



Coordination in a Crisis Situation

Practice Note | May 2020

Introduction

In a pandemic such as the current COVID-19, the following elements summarise the findings of research and experience about what it takes to respond effectively in crisis situations. The accompanying table is a tool for evaluating the adequacy of your organization's crisis response plans.

Effective crisis response plans include the following elements:

A representative set of response scenarios. It is essential to create a set of crisis response scenarios that serve to guide planning. This need not be an exhaustive list of everything that could be done, but it should represent a broad range of potential solutions that the government could consider. These should be flexible to deal with unexpected reactions to the response options or combinations of scenarios. This is important because if response options are not flexible and modularized, novel events or combinations of events can yield ineffective or "brittle" responses.

Response modules might include: National or state lockdowns currently in force, police response by way of enforcement and keeping law and order, medical team and police responses to ensure evacuation, isolation (preventing people from spreading COVID-19), medical containment (response to COVID 19), grief management, as well as external communication to media and other external constituencies.

A plan that matches response modules to scenarios. This is the core plan that links each of the planning scenarios to the response modules that needs to be immediately activated. For example, a stay at home order, while allowing essential workers and services to move should trigger an immediate lockdown plus an appropriate and variable/flexible police response plus clear communication protocols to convene the necessary stakeholders, communicate with key/essential staff and let the general public know their rules and roles.

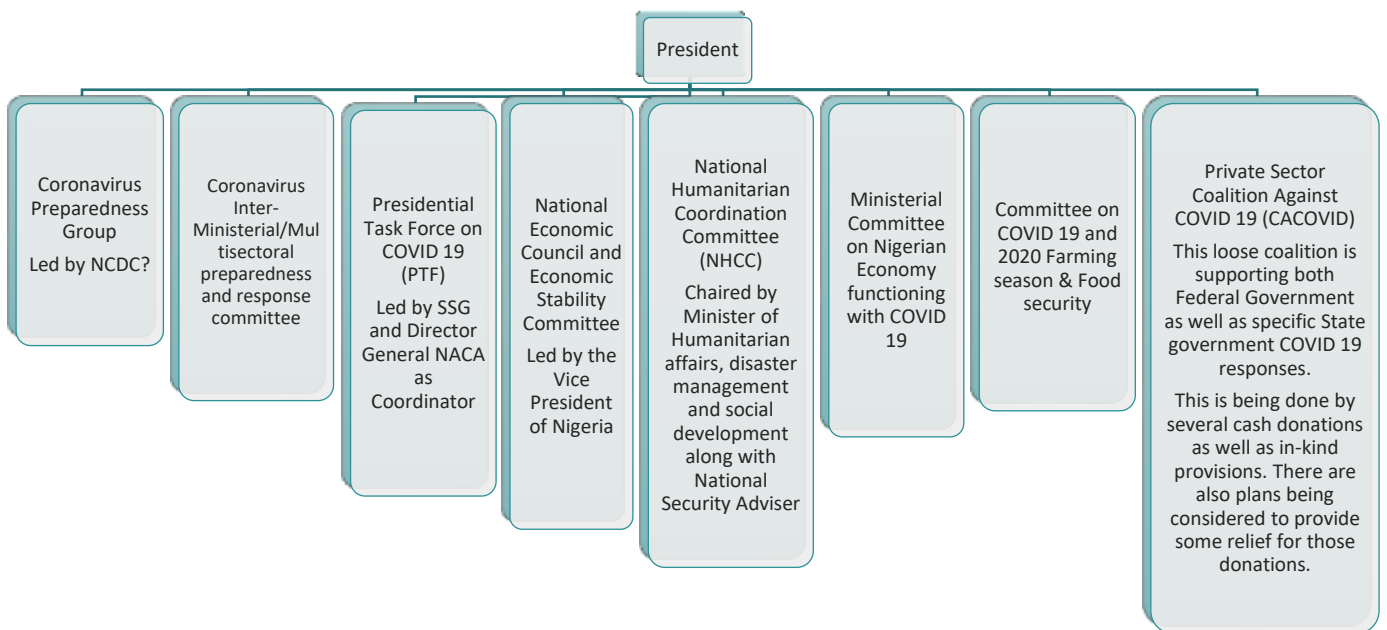
There should be a designated chain of command. One finding of research on crisis response is that decentralized organizations, which are so good at helping promote innovation in normal times, prove to be woefully inadequate in times of crisis. Crisis demands a rapid centralized response and this, in turn, requires a very clear line of command and the ability to shift into what the military term "war fighting mode" rapidly. Otherwise the organization responds incoherently. This means creating a centralized parallel organization, in which the leader has a designated deputy and they, too, have a backup who would take command if the others were unavailable or disabled. It also means having a core crisis response team of perhaps five or six people who function as the leader's staff in the parallel crisis-management organization.

