

# Digital Community Engagement Strengthening Polio C4D Strategies





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## BACKGROUND

*Community engagement, social and behavior change communication, including through the use of media and social media/digital platforms are an integral part of the Global Polio Eradication Initiative’s (GPEI) Communication for Development (C4D) workstream. The GPEI commenced a review of communication and community engagement strategies and plans in 2019 and 2020 as part of broader efforts to accelerate impact. However, these efforts have been hampered by the ongoing pandemic of COVID-19 that has caused widespread global disruption including to health and immunization systems.*

The GPEI is now looking at ways of adjusting C4D strategies to the current context to support countries working to control overlapping outbreaks of COVID-19, polio and other communicable diseases. Widespread lockdown or quarantine measures, physical distancing and intensified hygiene measures deployed to respond to COVID-19 require a rethink of routine activities and interventions to eradicate polio including outreach vaccination campaigns and community engagement work.

Digital information technologies and social media platforms have become an important means of communication used by UNICEF and other health partners in responding to COVID-19. The GPEI, which often works in environments where there may be limited access to digital resource, must find ways of combining both new digital technologies with more traditional methods of reaching remote populations. Maintaining demand for immunization services, including polio eradication activities, and understanding community knowledge, attitudes and practices will help mitigate risks around resumption of services during this turbulent time.

## INTRODUCTION

C4D teams at country and field level, regional teams and partner organization are making efforts to strengthen and upgrade their Digital Engagement capacities supporting the implementation of strategic communications plans, community engagement activities and coordination mechanisms. This concept note provides the GPEI with an overview of digital engagement platforms that might be considered by teams looking for opportunities to improve C4D work in a rapidly changing public health, information and media environment.

## DIGITAL COMMUNICATION RESOURCES BY FUNCTION

Before developing a plan for digital engagement activities, country teams must first understand the context within which they are operating, which includes social, political and economic factors that often define access and digital use patterns by target audiences. The team can then map out the existing digital engagement ecosystem, as well as identify communities with limited access digital and media channels; as well as the dynamics where the 'real world' and the digital spaces intertwine. This includes identifying channels, resources and communication spaces with the capability to support public information and promotion, preparedness, response and recovery activities. Digital engagement plans will need to consider how they may be applied to support demand for essential immunization services, as well as emergency response to outbreaks or epidemics. As an organic part of social and behavior change communication work, digital engagement should align with evidence-based approaches, embracing the technological advantage based on social data and listening, addressing perceptions, social norms, behavioral barriers and enabling factors. Overall, digital engagement can be used for the following communication functions:

### Gather and support social data use

Polling and surveys (Rapid Pro, U-Report, GeoPoll, IPSOS ODK/Ona/Kobo, VIAMO, etc.) can be used to quickly assess knowledge, attitudes and behaviours of communities regarding polio. It can also be used to identify information gaps and gain a better understanding of risk perception and context. Data Visualization tools (Magicbox, Power BI) can help better present primary and

### In particular, this concept note and annexes aim to:

1. outline DCE resources available across the GPEI programme and highlight their potential use.
2. show how these technologies and platforms are relevant to the GPEI objectives.
3. provide examples of how these platforms, knowledge and skills can be applied to the GPEI programme in the field through the use of country examples<sup>1</sup>.

secondary polio social data to enable evidence-based decision making by packaging feedback to allow real time monitoring to help teams and communities build engagement and sustain performance.

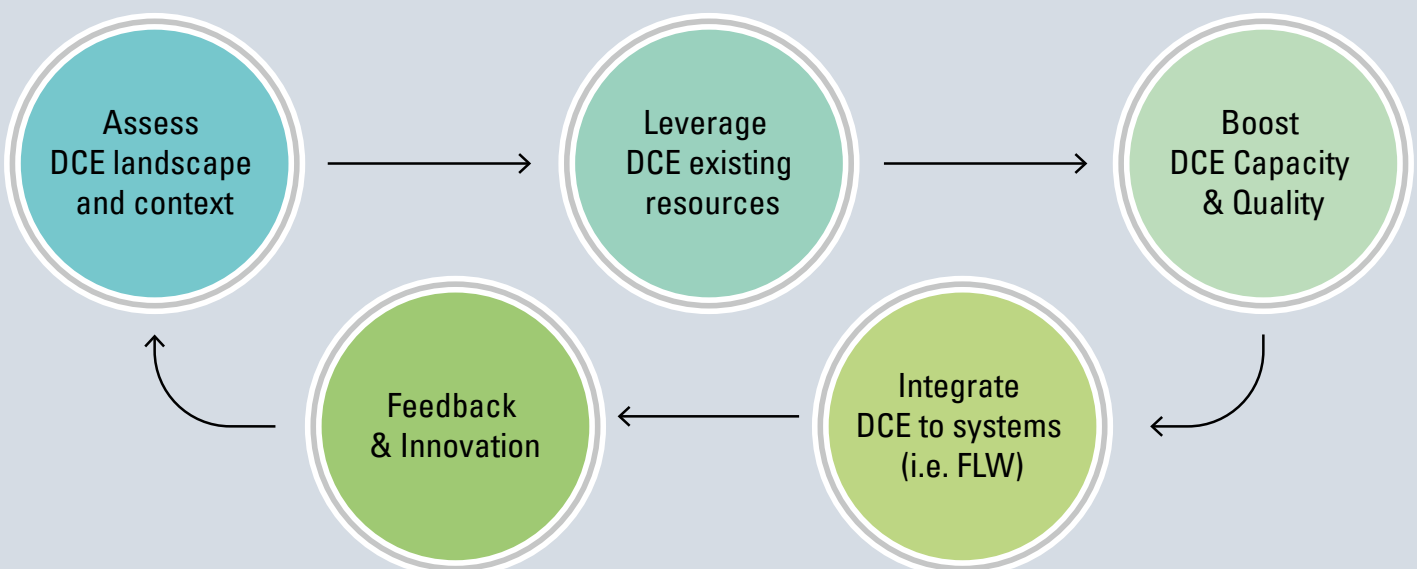
### Public information and promotion of polio vaccination campaigns

Amplify consistent public health polio messages across UNICEF web pages and Social Media platforms, Government websites, mass media activations and mobile networks. Content can be adapted to national and subnational audiences and channels prioritized according to reach and need.

### Dialogue and Engagement with prioritized groups

Digital community engagement platforms can be used to facilitate two-way communication and dialogue with prioritized groups (parents and caregivers, health practitioners, frontline workers, influencers) about immunization and polio. While dialogue and community engagement imply processes which are a goal by themselves (Rights based approach), digital engagement spaces can be part of social and behavior change programmes with the right data and framework. Rapid-pro platforms can be used to support and setup additional tools such as the Internet Of Good Things (IOGT), Chatbots, U-Report and Viamo. Selection of the appropriate platform will depend on the needs and capacity of the country.

<sup>1</sup> Developed with the collaboration of units and teams working in digital engagement across UNICEF and partners.



## Support team capacity building

Countries may use existing digital platforms and resource to support the work of Front Line Workers (FLWs). Capacity building programmes can include digital solutions to enhance their reach and support different aspects of training such as user-friendly driven access to information, training packages and support resources. Platforms like Rapid pro, chatbots, U-Report, the Internet Of Good Things (IOGT), or Viamo can be used to facilitate FLW communication, community engagement activities and training. Global and regional training packages can be adapted to country/ local context and can be used to help build FLW capacities allowing them to better address misinformation.

## Tracking and addressing misinformation

In principle, widen access and promotion of evidence based trusted sources of information, as well as proactive attention and social listening (in and off digital networks) are workstreams needed to prevent misinformation from the source, or building more resilience to attempts of disinformation; however is not possible to have total control and is better for programmes to assume it can happen with dividing topics like immunization. Digital engagement resources (Call-centers, social media platforms, digital engagement

solutions) can be harnessed to gather information on rumours and misinformation including the source of this. It can then be used to help address this misinformation e.g. by allowing public health authorities to respond to emerging public concerns or through the set up and promotion of a referral system that redirect the public to trusted sources of information that provides messages that are aligned across partners. FLWs and social mobilization partners can be trained to track and address misinformation as users of social media platforms. They are also important in building through which messages can be shared and disseminated.

A detailed assessment of readiness<sup>2</sup> and segmentation<sup>3</sup> alongside mapping of the digital landscape will strengthen the quality and scope of C4D strategies and plans with the aim of building positive relationships between caregivers and service providers, vaccinators and social mobilizers to improve children's uptake of polio vaccination, and ultimately contributing with social and behaviour change goals on immunization.

Applying these functions to a potential use in C4D Polio strategies can benefit the programme quality of services and sustained demand.

