



REPUBLIC OF KENYA



# KENYA NPHI RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) TEMPLATES

February, 2026



**TDDAP2**  
Strengthening health  
systems to protect against  
public health threats

February 2026





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# Foreword

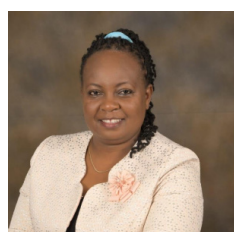
Effective Risk Communication and Community Engagement (RCCE) is a core pillar of public health preparedness and response, and a critical requirement under the International Health Regulations (IHR, 2007). In an era characterised by rapid information flows, digital media saturation, and heightened public scrutiny, the ability of health authorities to communicate clearly, consistently, and credibly during public health events is as important as technical surveillance and clinical response.

These Risk Communication and Community Engagement (RCCE) Communication Templates have been developed to strengthen Kenya's readiness to communicate effectively before, during, and after public health events. The templates respond directly to lessons learned from recent outbreaks and health events, where delays in message development, inconsistent messaging across levels of the health system, and limited availability of ready-to-use communication products undermined response effectiveness and public trust.

The template package provides a structured, practical, and preparedness-oriented set of tools that can be rapidly activated and adapted during events. By offering pre-approved formats for early acknowledgement, public advisories, media engagement, community dialogue, and ongoing situation updates, the package supports faster decision-making, improved coordination between national and county levels, and more consistent engagement with the public, media, and partners.

Importantly, these templates are not intended to replace professional judgement, risk assessment, or two-way community engagement. Rather, they are designed to enable those processes by reducing time-to-message, strengthening message discipline, and embedding good RCCE practice such as transparency, uncertainty management, inclusion, and non-stigmatising language into routine preparedness systems.

This RCCE template package represents a significant step toward institutionalising RCCE as a standing capacity within Kenya's health security architecture. When used effectively, it will help ensure that public communication during health events is timely, coordinated, people-centred, and trusted, ultimately contributing to better public understanding, improved protective behaviours, and stronger outbreak response outcomes.



Dr. Kamene Kimenye 'ndc' (K)  
**Ag. Director General**  
**Kenya National Public Health Institute (NPHI)**

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# Acknowledgements

This RCCE Communication Templates package was developed under the Tackling Deadly Diseases in Africa Programme – Phase II (TDDAP2), funded by the UK Foreign, Commonwealth & Development Office (FCDO) and implemented by Palladium in collaboration with national and sub-national partners.

The development of this package benefited from the technical leadership and collaboration of the Kenya National Public Health Institute (KNPHI) and the Ministry of Health, including directorates responsible for disease surveillance, emergency preparedness and response, health promotion, and public communication. The contribution of county health departments and frontline community health actors was instrumental in ensuring that the templates are practical, adaptable, and responsive to real-world implementation contexts.

The package also draws on global guidance and best practice from the World Health Organization (WHO), WHO Regional Office for Africa (WHO AFRO), and the Africa Centres for Disease Control and Prevention (Africa CDC), particularly in relation to RCCE preparedness, infodemic management, and community-centred approaches to outbreak communication.

KNPHI acknowledges the contributions of the TDDAP2 Risk Communication and Community Engagement (RCCE) technical consultants, whose expertise informed the design, structure, and content of the templates, as well as Palladium's programme management and technical teams for their oversight and support throughout the development process.

Finally, appreciation is extended to all stakeholders who participated in consultations, reviews, and validation discussions. Their insights helped ensure that this template package is not only technically sound, but also aligned with Kenya's policy environment, operational realities, and commitment to inclusive, ethical, and evidence-based public communication.

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# Acronyms & Abbreviations

<b>Acronym</b>	<b>Full Term</b>
Africa CDC	Africa Centres for Disease Control and Prevention
CHP	Community Health Promoter
CHA	Community Health Assistant
CHW	Community Health Worker
CSO	Civil Society Organisation
EBS	Event-Based Surveillance
EPR	Emergency Preparedness and Response
FAQ	Frequently Asked Questions
FCDO	Foreign, Commonwealth & Development Office (UK)
GESI	Gender Equality and Social Inclusion
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations (2005)
IM	Infodemic Management
MoH	Ministry of Health
NAPHS	National Action Plan for Health Security
NGO	Non-Governmental Organisation
KNPHI	Kenya National Public Health Institute
PHE	Public Health Emergency
PHEOC	Public Health Emergency Operations Centre
PSA	Public Service Announcement
RCCE	Risk Communication and Community Engagement
SOP	Standard Operating Procedure
TDDAP2	Tackling Deadly Diseases in Africa Programme – Phase II
WHO	World Health Organization
WHO AFRO	WHO Regional Office for Africa

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# Executive Summary

Effective Risk Communication and Community Engagement (RCCE) is a core capacity under the International Health Regulations (IHR, 2005) and a critical enabler of timely and effective public health emergency preparedness and response. Experiences from recent outbreaks in Kenya and across the region have demonstrated that delays in public communication, inconsistent messaging, and limited availability of pre-developed communication products can undermine trust, slow response efforts, and create space for misinformation and disinformation to spread. Consistent with guidance from the World Health Organization (WHO), the WHO Regional Office for Africa (WHO AFRO), and the Africa Centres for Disease Control and Prevention (Africa CDC), RCCE systems are most effective when supported by preparedness-stage tools that enable rapid activation, technical consistency, and coordinated engagement across levels of the health system.

This package of pre-approved RCCE communication templates has been developed to strengthen Kenya's readiness to communicate effectively before, during, and after public health events. The templates respond directly to recurrent operational challenges identified through technical consultations and programme learning, including prolonged message clearance timelines, fragmented communication across national and county actors, and limited access to ready-to-use communication products during the critical early phase of response. By providing structured formats for common communication needs, the package reduces the time required to develop materials while ensuring alignment with national policies, Kenya's Integrated Disease Surveillance and Response (IDSR) framework, and international RCCE standards.

The template suite is intentionally modular and scalable. Recognising that every public health event is different, the package is organised into functional groups rather than a single rigid workflow. Templates are designed to be selected and adapted according to the context, severity, and phase of an event, ensuring flexibility while maintaining message coherence. This approach reflects WHO and Africa CDC guidance on phased communication, which emphasises clarity of purpose, audience-specific messaging, and avoidance of information overload.

At the preparedness stage, the templates support anticipatory communication planning and early coordination. These include holding statements, spokesperson briefs prevent delays during outbreak onset. By pre-defining structure, tone, and approval pathways, these tools enable health authorities to issue early acknowledgement messages quickly, reinforcing institutional credibility and reducing the risk of rumours filling information gaps.

During the active response phase, the templates facilitate consistent and coordinated communication across multiple channels. Products such as public advisories, frequently asked questions (FAQs), myth-busting sheets, media talking points, and community dialogue guides help ensure that technical information is translated into clear, actionable guidance for different audiences. The templates promote harmonised messaging between national and county

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levels, enabling frontline responders, media professionals, and community leaders to disseminate accurate information while maintaining alignment with central guidance.

The package also integrates templates that support infodemic management and two-way engagement. Structured formats for rumour tracking, corrective messaging, and community feedback capture help communication teams monitor emerging concerns, respond proportionately to misinformation risks, and adapt communication strategies based on real-time public sentiment. This reflects a shift from one-way information dissemination to a more responsive and people-centred approach consistent with modern RCCE practice.

Beyond the immediate response period, the templates support recovery and learning. Tools such as after-action review frameworks and communication evaluation checklists help institutions reflect on lessons learned, strengthen preparedness systems, and improve future responses. Embedding these learning-oriented templates within the package reinforces the principle that communication is not only an operational function during events, but also a continuous process of adaptation and institutional growth.

Overall, this RCCE template package contributes to institutionalising risk communication as a standing capacity within Kenya's health security architecture. By reducing the time needed to develop communication products, improving coordination across stakeholders, and promoting consistent, evidence-based messaging, the templates enhance the ability of NPHI and partners to communicate with clarity, transparency, and empathy during public health threats. When used effectively, the package will support stronger public understanding, increased trust in health authorities, and more effective outbreak preparedness and response outcomes.

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## About This Document

This document presents a structured package of pre-approved Risk Communication and Community Engagement (RCCE) templates developed to strengthen Kenya's preparedness and response to public health events. The template suite is designed to support timely, coordinated, and people-centred communication before, during, and after outbreaks and other public health events.

The package is aligned with Kenya's Integrated Disease Surveillance and Response (IDSR) framework and the 3rd Edition of IDSR, which recognises RCCE as an independent and essential pillar of public health emergency preparedness and response. In line with this guidance, the templates are designed to operationalise RCCE as a standing capacity that works alongside surveillance, laboratory, case management, and coordination systems to ensure that communication is timely, transparent, and actionable.

This document is owned and stewarded by the Kenya National Public Health Institute (KNPHI) as the national technical authority responsible for public health intelligence, surveillance, and emergency coordination. The templates are intended for use at national and county levels and are aligned with IDSR triggers and emergency workflows. While the core content provides nationally approved structure and standards, county governments may adapt, localise, and contextualise the templates to reflect local epidemiological realities, language preferences, and community dynamics while maintaining alignment with national guidance and approved messaging.

The scope of this document covers:

- Early-phase communication (first 24–72 hours)
- Situation updates and sustained response messaging
- Community engagement and dialogue tools
- Media and spokesperson support tools
- Governance and readiness mechanisms for rapid clearance and version control

The templates embed principles of Gender Equality and Social Inclusion (GESI) and emphasise equitable access to information. During implementation, special consideration must be given to vulnerable and marginalised populations, including Persons with Disabilities (PWD), older persons, women, youth, and hard-to-reach communities. Adaptation at county and community levels should ensure accessible formats (e.g., sign language interpretation, braille, audio formats, simplified language, and inclusive community engagement approaches) so that no population group is excluded from receiving timely and actionable public health information.