Using any pre-set activation protocols such as those of the NCDC for activating and coordinating the various response modules in the event of a crisis situation. There must be clear triggers to move the organization from "normal" to "war-fighting" mode as well as to activate specific response modules. There also have to be "all clear" signals that shift the organization back to its normal operating mode.

Finally, there is a need for clear communication channels, easily activated for reaching all stakeholders with appropriate messaging. And a mechanism to ensure the messaging is consistent.

In Nigeria’s response to the COVID-19 pandemic, a number of committees (standing and new) have been changed with the responsibility of developing responses for the Federal government. Figure 1 below is a diagrammatic of the various committees, task forces and standing plans.

Figure 1: Organogram of current COVID-19 Response groups and teams at the Federal Government tier



With all of the above committees (standing and Ad hoc) there is a clear need to have a coordinating presence, be that a separate unit of a function in the Presidency to ensure that the outputs of each of these groups will translate to a coherent number of desired outcomes and *the desired impact ‘The recovery of the country from the COVID pandemic with minimum loss of life, disruption of life and the economy, and the ability to resume some semblance of progress post COVID-19.’*

This practice note on coordination provides guidance on some activities that can and should be taken to achieve an element of coordination across the piece.

COVID-19: The Coordination Needed

COVID-19 has led the Federal, and State governments, to quickly set up a number of response teams. While these are very commendable in their own right, issues arise in trying to coordinate all their activities to deliver an effective outcome rather than a number of outputs. And finally, the result should be an impact. If some thought is not taken at the start, the series of activities and outputs may not achieve any tangible outcomes and the result is no impact for all the effort.

What are outcomes and how are they different from outputs? And what is an impact?

Outputs are those results which are achieved immediately after implementing an activity. For example, communicating the need to stay indoors during the pandemic to stop the spread of the

coronavirus. This is an **output** the communications team has achieved, and it is achieved immediately the messaging is done.

Outcomes, however, can be considered as mid-term results. They are not seen immediately after the end of the communication activity. But after some time, when we see some change at the ground level in behaviour of people because of the communication. This change as a result of the communication activity is an **outcome**.

The impact of the communication activity and the resulting outcome of people staying at home will be understood to have worked when we see the rate of infection slowing down or even stopping.

The impact!

The impact of effective coordination will be a coherent and joined up stream of activities, messaging and actions from all tiers of government; federal and subnational, as well as non-state actors, designed to derive maximum behavioural change and compliance from citizens across the federation, and the rate of infection slows and potentially stops.

Coordination:

Coordination is the combination of all the efforts, activities and forces in play and their interaction both within and externally.

Internal coordination: Internally each of the various teams set up to undertake activities must be clear about the overall impact desired and the way their activities will translate into outcomes. Such internal activities run by different groups could include, in the case of COVID-19 response, communicating the messages to several levels and in different forms from the very basic messaging to all stakeholders (such as stay at home) to the more complex such as messages to health care workers and security agents. It will include activities of health care workers in treating patients to the provision of sufficient and correct protective equipment and premises. It will include activities of security agents from, communication and enforcing the stay at home orders, to the maintenance of background security and the application of instructions in a sensible and humane manner to allow essential services and activities – supply chains and farming for example – to operate while observing special rules applicable to them.

External coordination: All the internal activities must take into cognisance the external forces and activities if they are to have effective outcomes and the desired impact. The following are some of the external forces and activities that affect the way in which internal activities take place and impact. These are the social influence and the dynamic political economy environment within which the COVID-19 response teams will work. It is important that these are recognised and taken into account, otherwise teams will not respond in a strategic manner resulting in potentially conflicting and confusing activities (such as messaging) resulting on reduced overall outputs and consequently no desired impact. This rapidly becomes a race to the bottom and a vicious spiral.

The external forces include:

Citizens, workers and businesses: citizens need to buy into the messaging and outputs of the COVID-19 teams and their trust in the messaging is critical. Citizens are also workers and business owners who either want (and need) their wages or the ability to run their businesses and to make money which the economy invariably depends on.