Digital Resources by function	Potential use
<b>Research, Data and training management</b>	
<ul style="list-style-type: none"><li>• Polling and surveys (Rapid Pro, U-Report, GeoPoll, IPSOS ODK/Ona/Kobo, VIAMO, on-line polling with SM platforms)</li><li>• MagicBox</li><li>• Visualization of data (PowerBI)</li><li>• Learning and training (VIAMO)</li><li>• Data management</li></ul>	<ul style="list-style-type: none"><li>• Polling and survey can be used to quickly assess polio related level of knowledge, attitude, identify information gaps, risk perception and other social data;</li><li>• Data Visualization can help better present primary and secondary polio social data to enable programmatic and communication decision making.</li><li>• Remote training can provide vital polio information to community leaders (including faith leaders) and health workers through mobile-based delivery via IVR, SMS and/or chatbots that can be accessed at any time.</li></ul>
<b>Promoting &amp; providing information</b>	
<ul style="list-style-type: none"><li>• UNICEF web page and Social Media platforms</li><li>• Government web page, Social Media platforms (Ministries, EWS)</li><li>• Partners' web page, Social Media platforms (GPEI, EOCs, FBOs)</li></ul>	<ul style="list-style-type: none"><li>• Sustained and updated promotion of polio specific content</li><li>• Official sites with minimal standards of health communication resources adapted for national and subnational audiences</li><li>• Aligned and consistent messaging across partnerships</li></ul>
<b>Tracking and addressing misinformation</b>	
<ul style="list-style-type: none"><li>• User driven misinformation tracking across messenger spaces/communities (U-report, call-centers, social media platforms)</li><li>• Social media listening initiatives and platforms (Facebook, WhatsApp, Twitter)</li><li>• Trusted sources of information (Internet of Good Things, Vaccine Safety Network)</li><li>• Google One Box</li><li>• Existing chatbots, other tools that have emerged during COVID-19 response</li></ul>	<ul style="list-style-type: none"><li>• Capacitate social mobilizers as users of social media platforms for tracking and addressing misinformation.</li><li>• Track polio related rumors and misinformation using existing partnerships with Facebook, Google, WhatsApp etc. at national or sub-national level.</li><li>• Promote referral to trusted sources of polio related information, and consistently align the narrative across partners.</li></ul>
<b>Two-way communication</b>	
<ul style="list-style-type: none"><li>• Rapid Pro is a technology utilized by UNICEF COs through SMS mobile networks.</li><li>• Chat bots (Heath Buddy, U-Report etc.) are interactive spaces for dialogue and engagement around specific content.</li><li>• Viber, WhatsApp, FB Messenger/facebook groups, Telegram</li><li>• IVR (VIAMO, Echo, Orange VoicePro)</li></ul>	<ul style="list-style-type: none"><li>• Rapid-pro platforms can be used for pre-settled two-way communication providing reliable polio information through SMS targeted to FLW, religious leaders.</li><li>• Chat Bots can be useful to engage variety of target audiences, including youth and young parents to support polio vaccine demand generation, answer emerging questions and track and address misconceptions</li><li>• FB Messenger launched a global program to connect government health organizations and UN agencies with developers that can assist them in leveraging Messenger platform to more effectively share timely and accurate information and speed up their responses to concerned citizens.</li></ul>

<sup>2</sup> Annex 1: mapping of digital engagement assets

<sup>3</sup> Annex 2: segmentation matrices examples

## DIGITAL PLATFORMS AND TECHNOLOGIES AND OUTLINE OF POTENTIAL USES

The above section provided a summary of the different functions that might be supported through the use of Digital Community Engagement tools. While communities with limited access to digital engagement spaces and resources will continue with traditional community engagement and mass media, penetration of internet and technology will continue at its pace (i.e. platforms working off-line, or with simple mobile phones), suggesting the need to revise, strengthen and update communication strategies applied to different contexts. This section provides a menu of different platforms or technologies that might be used to support the above functions

### 1. Data sharing platforms:

**Internet of Good Things (IOGT)** is a community engagement and system strengthening tool that offers free access to public health information through a mobile-ready website configured for low-end mobile devices. Content is delivered to three distinct users' groups: parents and caregivers, adolescents and young people, and frontline workers and educators. It includes engagement tools such as surveys and polls. In the context of physical distancing, IOGT provides access to COVID-19 information in hard-to-reach communities. For applied examples and potential application for Polio C4D see Annex 3.<sup>4</sup>

**MagicBox** is UNICEF's big data platform which is involved in measuring the secondary effects of COVID-19 to understand the impacts on social behavior, education, critical supplies, sentiment, opinion, and vulnerable populations. In addition, it provides guidance on how to pinpoint and combat misinformation about COVID-19.

**The Vaccine Safety Net (VSN)** is a worldwide network of websites, verified by WHO, that provide trustworthy information on vaccine safety. The mission of the Network is to ensure that reliable, understandable, evidence-based information on the safety of vaccines is available on the web and readily found by all. Websites members of the VSN comply with criteria for good information practices put forth by the Global Advisory Committee on Vaccine Safety. To date, the VSN comprises 78 members from 36 countries across the 6 WHO regions, providing vaccine safety information in 26 languages. Members include governmental websites (38.5%), private websites (28%), academic (18%), professional associations (9%), community groups (4%) and international organizations (2.5%).

**Google One Box** vetted sites (such as the World Health Organization, and national Ministries of Health or Education) can update their website's code base to include an algorithm that, once enabled, allows relevant content to appear in a featured box during relevant searches. Google OneBox, through its partnership with UNICEF and the IOGT, offers country offices (CO) the opportunity to be a source of trusted information for communities of interest.

**Data analysis and visualization** tools are available to help better communicate information during vaccination campaigns and outbreak responses. This is helpful in communicating progress to the general public or to specific target groups or populations. Power BI is an example of a tool currently in use by UNICEF country offices.

**GeoPoll** is a mobile-based platform that can conduct research through their database of 250 million respondents worldwide. GeoPoll can use SMS and voice calls to target specific or hard to reach populations, across multiple countries through mobile phones. It has been used in emergency responses including in SSA to assess specific situations like food security and demand for services.

### Digital messenger engagement platforms:

**RapidPro** is a digital messaging platform which powers programmes such as the internet of Good Things (IOGT), U-Report, Chatbots etc. It allows programme staff to develop messages that can be targeted towards specific population groups. RapidPro is used to support immunization campaigns, conditional cash transfer programmes, monitoring of public services like schools etc. It is currently used in 79 countries to deliver information services in programmes targeting communities in particular young people, mothers, caregivers and their communities. In 2019, UNICEF used RapidPro to deliver more than 487 million messages across its programmes. RapidPro collects data via short message service (SMS) and other communication channels (e.g. voice; social media channels, such as Facebook Messenger, Telegram, WhatsApp) to enable real-time data collection and mass-communication with target end-users, including beneficiaries and frontline workers.

**U-Report** is a digital mobile messaging solution that is built upon the RapidPro platform. It is a social messaging tool and data collection system developed by UNICEF to improve citizen engagement, inform leaders, and foster positive change. The program sends SMS polls and alerts to its participants, collecting real-time responses, and subsequently publishes gathered data. U-Report has developed an Information Chatbot to support UNICEF's COVID-19 response. The bot strengthens UNICEF's ability to assess needs, tackle misinformation, and in partnership with governments share reliable information on where communities can seek assistance. For applied cases of U-Report in Polio C4D initiatives see Annex.<sup>5</sup>

**Information Chatbot** (Health Buddy and others) A chatbot is a computer program designed to simulate conversation with human users at scale, especially over the Internet. RapidPro enables UNICEF programme teams to design messaging experiences, such as chatbots, and deploy them over many communication channels (e.g. SMS, Facebook Messenger, U-Report, WhatsApp, Viber, etc.). For a further operational criteria and potential application to Polio C4D see Annex<sup>6</sup>.

**VIAMO**<sup>7</sup> is a simple, low-cost technology for data collection and for the provision of public service information via mobile phones. In countries where VIAMO has presence, it is possible to procure the following services: 1) 3-2-1 service that can make polio related content available (IVR) to the general population, caregivers and frontline health workers through Interactive Voice Response. End users can proactively access information on-demand for free via their mobile phones; 2) Remote Training for community leaders (including faith leaders) and health workers through mobile-based delivery via IVR, SMS and/or chatbots that can be accessed at any time. 3) Surveys/polls: For monitoring misinformation, general level of knowledge, attitudes and intentions to immunize children. Potential applications of Viamo for Polio C4D in Annex<sup>6</sup>.

4 Annex 3: IOGT and Polio C4D

5 Annex 4: U-Report and Polio C4D

6 Annex 5: Chatbots and Polio C4D

7 Under current UNICEF LTA process globally. Soon available for COs at corporative rates.

8 Annex 6: Viamo and Polio C4D

## USE OF MOBILE NETWORKS

*Partnering with Mobile Network Operators can enhance the potential to use digital engagement platforms for humanitarian purposes. While some communities have limited access to mobile operations and internet this continues to accelerate rapidly. Mobile services and digital platforms will increasingly become the normal way to access information and communicate for most of the population, especially in urban settings.*

Mobile Network operators can play a critical role in supporting a health response to epidemics and outbreaks through the provision of low cost, timely, up to date information on measures such as polio vaccination campaigns. This information can be disseminated to a wide audience and allows citizens the opportunity to provide feedback or respond to this information.

Partnering with government authorities and private operators can support the use of SMS based platforms such as Rapid-Pro, U-Report, Viamo and others in order to provide trusted sources of information (IOGT, VSN) and tackle and track emerging

misinformation and rumors whilst also providing a platform to hear vulnerable communities and health service providers.

Experiences of UNICEF COs show how to better access digital engagement services and resources (pro-bono, preferential rates on Voice and SMS, surveys, link to call centers, data management, strengthening adapting chatbots, mobile money transfers, promote learning content, common short-code for coordinated partner's response, zero-rated joint marketing). Regional Offices mapping of the mobile network's partnerships would be strategic.

