

LEARNING BRIEF

Coordinating and managing information during the COVID-19 pandemic:

Lessons learned and recommendations to inform future outbreak responses.

About this brief

This brief summarises lessons learned about coordination and information management during the COVID-19 pandemic. In this brief, we describe how existing coordination mechanisms adapted to the pandemic and how new mechanisms arose to meet new needs. We also describe patterns in coordination and information management across all phases of the programme cycle. We provide practical recommendations to guide coordination and information management in the short term, in response to COVID-19, and ideas for how coordination and information management could be strengthened to support future outbreak responses. The lessons shared in this brief are drawn from the work of the COVID-19 Hygiene Hub. These insights emerged from:

- 79 interviews with COVID-19 response organisations including a subset of interviews with stakeholders involved in leading or co-leading national humanitarian water, sanitation and hygiene (WASH) [coordination platforms](#).
- Hundreds of informal conversations with programme implementers across 65 countries between April 2020 and September 2021.
- More than 50 in-depth technical support initiatives, many of which were done in partnership with key coordination mechanisms such as the [Global WASH Cluster](#), the [Hand Hygiene For All Global Initiative](#) and the [Risk Communication and Community Engagement \(RCCE\) Collective Service](#).

This brief is primarily designed for people engaged in coordination platforms within the water, sanitation and hygiene (WASH) sector. It is also relevant to other programmers, researchers, policy makers and funders who have been involved in COVID-19 prevention programming. In this brief we refer to this group of people and organisations as response actors.

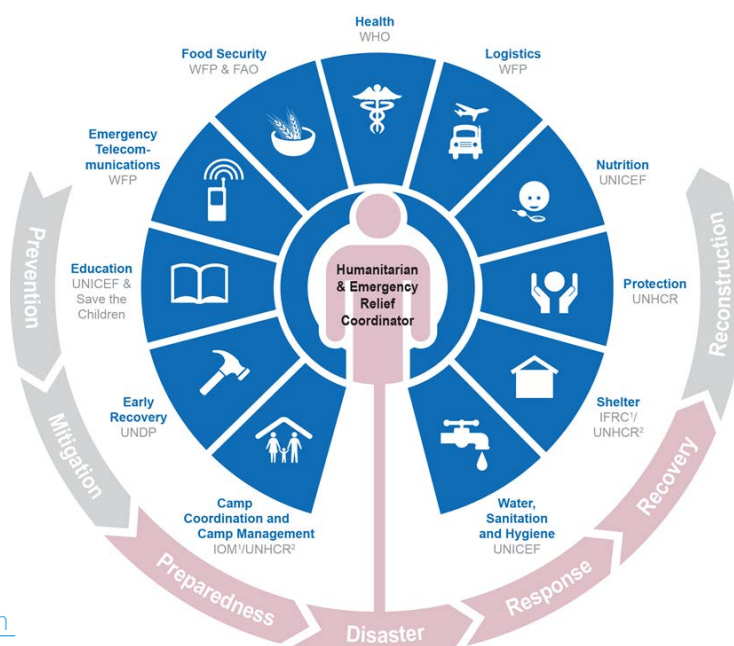
What is coordination and information management and how is this typically done during outbreaks?

For the purposes of this brief, coordination is understood to be a process that supports service delivery and preventative programming during outbreaks. This is typically done through the establishment of a platform that allows response actors to connect and collaborate to:

- assess needs,
- prioritise action and set common objectives,
- align their work to broader government or global strategies,
- identify appropriate responses
- share technical guidance and support
- mobilise resources and capacity,
- share programme-relevant information, and
- minimise the duplication of efforts.

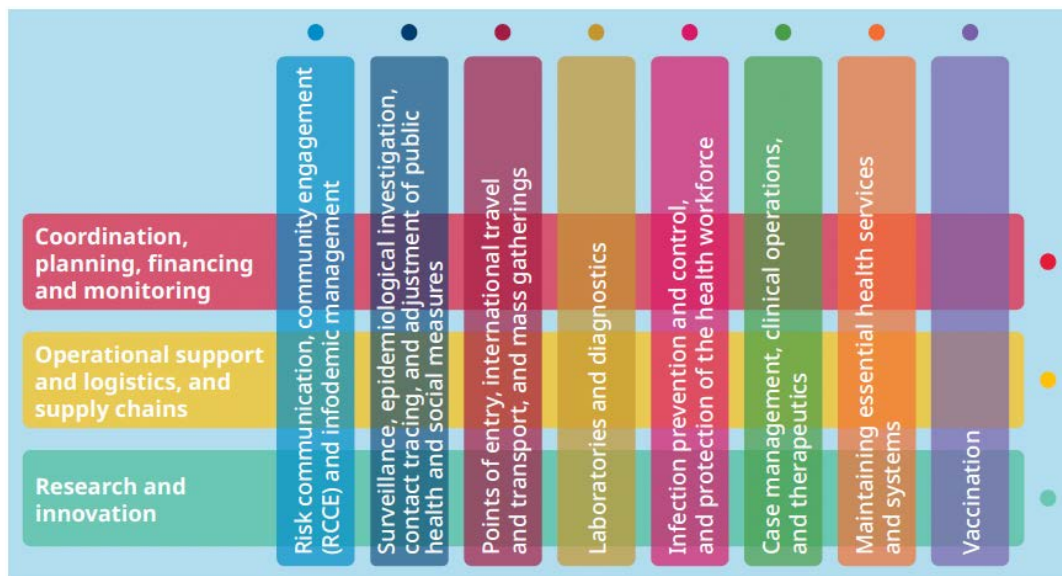
Information management is a key part of effective coordination. While information management is always important for effective programming, it is particularly important during outbreak responses due to the large volume of frequently changing information. This may include technical guidance on COVID-19 as well as context specific data on COVID-19 related needs, response actions and gaps. During the COVID-19 pandemic this became known as the 'infodemic,' as [declared](#) by the WHO Director General. Effective response programming requires a smooth information flow to enable efficient utilisation. Information management systems need to make it easy for response actors to be aware of what information is available, to be able to access it in a timely manner and comprehend its relevance to their programming.

Coordination and information management during outbreaks should ideally be led by national and sub-national governments. However, in countries where outbreaks or humanitarian crises are more common, the [Cluster Approach can be activated](#) to support emergency response coordination.