Suppliers and critical industries and enterprises: During a crisis such as the COVID-19 pandemic, government stakeholders and actors, in undertaking their activities and delivering their outputs, require the cooperation of suppliers of critical materials, the continuance of enterprises producing essential goods and service and enterprises such as farming and agro-based actors whose own activities need to continue with minimal disruptions if the response is to work. These activities by external actors will impact and interact with the various government actors in different ways hence, the need to play these responses into the internal communications and ensure cross actor activities. For example, the stay at home order must be communicated clearly so that only essential

workers move and so that security agents are clear about who can move, when and whereas they conduct their enforcement activities. If any of these messages are out of sync, the desired outcome of reduced transmission and the desired impact – opening the economy - will not be achieved regardless of the quality of each individual activity or output.

The same also is important in the making and announcing of **government policies**. These policies which are outputs in themselves need to be coordinated so they reinforce and no undermine the various activities taking place as part of the crisis response.

Other external forces and influences to take into account are the **economy** - how does it operate Cash or credit? What is the proportion of formal and informal sectors and any peculiar problems or issues that will affect the workability of the committees' activities and outputs? And the impact, both positive and negative of **technology**, electronic banking, telecoms (including access and penetration and user capability) and so on.

The coordination:

The coordination may take place from the top down, the bottom up or sideways. Or a combination of all. These can broadly be classified as vertical and horizontal coordination.

Vertical Coordination:

The structure of most Nigerian governments is vertical in nature. This means that lines of authority pass from top to bottom. From the President via his cabinet to all their ministries and agencies. This needs coordination between different levels of the groups. To achieve organizational goals, work activities of ministers and others charged with various responsibilities, it is necessary to coordinate these activities to achieve the outcomes and impact the president wants.

To achieve this in a case of vertical structure, it is imperative to ensure adequate coordination through proper delegation of authority with the help of directing and controlling so that the orders from one may not conflict with the orders from another.

Horizontal or Lateral Coordination:

This is the relationship between peers (ministers), colleagues (senior civil servants), and workers in different departments at the same level of hierarchy. In a horizontal organization authority structure, individuals are located on the same level and normally they have no authority over each other. They are equal in terms of the amount of authority. Such a structure is more conducive to adequate coordination in an enterprise but may also result in no progress without clear direction and communication of the desired outcomes and impact.

Coordination between the activities of departments and people working within the government (be it federal or state) is known as internal coordination. Coordination between activities of the government with units outside the government (sub-national governments or local authorities for the federal and state governments respectively), citizens, suppliers, businesses, etc.) is known as external coordination.

The government needs to be open and continuously interact with the environment through the input-output conversion process. The government receives inputs from the various stakeholders, processes them and gives them back to the stakeholders in the form of outputs. This cycle is repeated after receiving feedback from the stakeholders about the acceptability of their outputs, policies and activities. This requires complete coordination between what stakeholders expect from the government and what government expects from the stakeholders. If that fails, the government will fail to make the desired impact of managing the virus and keeping the country running.

Vertical and Horizontal Coordination:

Both these types of coordination are the forms of internal coordination. Vertical coordination is achieved amongst activities of people working at different levels of government. It coordinates the activities of Ministers with those of Ministries, Departments and Agencies (MDAs) and their staff. It

is the linking of activities from the Presidency (or State Governor) with those of their Ministers/Commissioners and MDAs in order to achieve the desired impact. Vertical coordination can be achieved through span of management, centralisation, decentralisation and delegation.

Horizontal coordination is achieved amongst activities of Ministers/Commissioners and their different MDAs working at the same level. It is the linking of activities across MDAs at similar levels. It links the activities of the MDAs responsible for Communication, Health, Security and economic production and social provisions for the citizens.

The need for horizontal coordination arises when MDAs depend on each other for information or products. When information is transacted across MDAs, the different MDAs share their views on the same problem and arrive at innovative ideas and thoughts to deal with the situation. According to Jay R. Galbraith, “the more organisations need to process information in the course of producing their product or service, the more methods of horizontal coordination they will need to use”.

