The 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) Kenya

Otaye Elizabeth Ajwang [1] & Awuor Quin Elizabeth [2]

St. Paul's University[1]

United States International University[2]

Abstract

A Risk Communication and Community Engagement (RCCE) strategy plays a pivotal role in addressing perceptions, misinformation, and disinformation surrounding health threats, necessitating continuous communication with communities. This study investigated the impact of RCCE implementation during the COVID-19 pandemic on non-state actors, with a specific focus on Shining Hope for Communities (SHOFCO) as a case study. The primary aim was to assess how the RCCE influenced SHOFCO's communication activities amid the pandemic. Specific objectives included evaluating the effects of the COVID-19 RCCE strategy on SHOFCO's communication initiatives in the Mathare and Kibera satellite clinics, addressing misinformation and Infodemics, managing two-way communication involving feedback, and disseminating communication directives to the served communities. Employing the diffusion of innovation theory and Charles Osgood's communication model, this mixed-method research adopted a case study approach. The population size was 105 with a sample size of 63 individuals selected through purposive sampling. Data collection methods comprised questionnaires and interviews. The study revealed that RCCE strategies guide managing communication aspects during health emergencies, stressing the importance of adhering to directives to combat Infodemics and establish response mechanisms. Recommendations included sharing SHOFCO's findings with the Kenyan Ministry of Health (MoH-Kenya) to inform the restructuring of RCCE initiatives, conducting further research on the Ministry's feedback mechanism, considering diverse populations such as SHOFCO in RCCE drafting and planning, and conducting internal reviews to enhance future health threat responses. The study's outcomes hold significance for the Kenyan government, development partners, and non-state actors regarding effective communication strategies for addressing future health threats.

Key Words: RCCE, COVID-19 Pandemic, SHOFCO, Risk Communication

1.0 Introduction

Pandemics affect essential services such as the use and access to healthcare services (Kiarie et al., 2022). Pandemics are public health matters, and COVID-19 has overshadowed other recent public health emergencies (Wangari et al., 2021). A risk communication and community engagement (RCCE) strategy helps ensure accurate information is shared during public health emergencies (Gonah, 2020) and is thus essential to ensure that information is shared between governments and healthcare professionals, and between healthcare professionals and the public or targeted population and that the information has been verified. A risk communication and community engagement (RCCE) strategy is a systematic approach that engages with at-risk communities or people (Adebisi et al., 2021). It is an integral part of addressing public health emergencies and threats (Gonah, 2020), as this document comes into play from the onset of the threat, the peak, and finally to the end.

The coronavirus had a diverse effect on communities (Waithaka, 2021) and health systems in general. One of the mitigating measures was to have an RCCE strategy in place reason being when it comes to health risks and dangers such as coronavirus, the RCCE strategy was to address rumours and misinformation (Adebisi et al., 2021). However, the strategy did have diverse effects on the day-to-day operation of organizations that are mainly working in communities or providing essential services. Adebisi et al. (2021), clearly highlighted that the RCCE is the process that involves, engaging and consulting with communities at risk, including stakeholders in the prevention and response process to public health emergencies. Thus, any organization within the health sector providing services to communities such as SHOFCO was directly affected by this strategy. This is why different countries approached the pandemic from different angles with most having adopted the overall RCCE skeleton given by the World Health Organization (WHO) (Adebisi et al., 2021).

In Europe, countries like Italy, saw them take advantage of a pre-existing 2000-member committee that was formed in April 2019 (Costantino & Fiacchini, 2020) that supported local stakeholder involvement in drafting their RCCE. The committee played a critical role in investigating community engagement in public health making it possible for Italy to take only seven (7) days to update and deploy its RCCE. In the United Kingdom, the prime minister sent letters to houses to ask them to stay home (Spring, 2020) as one of the measures to control the spread of the virus.

In African countries, there was a rush to implement countermeasures to curb the spread of the pandemic to avoid the healthcare systems being overwhelmed (Wangari et al., 2021). Zambia's RCCE focused on precautionary efforts with press briefings, radios, posters, flyers, billboards and social media being some of the avenues used by the government to disseminate helpful information. In Algeria, posters were used as part of the risk communication process and disseminated through governmental or volunteer organizations (Adebisi et al., 2021) as the Algerian Ministry of Health provided regular media updates to its citizens.