[The Humanitarian Cluster System](#)

Clusters are established as part of an international emergency response, based on an analysis of humanitarian needs and coordination capacity on the ground, and in consultation with national partners. In other settings, new coordination mechanisms are often created in response to outbreaks and typically align with [WHO pillars of response action](#) (the image below depicts the WHO's pillars for COVID-19 response). Organisations involved in water, sanitation and hygiene programmes, disease risk communication, community engagement, and behaviour change programming can be part of any of these systems including support directly to the government, the national humanitarian WASH coordination platform, and Risk Communication and Community Engagement (RCCE) platforms. Outbreaks may also re-focus attention around specific topics or protracted challenges (e.g. hand hygiene), giving rise to interest groups that [collaborate](#) and [drive action forward](#) on particular issues. The global nature of COVID-19 has also highlighted the need to be better prepared for future outbreaks, and initiatives such as the [WHO's Hub for Pandemic and Epidemic Intelligence](#) have been established to catalyse action in this regard.



The pillars of the WHO's [COVID-19 Strategic Response and Preparedness Plan](#)

How was coordination done during the pandemic?

The unprecedented scale of the pandemic required coordination at an unparalleled scale. Furthermore coordination had to take place between a much more diverse set of national, regional and global actors, many of whom were new to this type of work. Below we describe some common challenges or patterns in coordination during the pandemic. We also identify opportunities to strengthen practice in the short or longer term.

► Proliferation of response actors

To meet the scale of needs, many new types of actors became involved in disease prevention programming. In particular, this included an increased involvement of the private sector and organisations who had been doing work in other sectors prior to the pandemic but had decided to be responsive to the circumstances and contribute to COVID-19 prevention activities. There were also increased incentives to participate in coordination during the pandemic. This was because evidence and guidance changed frequently, therefore it became impossible for any organization to have expertise across all relevant disciplines or to support programming at the scale needed. Other factors that influenced the willingness to engage in coordination were that partnerships were often necessary to secure funding and countering misinformation about COVID-19 often required response actors to 'speak with one voice'. As new actors came on board, there was a need to connect them with coordination mechanisms and make sure they could benefit from the prior experiences of other actors. However, COVID-19 response actors reflected that there was a tendency to 'reinvent the wheel' and that more could have been done to share lessons about what worked, or didn't work, to facilitate coordination during prior public health emergencies such as Ebola or cholera outbreaks.



Emerging Opportunities:

- 1. Maximize prior learning and experience** - Coordination platforms that were successful during the pandemic often relied heavily on the experiences of the people leading them. Rather than relying on individuals, it would be beneficial to establish formal ways of sharing this experience and for coordination mechanisms to learn from each other - particularly in terms of discussing past failures so these are not repeated. Increasing routine sharing could be facilitated through regional coordination meetings and mentoring systems.
- 2. Bridging gaps between outbreak response, recovery and resilience building** - Historically, there has been a divide between actors who are involved in humanitarian or outbreak response and those who focus on longer-term development activities. Coordination during the pandemic has united humanitarian and development actors, something that has been a [recognized challenge](#) in the past. Humanitarian and pandemic-focused coordination platforms should make the most of this situation by continuing to invite development partners to contribute to their work and by developing strategic plans for how future response efforts can involve development partners and support the transition between crises, recovery, and resilience building. At the same time development actors should be encouraged to plan for future outbreaks or crises, build in flexibility to allow for responsive action and act in an integrated and aligned way.

► Multiplication of coordination platforms

Each country set up a slightly different constellation of coordination mechanisms, often with numerous interlinked thematic sub-working groups (e.g. hygiene promotion, infection prevention and control, RCCE, vaccine task forces, etc). In the initial months of the pandemic, this created confusion in terms of the reporting processes and links among these groups. With multiple coordination platforms, it became difficult to align policies and programmes and some duplication of decision-making and programmatic action occurred. Given that response actors were often time-limited, they chose to remain in the coordination platforms which best served their needs. While this is understandable, this meant that in some settings actions became more siloed or fragmented. For example, many response actors reflected that there was relatively little opportunity for coordination between the WASH and Health clusters despite the overlapping nature of their work. In other cases, government departments were overwhelmed by the pandemic and the new coordination structures that arose. Consequently they were often unable to lead or even attend all coordination meetings and processes. In countries where this occurred, coordination mechanisms were at risk of creating potentially harmful parallel systems to the government.



Related Opportunities:

- 1. Leadership from government and local authorities** - The pandemic reminded many response actors of the importance of [government-led coordination](#). To avoid coordination efforts operating in parallel to government systems or being duplicative across coordination platforms, there is a need to develop clear national coordination, decision-making and communication plans in advance of future outbreaks. Where possible, these should support existing government ministries and strategic plans.
- 2. Intersectoral Mapping** - Currently most coordination platforms go through a process of mapping out which actors are doing what and in which areas (often referred to as 3/4/5Ws). Future coordination work should share coordination mapping exercises with coordination actors in other sectors (e.g. health, education, protection). Coordination actors should conduct capacity mapping exercises early on in the outbreak response and work cross-sectorally to identify potential overlaps, define roles, and establish ongoing and modes of communication between different coordination platforms. This should ideally lead to joint planning and monitoring and referral of issues between coordination mechanisms to ensure a harmonised and holistic response.

► Remote working

Many existing coordination platforms relied on regular in-person meetings to support their functionality. When the pandemic hit, some of these platforms faced challenges as they tried to adopt new online working modalities. The move online often created particular challenges for local NGOs, authorities or community-level actors. Other response actors reported that the move online resulted in a loss of the informal discussions that tend to happen before and after formal coordination meetings - it was often these informal discussions where meaningful collaboration opportunities arose.



Related Opportunities:

- 1. Flexible Coordination Formats** - To maximize the participation of a diverse array of actors, it was suggested that future coordination initiatives should provide online and

face-to-face modes of engaging in coordination efforts. The modes of coordination should also recognise that response actors may be time-limited and therefore use a range of formats. This may include an online shared drive for resources, an online discussion forum or group chat, newsletters with a summary of key information, online and face-to-face meetings, themed discussions, smaller sub-national meetings, and templates to share what is working or common challenges.

