



MANAGING INFODEMICS IN PUBLIC HEALTH EVENTS

An Operational Toolkit



TDDAP2
Strengthening health
systems to protect against
public health threats

February 2026

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Foreword



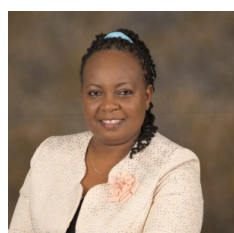
Public health events test not only the strength of surveillance and response systems, but also the ability of institutions to communicate clearly, consistently and credibly with the populations they serve. In an era where information spreads instantly and misinformation travels even faster, risk communication and infodemic management have become essential pillars of national health security.

The Kenya National Public Health Institute (KNPHI) is mandated to provide technical leadership in disease surveillance, preparedness and response. Fulfilling this mandate requires more than scientific expertise and operational readiness; it demands the ability to deliver timely, accurate, and trusted information to the public, partners and stakeholders before, during, and after health emergencies.

This Operational Infodemic Management Toolkit in Health Emergencies and events institutionalizes how KNPHI prepares for, detects and responds to information risks that accompany outbreaks, disasters and other public health events. It provides standard operating procedures, decision-making protocols, monitoring tools and coordination mechanisms that strengthen internal efficiency and external credibility. It also ensures that communication is not treated as an ad-hoc activity, but as a core operational function embedded within emergency preparedness and response.

The development of this toolkit reflects Kenya National Public Health's (KNPHI) commitment to continuous learning and improvement. It draws on global best practices, national policy frameworks, and evidence from Kenya's recent outbreak experiences. It is designed to evolve as new technologies, platforms, and communication challenges emerge.

I commend the technical teams, partners and stakeholders who contributed to this work and encourage all Kenya NPHI directorates and collaborating institutions to adopt and apply this toolkit as part of our collective mission to safeguard the health of the Kenyan people.



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Kenya NPHI acknowledges the technical contributions of the Ministry of Health, County Health Departments, the Directorate of Veterinary Services, Africa CDC, WHO, Development Partners, and the TDDAP2 Risk Communication and Community Engagement (RCCE) technical team. Their expertise and collaboration were instrumental in shaping this operational guidance.

Acronyms & Abbreviations



Acronym	Full Name
Africa CDC	Africa Centres for Disease Control and Prevention
CHV	Community Health Volunteer
COVID-19	Coronavirus Disease 2019
DG	Director General
EPR	Emergency Preparedness and Response
FAQ / FAQs	Frequently Asked Question(s)
FCDO	UK Foreign, Commonwealth & Development Office
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations (2005)
IM	Infodemic Management
MEL	Monitoring, Evaluation and Learning
MoH	Ministry of Health
NAPHS	National Action Plan for Health Security
NPHI	National Public Health Institute
PHEOC	Public Health Emergency Operations Centre
RCCE	Risk Communication and Community Engagement
SMS	Short Message Service
SOP	Standard Operating Procedure
STTA	Short-Term Technical Assistance
TDDAP2	Tackling Deadly Diseases in Africa Programme – Phase II
WHO	World Health Organization

Definitions



Infodemic: An overabundance of information including false or misleading content that spreads during a disease outbreak or emergency, making it difficult for people to identify reliable guidance. (WHO, 2020)

Risk Communication: The real-time exchange of information, advice and opinions between experts and populations facing threats to health, economic or social well-being. (WHO, 2017)

Community Engagement: A process of building relationships and working collaboratively with communities to address issues affecting their well-being. (WHO, 2017). **Misinformation:** False or inaccurate information shared without intent to cause harm. **Disinformation:** Deliberately false information created to cause harm or mislead.

Infodemic Management: A systematic approach to detecting, analyzing, and responding to misinformation and information gaps during public health events, enabling people to access trustworthy information and make informed health decisions. (Adapted from WHO, 2021).

Social Listening: The continuous monitoring and analysis of public conversations across digital and community channels to identify emerging concerns, rumours and information needs.

Public Health Emergency: An occurrence or imminent threat of a disease outbreak or health event that poses a significant risk to populations and requires a coordinated, multi-sectoral response.

After-Action Review: A structured process conducted after a public health event to assess performance, identify lessons learned, and improve future preparedness and response.

Executive Summary



Managing Risk Communication in Health Emergencies: An Operational Toolkit

Public health emergencies and events in Kenya are increasingly shaped not only by disease threats, but by the information environments that surround them. Rumours, misinformation and disinformation can spread faster than pathogens, undermining public trust, delaying care-seeking, and weakening outbreak response efforts. The COVID-19 pandemic, recurrent cholera outbreaks, vaccine rollouts and emerging zoonotic events in Kenya have all demonstrated that effective epidemic control now depends as much on managing information risks as on managing biological risks.

The Kenya National Public Health Institute (KNPHI), as the country's technical authority for disease surveillance, preparedness and emergency response, carries a national responsibility to provide timely, accurate and trusted public health information. However, a Baseline Capacity Assessment on Public Communication and Infodemic Management conducted under the Tackling Deadly Diseases in Africa Programme – Phase II (TDDAP2) identified systemic gaps that constrained Kenya National Public Health Institute's ability to manage infodemics effectively. These included the absence of dedicated infodemic management structures, lack of standard operating procedures for emergency communication, fragmented message clearance pathways, limited social listening capacity and weak mechanisms for rumour verification and community feedback.