In Kenya, the first confirmed case of COVID-19 was on 13 March 2020 (Wambua et al., 2021) which saw the Kenyan government implement measures to curb the spread of the virus. Some of the directives put in place by the Federal Ministry of Health in Kenya (Adebisi et al., 2021) included but were not limited to; 1) strengthening communication channels from the national to county levels; 2) promoting critical public health information and having conversations with vulnerable groups; 3) engaging different stakeholders like local leaders to share correct information about the pandemic; 4) promoting the two-way communication which promoted information flow (Kapur, 2020) and addressed Infodemics and 5) having tailor-made COVID-19 data for different audiences. All the above RCCE directives have significantly impacted service delivery for the non-state actors in the way they communicate to their public.

This research sought to assess whether Shining Hope for Communities Organization (SHOFCO) adhered to the RCCE directives put in place and ascertain how the RCCE communication strategy affected its communication activities and service provision for its communities. Moreover, the findings from this study hope to inform communities about the role that grassroots organizations play in risk communication in pandemics and other public health emergencies.

2.0 Literature Review

Public health revolves around communicating (Lefebvre, 1993) thus, communication is all about the transmission and exchange of information. Data transmission must be intentional to allow feedback and facilitate an interactive sender-receiver relationship (Kapur, 2020). Health communication involves strategies to inform and influence the behaviour of individuals during public health emergencies. A risk communication and community engagement (RCCE) strategy is an integral part of health communication as it is used to communicate crucial information during public health emergencies to influence an

individual's behaviour toward a particular threat by ensuring the sharing of accurate information (Gonah, 2020). The study relied on one theory and one communication model under the theoretical review to understand more of the risk communication aspect and how RCCEs affect the overall communication activities of non-state actors during public health emergencies.

The Diffusion of Innovation (DOI) theory was first introduced by E. M. Rogers in 1962 (Fisher, 2004) and has since evolved to explain how innovations or ideas are spread and why some practices change and others do not. Diffusion is a social process in health, as it involves learning innovation with an evidence-based approach to improve healthcare among members of a social system (Dearing & Cox, 2018). This theory was relevant as it helped ascertain whether the measures described on the RCCE strategy used in Kenya during the coronavirus were adhered to and whether there was any behavioural change. The Charles Osgood Circular communication model has been referred to as a two-way communication model that promotes an environment where feedback is given as input from both the sender and the receiver (Osgood, 1964). The model was founded in 1954 by Charles Osgood alongside Wilbur Schramm. It incorporates the process of encoding and decoding messages that has gained prominence over the years alongside the Lasswell Model and Shannon (1948) and Weaver Model (1949). For this study, the researcher used the RCCE as the independent variable. The dependent variable was communication activities and the moderating variable was COVID-19.

With a critical focus on the importance of timely messaging and feedback, RCCEs rely on this model as it encourages input and builds a relationship fostering trust at the same time. Kapur (2020) mentioned that feedback is two-way and that the communication process needs to be clear. Charles Osgood's model helped ascertain if the input from communities was taken into account by SHOFCO during their communication activities. It is however to be taken into account that models can lead to the oversimplification of any phenomenon according to (Asemah et al., 2022).

Communication needs to be strategic to stay within the organization's mission and vision (Muthotho, 2020) and to fulfil the organization's overall goal. Given that service, disruption was also a clear outcome with key healthcare services being limited to the groups that needed it the most, this particular research addressed how non-state actors tackled this aspect of the pandemic. The research investigated how the RCCE that had directives from the Ministry of Health Kenya (MoH-Kenya) affected the communication activities of SHOFCO.

This is because one of the directives in Kenya was that healthcare facilities were to be accessed on a need-to-need basis. Zhang et. al (2021) highlighted that due to restrictions on movement during the pandemic, there were not many studies or research that had examined the RCCE measures put in place by countries. This study seeks to address this taking into account that case studies are widely used in many social science studies (Zainal, 2007).

