

Global Polio Outbreak Communication Capacity Building Workshop

NOVEMBER 2023



Report prepared by:
Marie Therese Charlene AMBASSA
SBC training consultant
Unicef Geneva





Contents

Welcome address and introductions

- Rationale and objectives of workshop
- Structure of the workshop

Daily session content

Group work throughout the workshop

- Group work content
- Challenges identified
- Action points addressed to countries
- Countries SBC priorities for 2024

Overall assessment of the workshop

- Pre and post test feedback
- Daily assessment by facilitators

Annex



Welcome address and introductions

.....

Rationale and objectives of the workshop

UNICEF Polio Team survey of global SBC Teams in January 2023 found significant self-reported gaps in SBC capacity and resources, especially around digital communication, and misinformation management. Field teams also reported using social data for decision-making as a knowledge gap. Only 20 countries have conducted a Misinformation Management Workshop compared to over 40 countries that have polio outbreaks as of April 2023. No countries reported conducting digital communication-specific workshops.



After Nairobi and DRC specific workshops, the aim of this workshop was to provide both UNICEF teams and communication officers from Ministries of Health/EPIs in countries with polio outbreaks and/or at high risk with the necessary skills and knowledge to effectively manage vaccine misinformation, utilize digital communication tools, and apply proven social and behavior change (SBC) strategies that contribute to increased trust and vaccine acceptance in communities.

14 francophone priority countries from ESARO and WCARO attended this workshop.

Structure of the workshop

The workshop was conducted from 20th to 24th November at Royal Horizon Baoba Hotel in Somone, Senegal and was facilitated UNICEF polio Geneva, New-York and Regional teams. The training workshop was a blend of both physical attendance and online attendance from guest speakers and participants.

Day 1

Introductions, basics on polio and SBC approaches

Day 2

Knowledge Management, External comms and Monitoring and Evaluation with SBC

Day 3

Practical Misinformation Management

Day 4

Digital Communication in the field

Day 5

SBC in routine immunization, special strategies and gender planning

In general, the training sessions included having: team presentations, group works, Q&A sessions, countries sharing experiences as well as energizer activities to keep participants and facilitators engaged throughout the 5-days workshop.



Daily session content



Day 1 – Introductions, basics on polio and SBC approaches

The first day's sessions covered the two main topics

- Regarding polio SOP, the focus here was on the process, strategies and timeframes for each of the communication approaches, as well as the challenges we face.
- A presentation provided clarification on the expansion of C4D to SBC, highlighting the need for action on both the mind and the environment of individuals through C4D approaches plus 5 new and/or integrated approaches.
- The presentations that followed went into depth on SBC approaches, including Human Centered Design, gamification, advocacy and community engagement.
- With this grounding in SBC approaches at the start of the workshop, key before/during/after activities were formulated in the form of a practical exercise.



1. Suivi Post-Campagne

Day 2 – Knowledge Management, External comms and Monitoring and Evaluation with SBC

Five sessions were reviewed during the 2nd day:

- The presentation on knowledge management highlighted five key elements: the value of documentation, the products to be documented, the right times to document, the players who can carry out the documentation and how to do so.
- With regard to communication on polio variant and nOPV2, emphasis was placed on the value of splitting the audiences (proactive and reactive) in order to better position oneself, but also to anticipate a possible communication crisis by setting up crisis management and social listening teams.
- As with the SOPs, the session on the link between external communication and SBC highlighted the need to address these two approaches to communication simultaneously in order to build trust and react appropriately in crisis situations.
- On monitoring and evaluation in the context of an outbreak, the key SBC indicators to be monitored were presented. The same applies to the need to disaggregate these indicators in order to determine the root causes of a problem and take appropriate corrective action.
- The session on special investigation tools highlighted the different contexts in which these tools can be used, and the value of reporting data via the online platform for rapid analysis and action.
- Finally, to address the problem of vaccine hesitancy, a particular session shows that it is essential to identify the obstacles to this hesitancy and to act on both the individual and the environment through SBC approaches.

