



Risk Communication and Community Engagement (RCCE) Readiness Training – Report



15-19 April 2024

Mombasa, Kenya



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Abbreviations and Acronyms

Africa CDC	Africa Centres for Disease Control and Prevention
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organisation for Migration
IPC	Infection, Prevention and Control
JEE	Joint External Evaluation
MoH	Ministry of Health
MS	Member States
PHRST	Public Health Rapid Support Team
PoE	Points of Entry
RCCE	Risk Communication and Community Engagement
SOP	Standard Operating Procedures
UKHSA	UK Health Security Agency
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

Acknowledgements

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Introduction

Overview

The cross-border RCCE readiness training for Eastern Africa was conducted from 15-19 April 2024 in Mombasa, Kenya. The training was attended by Ministry of Health staff across public health emergency response pillars, including Surveillance, Case Management, Infection Prevention and Control (IPC), RCCE and Points of Entry, from the seven African Union (AU) member states (MS); Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Tanzania and Uganda. Participants from Red Cross and Red Crescent National Societies, WHO and UNICEF from these seven countries also participated. A total of 53 participants attended the training, alongside 11 facilitators.

This report has been authored by the RCCE training facilitation team, consisting of the Collective Service (IFRC, UNICEF and WHO), UKHSA-PHRST, Africa CDC, READY Initiative and IOM. It synthesizes key insights collected from the plenary discussions during the training sessions and data gathered throughout the planning, implementation, and evaluation phases. Finally, this report outlines recommendations and proposed next steps for regional and country-level stakeholders, aiming to guide future efforts in enhancing cross-border outbreak readiness in RCCE.

Background

Lessons learned around RCCE in outbreak responses in East and Southern Africa recognise the need to learn from and strengthen national and cross-border collaboration in the face of frequent public health emergencies. In October 2023, One Health partners conducted a Simulation Exercise in the Mandera region between Ethiopia, Kenya, and Somalia to test cross-border readiness. One of the key recommendations from this workshop was that current and future agreements, plans, and SOPs on One Health Emergency Preparedness and Response (EPR) in all three countries should include RCCE for cross-border situations.

In response to cholera outbreaks in the Eastern Africa Region, Africa CDC hosted a Cross-Border Coordination, Collaboration, and Communication workshop in Kampala, Uganda, in October 2023 with participants from Ethiopia, Kenya, South Sudan, and Uganda including IPC/WASH, Cross border/PoE, RCCE and Surveillance focal points from these MS. Participants noted frequent delays in implementing RCCE activities in outbreaks and the need to improve cross-border community engagement and trust for a coordinated response. Recommendations for RCCE responses included the need for training on rapid qualitative assessments to better understand community concerns and the collection and sharing of community feedback, including across borders.

Cross-border RCCE readiness is critical to ensure continued and improved coordination for RCCE response in the face of emergencies and in ensuring the protection of children, co-existence, social cohesion, continuity, and utilisation of essential services through regular engagement with local authorities and facilitation of dialogue for community-led solutions amongst the different affected groups e.g., the hosting, migrant and refugee populations. To address these important needs and recommendations from partners across the region, the technical partners jointly convened public health technical experts from the seven (7) MS in Eastern Africa for a practical, scenario-based training, using a fictitious unknown viral haemorrhagic fever outbreak, to strengthen cross-border collaboration and use of RCCE data in the event of outbreaks and climate-related disasters.

Aim and objectives

Aim: To strengthen national and cross-border RCCE readiness for outbreak response in Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Tanzania, and Uganda, through scenario-based learning exercises.

Specific objectives:

- Develop and pilot a regional interagency cross-border RCCE training package for emergency response.
- Strengthen RCCE readiness for outbreaks and humanitarian crises.
- Develop SOPs and action plans to enhance cross-border coordination between partners at the country and regional level in the face of crisis and strain on health systems.
- Promote the capacity for and use of data to drive community-centered approaches to outbreak and disaster response amongst key RCCE and other outbreak responders at the country and regional levels.

For the full agenda please see **Annex 1** and for the full participant and facilitator list see **Annex 2**.

Scenario and content creation

Following consultations with health colleagues from UNICEF, WHO, and Africa CDC it was agreed that the scenario used for the training would be a fictitious tick-borne viral haemorrhagic fever. The outbreak originated in a fake country called Kasundaland at a regional football tournament attended by fans from across the seven participating countries. Initial injects, shared with participants a week prior to the training, highlighted that contaminated meat had been served to football fans in the stadiums and that many people were now travelling back to their home countries unknowingly infected. Injects were shared with participants in the form of emails, sitreps, partner reports, radio broadcasts and TV announcements throughout the training, providing new information about the evolution of the outbreak. Participants were tasked with responding to certain injects as part of their group work.