## USE OF SOCIAL MEDIA NETWORKS IN OUTBREAK RESPONSE

*Annex 7 provides two case studies on the use of digital platforms and social media resources in improving the impact of UNICEF communication strategies. The first case study looks at the use of digital technology used in India during the 2017 measles and rubella campaign whilst the second case study looks at Pakistan and how polio assets have been redirected in support of the Pakistan COVID-19 RCCE strategy (2020). This section provides a brief overview of the specific uses highlighted in the case studies*

### **Social Data use**

Polling and managing social data on risk perception and demand for services. India MR experience showed how data sharing with participant groups supported a positive social norm effect adhering to vaccination. Pakistan's recent experience utilizing GPEI assets for the COVID-19 response confirmed the potential of data systems and evidence-based approaches to inform communication strategies and address misinformation trends.

### **Public Information (PI)**

The PI work done through official sites and mainstream mass media is amplified by digital platforms and social media networks, reaching and engaging prioritized communities and influencers. India MR experience showed the importance of flexibility, phasing and adjustment of content to address community resistance to a massive vaccination campaign. The COVID-19 experience

in Pakistan shows how digital engagement systems amplify the reach and penetration of communication efforts, engaging and supporting front line social mobilization teams, as well as community, faith and political influencers.

### **Dialogue/engagement**

The active participation of front-line teams as communications and social media agents was instrumental to penetrate local networks and address misinformation. Both countries strategically used open platforms like WhatsApp groups to stimulate dialogue with end users allowing interactive participation and listening concerns of key population groups like parents, youth, religious leaders, professors, etc. These basic social media spaces are easy to reproduce by end-users, generate and reverberate communication content to the members, triggering dialogue.



## Training front line teams

Use of digital engagement assets and solutions have been particularly important in training and orienting front line teams to tackle COVID-19, where mobility constraints, and physical distancing measures disrupted traditional ways of disseminating training. Digital Communication platforms like Zoom and WhatsApp allowed users to participate and shape their own training needs whilst providing a means of monitoring performance remotely.

## Tracking and addressing misinformation

Digital engagement platforms and systems supporting communication programmes were utilized to identify, track, refer and address (de-bunk) misinformation. India and Pakistan have a history of pervasive effects of mis/dis-information events damaging trust in services such as health and immunization, in particular efforts to tackle Polio. India responded by building social media networks that was able to reach and intersect different networks and segments of society by use of social media spaces such as WhatsApp. A system of misinformation referral allowed adjustment of messages and targeting towards different segments of society. Pakistan in 2020 had an advanced system of information

and social media cell build for support the Polio programme and utilized for COVID-19 response, in tandem with an enhanced hotline cell for listening and feedback purposes. Misinformation was identified and addressed, and information used to adapt communication to address public concerns and de-bunk rumors. Frontline teams, Journalist, community and faith-based leaders and influencers were trained and engaged in this effort.

## System building

In Pakistan the polio programme built and used a set of digital community engagement tools to support management of outbreaks. These tools have been repurposed to support the COVID-19 pandemic. They are now being adapted to continue support for polio activities when they recommence in the coming months. India's WhatsApp system was harnessed to encourage ongoing Routine Immunization, and to address the current COVID-19 pandemic response. Pakistan Polio Eradication assets were effectively repurposed in support of the ongoing COVID-19 response. Both examples show how digital technology can become an important strategic asset for promotion of services, risk communication and community engagement.

## KEY CONSIDERATIONS

*This briefing note gives an overview of how digital technology platforms might be used and adapted to maintain demand for polio vaccination services during and after the ongoing pandemic of COVID-19.*

Social data and analysis of consumption patterns and information-seeking behavior provide us with an important opportunity to better understand how the public and professionals engage with social media as a source for decision-making in dividing topics like immunization.

Digital media can form part of a strategic, cost-effective approach to reaching and engaging high risk or vulnerable groups with reliable information.

Social listening and feedback networks are strengths of digital media technologies and platforms, and are aligned with C4D and

Community Engagement principles and standards.

A robust digital engagement structure can help mitigate the impact of fake news and misinformation on programmatic goals and objectives response.

Digital Engagement is showing constant improvement in their applications for emergency response, including disease outbreaks and ongoing polio immunization.

## NEXT STEPS

1. Share the concept note internally for technical validation.
2. Share with Regional Offices (Polio, C4D, T4D, Comms) specialists to gather technical and contextual feedback.
3. Share with Country Offices in the scope of the Polio programme, starting with few prioritized COs to validate the digital engagement approach.
4. Share with partners working on digital engagement.
5. Prepare to aid CO teams interested to enhance their digital engagement work along C4D and communication strategies in support to Polio and immunization programmes.
6. Support the implementation of initial efforts (content adaptation and formatting) to implement and boost digital engagement strategies in prioritized region.
7. Align and include digital engagement component in capacity building efforts and resources.
8. Support extended partnerships to reinforce digital community engagement capacities at global, regional and national levels.
9. Follow-up and provide Monitoring and Evaluation (M&E) and documentation resources supporting the systematic implementation of the plans.

# Lessons for polio from the ongoing Covid Outbreak:

## Review of behaviour related papers



### 1. Aim

As the pandemic of Covid-19 is continued, and assets from the GPEI programme redirected to tackle this, it is important that we look at ways of restarting efforts to eradicate polio in this changed operational context. Physical distancing, lockdown measures, reduced travel, and societal fear have all made traditional methods of communication and access challenging. There is a need to better understand community perspectives and look for other ways of reaching populations most in need as they also grapple with Covid-19.

This paper summarises a review of twenty published papers on behavioural, social and economic aspects of Covid-19 with a view to understanding community fears and perspectives in order to allow better planning for polio eradication activities.

### 2. Methods

Review of twenty papers, provided by UNICEF, that look at behavioural, social and economic aspects of Covid 19. Papers covered 13 countries including China, Singapore, South Korea, Pakistan, India, the US, Spain, Qatar. Three papers were thematic summaries.



### 3. Findings

Findings are presented by theme. Only a couple of the articles explored fears in populations, but many articles presented generic observations and challenges that are presented under specific themes.



#### 4. Context matters: Most of the papers highlighted the need to consider the local context. In particular this includes:

- a. Government trust and acceptance of risk mitigation measures varies by context
- b. Need for local state measures in addition to national measures to increase compliance with physical distancing and other protective measures.
- c. Poverty reduces the ability for people to comply with mitigation measures
- d. High levels of public compliance decreases the likelihood of forced government restrictions
- e. Need to communicate according to local context ie: use of multiple local languages



#### 5. Specific local fears and beliefs:

- a. In Zimbabwe there were:
  - i. Concerns that Covid-19 was worse than Ebola, Cholera etc
  - ii. Beliefs that consuming bleach, lemon plus bicarb is protective against Covid-19
  - iii. Rumours that black people won't be affected by Covid-19
  - iv. Misunderstanding of immunity with the assumption that reducing risk means immunity resulting in decreased compliance with prevention measures.
- b. In India domestic violence was not considered a serious crime and therefore is not addressed sufficiently by the authorities. This is accompanied by concerns that a woman seeking refuge from elderly parents due to gender based violence in the home, may transmit the virus to their household therefore increasing the risk of women staying in unsafe conditions.
- c. In Turkey there was concern that foreigners were the ones bringing in the virus
- d. In Qatar agreeableness was negatively associated with social distancing. This means that those volunteering or participating in societal activities were less likely to comply with social distancing.
- e. In Singapore they believed that social distancing meant it was ok to still socialise with a few close friends.
- f. Countries that were previously perceived to be powerful have less power now.
- g. Fear can produce great behaviours but only if they feel a sense of efficacy.



#### 6. Some specific challenges emerging that might impact resumption of GPEI activities include:

- a. Increased gender based violence:
  - i. Reinforcement of structural gender roles with women, who are considered at lowest rung, now also economically and socially disempowered.
  - ii. Economic dependence on abusive male partners.
- b. Breakdown of community structures:
  - i. Social isolation leads to breakdown in community structures and increased risk to marginalised women who are at risk of violence and live remotely.
  - ii. There is a risk of dehumanisation through highlighting of group boundaries and association with transmission of Covid-19.
  - iii. Fear of strangers coming into communities and the risk of transfer of the virus.
- c. Changes in economic welfare:
  - i. Female run businesses in Pakistan were more likely to close completely or to a complete loss of business.
- d. Inability to comply with control measures due to:
  - i. Lack of water
  - ii. Lack of space for physical distancing
  - iii. Loss of daily livelihood for daily wage earners
  - iv. Inability to stay home due to gender based violence
- iv. Proliferation of fake news:
- v. Digital media most commonly used to circulate fake news.
- vi. Older people are less likely to be able to identify fake news.
- vii. Marginalised groups were less likely to trust mainstream media sources.

- v. Lack of trust
- vi. Government not providing what they promised in terms of cash, water, power etc...
- vii. Sense that the privileged can comply
- viii. Unanswered questions driving fear but also too much information
- ix. Fears about being undervalued
- x. Other health related concerns not addressed
- xi. Belief that the media is linked to political biases
- xii. Governments need to be honest and upfront about the uncertainties
- xiii. Education affects social trust and compliance with mitigation measures.
- e. Digital technology
  - i. Acceptance, access to and use of digital technology depends on context
  - ii. Media richness was negatively associated with citizen engagement. Plain text can create greater engagement under uncertain times. Care more about textual content rather than how it looks.
  - iii. Use of positive emotions to promote emotional valence and community engagement.



