LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Rethinking Humanitarian Approaches: Practical Guidance on how to strengthen community engagement in crisis response

The aim of this document is to provide a practical guide for establishing trust-based community engagement in crisis response that will contribute to reshaping policies and guidelines drawing on local wisdom and capacities to improve health in crisis situations.

Introduction

The West Africa and Democratic Republic of Congo outbreaks of Ebola Virus Disease (EVD) were characterised by distrust and fear from communities, documented in numerous reports. These experiences provide critical lessons learning to redefine the thinking on humanitarian response and global health security.

In particular, research by the Ebola Gbalo research group and others, shows how a lack of community trust and minimal community involvement in Sierra Leone's Ebola response, delayed and undermined efforts to stop the spread of the disease.[1,2] Similar findings were reported during the response to the outbreak in the Democratic Republic of Congo where the uptake of effective Ebola vaccines was also compromised.[3] As a result, communities, frontline responders, and humanitarian stakeholders were placed in life-threatening positions. Research calls for stronger, rapid coordination with a variety of local first responders in affected (and as yet unaffected) communities as a key step to establishing the inclusive, trust-based decision making that is critical for effective outbreak response[4].

We reviewed numerous guidelines that exist globally on "risk communication and community engagement" (RCCE) and found them to be too often generic, top-down, too focused on specific diseases, and/ or so detailed as to be impractical. Guidelines also often fail to address the power inequities that position communities as the 'recipients' of response planning rather than its co-designers and implementers[5]. Moreover, a tendency to focus on risk communication (often interpreted as primarily top-down/"expert" driven communication of risk to target populations) frequently overshadows community engagement which is deeper and more complex and allows the community to actively participate and shape the responses as opposed to merely being a recipient. Our review found a lack of short, simple, practical, evidence-informed guidelines on how to build trust and meaningfully engage with communities in crisis-response. This document, focused on community engagement (CE), aims to provide such a guide, with reference to other relevant work.

Consensus-building workshops on priorities for action

In October 2022, the Rethinking Humanitarian Responses research team convened a hybrid workshop of humanitarian response experts at the Noguchi Memorial Research Institute, University of Ghana, followed by a final virtual meeting. Attendees (n=32) had all been involved in aspects of community engagement in outbreak response and included Sierra Leonean and Liberian government representatives, inter-governmental agencies

Handwashing for outbreak prevention in Nigeria. Image Credit: UK-PHRST / LSHTM.

(including WHO), national and international humanitarian NGOs, donor agencies, policy and public health experts and academics. Together these stakeholders heard directly from first-responders in Sierra Leone's outbreak, including representatives of local health authorities, local government and community leaders. Stakeholders then reflected on the Ebola Gbalo research findings[6] and the broader evidence and discussed how community engagement strategies can be improved and implemented in practice. Although debate focused primarily on experiences from the West African and DRC Ebola outbreaks, they also drew on the collective experience of participants and the agreed priorities for action are applicable to other crisis settings.

This guidance document conveys the priorities agreed at that workshop and follow-up meeting.

How to use this guide

This guidance is intended to assist any humanitarian stakeholder to undertake and prioritise CE response efforts related to crises such as Ebola outbreaks, COVID-19, and others. The guidance offers an approach embedded in a set of actions and should be integrated into all pillars and aspects of crisis response as well as organisations' general programme planning and administration (e.g. annual workplans) to encourage its integration into day-to-day health system operation. It is highly recommended to conduct each activity described below before starting or creating any response efforts. Ideally this should take place during non-crisis periods so that communities are fully aware and proactively involved in the response where new crises occur.[7] Where this is not possible, it is important to make best use of information that already exists, while recognising that information is often politicised (and may therefore be partial or not trusted).

Who is this guide for?

This guide can be used by any stakeholder engaged in humanitarian response. The recommended actions should be applied observing the humanitarian principles of neutrality, impartiality, independence and humanity[8]. Our consensus building process identified the following core responsibilities of key types of stakeholders:

- ***International organisations*** operating at the local and regional level, should engage with community partners, provide necessary training and resources, and hold the government and communities to account.
- ***National, district and local government and authorities,*** should facilitate collaborative leadership and inclusive decision making at various levels of crisis response.
- ***Mid-level health actors (eg district level health authorities),*** should connect with existing local organisations and community structures that are influential

in particular areas (e.g. facility management committees; ward/area committees etc.) and establish inclusive decision making processes.

