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INFLUENCE OF THE COVID-19 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT STRATEGY ON NON-STATE ACTORS' COMMUNICATION ACTIVITIES: A CASE STUDY OF SHINING HOPE FOR COMMUNITIES (SHOFCO)

A Dissertation
Presented to
The Fcaulty of Communication Studies
St. Paul's University

In Partial Fulfilment
of the Requirement for the Degree of
Masters of Arts in Communication Studies

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by
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November, 2024

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DECLARATION

This dissertation is my original work and has not been presented for a degree in any other University.

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This Dissertation has been submitted for the award of Masters of Arts in Communication Studies at St. Paul's University with my approval as the University Supervisor.

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DEDICATION

This thesis is dedicated to my family, especially to my mother Rose Atieno Otaye who has seen me be who I am today through her efforts and support throughout this study.

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ABSTRACT

Risk Communication and Community Engagement (RCCE) strategy is vital in countering perceptions, misinformation, and disinformation about health threats by ensuring consistent community engagement. This study explored the impact of RCCE during the COVID-19 pandemic on the communication practices of non-state actors, with a focus on Shining Hope for Communities (SHOFCO). The primary aim was to investigate how RCCE influenced SHOFCO's communication efforts during the pandemic. Specific objectives included investigating the organization's communication strategies before and during the COVID-19 pandemic, addressing misinformation and infodemics, facilitating two-way communication and feedback, and distributing official guidelines to the communities they served. The study utilized the Diffusion of Innovation Theory and Charles Osgood's Communication Model. Mixed-method research was employed through a case study approach with a sample of 63 participants, of which 48 took part. Data were collected through questionnaires and interviews. The findings revealed that the COVID-19 RCCE strategy impacted/affected SHOFCO's communication, causing delays in both internal and external processes. It became clear that RCCE directives influenced how SHOFCO engaged with communities, particularly in the Mathare and Kibera clinics. Some Ministry of Health recommendations, such as social distancing, were difficult to implement in slum environments. However, the pandemic also led to enhanced collaboration between SHOFCO and county governments, allowing for the co-creation of official messages. This strengthened two-way communication and fostered trust over time. The study suggests sharing SHOFCO's findings with the Ministry of Health to guide future RCCE adjustments, ensuring that community needs and backgrounds are integrated into health emergency communication strategies.

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ABBREVIATIONS AND ACRONYMS

AFCOR:	Africa Task Force for Novel Coronavirus
ANS:	African National Societies
CHVs:	Community Health Volunteers
CP:	Community Participation
EVD:	Ebola Virus Disease
GoK:	Government of Kenya
HCP:	Healthcare Professional
HIV:	Human Immune Deficiency Virus
IEC:	Information Education and Communication
ISERC:	Institutional Scientific and Ethical Review Committee
LMICs:	Low and Middle-Income Countries
MEL:	Monitoring, Evaluation, and Learning
MoH:	Kenya: Ministry of Health- Kenya
NACOSTI:	National Commission for Science, Technology and Innovation
PPE:	Personal Protective Equipment
PHEP:	Public Health Emergency Preparedness
PHC:	Primary Health Care
RCCE:	Risk Communication and Community Engagement
SARS-CoV-2:	Severe Acute Respiratory Syndrome Coronavirus (2)
SHOFCO:	Shining Hope for Communities
SHOFCO SUN:	Shining Hope for Communities Urban Network
SPSS:	Statistical Package for the Social Sciences (SPSS)
WASH:	Water, Sanitation, and Health

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OPERATIONAL DEFINITION OF TERMS

Communication Activities:

These are different avenues or methods used to communicate the public health threat in this case the coronavirus.

Community Engagement:

The continuum of community involvement that improves health promotion and research and aggregates all affiliated populations at risk (Gonah, 2020).

Coronavirus:

Coronavirusis an infectious disease caused by the SARS-CoV-2 virus also known as COVID-19. It is referred to as Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2). COVID-19 is a zoonotic disease that can cause a common cold to severe disease (Waithaka, 2021).

Infodemic:

This is the overabundance of information leading during the onset of the COVID19 pandemic:According to (Adebisi et al., 2021), the use of social media, community leaders and healthcare

professionals and leveraging technology were some of the ways that Infodemics were mitigated.

Non-state actors:

Organizations and individuals that are not affiliated with, directed by, or funded through the government.

Pandemics:

A pandemic is an infectious disease that has spread across a large region, for instance,multiple

continents or worldwide, affecting a substantial number of individuals.

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Risk communication and community engagement (RCCE):

This is part of a broader health emergency preparedness response plan and as per (Adebisi et al., 2021) many countries used this to curb the spread of the pandemic.

Risk Communication:

This is the communication of the imminent threat to affectedpopulations (Gonah, 2020)that focuses on preventive measures and how to tackle the threat by disseminating information (Sumo et al., 2019).

World Health Organization (WHO):

This is a United Nations agency that promotes health.

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CHAPTER ONE

1.1 Introduction

This chapter provides an overview of the research topic, focusing on the COVID-19 pandemic, its origins, and its impact on the public. It outlines the research background, addressing the problem statement and purpose of the study. The researcher presents the study's objectives and research questions, highlighting the significance and relevance of the research. Furthermore, the chapter covers the study's limitations and delimitations, defining its scope and emphasizing how the global response to the pandemic was shaped by Risk Communication and Community Engagement (RCCE) strategies from a communication perspective.

1.2 Background of the Study

The COVID-19 pandemic triggered widespread panic globally, compelling governments to act quickly in adapting to new communication norms (Bányász, 2023). Governments had to prioritize halting the spread of the virus thus making timely communication about the pandemic essential. The impact of COVID-19 on vulnerable communities depended heavily on effective communication about the risks posed by the virus (Reddy & Gupta, 2020). This study highlighted the need for strategic communication that/which considered the cultural, social, and daily realities of affected populations.

Empowering communities with accurate information became a key strategy to curb the spread of COVID-19 (Reddy & Gupta, 2020). The Risk Communication and Community Engagement (RCCE) strategy plays a vital role in ensuring the timely and accurate dissemination of information during public health crises (Gonah, 2020; Spring, 2020). RCCE bridges communication between governments, healthcare professionals, and the public, ensuring that the information shared is reliable and verified. The strategy systematically

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engages at-risk communities Adebisi et al., (2021); Spring, (2020), addressing threats through the development and dissemination of key messages while involving people, partners, and trustworthy communication channels (Sumo et al., 2019; Odhiambo, 2022).

All member states of the World Health Organization (WHO) are committed to developing an RCCE as part of the International Health Regulations (IHR) (WHO, n.d.). The COVID-19 pandemic's impact extended far beyond healthcare, severely disrupting societal structures (Teti et al., 2020). As cases surged globally in early 2020, Mwakisha et al., (2023) noted that Africa reported numerous confirmed cases as well, resulting in millions of infections and deaths. This raised critical concerns about public health emergency preparedness (PHEP) across the continent (Lee et al., 2023). In response, the Africa Centre for Disease Control and Prevention (Africa CDC) established the Africa Task Force for Novel Coronavirus (AFCOR) on February 3, 2020, to collaborate with the World Health Organization (WHO) and reduce the pandemic's impact. One of the core measures implemented was the Risk Communication and Community Engagement (RCCE) st 1

The RCCE strategy is essential for managing public health emergencies, playing a pivotal role from the start of a crisis, through its peak, and until its resolution (Gonah, 2020; Sumo et al., 2019). As Gonah (2020) noted, RCCE was crucial in addressing the COVID-19 pandemic, a global health crisis. The effectiveness of this strategy depends largely on engaging partners and leveraging local community structures, as overcoming community resistance presents a major challenge (Adebisi et al., 2021).

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1.2.1 Global Communication Response to COVID-19

The COVID-19 pandemic had wide-ranging effects on communities and healthcare systems (Waithaka, 2021). As cases surged globally in early 2020, the virus spread rapidly across Africa (Mwakisha et al., 2023). A key response was the implementation of a Risk

Communication and Community Engagement (RCCE) strategy, aimed at reducing health risks and managing threats like COVID-19. This strategy also sought to combat rumours and misinformation requiring a framework to regulate the information provided to the public (Adebisi et al., 2021). While the World Health Organization (WHO) initially used social media to disseminate information, Bányász (2023) highlighted that this method inadvertently amplified negative outcomes due to uncoordinated messaging from different countries.

In Asia, Chinese scientists identified the novel coronavirus as the cause of COVID-19 (Tambo et al., 2021), and on March 11, 2020, WHO Director-General Dr. Tedros Adhanom Ghebreyesus officially declared COVID-19 as a pandemic (Reddy & Gupta, 2020; Waithaka, 2021; Wangari et al., 2021). In China, the RCCE strategy included proactive public health campaigns through spokespeople, national news briefings, and third-party social media platforms, leveraging widespread mobile phone usage. According to Reddy and Gupta, (2020) India adopted a creative approach, with the government changing the default phone ringtone to a "cough-cough" sound to reinforce COVID-19 safety measures, relying on information, education, and communication (IEC) strategies.

WHO released interim RCCE guidelines on January 26, 2020, drawing lessons from previous outbreaks like/such as Ebola and Influenza (Costantino & Fiacchini, 2020). These guidelines aimed to manage information overload and counter myths and misinformation about COVID-19 (Krause et al., 2020). In Europe, countries like/such as Italy utilized a pre-existing 2,000-member committee, established in April 2019, to ensure local stakeholder involvement in drafting their RCCE strategy (Costantino & Fiacchini, 2020). In the UK, the Prime Minister sent letters to households urging citizens to stay at home to limit the virus's spread (Spring, 2020). Most governments focused on a preventative approach, emphasizing key behaviours such as coughing into the elbow, wearing masks, frequent handwashing, and

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social distancing (Reddy & Gupta, 2020). These measures were designed to drive behavioural change and protect communities.

1.2.2 COVID-19 Communication Response in Africa

The first confirmed case of COVID-19 in Africa was reported in Egypt on February 14, 2020 (Waithaka, 2021). In response, many African countries quickly implemented measures to prevent their healthcare systems from being overwhelmed (Wangari et al., 2021). By March 2020, a regional coordination mechanism for East and Southern Africa was established to prepare the region for the pandemic (Kakaire & Reader, 2022). This regional mechanism focused on the Risk Communication and Community Engagement (RCCE) strategy, developing communication approaches to address the pandemic.

In Southern Africa, Zambia's RCCE strategy centered on preventive measures, utilizing press briefings, radio, posters, flyers, billboards, and social media to disseminate information. One of the largest public health initiatives involved mapping densely populated areas and conducting door-to-door campaigns to educate residents (Adebisi et al., 2021). In Algeria, the risk communication strategy included posters distributed by the government and volunteer organizations, alongside regular updates from the Ministry of Health. Partners also contributed by tailoring solutions based on the RCCE framework.

In West Africa, Nigeria built public trust by engaging communities early and adopting a top-down approach to communicate key messages. The country established toll-free hotlines to track rumours, counter misinformation, and engage in two-way communication with the public (Kapur, 2020; Odhiambo, 2022). Nigeria also /in addition used both traditional and new media, including social media, print media, and websites, with messages translated into at least 12 local languages (Odhiambo, 2022).

In East Africa, Tanzania initially denied the existence of the coronavirus pandemic, drawing widespread criticism (Adebisi et al., 2021). In contrast, Uganda's existing RCCE

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strategy enabled effective public communication through mainstream and social media after confirming its first case on March 21, 2020 (Adebisi et al., 2021; Wangari et al., 2021). In Zanzibar, authorities used face-to-face interactions along with mass and social media to educate the public, particularly those with access to social media (Odhiambo, 2022).

1.2.3 Communication During COVID-19 in Kenya

Kenya's response to the COVID-19 pandemic was shaped by its devolved system of governance. The Kenyan government primarily relied on mainstream media to raise awareness about the pandemic, incorporating indigenous languages to reach a broader audience (Odhiambo, 2022). A toll-free number was established for the public to report suspicious cases and seek pandemic-related information. Wambua et al., (2021; Adebisi et al., (2021) reported that the first confirmed case of COVID-19 in Kenya was in March, 2020 prompting the government to implement various measures to curb the virus's spread, including work-from-home directives and dusk-to-dawn curfews (Luiu et al., 2022; Mwakisha et al., 2023). The Ministry of Health in Kenya introduced several directives, including: 1) Strengthening communication channels from the national to county levels, as Mwakisha et al. (2024) highlighted, which was critical for effective public health responses; 2) Promoting inclusive public health information, especially by engaging vulnerable groups which ensured that no one was left behind. Involving key stakeholders, such as local leaders, helped to disseminate accurate information, enhancing community trust; 3) Facilitating two-way communication which was essential for maintaining information flow and combating infodemics, as noted by Kapur (2020); 4) and additionally, designing tailored COVID-19 information for different target audiences, as emphasized by Adebisi et al. (2021), which ensured that messaging was relevant and effective for various groups.

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Kenya had the 'Komesha Korona' national campaign that sought to help in COVID-19 prevention (Mwakisha et al., 2024). This campaign led to different media being used to amplify the campaign as there was a nationwide call for people to be vaccinated as the Kenyan government ensured that all communications about the pandemic were centralized and then disseminated to all other parties (Odhiambo, 2022). These communication directives significantly influenced how non-state actors, especially grassroots organizations like Shining Hope for Communities (SHOFCO), communicated with the public in response to health threats (Odhiambo, 2022). Odhiambo (2022), highlighted that the Kenyan government used indigenous languages to relay information about the coronavirus using local vernacular radio and television stations. This also led to SHOFCO adopting the same strategy as some of the feedback they received from communities through the SMS platform was in different local dialects.

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1.3 Statement of the Problem

Pandemics significantly disrupt essential services, including healthcare access, as seen during COVID-19, which overshadowed other public health emergencies (Kiarie et al., 2022). Non-state actors and community organizations, such as Shining Hope for Communities (SHOFCO), had to rely heavily on government-provided information and guidance (Wangari et al., 2021). Governments and global health organizations responded to the pandemic by implementing various public health measures (Gonah, 2020), aimed at controlling the spread of the virus. Risk Communication and Community Engagement (RCCE) strategies played a central role in these efforts, ensuring that people received timely, accurate, and actionable information to safeguard themselves and their communities, as noted by Odhiambo (2022), while also preventing duplication of information and reducing confusion (Kakaire & Reader, 2022).

However, while much attention has been given to state-led initiatives, there has been less focus on the role of non-state actors in disseminating crucial information, particularly within vulnerable communities (Adebisi et al., 2021). SHOFCO, a prominent grassroots organization operating in Kenya's urban informal settlements, was one such non-state actor that played a crucial role in local COVID-19 response efforts (SHOFCO Media Team, 2020). Through its extensive community networks, SHOFCO implemented various communication activities to inform and engage communities on COVID-19 risks, prevention measures, and behavior change. Yet, how RCCE strategies influenced SHOFCO's communication activities remains understudied, despite scholars like Ejike-Alieji et al. (2020) emphasizing the need for non-state actors to be part of the pandemic response.

This study aimed to address this gap by examining how RCCE guidelines shaped SHOFCO's communication methods, messaging, and engagement efforts. It explored how SHOFCO adapted these strategies to fit local contexts, especially in densely populated, resource-limited areas, and how community feedback mechanisms were used to improve messaging. Furthermore, the study investigated the role of pre-existing community structures, such as CHVs and CHWs, and the importance of fostering trust through two-way communication that incorporates feedback (Kapur, 2020; Odhiambo, 2022).

By analyzing the impact of RCCE on SHOFCO's communication strategies, this research enhanced understanding of the role of non-state actors in public health emergencies, particularly in areas where governmental outreach was limited. The findings also offered insights for future public health emergency responses, stressing the importance of collaboration between state and non-state actors in risk communication and community engagement.