- 2. Diversification of participation** - The move online also created opportunities for coordination mechanisms to be more inclusive and diverse. For example, those based outside of capital cities or regional centres were more able to contribute to national coordination platforms as it became less resource and time consuming. The nature of the pandemic also prompted some coordination mechanisms to engage with civil society organisations or networks representing vulnerable or marginalised groups such as disabled people's organisations or women's groups. Maintaining this engagement is likely to be key to effectively reaching populations and sustaining the impact of COVID-19 programming. Finally, remote ways of collaborating provided more opportunities for national organisations to connect global support structures which was seen as a strength for longer-term capacity building.

► **Changing roles and responsibilities between staff at national and global levels**

The pandemic tended to increase the roles and responsibilities of national staff involved in delivering COVID-19 prevention activities. Staff based in organisational headquarters often took on roles related to knowledge management such as trying to identify common challenges and share relevant resources. However, in the initial months of the pandemic, this process of learning and sharing was often inefficient and characterised by an excess of online meetings, webinars and emails. This quickly created fatigue for national implementation staff who just needed the information that would enable them to act quickly. Global-level actors tended to develop organisation-wide guidance or share global recommendations (e.g. from the WHO or CDC). These guidance documents often required substantial contextual adaptation at a national level so that they were feasible and acceptable, but skill sets and time to do this adaptation was often lacking. Furthermore, guidance coming from global levels was often predominantly in English and this too created barriers to use. During the initial phase of the pandemic response, a lot of coordination happened through voluntary time and effort - commitments beyond the scope of most people's formal job responsibilities. Due to continued increased workloads, new positions and roles were created to support coordination efforts. If such roles are scaled back or cut during the protracted phase of pandemic, there is a risk that the opportunities to strengthen coordination may be lost.



Related Opportunities:

- 1. Support contextualization** - While it is still useful for global coordination platforms or organizational headquarters to develop some general strategic guidance, a greater portion of their time should be allocated to filtering content to meet local needs and providing tailored support so that national or regional actors are more able to contextualise guidance and response actions. Similarly, global coordination platforms and organisational headquarters should work in partnership with translators to be able to provide guidance in relevant languages.
- 2. Strengthen capacities of sub-national coordination platforms** - Effective coordination at sub-national levels can often be the most effective way of improving the quality of

programming and facilitating ownership of the response by local governments. A key role of national coordination should be to support the functionality of these sub-national coordination platforms. Part of this should include an assessment of common capacity gaps and the identification of training to meet these needs. Training was recognized as a more effective and sustainable way of improving skills at this level, rather than just sharing guidance. Going forward, the focus should be on coordination capacity strengthening and complementarity (two-way learning) with local partners and authorities through the promotion of co-leading or leading sub-national platforms and making guidance, meetings and tools available in local languages.

- 3. Appropriate financing for coordination leadership** - Relying solely on voluntary contributions from busy individuals is an unsustainable way to facilitate coordination. Rather, coordination seems to be most effective when there are people specifically employed to manage coordination efforts. Where possible, these leadership roles should be embedded within or closely linked to government systems. It is also critical that there are resources to support coordination throughout the pandemic and at times when there are no crises or public health emergencies. This will help to maintain relationships, and drive sustainable action that can contribute to resilience building against future outbreaks.

**THE NEED TO
STRENGTHEN
LINKS WITH
GOVERNMENT
AND BETWEEN
SECTORS**

“ I know in some countries they were already struggling a little bit because of coordination. But it was getting worse... with the COVID... we are not used to working at coordination levels with these [Government] authorities. This is something which needs to be created - done to reinforce trust. ”

- International NGO

“ One of the challenges for the WASH sector in general, is that the WASH Cluster is often not officially part of the coordination system for health... So, this is often a challenge in the coordination between the Ministry of Health, the WASH Cluster and the Health Cluster. I guess the point is, often WASH exists in this humanitarian world, but less within government infrastructure. ”

- International NGO

Case studies from national humanitarian WASH coordination platforms and the Global WASH Cluster

Below we provide some examples of creative solutions to common coordination challenges from Global and National WASH clusters.

Adapting at global level:

During the pandemic, the Global WASH Cluster (GWC) had to dramatically increase its operational support from approximately 30 national or sub-national humanitarian WASH platforms to 635 coordination platforms, as identified in the [Global Humanitarian Response Plan](#). The pandemic also had a major influence on the GWCs standard ways of working. Prior work plans and strategic priorities had to be adjusted, it became challenging to deploy staff to field operations when requested, and they had to scale up their work in areas like knowledge management, advocacy, and resource mobilization. Recognising the need to strengthen hygiene promotion and adoption of COVID-19 prevention behaviours, the GWC re-initiated the Global Hygiene Promotion Technical Working Group. This group used surveys and consultative processes to identify common challenges and pool resources and expertise to address them. To support capacity strengthening, the GWC collaborated with a range of partners to compile lists of online training and webinars. Finally to facilitate information management, they developed a repository of [country specific guidance](#) and a [searchable database of grey literature resources](#) with contributions from 38 organizations and a total of 360 documents. Each document was classified to indicate language, audience and theme making these resources easier to navigate.

Filling knowledge gaps in Palestine:



To deal with the increased flow of information, the national humanitarian WASH coordination platforms asked some of their partners to research a specific sub-topic and then share what they had learned with all the other partners within the Cluster. This allowed the Cluster to be efficient in filling knowledge gaps and helped them to produce [COVID-19 WASH guidance](#) which in turn was used to develop joint proposals, harmonise WASH related COVID-19 response actions and mobilize funding. On reflection, the Cluster partners felt that this process had strengthened their confidence in the technical aspects of the pandemic and their research and information management capacities.

Inter-sector collaboration in Ethiopia:



The WASH cluster worked together with the Shelter Cluster, Health Cluster, and the agency responsible for Internally Displaced Persons to address the rise in COVID-19 cases in displacement settings. They collaborated to share existing data and conduct joint needs assessments, ultimately creating an Integrated Response Plan for IDP sites which provided contextualised guidance to inform a harmonised response in these settings. The WASH Cluster felt like this collaboration had strengthened their relationships with other clusters and paved the way for future collaborations.