This Operational Toolkit for Managing Risk Communication in Health Emergencies directly addresses these gaps. It provides Kenya National Public Health Institute with structured governance arrangements, standardized operating procedures, decision-making and escalation pathways and monitoring and learning systems to institutionalize risk communication and infodemic management as core functions of national health security. The toolkit translates global guidance from the World Health Organization and Africa CDC into Kenya's operational context, aligning with the National Action Plan for Health Security (NAPHS II), the Emergency Preparedness and Response Framework, and existing surveillance and Public Health Emergency Operations Centre (PHEOC) structures.

The toolkit is organized around four interlocking operational pillars. First, it establishes governance and coordination mechanisms that embed communication and infodemic management within KNPHI's Emergency Preparedness and Response architecture, ensuring clear accountability, technical validation, and leadership oversight.

Second, it defines a phased infodemic management framework covering preparedness, detection, response and recovery, supported by standard operating procedures for message development, clearance, dissemination and feedback integration.

Third, it introduces a structured decision-making and escalation system that classifies misinformation events into risk levels, assigns approval authorities and sets response timelines to enable proportionate and timely action.

Fourth, it operationalises monitoring, evaluation, and learning through defined indicators, dashboards, reporting schedules, and after-action reviews to ensure continuous improvement and evidence-based adaptation.

A central feature of the toolkit is the shift from reactive to anticipatory communication. By linking communication preparedness to KNPHI's Annual Public Health Risk Calendar, pre-approving message libraries, configuring social listening systems and briefing spokespersons and media partners ahead of high-risk seasons, KNPHI is positioned to respond rapidly and credibly when outbreaks occur. The included cholera preparedness case study demonstrates how this anticipatory approach strengthens trust, reduces misinformation and improves public compliance during seasonal outbreaks.

The toolkit also reinforces collaboration across national and county health structures, media institutions, community networks, and development partners. This harmonized approach ensures that messaging remains consistent across governance levels, culturally appropriate for diverse communities, and responsive to real-time public concerns.

Ultimately, this toolkit positions KNPHI to safeguard not only the physical health of the Kenyan population, but also the integrity of the information environment upon which health decisions depend. By institutionalizing risk communication and infodemic management, Kenya NPHI strengthens public trust, enhances outbreak response effectiveness, and advances Kenya's broader health security agenda.

Chapter 1 – Introduction



1.1 Problem Statement and Rationale

Public health emergencies and events are no longer defined solely by biological threats. They are equally shaped by information environments in which rumours, misinformation, and disinformation can spread faster than pathogens. In such contexts, inaccurate or misleading narratives can delay care-seeking, undermine adherence to public health measures, fuel stigma, and erode trust in institutions responsible for outbreak control.

Kenya's recent experiences during the COVID-19 pandemic, cholera outbreaks, vaccine rollouts, and emerging zoonotic disease events revealed significant information challenges. False claims regarding disease origins, unproven treatments, vaccine safety, and government intentions circulated widely across social media, community networks, and informal information channels. These narratives directly influenced public behaviour and response effectiveness.

To assess institutional readiness to manage such risks, a Baseline Capacity Assessment on Public Communication and Infodemic Management was conducted under TDDAP2. The assessment confirmed that Kenya NPHI possesses strong epidemiological surveillance, a functional Public Health Emergency Operations Centre, and established response coordination mechanisms.

However, it also identified systemic gaps limiting the Institute's ability to translate technical intelligence into trusted, actionable public guidance.

Key gaps included:

- Absence of a formally designated infodemic management function.
- Lack of standard operating procedures for emergency communication.
- Fragmented message clearance workflows.
- Limited digital analytics and social listening capacity.
- Insufficient specialized crisis communication staffing.
- Absence of structured rumour verification and feedback systems.

These findings demonstrate that effective outbreak control in the modern era requires institutionalized communication systems equal in strength to surveillance and laboratory systems. This toolkit directly addresses these gaps by providing structured governance arrangements, operational procedures, decision pathways, and monitoring tools for risk communication and infodemic management.

1.2 Kenya NPHI's Mandate in Risk Communication

Kenya NPHI is legally mandated to coordinate national disease surveillance, preparedness and emergency response. This mandate inherently includes providing authoritative, accurate, and timely public information during health threats. In Kenya's devolved health system, NPHI provides national oversight and technical leadership while counties implement community-level engagement and messaging.

To meet this responsibility in an increasingly complex information ecosystem, Kenya NPHI must ensure:

- Institutional ownership of communication functions. Clear approval and accountability pathways.
- Harmonized national–county messaging.
- Real-time monitoring of public sentiment and misinformation. Trusted engagement with media and communities.

This toolkit institutionalizes these requirements, embedding risk communication and infodemic management as core operational functions within Kenya NPHI's emergency preparedness architecture.