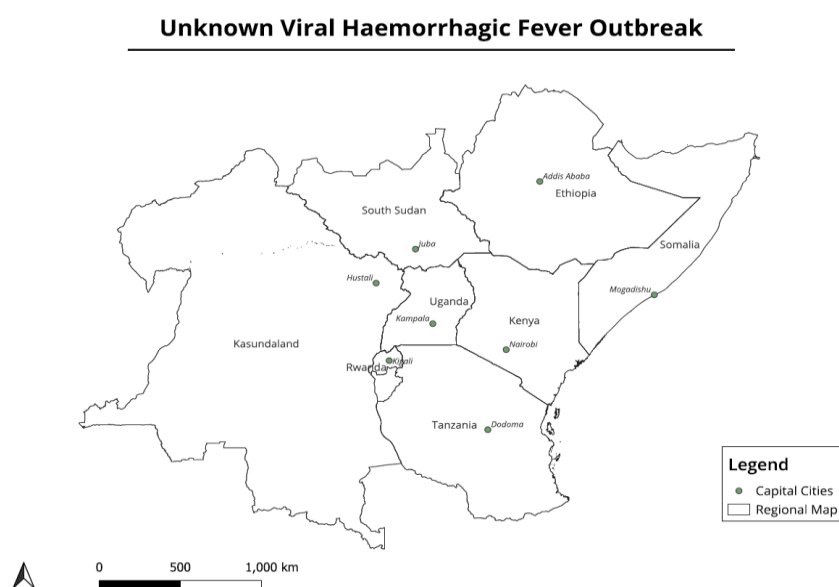


Figure 1. A map depicting the eastern Africa region, including the fictional country 'Kasundaland'

The training package itself was developed around the Collective Service's module structure for their thematic resource kits: 1. Understand the situation; 2. Assessment; 3. Coordination; 4. Implementation; 5. Monitoring, Evaluation, and Learning. Existing resources developed by the Collective Service partners, as well as the READY Initiative, were adapted and refined for each module to meet course objectives. Each module also had a cross-border component which encouraged country teams to collaborate with neighbouring countries to complete their tasks.

Evidence tracking framework

The need to document the impact of collective RCCE activities has been highlighted by MoHs and partners across the region and globally. The Collective Service is in the process of developing an Evidence Tracking Framework (ETF) to map RCCE data and evidence collection, outcomes and analysis in current outbreak in the region; improve information sharing with communities and response stakeholders; and strengthen the use of RCCE evidence and uptake of RCCE recommendations. Participants in the training were requested to provide input during and after the training towards development of the ETF with responses to the group exercises also used to further develop the framework.



Figure 1. Kenya team brainstorming potential RCCE indicators sitreps.

Pre-training preparation

A pre-training survey and orientation session was held with all participants prior to the training, in order to understand participant expectations, and their prior RCCE experience and to provide a brief introduction to RCCE and an overview of the training agenda. Participants' goals and expectations included: approaches for community behavioural change and to promote health practices; acquiring skills in gathering, analysing, and utilising qualitative and quantitative RCCE data for evidence-based decision-making; fostering cross-border collaboration and prompt data sharing while comprehending cross-border dynamics; and learning methods to maintain collaboration through strategic partnerships and resource allocation to improve the scalability and sustainability of RCCE interventions. Approximately 70% of the participants had no prior experience with RCCE or previous training in RCCE.

Cross-border commitments

Module 8 was dedicated to strengthening cross-border collaboration on RCCE. This was facilitated as an interactive plenary exercise where six strategic cross-border commitments were drafted based on the outputs of group exercises from previous sessions and placed around the room on flip chart papers. Participants and facilitators were asked to work their way around the room and add sticky notes to make suggestions on 1.) How the wording of the draft commitment could be improved; and 2.) Which action

steps to add under each commitment to operationalize it. As a deliverable of the RCCE cross-border readiness training, Member States are expected to commit to adopting these. Below are the commitments and action steps:

1. Develop RCCE principles and strategies for strengthening community-centred outbreak preparedness and response: a) within response pillars and b) for cross-border approaches

Action steps:

- Establish guiding principles for RCCE integration across pillars and optimising cross-border coordination.
- Hold consultation meetings between RCCE and other pillar leads to discuss the RCCE guiding principles agree on RCCE integration activities in other pillars.
- Develop a framework for integration of community-centered responses across pillars and countries, including metrics for measuring progress.
- Develop SOPs for cross-border RCCE preparedness, readiness and response activities to operationalize the framework.
- Conduct high-level advocacy meetings with senior decision makers on agreeing (e.g. through MoUs) to cross-border RCCE principles and strategies

2. Define and strengthen systematic mechanisms for collecting, sharing, and acting on community data for outbreak readiness and response within and across borders

Action steps:

- Develop a framework for multi-hazard, multi-sectoral data collection and sharing before, during and after an outbreak.
- Develop and implement an online tool for collecting community data for country and regional reporting.
- Work with partners in country who are working with communities to strengthen capacity and encourage collection and sharing of community data and adapting responses.
- Host annual feedback meetings, online webinars or conferences with cross-border countries to discuss progress, challenges, and ways forward for systematising use of community insights.
- Document and disseminate case studies and best practice.

3. Develop national and cross-border action-tracking platforms for promoting uptake of community insights

Action steps

- Conduct a mapping of existing platforms or mechanisms for action tracking based on community data.
- Host a workshop to develop/adapt a regional and country-specific tool / platform / SOP for tracking action.
- Pilot action tracking platform and adapt based on learning.
- Conduct training and support mentoring on analysis and visualization of community insights to promote cross-border RCCE interventions.
- Host regular stakeholder meetings between affected countries to share and discuss action on community insights.

4. Invest in efforts to document the impacts of RCCE activities across pillars and across borders

Action steps

- Develop consistent indicators and provide technical support for measuring impact across countries.
- Organise peer learning and exchange opportunities for countries that share borders.
- Generate and disseminate impact stories and lessons learned from outbreak preparedness and response efforts focusing on utilisation of community data across pillars.
- Regularly publish RCCE/social science findings, positive change stories, and studies.
- Hold cross-pillar RCCE thematic meetings to share learning and evidence of impact.