Centralising a repository for guidance in Burkina Faso and Yemen:

To help implementing actors navigate the continuously changing COVID-19 guidelines at national and international levels, the WASH Clusters in Burkina Faso and Yemen created shared drives ([Burkina drive](#) and [Yemen drive](#)) where all relevant guidance was centralised. This was especially useful to share government guidelines such as national decrees, policies and response requirements as some of these documents were only being shared through unofficial channels and were difficult for local actors to access. Cluster partners felt this saved them a lot of time and allowed them to stay up to date with the most current guidelines.



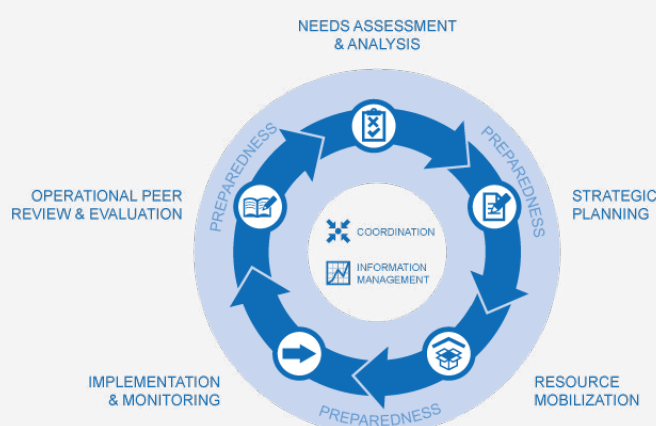
Online coordination in Mozambique:

Moving coordination meetings online increased and diversified participation in Cluster Coordination meetings in Mozambique. Prior to the pandemic, those attending coordination meetings tended to be centralised, involving actors working at scale. The move online allowed for decentralisation and greater participation among sub-national district-level government actors or organisations who were only working in specific regions only. Going online was also an opportunity for new stakeholders with few resources to join the platforms, such as the local Urban Water Utilities. The increased membership allowed for greater information sharing and harmonisation of activities between response actors.



How can strengthening coordination improve the quality of COVID-19 prevention programmes or future outbreak responses?

There are opportunities for coordination and information management to facilitate improvements across the programme cycle and address common challenges. Below we use the phases of the humanitarian program cycle (see image 3) to describe lessons learned during the pandemic in relation to the coordination of needs assessment and analysis, resource mobilization, strategic planning, implementation monitoring and evaluation, and activities related to strengthening preparedness against future outbreaks.



[The Humanitarian Programme Cycle](#)

► Needs assessment and analysis

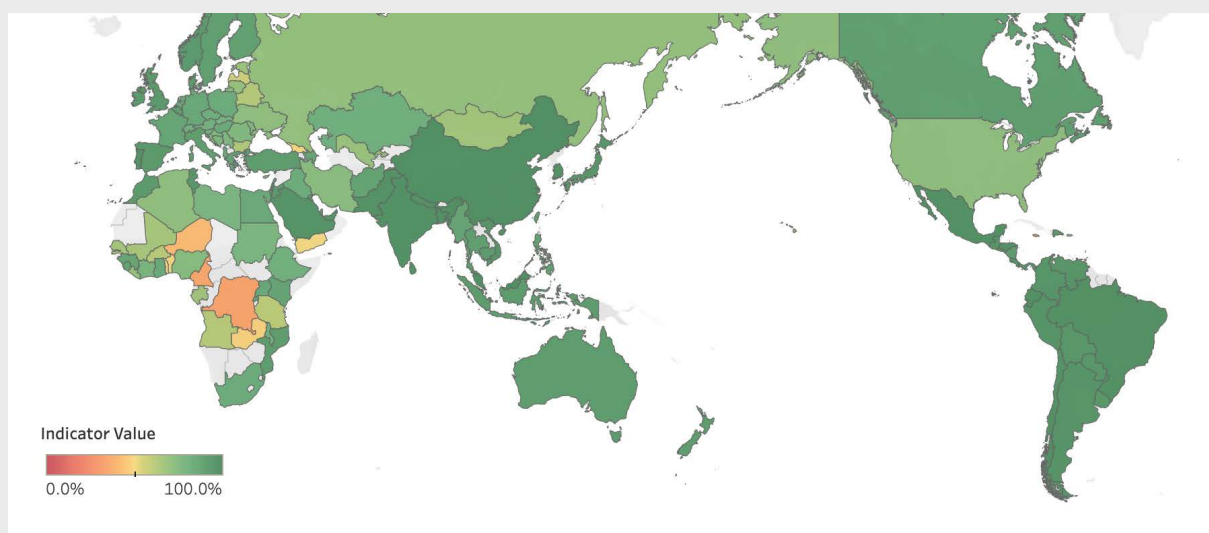
This stage describes the process of gathering information about local needs, priorities, behaviours and perceptions with the intention of using this data to inform programming.

Common challenges during the COVID-19 pandemic	Opportunities for strengthening coordination and information management
<p>Many response actors faced difficulties in conducting needs assessments. This was because:</p> <ul style="list-style-type: none"> Organisations were encouraged (or sometimes mandated) to reduce in-person interactions and move towards remote data collection modalities which many were unfamiliar with. 	<p>Coordination mechanisms can play a role in:</p> <ul style="list-style-type: none"> Pooling existing data to identify regions or groups that might be at particular risk during the pandemic. Identifying what is already known and remaining knowledge gaps. Helping response actors to understand what types of information are likely to be most useful for decision making. Identifying actors who are best placed to fill knowledge gaps and developing a strategy for assessments that makes best use of available skills and resources. Advising on the methods or tools that might be best placed to fill knowledge gaps. Where possible they may be able to flag