By institutionalising RCCE as an operational pillar within the IDSR framework, this document supports faster activation, improved coordination across national and county levels, and strengthened public trust during health events.

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**Note:**

- All RCCE templates are subject to a defined clearance and approval process, from technical drafting through communications review to final approval by the Director General (DG) of KNPHI or delegated authority, as outlined in the Governance and Readiness Tools section.
- Proposed section titles in templates (e.g. “What is currently known,” “What is not yet known”) are guidance on the type of information to include and should not appear as headings in final public products unless appropriate for the channel.
- All RCCE templates must be implemented in accessible formats, including consideration of persons with disabilities; where feasible, this includes sign language interpretation, captioning, and other appropriate communication supports.

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# Theory of Change

These templates apply the National Action Plan for Health Security (NAPHS II, 2026–2030) Theory of Change to RCCE preparedness, defining how pre-approved communication templates support faster activation, consistent messaging, and improved public trust during public health events. For a full theory of change, please refer to Annex 1.

## Design Principles and Approach

The template suite was developed based on the following principles:

- **Preparedness-oriented:** Designed for use before events occur.
- **Modular and scalable:** Not all templates are required for every event.
- **Disease-agnostic:** Adaptable across all IDSR and IHR (2005) priority events
- **Clear sequencing:** Each template has a defined purpose and use point.
- **GESI-responsive:** Gender equality, social inclusion, and accessibility embedded.
- **System-aligned:** Integrated with IDSR triggers and emergency workflows.

Templates are grouped into functional packages corresponding to different phases and dimensions of response.

## Structure

The draft template package is organized into five interrelated components:

1. **First 24–72 Hours Risk Communication Package** – tools for early acknowledgement, uncertainty management, initial guidance, media engagement, and rapid digital and community communication.
2. **Situation Update Package** – templates for ongoing updates, evolving FAQs, reinforcement of protective behaviours, and service continuity messaging.
3. **Community Engagement and Dialogue Package** – tools to support structured, two-way engagement, rumour tracking, and tailored outreach through community and mass-reach channels.
4. **Media and Spokesperson Package** – products to support consistent engagement with media, prepared spokespersons, and aligned partner communication.
5. **Governance and Readiness Tools** – enabling tools that support rapid clearance, version control, localization, and correct template activation in line with IDSR triggers.

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Across all components, templates have been designed to:

- Be editable and usable.
- Incorporate clear guidance on when and how each template should be used.
- Support rapid pre-approval and deployment during events.
- Embed gender equality, social inclusion, and accessibility considerations.
- Promote plain language, non-stigmatizing communication, and cultural appropriateness.
- Ensure consistency with WHO, Africa CDC, and national RCCE standards.

Together, this package is intended to strengthen RCCE readiness by reducing time-to-message, improving coordination across levels of the health system, and supporting public trust through timely, accurate, and inclusive communication.



# 1. FIRST 24–72 HOURS RISK COMMUNICATION PACKAGE



# 1. First 24–72 Hours Risk Communication Package



## Purpose of This Package

This package supports early acknowledgement, uncertainty management, rapid guidance, and coordinated messaging during the first 24–72 hours of a suspected or confirmed public health event.

Templates should be activated selectively based on IDSR triggers, risk assessment, and audience needs. Products should be updated or retired as response phases evolve to avoid mixed messaging.

## Overview of Templates in the First 24–72 Hours Package

Template	Purpose	When to Use	Primary Audience
Holding Statement	Acknowledge emerging events and manage uncertainty	Suspected event under assessment	General public, media
Initial Public Advisory / Alert	Provide clear public guidance	Event confirmed or elevated risk	General public
Press Statement & Media Q&A	Ensure accurate, consistent media engagement	Press briefings, high media interest	Media
Spokesperson Key Messages & Talking Points	Maintain message discipline	Before interviews or briefings	Spokespersons
Social Media First-Wave Message Pack	Rapid dissemination and rumour prevention	After holding statement/advisory	Digital audiences
Community Engagement Briefing Note (Initial)	Support early community dialogue	Early outreach in affected areas	CHA, CHP county teams

## Template One: Holding Statement

### (Suspected Public Health Event Under Assessment)

#### Definition and Purpose

The Holding Statement is a pre-approved interim public communication used at the earliest stage of a potential public health emergency when signals have been detected but confirmation is pending.

Its primary purpose is to:

- Acknowledge emerging public concern on time.
- Demonstrate that national and county health authorities are actively assessing the situation.

- 
- Communicate uncertainty transparently and responsibly.
  - Reduce speculation, misinformation, and stigma.
  - Maintain public trust while verification and risk assessment are ongoing.

### **When to Use This Template**

This template should be used when:

- A possible public health event has been detected and verification is ongoing.
- There is emerging public concern or community anxiety related to a suspected event.
- Media enquiries are being received regarding an unconfirmed situation.
- Rumours are circulating that could undermine trust or create misinformation.
- There is a credible risk that information may enter the public domain before confirmation.

### **When NOT to Use This Template**

This template should not be used when:

- A public health event has been confirmed and clear public action is required (use an Initial Public Advisory instead).
- The signal remains internal within surveillance systems and poses no communication risk.
- Disclosure would compromise patient confidentiality, security, or ongoing investigations.

The Holding Statement is not intended for automatic release following every surveillance alert. It should be activated when communication risk justifies early acknowledgement.

**Note:** Do not update a Holding Statement with new public actions; transition to an Initial Public Advisory once public action is required.

### **Implementation Guiding Notes**

This template should not be used when:

- The Holding Statement is content, not a communication channel. It may be:
  - a) Released as a written public communication (press note, website update, or social media post), and/or
  - b) Read out or paraphrased by an authorised spokesperson during early media engagement.

- 
- The structure of the template supports clarity and transparency; however, sections may be merged or simplified depending on the amount and sensitivity of available information.
  - The sections “What is currently known” and “What is not yet known” are recommended best practices for communicating uncertainty but may be adapted if information is extremely limited.
  - All Holding Statements should align with the most recent approved internal situation assessment and should be coordinated across national and county levels to ensure consistency.
  - Language should remain calm, factual, and non-alarmist, and must avoid speculation, attribution of blame, or stigmatising references.

### Version 1: Written Holding Statement

**(Public Health Event Under Assessment) – title can be updated per the event at hand.**

\*For media, website, and partners.

**Institution:** Kenya National Public Health Institute (KNPHI)

**Date:** [DD Month YYYY]

**Time:** [HH:MM]

**Status:** HOLDING STATEMENT – PUBLIC HEALTH ASSESSMENT ONGOING

The Kenya National Public Health Institute (KNPHI), in collaboration with the Ministry of Health and county health authorities, is currently assessing reports of a suspected public health event in **[location: county / sub-county]**.

At this stage, public health investigations are ongoing to determine the nature, cause, and extent of the reported situation. The event has not yet been confirmed, and verification through surveillance and laboratory systems is underway. Updates will be provided as information is verified.

At present, there is no confirmed evidence of widespread risk to the public, based on available information **[remove or adjust if not applicable]**.

#### **What is currently known**

- Reports of [brief, non-technical description] have been received. Advises leadership on emerging risks.
- Health authorities have initiated assessment and verification activities in line with national guidelines.
- Coordination with county health teams and relevant partners is ongoing.

#### **What is not yet known**

- The cause of the reported event.

- 
- The number of people affected.
  - The level of public health risk.

### **What the public should do**

- Remain calm.
- Seek care at the nearest health facility if experiencing (general symptoms).
- Follow information shared through official KNPHI and Ministry of Health and other relevant government agencies channels.

### **What the public should not do**

- Do not share unverified information or rumours.
- Do not stigmatise individuals, families, or communities.
- Do not delay seeking care if symptoms appear.
- Do not self-medicate.

KNPHI remains committed to providing timely, accurate, and transparent updates as more verified information becomes available.

### **For media enquiries only:**

Name: [Name]  
Title: [Title]  
Telephone: [Phone]  
Email: [Email]

### **Version 2: Public / Spoken Holding Statement**

**\*\*\* This version is intended for spoken delivery and should be delivered by trained and authorised spokespersons only, as delivery quality directly affects message credibility and public trust.**

The Kenya National Public Health Institute, working with the Ministry of Health and county health authorities, is currently assessing reports of a suspected public health event in [location].

At this time, investigations are ongoing to determine what is happening. The event has not yet been confirmed, and information is still being verified through health surveillance and laboratory systems.

Currently, there is no confirmed evidence of widespread risk to the public, based on available information **[remove or adjust if not applicable]**.

Health authorities have received reports of **[brief description]**, and assessment activities are underway in coordination with county teams and partners. The cause of the situation, the number of people affected, and the level of public health risk are still being determined.

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Members of the public are advised to remain calm, seek care at the nearest health facility if they experience **[general symptoms]**, and rely on updates from official KNPHI and Ministry of Health channels. The public is also urged not to share unverified information or stigmatize individuals or communities.

KNPHI will continue to provide timely and accurate updates as more information becomes available.

#### **RCCE NOTE (internal use)**

- Use **Version 1** for media, websites, and partner sharing
- Use **Version 2** for live remarks, radio, TV, and community settings.
- Do **NOT** add technical details or unverified information at the holding stage.
- Transition to an Initial Public Advisory once public action is required.

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### **Template Two: Initial Public Advisory / Alert**

#### **(Confirmed Event or Elevated Public Health Risk)**

##### **Definition and Purpose**

The Initial Public Advisory / Alert is a pre-approved public communication issued once a public health event has been confirmed, or when available evidence indicates an elevated public health risk that requires public action, even if investigations are still ongoing.

Its primary purpose is to:

- Inform the public of a confirmed or credible public health risk.
- Provide clear, practical, and actionable guidance to reduce harm.
- Promote early care-seeking and protective behaviours.
- Reinforce public confidence in the health system's response.
- Prevent misinformation, stigma, and unnecessary panic.

