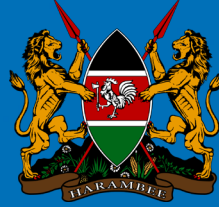




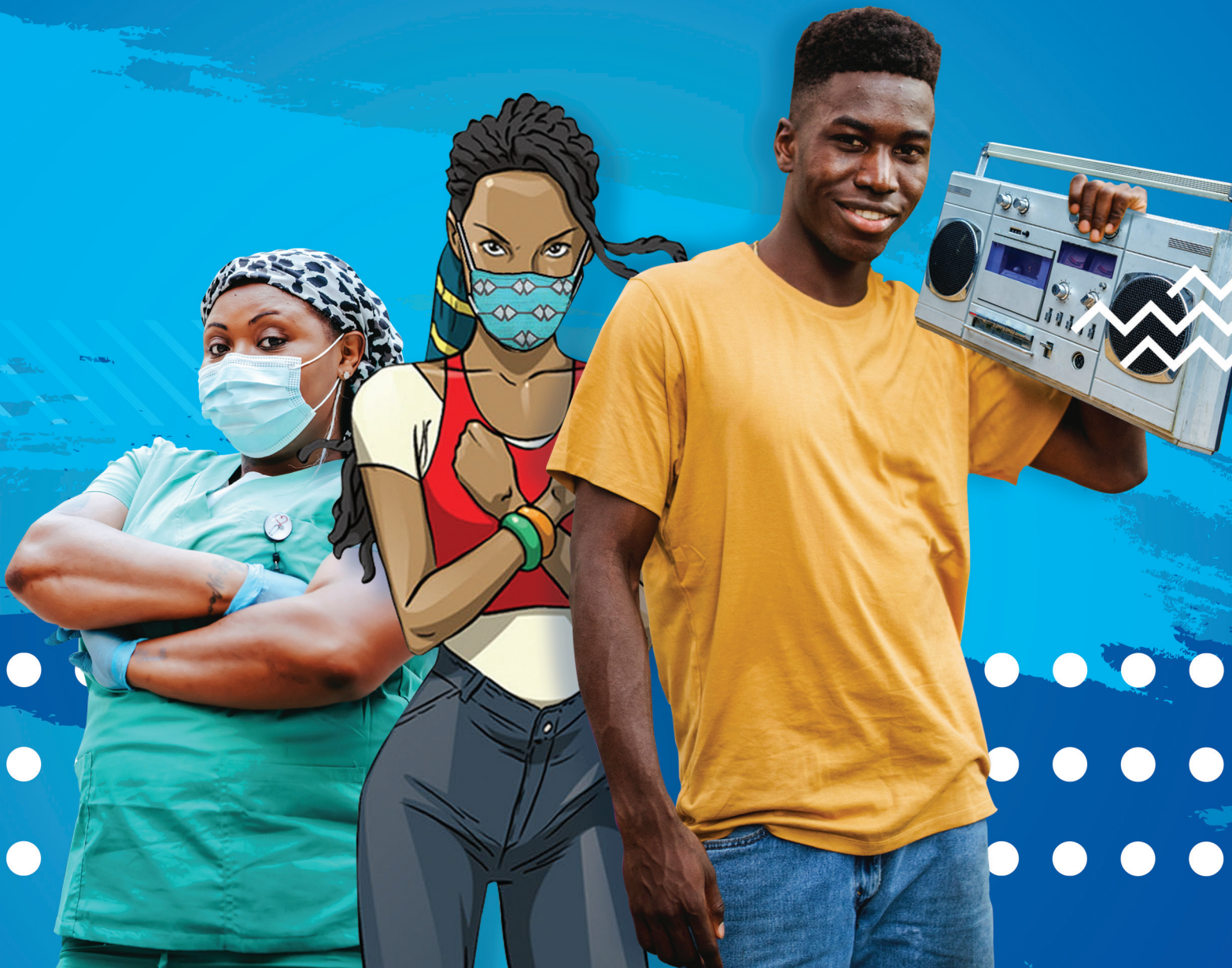
**USAID**  
FROM THE AMERICAN PEOPLE



MINISTRY OF HEALTH

# RISK COMMUNICATIONS AND COMMUNITY ENGAGEMENT ACTIVITIES FOR COVID-19

MAY - NOVEMBER 2020







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# INTRODUCTION

The U.S. Agency for International Development (USAID) and the Government of Kenya's Ministry of Health (MOH) developed and implemented a multi-platform behavior change campaign to support COVID-19 risk communication and community engagement in Kenya from May to November 2020 through a collaborative co-creation process. The implementation comprised a set of comprehensive services in support of the MOH's efforts including:

## • TWO-WAY RADIO

Radio content was structured around thematic areas identified alongside the Ministry of Health as priorities for COVID-19 communications. Through CBCC's Digiredio platform 13 million Kenyans were reached daily through a network of 37 community and vernacular radio stations across 30 counties.

## • YOUTH ENGAGEMENT

Employed youth-friendly approaches to drive important conversations through Shujaaz Inc. multimedia platforms including printed comics and the social media platforms of the fictional characters, reaching about 4.7 million youth with COVID-19 messages.

## • MONITORING AND EVALUATION

Developed a comprehensive M&E framework across five objective areas of the National Communication Community Engagement Strategy to help MOH track progress against the strategy, analyzed social behavior change communications research done in Kenya from the start of the pandemic. Additionally, conducted and analysed a stakeholder survey and spearheaded a nationally representative survey to understand Kenyans' perceptions and attitudes.