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1.4 Purpose of the Study

This particular study aimed to establish the influence of the COVID-19 RCCE strategy on the communication activities of non-state actors in Kenya, with a focus on the Shining Hope for Communities (SHOFCO) as the case study.

1.5. Objectives of the Study

The study was directed/guided by the objectives below:

1.5.1 General Objective

This research sought to assess how the COVID-19 RCCE communication strategy affected SHOFCO's communication activities.

1.5.2 Specific Objectives

The specific objectives that guided this study were:

I. To investigate SHOFCO's communication strategies before and during the COVID-19 pandemic.
II. To find out how SHOFCO addressed misinformation and infodemics during COVID-19 in the Mathare and Kibera clinics.
III. To determine how SHOFCO managed the two-way communication approach involving feedback during COVID-19 activities involving communities.
IV. To determine how SHOFCO diffused the communication directives on the COVID-19 RCCE to the communities that they serve.

1.6 Research Questions

The study focused on the following research questions:

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I. How did SHOFCO's communication strategies evolve before and during the COVID-19 pandemic?

II. What did SHOFCO do to address misinformation and infodemics during COVID-19 at the Mathare and Kibera satellite clinics?

III. How did SHOFCO manage a two-way communication approach involving feedback during COVID-19 activities involving communities?

IV. How did SHOFCO diffuse the directives on the COVID-19 RCCE to the communities that they serve?

1.7 Justification of the Study

This study was important as it examined the influence of the public sector on the communication efforts of non-state actors during a public health crisis. The Risk Communication and Community Engagement (RCCE) strategy shaped how organizations, particularly those in the health sector, communicated during the COVID-19 pandemic. While RCCEs are often seen as a secondary component of health emergency responses, this strategy was crucial in managing the crisis (Gonah, 2020). According to Kiarie et al. (2022), public health emergencies have the potential to disrupt essential services and non-governmental organizations, especially grassroots groups, played a vital role in mitigating the pandemic's impact (Adhiambo, 2020).

Scholars like/such as Waithaka (2021) and Adebisi et al. (2021) have documented how various countries used fliers, posters, and both social and mass media to counter misinformation and infodemics. Ochieng (2023) further emphasized that selecting appropriate communication media for different audiences can be a matter of life and death. The findings from this study contributed to shaping future interventions, emphasizing the

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need to incorporate feedback from non-state actors working directly with communities before finalizing RCCE strategies for future public health threats.

1.8 Significance of the Study

This research was important because risk communication and community engagement strategies for health emergencies are crucial in how the risk is communicated to the public at risk. Adebisi et al., (2021) emphasized the need to have RCCE as a medium of addressing rumours and infodemics. The findings of this study aimed to offer valuable insights to local governments, non-state actors, researchers, and scholars, particularly those in the communication studies field, about the impact of RCCEs on communication activities during public health emergencies or threats.

Local Governments

Public health is primarily a public sector concern, and the response to the coronavirus pandemic was no different. A risk communication and community engagement (RCCE) strategy provides timely information to address specific health risks by systematically gathering information to promote response and active engagement. Maintaining continuous communication and engagement with communities proved crucial by employing a two-way communication process to encourage feedback (Kapur, 2020; Adebisi et al., 2021). This model emphasized the importance of feedback between sender and receiver.

The coronavirus pandemic exposed global unpreparedness in managing emerging pandemics. National solidarity in emergency preparedness and response is essential to combat such crises, necessitating collaboration with non-state actors to reach areas that are challenging for the government (Adhiambo, 2020). This study held particular significance for

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the Government of Kenya (GOK), as it aimed to determine the extent to which its directives influenced the communication activities of non-state actors.

Non-state Actors

Non-state actors serve as the vital link between the government and vulnerable communities. Grassroot organizations, such as SHOFCO, engage directly with communities in their daily operations, giving them a unique understanding of how to connect with and reach these populations. SHOFCO, for instance, has built close relationships within communities through local gatherings, women and youth groups, and by transitioning trained community members to Community Health Volunteers (CHVs). Over the years, SHOFCO's strategic efforts have nurtured strong community bonds in the slum areas they serve, providing essential services aimed at enhancing community well-being.

The insights gained from this study were intended to educate communities about the critical role grassroot organizations play in risk communication during pandemics and other public health emergencies. By understanding how to address Infodemics through a two-way communication process, communities could be empowered with the knowledge to respond effectively in health emergencies. For the Government of Kenya, this study highlighted the essential role of non-state actors who are intimately familiar with the beliefs, religious practices, and cultural traditions of the communities they serve.

Scholars and Researchers

In the past, discussions around pandemics have evolved, with a continual focus on how to effectively communicate risks to the public. During the Ebola outbreak, communication efforts often leaned towards instilling fear, whereas with COVID-19, the emphasis shifted towards promoting preventive measures. This study aimed to delve into the

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impact of external directives, like Risk Communication and Community Engagement (RCCE), on the communication practices of grassroot organizations such as SHOFCO. By presenting a case study focused on SHOFCO, the study aimed to highlight both the positive and negative effects of such directives, offering valuable insights for future research. Its goal was to provide a deeper understanding of how the COVID-19 RCCE strategy influenced the communication activities of organizations during the pandemic.

Looking back, this research had a significant contribution to the field of public health. Its findings illuminated how public health crises affect the everyday services and communication efforts of non-state actors within their communities. The researcher expected that this study would enrich the existing body of scholarly work in the healthcare sector.

1.9 Scope of the Study

In terms of its scope, this research encompassed two primary directives. First, it focused on the study's location, detailing where the research was conducted and the specific context within which it took place. Secondly, it addressed the methodology employed for data collection, analysis, interpretation, and presentation, outlining the systematic approach used to gather and analyze information for the study. These directives provided a framework for the research process and guided the exploration of the research questions.

1.9.1 Geographical Location of the Research

The key focus of the study was Shining Hope for Communities (SHOFCO), an organization operating in three key counties in Kenya: Nairobi, Mombasa, and Kisumu. The study centred on SHOFCO and primarily involved its staff as the population under investigation. Specifically, the research was conducted in Nairobi, as SHOFCO's remote clinics are situated there, particularly in the Mathare and Kibera areas.

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1.9.2 Methodology Adopted for the Study

This study, conducted in Kenya, employed a mixed research method, a methodology that has gained prominence within the healthcare field in recent years. The researcher utilized a concurrent mixed-method design, gathering both qualitative and quantitative data simultaneously, following the approach advocated (Castro et al., 2010). Data collection involved semi-structured interviews and questionnaires, with purposive sampling used to select the individuals who would provide the necessary information for the research.

The study focused on SHOFCO, which has seven communication officers, over five hundred community health volunteers, and ninety-six lead clinical staff across all branches. However, community health volunteers were not interviewed for this study as they received capacity-building after internal communication processes. The sample size for the study was determined to be 63 key respondents, calculated using the Miller and Brewer formula (2003). Data was collected using Google Forms for the questionnaire, while face-to-face interviews were conducted with the respondents. The combination of semi-structured interviews and questionnaires enabled comprehensive and insightful feedback during data collection. The data collection period was expected to span approximately one month, with the sample size interviewed in person.

The study drew upon the Diffusion of Innovation Theory by M. Rogers, which has been previously applied in health contexts to examine behavioural change (Dearing & Cox, 2018; Waithaka, 2021). Additionally, Charles Osgood's Communication Model was employed to underscore the significance of feedback and trust-building (Kapur, 2020; Tambo et al., 2021; Kaduka et al., 2023). Notably, the researcher's lack of affiliation with SHOFCO ensured an absence of bias in the research.

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1.10 Limitations

Considering the potential unfamiliarity of some sample respondents with the concept of risk communication and community engagement in health, there was a risk that they might provide insufficient or inaccurate information while answering the questions. Additionally, as the COVID-19 pandemic was no longer a primary public concern, some respondents might have transitioned to different departments or departed from the organization altogether. Moreover, security concerns were also taken into account, particularly since SHOFCO operates in major slum areas within Nairobi County. These factors were considered by the researcher to ensure the reliability and validity of the data collected, as well as the safety and well-being of the respondents during the research.

1.11 Delimitations of the Study

The research was delimited to focus solely on the COVID-19 Risk Communication and Community Engagement (RCCE) strategy, with no consideration given to other communication strategies. Despite COVID-19 no longer being a pandemic, the research aimed to provide insights into how RCCE strategies impacted on/affected communication activities for non-state actors, informing responses to future health threats. Furthermore, as a case study, the results may not fully represent the communication activities of other non-state actors' organizations based in different slum areas across the country. This delimitation underscores the need for caution in generalizing the findings beyond the specific context of SHOFCO and its operations in Nairobi's slum areas.

1.12Assumptions of the Study

The research assumed that the Risk Communication and Community Engagement (RCCE) strategy implemented during the COVID-19 pandemic had an impact on the daily

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management of communication activities at SHOFCO's Mathare and Kibera clinics. Additionally, an assumption was made that all 63 respondents comprising the sample size would be available for interviews despite the short notice. Furthermore, it was assumed that all the respondents would provide honest feedback during the interviews.

These assumptions guided the research process and shaped the expectations regarding the availability of participants and the reliability of the data collected. However, it was essential to recognize that these assumptions may not always hold in practice, and potential limitations arising from them would be acknowledged in the interpretation of the study findings.

1.13 Chapter Summary

This chapter offers a comprehensive overview of the study, focusing on the historical context of COVID-19 and Risk Communication and Community Engagement (RCCE). It provides an in-depth overview of the organization under study, highlighting its background and context. Additionally, the chapter discusses the limitations of the research, its significance, scope, and justification, elucidating why this study is necessary. Furthermore, the chapter presents the research objectives and questions, setting the stage for the subsequent exploration of relevant literature in the following chapter. Through this structured approach, the chapter lays the foundation for understanding the research context and the rationale behind the study, paving the way for a deeper examination of the literature.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This particular chapter encompassed a thorough review of pertinent literature sources identified for the study at hand. It delves into various aspects such as risk communication, community engagement, the dynamics of communities, and the impact of COVID-19. Through this literature review, the chapter furnishes background information which is essential for understanding the context of the research.

Moreover, the chapter integrated diverse scholarly works and studies conducted by other researchers, enriching the discussion and providing a comprehensive understanding of the subject matter. A theory and communication model are employed to elucidate the research objectives, enabling the researcher to underscore the significance of the study and offer theoretical frameworks for analysis and interpretation. By synthesizing existing literature, this chapter lays the groundwork for the subsequent analysis and discussion in the research.

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2.2 Theoretical Framework

The study used one theory and one communication model under the theoretical review to understand more of the Risk Communication and Community Engagement (RCCE) aspect and how it affected the overall communication activities of non-state actors during public health emergencies. The theory and model adopted for this study were the Diffusion of Innovation(DOI) theory and Charles Osgood's Circular model.

2.2.1 Diffusion of InnovationTheory

The Diffusion of Innovation (DOI) theory, initially introduced by E.M. Rogers in 1962, has evolved to elucidate how innovations or ideas are disseminated and why certain

practices undergo change while others do not (Waithaka, 2021). Within the health domain, diffusion entails the dissemination of innovative practices with an evidence-based approach to enhance healthcare within social systems (Dearing & Cox, 2018). Despite its last update in 2003 and initial publication approximately 50 years ago, the theory remains relevant in the health sector, primarily aiming to determine the time frame required for innovation or behaviour adoption and the effort needed for diffusion to occur (Waithaka, 2021).

Diffusion, being a social process, involves the transmission of information through various channels to reach the target audience (Dearing & Cox, 2018). It encompasses social changes, including public health decisions occurring within a system (Haider & Kreps, 2004). During public health emergencies, effective communication is crucial, necessitating the implementation of communication systems or strategies to reach affected populations. The diffusion process occurs when individuals seek to learn about new ideas or innovations within specific time frames, ultimately leading to the adoption of these new ideas or products (Dearing & Cox, 2018). This underscores the role of individual inclination towards accepting new ideas or innovations, as demonstrated in Table 2.1.

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Table 2-1. Categories of Diffusion of Innovation

Adaptors	Reason
Innovators	Quick to adopt the innovation or idea presented to them.
Early Adopters	Increasingly adopted within the community, marked by a willingness to accept the innovation..
Early Majority	Need proof before accepting the innovation or idea to support that it works.
Late Majority	Have second thoughts and doubts and will accept the new idea or innovation after the majority have done so.
Laggards	They are more resistant to change hence hard to adopt the new ideas or innovations presented to them. Others never change at all.

Source Waithaka (2021).

The Diffusion of Innovation (DOI) theory served as a relevant framework in this study, helping to assess the dissemination of the Risk Communication and Community Engagement (RCCE) strategy used in Kenya during the COVID-19 pandemic and how SHOFCO communicated these directives to the communities they serve. Adoption of new ideas or behaviours indicates the occurrence of change, making DOI a significant tool in health promotion (Waithaka, 2021; Asemah et al., 2022). This research aimed to determine the extent of SHOFCO's influence in communities and its impact on the adoption of new directives related to the pandemic. Utilizing change agents like/such as Community Health Workers (CHWs), in line with DOI principles in healthcare, can drive progress in the health sector (Haider & Kreps, 2004). Shining Hope for Communities (SHOFCO) employs Community Health Volunteers (CHVs) for idea diffusion, and the DOI theory sheds light on the speed and manner of this diffusion (Waithaka, 2021).

The DOI was instrumental in evaluating whether the diffusion of the RCCE strategy led to changes in community behaviour regarding the pandemic and whether SHOFCO adhered to the communication directives outlined in the RCCE. Scholars like Waithaka (2021) have utilized DOI theory to illustrate the evolution of acceptance of innovations or ideas, emphasizing factors such as innovation, time, communication channels, and the social system's influence. In this study, the DOI theory helped to assess how SHOFCO's communication activities incorporated RCCE directives and how these directives were disseminated to communities in Mathare and Kibera, while also examining their impact on SHOFCO's communication practices.

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2.2.2 Charles Osgood Circular Model

The process of adopting or accepting an innovation or idea necessitates effective communication with the intended audience to solicit feedback. This communication model is

often referred to as a two-way communication model, which fosters an environment where feedback is exchanged between both the sender and the receiver (Osgood, 1964). Developed in 1954 by Charles Osgood and Wilbur Schramm, this model incorporates the encoding and decoding of messages, alongside other prominent communication models such as the Lasswell Model and the Shannon and Weaver Model (Asemah et al., 2022).

The two-way communication model supports the formulation of Risk Communication and Community Engagement (RCCE) strategies by integrating trust and feedback (Odhiambo, 2022). It emphasizes the importance of clear feedback in the communication process, facilitating the mutual exchange of information and fostering a democratic culture (Kapur, 2020). In the context of RCCE, this model plays a crucial role in incorporating community insights and fostering trust between health departments and non-state actors like SHOFCO.

A collaborative approach between health departments and grassroot organizations like/such as SHOFCO is essential for incorporating community input into RCCE strategies. This model facilitates person-to-person or group interactions, emphasizing the timely exchange of response messages and feedback to encourage community participation and address misinformation and rumours during public health emergencies (Kapur, 2020; Odhiambo, 2022; Asemah et al., 2022).

In summary, the COVID-19 RCCE strategy required effective diffusion and communication of directives to at-risk communities, necessitating the involvement of grassroot organizations like/such as SHOFCO. The two-way communication model guided SHOFCO in integrating directives into their communication activities and fostering community engagement to mitigate the spread of infections.

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2.2.3 Application of the theory and model to the research

The Diffusion of Innovation (DOI) theory and Charles Osgood's model were adopted and used by the researcher as they aligned with the overall objective of the study. The theory brought in the aspect of the RCCE as the innovation that needed to be diffused to the public that were at risk to curb the spread of COVID-19 (Adebisi et al., 2021). Communication is key when it comes to a public health threat as it helps to tackle misinformation, rumours and infodemic (Bányász, 2023).