5. Continue to proactively promote engagement in platforms to support sharing learning, best practices and guidance in RCCE for more effective outbreak response

Action steps

- Utilise evidence trackers to ensure RCCE data is utilized and the contribution of RCCE recognised across pillars for Inter-Action Reviews/After-Action Reviews.
- Develop training packages and provide RCCE training to all pillars at the borders.
- Establish a knowledge management system for sharing RCCE learning across countries.
- Host and participate in routine meetings for joint planning during outbreaks at borders, ensuring RCCE provides cross pillar support during outbreaks.
- Conduct regular joint needs assessments to assess gaps and areas for strengthening.
- Host a cross-border TWG with a ToR and regular meetings.
- Have a WhatsApp group for rapid and remote coordination in outbreaks.

6. Undertake periodic capacity assessments (*with key stakeholders?*) of RCCE readiness for outbreak and disaster response and develop joint work plans across countries to strengthen identified needs.

Action steps

- Develop and deploy a joint capacity assessment tool for RCCE readiness.
- Establish cross-border RCCE coordination platform.
- Review RCCE assessment findings to develop joint workplans which are periodically assessed and updated.
- Provide hands-on coaching and technical support to implement activities for agreed work plans.

Country presentations

Module 9 was a participant-led module where each of the 7 country teams were asked to develop a country-level action plan outlining:

- Recommendations and key actions for ensuring a community-centered response at each stage of an outbreak.
- Key RCCE gaps at the country level (based on a self-assessment of the RCCE indicators within the Joint External Evaluation (JEE)) and actions to take forward to address these.
- Recommendations for how to ensure cross-border RCCE collaboration for outbreak readiness and response.

Participants were given 20 minutes to present with a 10-minute Q&A session afterwards. All country presentations can be found [here](#).



Figure 2. Tanzania team working on the structure of their RCCE pillar

Recommendations and next steps

Immediate (within 1 month of the training)

- Facilitation team to distribute e-certificates to all participants.
- Evidence Tracking Framework consultants to complete participant FGDs.
- Facilitation team to complete written and video testimonials with participants.
- Facilitation team to write-up cross-border commitments and circulate amongst participants for finalization.
- Facilitation team to make training content in PDF format to be available to all – link is [here](#).
- Facilitation team to draft, finalize and disseminate the training report (this report).
- Facilitation team to share updates on the training completion, successes, challenges, and next steps through global and regional coordination platforms (e.g. RCCE TWG for ESAR, global RCCE Collective Service newsletter, internal coordination meetings, RCCE Community of Practice for Africa).
- Participants to share updates on training completion, successes, challenges and next steps through relevant country level coordination platforms (e.g. RCCE pillar, EoC meetings, partnership meetings etc.).
- Facilitation team to develop a case study on lessons learned from the training.

Medium-term (2-6 months)

- Collective Service to follow up with country teams on any support needed for the implementation of the country action plans.
- Facilitation team to work with country teams to develop an implementation plan for the cross-border commitments, agreeing on technical support for development of agreed outputs.
- Collective Service to organise a deep-dive webinar on the lessons learned and next steps from the training along with participant testimonials.

- Quarterly online check-in meeting of RCCE leads from each country to review progress against country action plans and regional cross border commitments, share updates, lessons learned and tools developed and revise plans for the following quarter with requests for partner support as relevant.
- Facilitation team to map out upcoming conferences, regional meetings or events where sessions can be held to discuss progress against the country action plans and cross-border implementation plan.

Longer-term (6+ months)

- At least 1 side-event session is held to meet with facilitation team and country participants to discuss progress against the deliverables within the cross-border commitments implementation plan and to agree on the next steps (e.g., at CPHIA 2024).



Figure 4. Left. South Sudan team working on designing the community feedback mechanism.

Figure 3. Right. A community participation group exercise.



Training evaluation

Evaluation methodology

The primary objectives of the evaluation were twofold:

1. Enhancement of daily training processes
 - To identify areas for improvement in the daily execution of the training program.
 - To address any immediate concerns or issues raised by participants or facilitators during the training period.
2. Application of learning in future activities/ training package
 - To understand how the knowledge and skills acquired during the training could be applied in future training activities.
 - To inform the design and delivery of future training package based on the insights gained from the evaluation process.

The training evaluation used a mixed-method approach, integrating qualitative and quantitative data collection techniques:

1. **Pre-training evaluation:** This phase involved gathering participants' backgrounds and their expectations from the training before the start of the training.
2. **Process evaluation:** Throughout the training, feedbacks were collected on various aspects such as content delivery, facilitation, and inject briefings.
3. **Overall/ End Training evaluation:** This evaluation measured the training's effectiveness in imparting knowledge and assessing its practical usefulness.
4. **Outcome/ Impact evaluation:** Informal interviews and testimonials from participants were utilized to gauge the broader outcome of the training.

Training evaluation findings

1. Ratings per session

The chart illustrates the ratings provided by participants for the 13 individual sessions, ranging from 1 (Needs Improvement) to 10 (Excellent). The highest-rated session, focusing on cross-border commitments, received a rating of 9.2 out of 10, indicating that participants found this session particularly valuable and effective. Most sessions received ratings between 8.7 and 9, suggesting a consistently high level of satisfaction across the training program. This distribution of ratings reflects a strong overall positive perception of the training sessions among participants.