<ul style="list-style-type: none"> Challenges also arose because there was uncertainty about what prevention behaviours or needs should be assessed. For 'new behaviours', like mask use and physical distancing, response actors struggled to adapt existing tools or find new methods or indicators to assess these. 	<p>opportunities to use or adapt tools that have been previously tested and validated. Coordination platforms can also provide guidance on how standardised tools can be contextualised.</p> <ul style="list-style-type: none"> Working with organizations, relevant experts, and other sectors to develop new tools or indicators where others do not exist. In cases where assessments are being led by different actors in different regions, try to develop a core set of tools or indicators to allow for comparisons. Identify whether certain voices are being excluded from data collection (e.g. women, older people, people with disabilities, underserved areas, or other marginalized groups) and lead to more targeted assessments. Agree on priorities that can be addressed by all organisations based on the information emerging from the assessments.
<p>With many response actors trying to conduct assessments at the same time, and on the same topic. Populations experienced fatigue with data collection and resisted participating, often because they were not fully informed how information would be used.</p>	<ul style="list-style-type: none"> Strengthening coordination among response actors and between sectors (e.g. WASH, RCCE, Health, etc) may be able to reduce the amount of data collection that needs to be done and avoid duplication by allowing organizations to focus on a particular aspect of the problem or a particular region. When organizations act jointly and this is communicated to populations, this tends to also build confidence and trust in data collection processes. The Joint Intersectoral Analysis Framework can be a useful resource to guide holistic assessments. Response actors also have a responsibility to share assessment findings with populations and explain how this is informing their programming decisions.
<p>A lot of data was collected by response actors but due to insufficient time and capacities, findings often provided a superficial understanding of the situation. In particular assessments often lacked qualitative data to help understand behavioural responses or opinions about COVID-19. Many organizations struggled to analyze the data appropriately and use this to inform their programming or decision-making</p>	<p>Coordination mechanisms are in a strong position to:</p> <ul style="list-style-type: none"> Conduct a secondary data review to collate information from different organisations, identify common challenges, inconsistencies, or contradictions in assessment findings. They can also help to summarise similar datasets or indicators across regions to visualize changes and inform programming (such as this example from the RCCE Collective Service below and this example from John Hopkins University). Share findings with organisations who are part of the coordination mechanism and with people in other sectors who could benefit from, or act upon, the findings. Connect organizations in order to support effective analysis and capacity sharing and advocate for strengthening sub-national data collection and analysis, as data is likely to be most useful at the local level. They could also organize training or capacity building initiatives to support the development of skills that may be lacking. Use findings to develop an agreed set of response priorities and work with all actors to identify interventions or approaches that might be useful to address the challenges identified or find appropriate technical expertise.

Case study - Harmonising visualising and sharing socio-behavioural data

The RCCE Collective Service recognised that many response actors were struggling to develop indicators for measuring socio-behavioral patterns. The availability of such data was widely recognised as being key to developing effective responses that adapted to changes in behaviour and opinion over time. They worked with response actors around the world to develop a [set of indicators](#) on disease knowledge, information sources, trust, psycho-social and economic impact and adoption of preventive behaviours. Partners were asked to share quantitative data that they had collected and this was then visualized through [global and national dashboards](#) to show common trends. Where partners had collected data with slightly different indicators these were assessed to see if it could [be compared](#) and a question bank was developed. The dashboards have been used for a range of purposes such as enabling decision-makers to advocate for improved, systematic and coordinated community-centered approaches within COVID-19 response efforts.



A visualisation from the RCCE Collective Service dashboard that shows the percentage of people who report practicing recommended COVID-19 prevention behaviours

► Strategic planning

This phase involves the development of coordination plans and aligned programming and policy initiatives.

Common challenges during the COVID-19 pandemic	Opportunities for strengthening coordination and information management
<p>COVID-19 prevention required many response actors to undertake programming in settings that they had been unfamiliar with prior to the pandemic. For example, WASH actors who had predominantly focused on community-level interventions to promote hygiene were now being asked to promote handwashing in health care settings, schools, businesses and in public spaces.</p>	<p>Coordination mechanisms can support response actors who are transitioning into new aspects of their operation by ensuring that they are aware of appropriate guidance and standards and that they can build on prior experiences. Setting up Technical Working Groups (TWIGs) can help actors to redefine technical areas of the response so that they align with new needs and realities during the COVID-19 pandemic. Building new relationships or re-initiating coordination efforts between sectors can also lead to common strategic approaches for addressing new challenges.</p>
<p>Many organizations recognized that the pandemic had drawn attention to many long-standing issues. These included pre-existing inequalities, unfair power dynamics, barriers to collaboration, unsustainable practices, and the under-resourcing of the WASH sector.</p>	<p>Coordination mechanisms can:</p> <ul style="list-style-type: none"> • Advocate for issues that may be underrepresented in national or global agendas. • Advocate for systematic engagement and collaboration with other sectors. • Facilitate discussion forums around specific topics and generate ideas and action plans that may contribute to systems change. • Develop transparent and inclusive processes for internal decision-making so that all participants can contribute to shaping priorities and plans.
<p>The pandemic affected many regions of the world that were already experiencing outbreaks or crises. In these settings, COVID-19 response was often led by humanitarian actors and the Cluster system. However, the dominance of the pandemic often meant that other humanitarian needs had to be de-prioritised and progress related to existing strategic response plans was put on hold.</p>	<p>Humanitarian coordination platforms typically develop yearly response plans which WASH response actors use to align their work. It is important for all such plans to be 'living documents' that are routinely reviewed and adjusted to meet current needs and circumstances. In the case of public health emergencies such as the pandemic, this process of adaptation needs to be planned from the start and involve other sectors such as Health and RCCE. At the same time broader humanitarian needs should be factored into preparedness plans so that this can be considered at the onset of an emergency. As we transition out of the acute phase of the pandemic, there is now an opportunity to leverage the positive action and coordination that has occurred as part of COVID-19 response and identify ways that this can be built upon to address persistent humanitarian needs and sustainable development.</p>

Case study - A shift from coordinating messaging to coordinating behaviour change programming in Zambia

In the early phase of the pandemic, the Zambian RCCE coordination mechanism focused on disseminating prevention messages. As time went on they realised there was a need to incorporate behaviour change principles into their work. The Centre for Infectious Disease Research in Zambia (CIDRZ) conducted a pilot initiative that resulted in a 6-part radio drama series based on behavioural principles. To allow others to learn from their process, CIDRZ held a 5-day workshop with key members of the Health Promotion RCCE team. The ability to learn from this novel approach motivated others to incorporate behavioural science within their pandemic response. The RCCE mechanisms have now proposed to create a Behaviour Change sub-group that will be responsible for guiding actors as they develop behaviour change programmes, especially in the area of increased uptake of the COVID-19 vaccine.