# TWO-WAY RADIO ENGAGEMENT





# USAID

KUTOKA KWA WATU  
WA MAREKANI



Ministry of Health

## TWO WAY COVID-19 RISK COMMUNICATION & COMMUNITY ENGAGEMENT THROUGH RADIO



### THE DIGIREDIO SOCIAL & BEHAVIOUR CHANGE PLATFORM

#### Background

The Two-Way radio engagement aimed to contribute towards the prevention and control measures against COVID-19 in Kenya.

The purpose of this project was to promote dialogue with communities, the public and other stakeholders in order to understand risk perceptions, behaviours and specific barriers, needs, and knowledge gaps, as well as to provide accurate and tailored information based on community feedback and stage of the response.

Under the leadership of the Ministry of Health and with the support of the American people, this project was implemented by Centre for Behaviour Change and Communication (CBCC) and its radio partnership called the 'Digiredio Social and Behaviour Change platform' consisting of a network of community radio stations.

#### Tumaini Package

To catalyze behaviour change and adherence to COVID-19 preventive and control measures the project used contextualized conversations, listened to community challenges, and sought community solutions. It also leveraged on the critical engagement of trusted community persons and enlisted and amplified community voices

The 'Tumaini' (hope) positioning was developed as a message of hope that by pulling together as a nation, we as Kenyans can beat COVID-19, but in order for that to happen, every Kenyan must play his/her part as a soldier in the fight.

This message of hope was delivered through a five-pronged dynamic package that included:

Tumaini hour (weekly interviews), Tumaini Mtaani (Community voices), Sauti ya

Tumaini (Daily call in shows) and Tumaini media presenters toolkit and dynamic social listening. The Digikundi WhatsApp cascade was used to facilitate moderated virtual radio content planning, feedback, and coordination of weekly studio guests. The membership of this group was the county health promotion officer as the chair, USAID implementing partners as co-chairs and Digiredio partners.

A total of 31,000 Tumaini audio content (radio spots, anthems, and radio dramas) was aired. The message intensity and dosage influenced positive message recall. A post intervention assessment by CBCC conducted among top ten listeners from each radio station to measure the weekly thematic messages recall revealed that more than 90% of the listeners could recall the key messages aired.



#### Strengthened partnerships with radio platforms for sustained communications

##### Counties reached

**30 Counties** have been reached with the Two-way radio engagement which is **100%** of the targeted counties.

Kilifi, Mombasa, Tana River, Kwale, Taita Taveta, Marsabit, Kitui, Isiolo, Nairobi, Wajir, Migori, Siaya, Kisii, Homabay, Kisumu, Turkana, West Pokot, Bomet, Kericho, Nakuru, Kajjado, Uasin Gishu, Samburu, Bungoma, Busia, Vihiga, Kakamega, Murang'a, Nyamira and Kiambu.

##### Radios stations engaged

A total of **37 radio stations** were actively engaged in the DigiRedio SBC platform. This is **100%** of the targeted radio stations reaching over **13 million** people. The following are the radio stations clustered according to regions:

*Digiredio Commander Tumaini fictional character leading the fight against COVID-19*

**Coast:** Radio Jahazi, Radio Rahma, Amani FM, Kwale Ranet and Mwanedu FM; **Eastern:** Radio Jangwani, Thome FM and Radio Shahidi; **Nairobi:** Ruben FM, Mtaani Radio, Pamoja FM and Koch FM; **North Eastern:** Wajir Community Radio; **Nyanza:** Radio Rameny, Radio Mikayi, Kisii FM/ Sayare Kisii, Radio Nyanam, EK FM, Gulf Radio, Radio Ratego and Milambo FM; **Rift Valley:** Echami Radio, Kalya FM, Radio Injili, Amani Radio, Bus Radio, Sayare Radio, Serian FM and Radio Yetu; **Western:** Tandaza FM, Samaritan Radio, Sema FM, Emuria FM and Radio Isukuti; and **Central:** Kangema Ranet and RFM.

### Radio journalists and station managers trained

A total of **115 station managers and journalists** were trained and equipped with a weekly toolkit to aid in daily conversations and enhance effective community engagement and quality programming that addresses Social and Behaviour Change (SBC). Additionally, they were trained on COVID-19 facts and critical issues and social listening which included: knowing your audience, addressing their concerns, tips for reporting COVID-19 (Social listening).

### Media plans co-created and implemented

**33 media plans** and schedules were developed and implemented. The media schedules have details on day, time, and frequency of the Tumaini package. An additional **4 media schedules** were received from the USAID partner stations. The DigiRadio SBC platform has offered **76%** value for the two-way COVID-19 on air risk communication and community engagement that translates to **\$286,553** in the **12 weeks** of implementation.

A total of **31,000** from a target of 20,395 Tumaini audio content was aired and feedback received from approximately **32,752** interactive segments through SMS, calls, testimonials, and social media comments. A total of **350** from a target of 264 community trusted persons participated in weekly **630 interview** sessions tackling weekly topics.

The audio content was creatively packaged through 33 branded radio spots, and 2 radio anthems; and also included 7 radio dramas based on the fictional Commander Tumaini, an avuncular character who recruits Kenyans into an army to fight COVID-19 and tackles various COVID-19 related themes together with his cast of relatable characters that included the chicken farmer, matatu driver, shopkeeper, stay at home wife, amongst others. CBCC also aired the 'voice of hope' mini drama series developed by Shujaaz (a USAID implementing partner) targeting the youth in 29 radio stations. The creative execution through the Tumaini branding and audio properties enhanced understanding; with CBCC's post-intervention assessment revealing that 92% of the sampled listeners rated the messages as easily understood, 93.9% rated them as relevant to the context and 91.7% rated them as entertaining.