3.0 Research Methodology

Research design is the blueprint of any study being conducted (Waithaka, 2021). It guides the research and researcher on how to collect, analyze and interpret the data collected (Osman, 2018). This research was a mixed method research deploying a descriptive analysis of the data that the researcher collected from the field giving a richer context of RCCEs. Questionnaires and interviews were used as the two key data collection tools. The researcher designed the questionnaires that were administered to respondents using Google Forms which helped in collecting the data collected from the field.

Though qualitative data has gained popularity over the years within the health field, descriptive research designs embark on answering the what, who, when and where (Waithaka, 2021) and this is what this study sought to address. Purposive sampling was used for this study as it helped the researcher collect data from a population using the inclusion and exclusion (Muthotho, 2020) of the SHOFCO team members. The target population was from Nairobi County with a key focus on Mathare and Kibera slums as this is where the satellite clinics were situated. The organization has Seven (7) communication officers, one Health Director and ninety-six (96) lead clinical staff from all the clinics. The total population is 105. A representative from the Ministry of Health Kenya who was part of the COVID-19 RCCE team was also included as part of the sample size. This was a case study of SHOFCO and the sample size of 63 people from a population of 105 was selected through purposive sampling and the Miller and Brewer formula.

Data analysis involves cleaning of data collected and presenting it as information that can be consumed for the study (Muthotho, 2020). A research permit from the National Commission for Science Technology and Innovation (NACOSTI) was obtained before data collection commenced. Data was collected using Google Forms and later converted to Google Sheets to be exported to the Statistical Package for the Social Sciences (SPSS). Using SPSS, the researcher ran frequency tables that formed the initial stage of data analysis to find the existing relationships between variables of interest. While the SPSS provided a range of

advanced statistical operations, for this study the researcher only used frequency tabulations to analyze the data.

4.0 Results and Discussions

Risk communication and community engagements (RCCEs) are essential in addressing communication activities concerning a public health threat and emergencies such as a pandemic. The lack of non-state actors' contribution to RCCE strategy development or amendment has been cited as a significant downfall in why the strategies are not fully adopted. This particular research sought to determine the implications of the COVID-19 RCCE strategy adopted during the pandemic on non-state actors' communication activities with Shining Hope for Communities (SHOFCO) being the case study. The specific objective of this study was to assess whether SHOFCO adhered to the RCCE directives put in place and ascertain how its communication activities were affected by the strategy.

Effective communication is paramount during public health threats, as it empowers individuals to make informed decisions and combat the rampant spread of misinformation, thereby addressing the issue of Infodemics. This necessitates the implementation of communication methods and strategies that incorporate feedback, particularly important for non-state actors. Notably, when addressing a public health emergency, the operational dynamics of non-state actors, including organizations like SHOFCO, undergo significant changes. These alterations occur in response to directives issued by the public sector, which must be adhered to, especially by essential service providers. The primary objective of this study was to assess the extent of SHOFCO's transformation and obtain key insights that can be applied to prepare for future health threats. In essence, the study aimed to uncover how the COVID-19 RCCE strategy impacted the organization's communication activities.

Out of the anticipated 63 respondents that made up the sample size, 48 were reached because some respondents had moved on to other organizations. After all, COVID-19 was no longer an issue of public concern. The Health Director of SHOFCO highlighted that given the pandemic initiatives and programs were donor-based, once funding was over, the programs were shut down. This is one of the reasons why not all 63 respondents were reached. Thus, 48 respondents were reached for this particular study.

Out of these 46 were from the Water, Sanitation and Hygiene (WASH) Department, clinical officers, the communication team lead the monitoring, evaluation and learning (MEL) team, and community health workers (CHWs) now referred to as community health

promoters. The other two were the Director from the SHOFCO management team and the Ministry of Health Kenya (MoH Kenya) representative.

The breakdown of the 46 respondents from SHOFCO departments and areas of work has been expressed in Table 1.