Participants from the Health Promotion team and CIDRZ staff at their workshop on designing COVID-19 response programmes that are informed by behavioural science.



► Resource mobilisation

This phase involves the mobilisation of finances to meet identified needs and support programmatic responses.

Common challenges during the COVID-19 pandemic	Opportunities for strengthening coordination and information management
<p>During the acute phase of the pandemic, many response actors were unable to act quickly because they faced delays in receiving COVID-19 specific financing.</p>	<ul style="list-style-type: none"> • Coordination platforms can advocate to donors and governments when funding gaps arise. • By bringing together diverse actors in the pandemic response, coordination mechanisms can identify those who may have more flexible funding to support rapid action (this may include partnerships with private sector actors and development actors).
<p>During the pandemic the majority of financing for COVID-19 prevention was given to international non-government organisations (INGOs). National NGOs and civil society actors were often in a strong position to respond but faced difficulties connecting and applying to formal funding mechanisms.</p>	<ul style="list-style-type: none"> • Coordination platforms can play a role in making sure all actors are aware of upcoming funding calls. • They can also support the development of effective partnerships which bring together actors with complementary skill sets and with shared objectives, and support these partnerships as they jointly develop proposals, apply for funding and implement joint programmes. Such relationships are often mutually beneficial. For example they can help national NGOs to strengthen their familiarity with donor frameworks and proposal writing while INGOs can work through the partnership to access hard to reach areas (especially when working remotely due to COVID-19 restrictions) or to better adapt their approaches to the local context. • Coordination mechanisms can also advocate to donors to adopt funding mechanisms that allow for more direct engagement and resource allocation with local actors aligned with the Grand Bargain commitments.

Case study - Resource Mobilisation in Ghana

Prior to the pandemic Asutifi North District Assembly in Ghana had been working together with a range of NGOs to create a WASH Master Plan which would act as a roadmap for sustainable universal access to WASH services. When the pandemic happened they were able to leverage the strong political leadership and diverse skills of those involved in the partnership (known as the ANAM WASH Initiative) to set up a Public Health Emergency Committee. This committee developed a preparedness and response plan and coordinated the mobilisation of funding to support COVID-19 response in the region. They also coordinated training for key personnel and the distribution of personal protective equipment. They were able to align their COVID-19 response work to the WASH Master Plan so that their pandemic response also contributed to sustainable service development and resilience building.



Representatives from the ANAM WASH initiative

MOBILISING FINANCES

“Partners observed that [the WASH Clusters] were collecting a good amount of money. So they considered that more engagement with the coordination system will allow them to improve their access to funds.”

- WASH Cluster Coordinator

► Implementation, Monitoring and Evaluation

This phase involves the delivery of response programmes, the establishment of monitoring and evaluation systems and the iterative adaptation of programmes based on learning.

Common challenges during the COVID-19 pandemic	Opportunities for strengthening coordination and information management
<p>In the early stages of the pandemic there were concerns and uncertainty about staff and community safety during COVID-19 prevention activities. Initially, organisations each developed their own sets of safety measures to mitigate against transmission. However, since these were often developed at a headquarters level they were sometimes too extreme (in areas with limited transmission), or not cautious enough (in areas where cases were rising). Inconsistency of safety measures employed by response actors contributed to misunderstandings among affected populations.</p>	<ul style="list-style-type: none"> • Coordination mechanisms can play a key role in the contextualisation of global guidance and work with implementing organisations to reach agreement around common ways of working. • In some settings coordination mechanisms can also play a role in negotiating access to sites or to vulnerable populations to facilitate prevention activities.
<p>In some settings, it was challenging to align COVID-19 prevention programmes while avoiding a situation where guidance was so rigid that it limited innovation, adaptation or contextualisation. Many coordination mechanisms were involved in developing standard messaging, standard communication tools, or developing processes for these communication materials and behaviour change approaches to be centrally approved. Sometimes centralised review processes delayed timely action. Standardised messaging tended to encourage actors to focus on one-way information sharing rather than developing the active listening skills that would enable organisations to learn from populations and use insights to inform a more holistic and tailored approach to behaviour change.</p>	<p>Coordination platforms should play a role in providing practical guidance to harmonise response programming while allowing for flexibility and adaptation. It could include the following actions:</p> <ul style="list-style-type: none"> • Identify target prevention behaviours and define these so that there is agreement on how, when and where these behaviours should be practised. • Develop a strategy for outbreak response that outlines core principles that all actors should consider. Strategies should identify 'must have' qualities of programmes and encourage practitioners to adopt evidence-informed programming, use behaviour change theories and establish mechanisms for community engagement. Strategies should also consider cross-cutting issues such as gender and inclusion. • Rather than centrally approving materials, coordination mechanisms can provide guidance on how to pre-test materials with populations and this feedback can be shared with other organisations to promote learning and adaptation. • Encourage response actors to set out a theory of change for their interventions as this will allow for alignment of programming and ongoing monitoring. • Communication materials or programme plans should be added to a shared drive to reduce replication and share ideas that seem to be working.

Coordination mechanisms are increasingly involved in monitoring activities. Generally this has been limited to mapping where organisations are working and what they are doing, or developing standardised indicators that organisations can use to monitor their work. The COVID-19 pandemic has also seen an increase in the use of [dashboards](#) to summarise and visualise monitoring data. However, representatives from coordination mechanisms reflected that more could be done to strengthen monitoring and to ensure monitoring data is effectively utilised to inform future programming or adapt current programmes.

Coordination mechanisms could play a role in:

- Diversifying the type of data that is collected during outbreak responses. This could encourage monitoring across a theory of change, the use of qualitative as well as quantitative methods, data collection from more diverse groups within the population, and a stronger focus on measuring programme acceptability and sustainability.
- Work with implementing actors to develop a 'living document' which in one column lists programmatic learnings, changes in circumstances and trends in behaviours or attitudes. In a second column, coordination actors and implementers can add to this with specific activities that they are doing to address each emerging insight. See the case study below from the Global WASH Cluster as an example.
- Support implementing actors to recognise the biases and limitations of various data collection methods and help response actors to be cautious in their measurement and interpretation of [outcome measures](#).
- Holding organisational decision-makers to account and ensuring that data is being actioned or used to inform programmatic decision-making.
- Standardise templates to facilitate the routine sharing of programmatic learning and create forums for [discussing 'failures'](#) in a constructive way.

