Application of APPS Community Engagement Approach (ACE) for strengthening Ebola preparedness, response and recovery

Engaging with local community members is essential to the development of safe, resilient systems and the rapid return to full utilisation of services

African Partnerships for Patient Safety’s (APPS) approach to Community Engagement (ACE) was co-developed at the very beginning of the APPS programme in 2009 as a critical element of the hospital-to-hospital partnership programme. Engaging local community members in quality and safety improvement efforts by hospitals was considered essential.

The outbreak of EVD in West Africa provides a unique opportunity to involve, engage and empower local communities in the reestablishment of safe healthcare services as activity shifts from emergency response to early recovery. Such an approach demonstrates leadership and commitment to collaborate with the very people that the health system is intended to serve.

Community members, in particular people directly affected by Ebola including survivors and family members of people affected by the disease are a resource in not only fighting the disease but also building stronger, better health systems and resilient communities for the future.

ACE is a simple seven-step approach that starts with planning through to implementation of improvement activities. It is systematic and flexible allowing adaptation to local situations. ACE provides a solid foundation to help build effective relationships and momentum to nurture trust and ownership for safe effective health service delivery. The ACE Implementation pack provides direction to make this a reality.

Strengthening community engagement can bring real benefit to the quality and safety of health service delivery both in the immediate and long term. There is an opportunity to create strong community health systems that meet the needs and address the fears of local people. There is potential for increasing community health worker numbers through training, and mentoring based on the foundation of Ebola efforts, connecting with local health centres and building strong infrastructure for effective community health that reaches the most remote and vulnerable.

In summary:

- The ACE Approach is systematic and simple
- It provides a channel to develop effective short-term community engagement in an outbreak context
- It establishes a solid foundation to help re-build stronger, safer, more accessible and more appropriate services as activity shifts to the post-outbreak recovery phase

The lessons learned from the EVD outbreak of 2014/15 have highlighted that effective community engagement is essential in bringing the outbreak to an end. There is an opportunity to take the experience of those who have survived EVD and those affected, to create a system grounded in the community itself. A system that can be fair, accessible and trusted.

Seven Steps of the ACE Approach

1. Know the Community
2. Establish an Enabling Community Engagement Environment
3. Raise Patient Safety Awareness - locally and nationally
4. Collect Community Knowledge and Experiences
5. Ensure Robust Communication Mechanisms
6. Feed into Monitoring and Evaluation
7. Develop a Community Ripple Effect
Community Engagement is not an ‘add on’ but the life-line through which each element of effective, safe health delivery can succeed

Getting started

1. Make a list of community organizations, systems and structures that could support health service delivery e.g. patient groups, outreach clinics, schools, faith based organizations and other groups

2. Create “buy-in” to engagement by sharing messages with health care partners, leaders, managers and communities about the benefits of engaging communities – use experiences from the current outbreak or other situations you are aware of

3. Host community meetings and ask community members for their experiences, ideas, key issues, things that worked or didn’t work in their health service before and during the outbreak or other health examples

4. Invite key local community stakeholders and those affected by EVD into the hospital, clinic, district health team, to have a look and share their perspectives on systems and possible improvements

5. Involve community members in policy development and planning and integrate community as a critical element in any improvement effort.

Key resources on Community engagement are available. These tools can support effective and meaningful engagement in health system recovery.

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<tr>
<th>ACE Step</th>
<th>Applicability</th>
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<td>Know the community</td>
<td>Use structures established in the current EVD response to build a map of organizations and community structures that can support health service delivery. Foster relationships with community leaders, established through the current EVD response, for engagement not only locally but also at the district and national levels.</td>
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<tr>
<td>Create an enabling environment for engagement</td>
<td>Commitment to engagement essential by all stakeholders. Establishing clear roles and responsibilities will ensure successful engagement both as part of immediate response and long term recovery. Opportunities may exist for survivors and those affected to become community health workers and take their experience and learning beyond just having their voice heard to becoming the heart of service delivery.</td>
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<tr>
<td>Raise patient safety awareness – locally and nationally</td>
<td>Raising awareness of health services and improvements provides a foundation of understanding, expectation and trust. It will also support increased utilization of services. Consistency of message is critical.</td>
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<tr>
<td>Collect community knowledge and experiences</td>
<td>Communities should have the opportunity to voice their fears, concerns, ideas, solutions and experiences. Community and in particular survivors perspectives can provide critical information and lessons in an emergency situation. Clarification and misunderstandings can be addressed and learning for long term improvements from the real experiences of health systems can be captured. The opportunity is to place people at the centre of health services.</td>
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<td>Ensure robust communication mechanisms</td>
<td>Mechanisms for regular dialogue improves understanding, not only of community needs but also raises awareness amongst communities of health service issues and challenges. Community innovation and drive can often be communicated to support health services and address wider social impacts on health such as electricity or water. The current outbreak demonstrated that clear communication mechanisms in an emergency situation are essential and supports the establishment of trust – this should be built on to strengthen on-going trust between health facilities and the community it serves.</td>
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<td>Feed into monitoring and evaluation</td>
<td>Patients and families are at the front line of service delivery and can feed vital information into data collection and activity monitoring. Vital to long term health system resilience efforts, community perspectives across long term improvements provides a critical mechanism for monitoring progress.</td>
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<td>Create community ripple effect</td>
<td>Opportunity to ensure that efforts to re-build the health system create an integrated approach to community engagement both locally, regionally and nationally. National frameworks should mainstream community and patient engagement and promote community engagement at the national level as part of integrated approaches to services. Communities, survivors and families are the heart of a stronger system for the future. The voice of communities can also influence global dialogue.</td>
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For more information please visit [www.who.int/patientsafety/implementation/apps](http://www.who.int/patientsafety/implementation/apps)