1.3 Policy and Strategic Alignment

This toolkit aligns with:

- WHO Risk Communication and Community Engagement Framework. WHO Infodemic Management Framework.
- Africa CDC Infodemic Management Strategy. International Health Regulations (2005).
- Kenya National Action Plan for Health Security (NAPHS II). Kenya Emergency Preparedness and Response Framework.

By translating these frameworks into Kenya NPHI's operational context, the toolkit strengthens national health security, supports advocacy for institutionalizing RCCE within preparedness planning, and positions Kenya NPHI as a regional leader in public health communication practice.

Chapter 2 – Purpose and Scope



2.1 Purpose

This toolkit provides Kenya NPHI with standardized operational guidance for delivering coordinated, accurate, and timely communication that prevents, detects, and mitigates infodemics before, during, and after public health incidents. It establishes procedures for message development, technical clearance, dissemination, feedback integration, and escalation of misinformation risks. It ensures Kenya NPHI communication is evidence-based, empathetic, transparent, and trusted, enabling informed protective behaviour and sustained public confidence.

2.2 Specific Objectives

This toolkit is designed to achieve the following objectives:

- **Institutionalize Governance:** Embed communication within the Public Health Emergency Operations Centre (PHEOC) incident management structure.
- **Standardize Procedures:** Establish protocols for message development, technical clearance and rapid dissemination.
- **Shift to Anticipatory Action:** Move from reactive to proactive communication by using pre-approved message libraries linked to the Annual Public Health Risk Calendar.
- **Enable Proportionate Response:** Introduce a risk classification system (Low, Moderate and High) for misinformation to ensure timely institutional action.
- **Continuous Improvement:** Operationalize Monitoring, Evaluation, and Learning (MEL) systems to ensure evidence-based adaptation of strategies.

2.3 Scope

This toolkit applies to all health-related events where misinformation may affect response effectiveness or public trust.

Disease outbreaks and epidemics

Kenya NPHI leads message development, clearance, and dissemination in coordination with PHEOC and MoH during outbreaks such as cholera, COVID-19, Mpox, Rift Valley fever, and other priority diseases.

Public health emergencies and disasters

Kenya NPHI activates coordinated communication during floods, droughts, displacement events, and other emergencies with health risks, ensuring the public receives timely guidance on prevention and service access.

Health campaigns

For vaccination drives, vector-control programmes, screening initiatives, and health promotion activities, the toolkit guides proactive communication to prevent misinformation-driven hesitancy.

National–county coordination

Kenya NPHI provides standards, tools, and oversight while counties contextualize messaging to local languages, cultural realities, and community feedback.

Chapter 3 – Infodemic Management Framework



3.1 Sources of Rumors in Public Health

Rumors and misinformation often originate from various digital and physical channels. Identifying these sources is the first step in the detection phase of the infodemic management cycle.

Digital Platforms: Viral posts on social media (WhatsApp, Facebook, TikTok) and unverified “news” blogs.

Community Channels: Local marketplaces, religious gatherings, and public transport hubs (matatus).

Historical Precedents: Past negative experiences with health interventions or systemic distrust in government services.

Voids: When official information is delayed, rumors fill the gap to explain the unknown.

3.2 The Rumor Response Process

To ensure a standardized and effective reaction, KNPHI follows a structured four-step process to neutralize misinformation before it scales into a public health crisis.

Phase 1: Preparedness: Establish infodemic management roles, develop SOPs and templates, pre-approve message libraries, build media partnerships, train communication staff and set up social listening systems.

Phase 2: Detection: Monitor media and digital platforms, gather rumour reports from counties, partners and call centres, and assess misinformation risk levels.

Phase 3: Response: Verify misinformation, develop corrective messages, secure technical clearance, disseminate through media and community channels, and engage trusted influencers.

Phase 4: Recovery and Learning: Evaluate effectiveness, document lessons, update procedures, and strengthen preparedness.

This framework ensures proactive management of information risks.



Proactive Management of Information Risks



Preparedness



Detection



Response



**Recovery &
Learning**

Chapter 4 – Decision-Making and Escalation



Governance

Effective risk communication and infodemic management require clear institutional ownership, structured decision-making, and defined accountability.

Within Kenya NPHI, governance for public communication is anchored in the Emergency Preparedness and Response Directorate, working closely with Surveillance, Laboratory Services, RCCE, and Public Communication units. During emergencies, communication functions integrate into the PHEOC incident management structure to ensure rapid translation of technical intelligence into public guidance.

