Risk Communication and Community Engagement Driving Innovations in the Covid-19 Response in South Asia

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Executive Summary

The coronavirus pandemic has disrupted the health and livelihoods of people in South Asia, revealing stark vulnerabilities of health systems and exacerbating pre-existing social and economic complexities. Efforts to curtail the pandemic saw the region plunge into an economic slowdown and at the same time created devastating secondary impacts and hardships for frontline workers, governments, vulnerable community members, and the general public.

A UNICEF report titled, "Lives Upended"[1] highlighted the profound impact of the virus on the lives of children in the region, warning that the pandemic risked wiping out decades of progress on children's health, education and other priorities. Nevertheless, the report also noted the opportunities the crisis presented to expose and tackle some of the longstanding challenges facing children in the region.

UNICEF was instrumental in supporting national and sub-national Governments to implement Risk Communication and Community Engagement (RCCE) interventions in collaboration with other partners. This series of case studies aims to highlight key pillars of RCCE responses in the eight South Asian countries; Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. The case studies delve into key strengths of each country's RCCE response to collectively demonstrate the overall impact of the RCCE response in the region.

The main objectives of UNICEF-supported RCCE interventions in South Asia are to a) reach the widest number of people with essential and reliable Covid-19 prevention information while advocating for the continuation of regular health-seeking behaviors and b) to engage people, communities and their organizations in taking action against the spread of Covid-19 while safeguarding children and women against violence and deteriorating mental health stemming from lockdown measures.

Naseeb Gul scavenges in rubbish dumps to survive in Khyber Pakthtunkhwa province in Pakistan. UNICEF and the Abbottabad Water and Sanitation Services Company launched a public information campaign to raise awareness about Covid-19 and promote preventative behaviours, especially targeting vulnerable communities.

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[1] https://www.unicef.org/rosa/reports/lives-upended#:~:text=With%20the%20pandemic%20expanding%20rapidly,the%20services%20they%20depend%20on

Key Country Insights

In **India,** secondary impacts of the pandemic including escalating stigma and discrimination were addressed through a national anti-Stigma and Discrimination campaign that garnered new partnerships to counter common misperceptions, promote kindness and sympathy and generate social solidarity through positive narratives. Community engagement, outreach, and strengthening the capacity of frontline workers enabled support to vulnerable populations in high density low resource urban settlements. India built on existing community engagement systems and partnerships to enhance RCCE, indicating that established relationships and long-standing alliances can rapidly produce real gains in emergency contexts.

In the **Maldives,** data from social listening mechanisms spurred RCCE action, supporting the Government and its key partners to design actions, identify community perceptions, and measure the effectiveness of Covid-19 messaging. The analysis and collection of social data emerged as a strong aid and integral component of the overall RCCE response, proving the importance and efficacy of social listening. Social listening supported the Government to rapidly identify problems people were encountering resulting in early, targeted, and accurate communication. The Maldives' experience has proven that data-based engagement can facilitate rapid and accurate information delivery as a public service during an emergency.

In **Bhutan,** youth leaders especially scouts emerged as key agents and catalysts of behavior change to help solve pressing community challenges. A powerful scout-led leadership movement emerged in Bhutan to tackle the secondary impacts of the pandemic including social stigma, gender-based violence, child protection issues, and socio-political and economic stress especially in remote areas. Young people participated in decision-making, leading the response, and creating positive social impacts in their communities. Meaningful participation of youth as proactive leaders and advocates in the response helped to empower young people with whom lies the future of a resilient Bhutan movement, and building.

Equally, **Nepal's** youth engagement also went a long way in catalyzing societal change by nurturing a strong youth movement, building and encouraging youth communities to effectively prepare for emergencies. The focus remained on unlocking youth's potential to lead self-designed initiatives such as awareness raising social media campaigns to tackle increasing misinformation. With the increase in sexual violence cases against girls, greater investments were made to generate societal dialogue on these issues and give young girls the space and opportunity to vocalize their unheard issues.

17 year old Ayda Haydatpour and nine other girls developed a 2D video game using an Afghan girl as the main character. The video game teaches children how to prevent the spread of Covid-19

In **Afghanistan,** local knowledge, traditional community engagement methods, and communication tactics were leveraged to support continuation of regular service delivery mechanisms and encourage community uptake of preventative behaviors in remote regions where connectivity was limited. Drawing on the strength of pre-existing networks and mechanisms is what made the Afghanistan response unique. In addition, gender stereotypes were broken as women leaders were empowered and mobilized to drive community engagement interventions to advocate for preventative behaviors to men in their in their communities.

In **Sri Lanka,** WASH interventions supported RCCE efforts targeted at vulnerable communities especially in high-density, low resource urban areas. Targeted hygiene promotion programs in these settlements played a crucial role in reducing infection transmission. These efforts inspired Government counterparts to replicate similar hygiene-focused RCCE programs in other areas. This demonstrates the benefit of strategically integrating RCCE into other sectoral emergency and non-emergency interventions.

Pakistan's RCCE response prioritized the use of social and behavioral analysis of anthropological data to inform strategic RCCE actions and the overall country program response. Findings from the diverse data informed advocacy efforts among the established RCCE taskforce at national and subnational levels to reinforce Covid-19 specific behaviours, promote positive content, counter misinformation, and address low risk perceptions. This involved joint action with a myriad of public and private sector partners, influencers, CSOs, youth and women networks, and local leaders who reached communities especially in remote areas.

Bangladesh leveraged partnerships and structured coordination mechanisms to accelerate community engagement and social mobilization as part of the RCCE response. A convergent approach was adopted to collaborate with a wide network of partners making it possible for Government authorities to maximize the impact of the RCCE response. This has indicated the significance of formalizing partnership structures for drawing collective strengths of key stakeholders and partners to double the results vis-à-vis community engagement, social mobilization interventions, and monitoring as Bangladesh embarks on a road to recovery.

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A girl poses for a photo in an informal urban settlement in Mumbai, India. The Covid-19 pandemic exacerbated the vulnerabilities of people living in high density urban areas where poor health conditions and limited access to basic facilities are often the norm

Regional Highlights

Social and Behavioral Evidence: The region made strides in boosting the social and behavioral evidence needed to design and implement robust RCCE strategies through the implementation of Community Rapid Assessments (CRA) in Pakistan, Nepal, Afghanistan and India. The CRA has produced rapid community sourced time-series data on citizen behaviors, trust, coping strategies and evolving needs during Covid-19 with insights feeding into national platforms and systems for their emergency response.

Risk Communications and Advocacy: A regional initiative dubbed "Play Your Part Join #TeamKind" sought to unite people to embrace kindness during the challenging Covid-19 times by encouraging personal responsibility in adopting positive behaviors. A partnership with local musicians produced an innovative song - The Corona Song – reaching over 5 million people with messages of kindness, solidarity and the need for personal and collective responsibility.

Strengthening Systems for Community Engagement: Minimum Standards and criteria to support strategic and effective community engagement within Governments and community partners' systems to better respond to humanitarian and development needs.

Adolescent Development and Participation: UNICEF's Adolescent Development and Participation programme in partnership with ComMutiny, a youth development training institute in India developed an innovative toolkit "SParking Wellbeing." The toolkit sought to support countries to ensure adolescent needs and aspirations are included in the Covid-19 response.

Religious Leaders Engagement: The Regional Multi-Faith and Religious Leaders platform of South Asia was mobilized as a critical ally with tens of thousands of religious leaders engaged across the region to help dispel rumors and misinformation while spreading reliable messages.

Engagement with Women's Networks: UNICEF's collaboration with HomeNet South Asia, a network of 900,000 women spread across the region produced communication and training materials to support the network's efforts on countering violence against women and children.

Strengthening Government-led Community Workers Platforms: UNICEF conducted a mapping on two-way digital communication systems between governments and frontline workers in the 8 countries in South Asia. The mapping provided insights on areas to strengthen government coordination with their workforce in the Covid- 19 response.

Conclusion

These case studies seek to contribute to global thinking and learning on the effectiveness of RCCE responses during the Covid-19 pandemic with a view to drawing lessons to shape countries'preparedness in responding to future pandemics.

RCCE Efforts Catalyzing Change in Remote Regions of Afghanistan

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Omaya, 9 is washing her hands in Balkh province Afghanistan. UNICEF Afghanistan provides basic handwashing facilities for internally displaced children at Ferdousi camp in Nahri Shahi district, Balkh province Afghansitan.