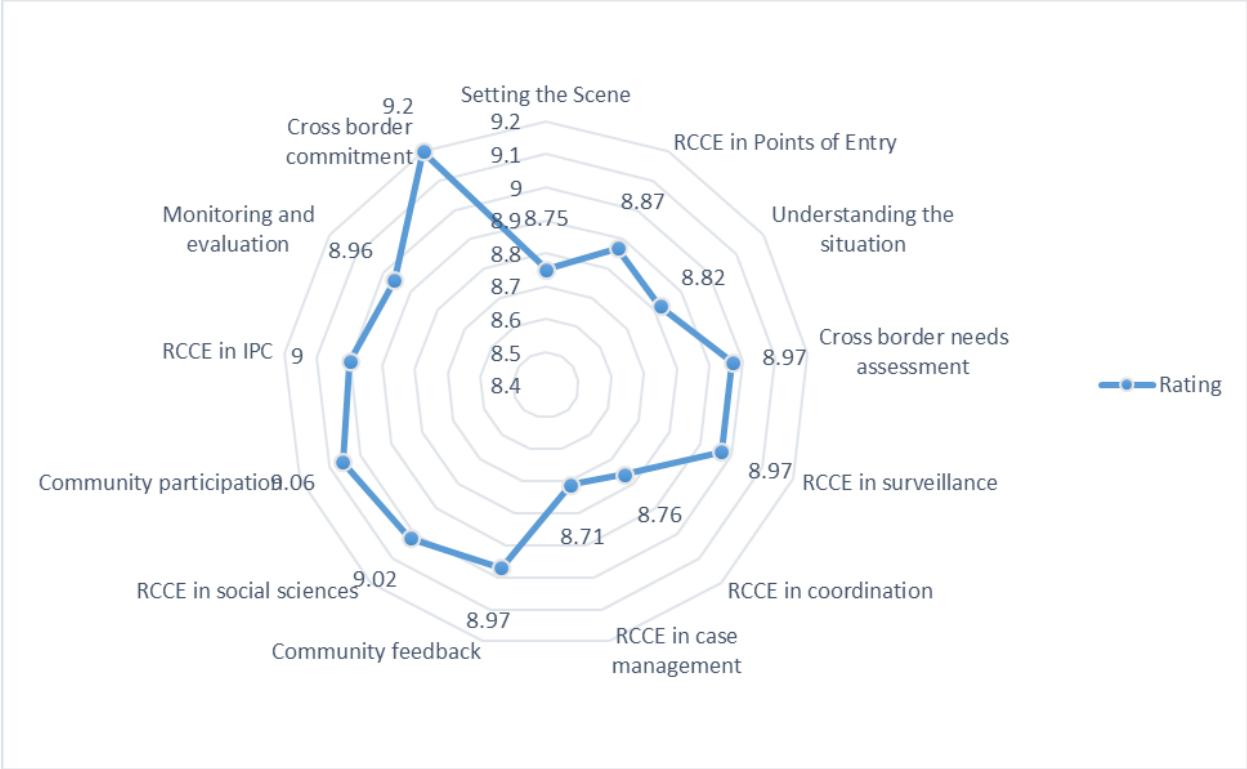
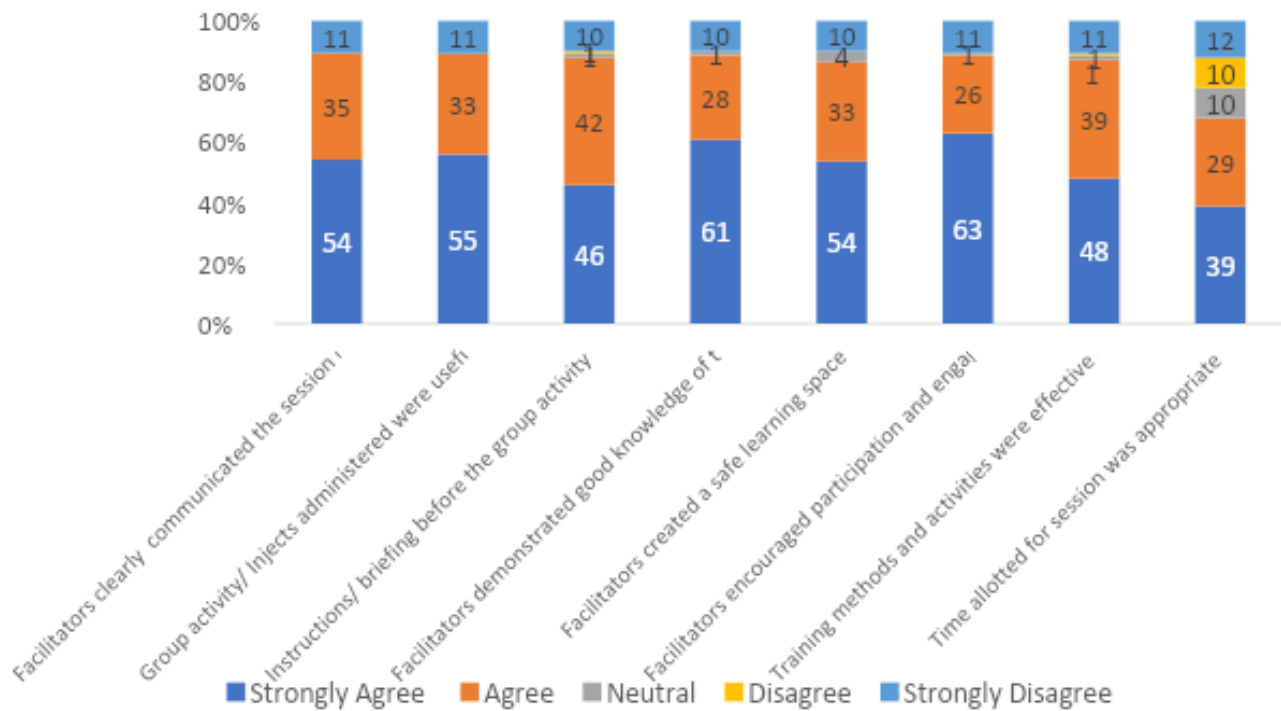