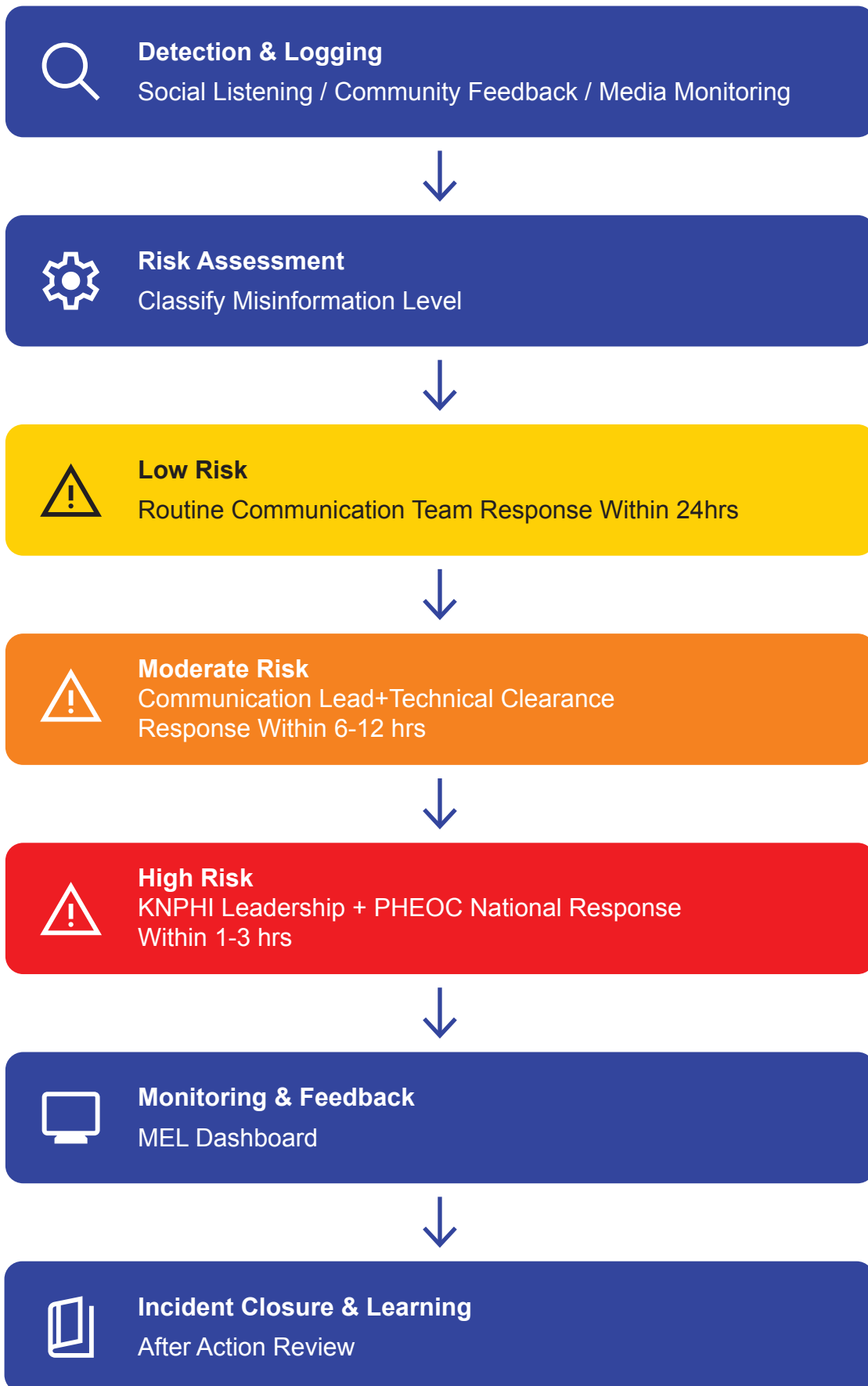
Under this governance model:

- Surveillance units provide verified epidemiological data. Laboratory services confirm diagnostic evidence.
- Technical experts validate scientific content.
- Communication teams translate technical content into public messaging.
- Leadership provides oversight and final approval.
- Media and community networks disseminate verified information.
- Feedback mechanisms capture public concerns and misinformation trends.

This governance framework ensures consistency, accountability, and credibility in national communication during emergencies.

4.1 Purpose of the Decision-Making and Escalation Framework

During public health emergencies, misinformation and disinformation can emerge and evolve rapidly. Not all information incidents require the same level of response, and over-escalation can strain institutional capacity while under-escalation can allow harmful narratives to spread unchecked. Kenya NPHI therefore requires a structured decision-making and escalation framework that enables proportionate, timely, and accountable responses to information risks. This framework establishes how misinformation events are identified, assessed, classified, and escalated within Kenya NPHI. It defines roles, approval pathways, and response timelines to ensure clarity of responsibility, rapid action, and consistency of decision-making during high-pressure emergency contexts.



4.2 Principles Guiding Escalation

Decision-making on misinformation incidents within Kenya NPHI is guided by the following principles:

- **Proportionality:** Response intensity matches the level of risk posed by the misinformation.
- **Timeliness:** Decisions are made within defined timeframes appropriate to the urgency of the situation.
- **Accuracy:** All corrective messaging is grounded in verified technical evidence.
- **Accountability:** Each decision level has clearly assigned responsibility.
- **Transparency:** Communication actions and rationale are documented for institutional learning.
- **Coordination:** Escalation aligns with the broader incident management structure of the PHEOC.

These principles ensure that communication responses strengthen public trust while safeguarding scientific integrity and institutional credibility.

4.3 Risk Classification of Misinformation Events

Misinformation events are classified into three operational risk levels based on their scale, reach, potential impact on public behaviour, and implications for outbreak response.

