Global Consultation of Polio Communication (C4D) Teams on:
Impact of COVID-19 on GPEI: Social Dimensions and Solutions
2 April, 2020 by UNICEF

Content

- Introduction and Consultation Objectives

- Impact of COVID-19 on Polio Eradication: Update from GPEI Leadership

- Dealing with new social reality, distancing, isolation, quarantine: implications to community engagement, house-to-house campaigns, and shift to digital

- Supporting and protecting our frontline workers – "duty of care" and "do no harm": capacity, training and resources needs

- Opportunities in crisis to strengthen Polio and VPD Immunization agenda

- Country COVID19/Polio experiences: Mali, Somalia, Afghanistan, Pakistan

- COVID19 Global Risk Communication and Community Engagement Strategy – UNICEF accountability beyond Polio

- Global C4D resources and tools for COVID-19 response

- Acknowledgements

- Moderated Discussion – Guiding Questions

Moderators

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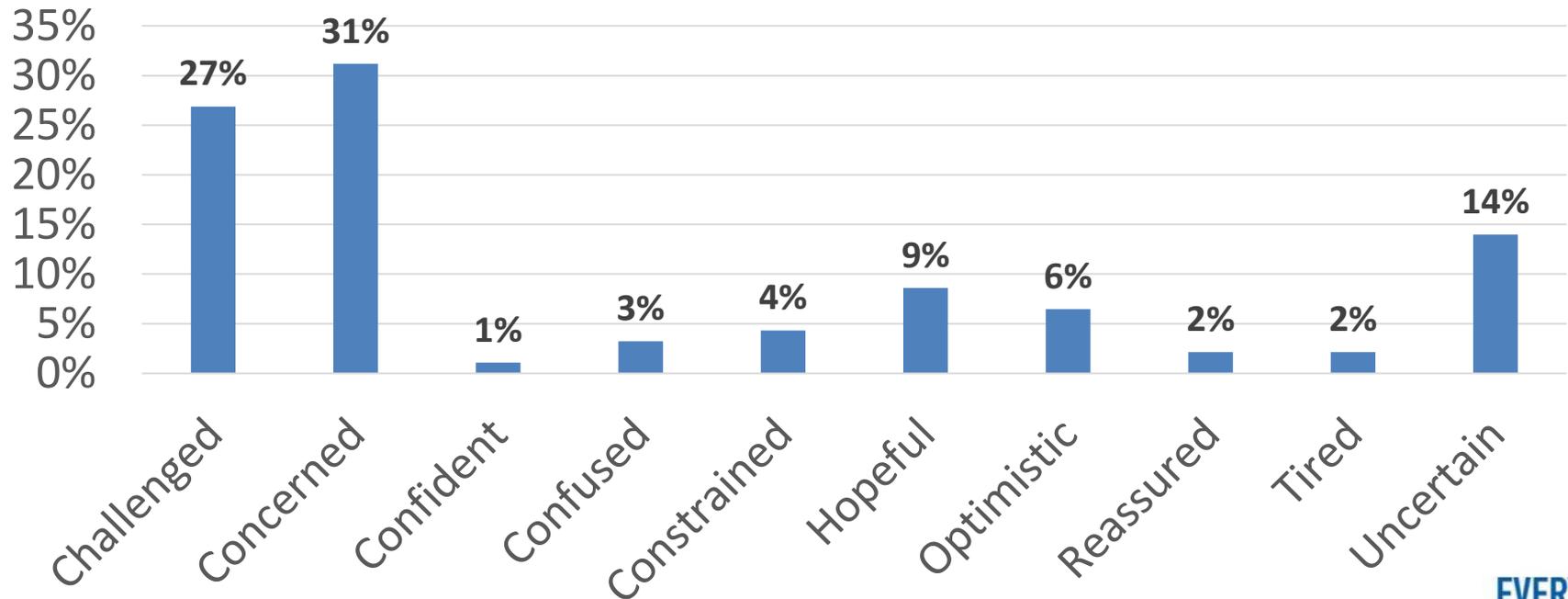UNICEF HQ

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In consultation and with the guidance of country Polio Teams from UNICEF:

Mali • Somalia • Afghanistan • Pakistan

REAL-TIME POLL:

How do you feel today about COVID-19?

