

WISH COVID-19 Learning Brief #3:

Adaptations to Social and Behaviour Change Communications

September 2020

In response to COVID-19 related restrictions, organisations are adapting their Social and Behaviour Change Communications (SBCC) to ensure that men and women continue to receive accurate and timely sexual and reproductive health and rights (SRHR) information. This Learning Brief summarises some of the key activities of WISH partners and other external organisations in adapting their SBCC approaches in response to COVID-19. The brief is based on existing literature and key informant interviews and is written by WISH4Results, the Third Party Monitoring team for the FCDO Women's Integrated Sexual Health (WISH) Programme.

Key learnings

1. Messaging on SRHR is being adapted to emphasise that services are still available and procedures are in place to ensure clients' safety;
2. Messaging is responding to people's anxiety about COVID-19 by positioning family planning as a way to avoid the additional stress of an unplanned pregnancy;
3. Radio programming is being adapted to include more phone-ins, talk shows, and up-to-date information on local services;
4. Telehealth services (hotlines and call centres) are being successfully scaled up and call handlers trained to provide information on SRHR, COVID-19 and gender-based violence;
5. Social Media platforms such as Facebook and WhatsApp are effectively reaching young people and health professionals, using animations, live broadcasts and video testimonials;
6. Community mobilisation is continuing with additional precautions, such as hand washing, social distancing, reduced client load, providing advice door-to-door, and providing information by loudspeaker systems mounted on vehicles;
7. Trusted intermediaries such as youth organisations, disabled persons organisations (DPO's), peer educators, Community Health Volunteers, religious and traditional leaders are effectively reaching specific groups and harder-to-reach areas;
8. Evidence on the effectiveness of adaptations to SBCC programming during COVID-19 is currently limited; this could be a useful focus for future work.

Content for this Learning Brief

This Learning Brief is based on a rapid review of literature and interviews with 20 stakeholders, including staff from Marie Stopes International (MSI), the International Planned Parenthood Federation (IPPF), WISH Consortium Partners (Leonard Cheshire Disability, the International Rescue Committee, Humanity and Inclusion, and Development Media International), IPPF Member Associations, and external experts from John Hopkins University and Shujaaz Inc. It draws together key learning on adaptations made to SBCC on SRHR in overall programming.

Challenges to SBCC posed by COVID-19

The COVID-19 pandemic poses some unique challenges to SBCC on SRHR, including:

- Circulation of inaccurate information and rumours about COVID-19. This may make people feel less trusting or overwhelmed with health information, or that family planning is not a priority. Communicators need to ensure their messages are accurate, credible and relevant.
- Government information and policies on COVID-19, including information on the infection rate, movement restrictions, precautions required, and use of public transport, may change rapidly. Communicators need to ensure that their messages are aligned, or at least do not conflict with, government policy, and adapt quickly to the changing context.
- Family planning services and contraceptive availability may change rapidly, with supplies not being replenished, health facilities being closed or staff being unavailable due to being redirected to COVID-19 tasks, getting sick or needing to self-isolate. Communicators need to maintain close links with service providers to ensure that they promote services that are available.
- Movement restrictions prevent people from accessing health care or increase anxieties about visiting health centres. They can also make outreach work difficult because health workers can struggle to get to their catchment areas, and local communities may be hostile to outsiders visiting. Programmes need to find new ways to communicate with clients, such as providing advice online, or through telehealth services. Clients will need information on the full range of contraceptive methods based on what is available and potential changes in their circumstances.

Adaptations to SBCC in response to COVID-19

Adapting and integrating messaging

Programmes are adapting their messaging to remind clients about their family planning needs, that family planning services are still available, and to direct clients to online, telehealth and community providers.

