REIMAGINING RCCE…EVIDENCE & ACTION

Dhaara Webinar #3 (A brief report)

Introduction

DHAARA Webinar #3 focused on evidence for action. It was the third in the series of Dhaara webinars, the first two being on **COVID-19 Risk Communication and Community Engagement …Reimagining SBCC** and **Counselling and Community Mobilisation in the New Normal…Reimagining SBCC**. The webinar on September 18, 2020 led to a rich exchange of ideas and brought focus on the criticality of speedy evidence in a pandemic scenario for evidence-based programming.

Introductory session

Opening the webinar, Siddharth Shreshta, Chief, Communication for Development (C4D), UNICEF India, stressed the need for adapting and modifying methods of data collection and analysis during a pandemic such as COVID-19. With the country slowly opening up, the focus has gradually shifted to COVID-specific behaviours, requiring an in-depth understanding on issues such as willingness to access services, and perceptions on stigma and discrimination. More than 30 studies and assessments have been conducted in the last six months, aimed at informing not just RCCE but, more importantly, the overall COVID-19 programming.

He underscored four important points:

- The importance of putting assessments and researches to use;
- Being cognisant of the limitations of online research methodologies;
- The new methods of data collection thrown up by the COVID-19 pandemic situation; and
- Focusing on community feedback mechanisms and social accountability.

Archna Vyas, Country Deputy Director, Communications, Bill and Melinda Gates Foundation (BMGF) spoke about the priority areas in the current context. She emphasised the importance of quick generation of data and action for risk communication. She outlined some of the important points on evidence and action as:

- Being cognisant of lessons learned from previous epidemics such as SARS and Ebola, while formulating risk communication strategies.
- Documenting the learning of the efforts being made and models being developed locally to be better prepared in a future pandemic situation.
- Using technology to look at and learn from the experience of other countries in implementing risk communication strategies.
- Being flexible and adaptable in developing and implementing risk communication strategies and adapting digital tools effectively, for example the effective use of caller tunes with COVID-19 messages.
- Using innovative ways, such as phone, WhatsApp and Facebook surveys, to improve evidence and action to make RCCE strategies more effective.

Many surveys have proven very useful during the lockdown period and helped understand how rural India is reacting to COVID-19. A UNICEF led behavioural economics rapid assessment survey, conducted in five south asian countries revealed that the greatest fear for majority of the

respondents was the loss of their loved ones and then the economic consequences of COVID-19. These are valuable insights on what would make people react.

Insights as well as use of innovative ways of capturing data is critical. BMGF along with 80 partners has formed a collaborative platform on research and evidence, named **CORE Net**, to exchange learning and weed out duplication in data collection on COVID-19. It is a platform for the partners to communicate and learn from each other on a continuous basis. BMGF, UNICEF India and WHO have a RCCE community, where they meet regularly and exchange notes and learning.

Creating quick feedback loops is critical to make the RCCE strategies malleable. Such feedback mechanisms have helped in creating compelling communications material. Most importantly, it is critical to quickly document all that is being learned.

Panel 1: Evidence and implications on RCCE

Importance of evidence in a pandemic

Nizamuddin Ahmed, C4D Officer, UNICEF Rajasthan, made a short presentation on the importance of seeing how evidence can be used to formulate strategies, provide guidance to the communities and for advocacy. With the unfolding of the COVID-19 pandemic, communities were dealing with limited or no information. Limitations on the use of traditional ways of communitication gave rise to two key issues:

- What are the effective ways of communication during a pandemic?
- The need to generate new evidence to help inform messaging and deal with the prevailing situation.

Real time data generation provides an impetus to RCCE plans and gives guidance in creating messaging for a larger group of people. Data generation, analysis of data and drafting and designing strategies needs to be a simultaneous and continuous process. The key essentials for evidence generation to help cater to a larger group of people where the outcome is not confined to a particular group of people or a particular region include these four components:

- Social aspect: understanding of the perception, behaviours and sensitivities of the population
- Frequent and regular insights due to the quickly changing scenarios
- Risk communication analysis: Analysis of misinformation and barriers to communication
- Community feedback to gauge what is going well and what requires attention, and for ensuring inclusion

Learning from various research studies

Presenting the insights gained from some of the studies, Alka Malhotra, C4D Specialist, UNICEF, shared the key findings on what people believe and where they get information, which they trust.

UNICEF-Kantar public research study (July 2020) shows:

- Television is emerging as the most trusted source of information among the people, followed very closely by the caller tune. *(Some insights: should the caller tunes be continued; should they be updated; and how can television be used to disseminate further information).*
- A significantly higher proportion of women rely on immediate interpersonal sources of information such as family members, friends and health care providers.
- A significantly higher proportion of male respondents cited social media and newspaper as their source of information.

- A significantly higher proportion of graduates and post graduates access social media for COVID-19 related messages.

The study also showed an overwhelming appreciation of the Corona workforce – the doctors, nurses, healthcare providers and the police. While wearing a mask and sanitising hands regularly were seen by most (95% and 91% respectively) as ways of prevention, only 2% people considered social distancing as a way of prevention. Thus, social distancing as a method of infection prevention needs to be a focus area for messaging.

A large percentage of the respondents (92%) understand that during home quarantine, the infected person has to be kept away from the rest of the family and 71% said that they need to wear a mask while interacting with a positive person.