(Choose the most relevant answer)

Poll 1: How do you feel today about COVID19?
(N=93)

Feeling	Percentage
Challenged	27%
Concerned	31%
Confident	1%
Confused	3%
Constrained	4%
Hopeful	9%
Optimistic	6%
Reassured	2%
Tired	2%
Uncertain	14%

POLIO GLOBAL ERADICATION INITIATIVE

EVERY LAST CHILD

Polio Oversight Board Recommendations on COVID-19 and Polio Programme Continuity Planning

Preamble

"The COVID-19 pandemic response requires worldwide solidarity and an urgent global effort. The Global Polio Eradication Initiative (GPEI), with thousands of polio workers, and an extensive laboratory and surveillance network, is positioned and ready to ensure that our resources are used by countries in their preparedness and response."

Polio Oversight Board, 24 March 2020

Key Principles & Continuity

- Polio assets to be made available for COVID19 response (global, regional, local)

- Polio staff supporting COVID-19 front line activities, must be provided with the necessary training, materials, equipment and logistics to do so safely

- Activities in contradiction to global guidance on physical distancing, should be suspended to avoid placing communities and frontline workers at unnecessary risk

- All preventive polio campaigns postponed until the second half of 2020; endemic and outbreak countries to postpone until June 2020 and re-evaluate COVID situation

- Preparation for roll-out of novel Oral Polio Vaccine type 2 (nOPV2), must continue at full speed, across technical, communications, policy and manufacturing to continue.

- Immediate scale up of polio eradication efforts once the COVID-19 situation has stabilized. Context-specific strategies and a plan to resume operations.

- Improve elements of the program during the pause in immunization

Social Implications of COVID-19 Pandemic: "duty of care", issue of trust, acceptance of services, vaccines and door-to-door campaigns

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Bouncing Back after Polio Hibernation
Anticipating Social Barriers and Opportunities post COVID19

- Impact of prolonged periods of physical and social distancing and isolation
- Scenario building for re-starting Polio: social dimensions at play
- Amplified perception of risk of COVID19, breaking through clutter, risk relativity of Polio
- Not as simply switching "ON" – a gradual process
- Learning from Ebola response: What does it take to "go back to normal"?

Photo credit © UNICEF Afghanistan 2020

Frontline Polio Workers

- Door-to-door services acceptance
- "Technical fixes" – masks, gloves, sanitizers, training
- Overcoming stigma and trust
- Training, motivation and sense of protection

"Duty of Care" and "Do No Harm" –
protecting and supporting our frontline workers

Duty of Care

Train FLWs on their care and protection (clothing, masks, sanitizers), compliance to government regulations.

Train: Awareness, good family practices - WASH, Life skills, PSS, contact tracing, - motivation.

Multi - sectoral work – uniting services and setting synergistic plans in place.

Social Distancing (will change frequently) – "Do not add additional risks through our actions" - DNH.

Increase digital platforms and use them for trainings.

Note marginalized groups may change – (i.e. access to social groups, languages).

For Polio Programme – can all be added value (increased both technical and soft skills)

DNH

CCCs: Our professional responsibility, use interventions, methods and tools to reach especially the most vulnerable groups (children, women, IDPs, disabled, etc.)

Community Engagement in Physical Distancing Context, Quarantine and Movement Restrictions

Ideas from COVID19 C4D Surge Mission to UNICEF China

- Government-led C4D strategies focused on risk communication, information of facts, promotion of social distancing, quarantine, isolation

- "Social distancing" helps to prevent COVID19 but:
  - Loneliness
  - Fear of death
  - Fear of losing affective relationships
  - Afraid of social unrest

- Weak feedback and community engagement mechanisms from affected population, making it a challenge to identify behavioral issues

- OPPORTUNITY: 37% of interviewees (adolescents/youth) expressed need for social interaction (games etc.) and 22% for peer support - need for social engagement !

- What community engagement and IPC skills means in the context of social / physical distancing? : Address the dilemma that distance creates the needs for addressing loneliness, fears, relationships, entertainment, need for new life projects - tap into the opportunity to link to other themes (e.g. immunization)

Community Engagement:
Shifting to Digital Space and maintaining IPC?