Different methods of achieving horizontal coordination are slack resources, information systems and lateral relations:

1. **Slack resources** mean maintaining a cushion of resources like buffer time, money, material, inventory, people, etc., by each MDA. This provides flexibility to the Government to adapt to various internal and external pressures without waiting for resources to be procured, such as the services of specialist consultants or staffing gaps.
2. **Information systems** that facilitate the exchange of information among Ministers and MDAs of the government. Computers and appropriate communication software such as WebEx, Zoom and Skype along with email and WhatsApp for urgent messaging have eased the work of transmitting information to different departments. Information systems facilitate effective coordination amongst departments.
3. **Lateral relations** refer to relations between peer groups of different MDAs whose interaction with each other (through direct contact or liaison officer or work groups/teams) helps in delivering the desired outcomes and making the desired impact. Lateral relations allow the information to be exchanged across the scalar chain rather than people placed at higher levels in the organisational hierarchy. These relations are a coordination of efforts through communicating and problem solving with peers in other MDAs rather than referring most issues up the hierarchy for resolution.

Lateral relations can be maintained in the following ways:

- **Direct Contact:** Mostly prevalent at middle and lower levels, people of different MDAs directly communicate with each other to solve their problems without involving the top managers. Coordination is, thus, achieved laterally without following the chain of command.
- **Liaison Roles:** Rather than people of different MDAs solving their problems through direct contact, the problems are solved by a person who maintains direct contact with people of different MDAs, perhaps through attendance at regular briefing meetings. The person known as liaison officer, is a common link between the MDAs and must have good internal communication skills to ensure the messages are passed correctly and timeously. Though he does not have formal authority over the groups, he facilitates the flow of information and communication between them. He coordinates the efforts of diverse groups by dealing directly with MDAs where problems are occurring.
- **Task Forces: This is very much the approach currently being used in Nigeria.** These task forces are used where a liaison officer cannot coordinate the activities of MDAs because the inter-MDA dependence is complex or because coordination has to be achieved amongst many MDAs, in these cases task forces are created to facilitate coordination. A task force is a team of members from different MDAs (who are critical to identifying and

¹ R. Galbraith

implementing solutions to the problem). Members of the task force need to share information with respect to the problems of their respective departments in delivering the proposed outputs.

- **Committees: Also, an approach being used in Nigeria**

“Committees are usually formally organised groups with a designated membership and chairperson and regularly scheduled meetings.” Committees are generally formed to look into specific governmental problems which may be recurring in nature. These are not really suited to dealing with a crisis such as the COVID-19 problem.

Template 1: Checklist and Readiness Plans:

The Nigeria Center for Disease Control (NCDC) has a multitude of guidance notes and plans for dealing with disease outbreaks such as COVID-19 along with checklist for different MDAs to review and ensure that they are engaged. These can be found at <https://ncdc.gov.ng/diseases/guidelines>

Template 2: Assessing Your COVID-19 Response Plans

You can use the following table to assess your [government/MDA] plans to respond to the crisis and if necessary, to create a plan of action to address deficiencies.

Question	Assessment	Corrective Actions
COVID-19 Response Plan		
1. Does it contain a series of different planning scenarios?	----- ----- ----- ----- poor adequate excellent	
2. Are these responses flexible and are they such that we can deploy some and not all?	----- ----- ----- ----- poor adequate excellent	
3. Do we have access to any other MDA or government established response modules?	----- ----- ----- ----- poor adequate excellent	
4. Do we have an idea of what the signals are for activating the responses and are there signals for going back to normal operations?	----- ----- ----- ----- poor adequate excellent	
COVID-19 Response Team		
5. Do we have a clear chain of command?	----- ----- ----- ----- poor adequate excellent	
6. Do we have a command post and backup?	----- ----- ----- ----- poor adequate excellent	
7. Do we have the right communication channels?	----- ----- ----- ----- poor adequate excellent	
8. Have we put in place the right backup resources?	----- ----- ----- ----- poor adequate excellent	
Learning from our COVID-19 Interventions		
9. Do we have any M&E plans to monitor the outcomes and Impact of our outputs?	----- ----- ----- ----- poor adequate excellent	
10. Are we actively learning for our activities, feedback or external suggestions?	----- ----- ----- ----- poor adequate excellent	

Template 3: Communications emergency response checklist

3.A: External Communications (External to the Team or MDA)

S/N	Activity/Task	Who is responsible	Gaps/Additional Actions
1	Initiate and maintain liaison with counterparts at the appropriate health authorities, as well as any other agencies that may be involved.		
2	Create an established point of contact for external Communications representatives.		
3	Manage all communications to the media including the distribution of press releases as required.		
4	Keep the key MDA and, if appropriate leadership and task force teams /actors informed of significant developments in the media.		
5	Ensure the establishment of a communication channel that could be used by the general public to contact the right government team. For example, the NCDC has published all their contact. Numbers and even established a Call Centre that could manage enquiries from the those with COVID 19 related questions and concerns.		
6	Post appropriate communications on the Institutions web site.		

