

4WS, FEEDBACK, INNOVATION, AND COORDINATION IN COVID-19

Case study from Kenya



INTRODUCTION

In a complex global crisis like the COVID-19 pandemic, coordination is critical – Red Cross and Red Crescent National Societies, along with WHO, UNICEF and others, are working with government counterparts around the world, to provide the right support, in the right place, at the right time.

In Kenya, an interagency “4Ws” Risk Communication and Community Engagement (RCCE) dashboard has been set up to map RCCE activities, showing who is doing what, where, and when.

4WS DASHBOARD

Organised by the Collective Service platform, which provides interagency coordination across East and Southern Africa, Kenya’s RCCE 4Ws dashboard is led by UNICEF, with Information Management support from IFRC.

Employing the free-to-use electronic data collection tool KoBo Toolbox, collecting and managing data is as straightforward as possible; after filling in a brief electronic form, contributors’ input automatically uploads directly to the dashboard.

The system is not without challenges – KoBo manages initial submissions well, while updating activities is more complicated – but seven months in contributions are still arriving, and the Kenya Ministry of Health is keen to adopt the system beyond RCCE, to track activities across the vaccination effort.



Amadou Ndong

Collective Service Information Manager supported by IFRC

We designed a KoBo form for partners to be able to submit data very, very easily.

The whole idea is to make it very simple to report activities, and the data flow is really straightforward – from the KoBo form to the dashboard without any other data treatment or management in between.

The big challenge with 4Ws is to keep partners all contributing to the same system, this system has been deployed since July and still has partners reporting – I think it's really something great.



Rachel James

Collective Service Coordinator for East and Southern Africa

The 4Ws dashboard was developed in support of the Kenyan government's Advocacy, Communication and Social Mobilisation (ACSM) group – this is the group that all partners engaged in RCCE in Kenya should work through to ensure coordination.

The 4Ws dashboard is publicly available online and provides a clear overview of where people are working, what they are doing, and where there might be gaps that need addressing.

COORDINATION WITH GOVERNMENT

There is a sense from partners that coordination has been effective – with the ACSM committee at the national level supporting the government to develop and deliver strategies and implementation.

Partners such as KRCS have also stepped up to help with coordination at the county level by engaging with leaders and other local organisations, but there are some key areas for improvement.



Gladys Mugambi

Head of the Health Promotion Division of the Ministry of Health's Department of Primary Health Care



Coordination between the government and humanitarian organisations during COVID-19 has worked well, but we need to have stronger multisectoral approaches to make sure everyone is on the same page – community engagement and communication were two different workstreams, and they ended up out of synch.

We are in the process of developing a policy that fully defines the scope of public communication during emergencies, multisectoral coordination, and the social determinants of health.

Information materials were not disseminated at scale quickly enough, and we also need to improve our social media work with young people, and systems for quick communication with health workers, religious groups, prisons, and schools.

But there are significant parts of the response that have gone well - the will of agencies to support and contribute to the coordination of the response alongside government is definitely one of them.

PRACTICAL IMPLEMENTATION

With tens-of-thousands of volunteers across the country, Kenya Red Cross Society (KRCS) is a key member of the ACSM group, contributor to the 4Ws dashboard, and crucial source of trusted information on COVID-19.

Active in COVID-19 community outreach and social mobilisation – engaging people through household and community visits, and local radio – KRCS has also helped facilitate vaccinations.

Having integrated community feedback systems into its efforts, KRCS shares the findings at ACSM meetings, as well as with field teams, informing practical activities and adaptations, such as demonstrating vaccine safety by sharing the experiences of expectant mothers, and engaging with local religious leaders.

KRCS has also approached local medicine vendors and chemists about COVID-19, encouraging them to share reliable information with their customers – a unique approach helping reach people who might otherwise have missed out.



Lydia Atiema

KRCS' Head of Monitoring, Evaluation, Accountability, and Learning (MEA&L)

We've been participating in the ACSM since the beginning, sharing our data and community feedback, including in meetings at the county level.

We combine information sharing and feedback: when our volunteers go into communities to talk with people they have a tailored information pack that picks out the key points to share.

Volunteers also have a KoBo form to register community questions, concerns and rumours, and whether there are solutions people have been finding themselves within the community.

When vaccination started, people said, 'we haven't seen the president, we haven't seen our governor, we haven't seen our community leader being given the vaccine, why should we take it?' That triggered our political leaders to be seen live on TV taking the vaccine, so people would see the President, their Member of Parliament, and see that they're taking the vaccine.

With religious leaders - people know these leaders very well from the churches or the mosques, so we help them go to markets with a loudspeaker and also to local radio stations, to explain how vaccination fits with their beliefs.

Engagement with religious leaders has really helped people feel more confident and comfortable about getting vaccinated and, by hosting vaccinations around mosques and churches, also helped people physically access the vaccines.

We have seen demand for the vaccine grow, but the challenge at this point is getting vaccines to where people can access them beyond the static health facilities.

The coordination has been good, but it depends on the limits of the partners; many organizations are straining with resources, you work with an organization somewhere but within a month or two they are gone because their resources are used up, but considering these limitations, partners have been working well together.

CONCLUSION

1 Challenges – With so many agencies, sectors, and departments involved, ensuring everything moves at the right pace and dovetails so that, for example, public communication information matches community engagement efforts, which in turn match physical access to the vaccine, has been a challenge. Short-term resources, while welcome to support necessary surges in the response, also contribute to difficulties in coordination, with partners' activities quickly ramping-up and dropping away again.

2 Learning – Coordination efforts on all sides – from the government ACSM group, to the partners supporting it, to the the 4Ws dashboard, to agencies sharing feedback findings – have helped keep the response on track. Consistency and continuity have been key to buy-in, and growing trust in the effectiveness of the coordination mechanisms. Having seen the RCCE 4Ws in action, the Ministry of Health has requested support from the Collective Service in mapping broader activities across the vaccination response.

3 Next Steps – Systems established, including the 4Ws, the ACSM group, and regional support through the Collective Service, now need to be maintained. Learning so far can be incorporated into their running – including specific technical and policy adjustments – but most significant will be ensuring the necessary resources are available for the systems to continue long-term and, where appropriate, become integrated as part of the standard crisis response architecture.

Links

Collective Service Feedback Dashboard: <https://www.rcce-collective.net/community-feedback-esar/>

4Ws Dashboard: <https://app.powerbi.com/view?r=eyJrljoiOWUzOTc1NTYtMjQ5YS00NTljLWlwYjUtOGZhYz-BiNTE0ZDcxliwidCI6IjNINzE3NjQ5LWwYz-MtNGNiYi05YjRiLTJmYTRkZmNhOTZiZSJ9&pageName=ReportSection>

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