Level 1 — Low-Risk Misinformation

Low-risk misinformation refers to isolated or limited-reach rumours or inaccuracies that cause minor confusion but do not significantly influence public behaviour or undermine response operations. Examples include local misunderstandings of service availability, misinterpretation of routine health messages, or isolated social media posts with limited engagement.

Operational response:

- Managed by routine Kenya NPHI communication staff.
- Clarification messages developed using pre-approved templates.
- Response disseminated through standard digital and community channels.
- Incident logged in the Rumour Tracking Tool for monitoring. Decision authority: Communication Officer / Infodemic Management Focal Point.

Expected response time: Within 24 hours.

Level 2 — Moderate-Risk Misinformation

Moderate-risk misinformation involves narratives that are gaining traction, show evidence of wider circulation, or have potential to influence health-seeking behaviour, compliance with public health measures, or trust in authorities. Examples include circulating false claims about vaccine side effects, incorrect treatment guidance, or misleading interpretations of outbreak statistics.

Operational response:

- Incident escalated to the Kenya NPHI Communication Lead.
- Technical experts validate correct information.
- Corrective messaging developed and reviewed for scientific accuracy.
- Leadership clearance obtained before dissemination.
- Media engagement or targeted digital campaigns initiated.
- County communication teams briefed for harmonized messaging.

Decision authority: Communication Lead in consultation with Technical Directorate.

Expected response time: Within 6–12 hours.

Level 3 — High-Risk Misinformation

High-risk misinformation includes widespread or rapidly spreading narratives that threaten public safety, significantly undermine outbreak response measures, provoke panic, or erode trust in public health institutions. Examples include conspiracy theories regarding disease origins, organized disinformation campaigns, or false messages discouraging treatment or vaccination.

Operational response:

- Immediate escalation to Kenya NPHI senior leadership and PHEOC Incident Manager.
- Emergency coordination meeting convened.
- Unified national messaging developed and approved at leadership level.
- National media briefings or press statements issued.
- Digital platform engagement initiated to counter harmful content.
- County governments and partners activated for community-level response.
- Continuous monitoring until risk subsides.

Decision authority: Director General / PHEOC Incident Manager.

Expected response time: Within 1–3 hours.

4.4 Escalation Workflow

The escalation workflow follows a defined pathway:

1. Detection: Misinformation detected through social listening, community feedback, media monitoring, or partner reports.
2. Logging: Incident recorded in the Rumour Tracking Tool.
3. Assessment: Risk level classified using predefined criteria.
4. Escalation: Incident referred to appropriate decision authority.
5. Response: Corrective action implemented according to risk level.
6. Monitoring: Response effectiveness tracked through MEL systems.
7. Closure: Incident documented and archived for learning.

This workflow ensures no misinformation incident remains untracked or unmanaged.

4.5 Criteria for Risk Classification

Risk classification is informed by:

- Volume and speed of information spread.
- Platform reach and audience size.
- Potential behavioural impact.
- Credibility of misinformation sources.
- Presence of organized disinformation activity.
- Sensitivity of the health event involved.

These criteria enable consistent assessment across different events and teams.

4.6 Approval Pathways and Accountability

Each escalation level has defined approval requirements:

Risk Level	Message Development	Technical Clearance	Final Approval	Dissemination Authority
Low	Division of Public Communications	Technical directorate	Communication Lead	Kenya NPHI Communication Team
Moderate	Communication Lead	Technical Directorate	Kenya NPHI Senior Manager	Division of Public Communication
High	RCCE Unit and Communications Unit	Technical Directorate + PHEOC	Director General / Incident Manager	National Media Briefing / Multi- Channel Deployment

All decisions and approvals are documented to ensure auditability and institutional learning.

4.7 Integration with PHEOC Incident Management

During declared public health emergencies, the escalation framework integrates directly into the PHEOC Incident Management System. Communication and infodemic management functions operate as part of the Planning and Operations pillars, ensuring that information management aligns with epidemiological and operational decision-making.

This integration guarantees that communication responses support — rather than contradict — technical outbreak control strategies.

4.8 Documentation and Learning

All misinformation incidents, escalation decisions, response actions, and outcomes are documented in the Infodemic Monitoring Dashboard. After-action reviews are conducted following major events to identify strengths, gaps, and improvement opportunities. Lessons learned inform updates to SOPs, templates, and training curricula.

This ensures continuous institutional learning and progressive strengthening of Kenya NPHI's communication resilience.

4.9 Summary

The decision-making and escalation framework provides Kenya NPHI with a clear, proportionate, and accountable system for responding to information risks during public health events. By defining risk levels, authority lines, response timelines, and integration with emergency operations, Kenya NPHI is equipped to act decisively, transparently, and credibly in safeguarding public trust during crises.

Chapter 5 – Monitoring, Evaluation, and Learning (MEL)



5.1 Purpose of Monitoring, Evaluation, and Learning

Effective risk communication and infodemic management require continuous awareness of how public health messages are received, understood, and acted upon. Monitoring, evaluation, and learning (MEL) provide Kenya NPHI with the evidence needed to assess whether communication interventions are achieving their intended purpose, to identify emerging information risks early, and to improve communication strategies over time.