The COVID-19 pandemic had a range of secondary impacts on people's social lives, wellbeing and livelihoods. In cases where there were effective community feedback mechanisms, there was often a need to find ways to address issues that were arising but were beyond the scope of COVID-19 prevention programmes.

Through strengthened inter-sectoral partnerships, coordination mechanisms should develop a list of services that people can be referred to if issues beyond the scope of a particular programme arise (such as mental health services, protection teams, welfare support initiatives etc.)

STANDARDISING WAYS OF WORKING AND SHARING PLANS

"Before the lockdown, the WASH Cluster informed all implementing partners that they were foreseeing the possibility of a lockdown because of the COVID-19. So they gave us a kind of a log sheet covering... who will do what, where, when. So they gave us this sheet and we all filled it up. They asked us to imagine that the lockdown starts now and asked us to think about who will be in charge of regular hygiene promotion... Then they asked us to detail the modalities we will put in place"

- International NGO

Case study - Translating common challenges into practical opportunities for action

During the pandemic, the Global WASH Cluster re-established its Hygiene Technical Working Group which brought senior staff involved in hygiene programming and COVID-19 response around the globe. One initiative that they embarked on was documenting common challenges that were arising in relation to encouraging COVID-19 prevention behaviours. These were compiled in a [single document](#) with examples of potential interventions and further resources. This approach was designed to help direct local actors towards practical programme adaptations.

Behaviour change approaches to addressing COVID-19 preventative behaviours

How to use this document:

The table below identifies several 'risky' or sub-optimal behaviours related to mask use, handwashing and physical distancing that could lead to increased transmission of COVID-19. The table describes the factors that may influence these behaviours, potential ways of addressing these behaviours and additional resources. It is important that we do not blame populations if they are not following the right behaviours. It is important to understand what is driving their behaviour. It is also important that we do not blame populations if they are not following the right behaviours. It is important to understand what is driving their behaviour. It is also important that we do not blame populations if they are not following the right behaviours.

Risky behaviour	Factors that may influence the behaviour	ED	Interventions	Additional resources
Incorrect wearing of masks	Knowledge Comfort Norms Social support			
Mask use				
Handwashing	Hands are washed with water only	Access to soap Handwashing facilities Belief that water is sufficient to clean hands.	<ul style="list-style-type: none"> Provide people more soap Provide people products that are specifically for hand washing (e.g. liquid handwashing soap or sanitizer) Make sure that soap is always present at the handwashing facility – e.g. by creating a soap dispenser, soap dish or attaching it with a rope. Help people to realise that ingredient to leaving hand (example activities to do in AHSI, ACCU or other low-cost settings) Handwashing in public places 	<ul style="list-style-type: none"> Hygiene Hub resources on promoting handwashing when soap is scarce Wash Your Hands: Practical Ideas for hygiene apps at the handwashing facility and showing the power of soap.
	Hands are not washed at critical times	Access to handwashing facilities with soap and water Access to sanitizer Physical environment Knowledge	<ul style="list-style-type: none"> Make people aware of safe handwashing Create new handwashing facilities where people need them. Adjust the physical environment handwashing. This could include nudges to cue handwashing 	
	Hands are not washed thoroughly	Knowledge Convenience Water availability	<ul style="list-style-type: none"> Show why handwashing of least 20 seconds is important Build handwashing facilities minimize water use and in easy-to-use Increase disgust around it 	
Physical distancing	Attending social gatherings	Norms Culture/religion Physical environment Regulation Knowledge	<ul style="list-style-type: none"> Identify cultural or religious occasions when people normally come together and develop alternative plans with the community. Promote alternative ways for people to stay connected. Work with religious, cultural and community leaders to identify acceptable ways of maintaining physical distancing. Adjust or change physical spaces where people often gather to enable physical distancing. Use norms based messaging to show that people think physical distancing is the right thing to do. Explain why physical distancing is necessary in ways that are easy to understand (Example 1, Example 2, Example 3) 	<ul style="list-style-type: none"> Hygiene Hub resources on physical distancing
	Being in close proximity to others in common gathering places	Physical environment Norms Convenience Knowledge	<ul style="list-style-type: none"> Change the physical environment by using nudges such as markers on the ground or spacing seats. Limit the number of people allowed into a space at any one time. Adjust operational hours at health centres, distribution points and markets to enable fewer people to congregate. Encourage people to prioritise essential travel (e.g. do shopping once a week rather than daily). Provide context adapted ways of explaining how to maintain distance 	<ul style="list-style-type: none"> Hygiene Hub resources on physical distancing Hygiene Hub resources on doing business in distribution safely Hygiene Hub resources on COVID-19 in one-on-one care and public health settings
	Physical greetings (handshakes, hugs, kisses)	Norms Culture/religion Social support	<ul style="list-style-type: none"> Promote acceptable and fun alternatives to greetings 	<ul style="list-style-type: none"> Alternative greetings cartoon from The WHO

► **Strengthening preparedness against future outbreaks**

This phase includes actions which are designed to increase the sustainability of outbreak response initiatives or contribute to recovery, development and resilience building against future outbreaks.

Common challenges during the COVID-19 pandemic	Opportunities for strengthening coordination and information management
<p>Almost all actors involved in coordination viewed the pandemic as an opportunity to change policy and practice in the longer term and improve the sustainability of response initiatives so that it contributed towards future resilience. However, many recognized that these aspects were often overlooked because response actors were caught up with immediate prevention actions and lacked the time or capacity to do advocacy or longer-term planning.</p>	<p>As we transition out of the acute phase of the crisis coordination mechanisms should actively encourage response actors to look to the future. This can be done by:</p> <ul style="list-style-type: none"> • Developing revised strategic plans that explicitly address sustainability and resilience and which complement government policy and planning. • Where government policies are lacking or under-financed, coordination mechanisms can build consensus around priorities and advocate to donors and governments. Meaningful action is much more likely if response actors speak with a united voice. • Initiate formal and informal processes for documenting and sharing lessons learned during COVID-19. Ensure that these are made available for future response actors to learn from. • Advocate about the importance of intersectoral coordination and share tools or strategies that could be useful to prepare for future outbreaks. • Advocate at global level that WASH is central to the prevention and mitigation of future public health emergencies.
<p>Response actors recognized that frontline staff involved in the delivery or management of COVID-19 prevention programmes came from a range of backgrounds given that there is no recognized qualification to prepare you for work in the field of health promotion. Therefore the success of programmes is often contingent on individual skills and on-the-job learning. Behaviour change was noted as a common area where capacities could be strengthened.</p>	<p>Coordination mechanisms should undertake exercises to map capacity gaps and identify training opportunities. Where possible training should be done jointly to promote cross-learnings. Following trainings, the cluster should develop or review joint action plans to make sure new skills are able to be applied effectively.</p>