## 7. Potential solutions or opportunities:

*'To start thinking about solutions not based on the legitimate fears of other nations, but on our own established realities,' O Adegbeye, Nigeria 2020*

- a. Adapt to local context including using local intel on fears to tailor the response. Fears from China may not be the same as those in Nigeria or Zimbabwe. Digital technology from South East Asia may give ideas for tools that may be used in SSA or MENAD but may depend on capacity and levels of trust and faith in national structures.
- b. Governments must be supported to address the most common challenges faced by the population in adhering to mitigation measures. In some contexts it may be helpful to link polio programming with some of these measures, but this will depend on whether governments are able to ensure delivery of these/ has the ability to address community concerns. Some examples include:
  - i. Provision of appropriate PPE and supplies to health workers
  - ii. Continued provision of essential health services, medicines and prevention
  - iii. Consider provision of water, food and the use of cash transfers to replace lost livelihoods and encourage physical distancing.
- c. Communication is important and a number of points were raised on the type of messages used:
  - i. Information needs to be coherent, accurate and trusted from multiple stakeholders.
  - ii. Need to be coordinated and be directed using trusted sources including the UN.
  - iii. Messages need to strike balance of communicating risk and importance of compliance without propagating misplaced fear especially where measures lead to personal (income or food) losses.
  - iv. Need to use multiple means of communication and be aware of political implications of different outlets and reach of mainstream media.
  - v. Need to engage with the community to build trust from the start to maximise sustainability and effectiveness of interventions and encourage two way communication. This could include through radio, and social media.
- d. Digital technology has changed the operational landscape in many countries and has made it easier to reach remote populations with information on Covid-19. Fake news has dramatically increased. Some points to consider include:
  - i. Consider use of simple messaging technology/ plain text messaging to convey messages of importance.
  - ii. Use positive messages to engage communities on actions.
  - iii. Use of technology to engage in dialogue with affected communities, using it as a means of targeting action e.g. targeting disinfection to areas where communities raise concerns, or using it to spread information on areas where cases are occurring to empower people to choose whether to get a test or to avoid etc.
  - iv. Use partnerships with trusted agencies for dissemination of messaging.
- e. Opportunity to target specific communities:
  - i. This includes working with other agencies to support women at risk of gender based violence and considering other options to support these groups etc.
  - ii. Covid-19 can help with building cohesiveness in communities.
  - iii. Consider female representation at all points of the chain e.g. female police officers etc.

# C4D polio Digital engagement matrix

Country prioritized for Polio C4D support	Digital Community Engagement (DCE) landscape					Communication Function supported by DCE resources					Implementing Status, by platform (link, # users, rates, scope)				
	1. Is there previous effort for DCE Mapping? (Yes/No)	2. Is there an existing DCE action plan / Framework?	3. DCE Level of Readiness for rapid emergency response (RCCE)	4. DCE initiatives applied by programmes (health, immunization, outbreaks)	5. Is there a Health Worker Registry?	Data Collection & Management	Public Information, Health Promotion, Demand for services	Communication with specific population segments	Engagement & Dialogue (2-way communication, feedback)	Track & address mis/des-information	U-Report	Chatbots (Health Buddy)	RapidPro	Internet of Good Things	Viamo
BENIN															bj.goodinternet.org; French only; Zero-rated on MTN and Moov through Free Basics. 2,300 users per month. Content limited to text and images.
BURKINA FASO															https://bf.goodinternet.org/; French only; Not managed or zero-rated; No site traffic.
CAMEROON															cm.goodinternet.org; English and French; Zero-rated on MTN through Free Basics. Less than 1,000 users per month. Free content limited to text and images.
CHAD															td.goodinternet.org; English, French and Arabic; Zero-rated on Tigo through Free Basics. Less than 200 users per month. Free content limited to text and images.
COTE D'IVOIRE															ci.goodinternet.org; French only; Zero-rated on MTN through Free Basics. About 3,500 users per month. Free content limited to text and images.
ETHIOPIA															No IoT presence

Country prioritized for Polio C4D support	Digital Community Engagement (DCE) landscape					Communication Function supported by DCE resources					Implementing Status, by platform (link, # users, rates, scope)				
	1. Is there previous effort for DCE Mapping? (Yes/No)	2. Is there an existing DCE action plan / Framework?	3. DCE Level of Readiness for rapid emergency response (RCCE)	4. DCE initiatives applied by programmes (health, immunization, outbreaks)	5. Is there a Health Worker Registry?	Data Collection & Management	Public Information, Health Promotion, Demand for services	Communication with specific population segments	Engagement & Dialogue (2-way communication, feedback)	Track & address mis/des-information	U-Report	Chatbots (Health Buddy)	RapidPro	Internet of Good Things	Viamo
GHANA												gh.goodinternet.org; English only; Zero-rated on Airtel, Tigo, & Vodafone through Free Basics. Free content limited to text and images.			
NIGERIA												ng.goodinternet.org; English only; zero-rated on Airtel and 9-Mobile. About 26,000 visitors per month. Free content limited to text and images.			
TOGO												tg.goodinternet.org; English only (not native language); zero-rated on Moov through Free Basics. Fewer than 300 visitors per month. Free content limited to text and images.			
ZAMBIA												zm.goodinternet.org; English and Chichewa Nyanja; zero-rated on Airtel and MTN through Free Basics by Facebook. About 15,000 users per month. Free content limited to text and images.			
SOUTH SUDAN												ss.goodinternet.org; not active, no zero-rating, 0 visitors last month			
NIGER												ne.goodinternet.org; English only (not native language); zero-rated on Airtel through Free Basics. Less than 200 users per month. Free content limited to text and images.			

# Segmentation of digital community engagement tools for polio c4d plans



*The strategic sense of interdependence by each function (information, communication & engagement, training, addressing misinformation) is aligned with programmatic goals of communication systems building for sustained promotion and prompt emergency response such as the outbreak of diseases.*

*Once the system is in place, it could be further tuned to contribute with different phases of outbreak management: **Enduring Outbreak, and Maintenance.***

## A. SEGMENTATION BY OUTBREAK PHASE:

DCE functions	Outbreak	Enduring	Maintenance
Polling, Training, Data management	Assess initial awareness and identify risks  Setup data usage to support the management of communication campaigns	Monitor progress and measure gaps to feedback the strategy	Measure impact and behavior change indicators
Information and Promotion	Assess demand, usage and dynamics of digital communication by audience analysis.  Tailor communication by segments and context.  Analyze digital channels and role in the outbreak.  Boost and complement mass media campaign  Assess levels of awareness, data analysis	Diversify strategic approach for successful and unsuccessful areas  Support identifying root causes and barriers  Diversify content for accepters, rejecters, influencers and hard to reach groups  Adjust channel selection support with social media	Support sustained high coverage  Raise awareness on risks of unvaccinated and importation  Strengthen Routine immunization and integrated programmes.  Sustain frequency of refreshed communication to avoid complacency until certification.
Engage and dialogue	Prepositioned agreements with mobile networks and social media platforms managers to support through polio campaigns	Promote vaccine safety, and build trust	Sustain and expand communication to routine immunization and health issues.
Frontline work support and training	Adapt and deliver training packages in hand of end users at frontline.	Promote the implementation of new skills, measure progress and reinforce performance.	Document experiences, lessons learned and success stories with the participation of FLWs.
Track and Address misinformation	Prepositioned protocols, resources and capacities to track and respond to misinformation attempts, misconceptions and rumors	Address fatigue, channel frustration of repeated campaigns.  Track and address misconceptions.	Sustain and expand communication to routine immunization and health issues.

Furthermore, other way to useful lens to classify the usage of digital platforms is by segmentation of prioritized audiences, participant of influence groups. The matrixes annexed are oversimplified for the example and can/should be specifically contextualized at country level.

## B. SEGMENTATION BY PRIORITIZED GROUP

DCE in Polio C4D plans	Primary Group: Caregivers	Secondary group: Frontline workers	Third Group: Influencers
Sustained Institutional Promotion	Tailored content for caregivers	Tailored content for frontline workers	Tailored content for influencers
Track and Address misinformation	Accessible vetted/local sources for caregivers	Official and trusted sources of information, training and IPC support	Partnerships alignment for tracking and respond to misinformation.
Engage and dialogue	Support access to chat spaces and register to 2-way comm platforms.	Train FLW utilizing platforms to share info and report to tracking systems	Engage and train influencers to participate and actively support in DCE strategy

# Internet of Good Things application to Polio C4D Plans

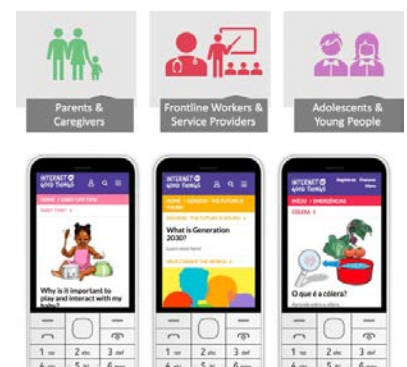


## ABOUT THE INTERNET OF GOOD THINGS

In July 2014 UNICEF launched a partnership with Facebook to add valuable content to Facebook’s Internet.org service called “Free Basics by Facebook” through the Internet of Good Things (IoGT). Free Basics provides subscribers of participating mobile network operators access to select websites free of data charges. As one of the websites selected for free access through Free Basics, IoGT was envisaged by UNICEF to be a mobile-ready website, optimized for low-end feature phones, to enable access to **lifesaving and life-improving information at the last digital mile**. Through this approach, IoGT aims to help **bridge the digital divide and build knowledge societies**. IoGT tackles the affordability barrier by providing digital content accessible through zero-rated data packages and overcomes local adoption and user barriers by providing content that has been localized – translated in local languages and edited to fit the local context. IoGT targets first time internet users, with low literacy levels, and limited experience with technology.

