

REAL-TIME DATA FOR DECISION-MAKERS IN EASTERN AND SOUTHERN AFRICA: THE COVID-19 JOINT REPORT

CONTEXT

In an era where billions of people use social media across the globe, the COVID-19 pandemic brought with it an unprecedented infodemic: abundant misinformation spreading faster, one could argue, than the disease itself. To respond to the infodemic, the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), the International Federation of the Red Cross and Red Crescent Societies (IFRC), and other agencies began to regularly share and publish reports that monitor digital trends through social listening and distill community feedback via regular community engagement activities. While the reports were lauded as excellent tools to inform programming, it also meant that there were numerous reports for key staff to review, creating yet another form of information overwhelm.

RESPONSE

“Before the Joint Report we had several platforms we had to keep up with. This makes things much easier to see what is important” — Wilson Kipkoeh, World Vision



The Risk Communication and Community Engagement (RCCE) Collective Service, working with several partners, identified a need to streamline the content of social listening reports and community perceptions data into one Joint Report. The Joint Report triangulates data from UNICEF Social Listening Reports, the African Information Response Alliance (AIRA) Infodemic Reports, and the Community Feedback Report, each compiled using different methodologies.

1. Social Listening Report: Using artificial intelligence (AI) powered tools and analyst-driven review, this report compiled by UNICEF

analyzes digital news, online search trends and social media discourse related to immunization, education, and health services in Eastern and Southern Africa.

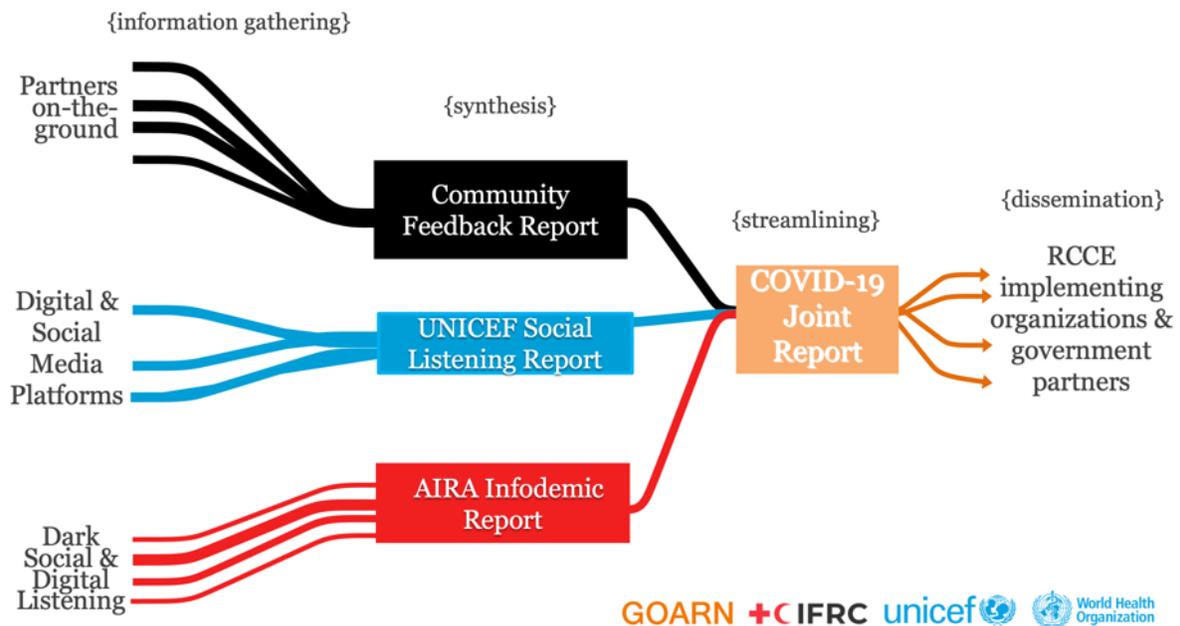
- 2. AIRA Infodemic Reports:** This report, developed by WHO AFRO, analyzes trends observed on social media platforms, which it compiles using a variety of social listening dashboards specific to the COVID-19 response. When possible, circulation of rumors and misinformation on closed channels (e.g. WhatsApp) are confirmed in the report.
- 3. Community Feedback Report:** This report relies on partners on the ground, including Ministries of Health, to input data collected from community members. Based on the IFRC's community feedback methodology, partners report on prevalent conversations and community insights in the communities where they work.

Collective Service partners, led by AIRA, work together on a monthly basis to discuss the data from these reports, which are published throughout the previous month, to determine a theme, highlight the most important information, and produce critical recommendations for RCCE practitioners at the regional and country levels.

FEATURES

- * Information gathering:
 - o Online survey tool for partners contributing to the community feedback report digitizes information in real time so that it can be analyzed and accessed more readily than paper reports
 - o Social media platforms (e.g. Twitter, Facebook) are analyzed for trends and misinformation and rumors circulating on closed channels (e.g. Whatsapp) are confirmed when applicable
- * Synthesis:
 - o High-demand information provided to key staff and decision-makers
 - o Trending conversations and misinformation flagged for community outreach
- * Streamlining:
 - o Increased communication and good debate between partners creates a coherent data narrative
 - o Reduced message confusion by harmonizing information from different sources
- * Dissemination:
 - o Reduced burden on decision- and policy-makers to synthesize data from different reports and dashboards
 - o Offers regional- and country-level recommendations
 - o Development of content to address rumors and trends.