2.3 Empirical Review

2.3.1 Communication Strategies to Address Health Emergencies

Strategic communication is vital in driving an organization's mission, vision, and goals (Muthotho, 2020). Effective communication must be intentional, as communities affected by COVID-19 rely on its quality (Reddy & Gupta, 2020). The RCCE strategy used during the COVID-19 pandemic employed various methods to counter the spread of false information, or infodemics (Adebisi et al., 2021). Proactive communication approaches were essential in combating misinformation while delivering vital information to the public (Sumo et al., 2019; Costantino & Fiacchini, 2020). However, Adebisi et al.'s (2021) review of RCCE strategies in 13 African countries was limited, as it did not incorporate primary data.

The word "strategy," derived from the Greek term "stratosagein" meaning "building roads," reflects the role of RCCE in bridging the gap between public health threats and communities while fostering collaboration and addressing concerns (Muthotho, 2020). Research shows that many community organizations, despite their strong community ties, were excluded from early pandemic responses (Ejike-Alieji et al., 2020). This study investigated how non-state actors like/such as SHOFCO had to adapt their communication

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strategies, particularly by collaborating with Kenya's Ministry of Health (MoH-Kenya), a challenge that Ejike-Alieji et al. (2020) identified in Nigeria's COVID-19 response.

During the pandemic, various communication methods were used, including leveraging on social media influencers, community health workers, religious leaders, and both modern and traditional media platforms like social media and radio to spread health information (Adebisi et al., 2021; Odhiambo, 2022; Ochieng, 2023). In China, the media played a significant role during the initial outbreak in curbing misinformation, becoming a key channel for disseminating health messages (Tambo et al., 2021). Governments also issued guidelines through various media to counter fake news (Costantino & Fiacchini, 2020; Spring, 2020; Bányász, 2023). Although Spring (2020) emphasized the role of media, this study foud ou that SHOFCO only turned to mass media as a last resort, as social media was often a source of misinformation during COVID-19 (Bányász, 2023).

While Odhiambo (2022) emphasized the importance of two-way communication during the pandemic, the research did not thoroughly examine how governments implemented it, nor did it focus on non-state actors. Odhiambo's study mainly outlined Kenya's governmental response to COVID-19. Al Siyabi et al. (2021), on the other hand, stressed the importance of community participation, calling for stronger partnerships. Although their research focused on Oman, it leaves room for a more localized study on community involvement, such as in Kenya. Tailored information can create communication consistency, however, Al Siyabi et al. (2021) did not explore the consequences of waiting for public sector-approved information before communication could proceed. This delay in communication, which affected SHOFCO, is another aspect that this study addressed.

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2.3.2 Health Communication and RCCEDuring COVID-19

Public health is intricately tied to effective communication, which involves purposeful transmission and exchange of information, fostering interactive sender-receiver relationships to facilitate feedback (Kapur, 2020). Communication strategies in public health aim to inform and influence individual behaviour during emergencies, with Risk Communication and Community Engagement (RCCE) strategies serving as vital components in delivering essential information to shape responses to specific threats (Gonah, 2020).

Proactive information sharing, learned from past pandemics, has proven crucial, highlighting the pivotal role of Risk Communication and Community Engagement in responding to health emergencies (Al Siyabi et al., 2021; Costantino & Fiacchini, 2020). The World Health Organization (WHO) provided RCCE guidelines to empower affected populations through effective communication as the primary response to public health emergencies (Reddy & Gupta, 2020). Italy's swift amendment of the RCCE framework within seven days underscores the value of this tool in enhancing communication and managing misinformation, with RCCEs distinguished by their accelerated timelines, the necessity for coordination, the dynamic nature of the disease, and the incorporation of two-way communication and rumour-tracking mechanisms (Costantino & Fiacchini, 2020).

In African countries, countermeasures such as lockdowns and social distancing were implemented to control the spread of the COVID-19 pandemic, with RCCE efforts emphasizing preventive measures like handwashing and social distancing through the dissemination of critical information (Spring, 2020; Wangari et al., 2021; Adebisi et al., 2021). In Liberia, RCCE efforts provided lifesaving information during the Ebola outbreak, fostering community preparedness and enabling prompt responses to suspected cases (WHO et al., 2018; Sumo et al., 2019). Despite vibrant community engagement during the Ebola

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outbreak, a system to manage feedback was lacking, highlighting the need for comprehensive RCCE strategies (WHO et al., 2018). In Kenya, countermeasures during COVID-19 included the suspension of public gatherings and the closure of schools, illustrating the importance of effective communication in implementing public health measures (Wambua et al., 2021).

Adebisi et al. (2021), looked at different RCCE components that were used by 13 African countries to address the COVID-19 pandemic. However, this research was a desk review creating a gap in research to see if these countries followed the RCCE directives on the ground. This particular research by the scholars has provided room for the researcher to embark on this study to ascertain if the RCCE directive was followed in Kenya.

2.3.3 Risk CommunicationActivities

A health-literate society comprehends risks and adopts protective measures to mitigate them with information providers playing a crucial role in promptly delivering risk details (Spring, 2020; Adebisi et al., 2021). However, during COVID-19, information inconsistency was widespread across various platforms and Krause et al. (2020) emphasized the need for clear communication in humanitarian responses. Risk communication as defined by Adebisi et al. (2021), involves exchanging information about public health risks to enhance public understanding, knowledge and minimize confusion, especially at the community level. Effective risk communication in public health emergencies is vital for conveying the danger and instructing the public on appropriate measures.

The COVID-19 pandemic, as highlighted by Teti et al. (2020), not only posed a medical crisis but also reshaped social norms, a transformative aspect communicated through risk communication. Kenya's response to the pandemic included the establishment of the National Emergency Response Committee (NERC) on COVID-19, tasked with coordinating the response and providing technical support (Waithaka, 2021). However, these measures led

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to service disruptions, notably limiting access to healthcare facilities and impacting/affecting how non-state actors delivered healthcare services, especially to vulnerable groups (Kiarie et al. 2022). Community resistance emerged as a significant concern during the pandemic (Adebisi et al., 2021).

To combat the novel virus, Kenya adopted key recommendations from the World Health Organization (WHO), with the implementation of RCCE being a crucial pillar of the COVID-19 response (Gonah, 2020). Spring (2020) and Gonah (2020), highlighted the importance of involving communities and local structures in risk communication, acknowledging their heightened vulnerability to health threats. According to Odhiambo (2022) some of the communication activities that were used as avenues of addressing rumours and disseminating accurate information by SHOFCO, involved/included but were not limited to the use of mass and social media, IEC material, door-to-door approach, capacitation of CHVs and other groups such as the women and youth groups, elders barazas, graffiti and health talks at the two clinics. These communication activities were done to communicate the preventative measures that were to be adhered to by the public such as how to identify a positive case, how to cough, hand washing and so forth,

Though Gonah (2020) highlighted the importance of having four crucial structures in place for the success of an RCCE, the research did not focus on any particular country to see if these structures were put in place as part of the COVID-19 RCCE. This created a gap that enabled the researcher to see if any of the four areas; plan & guidelines, partnership & engagement, coordination structures and reporting or documentation were used by SHOFCO. A research by WHO et al. (2018) referenced risk communication from the Ebola cases and this created a gap in research looking at/ on the the COVID-19 pandemic to identify similarities or differences.

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2.3.4 Community Engagement

Community engagement recognizes the diverse opinions and socio-cultural characteristics within communities, emphasizing the need to develop acceptable solutions that consider these diversities (Al Siyabi et al., 2021). It involves community participation, where individuals and communities collectively take responsibility for their health and welfare (Al Siyabi et al., 2021). According to Odhiambo (2022) community engagement is key in coming up with solutions towards a threat affecting communities. Government efforts to combat the pandemic increasingly relied on community engagement, recognizing its pivotal role in successfully eradicating the virus (Al Siyabi et al., 2021). Thus, Bányász (2023) explains that this is one of the strategies that governments use to deal with infodemics with emphasis not on the message but on the person relaying the message (Odhiambo, 2022).

Engagement can occur at various levels, including individual, city, and national levels, and entails consultation, participation and ownership of the affected population (Mwakisha et al., 2023). Past experiences with pandemics have underscored the significant role of communities in responding to public health threats (Adebisi et al., 2021). The shift from a top-down approach to community engagement emphasizes building trust and employing a two-way communication mode to facilitate effective communication which involves soliciting feedback from the community and addressing their concerns (Kapur, 2020; Odhiambo, 2022).

In Oman, the success in curbing COVID-19 was attributed to the existing community participation (CP) model, which had been integrated into the primary healthcare system since 1991 (Al Siyabi et al., 2021). While the Oman model was notable, establishing a direct link between the CP models and health outcomes during the pandemic was challenging. The Risk Communication and Community Engagement (RCCE) efforts should target high-level political, social, and administrative leaders to advocate for COVID-19 activities (Mwakisha

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et al., 2023). Initial compliance with RCCE directives, such as mask-wearing and physical distancing was high, particularly following the presidential address in Kenya (Kaduka et al., 2023) ;(Mwakisha et al., 2023). Unfortunately, the use of masks, vaccine hesitancy, increase in infodemics and lack of trust in government institutions saw the pandemic last longer than expected (Bányász, 2023).

Community networks serve as the last mile model, bridging gaps that governments and public sectors may overlook (Adhiambo, 2020). Grassroots organizations like SHOFCO play a critical role as non-state actors in understanding and addressing the needs of the public. However, limited research has examined the impact of the COVID-19 RCCE strategy on the communication activities of non-state actors, especially in low- and middle-income countries (LMICs). Tambo et al.(2021), highlight the significance of studies like this one that focus on understanding how the RCCE strategy affected organizations like SHOFCO.

While community engagement and participation were essential during the COVID-19 response, studies by Mwakisha et al. (2023) and Adebisi et al. (2021) pointed out a gap in determining whether this was effectively implemented in Kenya.. This called for a study to be conducted to ascertain whether this did happen through community organizations that deliver the last mile aspect of health.

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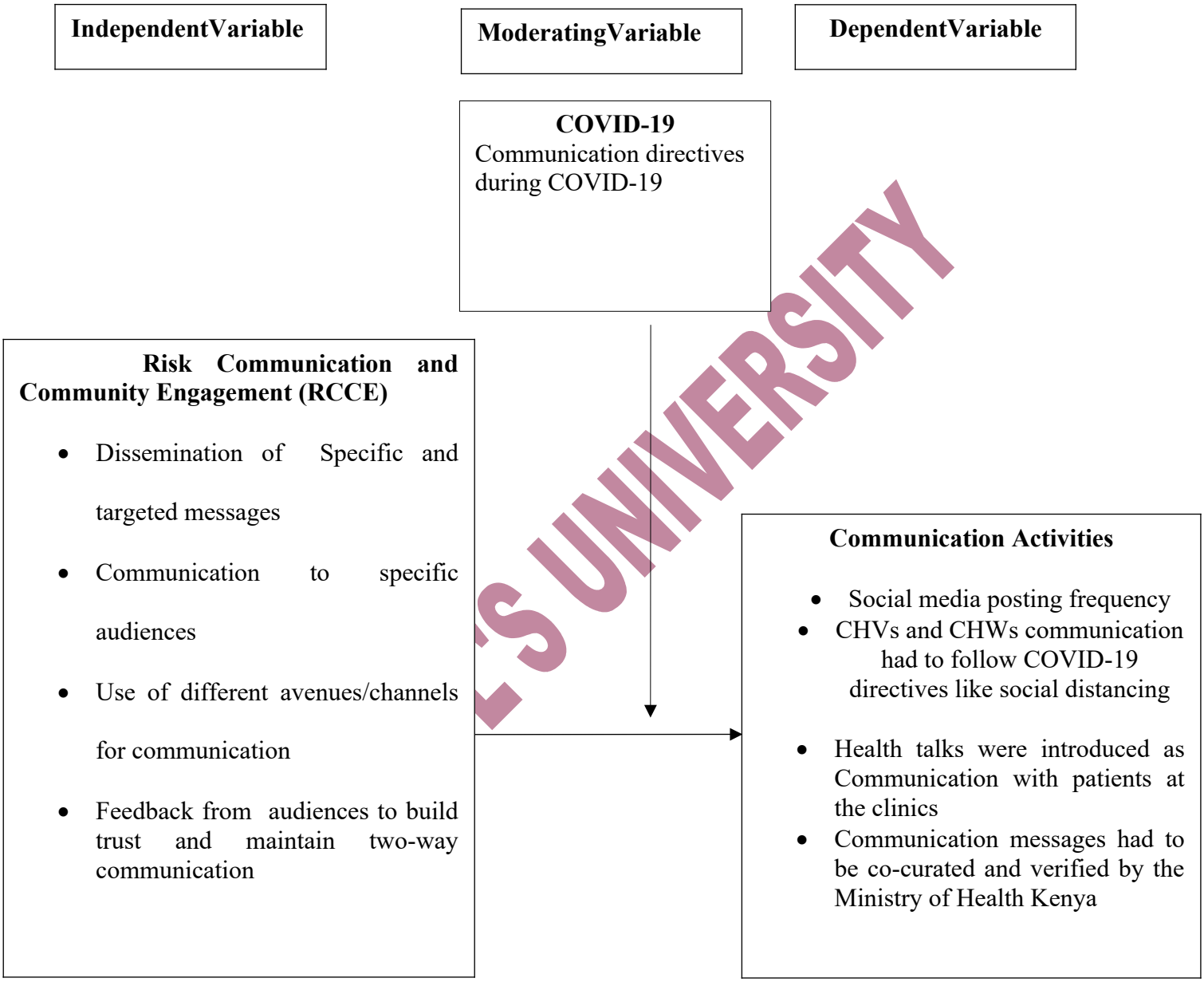
2.4 Conceptual Framework

Under this particular section, the conceptual framework represented in Figure 2.1 was actualized from the empirical review and theoretical framework that was covered in this particular chapter. This looked at different literature pieces that helped the researcher ascertain whether the COVID-19 RCCE strategy influenced communication activities of non-state actors like SHOFCO.

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Figure 1.Research Variables

The conceptual framework for the study highlights the independent, moderating and dependent variables.



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Source: Field Results (2024).

A conceptual framework, as defined by Mugenda (2008), provides a descriptive representation of the study, visually depicting both independent and dependent variables (Osman, 2018). Figure 2.1 in this study illustrates the interaction between the variables under examination, with the RCCE serving as the independent variable, communication activities as the dependent variable, and COVID-19 as the intervening variable.

2.4.1 Independent Variable

The Diffusion of Innovation theory explains how ideas or innovations spread and are either accepted or rejected (Waithaka, 2021). Shining Hope for Communities (SHOFCO) aimed to ensure that the communities they served, particularly those visiting their clinics, understood the directives related to the Risk Communication and Community Engagement (RCCE) strategy. Directives such as handwashing and social distancing were emphasized as critical measures to curb the spread of COVID-19 (Adebisi et al., 2021). To evaluate the impact of these directives and how SHOFCO disseminated them, the study examined the RCCE COVID-19 strategy as the independent variable.

2.4.2 Dependant Variable

The dependent variable for this research was the communication activities undertaken by SHOFCO. To measure these variables, the researcher examined the various communication activities SHOFCO implemented before the pandemic and during the coronavirus outbreak. A comparison was then made to identify which activities changed or were impacted by the pandemic.

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2.4.3 Moderating Variable

Since this study specifically focused on COVID-19 and not any other health threat or pandemic, the moderating variable was the novel coronavirus (Tambo et al., 2021). This variable allowed the researcher to concentrate solely on the directives related to COVID-19, excluding other health directives from the scope of the study.