Feedback was received from approximately 32,752 interactive segments through SMS, calls, testimonials, and social media comments. A total of 350 community trusted persons participated in weekly interview sessions tackling weekly topics and 115 radio presenters and station managers were trained and equipped with a weekly toolkit to aid in daily conversations and enhance effective community engagement and quality programming that addresses Social and Behaviour Change (SBC).

Themes	Radio Spot
Risk perception including reducing risk on Travel and transport	<ul style="list-style-type: none"> <li>– Chicken farmer</li> <li>– Safe matatu</li> <li>– Home is best</li> </ul>
Continuity of essential services	<ul style="list-style-type: none"> <li>– Twende clinic</li> <li>– Chanjo</li> </ul>
Stigma	<ul style="list-style-type: none"> <li>– Let's welcome them back</li> <li>– Support COVID-19 recoverees</li> <li>– Boda Boda</li> <li>– House Help</li> </ul>
Home-based care & Isolation	<ul style="list-style-type: none"> <li>– My hero</li> <li>– Home sweet home</li> </ul>
Keeping healthy - nutrition, mental health, etc.	<ul style="list-style-type: none"> <li>– Love song</li> <li>– Pombe na sigara</li> </ul>
GBV	<ul style="list-style-type: none"> <li>– I almost hit her (focusing on prevention)</li> <li>– It was not your fault (focusing on social support and services)</li> </ul>
Safe gatherings including for burials and grieving	<ul style="list-style-type: none"> <li>– Funeral committee</li> <li>– She was a good teacher</li> </ul>
Celebrating our heroes	<ul style="list-style-type: none"> <li>– Mashujaa wa korona medal awards ceremony</li> </ul>
Community feedback and solutions focusing on back to school	<ul style="list-style-type: none"> <li>– Back to school safely</li> <li>– Amina to remain in school</li> </ul>
Radio anthem	<ul style="list-style-type: none"> <li>– Afro fusion version, Reggae, Kapuka and Back to school version</li> </ul>

## THE DIGIREADIO NETWORK

33 COMMUNITY RADIO STATIONS

30 KENYAN COUNTIES

115 JOURNALISTS & RADIO PRESENTERS

13 MILLION KENYANS REACHED DAILY

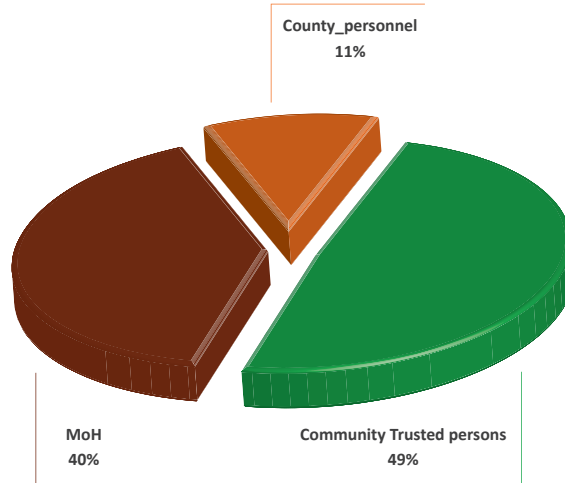


**Strengthened delivery of context specific content by trusted formal and informal leaders at National and County level**

**Community leaders reached, responsive and participating in radio conversations**

350 Community leaders, of the targeted 264, participated in the 12 week radio programs across all the 37 stations.

**Formal and informal community trusted persons participated in Tumaini hour interviews**



The community trusted persons comprised of religious leaders, Counsellors, Traveler (recoveree), People Living with Disability (PLWD) members and leaders, Matatu SACCO chairpersons, Veterinary & Livestock products Manufacturer, Tours and travel managers, Teachers, Parents association chairpersons, Ministry of education spokespersons, Financial advisors, Community Based Organizations representatives, Students, Officer Commanding Police Division (OCPD), and Lawyers amongst others.

**County focal persons reached and are responsive and participating in radio conversations**

29 County focal MOH persons (Health Promotion Officers) were given orientation on the project and their role  
 33 Ministry of Health staff members participated in the Digikundi groups and 40% of interview guests were from MoH staff. They actively nominated relevant studio guests from their counties guided by the weekly themes

**Two-way radio community engagement sessions held**

A minimum of 18,060 minutes of the daily call in shows were held across the 37 stations in the 12 weeks  
 630 weekly shows of the targeted 403 weekly interviews also took place over the 12 weeks with a total of 37,800 minutes of airtime dedicated to the interviews



## Community feedback trends and themes

### Systematic community feedback generated from social listening helped inform messaging and programmatic focus.

Community members were exposed to different themes each week as prioritized and co-created with MOH spread over 12 weeks. These themes were: Reducing risk on travel and transport, Continuity of essential services, Stigma, Homebased care and isolation, Keeping healthy (through exercise, nutrition, and mental wellbeing), Gender-Based Violence (GBV), Keeping safe during social gatherings including burials and grieving, Celebrating our heroes and Going back to school safely for learners, teachers and parents. To enhance the feedback loops, a dedicated communities' feedback and solution week was set up after every 2-3 weeks to recap the issues covered during prior weeks on air and social media; and to provide communities with opportunities

to suggest local solutions as a strategy to get local buy in and sustainability to COVID-19 related issues.

