

APPENDIX A: COORDINATION MEETINGS ATTENDED AND DOCUMENTS REVIEWED

Coordination Meeting	Coordination Level
Community Feedback	Sub-Coordination Level – Beni
Risk Communications & Community Engagement Partners	Operational Level – Beni
Risk Communications & Community Engagement Partners	Strategic Level – Goma
General Coordination	Strategic Level – Goma
UN Communications Coordination	Strategic Level – Goma
Community Feedback	Operational Level – Goma
Internal Red Cross Community Feedback	Sub-Coordination Level – Goma

Document	Author	Version or Date
Strategic Response Plan 3: February – July 2019 For the Ebola Virus Disease Outbreak in the Provinces of North Kivu and Ituri	DRC MOH	13 Feb 2019
Strategic Response Plan 4: July – December 2019 For the Ebola Virus Disease Outbreak in the Provinces of North Kivu and Ituri	DRC MOH	9 August 2019
Safe and Dignified Burial: An Implementation Guide for Field Managers	International Federation of the Red Cross	Version 4
Risk Communication and Community Engagement Preparedness and Readiness Framework: Ebola Response in the Democratic Republic of Congo in North Kivu	Risk Communications & Community Engagement Incident Management Team for the DRC Ebola outbreak response (WHO, UNICEF, IFRC, GOARN Research, US CDC, SSHAP, Anthrologica)	September 2018
Red Cross CF Mechanism in DRC: Guidance on how to collect and use Community Feedback during an Ebola operation	IFRC	29 May 2019
Community Feedback Infographic	IFRC	2019

Annexe des 25 Questions: Questions & Réponses Sur Les Vaccins Contre Ebola	IFRC & RCCE Pillar	November 2019
Enterrements Communautaires d'Urgence a Moindre Risque (ECUMR)	IFRC & DRC Red Cross	November 2018

APPENDIX B: INTERVIEWEES

Key Informant Interviews

*Note that organisations and profiles of interviewees have been left deliberately vague to ensure anonymity of research participants

Type of Organisation	Profile of Interviewee	Number of Interviewees
Response Technical Commission	Risk Communications & Community Engagement Specialist	4
Response Technical Commission	Case Management Specialist	1
Response Technical Commission	Social Science Specialist	1
Response Technical Commission	Monitoring and Evaluation Specialist	1
Response Technical Commission	Infection Prevention and Control Specialist	3
Response Technical Commission	Epidemiologist	1
UN Agency	Area Coordinator	1
UN Agency	Programme Coordinator	1
UN Agency	Communications Specialist	2
National Humanitarian Agency	Risk Communications & Community Engagement Coordinator	1
National Humanitarian Agency	Safe and Dignified Burials Manager	1
National Humanitarian Agency	Programme Coordinator	1
National Humanitarian Agency	Information Management Manager	1
International Humanitarian Agency	Community Engagement Specialist	2
International Humanitarian Agency	Safe and Dignified Burials Coordinator	1
International Humanitarian Agency	Infection Prevention and Control Coordinator	1
Technical Assistance Body	Technical Advisor	2
Funding Body	Technical Advisor	1
International NGO	Communications Expert	1
International NGO	Public Health Coordinator	1
International NGO	Programme Manager	1
International NGO	Risk Communications & Community Engagement Coordinator	1

Focus Group Discussions with Red Cross staff

Technical Area of Interviewees	Location	Number of Participants
Community Engagement and Accountability	Goma	18
Safe and Dignified Burial	Beni	7 (over two FGDs)

APPENDIX C: INTERVIEW TOPIC GUIDE

*Note that this guide iterated over time.

Question	Probe
<i>For all respondents</i>	
Please can you start by telling us a little about your role within the North Kivu Ebola response	<p>What does your organisation do?</p> <p>Which response pillars does your organization support? In what ways? With what activities?</p>
What is your role within that organisation/those activities?	Has your role changed over time? In what ways?
Please can you tell us a little about strategic/policy decision making processes within the N. Kivu response? (please feel free to provide an example from a specific pillar or initiative)	<p>Who/which organisations are involved in decisions relating to changes of protocols or other policy guidance?</p> <p>At which level of the response are those decisions taken? At which level of the response are those decisions implemented?</p> <p>What factors play into the way that decisions are made in this response? (political/social/economic/coordination structures etc)</p> <p>Are changes in policy or protocol communicated to other decision makers or organisations involved in coordination and decision-making? How?</p>
What is considered 'evidence' in this response?	<p>Where does the evidence for strategic or policy decision making come from?</p> <p>Who produces it?</p> <p>Are some forms of evidence used or valued more than others and why? What factors play into the decision to use some evidence vs. others?</p> <p>Is the quality of the evidence used or considered assessed; if so, how?</p>
How does evidence – epidemiological or otherwise – inform decision making?	<p>Who is responsible for ensuring that new information or analytical work is communicated to decision-makers?</p> <p>Are there routine channels for communicating new evidence from the response to decision-makers?</p>