2.5 Critique of Literature Reviewed

This study aimed to determine whether SHOFCO adopted the COVID-19 Risk Communication and Community Engagement (RCCE) strategies implemented in Kenya and how these strategies influenced their communication activities. Spring (2020) emphasized that a health-literate society is better equipped to understand the risks they face, underscoring the importance of organizations like/such as SHOFCO in simplifying technical information for communities. While Adebisi et al. (2021) indicated that RCCE strategies were implemented in 13 African countries, their study relied on a desk review and did not provide an accurate representation of the on-ground realities in these nations.

The paper/research compared the desk review with actual background research on COVID-19 RCCE in Kenya. Risk Communication and Community Engagements (RCCEs) were critical documents essential for combating public health emergencies, requiring constant updates and feedback incorporation from all relevant parties. Therefore, it was vital to understand how SHOFCO handled feedback to align with the Osgood Model of communication. The RCCE was primarily intended for health authorities dealing with COVID-19 cases, not necessarily for other stakeholders to prepare better (Sumo et al., 2019).

Four key areas govern an RCCE, including partnership and engagement, plans and guidelines, coordination structures, and reporting and documentation (Gonah, 2020). Unfortunately, this framework did not specify how feedback was addressed once received.

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The Italian RCCE was revised and adopted within seven (7) days after consultation with the working group for public health communication (Costantino & Fiacchini, 2020). Tambo et al. (2021), noted that WHO guidelines for creating RCCEs might not have been sufficient to address evolving health emergencies. This suggested that a suitable RCCE should have been tailored to fit the context or the specific public threat. This particular research finding was conducted at the beginning of the COVID-19 pandemic, which may not have reflected the current situation three years later. The authors emphasized that the existing RCCE in China did not encompass other emerging issues, as the virus response required a more inclusive approach (Tambo et al., 2021).

As shared by Al Siyabi et al., (2021), government efforts to combat the pandemic through communities were needed to successfully eradicate the virus. Adhiambo, (2020) clearly showed the key role that non-state actors played as the last-mile networks in combating COVID-19, further reiterating the need to have these players in the middle of the pandemic response. As part of the recommendations, there was need to have non-state actors in the middle of the fight against COVID-19 (Adebisi et al., 2021; Adhiambo, 2020). In Oman, the success of curbing COVID-19 was attributed to the country's long-standing commitment to community participation (CP). This model has been in existence since 1991 and was an integral part of their Primary Health Care (PHC) system (Al Siyabi et al., 2021). Though the Oman model was noteworthy, it was difficult to draw a direct link between the CP models used and the health outcomes during the pandemic. Mwakisha et al. (2024) explain that RCCEs should have targeted high-level political, social, and administrative leaders to enhance and promote advocacy of COVID-19 activities. The author(s)/ researcher further recommended the need to have RCCE partner coordination both at the national and county levels.

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Gaining public trust was crucial during the mitigation of COVID-19 and this was solely done by non-state actors such as community groups. According to Bányász (2023), an increase in misinformation and infodemics had reduced trust in institutions that were tackling COVID-29 communication and this affected communities' response to the pandemic. However Reddy and Gupta, (2020), emphasized that technologically friendly communication programs were key and practical with guidance from the government to increase the impact of the last-mile networks (Adhiambo, 2020). The World Health Organization (WHO) had myth busters on its website that individuals and organizations could download and use to communicate (Spring, 2020). However, communities had different beliefs and myths that were addressed by grassroots organizations in easy-to-understand language.

Given that two-way communication relies on consistent feedback between the sender and receiver the literature did not specify the mechanisms used to handle the feedback received (Kapur, 2020). However, it highlighted the importance of maintaining communication as a key factor during health emergencies, with the full involvement of all stakeholders from the outset. The selection criteria for the literature used in this study required that sources be peer-reviewed, published between December 2019 and December 2022, and focused on RCCE strategies for COVID-19 and other public health emergencies. The researcher conducted searches on PubMed, Google Scholar, Research Gate, Elsevier, the World Health Organization website, and St. Paul's University Library. The initial search of the terms "COVID-19" and "RCCE" returned 201 results. After filtering, 35 articles and research papers were selected for this study. The findings showed that RCCE strategies were evident and established as part of the WHO's guidelines for its member states to control the spread of COVID-19.

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2.6 Research Gap

This chapter identified various gaps in the literature that warrant further investigation. However, the focus of this particular study was on examining the impact of the COVID-19 RCCE on SHOFCO's communication activities. While RCCE strategies are crucial during health emergencies, the literature revealed that many African countries, including Kenya, tended to adopt similar approaches in response to the pandemic (Adebisi et al., 2021). It is important to highlight that Adebisi et al.'s (2021) study, which reviewed RCCE strategies in 13 African countries, was primarily a desk review and heavily relied on existing literature.

This desk review conducted by Adebisi et al. (2021) across 13 African countries, including Kenya, provided valuable insights into the communication activities adopted during the COVID-19 pandemic. However, it's important to recognize that desk reviews may not have fully captured the actual, on-the-ground findings and dynamics. The study shed light on a prevalent issue of distrust between African governments and their citizens, indicating a potential breakdown in the two-way communication model, which was built on continuous stakeholder engagement and trust-building (Kapur, 2020).

One of the recommendations made by Adebisi and their team was that African countries should focus on strengthening their efforts in mapping and engaging with partners during pandemics, which is a valuable insight to consider (Adebisi et al., 2021). This implies the need for more research to explore the practical implementation and effectiveness of RCCE strategies in specific contexts.

Odhiambo (2022) shared the directives that were adopted globally and the communication channels used to communicate these directives. However, this was a general representation that gave an overview. This showed that there was a gap in research if individual organizations such as SHOFCO used the same national communication strategies indicated in the RCCE. Waithaka (2021) focused on the MOH-Kenya's campaign materials

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used between June and October 2020, which created a gap in how non-state actors incorporated the directives of MoH-Kenya during the pandemic. According to Sumo et al., (2019), the RCCE used during the Ebola outbreak was communicated at the late stage of the disease in Liberia. Though this phase provided important learning curves on why communities were not motivated to follow RCCE directives, this study sought to ascertain how SHOFCO handled this aspect within the community they served.

In Oman, community participation was useful as the government used existing structures to empower it, which showed an enhancement in national and community collaboration. This saw community leaders and local groups collaborate in the formulation of pandemic action plans and became a testament to the bottom-up approach that helped diffuse information using the existing groups. However, this created a gap as Kenya mostly used a top-bottom approach, and communities were receivers of the directives.

Wambua et al. (2021) explain that service disruption was an outcome of key healthcare services being limited to groups that needed it the most,thefore,this particular research reviewed how non-state actors tackled this aspect of the pandemic. This research investigated how the RCCE directives from the Ministry of Health, Kenya, impacted SHOFCO's communication activities. Notably, one of the directives in Kenya was the need for healthcare facilities to be accessed based on necessity. It's worth noting that Tambo et al. (2021) emphasized the limited number of studies that have explored the RCCE measures implemented during the pandemic, especially considering the restrictions on movement. This study addressed this gap, taking into account the widespread use of case studies in various social science studies (Zainal, 2007).

Though Wambua et al. (2021), looked at the impact of patient admission in both public and private hospitals, this study did not take into consideration organizations like SHOFCO that run private clinics that have a different operational model. This has provided

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avenues for separate research to be done to reflect the indirect impact of the pandemic on patients. When comparing the factors that impeded COVID-19 response at a country level, Mwkisha et al.,(2021) only focused on data from February 2020 to March 2021 completely disregarding the fact that COVID-19 is still an issue to date. This gave the researcher an avenue to extend her research to reflect data up till 2024 when the study was conducted. Kaduka et al.,(2023), mainly focused on communication strategies deployed in two Kenyan counties which does not reflect the strategies deployed by an organization like SHOFCO from a preventive lens.

The effectiveness of the risk communication and community engagement (RCCE) strategy relied heavily on community engagement, which entailed a continuous flow of information to the public at risk (Spring, 2020). While RCCEs had been used in the past to address various pandemics and health threats, the literature reviewed indicated that RCCEs during the Ebola outbreak in Liberia primarily focused on reducing deaths and infections rather than effectively communicating the risk to help communities mitigate the health threat. A comprehensive RCCE strategy should emphasize ongoing communication and address health risks by providing harmonized information to at-risk populations. This prompted the researcher to explore whether SHOFCO maintained such consistent communication with its staff and the communities it served.

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2.7 Chapter Summary

In this particular chapter, a theoretical framework was presented, utilizing the Diffusion of Innovation theory as the critical lens, complemented by the Charles Osgood communication model to elucidate the two-way communication approach employed during the pandemic. The literature review was conducted within the framework of the identified

variables. Additionally, this chapter synthesized the reviewed literature for this study and delineated the research gap.

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CHAPTER THREE

METHODOLOGY

3.1 Introduction

This particular chapter provided an overview of the methodology used for this study, offering a clear understanding of the research design chosen by the researcher. It further presented an analysis of the population that informed the sample size and the data collection instruments used. Data collection, analysis, and representation were covered in this chapter, with ethical considerations of the study being addressed before data collection.

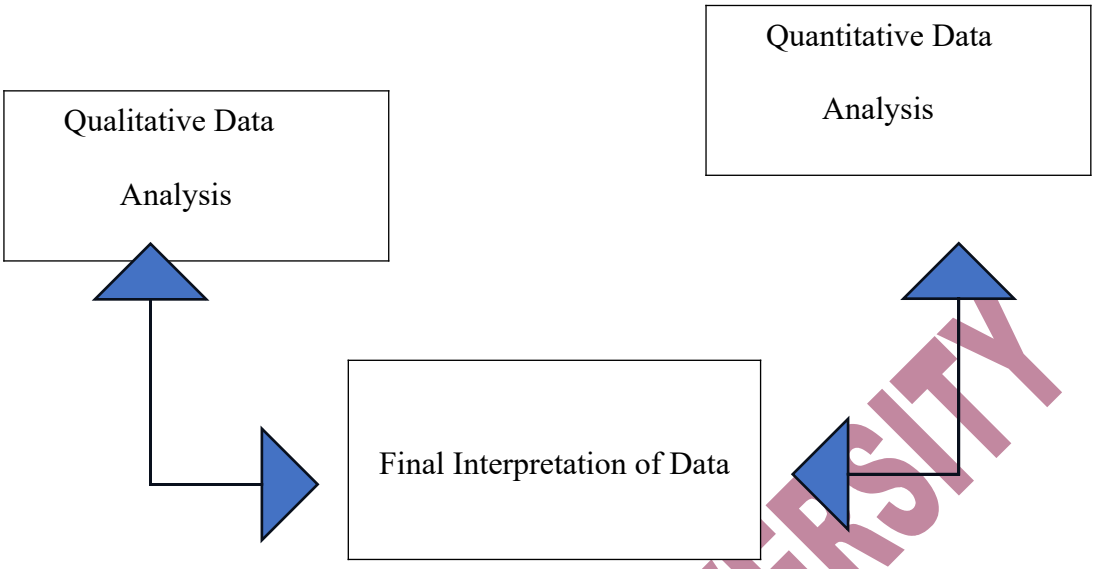
3.2 Research Design

Research design serves as the blueprint of any research being conducted (Osman, 2018; Waithaka, 2021). It guides the research and researcher on how to collect, analyze, and interpret the data collected. Though Teti et al. (2020) highlighted that qualitative research captures social responses, the research took a mixed-method research design approach that gained popularity over the years (Castro et al., 2010). Thus, a concurrent triangulation mixed-method design was deployed that allowed the researcher to collect both qualitative and quantitative data at the same time. The study sought to link the data collected to the research questions that guided this particular study (Waithaka, 2021),. The researcher used the concurrent triangulation design to bring out the relationship between the research questions and variables whilst collecting both qualitative and quantitative data. This is one of the three mixed research design approaches under the concurrent mixed methods designs (Castro et al., 2010).

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Figure 3.1.Concurrent Triangulation Design



Source: Castro et al. (2010)

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Figure 3.1 illustrates the data collection process for this research, which employed a mixed-method approach to collect both quantitative and qualitative data concurrently. This method involved in-depth analysis of data collected from the field, providing a comprehensive understanding of the COVID-19 RCCE and its impact on communication activities for non-state actors. The researcher used thematic analysis for qualitative data gathered during the research and descriptive analytics for quantitative data collected. According to Odhiambo (2023), thematic analysis creates room for research to be presented in themes. The primary data collection tools were questionnaires and interviews. The questionnaires were designed and administered to respondents using Google Forms, facilitating data analysis.

This mixed-method design aimed to address key questions related to what, who, when, and where, in line with the objectives of this study. Purposive sampling was employed to collect data from SHOFCO team members, involving both inclusion and exclusion criteria,

under the guidance of Mathare and Kibera branch leads who assisted in creating a database. The research process began with questionnaire administration to the main key respondents, while interviews were conducted in person with other SHOFCO staff members. These qualitative data collection methods helped to determine the impact of the COVID-19 RCCE strategy on the organization's communication activities. The respondents were SHOFCO staff who had been working at the clinic since the beginning of the pandemic.

In summary, the interviews encompassed 103 SHOFCO staff members, while the questionnaires were administered to the Health Director at SHOFCO and the MoH-Kenya representative. The interview questions covered demographic information, communication activities, RCCE and community engagement providing comprehensive insights into communication activities and RCCE in general.

3.3 Research Approach

Case studies provided a valuable approach to data collection, offering a means to comprehend and dissect complex issues ((Zainal, 2007). Consequently, the researcher employed a case study approach to investigate the impact of the COVID-19 RCCE strategy on the communication activities of SHOFCO. According to Zainal (2007), this method was effective for in-depth analysis. Hence, the researcher selected the case study method for this research, focusing on the organization, Shining Hope for Communities (SHOFCO). The Organization, a non-state actor in the health sector, operates in three significant slums in major counties of Kenya, providing COVID-19 support to 1.3 million people (SHOFCO Media Team, 2020). This grassroot organization operates in disadvantaged areas, including slum communities, through its various clinics (Osman, 2018). The largest of these slums, Kibera, faced diverse challenges such as inadequate waste management systems, and limited

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access to water, sanitation, and general hygiene infrastructure (Osman, 2018; Luiu et al., 2022).

One of SHOFCO's primary areas of focus was the provision of healthcare services. The organization extended its services to over 350,000 urban slum dwellers across three counties in Kenya, offering services including health, advocacy platforms, leadership, and education development for girls and women. Shining Hope for Communities (SHOFCO) collaborated closely with communities and was strategically positioned in three major counties in Kenya (Nairobi, Mombasa, and Kisumu). During the pandemic, its extensive service coverage led to a partnership with the Mastercard Foundation to provide COVID-19 support to 1.35 million people (SHOFCO Media Team, 2020).

Over the years, SHOFCO had established clinics that served marginalized communities in major slums that were most at risk. The organization's ability to reach these marginalized communities was evident through the 1,800 community health volunteers who led COVID-19 activities in 2020, including the setup of 303 handwashing stations as of July 13, 2020 to control the spread of the pandemic (SHOFCO Media Team, 2020). The organization conducted door-to-door visits, delivering soap and taking temperature measurements, ultimately screening over 1,400,000 people. These efforts demonstrated the frontline management and impact the organization made in curbing the spread of the pandemic in Kenya's major slums, including Nairobi, Mombasa, and Kisumu (SHOFCO Media Team, 2020).

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3.3.1 Case Study Selection Criteria

Given that case studies allow data to be collected from a specific context, they provide an avenue to provide rich data around a particular area of study (Waithaka, 2021). Thus the following criteria illustrated why SHOFCO was relevant to this research:

1) Registration: The organization was a non-state actor serving community needs.

2) Location: SHOFCO was located in three major counties in Kenyan slum areas: Nairobi, Kisumu, and Mombasa.

3) Coverage and expertise: SHOFCO employed community health workers and volunteers who worked directly with communities.