From the social listening process key themes and trends emerged:

- Growing complacency and non-adherence to preventive measures because of low and decreasing risk perception due to various issues such as tenacious rumours, myths, and misconceptions. The actions of the political class in having political rallies and gatherings also undermined public confidence in the response.
- Growing negative effects of the pandemic in different sectors including mental health, financial distress, food security, GBV, teenage pregnancies, poor health service uptake for essential health services, etc.
- Contextual and structural barriers affecting compliance such lack of finances

for PPEs, space for home-based care, handwashing facilities, amongst others.

- Socio cultural beliefs and practices such as burial, circumcision among others challenged by COVID-19 measures leading to social distress and defiance.
- Fears and concerns by parents and guardians on going back to school relates to lack of resources in schools such as soap, water, social distancing space, pupils having inadequate information on preventive measures among others.
- Positive stories of change and community led solutions emerged such as some county leaders taking action like installing hand washing facilities in public areas, capacity building of transport sector players, communities demanding accountability from transport leaders, police strengthening enforcement of preventive measures and communities taking responsibility to sensitise other members on COVID-19.

## Implications for policy makers and program implementers

### Based on the lessons learnt and feedback from communities:

- Two-way community engagement creates a suitable platform for responsive and adaptive COVID-19 contextual messaging
- Community feedback is essential to help create localised community driven approaches and solutions
- Engaging trusted community leaders across different sectors helps to motivate communities to adhere to preventive measures and guidelines (most trusted were youth and health workers)
- Providing simplified easy to understand, transparent and consistent

epidemiological data in the language, format and channels communities relate with will help explain the COVID-19 situation better

- Messages developed should go in tandem with pressing community concerns, addressing reasons for the recommended preventive measures and explaining how to overcome barriers communities are experiencing and their responsibility to curb the COVID-19 transmissions
- Celebrating and congratulating community members as heroes who have made progress and shown commitment in the fight against COVID-19 is a big motivator
- An enabling environment is key to behaviour uptake and maintenance, these include barriers related to polices, guidelines,

infrastructure, financial, supplies and other structural issues and leadership issues

- Due to the constraints and barriers communities are experiencing, a harm reduction model would facilitate behaviour maintenance
- Sustain community dialogue by continuing to demystify myths and misconceptions and address frequently asked questions
- Strengthen advocacy to political leaders to be consistent in observing the preventive measures since they have a big impact on community behaviours
- Positive behaviour change and maintenance depends on individual and contextual determinants



Digredio Chicken Farmer fictional character -a soldier in the fight against COVID-19

*“We fear people coming from Nairobi even if they are our children, this is because they are carrying the virus plus most of them are so arrogant and don't like staying at home.”*

— Amani FM, Nakuru.

# YOUTH ENGAGEMENT





**USAID**  
FROM THE AMERICAN PEOPLE

**SHUJAAZ  
INC.**

# COVID-19 CAMPAIGN

## YOUTH ENGAGEMENT RISK COMMUNICATIONS

### OVERVIEW

**Shujaaz Inc** is a network of social ventures based in **Kenya** and **Tanzania**. Our social ventures inspire, entertain and mobilise **7.5 million young people across East Africa**, reaching **64%** of **15-24 year-olds** in Kenya. In partnership with **USAID**, Shujaaz Inc launched a multi-media youth engagement programme **#LindaFam (ProtectYourFamily)** aimed at increasing awareness of COVID-19 and public health measures and changing the behaviour of youth aged 15-24 years old to reduce the spread of COVID-19 under 3 pillars; **Listen, Inform** and **Mobilize**.



#### 1. LISTEN

Establishing a data collection and analysis platform on real-time youth experiences collecting accurate information on the health, social and economic impact on youth livelihoods and response to the crisis; and relaying the situation on the ground to project partners and stakeholders.

#### 2. INFORM

Increasing awareness and understanding of COVID-19 and preventive measures among 15-24 year-olds in Kenya and accelerating adoption of vital new public health behaviours.

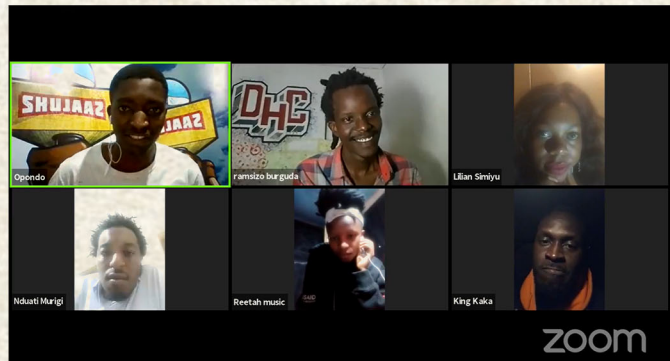
#### 3. MOBILISE

Engaging a network of young Shujaaz SuperFan volunteers in a nation-wide community-level response to COVID-19, distributing 30,000 posters 500,000 flyers and 1,050,000 comics with critical COVID-19 information.

# CAMPAIGN OUTCOMES

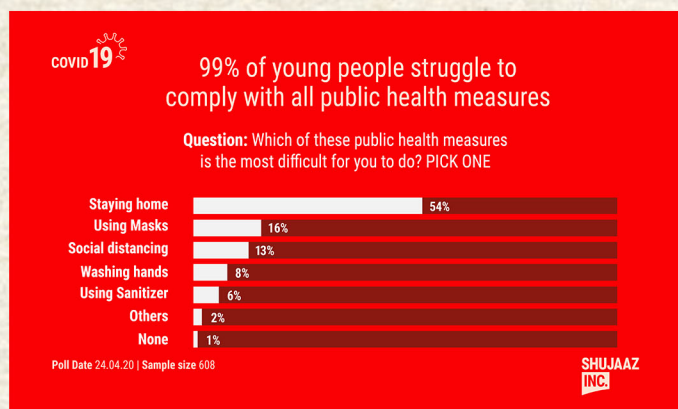
## REACH AND ENGAGEMENT

The media campaign reached 4.7 M young Kenyans through the Shujaaz comic and 3.1M on Shujaaz social media platforms. 450K+ young people directly engaged with the online content and over 100K young people were engaged in SMS conversations. Shujaaz Konnect Live events, in partnership with USAID, had over 13,500 total viewers.