IoGT targets content for parents and caregivers, frontline workers and service providers, and adolescents and young people. Each country deployment of IoGT is independently managed with technical support from regional and headquarters colleagues. Headquarters also offers country office teams pre-packaged content that can be translated and localized, however countries ultimately determine the content that appears on their site.

Today, IoGT is at scale in 67 countries through direct mobile network operator partnerships in addition to Free Basics. IoGT users’ growth to 37 million and scale from 3 to 67 country offices in under five years has been led and coordinated by the Global Innovation Centre working closely with the regional and country offices in Eastern and Southern Africa, as well as other regions. In 2019 a cross-divisional steering committee worked to mainstream IoGT and transition it from the Office of Innovation to the Communication for Development (C4D) Section in Programme Division<sup>1</sup>. Learn more on the [IoGT SharePoint page](#) or read through [IoGT Frequently Asked Questions](#).



<sup>1</sup> IoGT Dossier, 2019 <https://unicef.sharepoint.com/teams/OI/IoGT%20Resources/IoGT-Dossier.pdf?CT=1576570563765&OR=ItemsView>

## CAPACITY TO SUPPORT POLIO CAMPAIGNS

With support from GAVI and UNICEF's C4D-Immunization team, IOGT has developed and is actively scaling vaccine content for parents and caregivers. This activity offers economy of scale to for polio outbreak response. IOGT can offer implementing country offices a suite of digital content and engagement tools for supporting polio campaigns. This includes support for system strengthening and community engagement.

### → System Strengthening

IOGT can deploy mobile-friendly frontline worker training modules and exams in partnership with Ministries of Health. In addition, the platform can be used to provide job aides and manuals, including video and PDF downloads where mobile network operator partnerships allow. Content can be available in a password-protected portal that offers users the opportunity to make comments and ask questions on curriculum, view other user's questions, and participate in polls, surveys, and open-ended questions.

Frontline worker trainings can be configured in two ways:

→ **Rapid Pro Integration:** A frontline worker will be invited to participate in a course. Through a menu of options, they select a course over SMS. Continuing on SMS, they complete a pre-test. At the end of the pre-test they are provided a link to a zero-rated, password-protected, IOGT URL containing course curriculum. The frontline worker reads through course curriculum, sharing comments and asking questions on pages as they progress, reviewing diagrams and videos along the way. At the end of the content, they are offered a new SMS code to initiate a post-course-evaluation. This evaluation provides an instant test score for the frontline worker. Weekly reports from RapidPro are shared with Ministry officials for the production of certificates.

- Pros In countries where both RapidPro and IOGT are present, this solution offers an out-of-the-box method for training frontline workers.
- Cons users may tire of managing two interfaces, ongoing maintenance of two integrated work flows (for

example, updating IOGT links in RapidPro workflows to Free Basics versions of the site) will require increased administrative support. Where RapidPro does not yet exist, initial investments are high. Recurring costs for SMS services can make the sustainability of this model challenging without mobile network operator partnerships in place for RapidPro.

→ **Native:** With a modest investment, IOGT's user interface can be adapted to host RapidPro workflows natively. Under this revised model, users can register on IOGT and receive a passcode to begin coursework within the platform. Mandatory pre-and-post tests can provide instant feedback for course participants and provide weekly exports to Ministry officials for the production of certificates.

- Pros In countries with IOGT, this solution offers a one-stop-shop to train a work-force free of data charges. The user experience in this work flow is centred on a single platform.
- Cons This model has not been piloted, so there will be a learning curve. A design workshop on the user experience and Ministry needs will be required to ensure that product development specification correctly matches the requirements. Product development will take at least 2-3 months after an LTA holder has been identified.

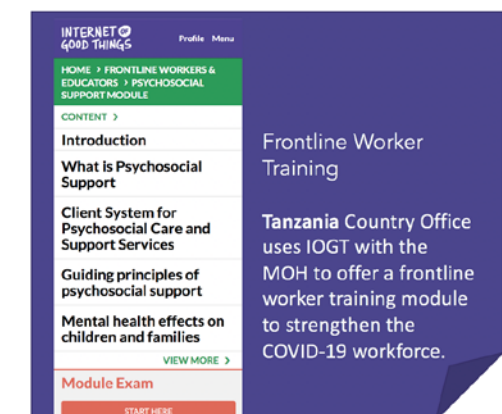
### → Community Engagement

In addition to serving frontline workers, IOGT targets content to parents and caregivers and young people with more than 1M users per month. Through IOGT parents and caregivers can receive polio vaccination schedules, review FAQs and myths, and participate in polls, surveys, and open-ended questions to allow programme implementers to make data-driven decisions for implementation. Content targeted to parents and caregivers can be digitized and loaded to country sites and promoted through programme channels, such as patient consultations, facility posters, traditional C4D models, such as performance groups, and media channels, such as radio.

## STRATEGIC IMPLEMENTATION

IOGT content should:

1. Be Need-and-Objective Driven.
2. Build on and promote access to services and tools
3. Amplify actions of agents of community behaviour change, and
4. Drive programmatic integration with other stable, sustainable digital platforms.





## OPPORTUNITIES FOR INTEGRATION WITH OTHER DIGITAL TOOLS

**Rapid Pro** workflows can drive users to access content on loGT and, similarly, loGT can encourage site visitors to access workflows that offer support or services.

### U-Report

While many integration opportunities exist for IOGT and U-Report, the following have been identified as uniquely beneficial in the polio context:

- **Scale of Polling-Informed Content to the Last Mile**  
U-Report's robust polling, conducted among youth, can inform content for IOGT to address misinformation and rumors to the last mile. IOGT is available online through Free Basics by Facebook with limited network access and minimal bandwidth (Edge), this feature allows IOGT to reach mobile and displaced populations.
- **Problem Identification** To better understand the polio vaccine myths and perceptions, IOGT and U-Report can post identical polls. By duplicating the poll across both platforms, a more comprehensive data set can be analyzed by demographic, including young people and adolescents,

frontline workers and educators, and parents and caregivers.

- **Amplification of Actions** Encouraging favorable practices in response to polio vaccines can be supported through amplification of positive examples among community members. A call out for stories among U-Reporters can collate actions. This action summary can be shared on IOGT. Unique stories identified from U-Reporters, particularly those from disadvantaged communities, can be highlighted on IOGT to enhance the platform's appeal to the last mile.
- **U-Partners Support for Comments on IOGT** Many countries implementing U-Report have partnered with local implementing partners to provide real-time counseling support to U-Reporters through the U-Partners portal. Where an implementing partner is offering support for counseling, they can be engaged to further support digital engagement with IOGT users through moderation of comments posted to relevant IOGT sites. Moderator credentials can be developed for relevant implementing partners that allow for comment monitoring and responding through the IOGT content management system.

## INVESTMENT

Content developed for loGT must be digitized and loaded into relevant country sites. Each country site is individually owned and operated by the supporting country; without buy-in from the country-level, the content will not appear on the national loGT site.

Content can be produced either at Country, Regional or HQ level but will require localization and translation prior to posting. Primary cost inputs for implementation are as follows:

### C4D-IOGT / HQ

Estimated cost varies from \$15,000-40,000 depending on scale of implementation.

- Human Resources (Assuming HQ or Regional development of content, labour estimates vary by scale of implementation)
  - Technical support to ensure content meets product requirements,
  - Mock-up of draft content on loGT sandbox for content review
  - Loading content to global InternetofGoodThings.org
  - Configure loGT resources, such as SharePoint, to include Polio image gallery and content guidelines.
  - Training of loGT focal points, as needed
  - Remote support for ToT of Ministry personnel for comment moderation and data use.

### C4D-Polio / HQ & Regional

Estimated cost, excluding human resources, varies between \$2,000-\$15,000 per region plus \$10,000-\$40,000 from HQ. This includes server support, and integration of RapidPro workflows, graphic design support and content translation services. It does not include configuration or design of RapidPro workflows.

- Product Investment (HQ)
  - Contribution towards annual server fees (\$10,000)

- Inclusion of quiz feature and RapidPro work flow embedded into user interface (\$30,000, estimate) is required for the integration **native** work flow outlined above.
- Human Resources (Assuming HQ or Regional development of content)
  - Draft content using provided template and content development guidelines,
  - Oversee the production of images for relevant content
  - Review mock-up of content for final revisions to suite of content
- Content development support
  - Graphic design support. *Note, graphics can be designed centrally and scaled globally.* (\$2,000-5,000)
  - Translation services (cost varies on number of languages and total length of content)

### Country Level Investment

Estimated cost varies between \$10,000-40,000, depending on breadth and quality of implementation. At full performance, this platform offers a robust solution for frontline worker capacity building and parent and caregiver integration including significant promotion through programme integration.