Ideas from COVID19 C4D Surge Mission to UNICEF China

- Appetite for engagement, online!

- Feedback/ discussion mechanisms:
  - Healthy Family App (pregnant women and mothers) in UNICEF project sites (4535 questionnaires received, 405 respondents raised questions) - for instance, should I immunize my child during COVID19?
  - Online surveys and discussion groups on We Chat (18,266 children, 27,452 parents and 4,948 teachers)
  - Hotlines for young people

- User-generated content on online platforms, private sector partnership
  - Based on UNICEF "challenges" / orientations to participants to answer questions, e.g. on WASH, or other behaviors
  - It is expected to have 100,000 videos uploaded.
  - Followed by questions to monitor any behavioral changes

  - Risk of excluding communities that are not connected online…..

WHO Guidance for Immunization Activities POLIO GLOBAL ERADICATION INITIATIVE

"Based on the current understanding of transmission of the COVID-19 virus and recommendations for physical distancing, mass vaccination campaigns should be temporarily suspended. Countries should implement effective communication strategies and engage with communities to allay concerns, enhance community linkages and re-establish community demand for vaccination.."

Guiding principles for immunization activities during the COVID-19 pandemic, WHO 26 March 2020:

- Immunization remains an integral part of PHC
- **Do No Harm:** Continue services, as feasible, but adjust delivery modalities to avoid contributing to Covid-19 outbreak:
  - Routine services in line with physical distancing, hygiene practices, protection of health workers
  - Temporarily suspend campaigns (SIAs), outreach services etc
- Maintain VPD surveillance & contribute to Covid-19 surveillance where possible
- Monitor & track vaccine supplies & related products
- **Post Covid:** Monitor disruption of services and plan for intensification of immunization services immediately after Covid-19 social restrictions are lifted. All Covid-19 affected countries will require varying degrees of intensification, including implemented of suspended SIA's.

EVERY LAST CHILD

Opportunities in Crisis: Reframing VPDs

- Risks of COVID-19 has shifted public from complacency to awareness, 'anti-vaxxers" gone quiet

- Race to develop a COVID-19 vaccine re-emphasizes value of vaccines to everyone's lives, livelihoods and ways of life

- No available treatment: reframe importance of vaccinating to stop viruses (including Polio)

- When vaccine is available, there will be huge demand: leverage this demand for other vaccines

- CHWs pivotal role to COVID-19: building trust, IPC, addressing refusals

- Social mobilisers: prevention/mitigation refreshes their role as change agents in communities

- Physical distancing: digital platforms and digital community engagement for communication more important as channels

Mali Experience in COVID-19 Response

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C4D Specialist
UNICEF Mali

COVID-19 Response: Mali CO Experience

What are we doing in this COVID context?

- The tentative dates for the polio outbreak response SIA was 17th to the 20th April. From now, all the health system is involved in the COVID 19 response and the government not talking about polio

- C4D team fully involved (data collection, strategy and culturally relevant message design, production of radio and TV video products including flyers, posters…). The key behaviour promoted are handwashing and physical distancing

- Small group trainings of frontline workers (from youth networks, CBS relays, leaders, bus drivers, etc.) using youth WhatsApp platform to disseminate messages and videos on prevention measures including community feedback via U-report.

- Most communicating local and community radios mapped and journalist/animators to be updated on key messages and information on the COVID 19 aimed at broadcasting messages that increased risk perception

COVID-19 Response: Mali CO Experience

Learning and next step with polio…

- Mapping of hotspots and implementation of community based intervention with mottos and cars using megaphone to deliver messages. No group animation allowed

- Using the muezzin announcing prayers time to sensitize first the community on the COVID 19

- People trust health care workers and acceptance of services will not be a problem in the future

- People know polio and we can not anticipate any social barriers. We need to adopt new ways to reach unreached children. We also need to anticipate increase in the price of all things that need to be supplied to support polio campaigns (fuel, battery, communication material production and diffusion, etc.)