- In response to insights that couples are spending more time at home, and that young people may find it more difficult to access family planning services discretely, Development Media International (DMI) are increasing radio messaging on the role of men in supporting access to SRHR, the importance of couples communicating about family planning, and the needs of young people. To avoid directing people to health facilities unnecessarily, and to recognise that there may be a range of community-based service delivery points available, DMI changed the call to action for their radio spots from “*visit your health centre*” to “*talk to a trusted provider.*” This aims to remind people that despite the COVID-19 pandemic, reproductive health services are still available. DMI have also worked closely with governments to align and adapt their messaging - for example through attending in-country technical working groups on communication. Messaging has been adapted based on the different stages of the pandemic, by adjusting taglines and content to support in-country government efforts to raise awareness on COVID-19.

- MSI country programmes have updated their websites with the message “*We’re still open during the COVID-19 outbreak.*” MSI are also encouraging clients to think longer-term and be prepared for uncertain circumstances, for example, through advising clients to ensure they have sufficient contraceptive supplies. Evidence indicates that more clients are contacting services through online methods: globally, the proportion of messages MSI received through social media platforms increased from around 20% in January 2020, to nearer 30% in April, May and June, and continued to rise in July and August.¹

Box 2: Adapting radio shows to respond to the COVID-19 pandemic

Stakeholders consulted for this learning brief stated that radio listening has increased during the pandemic. To capitalise on this, SBCC activity has included a greater focus on phone-in shows and discussions involving health professionals, for example:

- In South Sudan, the International Rescue Committee (IRC) partnered with local radio stations to develop weekly radio programmes, jingles and live talk shows. Messages on family planning and prevention of COVID-19 were integrated into the shows, and misinformation and queries were addressed during phone-ins. This has included reinforcing that health facilities have procedures in place to keep people safe during the COVID-19 pandemic; reminding people of hand-hygiene, social distancing and COVID-19 symptoms; and addressing misinformation, such as it not being safe to use contraception during the COVID-19 pandemic, that heat can protect people from the virus, or that COVID-19 is a “white person’s disease.”
- In Uganda, DMI worked with service delivery partners to invite health providers onto radio shows to provide detailed information about available services and respond to questions from listeners. They also arranged for DJ’s to provide information about available services during radio programmes.

Box 3: Using mobile loudspeaker systems to convey information

In Uganda and Ethiopia, IRC used vans with loudspeakers to promote family planning messages in local communities, using spots and content created by DMI.² This method had been used before and was adapted to provide COVID-19 specific information. IRC identified information which could be transmitted easily and quickly, such as: which services were available; where to get more information; basic COVID-19 prevention advice; and Frequently Asked Questions. There were scheduled days when the vans would travel through villages repeating key messages. Community mobilisers were trained to deliver the messages and to start conversations on family planning. Humanity and Inclusion have also used loudspeakers mounted on vehicles in Ethiopia and South Sudan, providing information about services and COVID-19 messaging. MSI have developed four scripts for announcements on family planning and COVID-19, suitable for local radio, PA systems and Town Criers.

¹ This increase is notable for the WISH programme, as in 2019 (i.e. before COVID-19) less than 1% of WISH clients found out about services through online sources (client exit interview data, 2019)

² Use of loud-speakers is a commonly used strategy to share information amongst communities – for example, as reported by [Save the Children](#) and [World Vision](#).

Scaling Up Telehealth

Telehealth services are being scaled up and call handlers trained to provide information on family planning, gender-based violence (GBV) and COVID-19.

Given restrictions of movement and interaction, providing information by telephone has become more important during the COVID-19 pandemic. Telehealth services are being scaled up and call handlers trained to provide information on family planning, GBV and COVID-19. Existing services are being strengthened and new services are being developed, for example:

- IPPF's member association in Sudan (SFPA) established a call centre in close collaboration with the Ministry of Health and the Sudan Obstetrical and Gynaecologic Society, following the closure of static facilities and outreach services at the start of the pandemic. The call centre was promoted through SMS blasts to clients of the leading mobile phone providers in Sudan, and through radio and TV spots. Staff were trained to provide tele-counselling services and clients were delivered short-acting methods to their homes by SFPAs network of community-based distributors. Clients seeking LARCs were booked in for appointments from clinicians on call from static facilities. Staff have reported that in the first three months of the call centre opening (April-Jul 2020) 70,000 calls were received.
- IPPF's Member Association in Pakistan (Rahnuma FPAP), have expanded the remit of existing call centres that provide information on SRHR to young people. The service now provides information on COVID-19, offers telephone consultations and referrals to health facilities and provides counselling services for young people. Calls to the centres are reported to have increased.
- MSI has contact centres (call centres where people can receive advice and referrals on SRHR) in 28 countries and has shifted its marketing strategy to direct people to first call the centres, which can then refer clients to local services. A template with Frequently Asked Questions about COVID-19 was developed globally, and country teams adapted them to reflect local guidance and regulations. In Madagascar, a social and mass media campaign was developed to direct clients to the contact centre. In Uganda, the MSI contact centre has partnered with the government to respond to COVID-19 queries. Overall, MSI's contact centres have served over 1 million clients since the start of the year. Notably, between March and April 2020, MSI's contact centres saw a 50% increase in clients interacting via social media messages.
- Breakthrough Action is partnering with Viamo, a company providing information, interactive voice services, and research via the phone through its '3-2-1' service, in various countries in sub-Saharan Africa and Asia. They have updated their telehealth platforms with COVID-19 information and integrated this with messaging on family planning and GBV.
- In South Sudan, the IRC are considering using SMS/text message facilities to disseminate SRHR information and link clients to referral points, while in Somalia, a hotline service is being considered in consultation with the Ministry of Health.

Online channels and social media for clients and health professionals

Online channels such as Facebook and WhatsApp can effectively engage young people and health professionals, using animations, live broadcasts and video testimonials.

Informing and engaging clients:

- MSI have created a set of digital resources for their country programmes. These include: Frequently Asked Questions about COVID-19; a job-aid with advice on communications, myth busting, and key messages; and visual posts and accompanying text targeting young people on social media. MSI country programmes websites have been updated with information on COVID-19 and family planning, contact centre phone numbers, details of local services and the facility to book to appointments or request call backs online.
- MSI has also leveraged existing animations on family planning methods and shared them with clients from their contact centres using WhatsApp and Facebook Messenger and on country Facebook pages³. MSI Uganda specifically created a short Facebook video on how to plan for and protect against unplanned pregnancy in the context of COVID-19.⁴
- IPPF's member association in Malawi (FPAM), has also had traction on WhatsApp and Facebook, with youth leaders and Community Health Volunteers sharing information to challenge myths and misconceptions.
- Shujaaz Inc in Kenya used WhatsApp to conduct focus groups among young people, gaining real time information on how the COVID-19 pandemic is affecting their lives. This highlighted problems of loneliness and financial worries among young people, as they were unable to conduct their money-making activities.
- Breakthrough Action in West Africa have created the *Merci Mon Heros* ("thank you my hero") campaign using Facebook. The campaign comprises video testimonials featuring young people thanking friends, parents or relatives who helped them through challenges in their reproductive health experiences. The intention is to challenge taboos around young people discussing family planning with adults.⁵
- Shujaaz Inc also uses WhatsApp to collect real-time data through digital focus group discussions across Kenya; and DMI have used WhatsApp and mobile phones to 'pre-test' information spots with key audiences instead of in-person research.

Supporting Staff:

- MSI in Madagascar has created an online Community of Practice for community mobilisers on Facebook to share experiences, provide support, and help combat feelings of isolation. The group was supported by supervisors who provided information about restrictions, compliance and how to do their jobs safely. In the

³ <https://www.youtube.com/user/MarieStopesInt/playlists>

⁴ <https://www.facebook.com/watch/?v=280413983139851>

⁵ https://www.facebook.com/mercimonheros/?ref=page_internal

Sahel, MSI used and expanded existing WhatsApp groups to communicate more frequently with their mobilisers to ensure they were up-to-date on changes, required responses, and best practice for mobilising during COVID-19. Similar examples can be found elsewhere, for example, IPPF's member association in Zambia (PPAZ) has been using WhatsApp for outreach workers to plan their activities.