- Where not present, loGT focal points in country must be identified. TORs are available, this requires between 10-20% LOE in a given year.
- Load and configure content for site (2-5 days LOE from Focal Point)
- Support for Ministry training and capacity building.
- Content promotion through traditional and social media channels

## NEXT STEPS

To begin this work or learn more, country offices are encouraged to express interest with both HQ and regional colleagues simultaneously. Relevant focal points are identified below. A launch toolkit is available on the [IoGT SharePoint page](#).

### HQ

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Chief of Communication

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## ANNEX: EXAMPLES

**Nigeria:** [ng.goodinternet.org](http://ng.goodinternet.org)

**Zambia:** [zm.goodinternet.org](http://zm.goodinternet.org)

**Cote d'Ivoire:** [ci.goodinternet.org](http://ci.goodinternet.org)

**Cameroon:** [cm.goodinternet.org](http://cm.goodinternet.org)

Suggested IoGT priority countries include Zambia and in WCAR: Benin, Cameroon, Cote d'Ivoire, Ghana, and Nigeria

# U-Report application to Polio C4D



*A mobile empowerment programme that connects young people and communities all over the world to information that will change their lives and influence decisions*

U-Report is an open-source mobile messaging programme managed at the country level by UNICEF alongside youth and NGO partners. Launched in 2011 in Uganda with the Scouts, Girls Education Movement and a number of Faith Based Organisations it is free to the user worldwide with presence in 68 countries. U-Report encourages participation

## MODES OF ENGAGEMENT

At scale U-Report offers four distinct impact modalities to its users and partners to deliver impact.

- I. Feedback:** UNICEF country offices and partners at UN agencies, Governments and NGOs use U-Report polls to collect information directly from young people. This information is used to help shape policies and programmes and provide feedback to U-Reporters. In addition to shaping the activities young people use U-Report to share their views and experiences in education, violence in and out of school, and other important issues they want to discuss and be heard on. Poll responses are analysed in real-time, mapped and displayed on a [public dashboard](#) at the local level, ensuring the feedback can be actioned by local and national governments.
- II. Live Chats:** Live chats offer U-Reporters one-on-one advice and services, and can act as a complaints mechanism. This is typically used for counseling, case management or grievance reporting – particularly relevant here is the potential adaptation to specific themes such as protection from sexual exploitation, cholera prevention. The confidential reporting facility enables and empowers young people to speak out and report, ask questions and seek information they may otherwise be too embarrassed or afraid to seek.
- 3. Self-Skilling** *U-Report bots* allow young people to navigate content and information on specific issues to self-educate. U-Report bots come with a personality, they are locally

so young people and their communities have a voice on issues that matter to them. Collected as 'data' these voices are analysed in real-time and applied to informing development work and amplified to advocate and inform positive change through decision making. As well as collecting their views and feedback, information relevant to all UNICEF's Goal Areas is shared back with U-Reporters in an effort to improve or save young people's lives through accurate and engaging content. The data is mapped at the local level and compiled nationally. Results are displayed in a public website in aggregate for transparent and safe access by age, gender and location. U-Report is anonymous and completely transparent. U-Report has reached over 11 million users in 68 countries, with more countries scheduled to launch and a new U-Reporter joining every thirty seconds.

- adaptable and relate to young people and communities to answer their questions intelligently and sensitively. It is a 'smart' approach to respond to queries via SMS and digital messengers on children's rights, disaster risk reduction, health care, immunizations, nutrition, access to safe water and sanitation services, basic education and protection. U-Reporters leave the U-Report bot with new information that will improve or save their life. After using the cholera U-Report bot, even 6 months later young people were still 20% more likely to know the signs of cholera than before.
- 4. Community Action** U-Report is being used to *mobilize* thousands of young people physically to take on-ground action and contribute to positive change in the communities.



## IMPACT

U-Report has over 1 billion message exchanges with U-Reporters, receiving 140,000,000 messages. Each one a voice. 55 Country Offices have implemented U-Report with over 6.5 million young people reached to date. U-Reporters are acting as both first responders to crises affecting them, and as community volunteers taking furthering the 2030 development agenda and improving outcomes for children.

The size of U-Report both in terms of beneficiaries involved and country offices utilising the platform has doubled in each of the last 3 years. The platform grows daily, with on average one person signing up to U-Report every 30 seconds but we could be reaching more. With an injection of funds directly supporting the Accelerator countries, UNICEF and our Gen U partners could reach 28 million young people by the end of 2020.

### A few examples of how U-Report has achieved impact are:

- East Caribbean: With 5 days notice, 100,000 people in the path of Hurricanes Irma and Maria were warned and provided them with trusted preparedness advice. 25,000 were reached directly by U-Report, and 71,000 indirectly through U-Reporters sharing information either in person (47%) or via WhatsApp (34%). 8,000 unique questions about the hurricanes were answered in three languages.
- Mozambique: More than 130,000 adolescents were counseled and referred to health providers in Mozambique in 2018. U-Report provides information on a variety of issues, such as HIV/AIDS prevention, sexual and reproductive health, early marriage or violence against children daily. U-Reporters also provided their feedback on their treatment at health centres which UNICEF shared with

the Ministry of Health to amplify their voices and address their challenges.

- Liberia: Mobilizing more than 32,000 Liberian youth to take the lead in Ebola control and prevention by engaging daily on Ebola-related questions such as signs and symptoms, proper hand washing techniques, safe burial practices, and stigma around survivors.
- Sierra Leone: During the floods of August 2017 UNICEF, in partnership with other UN agencies (WFP and RCs office) utilised the tool to improve delivery of cash transfers, to support the WASH response and warn 79,000 people how to protect themselves and treat cholera.

### Evidence generated from the Monitoring and Evaluation pilot has shown:

- 70% of U-Reporters share topics with friends or family, expanding the reach and impact of our work beyond the phone.
- 76% U-Reporters [rated their experience](#) with U-Report as Fantastic or Good
- 82% of U-Reporters gained any new knowledge or awareness using U-Report
- 59% of U-Reporters are willing to recommend the project in their surroundings
- On average a governmental institution at the country level uses the feedback from young people via U-Report once per month. The respective metric for UN agencies is 0.8 times per month and 0.55 times per month for NGOs.

## U-REPORT FOR POLIO RESPONSE

### → **Cameroon – November 2016 – Improving communication on polio immunization campaign.**

Government's Expanded Program of Immunization (Program Elargi de Vaccination- EPI) needed to improve its communication strategy on polio vaccination, and better inform young audiences about the program which would be implemented in the 5 most vulnerable regions in Cameroon. To guarantee an effective communication of the immunization campaign, EPI had been focusing the strategy on TV and radio advertisement.

Three different sets of questions were sent to over 10,000 U-Reporters via SMS, with the goal of testing the level of knowledge on the immunization program, the effects of polio vaccination, their awareness on the campaign and how they had heard of it. 85% of U-Reporters knew about the active vaccination campaign in November 2016. 56% had been informed directly from community workers and 17% from vaccinators themselves. These results were confirmed on the second phase the campaign (December), when 59% of U-Reporters had been informed by community workers, and 22% from vaccinators. Overall, results showed that over 73% of U-Reporters were informed by community workers or vaccinators themselves.

Government's EPI changed its communication strategy. Before U-Report results it had been focusing on TV and radio, and it shifted to providing better training to community workers, so they could deliver more accurate and efficient information.

This had a direct impact on the number of beneficiaries of the immunization campaign, from 6,637,253 in November, to 8,851,501 in December 2016. In 2017 EPI has committed to growing the number of community workers.

### → **Cameroon - Using U-Report to inform Polio communication strategy – January 2018**

U-Reporters in Cameroon were informed about polio campaigns due to information lapse during vaccination campaigns in the country. Poll was sent to over 10,000 U-Reporters via SMS, with the goal of testing the level of knowledge on the immunization program, the effects of polio vaccination, their awareness on the campaign and how they had heard of it.

36% of U-Reporters were not aware of the polio campaign in their community. 34% and 32 % were informed by social mobilizers and vaccinators respectively. 29% u-Reporters identified children in their community who did not receive polio vaccine during the campaign and two big reasons were vaccinators were not present (44%) and child were absent (28%). As a result, the UNICEF Polio communication team altered their communication strategy

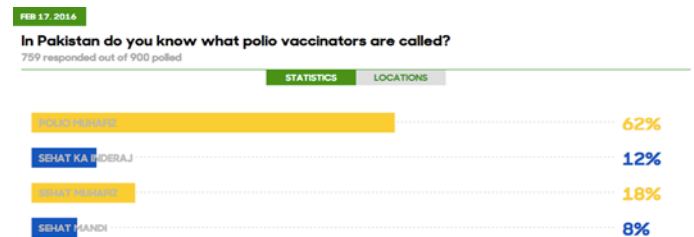
The U-Report results helped change the communication strategy and as a result the rates of children vaccinated went up by get more children vaccinated went up by 33 %.

### **U-Report uses the following tactics to support the UNICEF strategic plan outputs by:**

- Amplifying citizens voices by providing feedback, evidence and data
- Engaging and empowering youth organizations, NGO's and communities, especially those that are marginalized and those living in humanitarian conditions
- Community level engagement, partnerships
- Measuring awareness, attitudes and behavior change through monitoring, evaluation and research
- Making citizens voices count by inter-agency collaborations.

