



WHO COMMUNITY ENGAGEMENT TOOLKIT



World Health
Organization

COMMUNITY ENGAGEMENT

‘A process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes’

(WHO, 2017)



**Empowering
and engaging
communities**

EMPOWER AND ENGAGE COMMUNITIES

- Ensure active community engagement and participation
- Improve the prevention, reduce risk and increase avoidance of snakebite envenoming
- Ensure effective first-aid and ambulance transport to hospital
- Accelerate development of pre-hospital treatment
- Improve health care-seeking behaviour
- Research on socio-cultural and economic factors affecting outcomes



SNAKEBITE ENVENOMING

A strategy for prevention and control



REGIONAL ACTION PLAN FOR PREVENTION AND CONTROL OF SNAKEBITE ENVENOMING IN THE SOUTH-EAST ASIA

2022–2030



Objectives and strategies

Objective 1. Prevent snakebites and provide effective first-aid

- ♦ Strategy 1.1: Engage, educate and empower communities at-risk on snakebite prevention and first-aid care

Objective 2. Ensure access to life-saving treatment and care

- ♦ Strategy 2.1: Strengthen effective pre-hospital care and rapid transport
- ♦ Strategy 2.2: Strengthen health-care and referral system capacity
- ♦ Strategy 2.3: Improve the inventory management system and storage conditions of antivenoms

Objective 3. Improve availability of quality, effective, safe and affordable antivenoms

- ♦ Strategy 3.1: Optimize production, procurement and distribution of locally appropriate antivenoms
- ♦ Strategy 3.2: Strengthen pharmacovigilance and post-market surveillance for antivenoms
- ♦ Strategy 3.3: Strengthen regulation of antivenom quality, efficacy and safety

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Vision

To support community engagement work conducted by stakeholders on snakebite envenoming and accelerate efforts towards halving death and disability from snakebite envenoming by 2030



Objectives

To raise awareness of the importance of community engagement.

To share ideas for best practice in community engagement specific to snakebite envenoming.

To provide a pack of useful tools and resources to support stakeholder engaging with communities on snakebite envenoming.

To signpost the user to supporting materials already in existence.