Figure 2 Radar chart illustrating ratings provided by participants for individual training modules.

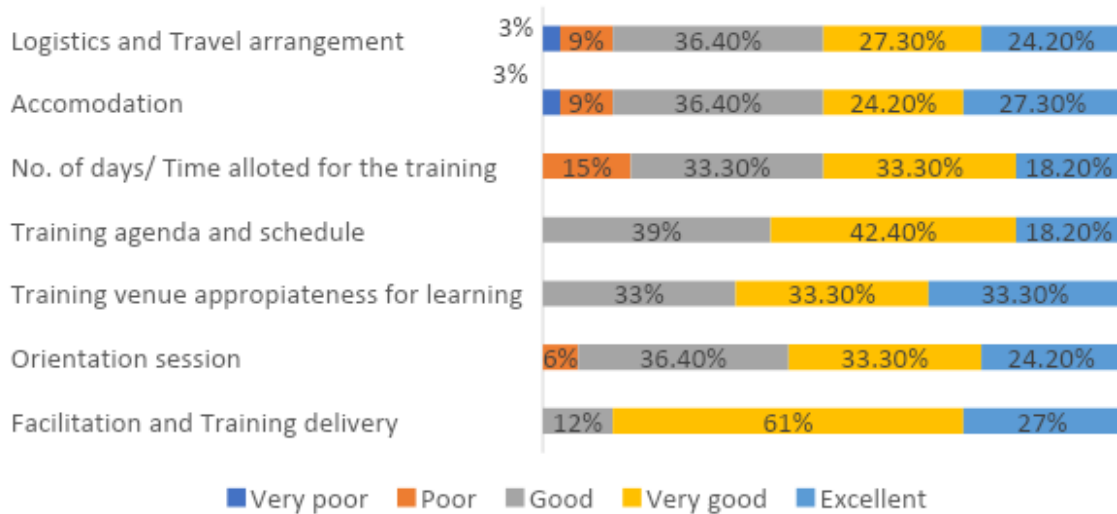
2. Training facilitation and content

The aggregated feedback from participants throughout the five-day training program provides valuable insights into various aspects of the training experience. More than 60% strongly agreed that facilitators demonstrated good knowledge of the subject matter and effectively encouraged participation and engagement. However, only 39% of participants agreed that the time allotted for the training was appropriate, while 12% strongly disagreed and 10% disagreed. This suggests that a considerable portion of participants felt that the duration of the training sessions was not sufficient to cover the material effectively or allow for adequate discussion and interaction. Feedback from the facilitator and observer groups also highlighted that some sessions, particularly on Day 1, felt rushed and needed more time. Initially, the welcome and icebreaker sessions held on Day 1 were planned for Sunday evening (Day 0), when participants had just arrived in Mombasa. However, due to logistical constraints with flight and accommodation bookings, this was not feasible. In future, it is recommended that either a pre-training welcome session is held, or an additional half-day is scheduled into the agenda to ensure Day 1 does not feel rushed.



3. Training logistics and coordination

An overwhelming majority of participants, 61%, rated the facilitation and training as very good, reflecting a high level of satisfaction with the quality of instruction and support provided during the training sessions. 12% of participants rated logistics and travel arrangements as poor or very poor, the only aspects of the logistics and coordination that received these scores. It is advisable to ensure that flights and accommodation are booked for participants at least 2 weeks prior to the start of a training in future.



4. Self-assessed participant knowledge acquisition

At the end of the training, participants were asked to assess the level of knowledge they acquired against each of the modules. A total of 37% of participants indicated they acquired expert-level knowledge on a particular module, and this was especially high for the community participation and community feedback modules. 61% of participants indicated that they acquired competent knowledge in social science, the highest level of knowledge acquisition across the modules. This suggests the sessions on community participation, community feedback, and social science resonated the most strongly with participants, resulting in significant knowledge gains.