- ***National and international non-government/ civil society organisations*** operating at the local and regional level, including those working with specific marginalized groups, should coordinate to identify those who can be involved in planning, and should engage with international and government partners to help facilitate building trust with communities[9].
- ***Funders and donors*** should ensure projects and actions they support have workable CE engagement plans (including monitoring and evaluation) across all sectors involved in crisis response.

What is Community Engagement?

Community engagement (CE), as defined in this guidance, entails going beyond merely asking communities what they think or need, to encompass participatory processes of engaging, including, and working with communities to arrive at local strategies to reduce disease transmission, maximise protection, maintain trust and safety, manage risk perception, and reduce stigma.[10 11] There are various CE frameworks, guidance, and research to refer to and adapt to different contexts and organisations. [12,13,14,15,16,17]

Priority community engagement actions based on feasibility

During the Rethinking Humanitarian Approaches workshops, consensus building identified five[18] interconnected priority actions top-scored as the most feasible and important actions for preparing for crisis response and building community engagement plans.

ACTION 1

Identify the full range of frontline stakeholders (not just formal or most powerful/ visible)

Why? The identification of all stakeholders at the community level is critical because acceptable and effective decision making cannot be achieved without inclusive participation.

What? A **rapid stakeholder mapping[19]** of both community and crisis-response stakeholders (including external) that includes assessing their power, influence and capability **will identify key trusted partners with authority**. Mapping must be done in a safe manner, observing privacy, to protect vulnerable groups. During times of crisis this will need to happen rapidly, starting with obvious, key local leaders and authorities and using snowballing to ensure wide representation including of marginalized groups and informal leaders. Encouraging mapping (e.g. by district ministry of health authorities) during calm periods, will save time and resources at the onset of a crisis and improve response effectiveness.[20]

Examples of actions:

- **If mapping is not yet available,** utilize any existing stakeholder maps that development or research agencies may already hold. Collaborating with social science researchers (who can train community researchers) to map stakeholder power, influence and trust, may be possible.[21,22] [D]istrict authorities and international agencies (if appropriate) should work with locally operating NGOs, researchers, local leaders and other key informants to identify effective and respected community level stakeholders, both organizations and individuals, including but not limited to teachers, women and youth leaders, churches, school heads, political party representation including opposition parties, NGOs, vulnerable groups, traditional healers and birth attendants, and diaspora, where appropriate. Using snowball sampling can further help to identify hidden/marginalized/vulnerable groups who should be represented. The creation of the stakeholder map should be closely linked to inclusive decision making through ongoing community engagement (see ***Action 2***).
- **If mapping is available,** reach out to identified parties to update/confirm interest and involvement in developing a CE Plan. Check that the stakeholder map is up to date. [23, 24]
- **For sustainability,** support district (or equivalent) authorities to retain a clear CE convening role and to regularly review and update maps of local sub-district/ community stakeholders.

ACTION 2

Inclusive decision making (including marginalised groups) [25]

Why? Shaping decisions on all aspects of crisis response, requires the creation of trust among communities. Local leaders as well as frontline healthcare workers are often trusted by the communities they serve, thus decision making structures should enable them to lead local response decisions, supporting them and learning from them. This will help to convey the voice of the communities (including marginalized populations).

What? Stakeholders identified in ***Action 1*** should be

involved as early as possible in planning, decision making and implementation of strategies to ensure their knowledge and experiences are incorporated into response and preparedness actions and plans. Participation should be proactive, i.e. there needs to be some agency and responsiveness within the communities, which, if lacking, may need to be built (see ***Action 3***). Inclusive decision making requires commitment to applying innovations, ideas, and values from participating stakeholders in decisions on the design of response strategies including communications, planning, implementing and monitoring activities. This will require flexibility and willingness to adapt and sometimes agree to compromise in order to develop mutually acceptable strategies.