## INSIGHTS

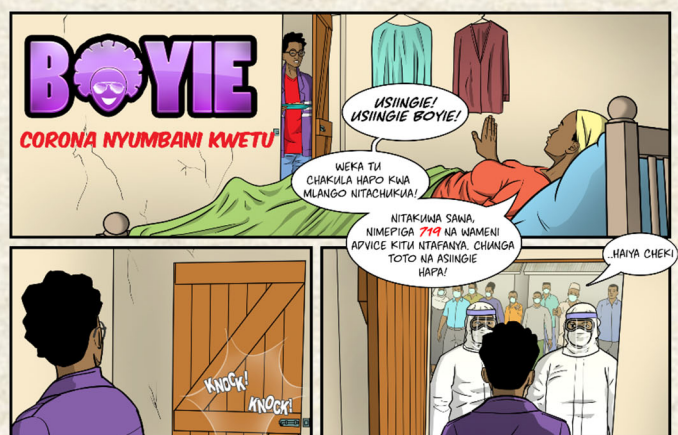
Shujaaz documented and disseminated the COVID-19 Barometer and Compass demonstrating young peoples' (a) shift in perception and behaviour around understanding COVID-19 and (b) creating opportunities for themselves and their communities and providing an overview of the current situation for young people accompanied by recommendations on support required.



“ DJ B, I like how your story has taught me about Corona, I’m using that knowledge to teach others in my home area. ”

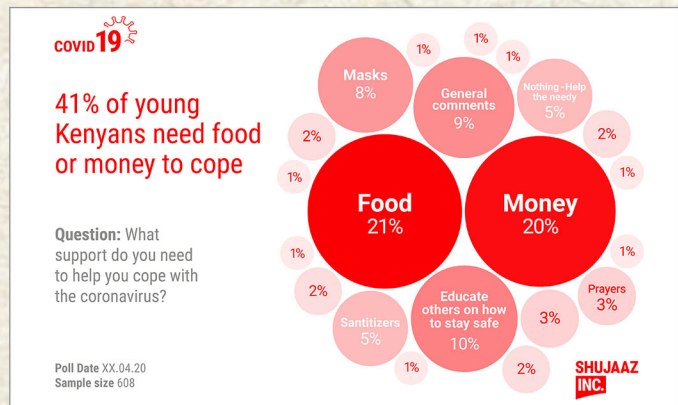
## CONTENT

Under core advisory from the Ministry of Health (IEC development and the Media & Social Media Technical Working Groups), the campaign storytelling kept a pulse on the ever-changing landscape of COVID-19 focusing on - fake news; hand and cough hygiene; correct wearing of masks; social distancing; proper handwashing; stigma and recovering patients' experience and home-based care - among other relevant topics including adolescent sexual reproductive health and mental and financial health.



# FINANCIAL IMPACT

Financial difficulties were one of the biggest challenges facing young people during COVID-19. When asked 'what support do you need, to help you cope with coronavirus?' 41% said either food or money. However, 16% of Shujaaz fans said they started a hustle in June to bring in money for themselves & their families and an additional 10% started a business by August 2020.



“ Help me with money to buy food because I slept for 3 days now...”

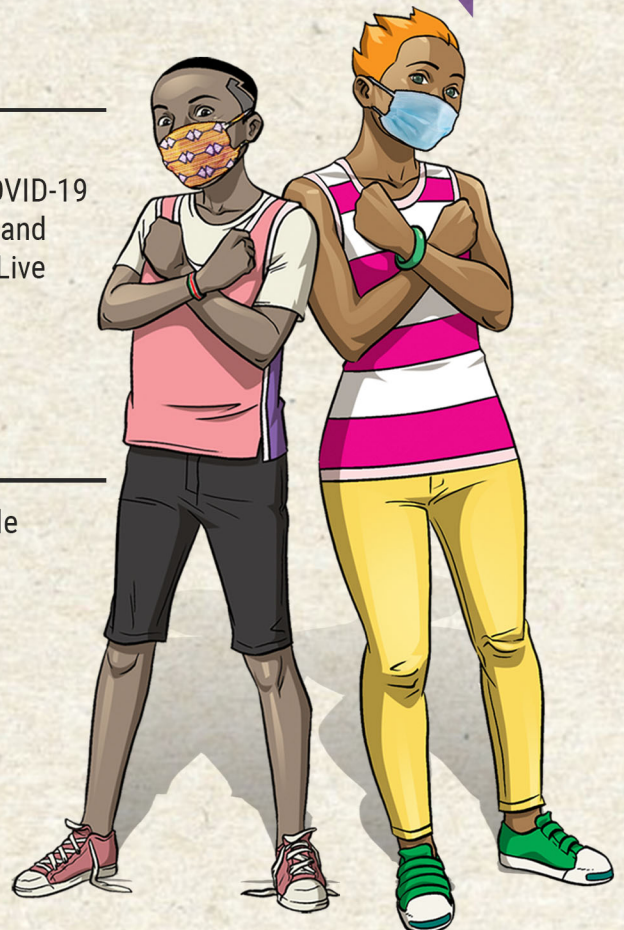
“ I lost my job as all restaurants were closed. Everyone but two people were sent on compulsory unpaid leave and I’m so broke that even buying Ksh 10 airtime is a challenge...”