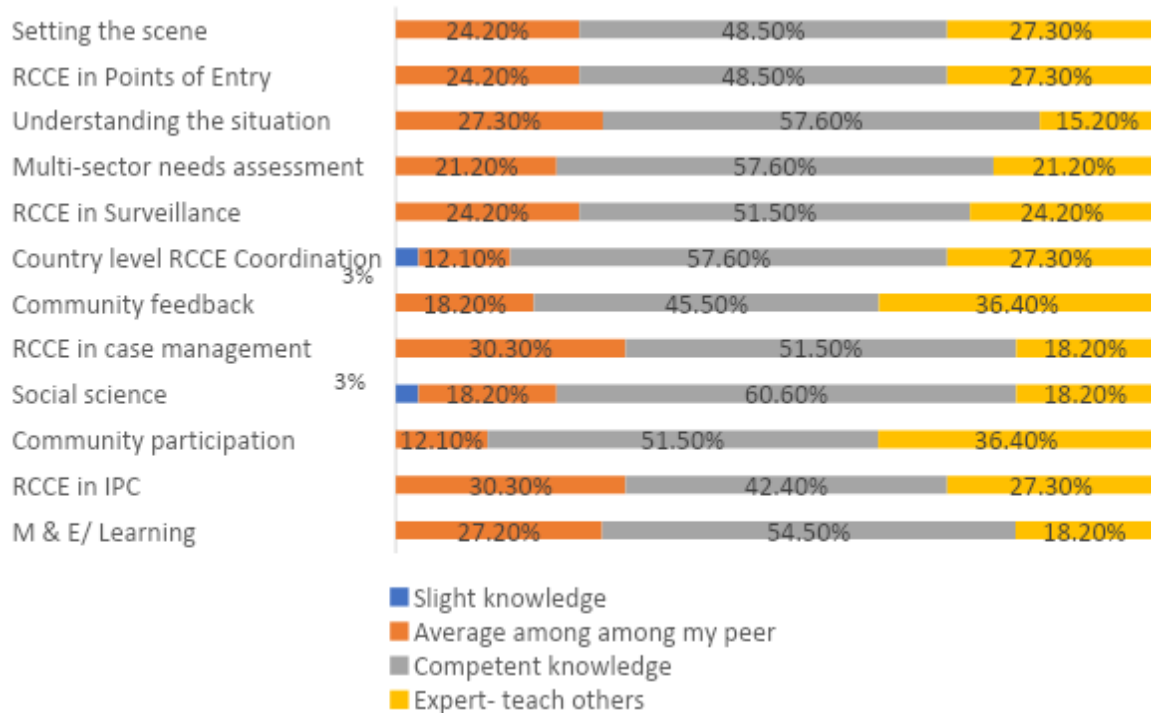
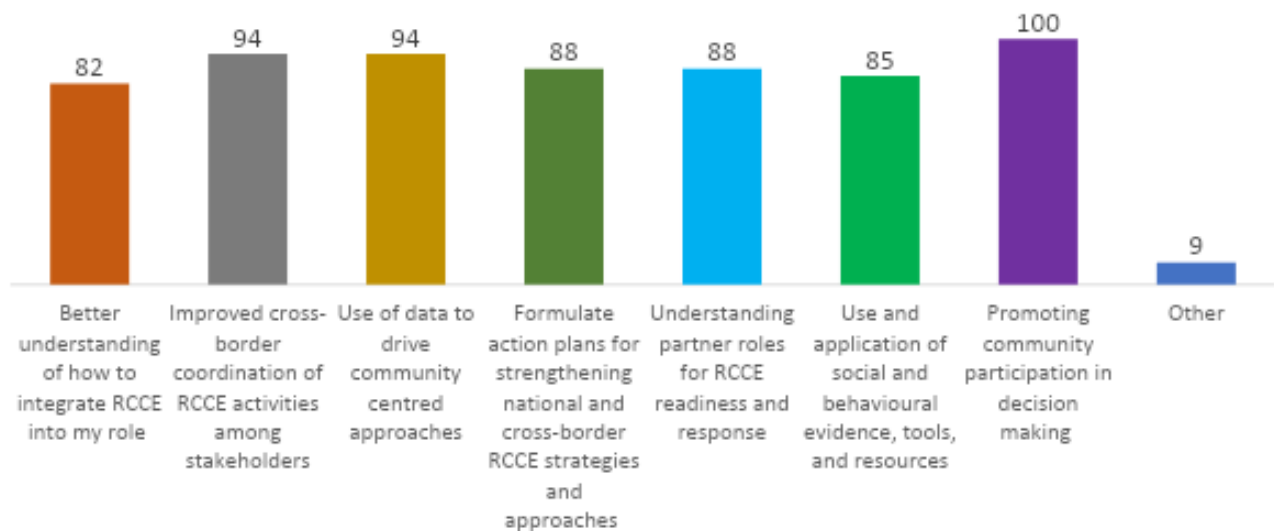


Figure 4 Participants' self-assessed level of knowledge acquisition

5. Learning benefits

A total of 82% of the participants reported gaining a better understanding of how to integrate RCCE principles into their respective roles. Of the 9% who said 'other', these responses included: creating opportunities to share ideas and contacts with cross-border experts and establishing harmonised community feedback mechanisms in border areas to address community concerns effectively. This highlights the value of the training in equipping participants with practical insights for incorporating RCCE strategies into their work responsibilities.



When asked about which aspect of the training aspects participants found useful, participants noted:

- *“Integrating RCCE in all pillars of emergency response, and how to engage the community in all phases (planning to evaluation)”*
- *“The importance of conducting a community needs assessment and perception before undertaking any activity which involves community members”.*

When asked about the applicability of the training, 82% of participants indicated that they can ‘fully’ apply what they learned to their current roles. This suggests a strong alignment between the training content and the participants’ learning needs. Further follow-up and support, such as the provision of specific resources or tools, is needed for the 18% of participants who said the training was only ‘partially’ applicable to their current roles. No participant answered that the training was ‘not at all’ applicable to their current role.