Table 1: Respondents' departments and areas of work

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

Source: Researcher (2024)

The first part of the questions touched on the demographics of the respondents. Out of the 46 respondents, 54.3% were male and 45.7% were female. 65.2 % of the respondents had attained the diploma level of education, 19.6% had a bachelor's degree, the certificate level was at 6.5% and 8.7% had a master's degree respectively. Most of the respondents came from the health department given that the coronavirus was a health issue. The pandemic saw all communications activities be verified to avoid miscommunication and this led to a delay in communication with communities as a centralized communications team had to be consulted to ensure that the data being shared was in line with the RCCE directives. The breakdown of the 46 respondents' departments and areas of work has been expressed in Table 2.

Table 2: Respondents' departments and areas of work

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

Source: Researcher (2024)

The majority of the respondents, accounting for 50% of the total, had worked for the organization for a period ranging from 5 to 10 years. Following closely were 41.3% of respondents who had worked for a duration between 2 to 5 years. A smaller percentage, 6.5%, had been with the organization for more than 10 years, while only 2.2% of the respondents had worked for less than a year. This is represented in Table 3.

Table 3: Duration of having worked at SHOFCO

Year	Frequency	Percentage
0-1	1	2.2
2-5	19	41.3
5-10	23	50
10 and above	3	6.5

The activities that the organization undertook had to be aligned with the RCCE directives given by the Ministry of Health of Kenya. The organization under study, SHOFCO worked in close collaboration with the county health division of the Ministry of Health ensuring that the directives set forth were followed. Some of these directives were social distancing, masking, having a handwashing station at the clinics etc. Regarding how the MoH Kenya directives affected communication activities at SHOFCO 87.5% of the respondents said that all their activities were affected by the RCCE put in place.

Given that SHOFCO is a grassroots organization and is on the frontline of reaching the most vulnerable communities, feedback to them is very crucial. They had a feedback mechanism in place to collect information through the CHVs and community leaders to address issues raised. The organization also had a suggestion box and a telephone number set aside for community feedback. One respondent highlighted "The data collected was also used to make decisions on the needs of the communities and helped shape and decide plans and projects." The majority of the respondents agreed that the two-way communication methods and strategies put in place by SHOFCO were effective at 91.3%. Some strongly agreed that CHVs at 4.3%, working with community leaders, and working with demographic groups at 2.2% respectively were the main areas in how SHOFCO maintained the two-way communication process.

During the interview, one of the respondents mentioned, "*We had to ensure that the communication department ran our communication from other departments to double-check that the directives from MoH Kenya were followed.*" Another respondent said, "*The directives from MoH- Kenya were used to set the pace for communication activities during COVID-19. We followed the directives to the letter.*"

One of the SHOFCO staff also stated that "*SHOFCO worked very closely with the MoH Kenya on the ground. However, some guidelines were customized to fit the communities SHOFCO served.*" Given that Mathare is vastly crowded it was hard to isolate and get everyone to follow instructions such as social distancing.

"*We capacitated the CHVs, CHWs, community leaders, village elders, youths and communities around COVID-19 and this is one of the reasons why there were a smaller number of infections in the slum areas that we serve.*" Another respondent commented.

The organization saw the need to share accurate information fast and the already existing systems mentioned helped to achieve this. The use of radio talk shows and having a hotline for emergencies were also some of the avenues used. To ensure that they reached everyone in the communities that they served, the organization also used graffiti on walls to relay simple instructions like masking, handwashing and so forth. During the data analysis process, it was evident that 97.8% of the respondents agreed that the strategies that were put in place during the pandemic by SHOFCO were successful.

Input from communities was also received as facilitation of communication (Kapur, 2020) was evident through the feedback platform the organization had. This is the same case as Oman which used existing community practices to update its COVID-19 RCCE (Al Siyabi et al., 2021). Though there was a concern about overcrowded areas such as the Mathare slum where social distancing was impossible, the team had to re-align and adopt other strategies to ensure the community was served either way. This is because the pandemic presented an avenue to learn as an organization. Thus, SHOFCO needed data to see if their strategies were successful and according to the feedback received the strategies were successful and gave room for improvement on what wasn't working.