COMMUNITY ENGAGEMENT TOOLKIT



The user



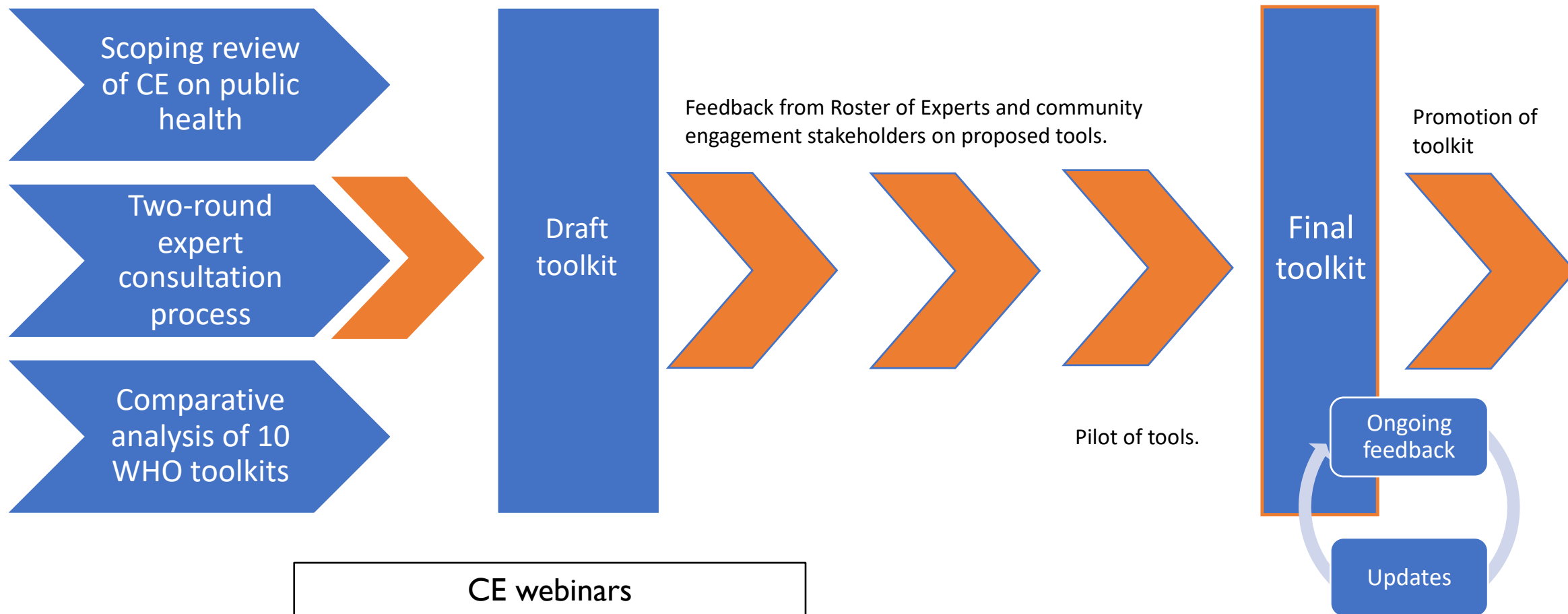
Globally applicable, locally-adaptable



Useful tools and resources



Draft toolkit to be developed into two versions



THE DEVELOPMENT PROCESS

Community engagement toolkit - proposed content

A	B	C	D	E
Name and aim of tool	1. Do you think this proposed resource or tool should be included in the toolkit? (Yes, no or not sure)	2. If yes, what key points or topics should this resource or tool include?	3. What priority level would you assign for each tool? (Essential, highly beneficial or supplementary tool)	4. Do you have any other comments you wish to make about this tool? (E.g., design or layout of the tool, how to make it easy for the user to engage with, etc.)
Situation analysis:				
Template to include a landscape analysis of snakebite as a public health concern (local snakes of medical importance, common location of SBE, the at-risk groups, barriers to seeking or obtaining care, any gender-specific issues, etc.).	Yes	Example	Essential tool	Example
Template to include key literature on SBE in that context and identify key local or national targets or priorities for SBE.			Essential tool Highly beneficial tool Supplementary tool	
Template to describe the community and their roles (literacy levels, levels of visual impairment, languages spoken, local leaders, traditional healers, individuals of influence) and existing community structures and groups.				
Template to describe the sociocultural context (cultural beliefs, religious beliefs, health-seeking behaviours, taboos and stigmas) not solely pertaining to SBE.				
Template to identify key locations or social contexts in the community.				
Template to identify the level of mobile phone ownership, level of mobile connectivity and use of mobile phone applications including social media applications.				
Template to identify current services available to support victims of SBE (physical and mental health) and how they are perceived by the community.				
Template to identify the other health issues of concern locally and nationally (such as, but not limited to, NTDs, WASH, maternal health, child health<5years, nutrition, NCDs and vector-borne diseases).				

Instructions

Project planning

Initiation of activities

Monitoring and evaluation

Further comments

+

OVERVIEW



- Foreword
- Preface
- Acknowledgements
- Overview of toolkit
- Introduction
- Prevention and first aid management of snakebite envenoming
- Community engagement
- Manuals and tools
 - Project planning tools (11 tools)
 - Initiation of activities (5 tools)
 - Monitoring, reporting and evaluation (4 tools)
- Useful resources
- Conclusion and key messages
- Annexes

Signposting to relevant tools
Links to useful external resources
Case studies



COMMUNITY ENGAGEMENT SECTION



Who should be targeted

Who should deliver CE

Optimising CE towards women and children, and farmers

Optimising cross-sectoral collaboration between other NTDs, child health (5yrs), WASH, maternal health, nutrition and NCDs

Methods of CE in rural areas, including digital methods

Key locations or social contexts for CE

How to use pictures of snakes in a sensitive manner

The role of local champions and traditional healers

Communication factors, project factors and sociocultural factors that can facilitate or hinder CE

Barriers to accessing healthcare

How to change perceptions and behaviours towards victims which are stigmatizing

Project name:	
Study area(s):	

Example tool-

Situation analysis:
Template to identify
the other health
issues of concern
and opportunities
for cross-sectoral
collaboration

2. Other health issues present in study area and opportunities for cross-sectoral collaboration

Disease	Present in study area and of significant concern?	Source of information	Key questions for cross-sectoral collaboration with snakebite envenoming	Opportunities for cross-sectoral collaboration with snakebite envenoming	Notes
Snakebite envenoming	☒ Yes ☐ No		What is the burden of disease in the study area (cases, deaths, number of people left with a disability post snakebite envenoming, etc.) Is snakebite envenoming perceived as an issue of concern by the local community and government? What other organizations are working in snakebite endemic areas?	NA	Information on the number of cases of snakebite and number of deaths can be found for some countries on the WHO Snakebite Information and Data Platform .

Disease	Present in study area and of significant concern?	Source of information	Key questions for cross-sectoral collaboration with snakebite envenoming	Opportunities for cross-sectoral collaboration with snakebite envenoming	Notes
Child health (<5 years)	☐ Yes ☐ No		What activities do children partake in that put them at risk of snakebite envenoming? Do women and children <5years attend routine appointments, such as for scheduled immunisations? What percentage of children have received the essential programme on immunization?		
Maternal health	☐ Yes ☐ No		Are women exiled from the household during menstruation or childbirth? Do women routinely attend pre and post natal appointments?		

Next steps

1. Completion of tools
2. Pilot of tools
3. Expert review of toolkit
4. Production of final versions
5. Publish - online/text format
6. Publicise within SBE/NTD community



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THANK YOU