Some presentations and simulations of day 1 and day 2



Day 3 – Practical misinformation management

Day 3 focused on a single theme of misinformation management

- Participants learned about the definition of misinformation and its importance in communication approaches in or out a context of a polio outbreak.
- In turn, the 4 stages of misinformation management were presented and led by practical simulations, questions and answers and experience sharing.
- The first stage in the misinformation management cycle is preparation, which involves setting up a special misinformation management team, analysing the misinformation ecosystem and landscape, and preparing the necessary resources.
- The 2nd stage, social listening, also requires preparation by setting up a listening system (online, offline and on the ground). This system will make it possible to collect and analyse what is being said in the environment.
- Stage 3 involves understanding what has been collected as misinformation or rumours, analysing them, identifying ideas for dealing with them and reacting quickly.
- The final stage, commitment/engage, involves responding to misinformation through information campaigns using appropriate strategies, while monitoring developments and learning lessons.
- Day 3 also featured a presentation from Cameroon on experience-sharing in the development of data collection tools for the digital strategy implemented during polio vaccination campaigns.

Day 4 – Digital communication in the field

Day 4 dedicated to digital communication on polio

- The overview of the digital community engagement platform explored the many resources available to countries to boost their digital strategy in the context of a polio outbreak.
- The presentation on digital communication highlighted the inescapable nature of digital in today's world. This approach is structured around the CAP framework (Communicate - Activate - Participate), and requires good campaign planning and monitoring mechanisms to collect evidence in figures.
- This session was mainly led by practical simulation exercises.
- The DRC and Niger (remotely) gave presentations respectively on U-Report communities and the digitisation of 0 doses outside campaigns through the Polio Plus project. This sharing of experience generated a great deal of interaction through a Q&A session open to participants.

Day 5 – Gender, planning, special strategies and way forward

The final day of the workshop focused on five themes:

- Firstly, the session on routine immunisation focused on understanding the barriers beyond knowledge to boosting demand and promotion of immunisation through SBC approaches. This was done bearing in mind that polio vaccination campaigns and routine immunisation activities are complementary.
- With regard to the sharing of experience on urban strategies used in large cities, the SBC approaches were recalled, highlighting the need to act on both the mind and the environment. This session was the subject of group work.
- The session on the planning of SBC activities at border level began by highlighting good practices and the importance of this planning, the current gaps and the priorities on which countries should focus to ensure the visibility of SBC activities on both sides of borders, both in and outside the countryside, in order to make a significant contribution to interrupting the circulation of the polio virus in December 2024.
- On gender mainstreaming in the response to polio outbreaks, it is important not only to be aware of the reference documents, but also of the pillars of the gender mainstreaming strategy.
- To conclude the day's sessions, the tools developed by the global level for rapid social data research were presented, as well as the contexts in which they should be used.
- Based on the two themes addressed on the previous two days, Burkina Faso and Côte d'Ivoire shared their experiences of mobilising young people through digital means and managing misinformation online, respectively.



Group Work throughout the workshop



On SBC and external comms

Several SBC simulation exercises were given throughout the training. The first dealt with the identification of SBC approaches in a context of underperformance recorded during numerous polio vaccination campaigns to improve immunisation coverage.

This was followed by exercises that simulated different SBC approaches, such as advocacy, community engagement and social mobilisation, as well as the key SBC activities to be carried out before, during and after each polio immunisation campaign.

The group's work on SBC also focused on identifying the obstacles to vaccination in large cities and the SBC approaches that could be implemented to address them.



On misinformation management and digital communication



Each of the six teams had to simulate the management of a crisis linked to misinformation.

In detail, they had to:

- Carry out a risk assessment: low, moderate or high risk
- Draft a Fact-Myth-Refutation-Fact message: based on the bank of messages for managing misinformation (prebunk and debunk)
- Fill in the intervention plan template (level of response, channels, tools, dissemination plan, people responsible)

Digital communication involved developing a digital communication plan in a specific context and producing a 60-second video and audio clip.

The various simulation exercises were presented and feedback given to each team.