Working with community organisations

Working via local organisations can overcome movement restrictions and local peoples' concerns about outsiders entering their communities.

Working via trusted community members was part of a number of community engagement strategies prior to the COVID-19 outbreak. This might involve religious or traditional leaders; members of womens' groups or youth organisations; Community Health Volunteers; or respected individuals who could influence their peer group. Stakeholders reported that these intermediaries are even more important now, within the context of COVID-19. They are already within communities, so movement restrictions do not affect their work so strongly; they are locally known, so can overcome suspicion of outsiders; and they are trusted, so they can address rumours and myths about the virus, for example:

- IPPF Member Associations have enhanced the role of Community Health Workers in providing information about family planning and distributing short-term contraceptives. IPPF's member association in Zambia (PPAZ) expanded the work of their Community Based Distributors (local health workers), who provide health education and distribute contraceptives. Since these individuals live within the community, they are able to continue door-to-door visits, combining health education with distribution of contraceptives.
- IPPF and MSI have shifted from organising large community dialogues to smaller meetings outside or door-to-door work. IPPF's Member Association in Pakistan (Rahnuma FPAP) holds sessions for four or five people at a time, targeting specific groups such as, husbands, mothers-in-law and young people. These sessions link information on COVID-19 with SRHR. IPPF's Member Association in Mozambique (AMODEFA) is working with small groups of key influencers who can then spread the message within their communities. Whilst this limits the numbers who can access the information, it does ensure that face-to-face advice is still available.

Reaching vulnerable groups during COVID-19

Effective approaches to accessing young people include working with youth organisations and peer educators, and using Facebook and WhatsApp. Partnering with disabled persons organisations (DPO's) offers great potential to provide accessible information and services.

When responding to a crisis like the COVID-19 pandemic, there is a risk that programming can focus immediate efforts on support for the general population. Hard to reach groups, such as young people and persons with a disability, can be inadvertently excluded. The examples below share a few approaches used by WISH implementing partners and others to ensure SBCC is inclusive of these groups during COVID-19:

Accessing young people:

- Programmes have identified messages which are most relevant to young people and prioritised these in their social media and mobile communications. For example, Shujaaz Inc. in Kenya focused on the risks of unplanned pregnancies during COVID-19, as well as the challenges of being apart from intimate partners (who are often a significant part of young peoples' support networks).
- Working with youth organisations and peer educators increases access to young people. IPPF have long-established Youth Action Movements (YAM), which are networks of adolescents who share information on SRHR among their peers. IPPF's Member Association in Tanzania (UMATI) organises youth weekend events, which involve education, entertainment, and football matches. These activities have been adapted during COVID-19 by limiting numbers of participants in activities. In addition, when accessing the clinic, young people are asked to wait at the entrance until the YAM member is available to meet them individually.
- Shujaaz Inc has introduced Konnect "events", which include panels of experts on SRHR which are broadcast on Facebook Live, as a replacement for live events. A discussion takes place via Zoom with a group of young people and service providers with experience of the issue. Additional content is provided by young people who upload their own vox pops expressing their views on the topic, which are used to prompt the discussion. Young people can ask questions and interact via Facebook and WhatsApp; the anonymity of these media outlets has been reported to make it easier to raise sensitive issues.