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Country Context

The Covid-19 pandemic exacerbated Afghanistan's already fragile health system and threatened to reverse gains made in improving basic services including routine immunization, maternal and child health and nutrition as well as access to basic hygiene amongst others. An additional challenge presented in implementing Risk Communication and Community Engagement (RCCE) efforts for vulnerable communities in far-flung and isolated regions (such as Hazarajat) which was most affected by the pandemic. UNICEF and partners supported the Government to reach vulnerable communities in hard to reach areas by improving community resilience. RCCE efforts focused on addressing emerging community-level issues such as child abuse, increasing social inequalities, and education losses, and continuing to respond to existing emergencies such as polio. While at the same time, ensuring continuation of services and enhancing RCCE through regular interventions like routine immunization, hygiene promotion, and nutrition services.

Covid-19 Statistics

By December 2020:

52,330 cases reported

2,189 deaths

13 million people reached by RCCE interventions

Community Health Workers and faith leaders are fighting Covid-19 in Herat province, western Afghanistan.

RCCE Strategic Approach

The strategic RCCE approach in Afghanistan focused on supporting informed community-level decision-making regarding adoption of preventative practices and behaviors, while ensuring continuation of regular service delivery. Initial evidence gathered indicated a lack of Covid-19 knowledge translation into desired behaviors. Thus, RCCE efforts sought to accelerate community-level interventions to ease concerns, pave a recovery pathway, and address emerging issues of especially vulnerable and hard-to-reach communities. UNICEF supported the Government of Afghanistan in implementing a blended approach, focusing on enhancing existing integrated and crosscutting program interventions Including; health, WASH, nutrition, education, child protection, and gender equity to make RCCE more effective and sustainable.

Rapid evidence-generation was employed to gain deeper understanding of the dominating community perceptions of Covid-19, including; a national Knowledge, Attitudes and Perceptions (KAP) study, U-Report surveys with adolescents, regular media monitoring and collaborations with BBC Media Action, Ministry of Health call center services, perception survey and sentiment analysis. This rich body of empirical evidence supported practical implementation, generated localized insights to work with, and became a pivotal point for tailoring the RCCE engagement. It also enabled knowledge sharing to align responses to meet RCCE objectives.

Further, the RCCE response utilized existing community structures covering networks of trusted partners, community members, stakeholders, and volunteers to reach communities with Covid-19 interventions. These reliable networks and volunteer groups such as community health workers, religious leaders, political elites, and NGOs. Groups that were highly trusted by Afghan populations, were instrumental in reaching and engaging with remote communities. Other RCCE efforts including; traditional door-to-door campaigning, and household-level engagement were employed to reach vulnerable groups such as women, IDPs in camps, children and youth groups who were not easily accessible in remote regions.

In addition, capacity building and trainings were extended to nearly 75,937 community health workers and volunteers, including adolescents involved in RCCE. In a bid to reach women who are traditionally not easily accessible, the RCCE response helped break some gender stereotypes in Afghanistan. For example, RCCE interventions encouraged women's leadership by providing them opportunities and space to lead the community engagement in their areas by directly speaking to men to inform them about the Covid-19 preventative measures. A total of 3,086 female nutrition counsellors were trained to reach 434,611 lactating mothers throughout the country and inform them about the importance of breastfeeding during the pandemic. Also, 2,903 family health action group members were trained to engage with women nationwide.

Afghanistan's RCCE response did not solely rely on the influence of religious leaders, political elites and other society influencers, but also endeavored to include narratives of ordinary Afghans – such as school children, women, and youth to enhance community resilience, uplift morale, and address emerging concerns. These messages and narratives were amplified using burgeoning social media platforms mainly targeting youth.

To target other remote regions such as Kandahar, UNICEF supported the Government's RCCE efforts by leveraging existing polio teams and mechanisms to reach vulnerable communities in these areas. The engagement focused on increased reliance and trust in the skills and abilities of existing teams, counterparts, and trusted networks.

The RCCE response also took stock of communities' concerns and feelings through two-way engagement tactics that leveraged existing technology, like the establishment of a call center helpline service that generated community sentiments and feedback. With the easing of restrictions and lockdown measures, there was potential to have more targeted, direct, and expanded two-way engagement with communities in Afghanistan.

Further, Afghanistan's RCCE response was highly localized, focusing on easily digestible content and selection of media platforms such as traditional television and radio as the popular sources of information among Afghani nationals. For example, Islamic verses were incorporated to address behavioral issues, stigma and discrimination using Islamic guidance, a powerful tool to reach communities and disseminate content that is understandable to wider networks. In areas that were extremely hard to reach and did not have access to mass media, UNICEF utilized its community engagement and social mobilization tactics to reach families.

Idress Seyawash, the founder of Ketab Lwast mobile library in Afghanistan, cycled from Jalalabad to Behsood as part of a 25-day campaign to raise awareness on Covid-19 key preventative measures among children in rural villages.

Innovation

The uniqueness of the RCCE response in Afghanistan was its approach in harnessing the power and impact of local and traditional knowledge, resilience, and experience of existing trusted networks, alliances, partnerships, and local communities. Many of the approaches built on the practices and knowledge of existing partners, putting communities at the center of the response, and ultimately paved way for the Government to build on the vast networks and establish a country-wide footprint. The response leveraged the principle of communities speaking with communities using traditional engagement means for instance, at the height of the pandemic, youth volunteers cycled their way to support other young people within their communities, pedaling a social transformation. In IDP campsin Herat and in Kabul, 29,000 people were reached through an edutainment group of social mobilizers, the Mini Mobile Circus, which customized and distributed improvised handwashing devices made of recyclable plastic bottles and conducted home-to-home orientations on preventive measures and psychosocial support to children. Finally, from the Central Region, an innovative community engagement approach involved training women on Covid-19 prevention. Which enabled to further orientate religious leaders, therefore challenging an existing social norm of a male-male approach considering the religious realm in Afghanistan.

Challenges and Constraints

The pandemic deepened existing challenges affecting the health crisis in rural communities and displaced people across Afghanistan and put extraordinary strain on already fragile systems across its far-flung mobile phone reaching and engaging with these communities on account of different languages, literacy levels, cultural sensitivities, and pre-existing vulnerabilities. In addition, limited mobile connectivity and internet access in these areas made it nearly impossible to connect with communities digitally when restrictions on face to face interventions prevailed.

Key Recommendations

The combination of existing traditional and non-traditional communication ethods and engagement strategies to accelerate RCCE efforts will be vital in planning for the Covid-19 vaccine demand especially on tackling expected hesitancy and addressing community concerns especially in far-flung areas. Optimizing existing C4D structures, materials, and practices can go a long way in enhancing engagement with remote communities, especially women. Mobilizing women in remote regions by ensuring their meaningful participation in leading RCCE work in their communities could have far reaching impact while responding to future pandemics.

Lesson Learned

Reaching far-flung, remote, and diverse communities across Afghanistan's was made possible by leveraging social data, on-going UNICEF programme structures such as polio, WASH, health, nutrition and child protection networks. As well as traditional engagement strategies, and affiliations to enhance RCCE efforts.

Leveraging Strategic Partnerships to Enhance Community Engagement in Bangladesh

A health worker counselling Mitu Rani Saha regarding her daughter's nutrition. The National Vitamin A plus Campaign (NVAC+) supported by UNICEF, running globally during the Covid-19 pandemic aims to support children's nutrition.

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Country Context

On 8th March 2020, Bangladesh confirmed its first three Covid-19 cases. The Bangladesh Government enforced a national lockdown in March 2020 and implemented a behavior change campaign to slow the spread of infection and promote adoption of preventative behaviors. Data revealed a significant gap between people's knowledge and their practice of desired behaviors, especially in high-density urban settlements and rural areas. Evidence also suggested that misinformation including the emerging infodemic disseminated through mainstream and social media were reducing people's risk perceptions.

Under the Bangladesh Preparedness and Response Plan (BPRP) for Covid-19, UNICEF supported the Government to establish and lead a multi-stakeholder Risk Communication and Community Engagement (RCCE) coordination mechanism that galvanized the strengths and capacities of a host of key actors to collaboratively spearhead a strategic national-level RCCE initiative. The RCCE pillar group coordinated the implementation of targeted social mobilization and community engagement interventions to slow down community transmission, sustain upkeep of preventative practices, bridge the information gap, and address public concerns about the pandemic.