4) Recommendations: While many non-state healthcare organizations were located in major Kenyan slums, SHOFCO stood out for its exceptional work in the communities during the COVID-19 government restrictions phase.

The organization's efforts, with funding support from the Mastercard Foundation and other partners, aimed to build resilience in ten Kenyan slums, involving over 1,800 community health workers in this project (SHOFCO Media Team, 2020). For instance, the organization established 303 handwashing stations as a preventive measure against the coronavirus. In previous health initiatives, SHOFCO succeeded in vaccinating 91.9% of children attending their strategically placed clinics in major slum areas.

In addition to setting up handwashing stations, SHOFCO went a step further by providing personal protective equipment (PPE), including masks. They reached out to the most vulnerable populations between mid-May and July 21, 2020, covering over 249,116 households with 807,125 people (SHOFCO Media Team, 2020). This underscored their ability to access communities. Using a door-to-door and face-to-face approach during this timeframe, the organization distributed medical supplies, sanitation items, and soap, while also taking the temperatures of slum dwellers. The directives which had been issued ensured/saw an increase in the flow of patients visiting the Mathare and Kibera clinics at the start of the pandemic, as social distancing measures needed to be observed (Wambua et al., 2021).

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3.4 Target Population for the Study

Waithaka (2021), refers to a population as the entire group sharing a common observable characteristic, as outlined by Mugenda and Mugenda (2008). It is a group that the researcher wants to include in the study being conducted (Odhiambo,2023). The target population pertains to the entirety of the population under scrutiny (Muthotho, 2020). In this study, the target population was drawn from Nairobi County, specifically focusing on the satellite clinics situated in Mathare and Kibera. Given the geographical proximity of these clinics to Nairobi, the researcher conducted interviews in person. The population consisted of seven (7) communication officers, ninety-six (96) clinical staff members operating across the satellite clinics, and a Health Director(J. Gakii, personal communication, August 2023). Including a representative from the Ministry of Health Kenya (MoH-Kenya), who was part of the COVID-19 RCCE team and was also part of the sample size, the total population numbered 105.

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3.5 Sampling

3.5.1 Sample Size

To obtain data for a study, the researcher selects a sample that represents a fair portion of the population (Muthotho, 2020). The list of the clinical staff was provided by the organization under study. The Miller and Brewer (2003) formula was used to ascertain the sample size for the clinical staff. The community health workers were not part of the study as the Health Director provided a general overview of their contribution and at the time of data collection, they were not working with the organization. The sample size from the 96 clinical officers was arrived at calculated and expressed in Table 3.1.

$$n = \frac{N}{\quad}$$

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1+N (e)2

Where:

e is the level of margin error (9%)

n is the sample size

N is the sample frame

n=96/1+96(0.092)

n=54

Table 3-2. Sample size

Department	Number of Participants	Sample
Communication Officers	7	7 (purposive sampling)
Health Director	1	1 (purposive sampling)
MoH- Kenya Rep	1	1 (purposive sampling)
Clinical Staff	96	54 (Miller and Brewer formula (2003))
Total		63

Source: SHOFCO (2024)

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Since there were 96 clinical officers, the researcher employed the Miller and Brewer formula (2003) and conducted interviews with 54 out of the 96 clinical staff members. Only two questionnaires were administered to the SHOFCO health director and the Ministry of Health Representative who was recommended by SHOFCO as they had worked together during the COVID-19 county engagement. The choice of data collection from the clinics in Kibera and Mathare was based on their significant service provision and the presence of remote satellite clinics.

3.5.2 Sampling Technique

This research employed purposive sampling to ensure the selection of participants directly relevant to the research objectives, thus facilitating the generation of valid and reliable results (Waithaka, 2021). This method allowed for the deliberate selection of participants based on the researcher's judgment and the study's specific aims. While Shining Hope for Communities (SHOFCO) operates in three major counties in Kenya - Nairobi, Kisumu, and Mombasa, with branches in slum areas within these counties SHOFCO Media Team (2020), the study focused on the Mathare and Kibera slums due to the presence of remote SHOFCO clinics in these areas.

The sample included seven (7) communication officers selected through purposive sampling to offer a broad overview of communication activities during the pandemic. For the clinical staff, the sample size was determined using the Miller and Brewer Formula (2003), resulting in a reduction from the initial population of 96 to 54 participants. This approach ensured an adequate representation of clinical staff members. Additionally, a representative from the Ministry of Health Kenya (MoH-Kenya) was included to provide insights into the broader impact of RCCEs on communication practices. In total, the research involved a sample size of 63 participants.

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3.6 Methods of Data Collection

3.6.1 Secondary Data

This chapter served as a means to gather secondary data from various literature sources, including journals, scholarly papers, and books, which provided valuable insights into COVID-19 and RCCE. This secondary data was instrumental in addressing the research questions and enhancing the understanding of the study.

3.6.2 Primary Data

Data collection is a crucial component of any research, particularly when dealing with primary data that is free from human interference (Sharma, 2022). In this study, a data collection sheet was created to outline the key tools used for gathering data from various respondent categories, serving as a guide to meet the research objectives.

Given the mixed-method approach, primary data was collected through interviews and semi-structured questionnaires. An interview Google Form was used for the SHOFCO communication team and clinical staff, enabling the capture of detailed insights that might not be easily observable (Osman, 2018). The data collection tools are detailed in Appendices B and C of this research. Additionally, a data collection checklist was developed to ensure systematic procedures, as outlined in Appendix D. The data collection schedule is also included in Appendix B for reference.

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3.7 Validity

To ensure the validity and reliability of the data collection instruments, a pilot test was conducted at SHOFCO's Kibera branch. The researcher, in partnership with the lead health professional at SHOFCO's Kibera clinic, carried out the pilot test to refine the interviews and questionnaires. This process also helped estimate the time required for each interview: face-to-face interviews were expected to last approximately 10-12 minutes, while the questionnaires filled out by the MoH-Kenya representative and SHOFCO's Health Director were estimated to take around 15 minutes, depending on typing speed.

The purpose of the pilot test was to evaluate the suitability of the interview questions and identify any necessary revisions before the main data collection phase. It allowed the researcher to determine the most efficient data collection period and address any potential challenges that could arise during the actual study. This approach followed the

recommendations of Osman (2018) and contributed to the enhancement of the research's validity and reliability. The pilot test sample was not included in the final data collection sample.

3.8 Reliability

Reliability, as defined by Waithaka (2021), pertains to the precision and accuracy of a research procedure, ensuring consistent results across repeated trials (Osman, 2018). In this study, the researcher prioritized the most reliable data collection methods, considering the sampling technique employed to establish an adequate sample size. Interviews were conducted in person, while questionnaires were administered via email to two key respondents. Given that case studies provided an avenue to select key informants who would add value to the research, the Ministry of Health representative had a prior engagement with SHOFCO on a county level as the health director and other team members attended the COVID-19 briefings. Their input to the study was crucial as they had an in-depth understanding of the RCCE process altogether. The research findings were presented using both narrative descriptions and visual aids such as graphs and tables, ensuring comprehensive representation and interpretation of the data.

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3.9 Data Management

The researcher opted for a mixed-method approach in this study to achieve the research objectives outlined in Chapter One. This approach integrates various data processing and analysis tools, crucial for transforming extensive data into actionable insights. Data analysis involves cleaning and organizing collected data to make it suitable for the study (Muthotho, 2020; Osman, 2018). Interviews and questionnaires were utilized as primary data collection methods. Google Forms, detailed in Appendices B and C, were used to design and

distribute the interview questionnaire before data collection. The data collected through Google Forms was analyzed using the Statistical Package for the Social Sciences (SPSS), which facilitated the examination of correlations and the presentation of relationships between variables (Osman, 2018). The design of the interview and questionnaire questions/items was meticulously aligned with the research objectives to ensure effective coverage of the study's aims.

3.9.1 Collection and Analysis

Data collection, management, and analysis are critical components of a study, as they help in identifying key thematic areas related to the research (Odhiambo, 2023). In this study, online questionnaires were distributed using Google Forms to minimize manual entry errors and biases. Google Forms automatically recorded responses into a secure Google Sheet accessible only to the researcher ensuring data integrity. The respondents only had access to the questionnaire cover sheet, enhancing data security. While Google Forms offered basic data analysis capabilities, more advanced cross-tabulations were necessary.

Thus, data was exported as a CSV file and imported into SPSS for detailed analysis. Statistical Pacakage for Social Sciences (SPSS) automatically recognized the variables, allowing the researcher to generate frequency tables and explore relationships between variables. This gave the researcher an avenue to apply descriptive statistics which aided in summarizing quantitative data to ascertain the relationship between the study variables. This was presented as data calculated in percentages. The study used thematic analysis for qualitative data collected by the researcher to capture themes and by i) aligning the findings of the qualitative data with the research objectives ii) Emerging with themes from the qualitative data captured and iii) presenting the themes under this chapter.

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3.10 Ethical Consideration

Ethics, as defined by Muthotho (2020), pertains to how individuals behave and conduct themselves professionally. In this study, the researcher adhered to all research guidelines outlined by the Institutional Scientific and Ethical Review Committee (ISERC) at St. Paul University. Additionally, authorization was obtained from the National Commission for Science, Technology, and Innovation (NACOSTI), and permission to collect data from SHOFCO was sought through a letter from St. Paul's University introducing the researcher. Clear protocols were established for collecting, disposing, and storing the data collected from the sample population.

The main aim of the research was transparently communicated to the participants, and the nature of the data collected was clearly explained at the outset of data collection. Participants were presented with a consent form to sign, indicating their willingness to participate in the study. To ensure privacy and confidentiality, interview sheets were assigned numerical codes, and all data were stored securely. Prior notice was provided to participants to accommodate their schedules, and a consent form was distributed to obtain their agreement/consent to participate in the study.

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3.11 Chapter Summary

This chapter outlines the research methodology, which employed a mixed-method approach using both questionnaires and interviews for data collection. Google Forms were used to design and analyze the data collection tools, with the results being presented in narrative form as well as through tables and figures. The chapter also discusses research ethics, including the acquisition of a research permit from NACOSTI before data collection. The importance of conducting a pilot test before the main data collection phase is highlighted and the study is identified as mixed-method research.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter aimed to address the research questions by evaluating whether the Risk Communication and Community Engagement (RCCE) strategies implemented during COVID-19 impacted the communication activities at Shining Hope for Communities (SHOFCO). The focus was specifically carried out in the Mathare and Kibera clinics in Nairobi County. Although the study targeted a sample size of 63 respondents, data collected from the field is detailed in this chapter.The study explored several key areas, including the interview and questionnaire return rate, socio-demographic and institutional details, communication activities during health emergencies, the RCCE strategy and community engagement. Data collection was conducted using Google Forms, and the analysis was performed using the Statistical Package for Social Sciences (SPSS), with results presented as tables, figures and in narrative format.

4.2 ResponseRate

Although the initial target/target population was 63 respondents, only 48 individuals were successfully interviewed. This shortfall occurred because many respondents had moved to other organizations as COVID-19 was no longer a top public health priority. The Health Director of SHOFCO noted that pandemic-related initiatives and programs, which depended on donor funding, were discontinued once the funding ended. Despite not achieving the targeted sample size, the data collection from 48 respondents was deemed adequate for the research, as a response rate of 44% or higher is considered sufficient for studies (Ochieng, 2023).

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Table 4-3.Research Response Rate

	Sample	Returned	Response Rate
Questionnaire	2	2	2/2*100% = 100%
Interviews	61	46	46/61*100%=75.4%

Source: Field Results (2024)

The 48 respondents were from the Water, Sanitation, and Hygiene (WASH) Department, clinical officers, the communication team lead, the monitoring, evaluation, and learning (MEL) team, community health workers (CHWs), the Management team, and the Ministry of Health Kenya (MoH Kenya) representative.

4.3 Social Demographic and Institutional Background

This section collected data on respondents' gender, education level, length of employment at SHOFCO and their respective departments. This information was vital to ensure that the respondents accurately represented the population, as discussed in Chapter Three. 46 respondents were interviewed to provide insights based on their gender, educational background, years of service, and departmental roles at SHOFCO.

Trust is fundamental in the relationship between patients and healthcare professionals (Reddy & Gupta, 2020). To maintain this trust, familiar faces at the clinic were used to communicate and provide information about the pandemic, as the community had greater confidence in individuals they knew. Understanding the length of time respondents had worked at SHOFCO indicated their extensive interaction with patients and the community.

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Table 4.-4. Interview Respondents' Social Demographic and Institution Background

Description	Frequency	%
Gender		
Male	25	54.3
Female	21	45.7
Total	46	100
Level of Education		
Ceriticate	3	6.5
Diploma	30	65.2
Bachelors Degree	9	19.6
Masters Degree	4	8.7
PHD	0	0
Total	46	100
Years Worked at SHOFCO		
0-1 years	1	2.2
2-5 years	19	41.3
5-10 years	23	50
10 years and above	3	6.5
Total	46	100

Source: Field Results (2024)

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4.3.1 Respondents'Demographic Information

This section aimed to determine the gender of the respondents to enable the researcher know the true gender representation of the sample size. These key areas helped narrow down whether the respondents were working at the organization when the COVID-19 pandemic was at its peak and the RCCE had been issued as directives to be followed. The researcher, however, did not look at the age aspect of the respondents as this was not considered a key factor as long as the respondents were working at the clinics during the peak of the pandemic and had taken part in any of the RCCE communication directives issued by the MoH-Kenya. Out of the 46 interviews done, 21 were female representing 45.7% of the respondents while 25 were male representing 54.3% of the respondents. This implied that the two clinics had more male as compared to female employees.

4.3.2 Respondents' Level of Education

Odhiambo (2022) emphasized the importance of education in understanding how respondents grasp the questions posed during interviews. This aspect of the study was vital for assessing whether the respondents had a solid understanding of the pandemic and SHOFCO's communication activities. Effective risk communication during health threats, as noted by Reddy and Gupta (2020), requires healthcare professionals to have a clear grasp of the risks involved. In this study, the educational background of respondents was a key factor, as it provided insights into their understanding of the pandemic. During data collection, it became evident that most respondents held a diploma or higher level of education, which suggested that they had a sufficient understanding of the pandemic. Specifically, 30 respondents (65.2%) had a diploma, 9 (19.6%) had a bachelor's degree, 4 (8.7%) had a master's degree, and 3 (6.5%) had a certificate.

This educational distribution indicated that the respondents possessed relevant clinical and educational backgrounds. All the respondents demonstrated awareness of the pandemic and were familiar with SHOFCO's communication activities. Their involvement ranged from sharing messages and training Community Health Volunteers (CHVs) to giving health talks at clinics and conducting door-to-door visitations. This level of education and engagement ensured that the feedback received was informed and reflective of the organization's communication efforts.

4.3.3 Years worked at SHOFCO

Ensuring that respondents were actively working with the organization during the pandemic was crucial, given that COVID-19 was declared a national disaster in Kenya in March 2020 (Wambua et al., 2021; Adebisi et al., 2021). To achieve this, the respondents

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needed to have been employed by SHOFCO from at least 2020 through 2024. Among the interviewed respondents, 23 individuals (50%) had been in the organization for 5 to 10 years. Next were 19 respondents (41.3%) who had been employed for 2 to 5 years. Three respondents had been in SHOFCO for over 10 years, while only one respondent had joined in 2024, indicating less than a year of tenure. This distribution of experience ensured that the respondents had a comprehensive understanding of the communication practices within the organization during the pandemic.

This section of the study demonstrated that the sample size was appropriate, as the respondents were indeed active during the COVID-19 period. The feedback gathered accurately reflected the communication activities and interactions between SHOFCO and the communities it served. Most respondents were directly involved in conveying both preventative and curative measures related to COVID-19, including key messages about the virus.