Challenges identified during the brainstorming sessions

- Really involve all stakeholders in drawing up plans (G1, G2, G3) when nOPV2 was introduced.
- Increase the current poor understanding of crisis communication risk.
- Turnover of human resources and no transfer of skills
- Mobilize resources to implement SBC activities
- Operationalisation of crisis committees and disinformation management task forces
- Strong collaboration between SBC and external communication in planning polio communication activities
- Improve sharing of country documentation



Action points addressed to countries

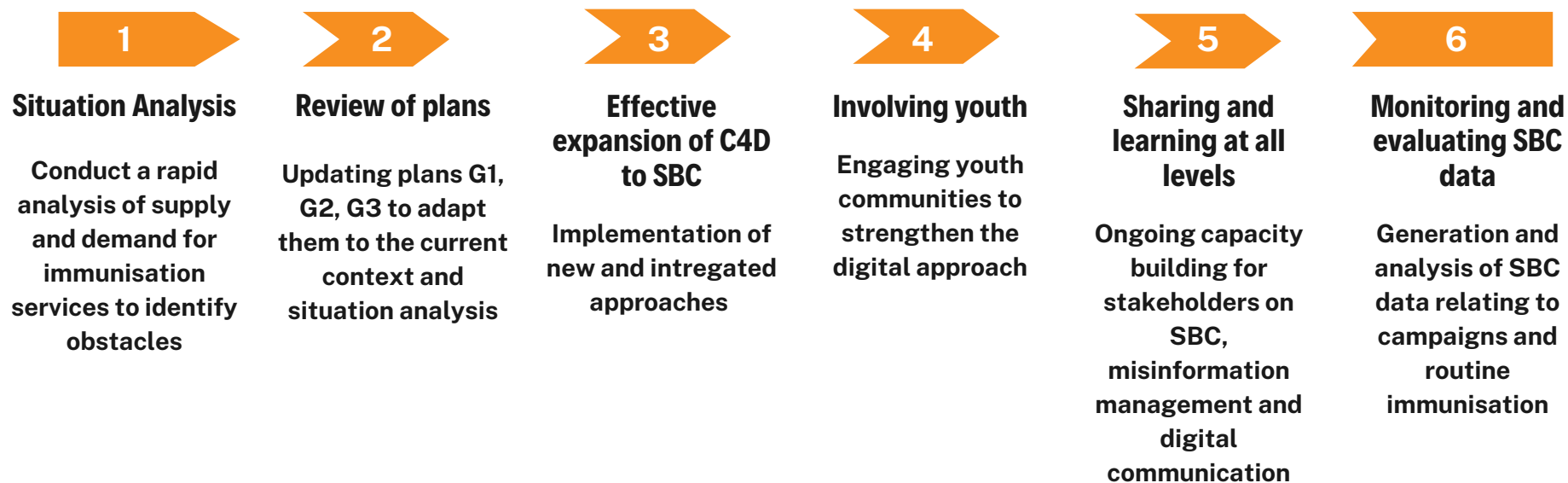
1. **Update G1, G2, G3 plans** by involving all stakeholders in the implementation of these plans and ensuring that the inter-campaign period is systematically taken into account.
2. **Doing things differently:** Development of innovative SBC approaches such as HCD, positive deviance, gamification, etc.
3. **Use the immunisation pathway** to analyse the barriers to polio immunisation and identify innovative activities.
4. **Polio Transition:** Use Polio resources to integrate other public health interventions, starting with the Big Catch Up Routine, the demand generation component of PHC, the integrated package of activities and logistics, etc.
5. **Finances:** Ensure that SBC activities are included in macro-budgets (SIA budget, Surge budget) to facilitate the implementation of planned activities.
6. **Community engagement:** Strengthen community engagement activities by considering our communities not as beneficiaries or targets but as potential players and resources, making use of HCDs and developing social mapping.
7. **Documentation:** Document all kinds of our activities, with the help of external comms and knowledge Management colleagues, while supporting the country's EPI communication sections/managements/departments in the same exercise.
8. **Advocacy:** Develop advocacy and social mobilisation activities, also involving decision-makers and networks in addition to those mentioned in Unicef budgets.
9. **Social investigation:** Ensure that the social investigation tool is used not only for notifying new cases but also but also during the other conditions set out in the protocol.
10. **Digital communication:** organise sessions on digital communication with local communication team in countries.