Examples of actions:

- **Establish key stakeholders to take active part in decision making** drawing on the mapping in ***Action 1*** to identify trusted interlocuters with authority to work alongside frontline health workers[26].
- **Once established,** liaise with identified stakeholders to involve them in preparedness and response planning and implementation. If possible, use existing decision-making structures (e.g. Ward/Area committees; health facility communities; local development committees). Ensure there is a shift from mere participation in process to **active involvement in decision making** and leadership (i.e. a shift in power and mindset) which requires **skills in negotiation and compromise** to adapt response actions to local needs and concerns.
- **For sustainability,** document ideas and innovations that have been used in CE response plans, to inform future actions. Also see ***Action 3***.

ACTION 3

Build and sustain local capacities for planning, decision making & implementation

Why? Effective, participatory decision making will be enhanced by building the engagement skills and scientific knowledge of local stakeholders.

What? In times of crisis rapid skills-building and sharing of knowledge between stakeholders is necessary; during non-crisis periods, embedding skills building into CE preparedness plans would be beneficial.

Examples of actions:

- **Establish local skills building and training capacity** for community engagement for crisis preparedness and response. Identify existing and/or build training programmes by CE specialists to enhance community level preparedness with the range of stakeholders and local responders identified in ***Action 1***. Existing training resources can be used for skills on community mobilisation and feedback mechanisms, for example The Collective Service.[27] In addition, partners should be supported to develop technical preparedness skills like surveillance monitoring and early-warning reporting of outbreaks in areas of high risk, that incorporate CE feedback, for example Integrated Outbreak Analytics (IOA).[28]
- **If training programmes are established**, identify participants at district (or equivalent) and community levels and at social institutions (including schools) to participate in training (including but not limited to: healthcare systems and community feedback planning, logistics, early-warning monitoring and reporting etc.). If possible, identify those with experience in similar responses and adapt their role. Identify those who would be willing and able to engage in Training of Trainers sessions to sustain a continuous transfer of skills and knowledge[29]
- **For sustainability,** external partners, and funders should provide technical resources to build capacities in non-crisis periods and develop formalised systems to collect community feedback.[30] These actions contribute to wider community empowerment (also see ***Action 2***).

ACTION 4

Government leadership [31]

Why? To embed early CE plan provisions within national policies, governments must show collaborative leadership during crises and in non-crisis times.[32]

What? Governments have responsibility for embedding empowering CE plans within national policies.[33],[34] Organisational advocates and donors/partners should also support and encourage governments to embed such provisions into their policies and operational plans, and to ensure resources and guidelines are available to implement them and that these are rapidly disbursed to frontline communities. Governments and international stakeholders should formalize consultative and feedback mechanisms to enable community actors to shape policies in real time, and coordinate their actions.

Examples of actions:

- **Establish which government structures are responsible** for leading or coordinating preparedness and response activities at the different levels. Additionally, identify what other formal and informal governance structures exist at local level to engage with or transfer leadership for preparedness and response activities (specifically CE). Identify and establish relationships and partnerships with identified trusted and powerful leaders,

Community engagement during Ebola outbreak response in Democratic Republic of Congo. Image Credit: UK-PHRST / LSHTM.

local groups and organisations to ensure their inclusion, and ensure there is accountability to the community (see ***Actions 1 and 2***).

- **Once leadership is established**, ensure feedback mechanisms exist between local community stakeholders and formal health sector and government authorities. Identify CE technical officers and managers to facilitate information sharing between stakeholders. Ensure government announcements, health information, prevention guidance and materials are approved by relevant stakeholders and streamlined across all sectors and partner organisations to mitigate the spread of rumours and misinformation. Importantly, ensure mediators are in place where tensions arise, to ensure resolutions can be found and to avoid distrust, anger, and/or violence.
- **For sustainability,** work towards the institutionalization of community engagement within health systems as, for example, in the Ethiopia's Health Extension Programme[35] and incorporate monitoring and evaluation plans to facilitate ongoing improvements and learning.

ACTION 5

Coordinate & tailor communication at different levels of society & for different groups

Why? There are multiple structures, hierarchies, and groups within communities that influence the success or failure of health responses, particularly during times of crisis. It is important to have a clear and comprehensive understanding of the knowledge, perceptions and behaviors of different communities and groups in relation to the crisis at hand, learning from responses to previous crises.

What? This local knowledge should be used to co-develop tailored communications for use with different groups at district and local levels. This can then facilitate implementing socially attuned strategies.