Unlike the Holding Statement, which manages uncertainty, the Initial Public Advisory signals a shift from assessment to response, while still communicating transparently where uncertainties remain.

This approach aligns with WHO and Africa CDC RCCE guidance, which emphasises timely, action-oriented communication once risk thresholds are reached.

##### **When to Use This Template**

This template should be used when any of the following conditions apply:

- 
- A public health event has been confirmed through epidemiological, laboratory, or field investigation.
  - Risk assessment indicates that public action is required to prevent illness, injury, or death.
  - Specific protective behaviours, care-seeking actions, or service guidance must be communicated.
  - Continued silence or vague messaging would increase risk, confusion, or misinformation.

The Initial Public Advisory may be issued even while investigations continue, provided that:

- The risk is credible, and
- Actionable guidance can be responsibly provided.

### **When NOT to Use This Template**

This template should not be used when:

- Information is still highly uncertain, and verification is ongoing with no clear public actions required.

In such cases, communication should remain at the level of a Holding Statement until risk thresholds are met.

### **Relationship to the Holding Statement**

The Initial Public Advisory:

- Supersedes the Holding Statement
- May explicitly reference earlier assessment activities.
- Signals a transition from uncertainty management to response guidance.

A clear distinction between these two templates is essential to avoid public confusion.

### **Implementation Guiding Notes**

- The Initial Public Advisory is content, not a single format. It may be:
  - a) Released as a written public advisory (press release, website update, social media post), and/or
  - b) Read out or paraphrased by an authorised spokesperson during media briefings.

- 
- While the template includes suggested sections for clarity, the final public format may vary by channel (press, radio, social media, community meetings).
  - Action points should be:
    - a) Feasible within local contexts
    - b) Equity-aware, considering gender, disability, age, and access barriers.
    - c) Limited to 3–5 key actions to avoid overload.
  - Language must remain:
    - a) Non-stigmatizing
    - b) Non-alarmist
    - c) Free of speculation or attribution of blame

### Initial Public Advisory / Alert

**Institution:** Kenya National Public Health Institute (KNPHI)

**Date:** [DD Month YYYY]

**Time:** [HH:MM]

**Status:** PUBLIC ADVISORY / ALERT

#### Situation Summary

The Kenya National Public Health Institute (KNPHI), working with the Ministry of Health and county health authorities, confirms a [public health event] in [affected area(s)].

Based on current information, the event presents a [low/moderate/high] public health risk, and response measures have been activated in line with national guidelines.

#### What this means

- [Plain-language explanation of the disease or event]
- [How it affects people or spreads, if relevant]
- [Who may be more affected – consider age, gender, disability, occupation, location, or health status]

#### What actions are being taken

- Surveillance, case management, and response activities are ongoing.
- Health facilities in affected and neighbouring areas have been alerted.
- Coordination with county authorities and partners is underway.

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### **What the public should do**

- [List 3–5 clear, feasible protective actions]
- Seek care immediately if experiencing [specific symptoms]
- Follow guidance issued by health authorities.
- Report cases to authorities and through national/county hotline

### **What the public should not do**

- Do not delay seeking care.
- Do not rely on unverified information.
- Do not stigmatize affected individuals or communities.
- Do not share unverified information, refer to factual information from (verified source)

Further updates will be shared through official KNPHI and Ministry of Health, and other government agencies channels.

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## **Template Three: Press Statement & Media Q&A**

### **(Early-Phase Media Engagement Tool)**

#### **Definition (Purpose of This Template)**

The Press Statement & Media Q&A template is a pre-approved media engagement tool used during the early phase of a public health emergency to support accurate, consistent, and coordinated communication with journalists.

It ensures that media coverage aligns with:

- Approved Holding Statements or Public Advisories
- Spokesperson key messages
- National and county RCCE coordination mechanisms

#### **When to Use This Template**

Use when:

- Issuing official updates or statements to the media
- Conducting press briefings or interviews
- Responding to increased media inquiries during early response
- Authorised spokespersons are available and briefed on approved messages.

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## When NOT to Use This Template

Do not use:

- As a substitute for public advisories or community-facing communication
- Without alignment to approved public messages
- To introduce new public health actions or technical details not included in approved advisories.

## Press Statement

### FOR IMMEDIATE RELEASE

#### Headline: KNPHI Issues Update on [Public Health Event Under Assessment / Response]

The Kenya National Public Health Institute (KNPHI), in collaboration with the Ministry of Health and county health authorities, confirms the following update, aligned with the current Holding Statement or Public Advisory: (brief summary)

#### Approved Quote:

“[Quote from designated official emphasizing public safety, action being taken, and reassurance].” It should reinforce public safety, actions underway, and reassurance, and should avoid speculation, verified case numbers, or attribution of blame.

KNPHI urges the public to:

- Key action 1
- Key action 2
- Key action 3

Further updates will be shared through KNPHI/MoH/Relevant Gov agencies' official channels.

Media Contact:

[Name / Office / Phone / Email]

## Media Q&A (Anticipated Questions)

### Q1: What is happening?

Approved response aligned with the advisory or holding statement.

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**Q2: How serious is the situation?**

Plain-language explanation of risk level.

**Q3: Who is most affected?**

GESI-aware, non-stigmatizing response.

**Q4: What should the public do now?**

Clear call to action consistent with public guidance.

**Q5: When will more information be available?**

Commitment to timely updates without speculation.

**Q6: Are there confirmed cases or deaths?**

Approved response aligned with current verification status; avoid unconfirmed numbers.

**Q7: Why is information limited at this stage?**

Explanation of verification processes and commitment to transparency.

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## Template Four: Spokesperson Key Messages & Talking Points

### (Early-Phase Spokesperson Support Tool)

#### Definition (Purpose of This Template)

The Spokesperson Key Messages & Talking Points template is a pre-approved internal RCCE tool designed to support authorised and trained spokespersons in delivering clear, consistent, and credible messages during the early phase of a public health emergency.

Its purpose is to:

- Maintain message consistency across interviews, briefings, and public appearances.
- Reinforce approved Holding Statements, Initial Public Advisories or Press Statement IF one has gone out
- Support confident/credible communication.
- Protect public trust by ensuring alignment across national and county levels.

This template supports spoken delivery and complements written press statements and media Q&A.

---

## When to Use This Template

Use this template when:

- Preparing spokespersons for media interviews, press briefings, or public remarks.
- Multiple spokespersons are engaging across platforms or locations.
- Media interest is increasing during early response.
- Consistency and credibility are critical.

## When NOT to Use This Template

Do not use this template:

- As a public-facing communication product.
- To introduce new information not included in approved public messages.
- Without alignment to the most recent Holding Statement or Public Advisory.

## Intended Users:

- Designated national and county spokespersons.
- Media-facing senior officials
- RCCE and communications leads supporting spokesperson preparation.

## CORE MESSAGE FRAME

### (All spokesperson remarks should anchor to these points)

Health authorities are assessing reports of a suspected public health event in (location). Investigations are ongoing. Please follow updates from official KNPHI, Ministry of Health and other government agencies channels.

### 1. What is happening (Acknowledgement)

Health authorities are assessing/responding to reports of (public health event) in (location), in coordination with national and county teams.

#### Key guidance:

- Use plain language.
- Avoid technical terms and jargon.
- Do not provide unverified details.

### 2. What we know so far (Confirmed information)

Based on available information, (brief, verified summary aligned with the Holding Statement or Public Advisory).

---

**Key guidance:**

- Stick strictly to only verified facts.
- If unsure, say so clearly.
- Do not estimate or infer.

**3. What we do not yet know (Uncertainty management)**

Investigations are ongoing, and we are still determining (cause/extent/level of risk, as applicable).

**Key guidance:**

- Normalise uncertainty.
- Emphasise verification processes.
- Avoid phrases that minimise concern or exaggerate reassurance.

**4. What is being done (Response Actions)**

Health authorities have activated response measures, including (surveillance, coordination, preparedness actions), in line with national guidelines.

**Key guidance:**

- Focus on action and coordination.
- Avoid operational detail that could change quickly.

**5. What the public should do (Clear actions)**

Members of the public are advised to:

- Action 1
- Action 2
- Action 3

**Key guidance:**

- Limit to 3–5 feasible actions.
- Ensure equity-aware and context-appropriate messaging.
- Do not introduce new actions beyond approved guidance.

---

## 6. Reassurance and trust statement

We are committed to providing accurate information as it becomes available and take necessary measures to contain the situation.

### Key guidance:

- Reassure through transparency, not certainty.
- Avoid guarantees or timelines you cannot control.

## ANTICIPATED TOUGH QUESTIONS – TALKING POINT GUIDANCE

### If asked about case numbers or deaths:

Investigations and verification are ongoing. We will share confirmed information as soon as it becomes available through official channels.

### If asked “Why didn’t authorities act sooner?”:

Surveillance systems detected this event, and assessment and response actions were initiated immediately in line with national procedures.

### If asked speculative or hypothetical questions:

It would be premature to speculate. What’s important now is that investigations are ongoing, and the public follows official guidance.

### If asked what safety measures are currently in place:

Response measures have been activated in accordance with national preparedness plans, including surveillance, coordination, and reinforcement of public health guidance. Protecting public health requires both institutional action and community cooperation.

### If asked about costs or funding sources:

Response activities are supported through national public health resources and, where applicable, collaboration with partners under established government accountability frameworks.

### If asked whether authorities are doing enough to protect the public:

Systems are actively responding based on the current risk assessment. Continued vigilance and public adherence to guidance are essential.

---

## **DO / DO NOT FOR SPOKESPERSONS**

### **Do:**

- Stick to approved key messages.
- Use calm, respectful language.
- Acknowledge uncertainty honestly.
- Refer back to official updates.

