The goal of the CLEAR toolkit is to help frontline health workers prevent disease and premature death by taking practical steps to improve the living conditions of their patients.

The focus of the CLEAR toolkit is on improving the health of the most disadvantaged and vulnerable groups in each local community.

The audience of the CLEAR toolkit is local community health workers who come into direct contact with those who are the most disadvantaged and vulnerable.

The intended impact of the CLEAR toolkit is to create healthier communities with higher living standards and improved health, particularly for those who are most in need.

How can frontline health workers improve living conditions and promote health for disadvantaged groups?

- TREAT the immediate health problem
- ASK about underlying social problems
- REFER to local social support resources
- ADVOCATE for more supportive environments

The CLEAR toolkit is a health worker training package in 4 parts that helps to create the necessary systems required for taking action on the social causes underlying poor health

PART 1:
Introduction and rationale for using the CLEAR toolkit
The CLEAR toolkit includes a policy brief and a detailed background document that explain why it is important to take action on the social causes of poor health and how frontline health workers can play an important role. Moreover, there is growing evidence that adopting such an approach will lead to important cost savings in addition to improving health outcomes.
Main audience for Part 1: Ministries of Health, NGOs and other organizations that train frontline health workers

PART 2:
Guide for organizing a local train-the-trainer workshop and evaluating the health impact
The CLEAR toolkit includes an instruction manual for organizing train-the-trainer workshops and also for collecting data to evaluate and monitor the impact of such trainings. For instance, the manual suggests that workshops should include mid-level health workers and health system managers, as well as local community leaders and providers of social support, to ensure community-based support for the implementation of the toolkit. Data collection templates are also provided to gather information on the impact of trainings.
Main audience for Part 2: Ministries of Health, NGOs and other organizations that train frontline health workers

PART 3:
Train-the-trainer workbook to help create locally adapted messages to train frontline community health workers
The train-the-trainer workshop is used as a collaborative forum for sharing ideas on the major social problems underlying poor health and how these can be addressed at the individual patient level and for the entire community. This process provides an opportunity to translate and adapt the standard CLEAR toolkit training templates to better reflect the realities in the local context.
Main audience for Part 3: Workshop participants including mid-level health workers and health system managers

PART 4:
Training tools and job-aids for frontline health workers
Standardized training tools and job-aids for frontline community health workers include a pictogram that can be used to initiate a discussion around sensitive topics during a patient encounter, a resource-list to know where to refer patients in need of support, and an advocacy tool to promote widespread change. Main audience for Part 4: Frontline community health workers.
STEP 1: Treat the acute health problem

First do no harm: Is it safe to ask about social problems?

yes

STEP 2: Ask about underlying social problems

"Do you have any problems at home?"

yes

Respectful listening: "Tell me about the struggles in your life"
"How has this affected your health or your family's health?"

no

Consider asking on future visits, it may take several visits to build up a relationship of trust and a safe space for disclosure

STEP 3: Refer to social support resources

Acknowledge, Clarify, Problem-solve, Support

no

Assist the patient in contacting relevant support persons, while ensuring the safety of the patient and health worker

yes

SEE LIST OF REFERRAL RESOURCES

BEFORE PROCEEDING
- Who is in the room?
- Is the patient free to talk?
- Could the patient be harmed?
- Is the health worker safe?

SEE DISCUSSION AID CARD

STEP 4: Advocate for a healthier community

Who should be told about common problems? Who can help to create wider change?

SEE COMMUNITY ACTION CARD

BEFORE PROCEEDING
- Is there a risk of imminent and serious harm to the patient or to another person?
- Is there a safe way to help the patient get immediate assistance?
- Will this do more good than harm?

SEE PROBLEM-SOLVING CARD

BEFORE PROCEEDING
- Protect patient confidentiality
- Never discuss the details of any individual patient cases
Do you have any problems at home?
Tell me about the struggles in your life

Your community health worker can refer you to local support resources

Access to food and clean water
Stable income and employment
Access to child care

Access to quality housing
Education and literacy

Freedom from violence and discrimination
Support from family and friends

The CLEAR toolkit

Problem-solving card

How can I help you with this?