Covid-19 Statistics

By December 2020:

513,510
cases reported

76 million reached by RCCE interventions

RCCE Strategic Approach

The Government, with support from UNICEF, implemented the BPRP RCCE pillar which leveraged diverse partners' comparative advantages to implement complimentary social mobilization and community engagement strategies and approaches in response to the pandemic[1].

Around 49 organizations from Government, private sector, United Nations and bilateral and civil society organizations collaborated to design, implement, and monitor a collective RCCE action plan in which partner contributions and actions were complimentary.

An easily accessible data repository enabled all partners to coordinate social mobilization approaches through different platforms, including engaging with pharmacists, national and cable television operators, adolescent clubs, and community radio. For example, one of the partners A2i supported mass awareness at the initial stages of the pandemic by establishing a website *Corona Info* as a central platform-based information that could be used by all partners. In addition, a national emergency call center 333 was established. Community Radio networks broadcasted radio programs through 18 community radios, reaching 5.6 million listeners.

These partnerships enabled collective thinking and a structured coordination framework allowing for people-centered RCCE interventions to drive robust community engagement. The engagement strategies focused on bolstering mask-wearing behaviors by targeting especially vulnerable populations such as people residing in high-risk urban dwellings, and rural areas, tribal communities, industry workers, adolescents, children, women and girls, religious communities, and migrant workers. Partners achieved coherence in messaging and amplified each other's messages for powerful reiteration and national outreach.

Further, RCCE pillar members collaboratively leveraged the reach and influence of NGO and CSO networks, teachers, community health workers, school managements, religious leaders, celebrities, young influencers, and sports stars within their networks and engaged them as champions to reach different audience groups. For example, RCCE pillar member BRAC trained Community Health Workers and volunteers to assess Covid-19 symptoms and educate families on good infection management practices.

UNICEF's long-standing partnership with the Ministry of Religious Affairs and Islamic Foundation was instrumental in mobilizing and engaging communities across Bangladesh, especially those affiliated with local mosques. More than 500,000 Imams and religious leaders were mobilized to reach communities with key messages and two-way communication was organized to address emerging concerns. This strategy was particularly effective as religious leaders and mosques are trusted sources of information as indicated by previously generated evidence. Religious leaders were mobilized as champions and facilitators of social change in mosques across the country. They were trained to disseminate messages during daily prayer times, encouraging people to stay at home and pray from home, avoid mass gatherings, and practice key behaviors. Following Friday prayers, the Imams delivered a religious sermon, *Khutbah,* to reiterate the guidelines and address the community concerns to help them navigate the pandemic. In preparation for the holy month of Ramadan, RCCE partners developed communication materials jointly with the Islamic Foundation and Ministry of Religious Affairs.

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1 Key partners included UN agencies, WHO, Ministry of Health and Family Welfare, Ministry of Religious Affairs, Ministry of Information, Local Government Department, NGO networks (ADAB, BCRA, BNNRC, ELNHA, NAHAB, NIRAPAD, Shongjog, and START), donors civil society organizations like BRAC, A2i, Bangladesh Health Watch, international organization such as JHU-CCP, BBC Media Action, telecommunication companies such as Grameen Phone and Robi, private sector entities among others.

11-year-old Habiba Aktar Nadia, a student at the UNICEF-supported Surovi Learning Centre is taking notes from her teacher over the phone at her home. The learning centre started providing online classes during the Covid-19 pandemic.

Innovation

Bangladesh's partner-led bulletin *Corona Kotha* summarized community feedback and perceptions about Covid-19. The innovative partner-led community feedback model was based on the analysis of spontaneous community concerns and feedback that were collected by organizations across Bangladesh – including NGOs and community radio stations. Findings included people's concerns about the economic impacts of the pandemic, mask-wearing, and issues impacting women and adolescent girls. The *Corona Kotha* bulletin supported UNICEF and other practitioners to engage with communities more effectively and assisted networks to better plan and implement response activities and adapt their programmes by considering communities' needs.

Key Recommendations

Given the impact of the RCCE coordination mechanism, the challenge remains sustaining the momentum gained through the partnership and how this effort can be leveraged to better position Bangladesh's social mobilization and community engagement efforts during future emergency responses. By establishing more consistent, systematic and structured support mechanisms for partners involved in the humanitarian and development space and other clusters, and enhancing coordination at the local and regional level, the Government of Bangladesh can significantly improve RCCE quality, approaches, and response effectiveness.

© Islamic Foundation

Lessons Learned

Government leadership coupled with a coordinated multi-stakeholder response can have far-reaching impact in engaging communities during crises. In Bangladesh's example, data-sharing and a joint monitoring matrix enabled RCCE partners to work coherently towards a common goal. In addition, partnerships with NGO networks added strength and diversity to RCCE interventions and maximized outreach and impact, supporting the ongoing efforts in reaching sub-national communities with engaging content and initiatives. A well-coordinated partnership structure can further build on the individual capacities and strengths of key stakeholders and partners, leading to a potentially significant and result-oriented impact on future RCCE responses. The monitoring mechanisms and partnership structures established during the pandemic will be particularly useful in sustaining, and strengthening community engagement efforts going forward.

Youth Leadership Drives the Covid-19 Response in Bhutan

Dechen Wangmo at home, with a copy of the Self Instructional Material, that the Education Ministry has distributed to children who do not have access to TV or a smart phone.

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Country Context

In March 2020, the first Covid-19 case was detected in Bhutan. While Bhutan's Covid-19 infection rate did not have a severe impact on health systems as compared to other countries, social vulnerabilities and economic losses were felt across different sectors and communities. Since Bhutan has a significantly young population, with sixty percent being below the age of 25 years, the country's Risk Communication and Community Engagement (RCCE) response focused on leveraging the positive enthusiasm and drive of young people to accelerate community-based interventions to help solve some of the pressing challenges brought forth by the pandemic. More than 800 leadership scouts and youth volunteers in 17 districts were engaged and participated in the national response efforts playing a catalytic role in supporting their communities. The scout leaders reached an estimated 8,000 young people across target districts.

Covid-19 Statistics

By Dec 2020:

414 cases confirmed

490,000 people reached by RCCE interventions

RCCE Strategic Approach

The RCCE response in Bhutan led by the Bhutan Scouts Association of the Ministry of Education and supported by UNICEF and the Ministry of Health focused on collective youth-based community action. The RCCE response prioritized leveraging and building a network of inspiring young change-makers and volunteers to help tackle the secondary impacts of the pandemic such as mental health, economic stress, social stigma, gender-based violence, child protection issues, and socio-political strain.

From the outset, Bhutan's RCCE strategy was informed by evidence emerging from a Rapid Pulse Survey and U-Report. The survey was designed to gain deeper insights into Bhutan's remote communities' perceptions. The main objectives of this survey were to assess the reach and clarity of Covid-19 preventive messages in remote communities and evaluate knowledge levels related to preventative measures. Findings indicated that while communities had sufficient access to Covid-19 messaging and information, there was a need for personalized engagement and interaction to address concerns, narrow the informational gap, and translate the knowledge to actionable community responses.

Based on this initial assessment, Bhutan emphasized leveraging partnerships with young people to deepen community engagement with remote populations. In addition, U-report data allowed for an understanding of the deeper impacts of the pandemic on young people and children, especially vis-à-vis their homeschooling journey during the initial lockdown. UNICEF worked closely with the Ministry of Education to bridge the learning gap the pandemic had created due to school closure. To enhance continuity of education, UNICEF supported the Government in utilizing this evidence to create and disseminate resilience-building narratives which specifically assisted the youth in the self-learning programs initiated by the Ministry of Education. The ministry further provided mental health and psychosocial support to parents, caregivers, and children. By December 2020, 24,774 children, and 457 parents and caregivers benefitted from remote counseling and psychosocial support.