### **Do NOT:**

- Speculate or guess.
- Share unverified figures or timelines.
- Assign blame or identify individuals or groups.
- Contradict other official messages.

### **Coordination and Updates (Internal):**

- This template must be updated whenever:
  - a) The Holding Statement is revised, or
  - b) An Initial Public Advisory is issued.
- RCCE leads should brief spokespersons before each media engagement.
- Retire or replace early talking points as response phases evolve.

### **RCCE Note :**

- This tool supports spoken delivery and should be used only by trained and authorised spokespersons.
- Delivery quality directly affects credibility and public trust.
- Spoken messages must remain aligned with written public communications.

### **How This Template Fits in the 24–72 Hour Package:**

- Informed by: Holding Statement / Initial Public Advisory
- Reinforced by: Press Statement & Media Q&A
- Amplified through: Social Media First-Wave Messages
- Complemented by: Community Engagement Briefing Notes

---

## Template Five: Social Media First-Wave Message Pack

### (X / Facebook / WhatsApp/ TikTok, LinkedIn, Instagram – First 24–72 Hours)

#### Definition (Purpose of This Template)

The Social Media First-Wave Message Pack is a pre-approved digital communication tool for rapid dissemination of accurate, consistent information during the first 24–72 hours of a public health event.

Its purpose is to:

- Quickly inform the public using high reach, trusted digital platforms.
- Reinforce official messages issued through holding statements or public advisories.
- Counter misinformation and rumours as soon as they are detected.
- Direct audiences to trusted sources of information.

#### When to Use This Template

Use this template when:

- A Holding Statement or Initial Public Advisory has been issued.
- Rapid public awareness is required.
- Misinformation or rumours are circulating on digital platforms.
- Social media channels are actively monitored and managed.
- Content approval and coordination mechanisms are in place to ensure alignment with official public messaging.

Social media messages should always be aligned with approved public and media-facing messages. They should prioritise clarity, consistency, and frequency over volume.

#### When NOT to Use This Template

Do not use this template:

- As the first or only communication without an approved Holding Statement or Public Advisory.
- To share unverified information.
- To provide detailed technical explanations better suited to FAQs or community guides.
- To announce new public health actions not already approved through official advisories.

---

## Implementation Notes:

- Posts should be issued only from official, verified accounts.
- Content must align exactly with the most recent Holding Statement or Public Advisory.
- Monitor comments, replies, and shares for misinformation and emerging concerns.
- Escalate significant rumours, fear, or misinformation through RCCE coordination mechanisms.
- Do not engage in technical debates or speculate in comments.

## Social Media Posts

### AWARENESS / ACKNOWLEDGEMENT POST

#### (Initial signal – high reach)

Health authorities are assessing reports of a suspected public health event in (location). Investigations are ongoing. Please follow updates from official KNPPI, Ministry of Health and other government agencies channels.

**Use when:** Holding Statement has been issued.

**Platforms:** X, Facebook, WhatsApp broadcast lists.

\*can be accompanied by snippets of the holding statement video clips

### 2. Reassurance / Uncertainty Management Post

At this time, there is no confirmed evidence of widespread risk to the public, based on available information. Verification is ongoing, and updates will be shared as information is confirmed.

**Use when:** Public concern or speculation is increasing

### 3. Public Action Post (Non-Technical)

If you feel unwell or experience (general symptoms), seek care at the nearest health facility. Please rely on information shared through official health channels.

**Use when:** Basic care-seeking guidance is appropriate

**Avoid:** Detailed symptom lists at the holding stage.

### 4. Rumour-Response Post (Required)

We are aware of messages circulating online about this situation. Please do not share unverified information. Follow updates from official KNPPI and Ministry of Health sources only.

**Use when:** Rumours, voice notes, or screenshots are circulating.

**Tone:** Calm, corrective, non-confrontational.

---

## 5. Anti-Stigma / Social Cohesion Post

Illness can affect anyone. Please do not stigmatise individuals, families, or communities. Let us support one another and rely on accurate information.

**Use when:** Blame, fear, or targeting of groups is emerging.

**Key principle:** Protect trust and social cohesion.

**Note:** Where possible, first-wave social media posts should be accompanied by simple, accessible visuals (e.g., posters, short videos, or animations) to increase reach, comprehension, and credibility. Visuals should align with approved messages, use plain language, and be culturally appropriate and inclusive.

All these should be accompanied by official signatures/watermarks e.g. logo.

---

### Template Six: Community-Level Engagement Briefing Note (Initial)

#### (Early-Phase Community Engagement Tool)

#### Definition (Purpose of This Template)

The Community-Level Engagement Briefing Note (Initial) is a pre-approved guidance tool for frontline communicators, including Community Own Resource Persons (CORPs) including CHPs, chiefs, religious leaders, during the first 24–72 hours of a public health emergency.

Must be consistent with previous communication e.g. holding statement, advisory, but contextualized to various communities. Include considerations language, deaf, blind

Its purpose is to:

- Translate official messages into a language suitable for community dialogue.
- Support two-way communication and listening.
- Address fear, uncertainty, and rumours early.
- Promote appropriate care-seeking and protective behaviours.

WHO and Africa CDC emphasise community engagement as a core RCCE function, particularly in early outbreak phases when trust and understanding are critical.

#### When to Use This Template

Use this template when:

- Engaging communities in affected or at-risk areas.
- Community questions, fear, or misinformation are emerging.

- 
- Frontline workers require clear, consistent talking points.
  - Early dialogue is needed to support compliance and trust.

### **When NOT to Use This Template**

Do not use this template:

- As a mass media or press communication tool.
- Without alignment to approved public advisories.
- To introduce unverified information.

### **Implementation Guiding Notes:**

This note supports face-to-face or facilitated dialogue and should not be used as a substitute for public advisories or digital communication.

### **Community-Level Engagement Briefing Note (Initial)**

**Event:** Public health event

**Location:** County

**Date:** DD Month YYYY

#### **1. What is happening in our community?**

(What do people need to understand right now?)

- Health authorities in collaboration with other government agencies have identified (brief description of the health even) in (location).
- Teams are working with local health facilities and leaders to monitor the situation and support affected people.
- Information may change as more is learned.

#### **2. Why does this matter to community members?**

(How could this affect daily life, health, or safety?)

- Some people may face higher risk, including [context-specific groups, e.g. elderly, pregnant women, people with chronic illness].
- Taking early and simple actions can reduce illness and protect families and neighbours.
- Community cooperation is important to prevent further spread or harm.

---

### **3. What practical actions should people take now?**

(Clear, doable steps. Avoid overload)

- (Protective action 1 e.g., hygiene, prevention behaviour)
- (Protective action 2)
- (Protective action 3)
- Seek care early at (where) if experiencing (key symptoms).
- Follow advice from health workers and trusted local leaders.

### **4. Common Community Questions and Suggested Responses**

(Address what people are already asking)

#### **Q: How serious is this situation?**

A: Health authorities are actively assessing the situation. While investigations continue, early prevention and care can reduce risk and protect the community.

#### **Q: Who can be affected?**

A: Anyone can be affected. Some people may be more vulnerable, but no individual or group is to blame.

#### **Q: What should I do if I am worried or feel unwell?**

A: Seek care when/if you experience any symptoms at the nearest health facility or contact a health worker for guidance.

#### **Q: Where do I get help or report to?**

A: Anyone who feels unwell should seek care early at the nearest health facility. Concerns, rumours, or unusual events may be reported to Community on Resource Persons CORPS), including CHWs, CHPs, etc., local health facility, County Health Office, or the official public health hotline where available. (Update referral pathways and contact details to reflect the specific audience, location, and available services.)

### **5. Addressing Fear, Rumours, and Stigma**

(How facilitators should respond)

- Encourage open, calm discussion and questions.
- Gently correct misinformation using verified information.
- Emphasise solidarity, care, and mutual support.
- Do not identify, shame, or blame individuals or groups.

---

## **6. Referral and Escalation**

(What to do when action is needed)

- Refer anyone who is sick or concerned to the nearest health facility.
- Report unusual concerns, rumours, or resistance to supervisors through agreed channels.

### **Key guidance for Facilitators (Internal Use):**

- Listen actively and respectfully, do not dismiss concerns.
- Use local language and familiar examples where possible.
- Ensure inclusion of women, persons with disabilities, older persons, and marginalised groups.
- Be honest when information is not yet known.

### **How This Template Fits in the 24–72 Hour Package:**

- Informed by: Holding Statement / Initial Public Advisory
- Reinforced by: Social media and Spokesperson Messages
- Foundation for: Ongoing community engagement guides



## 2. SITUATION UPDATE PACKAGE



## 2. Situation Update Package



### Purpose of This Package

The Situation Update Package supports ongoing, structured, and predictable communication as a public health emergency evolves. It enables health authorities to keep the public informed of key developments, reinforce guidance, and address emerging questions, without unnecessarily re-issuing full public advisories.

This package helps maintain transparency, continuity, and trust during sustained response phases.

### Overview of Templates in the Situation Update Package

Template	Purpose	When to Use	Primary Audience
Situation Update Bulletin (Daily / Weekly)	Communicate what has changed and what remains the same	Ongoing response phase	Public, partners
Updated FAQs & Myth-Busters	Address evolving questions and misinformation	When new questions or rumours emerge	General public
Community Protective Behaviours Update	Reinforce or adjust protective actions	When guidance evolves or fatigue emerges	Communities
Service Continuity Messaging	Ensure continued access to essential services	When services are disrupted or adapted	General public, vulnerable groups

Templates may be used individually or in combination, depending on the situation and audience needs.

### Template One Situation Update Bulletin

#### (Daily / Weekly Update)

#### Definition (Purpose)

The Situation Update Bulletin is a regular public update issued during an ongoing public health emergency to communicate:

- What has changed.
- What remains the same.
- What actions (if any) are required

It is designed to maintain transparency and predictability without re-issuing a full Initial Public Advisory.