Examples of actions:

- **Establish the key communities and groups to engage,** using the stakeholder map from ***Action 1*** and taking into account need and vulnerability. [36] Also establish autonomy at local level to develop locally relevant and acceptable messages and determine who should be responsible for this (see ***Action 4***).
- **Once established,** develop targeted messages for each group that has been identified and ensure these are contextually-appropriate, accessible, and use appropriate language. Cross-check with government messaging to ensure accuracy and alignment. Involve community members in planning and feedback to adjust and finalise appropriate messaging. Identify where messaging fails, and adapt as necessary.
- **For sustainability,** trial and evaluate messages and involve communities in the shaping of messages and communication platforms (e.g. through focus groups). Monitoring and evaluation plans should consider communication plans with the already identified audiences and expected outcomes.

A field support team in Itipo during Ebola outbreak response in Democratic Republic of Congo. Image Credit: UK-PHRST / LSHTM.

Feedback and support

This guidance document was derived through consensus building and expert knowledge, including frontline healthworkers and community responders. We are committed to knowledge sharing and welcome any feedback from organisations using this guidance, so that it can be continually improved.

Please let us know if you have used this guidance, or some of it, whether you found it useful and how it could be improved:
Susannah.Mayhew@lshtm.ac.uk
Dina.Balabanova@lshtm.ac.uk

Further Study details and resources are available from:
www.lshtm.ac.uk/rethinking-humanitarian-approaches

Agencies and Institutions represented at the Workshop

Workshop participants included: former and current representatives of the Sierra Leone and Liberian Government Ebola response; pandemic preparedness advisers to the governments of Sierra Leone, Ethiopia and Uganda; WHO West Africa regional and national representatives; ICRC, IFRC, MSF, and other INGO staff; FCDO (UK) and JICA (Japan) staff; academics from universities and institutions in Ethiopia, Nigeria, Senegal, Sierra Leone, The Netherlands, Uganda, UK and the USA.

Guidance Document prepared by Susannah Mayhew, Georgia Venner and Dina Balabanova and reviewed by seven stakeholders not involved in the workshops. The reviewers generally commented in their private capacities, but brought experience as humanitarian response policy makers, academics and practitioners from a range of national, Africa region and international agencies.

Funding Acknowledgements

The Ebola Gbalo research project, whose findings inform this Guidance document was funded by the UK Medical Research Council: MR/N015754/1.

The workshop and the development and design of this guidance document were funded by the UK Medical Research Foundation: MRF-145-0012-DG-MAYH-C0919