# COLLABORATION

Shujaaz collaborated with various USAID supported implementing partners to engage youth on relevant COVID-19 sub-topics/content for community-radio broadcasting and social media platforms including on Shujaaz Konnect Live online shows.

# PARTNERS

Shujaaz engaged an expanded pool of partners to scale the delivery of Covid-19 prevention messaging and mobilisation of youth including - National Business Compact on Coronavirus – Kenya (NBCC), Unilever, FCDO and UNICEF plus government agencies e.g. National Counter Terrorism Centre (NCTC).



# MONITORING AND EVALUATION





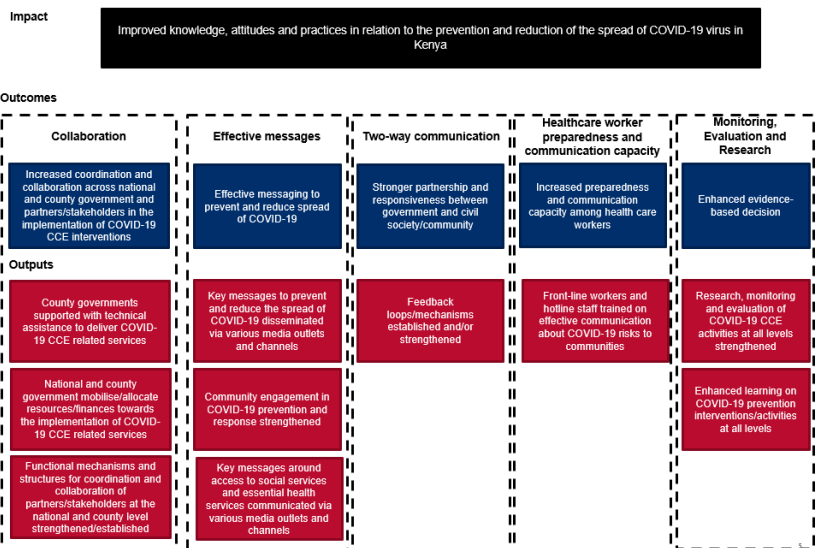
## Summary of Research, Monitoring and Evaluation Support Activities to date

28 October 2020

### 1. Theory of change and M&E framework

Kantar conducted a review of relevant documents shared by Ministry of Health and USAID including Kenya National CCE strategy (*draft*) and Health promotion Unit M&E Framework which informed the development of a theory of change (ToC) and M&E framework for the COVID-19 Risk Communication and Communication (CCE) Strategy. The ToC and M&E framework undertook multiple rounds of review and consultation with the MOH, USAID and other IPs prior to finalization.

#### CCE Strategy Theory of Change



### 2. Rapid SBCC analysis findings and recommendations

Kantar conducted a review of SBCC research done in Kenya in relation to COVID-19 since the start of the pandemic around uptake of preventive behaviors and the key drivers and barriers. We briefly discuss the key findings below:

#### Preventive behaviors:

##### Handwashing and sanitizing



**Compliance:** High compliance  
**Facilitator:** High level of awareness and improved access to handwashing stations in public areas in informal settlements  
**Barrier:** Limited access to water and soap and high cost of hand sanitizers

##### Wearing masks



**Compliance:** High compliance  
**Facilitator:** High level of awareness  
**Barrier:** Costs of masks and discomfort wearing masks  
**Information gaps:** Correct use of masks; belief in efficacy of wearing masks; compliance

##### Social distancing

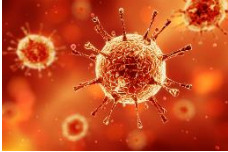


**Compliance:** High compliance  
**Facilitator:** Fairly high level of awareness and level of support for restriction on large gatherings and public events  
**Barrier:** Crowded living conditions, need to visit markets, and use of public transport. Lack of social norms for this behavior  
**Information gaps:** Lack of information on compliance of 1.5m distance rule in the general population, on link between awareness and support for behavior and compliance; disaggregated information by counties and population sub-groups.





### Self-isolating



**Compliance:** No data  
**Facilitator:** No data  
**Barrier:** Low level of awareness of self-quarantine as a protective measure, lack of space/separate rooms and lack of access to food

### Health seeking behaviors



**Compliance:** Mixed access  
**Facilitator:** No data  
**Barrier:** Costs of masks and discomfort wearing masks  
**Information gaps:** Cost is main reason for not seeking essential healthcare. Note that fear of COVID-19 infection was not included in the survey as a response option.

### Recommendations

**Control and design:** *To influence through legislation, regulation, penalties, and incentives*



Improve access to clean water and soap through subsidies or vouchers for water, soap, and hand sanitizers (*especially for the poorest*).

Maintain access to water and soap for handwashing within public areas

Subsidize masks or provide for free

Provide financial support to improve access to healthcare

Better understand the extent to which people unable to afford food have

**Educate:** *To inform, advise, build awareness, debunk myths or incorrect beliefs*



Communication towards social distancing should address social norms including examples of influencers demonstrating or advocating for social distancing through audio/visuals

Combine messaging on social distancing coupled with mask wearing, especially in situations where social distancing is difficult to maintain.



**Persuade:** *To engage target audiences attitudinally, to motivate and put a new issue on the agenda*

Government officials should be “example of what to do right” i.e. practice social distancing/ wearing masks, during briefings, meetings.