---

## When to Use This Template

Use this template when:

- After an Initial Public Advisory has been issued.
- When there are new developments (e.g., case trends, geographic spread, response actions).
- On a regular cadence (daily or weekly), depending on event severity and public interest.

## When NOT to Use This Template

Do not use this template:

- During the initial unconfirmed assessment phase.
- When new public actions, restrictions, or policy changes are required, issue a new or updated Public Advisory instead.

## Implementation Guidance (Internal Use):

- Maintain a consistent update schedule to manage expectations.
- Clearly distinguish between new information and information that remains unchanged.
- Avoid introducing new guidance that has not been formally approved.
- Ensure alignment with media briefings, spokesperson talking points, and social media updates.

## Situation Update Bulletin (Daily / Weekly)

**Event:**

**Affected County(ies):**

**Issuing Authority:** Ministry of Health (MoH); Kenya National Public Health Institute (KNPHI)

**In Collaboration With:** (Include the partners)

**Date of Issue:**

**Reporting Period:**

**Situation Overview:** (Current status in plain and authoritative language)

As of the reporting period, the public health event remains under active monitoring and response. Surveillance and response activities continue in collaboration with County Departments of Health and relevant partners.

---

## Updates Since Last Bulletin

- New confirmed developments.
- Changes in case trends or geographic distribution.
- Operational or response updates.

## Information Unchanged

Mode of transmission

[Risk factors]

Previously issued public health guidance

## Public Guidance

At this time:

- No new actions are required from the public.
- Previously issued guidance remains in effect.

## Ongoing Response Actions

The Ministry of Health, working with County Governments and partners, continues to:

- Conduct disease surveillance and case investigation.
- Support laboratory testing and confirmation.
- Coordinate response activities at the national and county levels.

## Risk Assessment

Based on available information, the current risk to the general public is assessed as:

- County level: Low / Moderate / High
- National level: Low / Moderate / High

## Next Update

The next Situation Update Bulletin is expected on: Date

## Official Information

Website:

Public Hotline:

Media Inquiries: (Insert comms team email or phone number)

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**Issued by:**

Kenya National Public Health Institute

Ministry of Health, Republic of Kenya

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## Template Two: Updated FAQs & Myth-Busters

### Definition (Purpose)

This template supports ongoing clarification and risk understanding as public questions evolve and misinformation emerges during response.

### When to Use This Template

Use this template when:

- When public questions increase, shift, or recur.
- When rumours or misinformation are circulating.
- Following situation updates, policy changes, or new response measures.

### Implementation Guidance:

- FAQs should be updated iteratively, not rewritten from scratch.
- Use plain language and short answers.
- Coordinate with social media monitoring and community feedback to prioritise questions.

## Updated FAQs & Myth-Busters

### Date of Issue:

### Last Updated:

### Q1: What is happening at the moment?

(Simple, factual explanation, no jargon)

- Health authorities have reported (brief description of the situation) in (location).
- Response teams are working to monitor the situation, support affected people, and reduce risk.
- Information may change as investigations continue.

### Q2: Who may be more affected or at higher risk?

(Clear, non-technical, non-stigmatizing)

- Some people may be more vulnerable, including (context-specific groups).
- This does not mean others are not affected, and no group is responsible for the situation.

---

**Q3: What does this mean for the general public?**

(Be explicit about impact or reassurance)

- For most people, the risk is (low/moderate/high – as appropriate) if guidance is followed.
- Daily activities can continue (with/without) additional precautions as advised by health authorities.

**Q4: What should people do to protect themselves and others?**

(Only restate approved guidance)

- (Protective action 1)
- (Protective action 2)
- (Protective action 3)
- Seek care early at (where) if experiencing (key symptoms).

**2. Myth vs Fact** (can be multiple, structure should follow existing FAQs developed during the process)

Myth: (Common rumour or misinformation)

Fact: (Clear, factual correction in simple language)

**3. What We Know So Far**

Confirmed facts based on current evidence.

**4. What We Do Not Yet Know**

- Areas still under investigation.
- Information being actively assessed.

This section may be omitted if not appropriate.

**Where to Get Official Information**

- Kenya National Public Health Institute - Ministry of Health: (insert website).
- Public Hotline:
- County Health Offices: (necessary if the information is county-specific)

---

**Template Three: Community Protective Behaviours Update****Definition / Purpose**

A community-facing update reinforcing feasible and context-appropriate protective actions as the situation evolves.

---

## When to Use This Template

Use this template when:

- When protective behaviours require reinforcement or adjustment.
- When fatigue, confusion, or declining adherence is emerging/ being observed at community level.
- When transitioning between response phases. E.g. alert, response, etc.

### Implementation Guidance:

- Limit to 3–5 key behaviours.
- Emphasise behaviours that are feasible in local contexts.
- Reinforce early care-seeking and service access.

## Community Protective Behaviours Update (SMS)

### Standard SMS

Public Health Update: Please continue to (key behaviour 1), (key behaviour 2), and (key behaviour 3). Seek care early at (facility/contact) if you feel unwell.

### Reinforcement SMS (Behaviour Fatigue)

Health Reminder: These actions still protect you and your family: (behaviour 1), (behaviour 2). Early care saves lives. Visit (facility/contact) if symptoms appear.

### Update / Change SMS (When Guidance Shifts)

Health Update: There is a change in guidance: (new/adjusted behaviour). Continue (key ongoing behaviour). If unwell, seek care at (facility/contact).

### Care-Seeking Focus SMS

Health Alert: If you have (key symptoms), seek care early at (Facility/contact). Do not delay due to fear or rumours. Services are available.

### Reassurance SMS (Low Risk / Transition Phase)

Public Health Update: Risk remains (low/moderate) if guidance is followed. Continue (key behaviour) and get trusted updates from health officials.

### Tips for SMS Use

- Keep to 1–2 behaviours per message if possible.
- Use local language versions alongside English.

- 
- Repeat messages consistently rather than adding new actions.
  - Avoid technical terms, numbers, or long explanations.
- 

## Template Four: Service Continuity Messaging

### Definition

Service Continuity Messaging ensures the public, especially vulnerable and marginalised groups, understand how to continue accessing essential health and social services during events..

### When to Use This Template

Use this template when:

- When services are disrupted, adapted, or reprioritised.
- During outbreaks that affect routine service access.
- When public fear may deter care-seeking.

### Implementation Guidance:

- Clearly distinguish between services that continue and temporary changes.
- Use reassuring, non-alarmist language.
- Coordinate with facility-level messaging and community actors.

### Template Structure

- Which services continue
- How and where to access them
- Guidance for vulnerable groups
- Reassurance and trust-building messages

### How Package B Fits With Other Rcce Packages

- **Builds on:** Initial Public Advisory / Alert
- **Informs:** Spokesperson Key Messages & Media Q&A
- **Feeds into:** Social Media Updates and Community Dialogue
- **Guided by:** Listening, feedback, and evolving risk assessment



# 3.COMMUNITY ENGAGEMENT AND DIALOGUE PACKAGE



# 3. Community Engagement and Dialogue Package



## Purpose of This Package

This package supports two-way engagement, listening, and trust-building at the community level, particularly where fear, stigma, or misinformation may arise.

## Overview of Templates in the Community Engagement & Dialogue Package

Template	Purpose	When to Use	Primary Audience
CHW / Community Dialogue Guide	Facilitate structured community discussions	During outreach and dialogue sessions	CHWs, community leaders
Community Feedback Capture Form	Systematically capture questions and rumours	During community engagement	RCCE teams
Radio PSA Scripts (15s/30s/60s)	Deliver high-reach, audio-friendly messages	Low-literacy or high-reach contexts	General public
School / Market / Worship Guidance Scripts	Tailor guidance for specific settings	When settings require targeted guidance	Institutional leaders

## Template One: CHW /Community Dialogue Guide

### Definition (Purpose)

A facilitated dialogue guide to support CHWs and community actors in conducting two-way conversations, addressing concerns, and reinforcing approved public guidance.

### When to Use This Template

Use this template when:

- During active community engagement and outreach.
- When fear, rumours, misinformation, or resistance are present.
- When communities require clarification beyond mass communication.

### When to NOT Use This Template

Do not use this template:

- As a mass media or digital communication tool.
- To introduce unapproved information or guidance.

---

### **Implementation Guidance (Internal Use):**

- Prioritise listening before messaging.
- Use local language and culturally appropriate examples.
- Encourage questions and acknowledge uncertainty.
- Refer technical or unresolved issues through RCCE coordination mechanisms

### **Dialogue Session Template**

**Date:**

**Location / Community:**

**Facilitator (CHW / Partner):**

**Estimated Duration: 30–60 minutes**

#### **1. Session Objectives/Scene Setting**

(What this conversation aims to achieve)

By the end of the dialogue, participants should:

#### **2. Opening the Conversation (Build trust before messaging)?**

Suggested opening:

- “We are here to listen and learn from you.”
- “What concerns or questions are people talking about right now?”
- “What have you heard that is worrying or confusing?”

**\*Avoid correcting immediately. Listen fully first.**

#### **3. Key Messages to Reinforce**

(Aligned with current advisories keep to 3–5 points)

#### **4. Dialogue Prompts and Discussion Questions (Encourage participation and reflection)**

- “How does this situation affect daily life here?”
- “What makes it difficult to follow this guidance?”
- “What would make these actions easier for families?”

---

## 5. Frequently Asked Questions (For Facilitators)

(Use as reference, not a script)

### **Q: Is this situation very dangerous?**

A: Health authorities are assessing the situation and sharing updates. Early prevention and care help reduce risk.

### **Q: Who is most affected?**

A: Anyone can be affected, though some people may be more vulnerable. No group is to blame.

