to engage in participatory monitoring/submit reports but reports/alerts to CHWs are not timely or specific their catchment area or are not using them.</li> <li>CHW is part of a network of local stakeholders intending to respond to the community's immediate needs, e.g., clean water, food, shelter.</li> <li>CHW has access to ANSI/ISEA class B first aid kit for community use and is trained in how to routinely replace expired supplies.</li> </ul>	<ul style="list-style-type: none"> <li>EPRP exists, includes personal safety measures and protocols for CHWs, defines the role of CHWs in emergency response and continuity of services, and is used and routinely updated.</li> <li>Supervisors are trained in routine challenges that face CHWs during implementation (including RCCE), have plans and strategies to provide support to CHWs, and respond to risks or emergent threats against CHWs.</li> <li>There is a two-way emergency response and surveillance system in place and CHWs engage in participatory monitoring, submit timely reports, and receive timely reports/alerts specific to their catchment area.</li> <li>CHW is part of a network of local stakeholders organized to respond to the community's immediate needs during crisis, e.g., clean water, food, shelter, and engages in RCCE response to increase demand for use of needs.</li> <li>CHW has access to ANSI/ISEA class B first aid kit for community use and routinely replaces expired supplies.</li> </ul>
<p><b>1 Non functional</b></p>	<p><b>2 Partially functional</b></p>	<p><b>3 Functional</b></p>	<p><b>4 Highly functional</b></p>

<sup>4</sup> EPRP (Emergency Preparedness Response Plan): A document describing risk assessment, protocols, procedures, resources, etc. to respond to crisis as well as continue services.

## 12. Personal Safety and Resilience

How the safety and resilience of the CHWs are ensured and continue before, during, and after shocks and stresses.

<ul style="list-style-type: none"> <li>• CHW core competencies specific to personal safety are not defined during periods of shocks and stresses.</li> <li>• Training modules including CHW-specific resilience and coping mechanisms do not exist.</li> <li>• Limited to no budget focused on programs or activities for CHW safety and resilience training and activities.</li> <li>• CHW has access to no or a partial ANSI/ISEA class A first aid kit for own personal safety and there is not a system to replace expired/missing supplies.</li> <li>• CHW does not have access to pre-made risk and crisis situation kits.</li> <li>• CHW does not belong/is not integrated into the community in which they work.</li> </ul>	<ul style="list-style-type: none"> <li>• CHW core competencies specific to personal safety during periods of shocks and stresses are defined but CHWs not trained on them.</li> <li>• Training modules including CHW-specific resilience and coping mechanisms exist but CHWs not trained on them.</li> <li>• Short-term, project-based budgeting exists for CHW safety and resilience training and activities.</li> <li>• CHW has access to a partial ANSI/ISEA class A first aid kit for own personal safety and is unaware that system exists to replace expired/missing supplies.</li> <li>• CHW is unaware that pre-made risk and crisis situation kits exist, kits are incomplete, or CHW is unaware of how to replace expired or missing supplies.</li> <li>• CHW does not belong/is not integrated into the community in which they work.</li> </ul>	<ul style="list-style-type: none"> <li>• CHW core competencies specific to personal safety during periods of shocks and stresses are defined and CHWs routinely trained on them.</li> <li>• Training modules including CHW-specific resilience and coping mechanisms exist and CHWs are routinely trained on them.</li> <li>• Program-based budgeting exists for CHW safety and resilience training and activities.</li> <li>• CHW has access to ANSI/ISEA class A first aid kit for own personal safety and is trained in how to routinely replace expired supplies.</li> <li>• CHW is trained in how to routinely replace expired supplies for pre-made risk and crisis situation kits.</li> <li>• CHW belongs to or is integrated into the community in which they work.</li> </ul>	<ul style="list-style-type: none"> <li>• CHW core competencies specific to personal safety during periods of shocks and stresses are defined and CHWs can operationalize them when needed.</li> <li>• Training modules including CHW-specific resilience and coping mechanisms exist and CHWs actively utilize them when needed.</li> <li>• Comprehensive budgeting exists for CHW safety and resilience training and activities, with dedicated line items as needed.</li> <li>• CHW has access to IPC and ANSI/ISEA class A first aid kit for own personal safety and routinely replaces expired supplies.</li> <li>• CHW routinely requests replacements for expired supplies for pre-made risk and crisis situation kits.</li> <li>• CHW belongs to or is integrated into the community in which they work.</li> </ul>
<p><b>1 Non functional</b></p>	<p><b>2 Partially functional</b></p>	<p><b>3 Functional</b></p>	<p><b>4 Highly functional</b></p>

### 13. Community Resilience and Risk Communications and Community Engagement (RCCE)

How the CHW can support risk reduction, communication, participatory community dialogue with individuals, households, and communities efficiently and confidently before, during, and after shocks and stresses.

<ul style="list-style-type: none"> <li>• CHW RCCE Standard Operating Procedures (SOPs) do not exist.</li> <li>• RCCE-specific CHW core competencies are not defined.</li> <li>• Training modules do not include RCCE or only focus on one context/risk area, e.g., only on COVID-19 or HIV.</li> <li>• Limited to no budget focused on programs or activities for RCCE training and activities.</li> <li>• Community feedback mechanism for community to report rumors and misinformation does not exist and CHW does not address misinformation.</li> </ul>	<ul style="list-style-type: none"> <li>• CHW RCCE Standard Operating Procedures (SOPs) exist.</li> <li>• RCCE-specific CHW core competencies<sup>5</sup> are defined but CHWs are not trained in competencies.</li> <li>• Training modules include how to adapt RCCE to different contexts/risk areas but CHWs are not trained on them.</li> <li>• Short-term, project-based budgeting exists for RCCE training and activities.</li> <li>• Community feedback mechanism for community to report rumors and misinformation does exist but CHWs and communities are not trained on how to use it.</li> </ul>	<ul style="list-style-type: none"> <li>• CHW RCCE Standard Operating Procedures (SOPs) exist and are aligned with EPRP.<sup>6</sup></li> <li>• RCCE-specific CHW core competencies are defined and CHWs are trained in all competencies.</li> <li>• Training modules include how to adapt RCCE to different contexts/risk areas and CHWs are trained on them.</li> <li>• Program-based budgeting exists for RCCE training and activities.</li> <li>• Community feedback mechanism for community to report rumors and misinformation does exist and CHWs and communities are trained on how to use it.</li> </ul>	<ul style="list-style-type: none"> <li>• CHW RCCE Standard Operating Procedures (SOPs) exist and are regularly updated, are aligned with EPRP, and followed regularly.</li> <li>• RCCE-specific CHW core competencies are defined and CHWs apply them when needed.</li> <li>• Training modules include how to adapt RCCE to different contexts/risk areas and CHWs adapt them when needed.</li> <li>• Comprehensive budgeting exists for RCCE training and activities, with dedicated line items as needed.</li> <li>• Trained CHWs empowers trained communities to report rumors and misinformation through community feedback mechanism(s) and actively engages with community to addresses misinformation.</li> </ul>
<b>1 Non functional</b>	<b>2 Partially functional</b>	<b>3 Functional</b>	<b>4 Highly functional</b>

<sup>5</sup> CHW core competencies include mental health and psychosocial support, risk communication principles, addressing rumors and misinformation, safety in community engagement actions, and humanitarian contexts and public health emergencies.

<sup>6</sup>EPRP (Emergency Preparedness Response Plan): A document describing risk assessment, protocols, procedures, resources, etc. to respond to crisis as well as continue services.