The COVID-19 period from 2020 to 2022 was more of a learning curve as the organization's health department started looking at health from a preventive lens. This helped the organization grow its numbers as the SHOFCO Urban Network (SUN) members increased from 33,000 to 50,000 in Mombasa alone. In Kenya, they now serve from 10 counties in 2019 to 32 counties as of the end of 2022. One respondent mentioned, "…*between 2020 and 2021 SHOFCO reached over 1.5 million people but this has grown over the years*."

Community organizations such as SHOFCO use the last mile to reach out to communities that the public sector finds difficult to reach (Adhiambo, 2020). Through partnerships with development partners and organizations such as the Mastercard Foundation, the organization gave a 6-month stipend to the most affected and vulnerable families. This showed that the thought of giving directives was not sustainable at some point, especially during the lockdown and curfews that were put in place by the government of Kenya. Given that some of the directives were communicated late in the day or abruptly by the government of Kenya, these changes disrupted the day-to-day activities and communication of SHOFCO on how it worked with the communities they serve.

In conclusion, though the MoH-Kenya gave directives to be followed during the COVID-19 outbreak, SHOFCO had to re-adjust and adopt as some of the directives were not viable

such as social distancing in the slum areas. This is because of the vast number of patients the satellite clinics served and the communities in which the organization operated. Given the economic background of the communities, SHOFCO had to step in to take up some of the burdens as many members of these communities in Nairobi, Mombasa and Kisumu lost their jobs. The pandemic required a lot of adjustments and re-adjustments as some structures that were placed at the beginning were changed and through learning, some were scrapped off like social distancing in the slum areas.

It is quite unclear though if the findings were shared with MoH- Kenya on the issues communities faced. Given that an RCCE is a systematic approach that engages with at-risk communities or people (Adebisi et al., 2021), it was quite evident that SHOFCO used the directives to improve service delivery to the public. Perhaps there could have been more sustainable initiatives catering to the communities from the economic angle, of importance is having key players such as SHOFCO who deal with communities daily as part of the contributors that revise the RCCE directives before being deployed to non-state actors for adoption. This would have seen social distancing in slums not become a directive, as this is next to impossible to achieve.

It is safe to say that the directives played a crucial role in managing the pandemic and this saw the slum areas that are very crowded report the least number of confirmed cases due to the preventive angle that SHOFCO took. As per the findings of this particular study, SHOFCO serves over 2.4 million people in 32 counties and these numbers have gone up due to the communication activities and initiatives it embarked on during COVID-19. Before the pandemic in 2019, SHOFCO was only serving 5-10 counties. The main use of an RCCE is to address rumours and misinformation and SHOFCO addressed these through heavy reliance on existing platforms and communities.

5.0 Conclusion

The researcher concluded that government directives are pivotal in guiding how non-state actors approach their communication efforts during public health emergencies. However, this study found that some of the directives issued by the MoH-Kenya were impractical and failed to consider the realities of slum areas, including population density and the need for access to essential services like healthcare during lockdowns and curfews. While

having an RCCE strategy to address communication perceptions is crucial, the study emphasized the importance of a two-way communication process that incorporates feedback.

This research shed light on significant communication challenges faced by organizations like SHOFCO during the COVID-19 pandemic. It underscored the critical role of feedback in addressing health concerns, particularly in slum areas. Therefore, having adaptable communication strategies to mitigate miscommunication and address Infodemics is essential. Although SHOFCO had a feedback mechanism in place that informed their programs with the communities they serve, it remains unclear whether this feedback was shared with the MoH-Kenya to inform its directives to communities.

Considering the positive impact of feedback on SHOFCO's strategies, the researcher recommends several actions: Firstly, sharing SHOFCO's findings with the Ministry of Health Kenya to aid in restructuring their RCCEs; Secondly, conducting further research on the feedback mechanism implemented by the MoH to assess its influence on RCCE during the pandemic; Thirdly, urging the MoH Kenya to consider the diverse populations and communities, especially those in slums and key populations, most affected by the directives; Lastly, recommending an internal review by the studied organization to identify lessons learned and enhance systems to better address future health threats.

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