6. Expectations

85% of participants stated that the training ‘fully’ met their expectations, and 15% indicated it ‘partially’ met expectations. This indicates a positive overall perception of the training program and content. Particularly positive responses to questions about the quality of facilitation, the relevance and applicability of the training content to participants’ roles, and the interactive and engaging nature of the training are likely to have contributed significantly to meeting participants’ expectations.

7. Areas for improvement

Participants’ feedback on areas of improvement for future trainings included:

- Duration and time management
 - *“The time allocated to this training was not enough considering the usefulness of the modules from this training, we recommend allocating to this training more than 5 days”.*
- Interactive learning
 - *“More interactions and role plays”.*
 - *“Further in-depth discussions from the practical work”.*

- Logistics and venue
 - *“Reducing the number of participants”.*
 - *More spacious venue preferably isolated for maximum concentration and active participation”*
 - *“Presentations should be physical rather than some being virtual”.*

8. Participant testimonials

Overall, 100% of participants who responded to the evaluation survey said they would recommend this training to others. Some example testimonials are below:

“I have learned various strategies, best practices importance of clear, transparent communication in fostering trust and cooperation with communities during time emergencies and crisis. I have planned to use the knowledge and skills acquired from this training in practical tasks by applying in the national training packages. The practical part of the training significantly exceeded my expectation which helps me to interact, share experiences, and made a network with my brothers and sisters from different countries. It also gives us strength in our cross-border communication. I found the trainers are very interesting, well-prepared and the contents are amazing but slides better to be standardised as it is congested and invisible for participants at the back. Providing this training to other participants from different pillars including RCCE will definitely help a lot. Because RCCE is a new concept, and many people will consider it as silly job like printing posters and distribution. So, providing a TOT and cascading the basic training will help us out and improve the system as a whole. Finally, people will not do something correctly unless they are trained how to do.” RCCE focal point – Ethiopia

“This training empowered me about RCCE as a cross-cutting pillar, especially during a public health emergency. I learned how Risk communication is broad rather than developing and disseminating messages only. Our trainers showed knowledge and skills, but the negative point is the given limited time for presentation and practice.” – RCCE focal point – Rwanda

“My understanding concerning risk communication and community engagement has improved specifically on how the RCCE pillar is interlinked with other pillars in diseases specifically outbreaks prevention and control but also the importance of cross border collaboration on RCCE activities. I am planning to apply this knowledge during planning and implementation of Population Connectivity across Borders (PoPCAB) exercise but sharing this knowledge with Port Health Officers that can be used during health education sessions. Trainers are good in facilitation skills specifically for adults as facilitating training to adults is somehow challenging. If you could do this training differently, I recommend involving the decision-makers and other pillar representatives. I will recommend this training to other as it will help to increase knowledge, skills, and experience on the RCCE concepts that will be applicable in preparedness and response to disease outbreaks specifically at Points of Entry and Border areas,” Point of Entry lead – Tanzania

Annex 1. Training Agenda & Learning Objectives

Day	Module & Learning Objectives
1	<p>Module 1 – Welcome, introductions and opening speeches</p> <ul style="list-style-type: none"> ● Participants and facilitators get to know each other ● Training outcomes are aligned with participant expectations ● Ground rules are established to encourage a safe and respectful working environment <p>Module 2 – Setting the scene: outbreak response in eastern Africa</p> <ul style="list-style-type: none"> ● Understand outbreak trends in eastern Africa incl. influencing factors such as conflict and climate change and analyse cross-border dynamics in the region ● Demonstrate comprehension of technical support by GOARN and Collective Service ● Critically reflect on and share learnings from recent outbreaks to encourage cross-country learning and knowledge sharing <p>Short session – RCCE in Points of Entry</p> <ul style="list-style-type: none"> ● Understand key RCCE activities to be integrated within the Points of Entry pillar during and outbreak and share real-life experiences <p>Module 3 – Understanding the situation</p> <ul style="list-style-type: none"> ● Understand the significance of contextual knowledge in outbreaks and how to develop a rapid context analysis ● Explore the concept of ‘vulnerability’, how vulnerable groups are affected differently during crises and recognize the influence of contextual factors such as political economy, cultural norms and social dynamics on vulnerability ● Demonstrate the ability to conduct a rapid context analysis
2	<p>Module 4 – Needs Assessment</p> <ul style="list-style-type: none"> ● Understand the importance of conducting a rapid needs assessment in an epidemic outbreak and identify the types of information required to collect for understanding community needs, capacity, and context at cross border ● Understand the essential steps involved in conducting a rapid needs assessment and types of methods available for collecting data ● Explain approaches for ensuring transparent, respectful, and participatory assessment ● Understand how assessment findings can inform decision-making in an epidemic outbreak