3.B: Internal Communications (Within Government as a whole or to the task force or MDA)

S/N	Activity/Task	Gaps?	Remedial Actions
7	Communicate all necessary information to all relevant internal staff and teams.		
8	Establish liaison with spokesperson for appropriate health authorities, the security services and any other MDAs that may be involved in providing a response or support to the response.		
9	Coordinate with task force, other MDA or government communication representatives.		
10	Determine who the official spokesperson(s) will be.		
11	Brief the corporate spokesperson(s).		
12	Draft necessary press releases and review them with the head or designated person and the NCDC and the Medical Representatives, etc. The key communications channel may well be by the Presidency or Government House so be		

S/N	Activity/Task	Gaps?	Remedial Actions
	very clear about who to liaise with and who to give feedback of press releases for agile response by the task forces/ MDAs or government itself.		
13	Confirm with the designated lead for communications every time a press release has been issued.		
14	Monitor ongoing press coverage and inform the designated lead for both government house and the task forces/MDAs of any developments in the media.		
15	Assist human resources in communicating all necessary information to internal staff such as those who should stay home, those who should come to work, any home-working arrangements and communication about any changes or interruptions to pay and rations.		
16	Update Government/MDA websites and social media accounts as appropriate.		

Guidance Note 1: Hospital Readiness Checklist for COVID-19

Hospitals play a critical role within the health system in providing essential medical care to the community, particularly in a crisis. Prolonged and combined outbreaks can lead to the progressive spread of disease with rapidly increasing service demands that can potentially overwhelm the capacity of hospitals and the health system at large. To enhance the readiness of the health facilities to cope with the challenges of the outbreak, a pandemic, or any other emergency or disaster, hospital managers need to ensure the initiation of relevant generic priority action. This document aims to provide a checklist of the key action to take in the context of a continuous hospital emergency preparedness process.

Hospitals are complex and vulnerable institutions, dependent on crucial external support and supply lines. Under normal working conditions, many hospitals frequently operate at near-surge capacity. Consequently, even a modest rise in admission volume can overwhelm a hospital beyond its functional reserve. Well-established partnerships with local authorities, service providers (e.g. of water, power, and means of communication), supply vendors, transportation companies, and other organizations are required to ensure the continuity of essential services.

During the current outbreak of COVID-19, an interruption of these critical support services and supplies would potentially disrupt the provision of acute health care by an unprepared health-care facility. In addition, a high rate of staff absenteeism can be expected. A shortage of critical equipment and supplies could limit access to needed care and have a direct impact on healthcare delivery. Panic could potentially jeopardize established working routines.

Even for a well-prepared hospital, coping with the health consequences of a COVID-19 outbreak would be a complex challenge. Despite the difficult demands and obstacles foreseen, the proactive and systematic implementation of key generic and specific actions can facilitate effective hospital-based management during a rapidly evolving outbreak.

The benefits of an effective, hospital-based response include (1) continuity of essential services; (2) well-coordinated implementation of priority action; (3) clear and accurate internal and external

communication; (4) swift adaptation to increased demands; (5) effective use of scarce resources; and (6) safe environment for health workers. This checklist has been prepared with the aim of supporting hospital managers and emergency planners in achieving the above by defining and initiating actions needed to ensure a rapid response to the COVID-19 outbreak.

The checklist² is structured on eleven key components; under each component, there is a list of questions regarding the status of implementation of the recommended action specific to that component. Hospitals at risk of increased health service demand should be prepared to initiate the implementation of each action promptly. The section on “Recommended reading” lists selected tools, guidelines and strategies relevant to each component, as well as other supporting documentation. Hospital emergency preparedness is a continuous process that needs to link to the overall national preparedness programme. Many of the principles and recommendations outlined in this tool are generic and applicable to other contingencies. The checklist is intended to complement comprehensive, multisectoral hospital emergency preparedness planning programmes, not replace them.

² Hospital Emergency Response Checklist (Pg. 10-20) by WHO Regional Office for Europe - <https://perl.box.com/s/lkb23w2gb1vi4m9bmet56nhiztikzvk>