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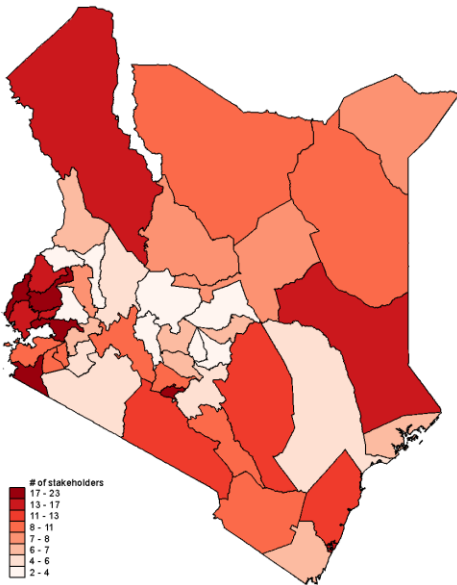
### 3. Message pre-testing

The objective of the message pre-test is to gather feedback from target audience on key messages in relation to reduction and prevention of COVID-19 spread. The pre-testing aims to assess the comprehension, relevance, creativity, acceptability, identification, and persuasion of the communication messages developed by implementing partners.



### 4. Stakeholder mapping

Kantar reviewed and refined stakeholder mapping tool developed by World Bank and MOH. We further cleaned and undertook analysis of the data from 78 stakeholders and prepared a report for the MOH. Key findings are presented below:



Most activities undertaken by stakeholders are aligned with the development and dissemination of effective messages (90%) and conducting two-way communications (74%).

Counties such as Nairobi, Kisumu, Migori, Busia, Kakamega and Bungoma have about 17-23 stakeholders working there, while counties such as Laikipia and Trans Nzoia have about 1 or 2 stakeholders.

More than half of the stakeholders are targeting the general public, community health workers, and young

**REPUBLIC OF KENYA**



**MINISTRY OF HEALTH**

## **5. Public Voice Kenya**

Public Voice Kenya is Kantar's national research initiative, launched to allow clients and the public understand more about Kenyans' perceptions, attitudes and behaviors. The survey is ongoing and is collecting representative data on the COVID-19 outbreak to understand the impact on people's lives, compliance with preventative behaviors, barriers and motivators, and awareness of COVID-19 communication campaigns.

# BUILDING A CULTURE OF KNOWLEDGE SHARING AND COLLABORATION DURING COVID-19



# BUILDING A CULTURE OF KNOWLEDGE SHARING AND COLLABORATION DURING COVID-19



KENYANS AND AMERICANS  
IN PARTNERSHIP TO FIGHT HIV/AIDS

As USAID's strategic thought partner, the Kenya and East Africa Development Outreach and Communications (DOC) Support Project, led by Management Systems International, contributed to a variety of risk communication and community engagement activities to enhance the Government of Kenya's COVID-19 response efforts.

Understanding USAID's deep portfolio in Kenya, the DOC Support Project leveraged synergies across dozens of USAID partners to ensure communities across Kenya were heard, reached, and involved in creating and amplifying COVID messages. Other support included the creation and maintenance of a comprehensive COVID-19 resource repository, participation in contributions to the Kenyan government's working groups, and substantial inputs to the drafting and finalization of the country's strategy to build a solid foundation for the long-term battle against the epidemic.

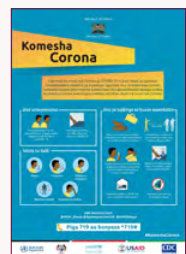
Equally important, the DOC Support project told the story of USAID's investments to respond to the immediate impact of the virus on individuals and health systems through video and social media messaging. MSI captured stories of brave health workers going into communities to encourage Kenyans to seek health services despite COVID-19. The team also chronicled the journey of ventilators purchased by the U.S. Government – from arrival at the airport to health facilities across the country – providing a closer look at the critical equipment and training that was also delivered to offer the best chance of survival for Kenyans experiencing the worst effects of the virus.



## Support to the Government of Kenya

### Printing and Distribution of Posters

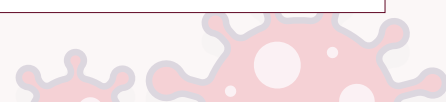
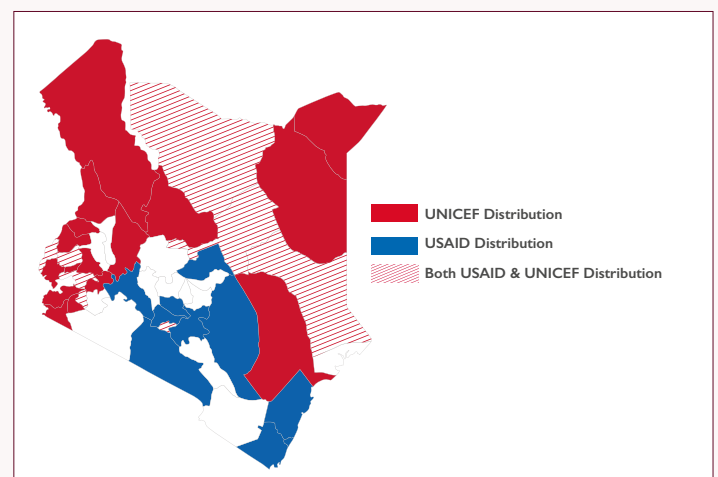
In the wake of the COVID-19 outbreak, a major priority for the Government of Kenya (GOK) was to curb the spread of the virus through information, education, and communication on COVID-19 preventive guidelines. The printing and distribution of COVID-19 IEC materials was the initial USAID/KEA support to GOK's rapid response initiative through pre-programmed PEPFAR funds. The messages on the posters were in line with the World Health Organization (WHO) guidelines and focused on COVID-19 symptoms, Ministry of Health's (MOH) preventive measures, and a hotline number to report cases.