The MEL framework outlined in this toolkit ensures that communication performance is measured systematically before, during, and after public health emergencies. It transforms communication from an ad-hoc activity into a data-driven operational function that supports decision-making, accountability, and continuous institutional strengthening.

5.2 Objectives of the MEL Framework

The MEL system for risk communication and infodemic management seeks to:

- Track the timeliness and consistency of Kenya NPHI public messaging during health events.
- Measure the reach and engagement of messages across media, digital, and community channels.
- Assess public sentiment and levels of trust in Kenya NPHI communications.
- Monitor the prevalence, spread, and resolution of misinformation.
- Provide evidence for improving communication strategies and tools.
- Support reporting and accountability to national leadership and development partners.

Through these objectives, MEL ensures that Kenya NPHI's communication efforts are transparent, effective, and continuously improving.

5.3 Core Monitoring Domains and Indicators

Monitoring is organized across five core domains, each reflecting a critical dimension of communication effectiveness.

a) Timeliness of Communication

Timely information reduces uncertainty and limits the space in which misinformation thrives. Kenya NPHI monitors:

- Time taken from detection of a public health event to release of the first public message.
- Time taken from identification of misinformation to dissemination of corrective messaging.
- Frequency of communication updates during active emergencies.

These indicators help ensure that Kenya NPHI remains the first and most trusted source of information during health crises.

b) Reach of Communication

Reach indicators assess whether Kenya NPHI messages are accessing intended audiences through multiple channels. Monitoring includes:

- Number of media outlets carrying Kenya NPHI messages.
- Social media impressions and shares.
- Website and digital platform traffic.
- SMS or community outreach coverage.
- County-level dissemination reports.
- This allows Kenya NPHI to identify gaps in geographic or demographic message penetration and adjust distribution strategies accordingly.

c) Engagement and Understanding

Engagement indicators assess whether audiences are interacting with, responding to, and understanding Kenya NPHI messages. Monitoring includes:

- Social media comments, shares, and interactions.
- Call-centre inquiries and hotline usage.
- Participation in community dialogue forums.
- Media inquiries and follow-up requests.

Engagement monitoring enables Kenya NPHI to detect confusion, concern, or resistance early and tailor subsequent communication accordingly.

d) Public Sentiment and Trust

Trust is central to effective outbreak response. Kenya NPHI monitors:

- Tone of media coverage.
- Sentiment analysis from social media discussions.
- Community feedback from county health teams.
- Periodic perception surveys where feasible.

Tracking sentiment helps Kenya NPHI assess whether communication efforts are building confidence or whether corrective trust-building measures are required.

e) Misinformation and Rumour Resolution

Monitoring misinformation trends is at the heart of infodemic management.

Indicators include:

- Number of misinformation items detected.
- Speed of verification and classification.
- Number of misinformation incidents resolved.
- Recurrence of specific false narratives.
- Platforms where misinformation is most active.

These indicators allow Kenya NPHI to prioritize resources, detect organized disinformation patterns, and strengthen preventive messaging.

5.4 The Infodemic Monitoring Dashboard

To operationalize monitoring, Kenya NPHI will maintain an Infodemic Monitoring Dashboard, annexed to this toolkit. The dashboard provides a structured digital or spreadsheet-based system for tracking:

- Detected misinformation events.
- Risk classification level.
- Verification status.
- Response actions taken.
- Dissemination channels used.
- Engagement metrics.
- Resolution outcomes.
- Lessons noted.

The dashboard is updated:

- Daily during active public health emergencies.
- Weekly during preparedness periods.
- After-action following major incidents.

This ensures that monitoring is continuous, not episodic.

5.5 Roles and Responsibilities in MEL

Effective MEL requires clear institutional ownership. Responsibilities include:

Infodemic Management Focal Point

- Maintains rumour tracking logs and dashboard.
- Conducts initial trend analysis.
- Produces routine monitoring summaries.

Communication Lead

- Reviews monitoring reports.
- Advises leadership on emerging risks.
- Oversees corrective action planning.

PHEOC Incident Manager

- Integrates communication monitoring into broader incident management reporting during emergencies.

County Communication Teams

- Provide field-level feedback and community sentiment reports.

Kenya NPHI Leadership

- Reviews periodic MEL reports.
- Endorses strategic adjustments to communication approaches.

5.6 Reporting and Review Mechanisms

Monitoring outputs are synthesized into structured reports:

- **Weekly Communication Monitoring Briefs** during preparedness periods.
- **Daily Situation Communication Updates** during active emergencies.
- **Post-Event Communication After-Action Reviews**

Findings are presented to Kenya NPHI senior management and shared with Ministry of Health leadership, county partners, and relevant stakeholders to support coordinated decision-making.

5.7 Learning and Continuous Improvement

Learning is the final and most critical component of MEL. After each significant public health event, Kenya NPHI will conduct structured after-action reviews to examine:

- What communication approaches worked well.
- What misinformation patterns were most challenging.
- How escalation pathways performed.
- Gaps in tools, staffing, or approval processes.
- Community feedback on message clarity and trust.

Lessons learned are used to:

- Update SOPs and templates.
- Refine escalation criteria.
- Strengthen training curricula.
- Improve social listening tools.
- Adjust media engagement strategies.