The Government of Bhutan's partnership with young scouts through the Bhutan Scout Association (BSA) was facilitated by UNICEF and stood out for its uniqueness, accelerating community outreach in remote areas across the region. UNICEF partnered with Ministry of Health and Department of Youth and Sports to empower and engage young adolescents as change makers in leadership opportunities, concentrating efforts on undertaking civic action to create awareness on emerging pandemic-related issues such as domestic violence, sexual harassment, and mental health in their neighboring communities and families. The Government intensified efforts to build capacities and skills of youth groups, civil society, and youth networks to amplify their voices and encourage communities to adopt preventative behaviors. The initiative was self-led by the scouts and youth groups, supporting them in enhancing their leadership qualities and becoming able to exercise their agency in helping their communities and themselves.

The scout intervention was instrumental in supporting the Ministry of Health's objectives of instilling youth-led collective social responsibility and inspiring wider community-level change in remote areas during the pandemic. The young scouts were oriented on leadership skills to effectively engage with their communities and disseminate critical information on Covid-19 preventative behaviors. UNICEF trained the scouts on leadership including building their soft skills to engage empathetically with communities in crisis, Interpersonal Communication Skills, and health promotion. This enabled scouts to initiate self-designed interventions related to community-level dialogue on several critical problems triggered by the crisis – for example, in remote areas of Southern Bhutan, scout leaders supported children in their education attainment by volunteering as teachers in villages that had no access to online learning. In Kengkhar, a very remote community in eastern Bhutan, scout leaders reached 30 villages with lifesaving messages. Further, the scouts were supported with psychosocial materials and trained to use digital media to supplement their community engagement efforts.
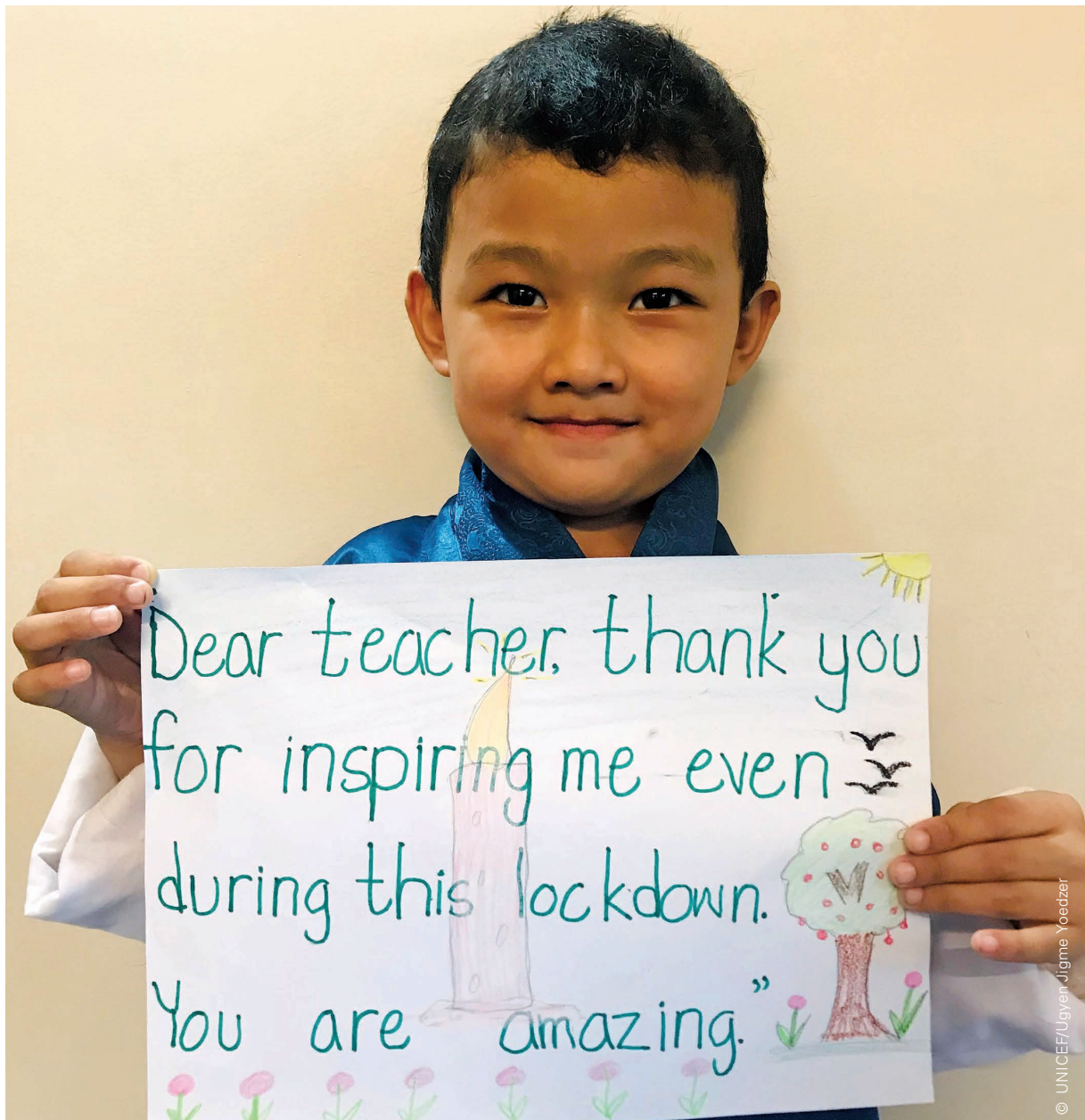
Ugyen Jigme Yoedzer, 6, is a pre-primary student. "I miss my teachers and friends in the school. And also miss playing with my friends."

The leadership scouts also developed social media messages, campaigns, ideas and projects in anticipation of the Covid-19 second wave. For example, in Paro, leadership scouts initiated community learning through google classroom and supported children with their assignments during school closure. Scouts also produced an educational short video demonstrating hand washing and social distancing that aired on the national TV station and on social media platforms. The short video was transcribed into four local dialects and shared with individuals and community members during the scout-led awareness raising sessions in the districts and communities. On special commemorative days such as the Global Hand washing Day, students were engaged in creative activities including dance, student-led hand washing demonstration, and poetry recitation.

In recognition of the fact that general wellbeing is often overlooked during crisis, the RCCE approach in Bhutan made efforts to increase young adults' awareness on health and wellbeing. A simplified bilingual illustrated booklet that provided answers to queries about Covid-19; such as accessing services on health, nutrition, GBV, protection and mental health. The booklet also put emphasis on community wellbeing and happiness. Bhutan's leadership scouts used this booklet to create awareness on prevention measures within their network and families.

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👍 Key Recommendations

Positioning young people at the epicenter of the RCCE response not just as beneficiaries but as active contributors to meaningful change by involving them as partners and vocal change agents can be instrumental in helping communities find solutions to problems that are impacting them.

In addition, young people's involvement can prepare communities for future pandemics by supporting them in designing creative solutions using a range of platforms.

🧑‍🏫 Lesson Learned

Bhutan's scout-led community engagement intervention during the pandemic is a reflection of the compassion, commitment, and enthusiasm of young people to drive social action during crisis. This is indicative of the promising potential of catalyzing youth networks to be the driving force that shapes advocacy and social change initiatives to reach the wider communities and networks. Youth should not just be mobilized as mere communicators and messengers of lifesaving messages, but their participation should be more meaningful as active leaders and solution-finders in the design, development, and implementation of RCCE interventions. This will ultimately enhance their civic engagement and help in building resilient, forward-looking young communities. Formal structures and systems should be developed and regularized to enable sustainable co-working inter-sectoral partnerships with youth-based networks and groups to maximize impact and drive national efforts during Covid-19 recovery and future pandemics.

Tackling Covid-19 Social Stigma and Discrimination in India

Muhammad Yunus, a Coordinator working in the Covid-19 response in India conducting awareness sessions at a high density – low resource setting in Mumbai.

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Country Context

The Government of India declared Covid-19 as a national health emergency and imposed a lockdown on March 25, 2020. The unprecedented crisis unfolded a variety of challenges which adversely impacted the well-being of especially vulnerable groups including children and women. Economic activity reduced significantly, disturbing the social fabric, heightening disparities, and exacerbating negative socio-economic impacts. The pandemic increased vulnerabilities and social inequalities across India, indicating the need for an urgent response centered on community engagement. This aimed to enhance social cohesion and lessen the social impacts among already excluded and high-risk segments of society, especially in High Density- Low Resource (HD-LR) urban settings.