### **Q: What should we do if someone is sick or afraid?**

A: Encourage early care-seeking and contact health services or a CHW for guidance.

## 6. Referral and Escalation Pathways (What to do beyond the dialogue)

- Refer medical concerns to (health facility/hotline).
- Report rumours, resistance, or emerging concerns to [supervisor / RCCE focal point].
- Document key feedback and questions for follow-up.

## 7. Closing the Dialogue

- Thank participants for sharing openly.
- Reiterate where trusted information and services can be accessed.
- Encourage continued dialogue through CHWs or community leaders.

---

## Template Two: Community Feedback Capture Form

### **Definition (Purpose)**

A structured tool to systematically capture community questions, rumours, and concerns in order to inform message adaptation and response planning.

### **When to Use This Template**

Use this template:

- During outreach and engagement activities.
- When rumours, fear, or resistance are emerging.
- When feedback is required to inform RCCE decision-making.

---

**Implementation Guidance:**

- Record concerns accurately and without interpretation.
- Protect confidentiality where appropriate.
- Escalate priority issues promptly.

**Community Feedback Capture Form**

**Date:**

**Location (County / Community / Village):**

**Activity Type:**     Household visit     Community dialogue  
                          Outreach                     Other: \_\_\_\_\_

**Facilitator / CHW Name (optional):**

**1. Feedback Type**

(Tick all that apply)

- Question
- Rumour / Misinformation
- Fear or concern
- Resistance / refusal
- Suggestion or request

**2. Community Question, Rumour, or Concern**

(Write exactly what was said)

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**3. Source of Feedback (Optional)**

(Do not record names unless necessary)

- Individual
- Group
- Community leader
- Social media / messaging
- Other: \_\_\_\_\_

---

#### 4. Who Is Affected or Concerned?

(If relevant)

- General community
- Women
- Youth
- Older persons
- Persons with disabilities
- Specific group: \_\_\_\_\_

#### 5. Perceived Level of Concern

(Facilitator assessment)

- Low – isolated or curiosity
- Medium – repeated concern
- High – fear, resistance, or potential harm

#### 6. Action Taken During the Interaction

(Tick all that apply)

- Listened and acknowledged concern
- Provided approved information
- Referred to health service
- Deferred response (needs clarification)

#### 7. Escalation and Follow-Up

(For coordination teams)

- Escalated to supervisor / RCCE focal point
- Requires message update or myth-busting
- Requires service adjustment or clarification
- Monitoring only

#### Notes / Follow-up Required:

Action taken or escalation pathway.

---

## Template Three: Radio Psa Scripts (15s / 30s / 60s)

### Definition (Purpose)

Short, audio-friendly scripts for rapid dissemination via radio, particularly in low-literacy or high-reach contexts. PSAs reinforce approved public health guidance and promote protective action and care-seeking.

### When to Use This Template

Use this template when:

- When rapid, wide coverage is needed.
- In settings where the radio is a trusted source of information.
- To reinforce public advisories and community engagement.

### Implementation Guidance:

- Use plain language and short sentences.
- Maintain consistent attribution to health authorities.
- Avoid technical detail or speculation.
- Limit each PSA to one main message.
- Pre-test language with local partners where possible.

## Radio Psa Scripts (15s / 30s / 60s)

### 15-Second Radio PSA (Single Action)

#### Script Template

This is a public health message. Health authorities remind the public to (key action) to protect yourself and your family. If you feel unwell, seek care early at the nearest health facility (if there is a recommended facility you can include it here).

This message is brought to you by the Ministry of Health's Kenya National Public Health Institute.

**Use for:** Quick reminders, behaviour reinforcement, care-seeking prompts.

### 30-Second Radio PSA (Action+Context)

#### Script Template

This is a public health message. Health authorities are responding to [brief description of situation] in [location]. You can protect yourself by [1–2 key actions].

If you have [key symptoms], seek care early at [facility/contact].

---

Services remain available and safe. This message is brought to you by the Ministry of Health's Kenya National Public Health Institute.

**Use for:** Active response phases, addressing fear or confusion.

### **60-Second Radio PSA (Reassurance + Guidance)**

Script Template

This is a public health message. Health authorities continue to monitor the situation in [location]. Most people can protect themselves by (2–3 feasible actions). Some people may be more vulnerable, and early care is important. If you or a family member feels unwell, seek care at (facility/contact).

Health services remain open and ready to help. This message is brought to you by the Ministry of Health's Kenya National Public Health Institute.

**Use for:** Quick reminders, behaviour reinforcement, care-seeking prompts.

**\*PSA's can be accompanied by a campaign slogan, in instances where this has already been identified.**

---

## **Template Four: School / Market / Place-Of-Worship Guidance**

### **Definition (Purpose)**

Context-specific guidance scripts for high-gathering settings to support safe practices and continuity of daily life during response.

### **When to Use This Template**

Use this template when:

- When specific settings require tailored guidance.
- When public advisories need contextualisation at local level.

### **Implementation Guidance:**

- Tailor language to the setting and audience.
- Coordinate with local leaders and institutions.
- Reinforce inclusion and non-stigmatisation.

### **Template Structure:**

- What is happening
- What (if anything) has changed
- What people should do
- Who to contact for more information

---

### How Package C Fits With Other RCCE Packages:

- **Informed by:** Public Advisories and Situation Updates What (if anything) has changed
- **Complemented by:** Social Media and Radio Messaging Who to contact for more information
- **Feeds into:** Feedback loops and message adaptation
- **Focused on:** Dialogue, trust, and social cohesion.



## 4. MEDIA AND SPOKESPERSON PACKAGE



# 4. Media And Spokesperson Package



## Purpose of This Package

This package supports professional, coordinated media engagement and prepares spokespersons and partners for sustained communication.

## Overview of Templates in the Media & Spokesperson Package

Template	Purpose	When to Use	Primary Audience
Press Release Template	Issue formal media announcements	Major updates or milestones	Media
Media Kit Structure	Provide journalists with background materials	Sustained media engagement	Media
Interview Prep & Difficult Questions Bank	Prepare spokespersons for sensitive issues	Before interviews	Spokespersons
Partner Alignment Note	Harmonize messaging across partners	Multi-partner response	Counties, CSOs, partners

## Template One: Press Release Template

### (Formal Media Announcement)

#### Definition (Purpose)

A structured, formal media release used to communicate significant updates or milestones, aligned with approved Public Advisories or Situation Updates.

This template is not intended for rapid early-phase acknowledgement (see Holding Statement and Press Statement & Media Q&A).

#### When to Use This Template

Use this template when:

- When announcing major developments, decisions, or milestones.
- When information requires a formal written record.
- During sustained response phases.

#### When to NOT Use This Template

Do not use this template:

- During the initial assessment phase.
- As a substitute for Holding Statements or Public Advisories.

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## Press Release

Headline (Clear, factual, and concise. Reflects the main development without speculation or emotive language.

Example: Authorities Confirm Updated Measures Following [Event / Situation]

### Key Announcement (5Ws 1H)

A short opening paragraph summarizing:

- What has happened?
- Who is involved?
- When and where (if relevant)?
- Why this matters?
- How?

This section should stand alone and be understandable if quoted in full.

### Supporting Information

Additional factual detail, including:

- Background or context
- Actions taken or decisions made.
- Next steps or timelines (if confirmed)

Avoid technical jargon where possible. Maintain clarity and accuracy.

### Approved Quotes

Attributed quotes from authorized spokesperson(s), such as:

- Senior officials
- Institutional leaders.
- Technical experts (if appropriate)

Quotes should:

- Reinforce key messages.
- Express reassurance, responsibility, or commitment.
- Avoid speculation or emotional language.

### Public Guidance (If Applicable)

Clear, actionable guidance for the public, aligned with existing advisories:

- What people should do?

- 
- What people should not do?
  - Where to get reliable updates?

Language should be inclusive, calm, and non-stigmatizing.

### **Media Contact Information**

Provide verified contact details:

- Name or office
- Phone number
- Email address

### **Notes for Use**

- All content must be cleared through the approved communications process
- Maintain consistency with other RCCE products.
- Update or reissue only when new, verified information is available.

---

## **Template Two: Media Kit Structure**

### **Definition (Purpose)**

A compiled reference package for journalists to support accurate and contextual reporting during sustained media engagement. It provides journalists with verified background materials that reduce misinformation and repetitive enquiries during periods of sustained media interest.

### **When to Use This Template**

Use this template:

- When media interest is ongoing, high-volume or recurring.
- When journalists request background or explanatory material.
- During prolonged response phases.
- Multiple outlets are reporting simultaneously.

### **Implementation Guidance:**

- Maintain version control (date and version number on all documents).
- Ensure alignment with the latest Situation Updates, Public Advisories, and FAQs.
- Remove outdated materials promptly.
- Include visuals only if approved, current, and clearly captioned.
- Make the kit easily accessible (shared link or press portal).

---

## Media Kit Structure

### 1. Fact Sheet (Plain Language)

A concise overview written for non-technical audiences:

- What is happening?
- Who is affected?
- What is being done?
- What is expected next (if known)?
- Should be easily quotable and updated regularly.

### 2. Key Statistics

Verified data only, clearly sourced:

- Confirmed figures.
- Trends over time (if relevant).
- Definitions and caveats where needed.
- Avoid projections or unverified estimates.

### 3. Background and Timeline

Context to support accurate reporting:

- Brief background to the situation.
- Key dates and milestones.
- Decisions or actions taken to date.
- Keep this factual and chronological.

### 4. Frequently Asked Questions (Optional but Recommended)

Short, approved responses to:

- Common public and media questions.
- Areas of recurring confusion or concern.
- Ensure consistency with public-facing FAQs.

### 5. Contact Information

Clear points of contact for:

- Media enquiries.
- Technical or subject-matter clarification (if appropriate).