Case study - Mapping organisational capacities and gaps in Mexico

When the WASH cluster in Mexico mapped where response actors were working and what they were doing they also asked about capacity gaps within each organisation. Over the course of the pandemic workshops and webinars were organised to share skills and address the identified gaps. For example, this included training on the [Sphere Humanitarian Standards](#) and on how to do effective behaviour change communication. This capacity development meant that actors were more able to respond to COVID-19 and that they would be better prepared for future outbreaks or crises.

Will the pandemic change the way that coordination and information management is done in the long term?

Staff involved in coordination mechanisms at a global level shared with us their reflections on how the pandemic was likely to affect their ways of working in the future.

Collective service

Risk Communication and Community Engagement

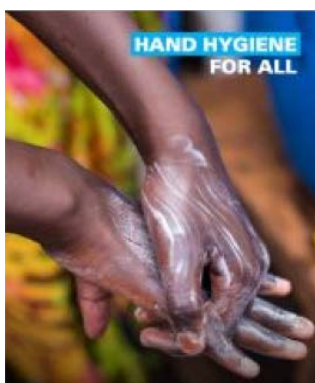
“The pandemic has taught us that we must work collectively, in truly prioritising and investing in people and communities and by doing so, amplify our individual strengths as agencies, governments, funders and partners. We need to invest in and sustain locally trusted systems. Community engagement structures, mechanisms and actors must be prioritized if we want to ensure local and national readiness and ensure meaningful participation and coordination at different levels. Lastly we need to create a culture of data sharing and accountability in relation to community engagement. Social and behavioural data and community perspectives need to drive our work which should evolve, change, and adapt based on people’s needs.”

- RCCE Collective Service



“The Global WASH Cluster’s vision is to enhance and strengthen the capacity and resources for effective and accountable coordination by national WASH humanitarian coordination platforms that results in timely, predictable and high-quality WASH responses to those most affected by crises. The COVID-19 pandemic has had a big impact on the way the GWC operates. The intersectoral collaboration between WASH, Health, RCCE and Communication for Development (C4D) is crucial when it comes to coordinating public health emergencies. This should be done throughout the Humanitarian Programme Cycle to ensure that WASH coordination teams are also represented in IPC and RCCE working groups. The pandemic has also shown the need for the GWC to drive the localisation agenda more proactively, in terms of participation, representation, leadership of local actors in coordination as well as the capacity strengthening of local authorities as outlined by the [IASC Localisation guidance](#). Cross-cutting issues (age, gender, disability, climate change, etc.) need to be better and more systematically integrated in our public health response as well as in WASH humanitarian strategic plans. The GWC will continue to advocate for more integrated public health coordination and will also keep on strengthening its partnership with humanitarian and development actors around the centrality of water, sanitation and hygiene in public health responses.”

- Global WASH Cluster



“ Hand Hygiene for All (HH4A) is a time bound global initiative calling on governments to create the systemic change necessary to ensure that hand hygiene is a mainstay in society, beyond the COVID-19 pandemic, while coordinating and aligning global action behind national efforts. The value of coordination mechanisms that seek to bridge global and national spaces, and cross-sectoral divides, was brought into sharp relief with COVID-19. HH4A will continue to support strengthened global coordination mechanisms to meet these needs, encouraging more deliberate engagement of a broader partnership of actors relevant to hand hygiene. ”

- Hand Hygiene for All Initiative



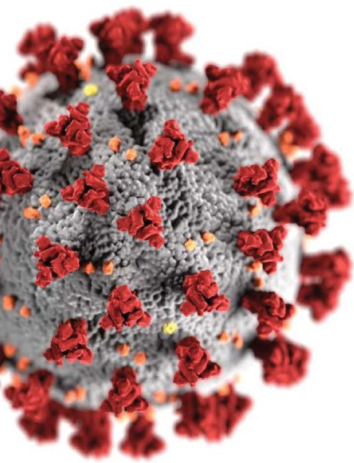
“ The pandemic has been a unique opportunity for the Global Handwashing Partnership, especially as we reflect on ways to improve our overall coordination and best leverage our global network of partners. Moving forward, we plan to bring more intentionality when it comes to coordinating with other sectoral actors, such as health and specialists in infection, prevention and control (IPC). Optimizing online forums and discussions has allowed us to bring more voices to the room (beyond the usual suspects), giving us more holistic insight on the persisting gaps and key priorities that will move us forward. ”

- Global Handwashing Partnership

“ The COVID-19 Hygiene Hub arose to meet identified gaps in global coordination and knowledge management, to support the translation of evidence into policy and practice, and facilitate real-time learning during the pandemic. There are aspects of our way of working that could be used within other coordination mechanisms in the future. This includes:

- Consulting a range of actors and existing coordination platforms to map needs and then designing coordination and information management systems to be responsive to this.
- Providing a range of passive and active ways to engage with coordination, sharing and learning.
- Providing tailored advice to support the contextualisation of global guidance and to overcome context-specific challenges.
- Developing standardised templates to share examples which made it easier to compare and contrast what is working between settings.
- Working with translators to ensure that resources can be translated into some of the languages needed by national-level response actors.
- Undertaking research and learning exercises which allow for synthesis of practice in real time. ”

- The COVID-19 Hygiene Hub



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The COVID-19 Hygiene Hub is housed at the London School of Hygiene and Tropical Medicine (LSHTM) and developed in partnership with Centre for Affordable Water and Sanitation Technology (CAWST) and Wash'Em