Covid-19 Statistics

10 million cases detected by Dec. 2020

140,000 deaths reported

406 million people reached by RCCE interventions

U-Reporters convened during a *Nukkad*, a local meeting which is considered a safe place for youth to share their feelings and voice their thoughts regarding the pandemic as well as express themselves through art

RCCE Strategic Approach

Tackling Social Stigma and Discrimination: The Government of India recognized escalating stigma and discrimination against frontline workers and Covid-19 survivors and from the outset launched a National anti-Stigma and Discrimination campaign. Led by the Ministry of Health and Family Welfare, (MoHFW) the initiative was coordinated by UNICEF and other development partners. It highlighted the dangers of stigmatization during the pandemic and sought to support communities by countering common misperceptions and promoting kindness and sympathy towards Covid-19 victims and workers. sThe initiative focused on adressing stigma by generating social solidarity through positive social narratives to prevent further marginalization of vulnerable groups. Advocacy, partnerships and capacity building initiatives under this campaign included the engagement of 850 high level state government representatives and over 200 religious leaders. The Government initiated helplines to address negative attitudes and misinformation. In its part UNICEF mobilized and gained the trust of popular influencers including celebrities, religious leaders, and Members of Parliament to play a part in tackling emerging issues around social stigma.

Digital media channels were leveraged to promote positive and anti-discriminatory behavior to address the stigma highlighted by social listening data through Talk Walker and Crowd Tangle applications. Popular mainstream media outlets such as radio stations also supported the amplification of awareness-raising messaging on stigma and broadcasted RCCE messages and audio-visual collateral across states. Media channels were also sensitized on ethical reporting to address stigma through a learning handbook produced by UNICEF. Popular human-interest stories of Covid survivors and heroes were released to reduce social taboos and discrimination.

India's anti-stigma and discrimination initiative also leveraged a diverse network of alliances and partnerships. Community leaders, youth volunteers, women peer support groups and local influencers were mobilized to play an impactful role in addressing discrimination. For example, inter-faith leaders were mobilized and sensitized to play their part in countering stigma and engaging communities to create social awareness.

Supporting Vulnerable Communities in High Density Low Resource (HD-LR) Urban Settlements: For people living in high density urban areas, existing health conditions and limited access and ability to pay for health care are often the norm. Most households rely on daily wages to meet their living costs and do not have savings or financial buffers to pay for basic services. Balancing the need to control the public health emergency with the economic livelihood impacts on the poor, particularly women and children is particularly critical especially in these highly vulnerable areas. For these reasons, UNICEF's support to the Government put emphasis on preventing and mitigating against Covid-19 in highly vulnerable settings.

Community engagement mechanisms were used to support priority vulnerable groups in HD-LR settings in Mumbai, Uttar Pradesh, Jharkhand, Telangana, Gujarat and Karnattaka. In Mumbai, 4400 youth from urban slums aged between 15 to 23 years were engaged through U-Report and connected with their peers to exchange information on Covid-19 and stigma through innovative activities like like rapping and poster competitions. Local groups including Faith-Based-Organisations (FBO), community leaders, women and youth groups, NGOs, and frontline workers were mobilized in highly populated wards and HD-LR settings (Dharavi, G North & M East Wards) to bust myths to address stigma and discrimination reaching almost a million people.

Mass and social media, community-based appeals, community radio, mobile messaging, frontline workers, local influencers and trusted organizations helped in promoting preventive behaviors and reducing stigma, discrimination and fear.

Alliances with civil society partners, and universities resulted in the establishment of Covid-19 resource centres in dense settlements in Ahmadabad and Gujarat to work directly with households to facilitate large-scale behavior change. In Ranchi, Jharkhand, an intervention in collaboration with the district administration, municipal corporation, NGOs, charitable organizations, community volunteers, faith leaders and local influencers reached more than 115,000 people with information on Covid preventive behaviors, reducing stigma, discrimination. This was done through household visits, mass communication campaigns, social media and public announcements faith leaders.

Further, UNICEF India partnered with the Tribal Federation under the Ministry of Tribal Affairs to launch a social distancing campaign reaching tribal groups through digital and outdoor media. In addition, based on findings of an Urban Perceptions Survey, risk messages were rolled out through trusted local doctors among urban HD-LR communities. Targeted "Covid-specific" and "Covid-sensitive" messages were disseminated across high risk settings. These messages were translated to local languages and dialects for enhanced outreach.

Innovation in Cascading Support to Communities

Due to the nationwide lockdown, face-to-face engagement for trainings and orientations proved to be a challenge. In a bid to reach these vulnerable groups, UNICEF adapted its strategy by introducing virtual and online trainings. Trainings across all focus states were delivered using digital and online mediums such as Zoom and WhatsApp. Large scale digital orientations were conducted by building capacities of officials of several departments, agencies, training institutes, schemes and programmes, CSOs, NGOs and volunteers at the state and district levels. The state and district-level trainings were subsequently cascaded to community levels. A pre and post test was built into the online training including online polls to measure training output. Linkage of covid relief and other supplies to families with correct information in strict lockdown areas helped to build trust and reduce fears.

Frontline workers conducting community visits during Covid-19 lockdown

Challenges and Constraints

While robust community feedback mechanisms were setup to monitor RCCE interventions and collect insights, attaining regular feedback on certain sensitive topics such as on stigma and discrimination remained a challenge. Additionally, India's experience implementing interventions in high density low resource settings demonstrated the challenge of maintaining the momentum gained by ensuring that community workers remained motivated to support vulnerable groups. This also pointed towards the need for adapting motivational tactics and creating unique people-centric interventions as well as the importance of adapting strategies as community and RCCE needs evolved.

Key Recommendations

- Consistent messaging and further scientific investigation on stigma and discrimination during pandemics and emergencies could better position the Government,UNICEF and other agencies to better respond to future pandemics. Integrating stigma and discrimination mitigation strategies in the trainings of frontline workers and service delivery systems and engaging community influencers like local doctors and religious leaders could further strengthen similar future interventions.
- The Government should invest in intensive counselling skills catering to emergencies of health care providers and link them to the community networks.
- Online trainings can be cost effective and in-built refresher courses can allow for multiple engagement opportunties.
- Concurrent online data collection to inform RCCE design and mic-course correction is desirable.
- Applying equity and gender lenses during pandemic responses is possible through toolkits/checklists and should be manadatory for program staff and partners.

Lessons Learned

Digital capacity building of front line workers: Lessons learned from India's experience in conducting trainings using online mechanisms revealed that the quality of trainings could be compromised due to limited network connectivity and the limited scope for two-way interaction. This could potentially restrict the ability to gain regular feedback.

A partnership-focused lens to tackle stigma: Another lesson learned was the importance of leveraging existing partnerships to accelerate RCCE actions. In India, these strategic partnerships were vital to driving investments in community engagement. Continuous engagement, partnership-building and formulation of long-standing alliances are the real gains that can facilitate results in tackling secondary impacts of emergencies. For example, a pro-bono partnership with the research agency Kantar Public was useful in assessing stigma and discrimination related attitudes, especially among returnees, migrants and people in self-quarantine. These findings informed the development of RCCE interventions targeting these groups.

Maldives' Data Driven Communications Influences Public Perceptions amid Covid-19

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Country Context

The first Covid-19 imported case was detected in the Republic of Maldives on March 8, 2020. The Government's RCCE response was focused on evidence-generation and real-time social listening to drive a strategic communications approach and inform the development of communications products to address emerging issues especially around the secondary impacts of the pandemic (e.g. mental health, stigma, discrimination, message fatigue, and misinformation). UNICEF's Covid-19 prevention messaging reached 200,000 people on social media out of the 350,000 active internet users in the country.

Covid-19 Statistics

By December 2020:

13,213 cases reported

47 deaths

200,000 people reached through RCCE interventions

RCCE Strategic Approach

Social listening, through platforms like Twitter was used for the first time in the Maldives as an effective tool for collecting, analyzing, and using social data to design and inform the overall RCCE response and measure the effectiveness of Covid-19 RCCE approaches during the rapidly evolving pandemic. Insights were used to gauge audiences - especially influencers' perceptions, conversation trends, and emerging challenges. Social listening helped identify and understand behavioral drivers and impacts of the pandemic among youth, children and women. For instance, initial insights, revealed the severity of mental health and stigma-related challenges being faced by young adults as a result of the pandemic. This prompted the Government to prioritize and focus RCCE efforts on youth, through targeted and strategic communications addressing these emerging issues. Additional insights, especially offline listening, also indicated that at-risk populations such as migrant workers were being stigmatized, demonstrating a need for tailored communications to address the growing societal polarization and reduce social stigma, particularly during the early months of the pandemic. Sentiments towards expatriate workers changed significantly over the next months as more people understood that everyone was at equal.