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4.3.4 Respondents Area of Work

Most of the respondents were from the health department of SHOFCO. Given that the coronavirus was primarily a health emergency issue (Adebisi et al., 2021), all pandemic-related communication activities had to be verified to avoid miscommunication. This at times resulted in delays as the centralized communications team had to be consulted to ensure the shared data aligned with the RCCE directives. The organization had to run all the COVID-19 communication through the communication department to ensure that the information corresponded with the RCCE directives given. This particular section helped in narrowing down the different levels of health and communication background of the respondents with the majority having clinical knowledge hence an in-depth understanding of the pandemic

itself. This was a great insight as the case study was done at the two clinics in Mathare and Kibera and they had contact with the communities that visited the two facilities.

Table 4-5. Respondents' departments and areas of work

Department	Respondent	Area
CHWs	2	Mathare 1 and Kibera 1
Clinicians	9	Mathare 4 and Kibera 5
Communication Officers	7	Kibera 4 Mathare 3
Nutrition Officers	3	Mathare 2 and Kibera 1
Pharmacy	4	Mathare 2 and Kibera 2
Receptionist	1	Kibera 1
Lab	6	Mathare 2 and Kibera 4
Health Records	1	Mathare 1
MEL	3	Kibera 2 and Mathare 1
Mental Health	1	Mathare 1
Nursing	4	Mathare 2 and Kibera 2
Radiology	1	Mathare 1
SUN	2	Kibera 1 and Mathare 1
WASH	2	Mathare 2
	46	

Source: Field Results (2024)

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4.4 Communication Activities Before COVID-19 Pandemic

Kenya experienced three waves of COVID-19 during the first 18 months after it was declared a pandemic (Mwakisha et al., 2024). This emphasized the importance of risk communication, with effective strategies playing a crucial role in controlling the virus's spread (Kaduka et al., 2023; Adebisi et al., 2021). This section examined communication activities that the organization had in place before COVID-19 but adapted for use during public health emergencies. This section of the study offered insights into how communication at the clinics was managed before the pandemic. Shining Hope for Communities (SHOFCO) uses various channels to disseminate health information to the communities it serves. To begin with, the organization provides internal training for its staff to ensure they understand

the risks (J. Gakii, personal communication, August 2023). The organization, runs a community outreach program, training community health workers and volunteers to share health information. Additionally, the organization has a dedicated team responsible for developing information, education, and communication (IEC) materials. Under the SHOFCO Urban Network (SUN), they maintain a database used to share bulk information via SMS and WhatsApp groups.

Shining Hope for Communities (SHOFCO) collaborates with sub-county governments during outbreaks, such as cholera, by reporting cases identified through a surveillance system that links the community, CHVs, and SHOFCO, with CHVs playing a key role. Health talks are also held at the clinics during outbreaks or concerning health issues. SHOFCO equips CHVs with current and accurate information, leveraging their familiarity with the community to share correct COVID-19 data. In interviews, 30 of 46 respondents noted that the organization used CHVs/CHWs as part of its communication strategy during health emergencies. It also utilized both mass and social media for communication, conducting interviews on local radio stations and monitoring social media to address concerns. However, only 7 of the 46 respondents identified mass or social media as one of SHOFCO's key communication methods.

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4.5 Communication Activities During COVID-19 Pandemic

Communication activities during COVID-19 needed to take into account the communities' needs and local flow of information (Kaduka et al., 2023). The impact of the pandemic relied heavily on the quality of communication and information shared regarding the pandemic itself (Reddy & Gupta 2020). The respondents highlighted the initiatives that the organization did/took when there was a health threat like El Nino or a potential cholera outbreak that they were addressing at the time of data collection. It highlighted the array of

options the respondents selected when submitting their answers from the COVID-19 perspective.

When the researcher inquired whether the organization went out to communicate the health threat to communities, 37 respondents disagreed. They highlighted that SHOFCO capacitated community groups, local village elders, CHVs, and individuals at the clinics through health talks. These were key avenues used to diffuse government directives to communities. The use of existing groups such as youth, women, and village elders' barazas provided an opportunity to have information about the corona virus diffused faster. This addressed the research question, '*How did SHOFCO diffuse the directives on the COVID-19 RCCE to the communities that they served?*'

One respondent highlighted that "*We got the updates through continuous medical education as SHOFCO staff and capacitated the CHVs, youth groups, village elders through barazas and hosted the health talk every morning at the clinic*". The respondent continued to say/explain/expound, "*We realized that communities, especially the ones we served in Mathare and Kibera slums, trusted information from one of their own, and that's why we worked closely with CHVs and CHWs*." This is because building trust is key while addressing public health concerns with communities being the population at risk (Kapur, 2020). Majority of the respondents (38) agreed that the use of capacitated individuals to share information with communities was one of the most useful avenues used to share health information. The social arm of the organization was used to communicate health emergencies and crucial data through SMSs. This was because the SHOFCO Urban Network (SUN) had over 25,000 members and through other projects had maintained a strong database.

Of the respondents, 44 agreed that the SUN arm of the organization played a crucial role in providing a platform where information could be shared. Though social media was popular in the country with millions being on Twitter, the communities that they served

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rarely relied on this for health communication. This was because they "*served the slums and most of them came to the clinic or used their CHVs to reach them in the villages*." One of the respondents mentioned this after being asked whether social media was a platform used often to share information.

It is crucial to highlight that during the data collection phase, 43 respondents disagreed that social media platforms were one of the reliable avenues used to share health information, especially during COVID-19. "*We had to be careful as social media was one of the leading platforms for rumours and misinformation*," said one of the communications officers. Healthcare talks were the most popular means of sharing COVID-19 information as the satellite clinics in Mathare and Kibera gave regular talks to the patients who visited the facility. Of the respondents,41 agreed cumulatively that the health talks at the clinics were a crucial way of reaching out to communities when they came to seek medical services.

One respondent said. "*We had health talks at our clinics every morning and every day. We trained the CHVs who were referred to as health promoters on educating the communities in case of any health emergencies*". When it came to the role of mass media and the use of information electronic communication, 64% of the respondents were neutral on whether mass communication such as radio talks was the most effective way to share information during the pandemic in the two slums that they served. The above information is shown in Table 4.5 and has been tabulated in percentages.

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Table 4.6. Communication Activities During COVID-19

Communication Activities	Percentage (%) Representation				
	SD	D	N	A	SA
The organization used mostly capacitation of	50	30	0	2	18

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communities directly by SHOFCO's staff					
The organization used existing groups such as village leaders barazaa, community groups such as youth and women groups, CHVs and CHWs raise awareness	0	1	16	20	63
The SHOFCO Urban Network (SUN) database is used to share crucial information and create awarness via its membership platforms through SMSs	0	0	4	47	49
SHOFCO uses social media to raise awarness and share information about COVID-19 and other health threats	68	27	1	2	2
SHOFCO through its health talks at the Mathare and Kibera clinics provide information to the patients that visit the clinics	2	8	0	31	59
Collaborate with MoH on next steps and how to communicate	0	0	0	0	100
The organization uses mass media like local radio stations to create awareness and IEC materials like posters	3	2	64	30	1

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The Health Director of SHOFCO highlighted the different ways in which the organization communicated "*Through radio, art in the community, short messages, community health volunteers, television, door-to-door household visits, community asking questions through a USSD, and health education in the SHOFCO sites*." This was after the Director responded that the organization followed the RCCE directives given. Unfortunately, while responding to the same, the MoH-Kenya representative responded NO when answering the question "*Did non-state actors adhere to the communication directives in the RCCE on how to tackle perceptions and miscommunication During COVID-19?*"

4.5.1 RQ1: Communication Interventions affected by the COVID-19 RCCE Strategy

The RCCE strategy is a document that is intended to address fake news and rumours ((Kapur, 2020; Odhiambo, 2022; Bányász, 2023). Regarding how the MoH Kenya directives affected the different communication interventions at SHOFCO, 43 of the respondents said that all their communication activities during COVID-19 were formulated based on the MoH guidelines provided. However, some of the information given by the Ministry of Health had to be tailor-made to suit the communities that SHOFCO served especially at the clinics. One respondent mentioned that '*The communication was in synch with the MoH as SHOFCO engaged with communities even before COVID-19. The mode of engagement changed and the organization had to adjust. The SUN has over 2 million members through bulk SMS we had to incorporate MoH directives into the communication interventions that we had.'*

One of the respondents mentioned, "*We had to ensure that the communication department ran our communication from other departments to double-check and ensure that they followed the directives given by the Ministry of Health*." Another respondent said/explained, "*The directives from MoH- Kenya were used to set the pace for*

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communication activities during COVID-19. We followed the directives to the letter." In addition, another respondent mentioned that '*The communication was in synch with the MoH as SHOFCO engaged with communities even before COVID-19. The mode of engagement changed and the organization had to adjust. The SUN has over 2 million members through bulk SMS. They had to incorporate MoH into what they had*.'

Three respondents, however, stated that only some activities followed the MoH-Kenya guidelines. The MoH Kenya representative during the interview highlighted that "*Some non-state actors had their ways of doing things and they executed their plans, but they informed the Ministry what they were doing*." One of the SHOFCO respondents also stated that "*SHOFCO worked very closely with MoH on the ground. However, some guidelines were customized to fit the communities SHOFCO served. Given that Mathare is vastly crowded, it was hard/difficult to isolate and get everyone to follow instructions*". Another commented that "… *though the directives were followed, some did not fit in the different communities, and the organization had to adjust these directives*." It was evident that at some point the communication activities were paralysed as the organization had to wait on the MoH-Kenya to give directives as they used it as a baseline for their communication. There was a time frame of having the lab team report back by 5:00 pm to the Ministry of Health daily on the positive number of confirmed COVID-19 cases. It was key to relay data from the clinics back to MoH-Kenya. Some of the communication activities that the organizations engaged in pre- and during the coronavirus have been shared in Table 4.5.

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Table 4.7. Comparison of communication activities pre- and during COVID-19

Communication Activities	Pre-COVID	During COVID-19	Effect
RCCE Strategy	none	yes	Affected all communication activated for SHOFCO

Social media	yes	yes	Modified as this intensified. Content was more COVID-19 information-centered that were co curated with the MoH-Kenya or got pre-approval.
SMS system	yes	yes	Came in handy while disseminating quick updates from the MoH- Kenya. SHOFCO always collected personal data such as phone numbers to build its SUN's database.
Mass media	yes	yes	This intensified during COVID-19. More interviews were done to allow real-time feedback with communities through community radio stations.
Door to Door- house visits	No	yes	This led to care packages being given to vulnerable families and a six-month stipend for the families/individuals that lost their income sources during the pandemic
Community Health Volunteers	yes	yes	Were used more during the pandemic to address concerns and bring back feedback. The organization trained more youth champions to help communicate health messages in local dialects.
Village sanitation members	no	yes	This was introduced to help disseminate information to communities.
Community Art	no	yes	Used to share key messages through graphical images that spoke to communities
Community Engagement	yes	yes	Had to limit the staff that worked at the satellite clinics due to the RCCE directives and put in protective measures like masks which was very costly for the organization. The SUN arm of the organization was very useful as the number of members increased during the pandemic. Had to be more restrictive as social distancing and masking were needed. At times proved a bit difficult because slums are densely populated. SHOFCO adopted an online document that collected feedback that was escalated to senior management for action and a way forward.

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	A dedicated toll-free line was set up for addressing queries.

Source: Field Results (2024)

During COVID-19, communication activities significantly increased, following an RCCE strategy to implement SHOFCO's directives to the communities they served (Kapur, 2020). While social media remained in use, the organization exercised caution due to its potential to spread misinformation. SHOFCO, which had already been utilizing mass media like radio before the pandemic intensified its use during the crisis (Odhiambo, 2022). New communication activities introduced by the organization included door-to-door visits, training village sanitation members, and using community art to convey COVID-19 directives. Additionally, SHOFCO reinforced existing communication activities, as shown in Table 4.5, which had been in place before the pandemic.

4.7 Feedback from Communities during COVID-19

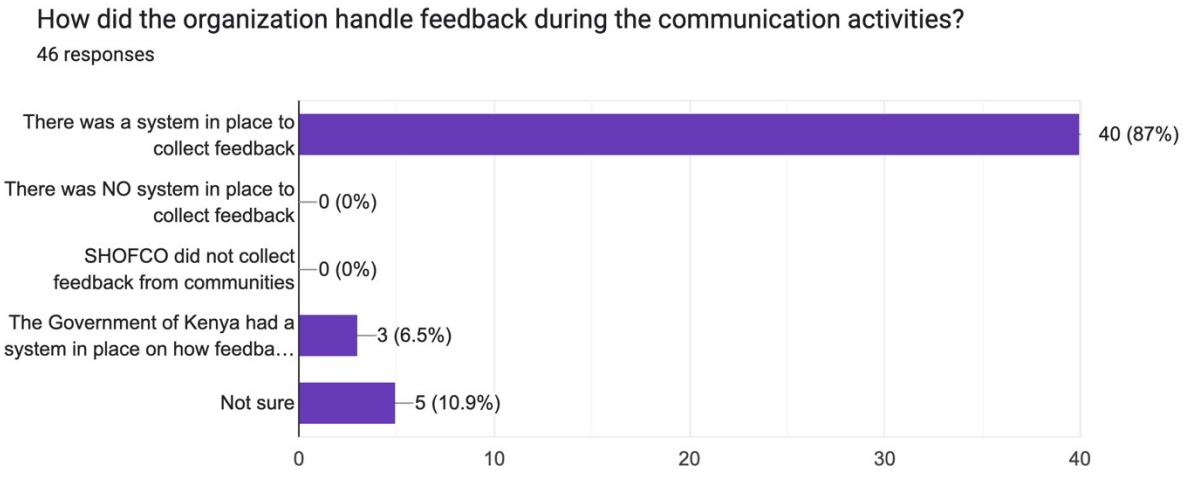
Out of the 46 interviewed respondents from SHOFCO's remote clinics, 40 respondents agreed that SHOFCO had a system in place to collect feedback. The respondents gave credit to the SUN arm of the organization which was used to disseminate accurate information to address rumours and fake news (Bányász, 2023). The capacitation of CHVs provided an avenue for addressing misinformation around the pandemic as they directly gave clarity in the slums during the door-to-door interventions. The health talks that were held every morning at the clinics were als used as an avenue to tackle feedback. Three (3) of the respondents acknowledged that the government of Kenya also had a system in place for collecting feedback. This clearly showed that if there was a feedback mechanism by MoH-Kenya it was not that well known by majority of the respondents.

A few respondents, 5 in total were not so sure if the organization had a feedback collection system in place because their departments were not involved in the process. This

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indicated that most communication took place at a centralized part of the clinics with other departments having to wait for communication interventions and information. Three of the respondents highlighted that the MoH Kenya itself had a system in place to manage feedback.

Figure 2.Feedback mechanism during COVID-19



When interviewed, one senior official commented, "*Out of the COVID-19 pandemic, the organization now knew how the community works. The pandemic was a blessing in disguise as SHOFCO now knows more about how to respond to communities. Senior management understands the community as they are now engaged in preventive care rather than curative.*" This resulted from the feedback system that was put in place, such as the hotline, SMS system, rumour tracking system, and so forth. The system made SHOFCO more known to communities, seeing its membership base increase, especially for the SUN.

One of the respondents during the interviews mentioned that under the SHOFCO Urban Network (SUN), they currently serve over 2 million people in 32 counties, up from a previous number of 5-10 counties before 2019. Given the organization's presence in the clinics, door-to-door interventions, and the work of community health volunteers (CHVs), feedback from the community was promptly received. Acting on this feedback required

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continuous communication with the community members both at the clinics and in their neighbourhoods. This responsiveness helped the organization expand its membership base, as it effectively addressed community concerns by providing masks, handwashing soaps, and care packages to the most vulnerable populations.

