KENYA COUNTRY PRESENTATION FOR AAR

Presentation outline

1. Recommendations and key actions for ensuring a community-centred response for an outbreak

2. Key gaps identified within your country's existing response plans and processes and they key actions you will take forward to address these (based on your JEE analysis)

3. Actions for how to ensure cross-border RCCE collaboration before, during and after an outbreak

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Recommendations and key actions for ensuring a community-centred response for an outbreak

I. StrenghtenCommunity Involvement&Engagement through:

Key recommendation: Conduct community rapid assessment

Key actions:

a. Undertake Rapid assessment/KAP surveys including mmapping of community networks to get updated information such as civil society, religious groups, traditional healers etc

b. Develop a governance structure with representatives of key community groups including community Health Promoters, community leaders, religious leaders, civil society groups

c. Integrate current Event based surveillance (EBS) training with RCCE component including community feedback mechanism

d. Develop/update existing EBS tool to capture RCCE indicators

e. Review, produce and disseminate preparedness messages for priority diseases

f. Develop community action plans for priority diseases

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Key Gaps in Country current response plan

- To strengthen Risk communication and community engagement, we note the following gaps:

   A. Lack of a comprehensive multisectoral Risk communication plan and related SOPs based on All-Hazards

   B. Inadequate and strengthened coordination at all levels

   C. Inadequate Resources and allocation for RCCE for proactive and sustained RCCE

   D. Inadequate rollout of social listening and infodemic management to community levels

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Proposed actions to address the gaps

- Lack of multisectoral plan:

    We plan to finalize, disseminate/train and simulate the plan and related SOPs

- Inadequate coordination at all levels

    Strenghtening governance structures at all levels which includes use of social data and mapping reports to establish community governance structures, official inauguration of National Risk communication TWG and rollout in counties.

- Inadequate Resources for RCCE

    We intend to advocate to Government and partners for resources for RCCE

- Inadequate social listening and community feedback

    Integrate RCCE and social listening, community feedback into Event Based Surveillance trainings including adding indicators for community actors reporting

    Develop training modules and and indicators for reporting

    Set up of real time dashboard to track community feedback

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Actions for how to ensure cross-border RCCE collaboration before, ~~during~~ and after an outbreak

- The country working with other pillars and relevant line ministries to develop an MOU for preparedness and response including RCCE

- The need to establish an active regional crossborder RCCE TWG

- Joint capacity for all cross border RCCE teams at counties/districts

- Need to adapt uniform training materials and SOPs including context specific key messages

- Need for establishing of RCCE related SURGE

- The need for crossborder strategy, community feedback and social listening tools that are interoperable across member states.

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Thank You

Asante Sana

community-centred response for an outbreak - continued

III. Vulnerable Population Support

   A. Identify and prioritize vulnerable populations (elderly, immunocompromised, etc.).

   B. Implement targeted outreach and support services for vulnerable groups. Ensure hiring, training and deployment of members of vulnerable groups for outreach and engagement.

   C. Ensure access to healthcare services and essential supplies.

IV. Behavioral Interventions

   A. Promote preventive measures (hand and respiratory hygiene etc).

   B. Address stigma and discrimination associated with the outbreak.

   C. Provide mental health support for individuals experiencing distress.

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V. Community-Based Surveillance and Monitoring

    A. Establish community reporting mechanisms for symptoms and cases.

    B. Train community members to recognize symptoms and seek care promptly.

    C. Monitor trends and adapt response strategies accordingly.

VI. Resource Mobilization

    A. Coordinate with local businesses and organizations to donate resources.

    B. Seek funding opportunities to support community response efforts.

    C. Ensure equitable distribution of resources within the community.

community-centred response for an outbreak - continued

VII. Crisis Planning and Preparedness

    A. Develop community-specific outbreak response plans.

    B. Conduct regular drills and exercises to test response capabilities.

    C. Review and update plans based on lessons learned from previous outbreaks.

VIII. Collaboration with Government and External Partners

    A. Foster collaboration between local health authorities and community stakeholders.

    B. Advocate for community needs and priorities in policymaking processes.

    C. Leverage external resources and expertise to complement community efforts.

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community-centred response for an outbreak - continued

IX. Evaluation and Continuous Improvement

   A. Establish mechanisms for evaluating the effectiveness of community response efforts.

   B. Solicit feedback from community members and stakeholders for ongoing improvement.

   C. Share lessons learned and best practices with other communities facing similar challenges.

Actions to ensure cross-border Risk Communication and Community Engagement (RCCE) collaboration before, during, and after an outbreak

Pre-Outbreak Preparation

A. Establish Cross-Border RCCE Networks

1. Identify key stakeholders from neighboring regions or countries.

2. Formulate cross-border RCCE committees or task forces.

B. Develop Communication Protocols

1. Establish channels for rapid information sharing between bordering regions.

2. Define roles and responsibilities for communication during outbreaks.

C. Conduct Joint Training and Capacity Building

1. Organize workshops or exercises to enhance RCCE skills among partners.

2. Share best practices and lessons learned from previous outbreaks.

D. Collaborate on Risk Assessment and Contingency Planning

1. Assess shared risks and vulnerabilities across borders.

2. Develop joint contingency plans for coordinated responses to outbreaks.

collaboration before, during, and after an outbreak - continued

During Outbreak Response

   A. Activate Cross-Border Communication Channels

      1. Implement real-time information sharing mechanisms.

      2. Coordinate messaging to ensure consistency and accuracy.

   B. Deploy Joint RCCE Teams

      1. Establish cross-border teams to facilitate communication and response activities.

      2. Deploy resources (personnel, materials) to support affected communities on both sides of the border.

   C. Conduct Joint Community Engagement Activities

      1. Organize cross-border outreach campaigns to disseminate information and address concerns.

      2. Engage community leaders and influencers from both sides of the border.

   D. Monitor Cross-Border Movement and Health Data

      1. Collaborate on surveillance and data sharing to track the spread of the outbreak.

collaboration before, during, and after an outbreak - continued

Post-Outbreak Recovery and Reflection

  A. Evaluate Cross-Border RCCE Efforts

    1. Assess the effectiveness of communication strategies and collaboration mechanisms.

    2. Identify areas for improvement and lessons learned.

  B. Strengthen Cross-Border Partnerships

    1. Formalize collaboration agreements or memoranda of understanding.

    2. Establish communication channels for ongoing collaboration and knowledge sharing.

  C. Build Resilience for Future Outbreaks

    1. Develop sustainable cross-border RCCE frameworks.

    2. Invest in long-term capacity building and resource sharing initiatives.

  D. Advocate for Policy and Institutional Support

    1. Engage policymakers and stakeholders to prioritize cross-border collaboration in health security agendas.

    2. Advocate for funding and support for cross-border RCCE initiatives at national and

KEY GAPS AND KEY ACTIONS

A. Participation of the community in the planning and decision making processes: all county and sub-county health promotion officers to be trained in community participation approaches and all sub-national response plans to reflect community inputs and continuous budgeted engagement

B. Limited resources for community participation interventions during regular periods - no outbreak: resource mobilization plan to be developed and partners engaged for support and buy-in

C. National and partners social listening and community feedback mechanisms exist: integration of all systems with the national one

D. Scale up RCCE arrangements: conduct a SimEX to ensure RCCE is integrated into other response pillars

E. Limited evaluation and learning process: collect evidence and data systematically for improvement of RCCE interventions

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