- As opportunities, we'll used the innovation we've implemented in COVID-19 outbreak response, such as muezzin, small group training of frontline workers, youth WhatsApp platform

Somalia Experience in COVID19 Response

Shah Jamal Akhlaque

C4D Chief
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Somalia CO COVID19 Response Experience

Context: Somalia has detected its first confirmed COVID19 case in March 16, and its autonomous region Somaliland declared its first case on 31 March. As of now, total 6 cases have been confirmed with no death so far.

Polio asset: Somalia is one of the countries with intensive polio eradication programme. Country wide social mobilization network, a network of religious leaders under a partnership agreement with National Islamic Advisory Group (NIAG), a database of nomadic leaders with their contacts, exceptionally detailed polio/EPI profile, and a collection of references in favour of our key messages from religious texts- were some of its key resources and strength that have been tested over time.

Use of polio asset in COVID19 response: In order to ensure quality intervention within a short time, and the most effective way, Somalia CO office decided to utilize time tested polio assets- particularly its social mobilization network, Polio/ EPI profile, partnership with National Islamic Advisory Group and database of nomadic leaders.

Somalia CO COVID19 Response Experience

__Extent of their involvement:__ Social mobilizers are conducting house to house visits, religious leaders are conducting mosque announcements, NIAG members are conducting announcements during prayers, Regional and district coordinators are providing supportive supervision, Polio profile is being used for planning, and nomadic database is being used to reach this critical community. They have already conducted integrated measles cum COVID19 campaign in 2 out of 3 zones.

__Challenges and remedies:__ Providing training and supportive supervision is the key challenge at this moment. Using SOPs for community mobilizers and supervisors. These SOPs have to the point guideline to carryout the business maintain social and physical distance using demonstration approach. Will be using RapidPro for data collection and compilation. Also conducting intensive media campaign to bridge the gap. Will also use "Automated Voice Recording" for two way communication for accountability to the affected population.

__Opportunities:__ From polio transition point of view, it will create trust on and demand for assets generated through polio legacy. Continuation of current utilization might be seen even after the crisis.

Country Experiences

Afghanistan Experience in COVID-19 Response

Handwashing Demo

Laurence Chabirand

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COVID-19 Response: Afghanistan CO Experience

Existing Polio community network able to address immediately COVID-19 prevention messages up to the family level in South and East

- >3,700 polio mobilizers (ICN) at community level and 400 Females Mobilisers Vaccinators at HF mobilized for COVID 19.

- ICN have been trained on COVID 19 and provided with protective gear.

- ICN have been distributing leaflets, soaps and giving prevention messages together with handwashing demos to households and health facilities level in East and South. As of 30 March:

  - 450,000 caregivers reached through household visits in March
  - 1.2 million soaps distributed (2 soaps per household)

- ICN provided orientation sessions to 150 community influencers.

- Rapid survey on perception of COVID-19 conducted through ICN targeting >5,000 households in South.

- In the AGE areas, 5,000,000 soap and prints to be distributed per agreement.

- The polio call-center in East and West being utilized for COVID-19 awareness.

Media Broadcast, Social Media, IEC Materials (as 30th March 2020)

- Regional communication plans have been developed to address communication needs: content production of multimedia (7 TV and 3 radio spots), IEC materials (1,300,000 pictorial leaflets), roundtable discussion with local media and influencers orientation and engagement.

- Engaging already established polio media network which covers 55 TV & 120 radio stations nationwide.

- Monitoring activities on the ground, disseminating prevention messages through ICN WhatsApp network and tracking/countering rumors. Polio Social media used to reach over 2 Million social media users with COVID-19 messages.

IEC products

COVID-19 Response: Afghanistan CO Experience

Data and M&E Support:

- To properly address health facilities needs, rapid assessment conducted at Health Facilities level in ICN areas (South, East, Kunduz) to know the status of basic PPE, water supply and Handwashing equipment.

- Rapid survey conducted in South to assess the knowledge and perception of people regarding COVID-19.

- Reporting and monitoring system put in place to track proper distribution of COVID 19 items (soaps, protective gear).

Opportunities and Required Support:

Opportunities:

- Improved community perception and trust of the polio program.

- COVID 19 response in AGE areas would open opportunities for future access to children for polio vaccination in AGE areas.