4.8 Risk Communication and Community Engagement (RCCE) Strategy Knowledge

A risk communication and community (RCCE) strategy runs solely on the fact that there is a risk that needs to be communicated to the population at risk through communication to address misinformation and infodemics (Costantino & Fiacchini, 2020; Adebisi et al., 2021). It is key that organizations such as SHOFCO that run clinics and work directly with communities understand what is entailed in an RCCE while responding to a health emergency like the COVID-19 pandemic. This is because while addressing the communication aspect of the pandemic, trust needed to exist as 'winning communities' was a priority (Kaduka et al., 2023).

During the data collection process, 40 of the respondents who had ben interviewed knew what the risk communication and community engagement (RCCE) strategy was, with only 6 not knowing what an RCCE entailed. One respondent mentioned that the COVID-19 RCCE strategy, "*… guided SHOFCO not only on how to respond to COVID-19 but also led to modification of our communication strategies*." Another highlighted "*Yes, I know what an RCCE is; this is an assessment of a risk and communication of the risk identified."* When the MoH- Kenya representative filled in the questionnaire, the government official highlighted that an RCCE…"*Provided information and guidance on what needed to be done and how actions were to be undertaken*,". This strategy was to also help ensure a preventative angle was taken during the pandemic by sharing information about the different COVID-19 waves experienced in Kenya (Wambua et al., 2021; Mwakisha et al., 2023).

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In adherence to the directives issued by the MoH-Kenya, SHOFCO implemented various measures at its satellite clinics and within communities to ensure compliance with RCCE instructions. One respondent highlighted that they knew the RCCE strategy by stating that ' '*Yes, I know of the strategy. SHOFCO through the WASH department and MoH set up a lot of hand washing stations, gave out soaps and hand sanitisers to the patients that visited the clinics and even through the door-to-door initiative, and CHVs gave health education at the community level*.' Some of the other initiatives put in place by SHOFCO due to the RCCE directives included the establishment of isolation rooms at the satellite clinics and the placement of handwashing stations at the entrances of SHOFCO offices, clinics, and high-traffic areas within communities, such as local chief's camps. Additionally, the organization adopted a shift-based work schedule, with employees assigned different working days to manage office and clinic populations and minimize movement. However, the sudden announcement of lockdowns and curfews disrupted the work routine, preventing many employees from reporting to their respective workstations, and consequently impacting the services provided to communities.

One respondent noted that the COVID-19 pandemic took both the organization and the country by surprise, especially in March 2020 when it was declared a pandemic in Kenya (Wambua et al., 2021). Thus the guidelines and directives from the MoH-Kenya were instrumental in navigating the crisis. This is because the RCCE strategy was *'... a way of informing the public how they can be safe like how they can reduce risk and protect themselves while also engaging them.' The respondent added.* The primary change observed was the shift from face-to-face to remote communication, given the health advisories during the pandemic. Furthermore, the organization facilitated vaccination among its employees as part of the mandatory requirements and directives issued during the peak of the coronavirus outbreak. Among the respondents interviewed, 29 believed that the RCCE

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significantly influenced the organization's communication activities during COVID-19, while 17 held the opposite/different/opposing view.

The organization had an internal communication team tasked with ensuring that all communication activities and messages conformed to the public sector directives. This team played a central role in ensuring that all other programs adhered to directives before communication. They acted as gatekeepers before any COVID-19 information was shared with SHOFCO's internal and external public. The team collected data from the community and disseminated information through social media pages and short messages to provide information, feedback, and clarification around COVID-19. When asked how SHOFCO ensured compliance with MoH-Kenya directives, one respondent said, "*We worked with the MoH during this period and collaborated with the county government of Nairobi and sub-county teams who approved the tools we were using. They also provided some to their team members who assisted in training to handle COVID-19 emergencies*."

Another respondent from the organization, when asked the same question, responded, "*Yes, but not all of them. Some were unsuccessful, but when a strategy did not work, SHOFCO regrouped to develop a more effective strategy*." One respondent answered no/ in the negative, stating "*Not at all, as SHOFCO had already been communicating, and all we needed to do was adjust.*" However, when the MoH-Kenya representative was asked the same question, the response was, "…*they took up the directives but sometimes they defied. They got tired of following the instructions."* The directives affected the public sector space as well. The MoH official commented. "*Yes, service provision was affected especially when staff got infected. Even the communication team worked remotely using online communication services.*"

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4.8.1 RQ3. Two-way Communication Approach to Facilitate Feedback.

In any health emergency, the aspect of feedback is very important as it is one way of gauging whether interventions put in place to respond to the emergency are working as success lies in effective communication (Reddy & Gupta, 2020). During the pandemic, most of the community engagement activities were affected by the directives given by the MOH-Kenya, which in turn, determined how SHOFCO engaged with the community. One respondent mentioned, "*Out of the COVID-19 now we know how the community works. The pandemic was a blessing in disguise as SHOFCO is now more about communities and how to respond to their needs. The senior management understands the community as now they are engaged in preventive care rather than curative*."

The organization learned how to communicate the many changes in the government directives that were being given, thus changing the organization's way of communication. This provided insight into why some communication activities had to change and helped to identify the needs of the patients at the clinics and the community in the slums. The two-way method helped the organization to design a care package and stipends for vulnerable populations in the community. This initiative through the SUN umbrella made the organization well known in the slums, strengthening trust with the slum communities that they serve. One respondent highlighted, "*Most of the feedback was aggregated through the communication department and used to help vulnerable community members with hand wash stations, food packages, and monthly stipends and health care services. The data collected was also used to make decisions on the needs of the communities and helped shape and decide plans and projects*."

Given the fact that there was an SMS and toll-free line that the organization had put in place, this was an avenue to have a sense of the community's concerns. The organization's team addressed every query came up with a response that they shared with the CHVs and

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CHWs. There were referrals that took place from the community, through CHVs to SHOFCO that were relayed back to MoH-Kenya. This helped in informing the ministry of COVID-19-positive or suspected cases in Mathare and Kibera. Through these feedback avenues that the organization had in place, it mapped out response mechanisms such as having a COVID-19 response committee. This particular committees kept track of all the feedback that came in and deviced responses.

The organization at times had to share feedback in local dialects as some queries came in various local languages. 'When feedback was received it was used to create learning opportunities as COVID-19 made a lot of goals not get realised due to the directives put in place by MoH. Adoption was key,' one respondent mentioned. The organization used the feedback to strengthen its internal response mechanism and in the long run it ended up being well known amongst the slum communities. Majority of the respondents highlighted that feedback helped SHOFCO engage better with not only communities but also partners like Mastercard Foundation.

4.8.2 RQ2. Curbing Misinformation and Infodemics During COVID-19

The researcher ascertained how the organization tackled misinformation and Infodemics within the communities they served. This was based on the RCCE strategy designed to curb misinformation and perceptions. In this section of the study, it was evident that the organization used different platforms to address misinformation within the organization and in the communities they served.

Table 4.8. Avenues used to address misinformation

Communication Activities	Percentage (%) Representation				
	SD	D	N	A	SA

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The organization used bulk SMS system to address the misinfromation	2	3	7	21	67
CHVs shared the misinformation and specific departments capacitated them on how to respond	0	0	1	3	96
Used the SUN database to address rumours misinformation when it occurred	0	0	5	77	18
Clinical officers went live on local radio stations to address myths and misinformation	0	0	1	9	90
Capacitated the village elders, youth and women groups on different issues addressing misinfomation at the same time	0	0	0	4	96

Source: Field Results (2024)

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Most respondents cumulatively agreed that the bulk SMS platform significantly contributed to dispelling the myths and rumours associated with the pandemic. Out of the 46 respondents interviewed, 45 respondents acknowledged that the two-way communication approach, involving Community Health Volunteers (CHVs) learning about rumours and misinformation on the pandemic was transmitted within communities, facilitated the development of targeted capacity-building sessions for CHVs. This, in turn, equipped them to effectively address and counter any misinformation that they encountered. After analyzing the interview recordings, it was evident that 43 respondents in total expressed their appreciation for the SHOFCO Urban Network (SUN) department.

The SUN department efficiently harnessed its existing platforms to disseminate accurate information to the communities. Additionally, mass media channels were effectively employed to engage healthcare professionals from the clinic in addressing misinformation, particularly concerning COVID-19 vaccines. "*We used the local radio station to address*

vaccine myths and other myths surrounding the pandemic," one respondent highlighted. "*We had to vaccinate our staff members publicly so that the communities that we served trusted that the vaccines were safe*," the respondent concluded. 45 respondents agreed that local radio stations was used to address misinformation.

Recognizing SHOFCO's proficiency in community engagement, the organization adeptly harnessed existing community structures, including village elders' barazas, youth, and women groups, among others. Impressively, all respondents, representing 100%, either agreed or strongly agreed that leveraging these avenues proved highly effective in mitigating the spread of misinformation.

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4.9 Discussions of the Research Findings

Effective communication during public health crises is essential as it enables people to make informed choices, counters the spread of misinformation and addresses the Infodemic problem (Costantino & Fiacchini, 2020). This calls for communication strategies incorporating feedback mechanisms, particularly vital for non-state actors. Non-state actors such as SHOFCO experience considerable shifts in their operations during public health emergencies in response to government directives, which service providers are required to follow. The goal of this research was to evaluate the extent of SHOFCO's operational adjustments and extract insights to better prepare for future health emergencies. Specifically, it explored the influence of the COVID-19 RCCE strategy on SHOFCO's communication practices.

Shining Hope for Communities (SHOFCO) employed a two-way communication model using its community health volunteers (CHVs), enabling the organization to counter rumours and misinformation while fostering trust (Kapur, 2020). This model allowed SHOFCO to deliver accurate information effectively. Community-based organizations like

SHOFCO, particularly those working in slums, play a pivotal role in reaching communities that are often hard/difficult to engage for public sector entities. This outreach helped them to understand the unique challenges faced by these communities, including issues like unemployment due to curfews and lockdowns imposed by the government.

In collaboration with development partners, including the Mastercard Foundation, SHOFCO provided six-month stipends to the most vulnerable families, highlighting that relying solely on directive-based communication was unsustainable, particularly during Kenya's government-imposed lockdowns and curfews (Luiu et al., 2022; Mwakisha et al., 2023). Some directives were communicated abruptly or late in the day, disrupting SHOFCO's operations and communication with the communities. However, by incorporating feedback mechanisms, SHOFCO gathered critical insights into the community's challenges and successfully addressed their concerns (Kaduka et al., 2023). The guidelines allowed SHOFCO to adapt by realigning existing strategies with the RCCE directives.

The directives significantly impacted SHOFCO's daily operations, causing temporary halts during lockdowns due to social distancing and gathering restrictions (Reddy & Gupta, 2020: Wangari et al., 2021). To lower infection rates at SHOFCO clinics, a designated floor was set aside for COVID-positive patients and staff members who tested positive were either isolated or worked from home. This led to a reduced number of patients being treated, partly due to staff shortages and the Ministry of Health's directive limiting healthcare facility access to essential cases only. "*The number of patients at the beginning was high as everyone feared being infected and with any sign of flu people came to the facility to be examined."* One respondent added. The organization trained its Community Health Volunteers (CHVs) and Community Health Workers (CHWs) to identify severe COVID-19 symptoms and refer patients to clinics, preventing situations where ill community members lacked access to

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healthcare services. When asked about the success of the communication strategies during COVID-19, 97.8% of respondents affirmed their effectiveness.

Role models are crucial in promoting the adoption of new ideas, as noted by Waithaka (2021). In response, the organization's communication department adopted a proactive strategy that ensured every new directive from Kenya's Ministry of Health was promptly disseminated and understood by all departments and the communities they served. This proactive strategy contributed to effective information sharing and the adoption of best practices throughout the organization. It was facilitated by the efforts of CHVs, CHWs, community leaders and elders. One respondent highlighted, "*SHOFCO's communication was positively affected as part of the information shared by MoH-Kenya was co-curated with SHOFCO for the communities' consumption. SHOFCO worked with county governments to tailor-make materials and this is an ongoing partnership*."

The ongoing collaboration with the Ministry of Health contributed to enhancing communication strategies during health emergencies (Sumo et al., 2019; Tambo et al., 2021). However, there was sometimes a delay in message transmission because SHOFCO had to verify key messages through its communications department to ensure alignment with the Ministry of Health's directives before dissemination. One respondent highlighted, "*Comparing before COVID information was fast to be passed to communities. But during the pandemic, it had to be verified first. There was a time issue and delay."*

One respondent replied/explained/claimed, "*It was successful because the organization engaged the community on how to take precautions. Generally, there were very few reported cases of COVID-19 in the slums where the organization works. SHOFCO also erected hundreds of handwashing stations in all entries to slum areas in Kisumu, Nairobi, and Mombasa*."

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Community input was gathered through the organization's feedback platform, highlighting concerns in overcrowded areas like Mathare slum where social distancing was challenging. The team had to adjust their strategies to effectively serve the community. The pandemic provided an opportunity for organizational learning, requiring data to assess the effectiveness of their strategies. These strategies proved successful, allowing for improvements based on what worked and what did not. The COVID-19 period from 2020 to 2022 served as a learning experience prompting the organization's health department to adopt a preventive approach (Kakaire & Reader, 2022). As a result, the organization expanded its SHOFCO Urban Network (SUN) membership from 33,000 to 50,000 and increased its service reach to 32 counties in Kenya by the end of 2022, up from 10 counties in 2019. One respondent mentioned, "*…between 2020 and 2021 SHOFCO reached over 1.5 million but this has grown over the years.*"

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4.10 Chapter Summary

This chapter examined the research questions that guided the study, with data collected from 46 respondents at both the Mathare and Kibera satellite clinics. Additionally, two questionnaires were administered to a representative from the Ministry of Health-Kenya and the Health Director of SHOFCO. The findings were presented in both pictorial/ tables and figures and narrative formats.The research assessed how the COVID-19 RCCE strategy influenced SHOFCO's communication practices. The results indicated that utilizing existing community structures—such as barazas, youth groups, and women's groups—was effective in disseminating crucial information. Community health volunteers and workers, trained to manage COVID-19 misinformation, played a significant role in addressing myths and providing accurate information.

SHOFCO leveraged its existing database under the SUN umbrella to disseminate information and respond to queries efficiently through social media and SMS services. Overall, the communication strategies implemented by SHOFCO proved effective. When challenges arose, the organization adjusted its methods to align with RCCE directives, demonstrating adaptability and responsiveness in its communication efforts.

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CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATION

5.1 Introduction

This chapter provides a summary of the findings derived from the research conducted. The conclusions align with the research objectives, specifically determining whether the RCCE strategy impacted SHOFCO's communication activities. Based on the findings, the study offered/provided recommendations for future RCCE strategies aimed at addressing misinformation and infodemics to mitigate future health threats.

5.2 Summary of Research Findings

5.2.1 Communication Activities

Risk Communication and Community Engagements (RCCEs) are considered crucial for guiding communication activities related to public health threats and emergencies, such as pandemics (Kakaire & Reader, 2022; Adebisi et al., 2021). This research emphasized the importance of effectively communicating risks and addressing community needs (Kaduka et al., 2023) in a manner that is understandable to the local population, especially given the communication challenges faced during the pandemic.

It was evident that the organization had to adopt new communication activities like/ such as using the SUN database to send SMS messages to their audiences. The use of grafitti and less usage of social media platforms were some of the new measures that were taken to ensure that accurate information was shared about the pandemic. The pandemic also saw a delay in communication as any message that was to be communicated had to be verified by the communication department at SHOFCO. Collaboration and partnership were used by the organization as it co-curated messages together with the county government in Nairobi. This

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was a way of ensuring that the communication messages to be shared were pre-approved before being circulated.