This institutionalizes a culture of continuous improvement rather than reactive problem-solving.

5.8 Integration with National Preparedness and Partner Reporting

The MEL framework aligns with national emergency preparedness reporting mechanisms and partner accountability requirements. Communication performance data contributes to:

- NAPHS II monitoring reports.
- PHEOC situation reports.
- Partner and donor progress reporting.
- Advocacy for sustained investment in RCCE capacity.

This ensures communication outcomes are visible within broader health security performance tracking.

Chapter 6 – Conclusion

Consolidating Risk Communication and Infodemic Management within NPHI



Public health emergencies in the modern information environment are shaped not only by pathogens, but also by the speed and scale at which information spreads. Rumours, misinformation, and disinformation can undermine outbreak response efforts, weaken public trust, and delay adoption of protective behaviours. Recognizing this reality, the Kenya NPHI has prioritized the institutionalization of risk communication and infodemic management as core components of national health security.

This Operational Toolkit for Managing Risk Communication in Health Emergencies provides Kenya NPHI with a structured, standardized, and practical framework for anticipating, detecting, and responding to information risks before, during, and after public health events. It translates global guidance from WHO and Africa CDC into locally applicable operational procedures, aligned with Kenya's national preparedness and response architecture.

From Reactive to Anticipatory Communication



A central achievement of this toolkit is the shift from reactive communication approaches toward risk-informed, anticipatory preparedness. By linking communication readiness to the Annual Public Health Risk Calendar, pre-approving messages and templates, configuring social listening systems, and establishing clear escalation pathways, Kenya NPHI is positioned to act swiftly and decisively when public health threats emerge.

This approach ensures that authoritative information reaches communities early, limiting the space in which misinformation can flourish and reinforcing Kenya NPHI's role as the trusted national source of public health guidance.

Institutional Ownership and Sustainability



The toolkit is designed to be embedded within Kenya NPHI's existing governance, surveillance, and emergency operations structures. Roles, responsibilities, and approval pathways have been clearly defined, ensuring accountability and continuity beyond individual projects or external technical assistance. By integrating monitoring, evaluation, and learning mechanisms, the toolkit also establishes a culture of continuous improvement. Lessons from each public health event will strengthen future preparedness, refine operational tools, and build institutional memory. This positions risk communication and infodemic management not as ad-hoc activities, but as permanent, system-level functions of Kenya NPHI.

Partnership and National Alignment



Effective communication during health emergencies requires coordination across multiple actors. The toolkit reinforces structured collaboration between Kenya NPHI, the Ministry of Health, county governments, media organizations, community networks, and development partners. This harmonization ensures consistent messaging, strengthens trust across governance levels, and supports unified national response efforts.

Alignment with the National Action Plan for Health Security (NAPHS II) further ensures that communication capacity is recognized as a strategic pillar of Kenya's broader health security agenda.

Looking Ahead



Implementation of this toolkit marks a significant step in strengthening Kenya's resilience to both biological and information threats. Continued investment in communication staffing, digital monitoring tools, spokesperson training, media partnerships, and community engagement will be essential to sustain these gains.

As new public health challenges emerge, Kenya NPHI will update and refine this toolkit to remain responsive to evolving information ecosystems, technological change, and community needs.

Final Reflection



Trust is one of the most valuable assets in public health response. Through this toolkit, NPHI is equipped to protect and strengthen that trust by ensuring communication that is timely, accurate, empathetic, and evidence-based. By institutionalizing risk communication and infodemic management, Kenya NPHI reinforces its mandate to safeguard not only the physical health of the Kenyan population, but also the integrity of the information on which health decisions depend.

Annex 1: Risk Classification Quick-Reference Table

Risk Level	Typical Characteristics	Decision Authority	Response Actions	Response Timeline
Low Risk	Isolated or limited misinformation; minor confusion	Communication Officer / Infodemic Focal Point	Clarification messaging using templates; log incident	Within 24 hours
Moderate Risk	Growing circulation; potential behavioural impact	Communication Lead + Technical Directorate	Technical validation; approved corrective messaging; media engagement	Within 6–12 hours
High Risk	Widespread misinformation; threatens public safety or trust	KNPHI Leadership + PHEOC Incident Manager	National coordinated response; press briefing; partner mobilization	Within 1–3 hours

Annex 2: Risk Communication and Infodemic Management MEL Implementation Plan

Purpose

This annex provides practical tools and procedures to enable the Kenya NPHI communication team to measure the effectiveness of risk communication and infodemic management activities. It translates the Monitoring, Evaluation, and Learning (MEL) framework into a structured operational plan, ensuring consistent data collection, reporting, and learning.

MEL Implementation Framework

Monitoring of communication performance will be conducted across five core domains:

1. Timeliness of communication
2. Reach of communication
3. Engagement and understanding
4. Public sentiment and trust
5. Misinformation and rumour resolution

Each domain is linked to specific indicators, data sources, collection frequency, and responsible officers, as outlined in the table below.