- Benefits of hygiene practices to reduce faecal-oral transmission diseases including polio.

Required Support:

- Resources mobilization to enable rapid response COVID 19 pandemic (community and media engagement, supply of PPE and soap, wash).

- Knowledge sharing of COVID-19 communication interventions and innovations in other countries.

Country Experiences

Pakistan Experience in COVID-19 Response

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COVID-19 Response: Pakistan CO Experience

1. Context:

- 2011 cases and 27 deaths to-date in Pakistan. All polio campaigns put on a hold till June 2020. However, all Polio assets and communication infrastructure rerouted to support the COVID Response.

2. Communication support to COVID-19 response using polio assets includes:

- **Polio Communication Network;** Front line workers, multiple expectations. Embedded in communities, challenges of remaining relevant as a community resources persons.

- **Call center -"Sehat Tahaffuz" Helpline (1166);** Co-opted by the government to support COVID- 19 response.

- **Social Media Cell** – Housed out of the National Emergency Operations Center (NEOC), raising awareness and countering negative media relating to Polio and Corona.

- **Social and behavioral analysis capacity:** Initial (quick & dirty) analysis through polio communication infrastructure. Building on the initial analysis polio Anthropologist conducting research. **What do we know so far?**

Tools for the FLWs Polio & Corona

COVID-19 Response: Pakistan CO Experience

- **Using existing alliances;** Especially religious leaders - countering strong religious beliefs and social practices.

- **Journalists, Bloggers, other influencers engagement;** Cashing in on the good will - Social media & WhatsApp groups, Videos & messages.

- **Social mobilization;** Reaching people while maintaining social distancing - use of mosque announcement, use of public address system, motorbikes and rikshaws.

3. Opportunities - Getting back to Polio:

- Strengthened solidarity - 'You were there for us'.

- Greater reliance on polio FLWs and other resources.

- Stronger demand for vaccination in general.

4. Challenges – Getting back to Polio:

- Social distancing messages create fear - 'is the FLW bringing disease'? Greater resistance to house-to-house strategy.

- Misinformation, rumors- Corona Virus caused by polio drops.

Vaccinators doing a round of the city in Ravi Town, Lahore, to sensitize the public
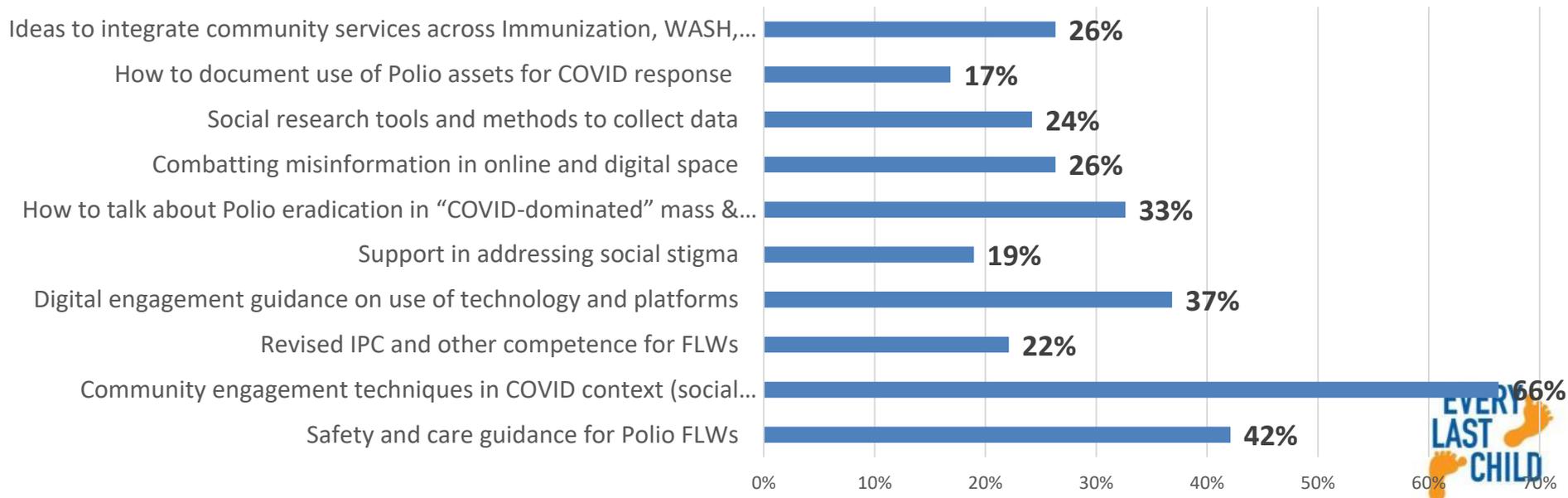