	<p>Are these effective? Why/why not?</p> <p>How does that process work in practice? What's the information flow?</p> <p>Is uptake of evidence affected by who produced it? How? In what ways?</p>
What challenges exist to improving response decision-making processes?	<p>How fast are decisions made? How long between making a decision and changing a policy/approach/strategy?</p> <p>Speed of decision-making?</p> <p>Location of decision-making (e.g. different coordination levels)?</p> <p>Information management/flow of evidence to inform decisions?</p> <p>Institutional/information management/political/complexity of response – probe as to what exactly and how those challenges play out.</p>
What are the processes for cascading decisions down to the implementation level?	<p>How are policy changes communicated to implementing organisations or staff?</p> <p>How well does this process work?</p> <p>What are the specific challenges with reducing that policy/practice gap?</p>
What do you know about IFRC's CF mechanism?	<p>How does it work?</p> <p>How does it compare to other feedback mechanisms?</p> <p>What are its strengths and weaknesses?</p>
How is the information from the CF system integrated into response decision-making/strategy development?	<p>Is it similar or different to the other evidence uptake processes we discussed earlier? In what ways?</p> <p><i>(If different)</i> Why do you think this is?</p>
What are the barriers for improving the integration of the CF mechanism (into Ebola coordination/decision-making)?	<p>What opportunities are there to improve that integration?</p>
Can you give me an example of how the CF has successfully been used to change a	<p>How did that work?</p> <p>Why was it successful?</p>

policy/protocol/strategy/approach?	
Can you give me an example of a time where CF was available but it was not incorporated into strategy development/decision-making?	<p>Why was it not considered?</p> <p>What are the challenges with making that policy/practice change?</p> <p>What could be done differently?</p>
How would decisions relating to this example/event have differed if the CF information had been available/been known about?	Use negative event example/timeline to prompt respondents
What recommendations would you give to ensure that CF is better integrated into response strategy and decision-making?	<p>Different ways of presenting the information/wider reach for the feedback data/clearer recommendations/different engagement with decision-makers?</p> <p>How? In what ways? Why?</p>
<i>For respondents associated with the SDB or RCCE pillars</i>	
Tell us about the SDB or comms pillar. How does it work?	<p>What is its role/remit within the wider response?</p> <p>Who are the organisations or critical individuals involved?</p> <p>Who typically makes decisions within/for the SDB/RCCE pillar?</p>
What are the processes for changing SDB or risk comms SOPs?	<p>What information is used to make changes?</p> <p>Who produces that information? How does it communicated to the SDB pillar/pillar leads?</p>
In your opinion, does the SDB pillar have information needs that have been/are currently unmet?	<p>What are these?</p> <p>Are there ways you can see that could resolve these information needs? Who would need to be involved in resolving this?</p>
How is the information from the IFRC's CF mechanism (or other feedback mechanisms) integrated into SDB strategies and protocols?	<p>What are the barriers/challenges in this process?</p> <p>What are the opportunities?</p>
Tell me about the linkages between CF and SDB strategy and approaches.	<p>How has CF data fed into SDB decision making?</p> <p>What specific changes have you seen in SDB approaches/strategy relating to CF information?</p> <p>What hasn't changed yet based on this information?</p>

	What may be blocking these changes?
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APPENDIX D: FOCUS GROUP TOPIC GUIDES

*Note that this guide iterated over time.

Question	Probes
(Around the table) Tell us about your role in the Ebola Response	
How does the CF information collection system work?	<p>Can you draw it out for us?</p> <p>Tell us how you record CF – count number of times etc.</p> <p>How do you decide what to record?</p> <p>How do you decide who to talk to for the feedback? Are there particular groups that are more/less likely to talk to you? Which ones?</p> <p>What changes to the system have taken place since you started working in this area?</p> <p>Why were these changes made?</p> <p>Are they positive or negative and why?</p>
Do you get information about what other communities have told your colleagues through the CF system?	<p>(if yes) how do you use this information?</p> <p>(if no) would you like to receive this information? How would it help you? What would you do with it?</p>
Tell us about the challenges that you encounter collecting this information?	Prompt re. people's willingness to talk, security issues, language etc
After the information is collected, what happens?	<p>If there is a clear recommendation for change (from the community) as regards the Ebola Response strategy or approach does the change take place?</p> <p>If yes, how? If no, why not?</p>
If a change based on CF has been recommended and no change is made what happens?	<p>How does the community feel about this?</p> <p>How does this affect you and your work?</p>
How could the feedback mechanism work better?	<p>For you?</p> <p>For the community?</p>

	For other Ebola response workers? What recommendations would you make?
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<i>For respondents associated with the SDB or RCCE pillars</i>	
Tell us about the SDB or comms pillar. How does it work?	What is its role/remit within the wider response? Who are the organisations or critical individuals involved? Who typically makes decisions within/for the SDB/RCCE pillar?
What are the processes for changing SDB or risk comms SOPs?	What information is used to make changes? Who produces that information? How does it communicated to the SDB pillar/pillar leads?
In your opinion, does the SDB pillar have information needs that have been/are currently unmet?	What are these? Are there ways you can see that could resolve these information needs? Who would need to be involved in resolving this?
How is the information from the IFRC's CF mechanism (or other feedback mechanisms) integrated into SDB strategies and protocols?	What are the barriers/challenges in this process? What are the opportunities?
Tell me about the linkages between CF and SDB strategy and approaches.	How has CF data fed into SDB decision making? What specific changes have you seen in SDB approaches/strategy relating to CF information? What hasn't changed yet based on this information? What may be blocking these changes?