Countries SBC polio priorities for 2024

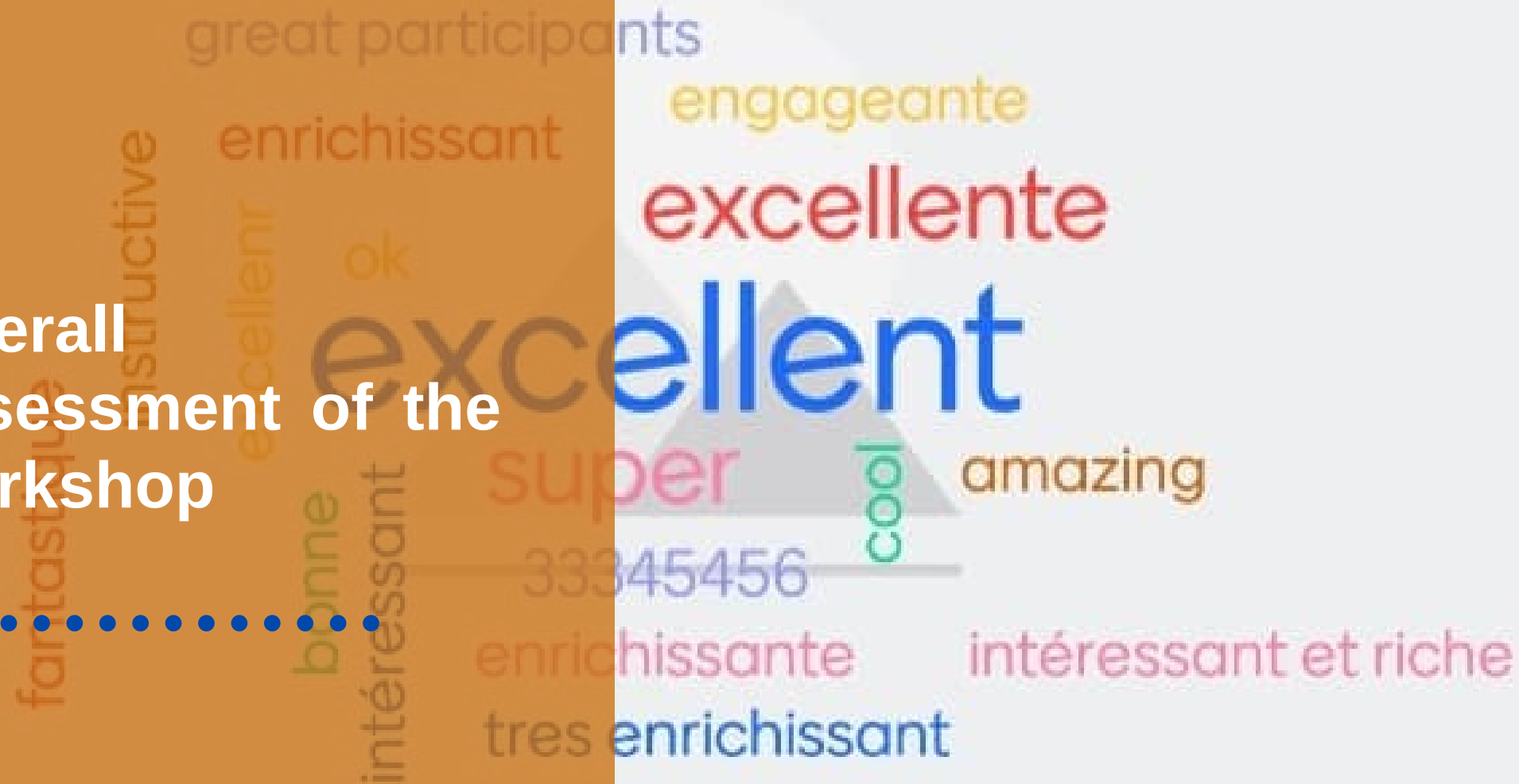
The SBC priorities presented by the countries are the result of the discussions and interactions that took place during the five days of training. These priorities summarise the agreed action points to be included in the countries' agenda in 2024. The watchword was a commitment to do things differently in line with the expansion of C4D at the SBC.

The 42 priorities formulated by the 14 countries gathered were summarised in six axes, for which UNICEF Headquarters (Geneva and New-York) and the Regional Office WCAR have committed to providing multifaceted support (technical, logistical, financial) through field missions or remotely in order to contribute to interrupting the circulation of the poliovirus in December 2024.