Accessing persons with disabilities

Partnering with DPO's offers great potential to provide accessible information and services. Humanity and Inclusion's (HI) strategy for accessing people with disabilities is hinged on strengthening collaborations and linkages with DPO's who can provide important advice, insights and barriers to accessing information on COVID-19 in multiple formats and interventions, for example:

- TV spots were created by the Ministry of Health in Uganda providing information about COVID-19 prevention as part of the "Tonsemerera" ("keep your distance") campaign. HI, in partnership with the National Union of Women with Disabilities of Uganda (NUWODA), translated the information into sign language.
- Regular radio talk shows have included contributions from DPO's, to ensure that COVID-19 and SRHR messages take into account specific needs. In South Sudan and Pakistan, HI facilitated radio shows including organisations of persons with disabilities focusing on COVID-19, SRHR and disability inclusion.
- HI supported call centre workers at MSI Madagascar to build their awareness of disability issues, including role plays simulating calls from people with mental health issues.
- HI in Bangladesh partnered with local organisations in order to overcome the challenges of meeting clients face-to-face. In order to provide information about SRHR and COVID-19 prevention, as well as to listen to peoples' challenges and concerns, they partnered with local DPO's, to reach their beneficiaries with

information and services by mobile phone. A checklist was developed to guide phone calls, with information on SRHR, COVID-19 and GBV. Doctors and Community Health Workers who were making the calls were trained on disability inclusion. Through this approach, more than 4,000 beneficiaries were reached with information on SRHR and COVID-19.

Online resources

The following online resources and platforms can inform the development and design of SBCC campaigns during the COVID-19 pandemic:

- John Hopkins University Centre for Communication Programs – COVID-19 Resources. <https://ccp.jhu.edu/resources-3/covid-19-resources/> An online resource with guidance on messaging, accessing target groups, media training, webinars, as well as a database of videos, songs and Public Service Announcements.
- COVID-19 Communication Network - <https://covid19communicationnetwork.org> . Resources classified by resource type, audience, and topic.
- Compass for Social and Behaviour Change - <https://www.thecompassforsbc.org> . A range of 'How-To' guides on all aspects of developing behaviour change communications programmes.
- BBC Media Action - <https://www.bbc.co.uk/mediaaction/support-us-new/covid19> . Media handbook for COVID-19, guidance on research, and access to a range of video materials.
- Family Planning 2020 webinar: Maintaining momentum in family planning: How can social and behaviour change programmes adapt to the new reality of COVID-19? <https://www.youtube.com/watch?v=FPu1NKuNBbw> . Webinar covering key challenges and ways forward for SBCC activities and SRHR during the COVID-19 pandemic.

Reference list

The following sources were used to inform this learning brief and provide useful content on some of the approaches described:

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Further information

About the WISH Programme

The WISH Programme is the UK's flagship and largest Sexual and Reproductive Health and Rights (SRHR) delivery programme, delivering up to 20% of the UK's overall commitment to improving global SRHR. WISH, implemented in two lots led by different consortia, operates in 27 countries in Asia and Africa and is expected to contribute to averting over 29,000 maternal deaths by December 2021.

The WISH4Results team, composed of staff from the e-Pact consortium – Itad and Oxford Policy Management – acts as the third-party monitor for the WISH programme, providing verification, evidence and learning for FCDO, WISH implementing partners and wider stakeholders.

About WISH COVID-19 Learning Briefs

COVID-19 is very likely to have severe impacts on access to SRHR services for all people but for women and girls especially. The WISH programme's implementing partners, WISH4Results and global health partners are collaborating to capture rapid adaptations to SRHR service delivery in order to maintain vital access to rights-based, high-quality care.

This publication is one of a series of Learning Briefs produced by WISH4Results focusing on adaptations to SRHR delivery driven by the COVID-19 pandemic. Content was compiled through a series of semi-structured interviews and follow-up emails with representatives from the organisations listed in Box 1 above. Drafting and editing was led by Philly Desai, with support from other members of the WISH4Results team. We are particularly grateful to the organisations who contributed information to this brief.

Please share your feedback and comments on the materials discussed in this brief, contribute related resources and discuss other adaptations to SRHR remote training by emailing WISH4results@itad.com.