Endnotes

1. Ebola Gbalo Research Group; (2019) Responding to the Ebola virus disease outbreak in DR Congo: when will we learn from Sierra Leone? Lancet, 393 (10191). pp. 2647-2650. ISSN 0140-6736, https://doi.org/10.1016/S0140-6736(19)31211-5
2. Catalysing Local Leadership to Sustainably Respond to Shocks. Ebola Gbalo research group. March 2023. Available from: Rethinking Humanitarian Approaches | LSHTM
3. Mayhew S.H. et al. (2021) Responding to the 2018-2020 Ebola Virus Outbreak in the Democratic Republic of the Congo: Rethinking Humanitarian Approaches. Risk Management and Healthcare Policy 14, 1731-1747, https://doi.org/10.2147/rmhp.s219295
4. Calain P, Poncin M. Reaching out to Ebola victims: Coercion, persuasion or an appeal for self-sacrifice? Soc Sci Med. 2015 Dec;147:126-33. https://doi.org/10.1016/j.socscimed.2015.10.063
5. Greenhalgh T, Wieringa S. Is it time to drop the 'knowledge translation' metaphor? A critical literature review. J R Soc Med. 2011 Dec;104(12):501-9, https://doi.org/10.1258/jrsm.2011.110285
6. Catalysing Local Leadership Ibid
7. McKay G, Baggio O, Camara CA, et al. 'The response is like a big ship': community feedback as a case study of evidence uptake and use in the 2018–2020 Ebola epidemic in the Democratic Republic of the Congo BMJ Global Health 2022;7:e005971, http://dx.doi.org/10.1136/bmjgh-2021-005971
8. UN Office for Coordination of Humanitarian Affairs (OCHA) statement on humanitarian principles 00M_Humanitarian Principles_Eng.pdf (unocha.org)
9. Catalysing Local Leadership Ibid
10. Informed by: Rass E., Lokot M., Brown F.L. et al. (2020) 'Participation by conflict-affected and forcibly displaced communities in humanitarian healthcare responses: A systematic review' Journal of Migration and Health Volumes 1–2: 100026. https://doi.org/10.1016/j.jmh.2020.100026
11. World Health Organization (WHO). (2018). Risk communication and community engagement preparedness and readiness framework: Ebola response in the Democratic Republic of Congo in North Kivu. Geneva. License: CC BY-NC-SA 3.0 IGO.
12. World Health Organization (WHO). (2018). Risk communication and community engagement (RCCE) considerations: Ebola response in the Democratic Republic of the Congo. Geneva. License: CC BY-NC-SA 3.0 IGO.
13. WHO. (2020). Guidance on "FINDING COMMUNITY-LED SOLUTIONS TO COVID-19" by: Risk Communication and Community Engagement Technical Working Groups in East and Southern and West and Central Africa. GOARN.
14. McKay G, Baggio O, Camara CA, et al. Ibid
15. IFRC. (2022). Tool 21: Behaviour Change and RCCE Resources.
16. International Rescue Committee. (n.d.). Risk Communications and Community Engagement.
17. UNICEF. (2020). UNICEF minimum standards on community engagement.
18. The actions were ranked 1-10 based on feasibility and importance. The top 5 which were clustered with the highest scores, were chosen and presented in this document but important elements of the actions remaining (6-10) have been included and are noted in relevant sections.
19. WHO. (n.d.). Stakeholder Mapping Guide.
20. McKay G, Baggio O, Camara CA, et al. Ibid
21. Enria, L. (2022). Citizen Ethnography in Outbreak Response: Guidance for Establishing Networks of Researchers. Social Science in Humanitarian Action (SSHAP) https://doi.org/10.19088/SSHAP.2022.001
22. Enria, L., Lees, S., Smout, E. et al. (2016) Power, fairness and trust: understanding and engaging with vaccine trial participants and communities in the setting up the EBOVAC-Salone vaccine trial in Sierra Leone. BMC Public Health 16, 1140. https://doi.org/10.1186/s12889-016-3799-x
23. READY. Module 1: Risk Communication and Community Engagement.
24. Community Engagement Hub. (n.d.). Interagency Risk Communication and Community Engagement (RCCE) technical working groups in East and Southern and West and Central Africa.
25. For this action, elements from Community empowerment and inclusivity to shape responses (which ranked 6) were incorporated.
26. READY Initiative. Module 1 Ibid
27. Collective Service. (n.d.). Training Catalogue.
28. Carter SE, Ahuka-Mundeke S, Pfaffmann Zambruni J, et al How to improve outbreak response: a case study of integrated outbreak analytics from Ebola in Eastern Democratic Republic of the Congo BMJ Global Health 2021;6:e006736, http://dx.doi.org/10.1136/bmjgh-2021-006736
29. Mayhew S.H. et al. (2021) Responding to the 2018-2020 Ebola Virus Outbreak in the Democratic Republic of the Congo: Rethinking Humanitarian Approaches. Risk Management and Healthcare Policy 14, 1731-1747, https://doi.org/10.2147/rmhp.s219295
30. IFRC Community Engagement Feedback Kit resources.
31. Within this action, elements from priority action Government and donor accountability and transparency at all levels (which ranked 7) were incorporated.
32. Sitienei J, Manderson L, Nangami M. Community participation in the collaborative governance of primary health care facilities, Uasin Gishu County, Kenya. PLoS One. 2021 Mar 31;16(3):e0248914. https://doi.org/10.1371/journal.pone.0248914
33. WHO. Joint external evaluation tool: International Health Regulations (2005), third edition. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.
34. WHO. (2016). International Health Regulations (2005) Third Edition.
35. CHW Central. Ethiopia's Health extension programme.
36. GOARN. (2021). Tips for engaging communities during COVID-19 in low-resource settings, remotely and in-person.

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Department of Global Health and Development

London School of Hygiene & Tropical Medicine

15-17 Tavistock Place
London WC1H 9SH

Field team reaching remote communities by boat in Sierra Leone. Image Credit: Ebola Gbalo Research Team / LSHTM

Rethinking Humanitarian Responses.indd 8 03/07/2023 11:12