NPHI Risk Communication MEL Indicator Framework

Monitoring Domain	Indicator	Data Source / Tool	Collection Frequency	Responsible Officer
Timeliness	Time from outbreak confirmation to first public message	PHEOC situation logs; Communication release records	During emergencies	Communication Lead
	Time from rumour detection to corrective message release	Infodemic Monitoring Dashboard	Daily during emergencies	Infodemic Focal Point
Reach	Number of media outlets carrying Kenya NPHI messages	Media monitoring reports	Weekly	Media Relations Officer
	Social media impressions	Platform analytics (X/ Twitter, Facebook, YouTube)	Weekly	Digital Communications Officer
	County dissemination coverage	County communication reports	Weekly	County Liaison Officer
Engagement	Number of public inquiries (calls, messages, comments)	Hotline records; social media analytics	Weekly	Digital Communications Officer
	Participation in community dialogues	County reports	Monthly	Community Engagement Officer
Public Sentiment & Trust	Tone of media coverage	Media sentiment analysis	Weekly	Media Relations Officer
	Public perception feedback	Community feedback forms / surveys	Quarterly	MEL Officer
Rumour Resolution	Number of misinformation incidents detected	Infodemic Monitoring Dashboard	Daily during emergencies	Infodemic Focal Point
	Percentage of rumours resolved	Dashboard resolution status	Weekly	Communication Lead
	Recurrence of same rumour	Social listening reports	Weekly	Infodemic Focal Point





Data Collection Tools

To ensure consistency, Kenya NPHI will utilize the following standard tools:

- Infodemic Monitoring Dashboard for rumour tracking
- Media Monitoring Log for tracking press coverage
- Social Media Analytics Reports from official NPHI platforms
- County Communication Feedback Forms
- PHEOC Situation Reports
- After-Action Review Reports

Standardized templates for each tool are maintained by the Communication Lead and updated annually.

Reporting Schedule

Report Type 	Purpose 	Frequency 	Audience 
Communication Monitoring Brief	Summarize key MEL indicators	Weekly (Preparedness)	NPHI Senior Management
Emergency Communication Situation Update	Track communication performance during outbreaks	Daily (Emergencies)	PHEOC Incident Manager
Quarterly MEL Report	Review trends and lessons	Quarterly	NPHI Leadership & MoH
After-Action Review Report	Document lessons after outbreaks	Post-event	All stakeholders

Learning and Adaptation Mechanisms

MEL findings are used to:

- Update message templates and FAQs
- Refine escalation thresholds
- Strengthen spokesperson training
- Improve social listening configurations
- Enhance community engagement strategies

Each After-Action Review includes a learning matrix documenting:

- What worked well
- What did not work
- Recommended improvements
- Responsible persons
- Implementation timelines

Progress on learning actions is reviewed during quarterly communication review meetings.

Roles and Responsibilities for MEL

Infodemic Management Focal Point: Maintains the Infodemic Monitoring Dashboard, produces weekly rumour trend reports, and flags emerging risks.

Digital Communications Officer: Compiles digital reach and engagement analytics.

Media Relations Officer: Tracks media coverage and sentiment.

Community Engagement Officer: Collects County and community feedback data.

Communication Lead: Synthesizes MEL reports, briefs leadership, and ensures integration of lessons into updated tools.

PHEOC Incident Manager: Oversees MEL reporting during emergency activation.

Data Quality Assurance

To maintain data integrity:

- All logs must be updated within 24 hours of events
- Indicators must be measured using agreed definitions
- Reports must be archived centrally
- Random quarterly data verification checks conducted by the MEL Officer

Use of MEL for Advocacy and Resource Mobilization

Communication performance data generated through this MEL system will support:

- Reporting under NAPHS II
- Evidence-based advocacy for sustained RCCE financing
- Donor progress reporting
- Planning for future workforce and tool investments

Summary

This MEL Implementation Plan ensures that NPHI's risk communication and infodemic management activities are measurable, accountable, and continuously improving. By institutionalizing structured data collection, reporting, and learning, NPHI strengthens its ability to deliver trusted communication during public health emergencies and to demonstrate the impact and value of these interventions over time.

Annex 3: Infodemic Monitoring Dashboard

Purpose

This dashboard is used by KNPHI communication and infodemic management teams to systematically track, verify, respond to, and close misinformation incidents during public health events. It enables real-time monitoring of information risks, supports escalation decisions, and provides data for post-event learning and reporting.

Update Frequency

- During active public health emergencies: Updated daily
- During preparedness periods: Updated weekly
- After major incidents: Reviewed during After-Action Reviews

KNPHI Infodemic Monitoring Dashboard

Date Detected	DD/MM/ YYYY
Source / Platform	Facebook / WhatsApp / Radio / Community report
Rumour / Misinformation Description	Brief description of misinformation detected
Geographic Area Affected	County / Sub- county
Risk Level (Low / Moderate / High)	Low / Moderate / High
Verification Status (Pending / Verified True / Verified False)	Pending / Verified True / Verified False
Response Action Taken	Clarification message issued / Press statement / Community dialogue initiated
Dissemination Channels Used	Social media / Press release / Radio / CHV engagement
Engagement / Reach Metrics	No. of shares / comments / calls / audience reached
Resolution Status & Date	Resolved / Ongoing – DD/MM/ YYYY



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