	<p>Short session – RCCE in Surveillance</p> <ul style="list-style-type: none"> ● Understand key RCCE activities to be integrated within the Surveillance pillar during and outbreak and share real-life experiences <p>Module 5 – Coordination</p> <ul style="list-style-type: none"> ● Discuss the purpose and functions of a government-led RCCE pillar during outbreaks ● Outline the benefits of ensuring integration of RCCE efforts across the response architecture ● Understand how communities and community actors can take the lead in coordination efforts related to RCCE ● Reflect on the benefits of cross-border coordination for outbreak preparedness and response, emphasising the importance and implications
3	<p>Module 6.1 – Implementation: Community Feedback</p> <ul style="list-style-type: none"> ● Understand what community feedback is and why it is essential for effective outbreak response ● Understand how to setup and manage a feedback mechanism, including the key steps in recording, analysing, visualising, sharing and acting on feedback ● Gain familiarity with the components of an inter-agency feedback mechanism ● Be able to articulate why cross-border collaboration on sharing and using feedback data can benefit an outbreak response <p>Short session – RCCE in Case Management</p> <ul style="list-style-type: none"> ● Understand key RCCE activities to be integrated within the Case Management pillar during and outbreak and share real-life experiences <p>Module 6.2 - Implementation : Social Science</p> <ul style="list-style-type: none"> ● Comprehend the concepts and key considerations for using social science in disease outbreaks ● Understand the important role of social and behavioural evidence in supporting the design, delivery, and continuous adjustment of RCCE and broader response actions during outbreaks ● Differentiate between qualitative and quantitative data collection approaches to social science research, and determine when to apply each approach ● Demonstrate the ability to transform data into practical knowledge and formulate actionable recommendations. ● Recognise the importance of feeding research findings and actions taken based on these back to communities and evaluate the benefits associated with this practice
4	<p>Module 6.3 – Implementation: Community Participation</p>

	<ul style="list-style-type: none"> ● Reflect on the importance of community participation for effective outbreak preparedness, response and recovery ● Understand the methods to involve communities in planning, implementing, monitoring and evaluating response interventions ● Describe the key concepts and the objectives of social and behaviour change activities in outbreaks ● Outline the significance of why participatory and two-way community engagement, emphasising trust building within a response, and analyse examples of best practises from the region ● Apply the understanding of interventions that foster and sustain trust with communities during an outbreak <p>Short session – RCCE in IPC</p> <ul style="list-style-type: none"> ● Understand key RCCE activities to be integrated within the Case Management pillar during and outbreak and share real-life experiences <p>Module 7 – M&E/Learning</p> <ul style="list-style-type: none"> ● Discuss how to define and monitor indicators for measuring progress and impact of our work across response pillars ● Ensure community data is prioritised for inclusion in M&EL processes ● Evaluate existing country capacity for community-centred responses and prioritise next steps for strengthening <p>Module 8 – Cross-border commitments</p> <ul style="list-style-type: none"> ● Participants collectively discuss and agree on commitments to strengthen cross-border collaboration on RCCE for outbreak preparedness and response
5	<p>Module 9 – Country presentations</p> <ul style="list-style-type: none"> ● Participants develop and share a country level action plan for applying learning from the training into real-life country plans, policies, SOPs and strategies <p>Wrap-up & closing speeches</p>

Annex 2 - Participant and facilitator list

Name	Organisation	Position
Participants		
Tesfahun Abye Meshesha	Ethiopian Public Health Institute	RCCE section chief
Desalegn Lijalem Gedefaw	Ethiopian public health institute	Cholera division/Case management unit lead
Moreda Ammar Barba	Ethiopian Public Health Institute	Strategic Communication and Public Relations
Temesgen Lemi Roro	Ethiopian Public Health Institute	Points of Entry
Nibzane, Gizaw Teka	Ethiopian Public Health Institute	Incident Manager and Surveillance Section Chief
Gashaw Dagne	Ethiopian Red cross Society	Health and WASH manager
Kalkidan Gugsa	UNICEF Ethiopia office	SBC Specialist
Silas Otieno Agutu	Ministry of Health, Kenya	Deputy Director of Medical Services
John Irungu Kamau	Ministry of Health, Kenya	National IPC Focal Point
Caroline Hadija chepngetich Lelei	Ministry of Health, Kenya	Public Health Officer
Wycliffe Kiplagat Matini	Ministry of Health, Kenya	RCCE focal person
Daniel Kibet Langat	Ministry of Health, Kenya	Head, Division of Disease Surveillance and Response
Leila Abrar	UNICEF Kenya office	SBC specialist
Caleb Chemirmir	Red Cross Kenya	Health lead
Sharon Ayodi	Red Cross Kenya	
Jemimah Mwakisha	WHO Kenya office	Communications, Advocacy, RCCE
Henry Musembi	IFRC regional office Africa	Community Epidemic and Pandemic Preparedness Delegate
Kwihangana Prosper	Rwanda red cross	Head of health and care services
Laurent Ruyange	Ministry of Health, Rwanda	IDSR Document Production Senior Officer
Kapiteni Alexis	Ministry of Health, Rwanda	Epidemic Prone Disease Prevention Officer
Hagabimana Aphrodis	Ministry of Health, Rwanda	Public Health Emergency Program Manager, South

Karamage Pax Axell	Ministry of Health, Rwanda	Food and waterborne diseases Senior officer
Khadar Hussein Mohamud	Ministry of Health, Rwanda	Head of Health Promotion Unit
Annet Birungi	UNICEF Rwanda office	SBC Specialist
Oman Omar Abdi	Ministry of Health, Somalia	Head of Emergency Preparedness, Response and Recovery
Aweiys Hersi Hashi	Ministry of Health, Somalia	Head of Communicable Diseases Control Unit
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