EVERY LAST CHILD

Real-time Webinar Poll:

What do you need the MOST help with in current COVID19 context?

(Select top 3 choices)

POLIO GLOBAL ERADICATION INITIATIVE

Poll 2: What do you need the MOST help with in current COVID-19 context?
(Choose 3)
(N=95)

Category	Percentage
Ideas to integrate community services across Immunization, WASH,…	26%
How to document use of Polio assets for COVID response	17%
Social research tools and methods to collect data	24%
Combatting misinformation in online and digital space	26%
How to talk about Polio eradication in "COVID-dominated" mass &…	33%
Support in addressing social stigma	19%
Digital engagement guidance on use of technology and platforms	37%
Revised IPC and other competence for FLWs	22%
Community engagement techniques in COVID context (social…	66%
Safety and care guidance for Polio FLWs	42%

COVID-19 Risk Communication and Community Engagement Strategy: UNICEF C4D Global Services & Tools

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COVID19 RCCE Strategy: UNICEF Accountabilities

COVID19 Global C4D Tools
Resources on UNICEF SharePoint

- **Comprehensive list of COVID-19 Communication Materials** (Word Document)

- **RCCE COVID-19 Messaging Matrix**: summarizes proposed key behaviors, key messages per audience, with filtering function

Additional guidance and resources:

- Risk Communication and Community Engagement (RCCE) Guidance - Action Plan Guidance - Prevention and Response

- RCCE Global COVID-19 Strategy

- Guidance note: Accountability to Affected Populations in COVID-19 response

- A Guide to Preventing and Addressing Social Stigma

- Key Tips & Discussion Points for Community Workers, Volunteers & Networks

- Focus Group Discussion Guide for Communities

- Risk Communication & Community Engagement COVID-19 pandemic response *(in the works)*

Resources on Rhizome

Polio-related COVID-19 resources are available on Rhizome PolioKit:
https://poliok.it/library/?category=tags&tag=COVID-19

Acknowledgments and Special Thanks for resourcing this webinar to:

UNICEF Afghanistan

Mohammedi Mohammed

Laurence Chabirand

Tamara Abu Sham

Athanas Makundi

Pa Ousman Manneh

Ahmad Shah Ahmadi

Anpuj Panchanan Achari

Andre Yameogo

UNICEF Pakistan

Dennis Chimenya

Sheeba Afghani

UNICEF Somalia

Shah Jamal Akhlaque

UNICEF Mali

Boureima Konate

Bintou Abdoulaye

UNICEF WCARO

Claude Monj

UNICEF HQ

Erin Bogue

Jared Osborne

Jawahir Habib

Tommi Laulajainen

Ivan Amezquita

Sahar Hegazi

Marianna Zaichykova

Ross McIntosh

Sonia Sarkar

Julianne Birungi

Emily Ramos

Esther Braud

Dabney Close

Kerida McDonald

Ersan Ustundag

Take a 5 Minute Break: stretch, rest or browse Rhizome – COVID19 @ Poliok.it

MODERATED DISCUSSION – 40 minutes

- Use Zoom online chat to answer the four guiding questions on the next slide or propose new ones

- "Raise hand" in Zoom to speak to the panel

- We'll consolidate inputs and revert after the webinar

DISCUSSION QUESTIONS

1. **How is social and physical distancing reshaping the nature of community engagement in Polio and immunization?**

2. **What new skills and competence do our Polio frontline workers needs in the current context?**

3. **What social barriers should we anticipate when "re-starting" Polio programme post COVID?**

4. **What support would we need from HQ, RO, and each other to overcome them?**