The use of consistent social listening enabled the Maldives to streamline RCCE efforts to respond to the growing "message fatigue" that was emanating from multiple Covid-19 communications. For example, when social data indicated that the general awareness of preventative behaviors was not translating into practice of desired behaviors, UNICEF supported the Government to re-strategize RCCE efforts. The new strategy entailed changing the tone of the messaging and adding a "personal touch" that was less instructional in nature. New messaging promoted values and social responsibilities that could motivate people to adopt preventative behaviors to interrupt infection transmission in their communities and families. The social insights were used to redesign the messaging framework, aimed at garnering credibility by contextualizing localized situations and making it relatable at different cognitive levels for audience groups. Messaging also reiterated the importance of seeking verified information from credible sources such as UNICEF and WHO.

Social data also indicated that there was a surge in misinformation, rumors, and fake news on websites of leading newspapers. To address the growing infodemic, UNICEF supported the Government in advocating with online news agencies in removal of fake news and reporting verified information around Covid-19. In addition, UNICEF trained journalists via a capacity building session that emphasized fact-checking, child- sensitive and ethical reporting. This initiative has the potential to be replicated to promote sustainable and concerted media efforts that drive journalists, bloggers, and social media influencers to continuously enhance their knowledge and awareness as well as commit to accurate information-sharing during emergencies.

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The efficacy and usage of social listening data was evident through the Government's strategic efforts to incorporate insights into every level of the response in the Maldives. Social listening insights informed the Government's policy-level decision-making. For example, when the Government banned movement by vehicles in the evenings, online insights revealed young people's negative sentiments towards the ban as it restricted their social activities. The RCCE efforts then focused on tackling these concerns by pushing out key messages which reiterated the significance of practicing self-restraint for the overall benefit of the community and family. Within 72 hours, community complaints against the vehicle ban reduced significantly.

A study conducted by the Maldives National University and the Health Protection Agency in June 2020, found that 94 percent of respondents could correctly identify symptoms of Covid-19, 90 percent reported staying at home to reduce exposure and 85 percent correctly identified ways to break the transmission chain. These figures indicate the continued success of the communication and outreach efforts conducted via the multi-agency RCCE working group and supported by UNICEF.

Furthermore, social listening supported the development of a range of communication products and tools for the RCCE roll-out, targeting young adults and children through a 21-episode comic series on Instagram and other social media channels. A comedy television series for young adults, short social media videos, two children's books on Covid-19 prevention, children's radio game show, Viber stay-at-home stickers, and IEC billboards were developed. Thematic issues which emerged from the data were incorporated in the development of these materials. For example, UNICEF engaged key influencers with positive messaging, and with the help of the First Lady of the Maldives, emphasizing different themes such as "helping others," "preventing abuse," "maintaining healthy routines," and "learning new things." Similar messages were also produced and disseminated with religious leaders.

In response to social data indicating people's Covid-19 messaging fatigue, the Government promoted the significance of having an overall healthy lifestyle, and gradually transitioning away from Covid-19-context-heavy messaging.

To address other emerging issues identified by social data analysis, including sexual violence against children and women during the pandemic, a collaboration with local NGO ARC was organized to disseminate a nationwide social media campaign infom and deter to address mental health and violence against children. The messages were disseminated to inform and deter people from engaging in different forms of violence during the pandemic. The campaign reached a total of 413,037 people through Facebook, Twitter, and Instagram. Additionally, UNICEF is working with the Government and stakeholders to launch a behavior change campaign in March 2021, on ending sexual violence against children and women, based on the incidences during lockdown in early 2020.

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Innovation

Social listening was regularized and mainstreamed as an integral part of RCCE response in the emergency, by the Government of Maldives. UNICEF advocated and supported the Government in creating an in-built daily social listening system as a knowledge-gathering tool which helped in policymaking, designing RCCE response to address community problems revealed by this data, and testing the effectiveness of RCCE materials. Social listening supported the Government in acquiring deeper insights into problems that were affecting diverse audiences and strategically positioned the Government to address them especially the secondary impacts of the pandemic. Through this effort, the Government's capacity to identify and react to emerging issues early and address them with correct information, call-to-action, and appropriate communication strategies for the public increased.

Challenges and Constraints

Since traditional community engagement mechanisms were unavailable due to the restrictions in movement, the Government had to rely heavily on available social media channels for data gathering, which did not fully account for some marginalized and remote segments of society including people with disabilities and expatriate workers. The campaigns were designed with the knowledge gathered from attainable social data analytics and not face-to-face communication, creating limitations for the Government to gather representative data accounting for the needs of all segments of society. Consequently, online engagement with the communities was maximized to better understand the perceptions and sentiments to steer campaigns and other RCCE components but lacked insights from offline sources that could have been utilized to optimize RCCE efforts.

Key Recommendations

Embedding structured and sustainable social listening mechanisms in the regular response frameworks of relevant ministries within Government can have far reaching impact on future RCCE efforts. Social listening can be used as an in-built sustainable tool for generating real-time information on sentiments and public perceptions for preliminary assessment around Covid-19 vaccines, uptake, especially owing to the high internet and social media penetration (71 percent) in the Maldives. As well as embedding emergency preparedness into regular programming.

Lesson Learned

Consistent engagement based on evidence from social listening has ensured that misinformation, disinformation as well as messages that promote stigmatization of certain groups of people are caught early and addressed with correct information that the public requires. The experience of using social listening by Government and UN agencies to inform RCCE response is still nascent in the Maldives. A lot still remains to be learned on how to best maximize its potential and expand to other platforms including offline listening.

Youth Activism Spearheading Change in Nepal's RCCE Response

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Country Context

In January 2020, the first Coronavirus case was detected in Nepal, calling for immediate interventions by the Government, humanitarian and development agencies, private sector actors, NGOs and CSOs, and volunteers. School closures ensued in Nepal, impacting the everyday life of young people. The Government of Nepal's Risk Communication and Community Engagement (RCCE) response focused on mobilizing, empowering and catalyzing youth groups and harnessing youth potential to become active contributors and leaders in the national response. Ultimately, RCCE efforts nurtured a strong youth movement that was prepared to support communities and the Government in effectively responding to emergencies in Nepal.

Covid-19 Statistics

By December 2020:

253,772 cases reported

15 million people reached by RCCE interventions

RCCE Strategic Approach

A Child and Family Tracker Survey designed by UNICEF as part of the Government-led RCCE effort indicated that more than two-thirds of schoolchildren were being deprived of distance learning, eroding advances in education attainment. This coupled with emerging secondary impacts of the pandemic on young people including several hundred schools being designated as makeshift quarantine accommodations, presented the need for community engagement strategies that focused on youth. For example, reassuring communities that schools are safe for children to return to.

The Survey further illustrated low risk perceptions and adoption of public health measures by the youth in addition to sharp inequalities in access to media and digital platforms among the youth. Data pointed towards the myriad of serious pandemic complications with implications on young people and children, including; stigma and mental health issues, increased abuse, violence and sexual harassment. Additionally, a national poll suggested that more than half of families reported losing their jobs or earnings. This necessitated interventions to increase opportunities to build the capacity of youth to proactively participate in the emergency response though community leadership.

The Ministry of Health and Population (MoHP) launched a behavior change reinforcement campaign in partnership with UNICEF, USAID, and Nepal Scouts, engaging volunteers to reinforce knowledge and demonstrate key behaviors in high density areas. In addition, the Nepal Scout volunteers were mobilized to not only remain active at the forefront of community engagement interventions, but to also step up and measure the impact of the engagement. Scouts witnessed visible positive change and increased adoption of preventative behaviors among community members, indicating that the fruitful scout engagement could be localized and extended to other regions of Nepal especially hard-to reach areas and communities.

UNICEF also worked with partners in mobilizing youth volunteers to tackle various aspects of the pandemic via digital platforms. The online engagement proved to be a critical way to engage youth in Covid-19 response, especially during the many months of lockdown, when movement within the community was restricted. Hundreds of youth volunteers from across the nation helped UNICEF and partners bring a focus on the negative impact of Covid-19 on the mental health of children and young people as well as stigma and discrimination facing people affected by Covid-19 and their families as well as frontline workers through user-generated content, online discussions and virtual events. More than 28 radio programme producers ensured the coverage of mental health issues through diverse radio stations.