**Acknowledge and empathize**
- Rephrase and repeat back what you have heard:
  - “From what you have told me, you have...”
- Confirm that this is indeed a difficult and unacceptable social problem:
  - “I am sorry to hear that. This situation must be very difficult for you”

**Clarify expectations**
- Enquire about existing social support mechanisms:
  - “Do you have anyone who can help you with this problem?”
- Ask about past attempts to resolve the issue:
  - “What have you already tried that was helpful?”
- Clarify current expectations:
  - “How do you think I can help you with this issue?”

**Problem-solve together**
- Help to think through an appropriate plan of action
  - “What do you think would be helpful at this point?”
  - “What else would you like to do about this situation in the near future?”
  - “Are any of your other family members at risk of harm? If so, how could they be protected?”
  - “Do you have a ‘safety plan’ in case of emergency? Where would you go to for help?”

**Support and refer**
- Offer ongoing support
  - “If you like, I can give you the contact information for local resources that could help”
  - “If you are harmed, do seek immediate health care to document and treat any injuries”

**Follow-up on progress**
- Follow-up on these issues on future visits
  - “Last time we spoke about some of the challenges you have been facing in your life...”
    - “What has been happening since the last time that we spoke?”
    - “Did you manage to see the support person that I had suggested?”
    - “Are things any better now?”
    - “What do you think we should do know?”
While frontline health workers sometimes feel as though they have no one to turn to for help in supporting disadvantaged and vulnerable patients, health workers are not alone. Many communities have an extensive network of local support services, ranging from government services to large non-governmental organizations and charities, and even informal grassroots networks of neighbours, friends and extended family members. These resources can play an important role in helping to support patients and families in need. Improving living conditions and addressing the social causes of poor health is not something that one person can do alone. It requires a systems approach.

Create a list of the key contact information for the local social support resources in your community

Food insecurity

Housing quality

Child care and well-being

Exposure to violence

Employment and income

Other social issues

How could I possibly mobilize a community-wide change?

**Identifying the influential people in my community**

Community health workers already have a full-time job providing health services, so they cannot be expected to take on the role of full-time community mobilizers, nonetheless, they can help to identify partners in the community who can effect change on a larger scale, for instance:

- Community leaders (e.g. village elder, mayor’s wife), religious leaders (e.g. Imam, priest), NGO workers (e.g. community outreach worker), business people, etc.

**Communicating the priority health and social issues that patients face**

By routinely asking patients about the social factors underlying poor health, community health workers will begin to see trends in terms of the key challenges that are common within the local community, and they can communicate these priority issues to the influential people within the community who will be in a position to take action, for instance, with regards to:

- Food insecurity, poor housing quality, family violence, child labour, etc.

**Recognizing the barriers to addressing these challenges**

Making an impact on deep-rooted social problems is not easy. The problems can be so common and pervasive that they are considered “normal.” It can therefore be quite difficult to change these social norms. In some communities, especially those that are particularly remote and impoverished, there may not be any formal services (such as food banks and formal support groups), thus it may be necessary to start from scratch to build up a social support infrastructure within the local community. In some communities, there may even be a power dynamic that actively suppresses progress on this front since a privileged minority may benefit from the lack of community organization and empowerment. Thus there can be many barriers to overcome:

- Unhealthy social norms, lack of local social support services, lack of political will, etc.

**Starting with small but concrete changes at the community level**

There are many different ways to make an impact at the community level ranging from community education and awareness raising (e.g. street theater on the problem of family violence and its health effects) to developing local resources for supporting patients and families (e.g. creation of a women’s group to help women support other women, establishment of a community-based health insurance scheme to pay for transport to more distant hospitals and the cost of specialized health services, etc.). Even small changes can make a difference:

- Start small and build on local successes!
What is the CLEAR Collaboration?

The CLEAR Collaboration was founded in 2010 by Dr. Anne Andermann (Canada) and Dr. Muazzam Nasrullah (Pakistan) to empower health workers to improve health and social outcomes for disadvantaged children and families, particularly in low and middle-income countries. With the generous support of our funding partners, we conducted research in Brazil, Bangladesh, Pakistan and Niger with a focus on child labour as an entry point to better understand how health workers can address the social causes underlying poor health. The result of this work is the CLEAR toolkit, the first training tool developed to provide community health workers with practical skills on how to take a broader view when treating patients. For more information see: www.mcgill.ca/clear

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