Through USAID's Mission Support for Journey to Self-Reliance Pivot (MSP), 272,000 A2 posters were revised in collaboration with the Center for Disease Control (CDC) to reflect new on-the-ground realities, and were printed and distributed to health promotion officers and partners in 23 counties in Kenya. The selection of the 23 counties was informed by the number of positive COVID-19 cases that had been reported and were considered hotspots by MOH as well as to complement the efforts of other partners such as UNICEF.

In coordination with MOH, USAID Implementing Partners (IPs) collaborated with County Health Promotion Officers (CHPS) in all the 23 counties to facilitate delivery of posters. Distribution to communities was supported by CHPs, USAID and CDC partners, and UNICEF.

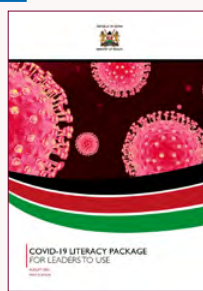
To ensure the target audiences resonated with the posters, they were produced in both English and Kiswahili, and illustrations depicting safe behaviors were used to pass the message. The theme of the posters was aligned to the MOH's umbrella message for COVID-19 dubbed #KomeshaCorona (Stop Coronavirus).



## COVID-19 Communications and Community Engagement Strategy

To support the Government of Kenya, the DOC Support Project helped draft the National COVID-19 Communication and Community Engagement Strategy and conceptualized an integrated behavior change campaign with a focus on community radio, digital media, and youth-friendly platforms. The purpose of these platforms was to drive important conversations and create feedback loops to ensure that national and county decisions are being made with community perspectives and insights. Once finalized, this and other documents were edited and graphically laid out as a final product.

As the lead coordinator of communications related to the COVID-19 pandemic response, the Ministry of Health, Office of Health Promotion developed a core group of seventy-eight partners. The project participated in various technical working groups set up by the Ministry of Health, through these groups, partners shared their contributions, requested feedback, and streamlined communication plans to ensure alignment to the national strategy. These efforts included fine-tuning key messages, amplifying content on social media, developing audio-visual content, leading and sharing research, finalizing the accompanying monitoring and evaluation (M&E) framework for the strategy.



The project supported a short survey in June 2020 that was delivered to young people through USAID's WhatsApp networks. The findings of this survey helped to inform USAID investments. Respondents preferred to receive COVID-19 information on radio, followed closely by social media, and face-to-face communication from local government and health workers. Young people also wanted more information on how to receive food or other income assistance, mental health tips and how to care for a person diagnosed with COVID-19.

## COVID-19 INFORMATION REPOSITORY

As the first global pandemic in the age of social media, COVID-19 generated overwhelming amounts of information available from a variety of sources. Soon after Kenya's first confirmed case, the DOC Support Project began to identify and engage with local firms who were leading early research on knowledge, attitudes, and practices that would help guide programming and communications. The project elevated these findings across USAID and other development partners through presentations and one-on-one discussions.

Access to high quality and Kenya-specific resources give organizations the tools they need to inform decision making and respond quickly and effectively to the COVID-19 pandemic.

To support the Government of Kenya's coordination, the DOC Support Project set up and is currently managing a COVID-19 Repository with over 900 resources including brochures, comic books, illustrated graphics, posters, podcasts, and radio shows, in English, Kiswahili, and vernacular languages. Developed by a diverse range of organizations - from the community to multinational - these materials are leveraging local expertise and knowledge to promote the uptake of critical health behaviors and raise awareness on the secondary impacts of the pandemic such as mental health and gender-based violence.

In addition, the project is publishing select materials from the repository on various easy-to-access forums and websites. Ultimately, the repository will tell Kenya's COVID-19 response story and demonstrate to the world that the country is a key partner in finding solutions to complex problems such as COVID-19.

## STAKEHOLDER COORDINATION

MSI played a key role in socializing the Government of Kenya's COVID-19 prevention and response efforts among U.S. Government partners. Through a series of interviews, surveys, and presentations, the DOC Support Project streamlined the activities of a core group of 24 USAID implementing partners.

MSI identified areas where partners could engage with USAID's multi-platform behavior change campaign, leveraging existing networks for greater community mobilization, contributing to high listenership of USAID-funded COVID-19 programming and attracting participation by local leaders and experts across forty-one vernacular radio stations.

Some results of these coordination efforts across USAID partners include:



AMPATHPlus recommend radio spokespeople to lead discussions on gender-based violence;



Journalists partnering with the Kenya Crops and Dairy Systems participated in COVID-19 journalist training and aired pre-recorded radio dramas and expert interviews and conversations;



Girl champions supporting young mothers participated in Shujazz Facebook live events that brought together young people to discuss common issues

Additionally, the information collected from these partners helped inform the monitoring and evaluation framework and articulate the totality of USAID's communications and community engagement contributions.

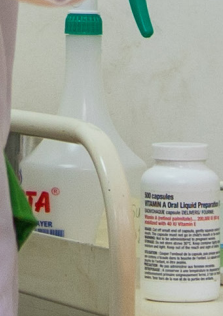




REPUBLIC OF KENYA  
MINISTRY OF HEALTH  
**B4 - TUBERCULOSIS TREATMENT UNIT REGISTER**  
NAME OF FACILITY: HURUMA NORD  
The contents of this register are strictly confidential.  
Disclosure of information in this register to a third party is punishable by law.  
March 2017



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