Building on the evidence from a media landscape survey, UNICEF together with MoHP started a radio programme, "Corona Capsule" to provide evidence-based information to curb misinformation, reaching more than 14 million people across the country. In order to leverage listenership, the content was embedded in popular radio programmes of both commercial and community radio networks. People of all age groups listened to the programme, 18 percent of which was below 25 years.

Nepal saw an increase in cases of sexual violence against girls as their vulnerabilities were significantly exacerbated, underscoring the need for greater investment in networks and spaces for women to generate dialogue on addressing these issues. A video diary series launched by UNICEF allowed women and young girls a space and opportunity to showcase the different ways in which they were coping with the effects of the pandemic using simple cell phones. The video footage was captured by young adolescent girls, illustrating how powerful it can be for young girls to harness digital tools and amplify their voices to be heard during global emergencies.

The RCCE efforts provided young people opportunities to actively engage as change-makers in the crisis response. Child Club graduates were mobilized to counter misinformation and share official updates and facts related to the pandemic on social media. In this light, UNICEF Nepal launched a myth-busting campaign targeted at young people to support them in taking a lead role in reporting misinformation and amplifying fact-based information on social media.

Further, MoHP, UNICEF, National Health Education Information and Communication Centre (NHEICC,) and the telecom company NCELL, jointly implemented an awareness-raising campaign. Part of which, Sujal Bam, a differently abled young artist demonstrated safety Covid-19 measures that was aired on mass media.

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Under this unique partnership which involved stakeholders from the public and private sectors, UNICEF Nepal was able to build capacities and draw investments on utilizing RCCE practices as a strong force for addressing the public health crisis. Private sector actors like NCELL were encouraged to employ communication tactics that helped to reach vulnerable young people with disabilities.

As part of its Reimagine campaign, the Government of Nepal aimed to prevent vulnerable children from facing aggravated impacts and narrow the gap in access to remote learning by bridging the digital divide and mobilizing community volunteers. In this vein of leaving no one behind, UNICEF also published and disseminated campaign materials in brail for visually impaired / blind people. In addition, 700 plus students were mobilized as peer educators to closely work with vulnerable community members.

Challenges and Constraints

The online engagement of youth volunteers largely included young people from major cities such as Kathmandu that have reliable internet connection. This meant that youth from remote parts of the country were not as easily reached with some of the virtual based interventions.

Key Recommendations

Proactive engagement and mobilization of young people in response to Covid-19 as activists, leaders, advocates, volunteers, social entrepreneurs, and innovators and involving them as decision-makers can maximise the impact of the response. Youth-led platforms have proved to be effective in meeting the needs of not just youth but their communities at large during crisis. There is potential in unleashing youth creativity by engaging young artists to participate in awareness raising initiatives to spur community-level change. Ultimately, a strong, dynamic, and empowered youth is critical in catalyzing and driving wider long-term social transformation and recovery from the pandemic in Nepal.

Lessons Learned

Youth's digital engagement and adaptation: The digital era is paving way for a more empowered generation of young people in Nepal, presenting new opportunities to speak up and connect with others. As young adolescents' usage and access of social media has increased in the South Asian region, providing platforms to support young people in countering these emerging issues can add value to the response, empower young generations with agency and build resilient communities.

Youth-focused insights and data: Data and social insights that emerged from Nepal helped to curate targeted actions involving marginalized young people. Findings from in-depth research on the health, education, nutrition, and psychological impacts were vital for regional advocacy on pressing issues affecting young people.

Pakistan Employs a Data Driven RCCE Response to Address Covid-19

Sadia Saleem works as a call agent at the 'Sehat Tahaffuz (meaning health protection in Urdu) 1166' helpline centre.Islmabad, Pakistan.

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Country Context

In Pakistan the first imported case of Covid-19 was reported on 25 February 2020. A Government-led national coordination committee implemented a comprehensive evidence-based Risk Communication and Community Engagement (RCCE) intervention to reduce the impact of the pandemic. A key element of Pakistan's RCCE response included social and behavioral analysis of qualitative and quantitative data to inform strategic RCCE actions and overall programmatic response across the country including vulnerable and hard-to-reach areas. RCCE in Pakistan was premised on the rigorous collection, analysis, and use of social data to inform all interventions. High quality analysis of the findings from this dynamic suite of up to 15 different data sources is consolidated into a fortnightly Covid-19 RCCE Brief, regularly employed as a tool for sharing social and behavioral data and insights and strategic recommendations for policy makers, sectoral pillars, RCCE Task-force teams, and implementing partners. The Covid-19 RCCE Brief also contributed to the development of Pakistan's Communication Matrix, a culmination of robust strategic interventions, key messages, awareness-raising campaigns, two-way communication formats, and engagement tools during the pandemic.

Covid-19 Statistics

By December 2020:

437,229
cases reported

10,176
Deaths

84.4 million
people reached
by RCCE interventions

Strategic Approach

The Government of Pakistan led a nationwide RCCE response supported by UNICEF and other partners. The response was data-driven, utilizing qualitative and quantitative data gathered from diverse platforms, including anthropological social and behavioural research, Knowledge-Attitude-Practice (KAP) longitudinal surveys, social media sentiment analysis, mass media monitoring, the national 1166-helpline and WhatsApp Chatbot surveys. Qualitative social and behavioural data was collected through semi-structured telephone interviews by trained researchers and a medical anthropologist. Other external data sources leveraged by the RCCE response included insights from rapid literature reviews, data from Digital Pakistan, and findings from independent Gallup, Apex and IPSOS surveys.

UNICEF supported the Government in the collection and analysis of this data from different geographic and demographic groups. This enabled a deeper understanding of key behavioural drivers during the pandemic, allowing for greater knowledge and experience-sharing among partners, and improved coordination and prioritization of RCCE efforts. For example, UNICEF captured public sentiments in relation to Covid-19 through social media listening from the onset of the RCCE response. The social media sentiment analysis was conducted using the Keyhole platform to regularly track misinformation as well as negative, positive and neutral conversational trends in relation to Covid-19. This analysis was used to design and drive RCCE interventions, including influencer-led communication on social media to address misinformation and promote preventative behaviours.

The key advocacy platforms for the Covid-19 RCCE Brief were the Government-led RCCE Taskforce and UN-led RCCE Working Group. Taskforce actors used the insights and recommendations to deliver strategic RCCE plans, corrections, and interventions. For instance, the Covid-19 RCCE Brief revealed that frontline healthcare workers were blamed, stigmatized and accused of being the primary spreaders of Covid-19. During the early weeks, health workers were not trained, did not own personal protective equipment, and did not adhere to rigorous preventive measures. As a result, health workers were infected while treating others, and in turn infecting other patients, and thus creating a wave of negative accusations against them. With this insight, the Government and partners launched the 'we-care' campaign, intended to improve the image and reputation of health workers as well as launch immediate trainings and provide personal protective equipment for all health workers.

The Covid-19 RCCE Brief also allowed stakeholders to align their efforts. By highlighting emerging RCCE issues and fostering joint RCCE action on Covid-19, the brief helped to position RCCE as an integral part of the national response. For example, it was regularly incorporated into the Health Minister's national press briefings. UNICEF further utilized it to work directly with Government agencies, medical practitioners, health workers, private sector companies, media personnel, and civil society organizations to mobilize and build their capacity to effectively engage with communities, such as campaigning in hard-to-reach areas where digital inequity was a major barrier.

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The "Communication Matrix" informed by data from the brief outlined specific informational needs of population groups and the key message focus. UNICEF facilitated Government and partner agencies to operationalize the matrix through promotion of Covid-19 preventative behaviours via multiple communication channels and platforms, reaching diverse communities especially in hard-to-reach areas. Engagement with local influencers and religious leaders was leveraged to reach and inform different vulnerable audience groups across Pakistan.