### → **Pakistan – February 2016 Perception of Polio Vaccinators**

UNICEF Pakistan used U-Report to understand community perception of polio vaccinators in the country. Only 18% of U-Reporters knew that Polio Vaccinators are called Sehat Muhafiz, 57 % responded that they vaccinate children and education parents in the community; 65 % knew about Sehat Muhafiz through Television. Polio Communication team utilized the results to improve their outreach and communication strategy.



**FOR MORE INFORMATION PLEASE CONTACT HIRA HAFEEZ-UR-REHMAN, U-REPORT GLOBAL COORDINATOR**  
[hhafeezurehman@unicef.org](mailto:hhafeezurehman@unicef.org)

# Two-way Digital Messaging Support for continued Polio Program Service delivery during COVID-19



*The ongoing COVID-19 pandemic has underlined the challenge of reaching all audiences across regions and countries with reliable and accurate risk communication messages to counter the growing volume of misinformation perpetuated across multiple communication channels. UNICEF working with WHO has committed to deliver assistance to children being affected by COVID-19 including leveraging several open-source technology platforms, websites and applications to facilitate and improve emergency risk communication about COVID-19 to influence the adoption of protective and preventive behaviors at the individual and community levels.*

UNICEF building off from past digital messaging investments have rapidly activated platforms based off RapidPRO with two chatbot to support the COVID-19 response. The U-report Coronavirus Information Chatbot (CIC) was launched in February 2020, to support Risk Communication & Community Engagement (RCCE), which is now deployed in 43 countries reaching more than 2 million users. The chatbot's interface is organized using menu-based navigation. Users initiate communication by sending a keyword to the relevant phone number or communication medium. The system then responds with information on various topics related to COVID-19. Efforts are underway to deploy CIC in countries where U-Report is not available through the concept "HealthBuddy" and optimize content and user experience using Natural Language Processing. The chatbots, which run on RapidPro, U-Report, WhatsApp, Viber, Telegram and Facebook Messenger, uses globally approved content which can be easily translated and localized at country level.

→ **UNICEF Health Section HQ working with Regional Offices is providing support to country offices to adopt and utilize the two-way messaging tools for potential use cases including:**

- Risk communications and community engagement on COVID-19 and the service disruption it has for immunization specifically for polio
- eLearning and remote training for Frontline and social Health Workers (FHWs) on offering community polio services
- Peer to peer communication for Social workers supporting Polio service delivery within the community.
- Mental health support for Health workers
- Report potential COVID-19 cases, contact tracing and surveillance
- Report stockouts of essential commodities for example vaccines and reagents
- Real-time monitoring and visualization of continued service delivery for essential health services

For a country to successfully adapt and scale digital messaging, there is need to review and define the context and available ecosystem support for the following:

- mapping of available initiatives that use digital platforms for engagement and risk communication for Polio public awareness, prevention and control
- Define framework, scope and Level of effort for digital engagement solutions' modifications to support digital engagement for Polio service delivery
- Level of capacity to provide technical assistance to governments and partners on available open-source platforms for Digital Engagement, e.g. RapidPro
- Level of capacity to provide technical assistance for modifications, of digital messaging initiatives that identify and tackle risk communication, misinformation, support surveys for risk perceptions etc.
- Facilitate discussions and guidance between COVID-19 response and Polio Program teams on how to build off existing in-country Digital Health Initiatives
- Facilitate design and sign-off of message workflows for digital platforms that support communication across different program teams and sitreps
- Map, update and deploy Health Worker registries, including qualification, capacity & location specifically those supporting service delivery polio programs
- Support to deploy digital communication initiatives for training/e-learning, including personal protection, patient management, routine care and motivation
- Support to deploy digital communication initiatives for interpersonal communication on illness prevention/ protection, social distancing and/or quarantining
- Support design and deployment of workflows for health workers to track rumors and report misinformation on Polio, COVID-19 and other health programs
- Support to deploy SMS polls and surveys on mainstream social media, to collect key indicators from health workers on core indicators for routine Polio and MNCH services.

→ **Contacts for support in UNICEF:**

**Karin Källander**, Senior Health Specialist & Global Digital Health Lead, Health Section, NYHQ [kkallander@unicef.org](mailto:kkallander@unicef.org)

or

**Alex Muhereza**, Digital Health Specialist, Health Section, NYHQ, [amuhereza@unicef.org](mailto:amuhereza@unicef.org)

## Module #1

# Information Dissemination (General Population)

### Hotlines

- On demand IVR information
- Callers access audio messages in local language
- Available via local phone number
- Ability to connect to a live operator/call center
- “Toll free” options

### Push Messaging

- Send voice and SMS messages to lists of “known numbers”

### Targeted Mass Messaging

- Large scale, segmented, rapid and targeted awareness and data collection campaigns.
- Targeting based on
  - Location
  - Demographic user data (gender, age, device ownership, mobile usage)

### COVID-19

#### Basic Content

- What is Polio?
- Hygiene
- Social/Physical distancing
- Edutainment (songs and games)

#### Dynamic Content

- Self-diagnostic quiz
  - Symptom-specific behavior change
  - Symptom cluster mapping
- Combating misinformation
- Reliable situation updates
- Games & quizzes
- KAP questions

### 3-2-1

- Health and livelihoods hotline with >6 million users in 18 countries in 2020
- Free to access
- On demand

\*Please note - 3-2-1 is not part of the current UNICEF/Viamo LTA. If interested, this can be procured through traditional procurement processes.





# Health Worker Training

## Context

In the context of COVID, it is important to practice physical distancing during training. This is especially important for health workers, who can become a vector, spreading COVID to the most vulnerable people.

## What?

Modules delivered by voice and/or SMS to the “flip phones” that people already have and use.

Delivered:

- On a schedule
- As requested by CHW
- As a content library
- Embedded quizzes

## Why?

- Rapid implementation
- Low cost per trained worker
- Integrated impact measurement with real time dashboard

## Applications

- General information
- Interaction reminders

## Case Study

In 2018-2019, Viamo worked with the Ministry of Health/Rwanda Biomedical Center to deliver a remote training in the form of a four-week curriculum on mental health issues to 55,000+ community health workers in Randa using Interactive Voice Response (IVR).

CHWs had an increased understanding of what constitutes a mental health issue, different types of common disorders, causes and how they can best support people in their communities suffering from mental illness.



### What?

Pre-recorded audio (IVR) and SMS based mobile phone surveys.

These can be performed using a list of known phone numbers, or by using “Random Digit Dialing” to obtain a sample that represents the general population.

### Context

In-person surveys, in the context of physical distancing, are no longer possible. While Viamo has been implementing phone-based surveys for 8 years, they now play an even more important role in collecting information.

### Why?

- Can be implemented rapidly
- Are inexpensive at scale
- Are accessible to audiences with:
  - Low/no literacy
  - No smartphone
  - Rural/urban
  - High language diversity

### Polio

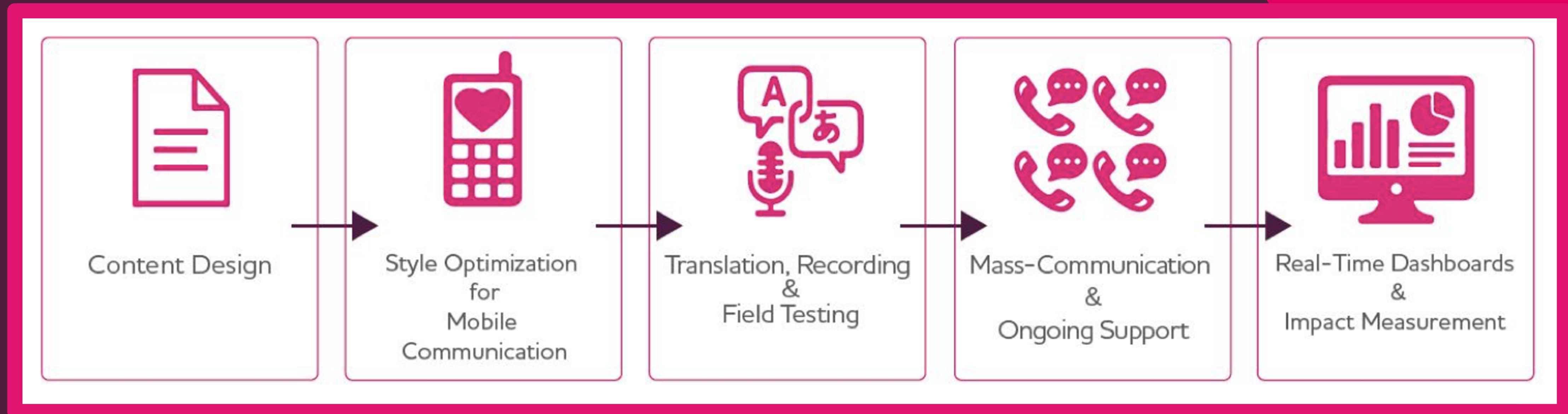
#### Myths and Misinformation

Get insights into a general populations understanding of Polio. Track myths as they circulate through populations who do not have access to smartphones.

#### Healthcare Access Monitoring

Monitor a country’s access to healthcare, either from the perspective of the general population, or health workers.

# Implementation Process



## Partner Requirements

What does UNICEF need to bring to the table?

**Subject matter experts.** Viamo facilitates the process of customizing content, but we are not polio experts.

**Base-level content.** This can be in any form, usually written. Viamo will help you to turn it into 5-minute modules for training, 1-minute messages for the general public, or phrase survey questions in a way that works for mobile survey.