[Insert Data Flow Chart similar to below, to save space possibly incorporating the features into the visual]



ACHIEVEMENTS

- ⇒ Established a technical infrastructure and network of partners to inform future emergency response actions
- ⇒ Creates awareness about the importance of RCCE as part of the COVID-19 response
- ⇒ Serves as a model for multi-country, multi-organizational collaboration
- ⇒ Favorite tool for Collective Service partners to make COVID-19 program decisions
- ⇒ Helps community programs to stop rumors before they start
- ⇒ Allows organizational partners to speak with one voice to combat misinformation

SPOTLIGHT: THE COMMUNITY FEEDBACK REPORT

“The Community Feedback Report has helped us tremendously. We used to have a closet full of papers [M&E forms] that no one had the time to read or analyze. Now the data we collect is put to use immediately.”—
Tendayi Gudo, National Director Apostolic Women Empowerment Trust

In an era of suspicion and fear magnified by the power of the internet, it is crucial to gain community trust, understand community-level perceptions, and respond in real-time to dispel myths and correct information. The Community Feedback report is a real-time dashboard built by the Collective Service Information management pillar using methodology developed by the IFRC, with extensive input from partners.

IFRC [methodology](#) to collect community feedback focuses on questions, beliefs, rumors and concerns to advocate for community needs. Feedback is often collected during household visits,

interactive radio shows, social media, or WhatsApp. While findings are not statistically representative of the communities where data is collected, the data is nonetheless useful to point out potential red flags for triangulation with other data sources.

While organizations have long been gathering monitoring data on paper, without an infrastructure to digitize this data, it is often outdated by the time there is an opportunity to review it manually. With the Community Feedback Report technical infrastructure developed by The Collective Service, NGO/CBO and/or government staff can gather information from the field using a tablet and an online survey tool and upload this data to a real-time dashboard. The dashboard offers an array of relevant data and collaboration tools customized to the response. As the online survey tool collects qualitative data that is instantly centralized, it can be analyzed much more efficiently than traditional data gathering methods. Moreover, organizations have the opportunity to digitally search, review, and analyze their data in order to update communications plans and make time-sensitive programmatic decisions.



The ESAR Community Feedback Dashboard codes and organizes the date of data collection, origin, summary feedback, example quotes, and recommendations into visualizations that put the data into perspective.

FROM THE FIELD

Investigating vaccine confidence and acceptance among health care workers in Ethiopia, the Community Feedback Report noted that a viral video might be impacting vaccine acceptance. In the video, people were being vaccinated in their right arm, and a chip inserted. This video was tagged #666, #markofthebeast, referring to the Biblical chapter Revelations in which people are marked as followers of Satan on their forehead or right hand.

During a partner meeting, it was noted that the video was also picked up in the UNICEF Social Listening Report. Ethiopian partners were able to share more details around the specificity of the video including, in order to allay fears, that vaccine administrators offered to vaccinate health care workers on their left arm, which health care workers accepted.

The recurrence of the viral video in both sources confirmed the rise of this conspiracy. New content was created at Viral Facts Africa to dispel the myth, and WHO was able to revise its social listening algorithm to continue to monitor for vaccine hesitancy related to religious symbolism.

CHALLENGES



“What we see is that rumors and misinformation online are mirrored in our communities, even with lower rates of internet penetration.” – Daudi Ochieng, WHO Afro

With so many sources of information and methodological considerations for each data type, it can be difficult to prioritize data into actionable information and recommendations for responders. The key words, or taxonomies, used to tune artificial intelligence (AI) on big data sets, build in biases that must be discussed and justified. Rumors and misinformation in communities must be analyzed to determine how widespread or serious the impacts might be. Recommendations must be realistic and account for differences across the region. At the same time, this process

of deliberation and discussion builds solidarity among partners and enhances confidence in the report’s conclusions and recommendations.

10 LESSONS LEARNED

1. Too many social listening reports/platforms make it difficult for decisions-makers to focus in on what is important. Initiatives like the Joint Report help programs make confident decisions.
2. Creating the Joint Report not only provides critical information, but it also builds solidarity among partners through the process of discussion and deliberation.
3. The triangulation of data is especially critical to confirm long-standing issues and generate discussion on potential solutions.

4. Often overlooked but essential is to build monitoring and evaluation into the dissemination process of the Joint Report in order to track utilization of the data and recommendations.
5. It is important to disseminate the report widely in order to receive feedback from a broad range of actors and geographic locations.
6. The COVID-19 Joint Report stimulates discussion and creates awareness concerning the kinds of assistance that the RCCE Collective Service can provide.
7. It is useful to designate a small team or one point person to manage the creation of the Joint Report including convening meetings among partners, following up on concerns, tracking improvements, and monitoring utilization.
8. Contributing to the Joint Report, especially through the community feedback mechanism, is an organizing activity that connects partners at the country level, and connects country-level partners to the regional level.
9. The Joint Report eases collaboration for organizations working across large geographic areas.
10. Partners can lose interest in the report over time if they are not consulted for feedback or make direct contributions.

NEXT STEPS

The Joint Report has been widely praised by Collective Service Partners as an instrumental part of COVID-19 programmatic decision-making. The success of the Report has sparked recent calls for wider dissemination beyond RCCE practitioners. The Collective Service is currently looking at ways to make this information more accessible to more people and to support other regions to follow the same process.



The RCCE Collective Service enables collaboration between a wide range of organizations engaged in policy, practice, and research to strengthen coordination and increase the scale and quality of RCCE approaches, while also supporting a coordinated community-centered approach that is embedded across public health and humanitarian response efforts.

This is a partnership between the WHO, UNICEF and IFRC, which leverages active support from the Global Outbreak Alert and Response Network (GOARN), and key stakeholders from the public health and humanitarian sectors.

[RCCE Collective Service](#)