Innovation

UNICEF supported the Government's Ministry of National Health Services, Regulation and Coordination to launch a nationwide Covid-19 awareness-raising campaign by engaging Viamo, to roll-out 2 million SMS messages and 6.84 million robocalls across 60 locations in urban informal settlements, tribal areas, and hard-to-reach areas across Pakistan. Two-way communication with women and men was facilitated through the robocalls to gather their insights. This intervention was especially intended to reach female mobile users across the country, given that women in Pakistan faced significant barriers in accessing information. RCCE partners also involved female social mobilizers to engage with women at the household level. The use of local community influencers among women for female engagement was implemented through the Polio Community-Based Vaccinators (CBVs) and Lady Health Workers (LHWs).

Challenges and Constraints

Dynamic and varied risk perception; difficulty in translating knowledge to action: Risk perception felldrastically in Pakistan, particularly after the easement of the national lockdown across the country. Data revealed that people were impacted by a host of misconceptions, including the perceived eradication of Covid-19 transmission in the country. These misconceptions acted as key barriers to translating transferred knowledge into actionable preventative behaviours.

Varying and contradictory narratives: Multiple narratives surged and formed conversational trends and perceptions, driven by different interest groups and belief systems that downplayed the risks associated with COVID-19. UNICEF supported the Government to use the evidence to align these different narratives in order to promote continued use of desired behaviours.

Key Recommendations

Leveraging new mobile applications for increased engagement with communities: Digital mobile applications should be leveraged to maximize vaccine uptake and address demand-side challenges, raise awareness and build public trust and clarify the value proposition.

Building strengthened data systems: As shown during the pandemic, Pakistan must strategically buildregular and functional systems to collect data and insights from communities and integrate consistent digital and social listening formats in programming.

South Asia Regional collaborative approach: A regional collaborative approach can be undertaken including lessons learnt-sharing, data, combining principles, strategies, and campaign ideas with neighbouring South Asian countries impacted by common Covid-19 problems.

Lessons Learned

Need for tracking specific campaign engagement and feedback: Measuring the efficacy of selected messages, campaigns, mediums, partnerships and engagement strategies will be beneficial for upcoming vaccination awareness-raising campaigns and second-wave RCCE interventions. In addition, in cases where it is difficult to assess the impact of certain media interventions such as weekly radio programmes due to limited data on listenership, alternative monitoring mechanisms can be incorporated for feedback and queries.

Gains from data collection systems: Pakistan's RCCE response has reiterated the need for utilizing new and consistent formats for data collection especially in an emergency context. Social listening mechanisms paved new pathways for two-way communication and feedback, presenting Pakistan an opportunity to continue strengthening data generating systems to be better prepared for future pandemics and emergencies.

WASH Interventions Mitigate Covid-19 Spread among Sri Lanka's High-Risk Urban Communities

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Country Context:

In Sri Lanka the first Coronavirus case was detected in January 2020. Sri Lanka was ranked as the 16th highest risk country prone to coronavirus, prompting the Government to take immediate measures such as island-wide school closure, travel ban from selected countries, declaration of special holidays to limit public gatherings, and an island-wide curfew in March 2020. The Ministry of Health convened a Risk Communication and Community Engagement (RCCE) working group with support from UNICEF and other agencies. UNICEF supported the Government to implement a national RCCE plan comprising of targeted Covid- 19 prevention and control awareness programs in high density urban settlements of seven main cities with a special focus on hygiene promotion to over 1500 households.

Covid-19 Statistics

By December 2020:

43,299 cases reported

201 deaths

15,000 people reached by RCCE interventions in uban settlements

RCCE Strategic Approach

UNICEF partnered with development partners to support its primary Government counterpart, the Health Promotion Bureau of the Ministry of Health to lead the national RCCE Plan. The plan guided communication campaigns and interventions on prevention, stigma and caregiving and reached a mass media audience of 14.7 million and 6 million online views. For instance, a Prevention Through Hygiene campaign ran on Prime-Time national TV, radio and social media reaching 10.7 million people. UNICEF also collaborated with WHO on a 14-day hygiene-focused mass media campaign on key prevention messages reaching 3.6 million people.

Under the national RCCE plan, UNICEF in partnership with a Government counterpart, Urban Settlement Development Authority (USDA) developed a comprehensive WASH package to support RCCE interventions in targeted urban settlements in an effort to contain the spread of the virus among high-risk and marginalized urban communities. Technical assistance was provided to the Government to help urban communities adopt hygiene practices, especially hand hygiene as one of the most effective ways to prevent infection and reduce the spread of Covid-19 and other communicable diseases.

Through a combination of existing WASH interventions coupled with strategic RCCE, a 'Covid-19 Prevention and Control' behavior change campaign was launched targeting high density urban settlements to reduce infection transmission in selected high-density settings with a higher risk of disease and virus spread.

UNICEF's WASH programme's community-based data informed targeted outreach and behavior change communication activities to mobilize vulnerable communities to adopt desired behaviours. Data was collected and analyzed to create tailored household-level campaign engagement. Phone surveys, Key Informant Interviews and Focus Group Discussions (FGDs) were conducted during the initial stages of the pandemic to acquire data. The data indicated pressing socioeconomic and hygiene-related concerns due to poor sanitation, hygiene, and health practices along with secondary impacts such as increased drug abuse, petty crimes, domestic violence, and youth unemployment during the pandemic.

In the first phase, key Covid-19 prevention messages including hand hygiene, mask-wearing, supporting for disinfection and physical distancing were promoted within densely populated urban dwellings. Hygiene behavior monitoring tools were also introduced at household levels. Community mobilization efforts in four urban settlements directly reached 1,500 families (7,550 people) through timely hygiene promotion programmes. For example, a two-day awareness raising program was conducted in Agulana, a low-income urban settlement, to reach 676 homes with information on virus prevention and control measures, and demonstrations conducted on proper hand washing techniques and the use of facemasks.

UNICEF provided technical assistance by developing and coordinating a comprehensive hygiene promotion program for communities in urban settlements including Angulana, Colombo, Borella, Kolonnawa, Chilaw, Rajgama, and Katukeliyawa. in coordination with their welfare committees, community-based organizations, medical health officers, public health inspectors and police officers. Communications materials were developed and displayed in strategic areas around the settlements. Stage dramas based on relatable traditional themes and known ancient characters were arranged to promote key messages, tackle virus misconceptions, and enhance outreach with the communities to ensure community adherence of prevention measures.

During the second phase of the behaviour change program, the Government was supported to further adopt and sustain the RCCE measures by including rigorous monitoring mechanisms specifically designed to track behavior change and continual promotion of prevention practices at the individual, household, and community levels.

© Sri Lanka Urban Settlement Development Authority

Innovation

UNICEF strategically intergrated RCCE into its WASH and hygiene-promotion initiatives to slow the spread of the Covid-19 infection among vulnerable communities across the country. For example, as schools reopened across Sri Lanka in August 2020, critical hygiene-focused guidelines were disseminated by Ministries of Health and Education to control infection spread through a national media campaign titled 'Covid-19: New Lessons in the New Term' comprising of television advertisements, sign boards at the entrance to schools and radio advertisements in national languages. The campaign reinforced hygiene practices to school communities including children, parents, teachers, and caregivers. A brochure for parents describing what to expect and what to do when sending their children to preschool and an instructional video on Infection Prevention Control (IPC) measures for preschool teachers were developed and distributed.

Challenges and Constraints

The dearth of data on high density low resource urban communities presented challenges in targeting responses efficiently. The heterogeneous nature of urban settlements presented an additional challenge in contextualizing communications to the diverse audiences to render it relatable, palatable, and measured.

Key Recommendations

The country could benefit from robust evidence-generation to better understand how to sustain the momentum gained from this initiative targeting high-risk low-resource urban settlements to inform future engagement with this demographic on other programmatic interventions.

Lessons Learned

UNICEF was able to effectively garner support from both higher-level Government officials and communities in these urban settlements to actively participate and engage on the RCCE initiatives designed to slow infection spread. Continuous advocacy and reinforcement enabled Government officials to understand the concerns and challenges emerging within the high-risk urban communities, ultimately resulting in a focused and targeted campaign. The communication materials were scaled up by Medical Health Officers in other vulnerable high-risk urban pockets located in surrounding areas of the selected settlements.

According to USDA officers, the prevalence of Covid-19 cases and the spread of the disease were comparatively lower during the 1st and 2nd waves of the pandemic due to the highlighted behavior change and awareness raising interventions. They also noted that efforts made to monitor key behaviors had been instrumental in measuring how communities were adapting positive behaviours

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