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Include:

- Name or office
- Email address
- Phone number
- Availability hours

## 6. Photo and Video Use Guidance

If visuals are included:

- Usage rights and credit requirements.
- Date and location of visuals.
- Restrictions on reuse or modification.
- Do not include outdated or unverified imagery.

### Notes for Use

- The Media Kit is a living document and should be reviewed regularly.
- Updates should be logged and communicated to media contacts.
- Content should reinforce transparency, trust, and accuracy.
- Photo and video use guidance.

---

## Template Three: Interview Preparation & Difficult Questions Bank

### Definition (Purpose)

An internal spokesperson support tool to prepare authorised and trained spokespersons for challenging, sensitive, or high-risk questions.

It helps ensure responses are:

- Accurate and consistent.
- Aligned with approved public messaging.
- Delivered with confidence and credibility.

This template complements Spokesperson Key Messages & Talking Points.

### When to Use This Template

Use this template:

- Before media interviews, press briefings, or high-profile appearances.
- When issues are politically, socially, or emotionally sensitive.
- When misinformation, rumours, or speculation are increasing.
- When spokespersons are facing hostile, adversarial, or repeated questioning.

---

### **Implementation Guidance (Internal Use):**

- Update content frequently as the situation evolves.
- Brief spokespersons immediately prior to interviews.
- Align all responses strictly with cleared Public Advisories, Situation Updates, and FAQs.
- Do not improvise language on sensitive issues.
- Flag gaps or emerging questions to the communications lead for approval.

### **Interview Preparation & Difficult Questions Bank**

#### **1. Key Communication Risks**

Identify and summarize:

- Reputational risks.
- Trust or credibility risks.
- Political or social sensitivities.
- Areas of uncertainty or incomplete information.
- Topics likely to trigger fear, anger, or blame.

This section sets boundaries for what can and cannot be said.

#### **2. Anticipated Difficult Questions**

List likely high-risk questions, including:

- Accusations or blame-based questions.
- Questions based on misinformation or rumours.
- Hypothetical or speculative scenarios.
- Emotionally charged personal stories.

Phrase questions as journalists are likely to ask them.

#### **3. Approved Response Language**

For each question, provide:

- A clear, approved core response.
- Supporting facts that are safe to repeat.
- Language that is calm, factual, and empathetic.

Responses should:

- Acknowledge concern without accepting unverified claims.
- Avoid speculation or assigning blame.
- Reinforce key messages and public guidance.

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## 4. Deflection and Bridging Guidance

Provide approved techniques for:

- Declining to answer unsafe or speculative questions.
- Redirecting back to confirmed information.
- Bridging from sensitive topics to key messages.

Examples include:

- “What I can say at this stage is...”.
- “It’s important to focus on what we know now...”.
- “The most important message for the public is...”.

Avoid dismissive or defensive language.

### Notes for Use

- This document is confidential and for internal use only.
- Spokespersons should not share or quote directly from this bank.
- Feedback from interviews should be used to update and strengthen the questions bank.

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## Template Four: Partner Alignment Note

### Definition

An internal coordination note to ensure consistent messaging across partners, including counties, CSOs, and NGOs.

### When to Use This Template

Use this template when:

- During multi-partner responses.
- When partners are communicating publicly or at community level.
- When decentralised communication increases risk of message drift.

### Implementation Guidance (Internal Use):

- Share only approved and current messages.
- Clarify what partners can and cannot say.
- Identify coordination and escalation contacts.

### Template Structure:

- 
- Core messages.
  - Do-s and don'ts.
  - Approved terminology.
  - Coordination contact details

**How Package D Fits With Other RCCE Packages:**

- **Builds on:** Holding Statements, Public Advisories, Situation Updates.
- **Works alongside:** Press Statement & Media Q&A.
- **Informs:** Spokesperson Talking Points and Interview Prep
- **Supports:** Partner coordination and media accuracy.



# 5. GOVERNANCE AND READINESS TOOLS



# 5. Governance And Readiness Tools



## Purpose of This Package

These tools enable rapid activation, clearance, quality control, and correct use of all RCCE templates during events.

It ensures RCCE products are:

- Released quickly.
- Technically accurate.
- Consistent and up to date.
- Properly authorized

## Overview of Governance and Readiness Tools

Tool	Purpose	When to Use	Primary Audience
Rapid Clearance Checklist	Structured approval processes	Before public release	RCCE leads
Version Control System	Prevent outdated or conflicting messages	Throughout response	All users
Localization & Translation Guide	Support Kiswahili and local language adaptation	Before dissemination	RCCE teams
Template Activation Guide (IDSR-Aligned)	Clarify which template to use and when	Preparedness & response	RCCE / PHEOC teams

## Tool One: Rapid Clearance Checklist

### Definition

A streamlined approval tool that ensures RCCE products are:

- Technically accurate.
- Risk-assessed.
- Consistent with national guidance.
- Properly authorised prior to release

The clearance process is designed to be proportionate to risk and urgency, while maintaining accountability.

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## When to Use:

Use this tool:

- Prior to releasing any public RCCE product.
- When timelines are compressed, and multiple approvals are required

## Implementation Guidance (Internal Use):

- Keep the checklist brief and focused.
- Apply proportional clearance based on risk and audience.
- Avoid restarting clearance when only minor edits are made.

## Approval Pathway (Overview)

All RCCE products follow a structured clearance pathway:

- Drafting – RCCE / Communications Lead
- Technical Validation – Surveillance / Technical Lead (as relevant to event)
- Communications & Risk Review – Communications Director / RCCE Lead
- Final Authorisation – Director General (DG), KNPHI or formally delegated authority

Approval timelines should reflect the urgency and risk level of the event.

## RAPID CLEARANCE CHECKLIST

**RCCE Product Title:**

**Product Type: (Advisory / Press Release / Social / Partner Note / Other)**

**Medium of communication:**

**Date & Time:**

**Version:**

### STEP 1: Drafting (RCCE / Communications Lead)

- Draft aligned with latest Situation Assessment
- Template correctly selected (Activation Guide referenced)
- Date, time, and version included
- “Current as at” statement included

Drafted by: \_\_\_\_\_

Date/Time: \_\_\_\_\_

---

## STEP 2: Technical Validation (Surveillance / Technical Lead)

- Epidemiological information verified
- Figures, locations, and terminology confirmed
- No unverified causes or speculation included
- Risk level aligned with technical assessment

Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date/Time: \_\_\_\_\_

## STEP 3: Communications & Risk Review (RCCE Lead / Communications Lead)

- Clear, plain language used
- Tone is calm and non-alarmist
- Non-stigmatising language confirmed
- Public actions are feasible and limited (if applicable)
- Reputational and political sensitivities considered
- Consistent with other active RCCE products

Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date/Time: \_\_\_\_\_

## STEP 4: Final Authorization

- Approved for Public Release
- Final Approval Authority:
- Director General (DG), KNPHI
  - Delegated Authority (if formally designated)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

---

## Final Authorisation and Release

- Approved for Public Release

Final Approval Authority:

- Director General (DG), KNPHI  
 Delegated Authority (if formally designated)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

## Release Confirmation

- Uploaded to official website  
 Disseminated to media (if applicable)  
 Shared with counties / partners  
 Social media posted (if applicable)

Released by: \_\_\_\_\_

Date/Time: \_\_\_\_\_

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## Tool Two: Version Control System

### Definition

A simple system to track, manage, and retire RCCE products, preventing confusion and message drift during response.

### When to Use:

Use this tool:

- For all RCCE products once activated.
- Whenever messages are updated, replaced, or withdrawn.

### Implementation Guidance (Internal Use):

- Assign clear version numbers and timestamps.
- Ensure all teams are using the most recent approved version.
- Maintain an internal archive of previous versions for audit and after-action review purposes.

---

## Version Control System

(can be used as a cover page for each product for ease of approval)

Version Information (Must Appear on Every RCCE Product)

Field	Entry
Version Number	v1.0 / v1.1 / v2.0
Date & Time of Issue	
Approved By	
Status	Current
Replaces Version	(If applicable)

### Rules for Use:

- Only one version of any RCCE product may be designated **Current** at a time.
- When a product is updated, the new version automatically replaces the previous version.
- Previous versions must be archived internally.
- Outdated versions must be replaced on official platforms where feasible.

Public-facing products do not need to be labelled “Superseded,” provided that clear dating and version information are displayed.

### Digital Circulation and Dating Requirements

Given the speed and persistence of information sharing in the digital and social media environment, RCCE products may continue to circulate after updates are issued. Screenshots, forwarded messages, and reposted content cannot always be fully withdrawn from circulation.

To reduce confusion and support transparency, all RCCE products must:

- Clearly display the **date of issue**.
- Include the **time of release** where relevant.
- Indicate a **version number**.
- Identify the issuing authority.

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All public communications must be marked:

**“Current as at [DD Month YYYY, Time]”**

When updates are issued, the new product must clearly state:

**“Updated as at [DD Month YYYY, Time]”**

Previous versions do not need to be publicly labelled as “Superseded,” but must be:

- Replaced on official platforms where feasible.
- Archived internally for record-keeping and audit purposes.

Where feasible, digital graphics and social media visuals should include a visible marking such as:

**“Valid as at [Date]”**

This approach recognises the realities of digital circulation while ensuring that the public can easily identify the most recent and authoritative guidance.

---

### **Tool Three: Localisation & Translation Guide**

#### **Definition (Purpose)**

Guidance to support **accurate, culturally appropriate, and inclusive** adaptation of RCCE materials into Kiswahili and other local languages.

#### **When to Use:**

Use this tool:

- Before dissemination at county or community level.
- When adapting messages for Kiswahili or other local languages.

#### **Implementation Guidance (Internal Use):**

- Prioritise meaning over literal translation.
- Avoid technical or stigmatising terms.
- Use back-translation or peer review where feasible.