# Applied Digital Engagement strategies for outbreak response plans: India MR and Pakistan Covid-19 cases



## INTRODUCTION

Social media technologies and platforms are shaping a new landscape for applied communication strategies globally. Despite the economic and technological gap evident among communities not yet accessing these kinds of communication resource, efforts are being made to accelerate access by adaptation of content and format to local languages, contexts and increasingly affordable basic digital tools (i.e. analogue phones).

Emergencies such as the outbreaks of communicable diseases are resulting in improved capacity of countries to manage communication channels and resource with the aim of reaching populations with critical information. This includes gaining access to marginalized groups who are traditionally been left behind by the mainstream media.

These skills are particularly important with the ongoing Covid-19 pandemic and require countries to adapt communication measures and strategies to allow population reach in the context of physical distancing and quarantine measures.

This briefing note highlights the efforts of two country programmes to use social media platforms and solutions to address emerging communication challenges faced during outbreaks. The paper aims to share lessons and knowledge with UNICEF teams on the application of digital community engagement in addressing disease outbreaks.

## INDIA

### → *Whatsapp technology to support a Measles and Rubella (MR) campaign, 2017*

The UNICEF office first used WhatsApp (WA) for outbreak management during the 2017 Measles-Rubella campaign in 2017. India was at the time embarking upon the world's largest MR campaign, targeting 400 million children and adolescents in phases. Early in the campaign programme, rumours and misinformation were circulated on private WA channels and interfering in the programme impact. To counter this they decided to try and use WA as a tool to support the campaign.

Unable to directly challenge the closed groups circulating the misinformation, UNICEF decided to create their own communication chain. During state workshops a WA group was created and every member in attendance was asked to create a similar group for their district. The chain was expanded to include schools, teachers and through them parents. These groups were then used to:

1. Escalate any local rumors to State and national level. These were then neutralized with facts and figures
2. Proactively develop messages for different stakeholders pushing them out through networks
3. Share updates and communicate progress on coverage to the population, reinforcing responsible behavior in immunization.
4. Engaged religious leaders, eminent doctors, celebrities etc., and passed on their videos and messages on WA.
5. Used the media (Print and digital) to amplify positive stories and neutralizing misinformation circulating on WA.

## LEARNING LESSONS ON HOW DIGITAL FUNCTIONS MIGHT BE USED MORE IN OUTBREAKS

These case studies provide important examples of the how digital engagement assets might be used to support an outbreak response:

- Use of social data to collect information on risk perception and demand for services. Both the India MR and Pakistan COVID-19 experiences show the opportunity to collect and share data collected through social media platforms such as Whatsapp, Facebook and twitter. This includes their use in collecting information on rumours and misinformation whilst offering a platform through which to challenge these, or promote better more trusted sources if knowledge.
- Public Information (PI): The PI work done through official sites and mainstream mass media is amplified by digital platforms and social media networks. This allows greater reach particularly of marginalized or priority communities who may traditionally be missed by mainstream media outlets. In India, the team adjusted and responded to need using phased approaches that allowed space for reflection and adaptation to the emerging context. This allowed them to address emerging challenges and mitigate large scale resistance to the vaccination campaign. In Pakistan the Covid-19 response is using GPEI digital forums to engage and support FLWs as well as key influencers in the communities.

## PAKISTAN

### → *Use of polio assets to tackle COVID-19*

As cases of COVID-19 increased in Pakistan, countries were asked to redirect polio related assets towards the Covid-19 response. This includes redirection of surveillance, data and communication assets. Digital assets have been used to:

1. Develop a comprehensive template for mapping WA groups used by training teams to connect with Front Line Workers (FLW) and other staff and the community to understand who might be able to disseminate information and key messages.
2. Develop and disseminate key Information, education and communication (IEC) & other materials through Community Based Vaccinators and the Communication Network. This includes through videos and other material uploaded on social media & other platforms such as face book and twitter.
3. Mapping the media to understand daily reporting trends in the print and electronic media at the national and regional levels.
4. Engaging influencers including religious leaders and other key influencers. In Pakistan, videos were developed featuring religious leaders and other influencers.
5. Research using digital and phone technology, including by anthropologists to understand levels of awareness, care seeking, concerns, rumors, and misconceptions. This is also used to understand where people are going to seek information and any key influencers that need to be engaged.

- Dialogue/engagement: Both countries show strategic use of open platforms like WhatsApp groups to penetrate groups and challenge misinformation. By creating parallel networks, and promoting more trusted sources of information they were able to create dialogue with group members who further amplified these through their own networks.
- Training front line teams: In Pakistan WA is being used to help orientate FLWs normally involved in polio to the evolving COVID-19 context. This has been particularly important during a time of physical distancing and travel restrictions that have blocked more traditional forms of training. That said alternative means of engagement may be required to continue to reach particularly deprived or remote areas in affected countries. This could include use of very basic analogue phones or other simple off line technology options.
- Tracking and addressing misinformation: Both countries demonstrated use of digital engagement platforms and systems to identify, track, refer and address (de-bunk) misinformation. Widespread misinformation through social media is very common in both India and Pakistan. This misinformation can damage trust in health and immunisation services. India tackled this by building competing communications networks on popular social media sites to crowd out less informed sources of information. A system of misinformation referral allowed

the communication's management to adjust public and targeted communication efforts. Pakistan already had an advanced information and social media cell built to support polio eradication efforts. These were redirected to COVID-19 and included an enhanced hotline number for listening and feedback purposes. Identified misinformation was addressed through the system and used to inform the broader communication strategy. Frontline teams, Journalist, community and faith-based leaders and influencers were trained and engaged in this effort.

- System building: For both countries, digital engagement platforms have been scaled up to support additional activities. In India the MRWA experience has been expanded to cover routine immunization and is now being used for the Covid-19 response. In Pakistan polio assets and expertise has been redirected to support Covid-19. Both examples show how capacities built during emergencies can become strategic assets for promotion of services, risk communication and community engagement.

## ANALYZING STRATEGIC APPROACHES

FUNCTION	MEASLES IN INDIA	COVID IN PAKISTAN
<b>Social Data use</b>	Sharing figures on coverage of MR vaccination with parents during the campaign (2017) added a social norm's effect (parents perceived missing out if not aligning to health measure).	<p>Polio surveillance and Monitoring and Evaluation (M&amp;E) systems are directed to support Covid-19 at national and subnational level. Based on the Polio Dashboard, a COVID-19 Database has been designed which is automated from IDIMS to National EOC server and allows real-time monitoring. Surveillance data feeds into communication efforts.</p> <p>Data collected (anthropology research designed) by phone interviews and Community Based Volunteers inform RCCE communication strategy and content. Perception and potential misinformation of parents, influencers and gender trends were considered.</p>
<b>Public Information</b>	<p>Massive Measles campaign delivered in phased approach. First phase setback (resistance).</p> <p>Messages developed with Government and Partners address specific groups first, and specific issues raised by misinformation second.</p>	<p>44 million reached through NEOC Social Media cell with social media massive posts related with Covid-19 through Facebook (0.44 M, engaged 5,730 and shared 10 times on an average) and Twitter (10.4k, engagement rate was 3.5% and retweeted 100 Times).</p> <p>1,040 Journalists &amp; bloggers engaged daily through WhatsApp groups. Existing good will of the Polio Eradication programme utilized with the journalists to access their social pages. Positive videos uploaded on their social pages.</p> <p>Mosque announcements remained a central information dissemination activity in support of social mobilization. PA systems in fixed shrines and mounted in motorbikes were utilized. Efforts are mapped by Polio data systems, fed by frontline teams.</p>
<b>Dialogue/Engagement</b>	<p>Participation of FLW among community WA groups helped identify misinformation.</p> <p>Members support to reproduce WA groups and trickle down/expand across communities, including influencing sectors (local gov, schools, parents' groups, FBOs). This communication chain counter-balanced closed WA groups generating rumors.</p>	<p>Whatsapp groups were a space to disseminate 255 Videos recorded and shared, engaging 10,138 high- risk populations. Religious leaders, elder, doctors and community leaders contributed with videos for support, and offered their network spaces for dissemination. This was helpful to overcome initial community resistance.</p>
<b>Training</b>		<p>Virtual training and orientations of FLW and staff by Zoom (62 trainers reached 17,896 trainees) frontline workers and other staff Trained and oriented on key messages and physical distancing. Whatsapp groups used to connect trainers with FLW teams and communication efforts.</p>

**FUNCTION****MEASLES IN INDIA****COVID IN PAKISTAN****Tracking and Addressing Misinformation**

Rumors tracked and sources from closed WA were identified after problems arose.

Rumors referred at state and national level to be addressed with facts and figures-based information.

Religious influencers and mainstream mass media engaged in support of immunization efforts and fact-check possible disinformation emerging in their space.

Polio Hotline center (“Sehat Tahaffuz”) received increased demand during Covid-19, forcing them to train personnel to receive and process feedback. Negative media effects were tracked and addressed as counter-misinformation strategy by the NEOC social media cell.

Orientation conducted of journalists and bloggers to counter negative media and Coronavirus myths

**System building for sustained programme support and emergency/outbreak response**

After the MR campaigns, this network of social media actors (Mission Indradhanush (IMI) groups) was deployed to support the Routine Immunization programme, and currently active in Covid-19 response.

Polio programme assets were redirected to Covid-19 response (2020), including the communications, C4D and Social Media Cell work.

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for every child