About 62% of the respondents want to know more about the symptoms of COVID-19 and 38% want to know more about what needs to be done if one of the family members is infected.

Thus, though the broader message in understood, nuanced messaging is required to bring out these smaller but crucial messages.

A WHO social listening study in urban high-density areas (July 2020) states that more than 90% of local communities in poor densely populated areas trust the local health care provider. Another trusted medium of information is the radio. Religious leaders are also a trusted source of information in certain community groups.

As per the study, 77% of the people believe that fever, cough or difficulty in breathing are the symptoms for which action is required. Here, maybe, there is a need to talk to more people about the symptoms so that this percentage goes up.

UNICEF's community based monitoring study (June 2020) identified the most hard to reach and vulnerable districts and within that identified seven kinds of population such as women who headed households; households with a child with special needs, among others. As per this study, more than half the population in rural areas and just about half in urban areas do not feel safe.

This is an important finding since the services are slowly opening. If people do not feel reassured that accessing services is safe, then communication needs to focus on this area too.

UNICEF's U Report India based survey was conducted in July 2020, aimed to understand the psychosocial aspects of the population. This was an online survey with a large sample of about 20,000 respondents, 88% being younger than 25 years. The survey findings show that more women are sleeping well, more men are feeling well and more rural respondents are feeling and sleeping well. Overall 69% are eating well. 22% people said during the survey that they did not have enough food to eat and this was more rampant in the rural areas. About 81% feel connected with their families but only 45% feel connected with their friends. Since connecting with friends is important for psychosocial wellbeing this could be an area of action.

More than 50% of the population could recall the CHILDLINE number and only 44% respondents had heard of the psychosocial helpline number. In terms of online safety, only 4% people who saw some objectionable content online informed anybody. 20% were not doing anything about online safety. More urban audiences were keeping themselves safe as compared to rural audiences.

These findings point to the need to focus on:

Content:

- **Reinforce behaviours** – handwashing, wearing masks, upkeep of masks, eating well, doing chores
- **Promote** – online safety, social connections, maintaining physical distance, not spitting, prevention of unnecessary crowding
- **Reassure** safety of essential services

Channels

- **TV –** COVID-19 content in different formats and genres (talk shows, entertainment, news, sports)
- **Continue** IPC through frontline workers
- **Augment** through social networks

Continue to explore

- Barriers, challenges to practicing CABs
- Mental health and wellbeing
- Multi-sectoral impact of COVID

Panel 2: Reimagining research methods and communication

This session was moderated by Dr. Nicola Balvin, Research and Evaluation Specialist, UNICEF. It focused on how the data collection methods have changed in keeping with the pandemic situations. The presentations focused on how these methods can be improved and how correct sampling and reliable data can be ensured.

UNICEF community based monitoring study

K D Maiti, Planning, Monitoring and Evaluation Specialist, UNICEF, spoke about UNICEF's work in the area of community based monitoring mechanisms and using telephone-based methods to collect data, to understand how the COVID-19 situation is evolving at the community level. A monitoring mechanism was set up with 15 CSOs, led by Wada Na Todo and Centre for Social Equity and Inclusion in Delhi. The study is spread over 12 districts and 300 habitations in seven states. Community volunteers, who were data collectors, conducted the study. They were trained and their capacities were built to collect information. This design largely caters to two levels – one is the macro-level situation as the pandemic is evolving; and secondly the micro level hearing from the families, from the most vulnerable and marginalised communities.

The community based monitoring design is cohort based and longitudinal. It will run over a period of 5-7 months in four waves, of which wave one has just completed. The result will also go to the government as a policy brief. Data collection for wave 2 is also completed.

There was no sampling frame to do the sampling. A mobile platform called RAPIDPro, used in many countries, has been employed along with MS forms and Google forms. Due to the language barriers and the kind of mobiles that the volunteers had, this had to be changed a little bit. On the RAPIDPro platform, a small app was developed to help collect information and that information directly goes into the backend into a database, which is used for analysis.

The ethical issues of asking personal and private questions on a platform and not face-to-face pose a challenge. Many in-depth questions that are necessary, such as domestic violence, could not be asked.

WHO social listening study

Dr Ritu Chauhan, WHO, elaborated on the need to understand the perceptions on the ground with regard to people knowing and understanding the risks associated with the corona virus and how to keep themselves safe. WHO study also delves into obstacles to ensuring the adoption of protective behaviours.

The study found considerable amount of stigma being demonstrated against COVID infected families, healthcare providers and migrant workers.

WHO has done a few rounds of the study using social media technology. Two rounds have been completed. The first round of survey focused on high-density urban settings. The second round was with the healthcare workers to understand their concerns. Many marginalised populations will be reached in the coming weeks, including special groups such as youth.

WHO used iChat, the chat bot survey. It is visually appealing and with only one question being posed at a time, the respondent feels at ease. This survey can easily be shared through WhatsApp through a short link and the respondent can immediately download the link. Since the survey has been shared through WhatsApp, it was also shared with cities that were not intended to be part of the initial survey.

To ensure credible data WHO used some credible networks such as their existing polio networks, which have been repurposed for RCCE. Networks were also established with local NGOs and CSOs. They contributed to ensuring that the percolation of the link happened in the right manner and ensured data validation.

There are certain limitations and a selection bias due to smart phones. There is also a limitation of not being able to explain the questions.

While the monitoring and evaluation studies will look at the ‘what’ and the social media survey will help understand the ‘whys’.