#### **Localisation Checklist:**

- Meaning preserved (not word-for-word translation)
- Technical and medical jargon avoided
- No stigmatising or culturally inappropriate terms

- 
- Examples adapted to local context
  - Back-translation or peer review completed (if feasible)

**Approval:**

**Translator /Adapter:**

**Reviewer:**

**Date:**

---

## **Tool Four: Template Activation Guide**

### **Definition (Purpose)**

A practical decision-support tool that explains:

- Which RCCE template to activate.
- When to activate it.
- Who is responsible for activation.

This guide aligns with IDSR triggers, risk assessment processes, and national and county emergency coordination mechanisms.

### **Activation Authority and Accountability**

To ensure timely, coordinated, and accountable communication during public health events, activation of RCCE templates must be linked to clearly designated responsible authorities.

Activation authority aligns with:

- IDSR detection and verification triggers.
- Risk assessment outcomes.
- PHEOC coordination mechanisms.
- National and county governance structures.

For nationally significant events, KNPHI retains oversight of RCCE template activation in coordination with the Ministry of Health and the Public Health Emergency Operations Centre (PHEOC).

For county-level events that do not require national escalation, County Directors of Health may activate approved RCCE templates within their jurisdiction, in alignment with national technical guidance.

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Clear designation of activation responsibility:

- Reduces delays in early communication.
- Prevents duplication or message drift.
- Strengthens message discipline.
- Supports after-action accountability.

Final public release remains subject to Rapid Clearance and authorised sign-off procedures under Package E governance tools.

### How to Use This Guide:

1. Identify the current trigger or situation.
2. Confirm the response phase.
3. Activate the recommended template(s).
4. Confirm the Responsible Authority for Activation.
5. Apply Package E governance tools (Rapid Clearance, Version Control, Localisation).

Retire or transition templates as the situation evolves.

### Early Signal / Assessment Phase

(Event detected, unconfirmed, uncertainty high)

Trigger / Situation	Activate	Do NOT Activate	Responsible for Activation	Notes
Rumour, alert, Event-Based Surveillance (EBS) signal	Holding Statement	Public Advisory, FAQs, Situation Updates	KNPHI RCCE Lead (national-level signals) OR County Director of Health (county-contained signals)	Acknowledge early; manage uncertainty
Public concern or media queries	Holding Statement + Social Media (acknowledgement only)	Action-based guidance	KNPHI Communications Lead in coordination with RCCE Lead	No public action required at this stage
Community anxiety emerging	Community Engagement Briefing Note (Initial)	Technical FAQs	County RCCE Focal Person	Focus on listening and reassurance

## Confirmation / Early Response Phase

(Event confirmed OR credible risk requiring action)

Trigger / Situation	Activate	Retire / Supersede	Responsible for Activation	Notes
Event confirmed	Initial Public Advisory / Alert	Holding Statement	KNPHI DG (national events) OR County Director of Health (county-level events)	Clear shift from assessment to response
Public actions required	Public Advisory + Social Media First-Wave	Holding Statement	RCCE Lead in coordination with Incident Manager / PHEOC	Limit to 3–5 actions
Press briefing planned	Press Statement & Media Q&A	—	Communications Director / Lead	Must align with advisory
Multiple spokespersons engaged	Spokesperson Key Messages & Talking Points	—	RCCE Lead	Internal tool only
Early community outreach	Community Engagement Briefing Note	—	County RCCE Focal Person	Translate advisory into dialogue

## Sustained Response Phase

(Ongoing response, evolving information)

Trigger / Situation	Activate	Retire / Supersede	Notes
New developments or case trends	Situation Update Bulletin	KNPHI RCCE Lead (national) OR County Health Promotion/RCCE Lead	Maintain predictable cadence
Repeated public questions or misinformation	Updated FAQs & Myth-Busters	RCCE Lead in coordination with Surveillance/Technical Team	Driven by feedback and rumour tracking
Behaviour fatigue observed	Community Protective Behaviours Update	County Health Promotion/RCCE Lead	Reinforce feasibility
Service disruption or adaptation	Service Continuity Messaging	KNPHI or County Director of Health (depending on scope)	Prioritise vulnerable groups
Sustained media interest or milestone	Press Release + Media Kit	Communications Director (KNPHI)	Formal milestone updates
Difficult interviews expected	Interview Prep & Difficult Questions Bank	RCCE Lead	Internal only
Multi-partner response	Partner Alignment Note	KNPHI RCCE Lead	Share verbatim approved messaging

## Community Dialogue & Feedback Loop

(Runs across all phases)

Situation	Activate	Responsible for Activation	Purpose
Community rumours or fear emerging	CHW / Community Dialogue Guide	County RCCE Focal Person	Two-way engagement
Need to systematically capture concerns	Community Feedback Capture Form	County RCCE Lead	Inform message adaptation
Low-literacy or high-reach context	Radio PSA Scripts	Communications Lead in coordination with RCCE Lead	Reinforce key actions
High-gathering settings (schools, markets, worship)	Setting-Specific Guidance	County Director of Health	Contextualise advisories

## De-Escalation / Transition Phase

(Risk stabilising or reducing)

Trigger	Activate	Responsible for Activation	Notes
Risk declining	Situation Update Bulletin	KNPHI RCCE Lead	Emphasise what remains the same
Guidance easing	Community Protective Behaviours Update	County RCCE Lead	Clearly explain changes
Services resuming	Service Continuity Messaging	County Director of Health	Rebuild confidence
Reduced media interest	Retire Media Kit / Press Release	Communications Director	Maintain version control

## 2. Mandatory Governance Overlay (Package E)

(Applies to ALL templates)

Step	Tool
Before release	Rapid Clearance Checklist
Every update	Version Control System
County/community use	Localisation & Translation Guide
Unsure which template	This Activation Guide

**Rule:** Only one version of each product may be marked Current at any time.



# ANNEXES

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# Annexes

## Annex 1: Theory Of Change

The development of pre-approved Risk Communication and Community Engagement (RCCE) templates is grounded in the broader Theory of Change articulated in Kenya's National Action Plan for Health Security (NAPHS II, 2026–2030), which positions RCCE as a core system capacity required to achieve effective prevention, detection, and response to public health threats under the International Health Regulations (IHR 2005).

NAPHS II assumes that investments in preparedness-stage systems — including governance, surveillance, emergency operations, workforce, and risk communication — must be institutionalised before events occur in order to enable timely, coordinated, and effective response. Within this framework, RCCE is not treated as an ad hoc or reactive activity, but as an essential operational function that enables public trust, early reporting, community compliance, and social resilience during public health events.

This assignment applies that national Theory of Change specifically to RCCE preparedness by articulating how pre-approved communication templates are expected to function within Kenya's health security architecture. If KNPHI develops a suite of standardized, pre-approved, and adaptable RCCE templates aligned with IDSR, PHEOC workflows, and WHO and Africa CDC guidance, and if these templates are validated with national and county stakeholders and embedded within routine preparedness and response systems, then communication during outbreaks and public health events will be faster, more consistent, culturally appropriate, and more trusted.

This is expected to lead to improved early care-seeking behaviour, increased adherence to public health measures, reduced misinformation and rumours, and stronger community participation in surveillance and response activities. Over time, these outcomes contribute to more effective outbreak control, reduced morbidity and mortality, and minimized social and economic disruption, consistent with the strategic outcomes of NAPHS II.

The Theory of Change also recognises critical assumptions highlighted in NAPHS II, including functional coordination between national and county levels, integration of RCCE into emergency management structures, availability of trained communicators and spokespersons, and sustained political and financial commitment to preparedness. Addressing these assumptions during template development and validation strengthens the likelihood that RCCE tools will perform as intended during real-world events.

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## **Theory of Change pathway**

The Theory of Change pathway for this assignment is adapted from the National Action Plan for Health Security (NAPHS II), which assumes that strengthened system capacities lead to improved prevention, detection, and response, ultimately reducing the health, social, and economic impacts of public health events.

Within the NAPHS II framework, Risk Communication and Community Engagement (RCCE) is positioned as a core response capacity that enables community trust, early reporting, compliance with public health measures, and coordinated action during events. The pathway below applies this national logic specifically to the development of pre-approved RCCE templates.

### **Preparedness Inputs → RCCE System Capacity**

Preparedness-stage investments, including the development of standardized, pre-approved RCCE templates, establishment of clear clearance and approval workflows, and integration of RCCE tools into IDSR and Public Health Emergency Operations Centre (PHEOC) systems, constitute the primary inputs. These inputs are intended to institutionalize RCCE readiness before events occur, consistent with NAPHS II's emphasis on preparedness as a prerequisite for effective response.

### **RCCE System Capacity → Improved Response Performance**

When RCCE tools and workflows are institutionalized, communication functions can be rapidly activated during the early phase of an outbreak. This enables faster release of initial alerts and advisories, harmonized messaging across national and county levels, and consistent guidance delivered through trusted spokespersons and community actors. In line with NAPHS II assumptions, these improvements in response performance depend on functional coordination, trained personnel, and integration of RCCE into emergency management structures.

### **Improved Response Performance → Behavioural and Social Outcomes**

Improved communication performance is expected to lead to increased public trust in health authorities, better understanding of risks and recommended actions, earlier care-seeking and reporting, and reduced circulation of misinformation and rumours. These behavioural and social outcomes are critical intermediate results in the NAPHS II Theory of Change, as they enable effective community participation in surveillance and response activities.

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## **Behavioural and Social Outcomes → Public Health and Health Security Outcomes**

Over time, these intermediate outcomes contribute to more effective outbreak detection and control, reduced morbidity and mortality, and minimized social and economic disruption caused by public health events. At the national level, this strengthens Kenya's overall health security, directly supporting the strategic objectives and results framework of NAPHS II and the International Health Regulations (2005).

This pathway illustrates how preparedness-stage investments in RCCE templates contribute to national health security outcomes by strengthening system readiness, improving response.



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