5.2.2 Misinformation and Infodemics

The COVID-19 pandemic was marked by fast-changing information and often unclear messaging (Krause et al., 2020). To manage public anxiety and counteract misinformation, effective communication and the dissemination of accurate information were crucial. Shining Hope for Communities (SHOFCO) recognized the need to address the infodemic and misinformation, utilizing Community Health Volunteers (CHVs), Community Health Workers (CHWs), and established community platforms such as youth groups and barazas. By integrating community feedback into their COVID-19 response programs, SHOFCO combated misinformation more effectively and helped the community navigate the pandemic. Additionally, SHOFCO used its morning health talks at the two clinics as a channel to address misinformation received via social media, CHVs, and other feedback platforms. Common misconceptions, such as doubts about the existence of the virus and its transmission were addressed through health talks, radio interviews, and the efforts of CHVs trained to confront misinformation and rumours.

5.2.3 Feedback and Two-way Communication

Effective RCCE necessitates two-way communication with communities to share risk information and build trust (Kapur, 2020). According to one of SHOFCO's key health leads, the pandemic presented an opportunity to enhance community trust and engagement. This experience highlighted the importance of continuous communication and the value of a two-way approach that fosters feedback. During the Ebola outbreak, non-pharmaceutical interventions such as handwashing, social distancing, and the use of mobile stages to

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disseminate information were crucial (Sumo et al., 2019). SHOFCO adopted similar measures, engaging community health workers and volunteers to facilitate a two-way communication process, thereby reinforcing community trust and improving the effectiveness of their health interventions.

5.2.4 Communication Directives Diffusion

Luiu et al. (2022) examined the impact of RCCE directives enforced by the Kenyan government on the livelihoods of people in informal settlements like Kibera, focusing on measures such as total lockdowns (Wangari et al., 2021). The study emphasized how these directives affected organizations like Shining Hope for Communities (SHOFCO) which work closely with local communities. One major consequence was the significant loss of income for residents of Mathare and Kibera slums due to movement restrictions caused by lockdowns and curfews, impacting their livelihoods. SHOFCO leveraged its feedback system to assess the effects of these directives, with numerous complaints received via SMS and other channels highlighting the residents' worsening situations. This prompted SHOFCO's collaboration with its Urban Network division to address these challenges.

Government directives also had a profound influence on the communication activities of non-state actors during public health emergencies. For instance, SHOFCO's remote clinics saw an increase in patient numbers, as many residents avoided larger hospitals due to fears of cross-infection. To address public concerns and misconceptions, SHOFCO held daily health talks. The directive on social distancing, however, proved difficult to implement in the slum communities, where overcrowded living conditions made it challenging for SHOFCO to carry out effective outreach efforts. In addition, Ejike-Alieji et al. (2020), Luiu et al. (2022) also found that non-state actors were not adequately involved in pandemic containment efforts, with governments taking the lead in managing the crisis. This limited the involvement

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of community organizations like SHOFCO hindered a more effective and localized pandemic response in Kenya's informal settlements.

5.3 Conclusion

This research aimed to investigate the impact of the COVID-19 Risk Communication and Community Engagement (RCCE) strategy on the communication activities of non-state actors, focusing on Shining Hope for Communities (SHOFCO) through a case study approach. Using a mixed-methods approach, the study highlighted key aspects of SHOFCO's communication practices during the pandemic, emphasizing the critical role of feedback in addressing health concerns, particularly in densely populated slum areas. The research found that adaptable and responsive communication strategies are essential for combating miscommunication and infodemics. SHOFCO implemented a feedback mechanism to inform and improve its programs by working closely with the communities it serves.

However, it remains unclear whether this feedback was shared with Kenya's Ministry of Health (MoH) to influence its directives, which could have improved the feasibility of recommendations like/such as social distancing and handwashing in areas like Mathare and Kibera. To tackle communication challenges, SHOFCO leveraged existing community structures, such as women and youth groups, to disseminate information and collect feedback. This approach enhanced trust in the messages by using familiar faces and community networks, ensuring that communication was more effective and relatable to the local context.

The study underscored the importance of utilizing feedback mechanisms, leveraging established community structures, and fostering collaboration with health authorities to improve the effectiveness of communication strategies, especially in marginalized and densely populated areas like slums. It concluded that while having an RCCE strategy is

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crucial, a two-way communication process that incorporates feedback is essential for its success. SHOFCO used the pandemic as a learning opportunity to strengthen its internal communication strategies, adhering to MoH-Kenya's RCCE directives while expanding its role through partnerships to better serve vulnerable slum communities.

5.4 Recommendations

The researcher emphasized the importance of adopting the RCCE strategy to address miscommunications and other communication challenges that may arise during health emergencies. It is crucial for such strategies to be drafted with consideration of the specific environments in which organizations like SHOFCO operate, particularly in slum areas where realistic directives are essential. Based on the feedback received by SHOFCO, which played a pivotal role in developing response mechanisms for the communities they serve, several recommendations were proposed/made:

1) The findings of SHOFCO's experiences should be shared with the Ministry of Health, Kenya to inform the restructuring of their overall RCCE strategies.

2) Further research should be conducted to assess whether the feedback mechanisms implemented by the Ministry of Health Kenya informed any part of the RCCE strategy during the pandemic.

3) The Ministry of Health should tailor RCCE strategies to address the specific needs of diverse populations and communities in the country, particularly those in slum areas and key populations most affected by health directives.

4) SHOFCO should conduct an internal review to evaluate lessons learned and enhance their systems to better inform responses to future health threats.

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These recommendations aimed to improve communication practices and enhance the effectiveness of RCCE strategies in addressing public health emergencies, particularly in marginalized communities.

5.5 Suggestions for Further Studies

This study is significant because it explored the impact of the COVID-19 RCCE strategy on SHOFCO's communication activities, including the feedback mechanisms of two-way communication and the dissemination of RCCE directives to the communities served by its Mathare and Kibera satellite clinics. While existing literature primarily examined RCCE strategies from a preventative perspective (Kakaire & Reader, 2022), it largely overlooked how these directives affected the communication practices of non-state actors. An RCCE is typically developed within the public health sector and shared with partners to address issues like fake news (Bányász, 2023) and infodemics, but the impact on organizations like SHOFCO remains underexplored.

Previous research has focused on RCCE strategies during health threats from a preventative standpoint and the design and implementation of information-sharing frameworks particularly in communicating with at-risk populations (Costantino & Fiacchini, 2020). This study filled a gap by analyzing how the COVID-19 RCCE strategy influenced the communication efforts of a non-state actor like SHOFCO.

However, this case study focused exclusively on SHOFCO, leaving the need for further research on how RCCE strategies affected the communication activities of other non-state actors operating in similar contexts. Expanding this research could provide broader insights into the communication challenges and successes experienced by other organizations during public health crises.

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APPENDICES

Appendix A: Consent Form

Elizabeth Ajwang Otaye
P.O. Box 292-00206 Nairobi-Kenya
+254 716 341 587
Nairobi-Kenya.

RE: Consent for providing information towards the academic study.

This is an official consent form to request you to take part in the study as part of a requirement for a Master of Arts in Communication Studies at St. Paul's University. The data collected will be used for the study which will be presented to the school.

Privacy: The data collected will be treated with confidentiality as names will not be used but instead a particular character/code will be assigned to the interviewee that is only known by the interviewer. This guarantees confidentiality between the parties involved and no risk related to your participation.

Method: The data will be collected solely through an interview conducted physically

Duration: The process of conducting the interview will take 30-40 minutes.

Benefits: This study will benefit the development studies department and non-state actors. No monetary incentives or other perceived benefits will be given to the interviewee.

Publication: The final thesis findings will be submitted to St. Paul's University and supervisors and any third party who would like access to the same will have to send a written request to the school.

This is to certify that I have understood the reason why the data is being collected and give my consent for the data collected to be used solely for the study.

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Full Name:

Date:

Signature:

THANK YOU

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Appendix B: Interview Questions

Elizabeth Ajwang Otaye is conducting this survey for data collection as part requirements towards the award of a master's degree in Communication Studies from St. Paul's University. Information shared is confidential as individual names will not be used but a special number assigned instead.A consent form has been shared with this questionnaire. I look forward to your feedback as the data collected will add critical value to the study.

INSTRUCTION: Please tick or fill in where appropriate. Do not indicate your name

SECTION A: Social Demographic and Institutional Information

1. Gender:
   a) Male ( )
   b) Female ( )

2. What is your highest level of education
   a) Certificate ( )
   b) Diploma ( )
   c) Bachelors ( )
   d) PHD ( )

3. How long have you worked with SHOFCO?
   a) 0 - 1 years
   b) 2 - 5 years
   c) 5- 10 years

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d) More than 10 years

4. Which department do you currently work in?

SECTION B: RISK COMMUNICATION AND HEALTH COMMUNICATION ACTIVITIES

This section looks at risk communication and health communication activities that

1. How do you communicaterisk to communities and what activities do you typically engage in during health emergencies?

---

2. How did COVID-19 Communication guidelines from the Ministry of Health (MoH) Kenya affect these communication activities at SHOFCO?

a) All our activities were formulated based on MoH guidelines

b) Only some of these activities followed the guidelines

c) No MoH - Kenya guidelines were received

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3. How did the organization handle feedback during the communication activities?
    a) There was a system in place to collect the feedback
    b) There was no system in place to collate the feedback
    c) SHOFCO did not collect feedback from communities
    d) The Government of Kenya had a system in place on how feedback was to be channelled
    e) Not sure

SECTION C:RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) STRATEGY

1. Do you know what an RCCE is? Elaborate.

---

2. How did SHOFCO ensure that they adhered to the directives on the COVID-19 RCCE strategy put in place?

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3. Did the RCCE affect the communication activities and methods of the organization?

   a) YES ()

   b) NO ()

4. If yes, list the specific activities and how the RCCE affected them.

   a) ----------

   b) ----------

   c) ----------

   d) ----------

5. Were the strategies put in place for COVID-19 communication with the communities successful?

   a) YES ()

   b) NO ()

6. If your answer to question 5 is yes or no, please elaborate

---

SECTION D: COMMUNITY ENGAGEMENT

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1. List any specific actions or tools SHOFCO used to counter widespread COVID-19 misinformation.

---

2. How does SHOFCO maintain two-way communication with members of the communities within which it operates?

   a) Relying on Community Volunteers
   b) Use of Social Media Channels
   c) Work with Community Leaders
   d) Work with demographic groups for Women and Youth among others
   e) Direct door-to-door engagement

3. About COVID-19, how was feedback received from the community adopted into a response Strategy?

---

4. Was there a system of tracking behavioural change if any, during the risk communication?

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a) Yes

b) No

5. If the answer is yes above, how were these behavioural changes tracked?

---

6. What are the current numbers regarding coverage and the number of people served by SHOFCO within your area?

Google Form Link:

https://docs.google.com/forms/d/11fTdeNlKygg6l7_GiwJGCscbKxGziQlWzMD5vwM9oyQ/edit#responses

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Appendix C: Questionnaire Questions

Elizabeth Ajwang Otaye is conducting this survey for data collection as part of the requirements towards the award of a master's degree in Communication Studies from St. Paul's University. Information shared is confidential as individual names will not be used, but a particular number assigned instead. A consent form has been shared with this interview template. I look forward to your feedback as the data collected will add critical value to the study.

1. How did the risk communication and community engagement strategy by the Ministry of Health affect the communication activities of SHOFCO?

2. Was there an RCCE strategy adopted to guide Kenya's COVID-19 communication?

3. How did the organization communicate the risk of the pandemic to the communities around it?

4. Did SHOFCO adhere to the communication directives in the RCCE on how to tackle perceptions and miscommunication During COVID-19?

   a) Yes
   b) NO

5. If yes, how did the organization do so?

6. How was feedback from the communities captured during the communication activities done by SHOFCO?

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7. Was service provision affected during the pandemic and how did this affect the overall communication with communities?

8. How did SHOFCO incorporate community health volunteers into their communication strategy and activities during COVID-19?

Google Form Link:
https://docs.google.com/forms/d/1RRyo3Fay1tSkGlYYgDOs2a7Ysb5D6Nb0QhGWvbKM8J4/edit#responses

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Appendix D: NACOSTI Research Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **562801**

Date of Issue: **24/August/2023**

RESEARCH LICENSE



This is to Certify that Miss.. Elizabeth Ajwang Otaye of St. Paul's University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: INFLUENCE OF THE COVID-19 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT STRATEGY ADOPTED IN KENYA ON NON-STATE ACTORS' COMMUNICATION ACTIVITIES: A CASE STUDY OF SHOFCO. for the period ending : 24/August/2024.

License No: **NACOSTI/P/23/28745**

562801

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

Appendix E: Approval Letter

ST. PAUL'S UNIVERSITY

Private Bag 00217 LIMURU, KENYA
Email: office@spu.ac.ke
Website: www.spu.ac.ke

Tel Office: +254 (0) 20-2020505/10
Mobile: +254 (0) 728 - 669000
(0) 736 - 424440

BOARD OF POSTGRADUATE STUDIES

8th August, 2023

National Commission for Science and Technology,
P.O. BOX 30623-00100,
Nairobi.

Dear Sir/Madam,

RE: RECOMMENDATION FOR ELIZABETH AJWANG OTAYE MACSNRB381322 –TO CONDUCT RESEARCH

This letter confirms the above-named person is a student in the Master of Arts in Communication Studies Program at St. Paul's University.

The second year consists of a major research work leading to a Thesis. The student's selected topic is:

"Influence of the COVID-19 Risk Communication and Community Engagement Strategy Adopted in Kenya on Non-State Actors' Communication Activities: A Case Study of Shofco."

Kindly grant this student the required permit.

Yours Faithfully,

DIRECTOR POSTGRADUATE STUDIES ST. PAUL'S UNIVERSITY 08 AUG 2023 P.O. BOX 20505/2020 PRIVATE BAG - 00217, LIMURU

Dr. John Muhoho
Director, Board of Postgraduate Studies

Appendix F: Letter from ISERC

ST. PAUL'S UNIVERSITY

Private Bag 00217 Limuru,
Kenya
Email: office@spu.ac.ke
Website: www.spu.ac.ke
mailto:office@spu.ac.ke

Tel Office: +254 (0) 20-2020505/10
Mobile: +254 (0) 728-669000
(0) 736-424440

REF: SPU/76/2023 **Date: 7th August 2023**

TO: Elizabeth Otaye
St. Paul's University

Dear Elizabeth,

REF: Influence of The Covid-19 Risk Communication and Community Engagement Strategy Adopted in Kenya on Non-State Actors' Communication Activities: A Case Study of Shofco

Greetings,

This is to inform you that SPU- Institutional Scientific Ethics Review Committee has reviewed the above-named research proposal. **Your ERB approval number is 85, for the period between 7th August 2023 – 7th August 2024.**

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consents, study instruments) will be used.
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SPU- Institutional Scientific Ethics Review Committee.
iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SPU- Institutional Scientific Ethics Review Committee within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect

the integrity of the research must be reported to *SPU- Institutional Scientific Ethics Review Committee* within 72 hours

v. Clearance for export of biological specimens must be obtained from relevant institutions.

vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.

vii. Submission of an executive summary report within 90 days upon completion of the study to SPU- Institutional Scientific Ethics Review Committee.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://research-portal.nacosti.go.ke and also obtain other clearances needed.

Yours sincerely,



Dr. Daniel Nzengya, PhD
Chairperson
SPU- Institutional Scientific & Ethics Review Committee



Appendix G: Originality Report

APPENDIX H: ORIGINALITY REPORT

INFLUENCE OF THE COVID-19 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT STRATEGY ADOPTED IN KENYA ON NON-STATE ACTORS' COMMUNICATION ACTIVITIES: A CASE STUDY OF SHOFCO.

ORIGINALITY REPORT

11%	10%	4%	%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

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