The 6 priority areas are as follows:



Overall assessment of the workshop



Pre and post test feedback

Work on the first day of training began with a pre-test carried out in teams. The methodology were as follow:

- The participants were divided into 6 teams.
- Cards with all the answers required by the test were distributed to each team.
- Each team was given a flipchart on which the test questions were displayed.
- The teams were given 10 minutes to stick the answers they thought appropriate under the questions on their respective flipcharts.
- It was explained that it was not necessary to use all the answer cards. They can stick the cards they have not used separately.
- When the teams had finished, the facilitators explained that at the end of each day until the post-test on day 5, they would be able to review and correct the answers based on the knowledge they had acquired.
- A photo was taken of each flipchart to record the evolution of the answers.

On the 5th day, the post-test was carried out to assess the teams' progress in terms of knowledge.

A good progression of knowledge was noted between the two tests.



Daily assessment by facilitators



During the five days of training, feedback from participants was collected using two approaches:

- Post-it notes on 4 boards: what was appreciated, what could be improved, questions and expectations.
 - Feedback to the table facilitators during informal discussions.
- At the end of each day, feedback was collected and discussed during the facilitators' meeting. Points for improvement were addressed throughout the day, as were the questions and expectations to which the facilitators responded according to the main facilitation themes. Overall, participants appreciated the content of the sessions, as well as the training methodology.



Annex

.....

Here is the link of materials : https://unicef-my.sharepoint.com/personal/stsanga_unicef_org/_layouts/15/onedrive.aspx?ga=1&id=%2Fpersonal%2Fstsanga%5Funicef%5Fforg%2FDocuments%2Fsenegal%20SBC%20trainig%2FPresentations

Facilitators

| Name | Specialist | Office |
|-----------------------------|--------------|----------------------|
| 1. Anpuj Panchanan Achari | SBC | UNICEF HQ |
| 2. Soterine Tsanga | SBC | UNICEF HQ |
| 3. Tommi Laulajainen | SBC | UNICEF HQ |
| 4. Claude Monj | SBC | UNICEF WCARO |
| 5. Charlene Ambassa | SBC | Consultant UNICEF HQ |
| 6. Emanuele Cidonelli | M&E | Consultant UNICEF HQ |
| 7. Adnan Shahzad | Digital Com. | UNICEF HQ |
| 8. Lubna Hashmat | Gender | WHO |
| 9. Miraj Pradhan | External com | UNICEF HQ |
| 10. Twite Mulunda | External com | WHO |
| 11. Ross Mcintosh | M&E | UNICEF HQ |
| 12. Marta Monge | Advocacy | WHO |
| 13. Johary Randimbivololana | SBC | UNICEF WCARO |

Operational assistants

| Name | Specialist | Office |
|-----------------------|-------------------|--------------|
| 1. Dinara Lamara | Program Associate | UNICEF HQ |
| 2. Aissatou Niang | Program Associate | UNICEF WCARO |
| 3. Augustin Bantsimba | IT | UNICEF WCARO |

Participants attendance

| Country | Name | Role | Name | Role |
|---------------|---|--------------------------|--------------------------|------------------------------|
| Benin | | | Deguenon Conrad | EPI Com |
| Burkina Faso | Cheikh Toure | SBC Polio Consultant | Vouanda SOME | EPI Com |
| Cameroon | Pascal Pedouguyem Adouabou | SBC Polio Consultant | NAPANI Jean Claude | EPI Com |
| Cote d'Ivoire | Sanon Aissata | SBC Specialist | | |
| Congo | Mackendy Jeunay | UNV C4D Officer | Elodie NDZEKABA OTOUMOU | EPI Com |
| Guinea | Roger Lamah | SBC Officer | | |
| Mali | Issakha Yakhoub Brahim | SBC Polio Consultant | Mamadou Diallo | EPI Com |
| RCA | Crepin Ngassa Tandja | SBC Polio Consultant | | |
| Chad | David Mouldjide | SBC Immunization Officer | Ediman Ngomdebaye | EPI Com |
| Burundi | Vincent NKURUNZIZA | SBC Officer | Yvette Gateyimeza | EPI Com |
| Madagascar | Helisoa Marcelle Elodie Randrianarijaona | SBC officer | Laliarisoa Raharimamonjy | Health Promotion Director |
| DRC | Alain Djate | External com | Clarisse Kalala | EOC Com |
| Senegal | | | Aminata SENE | EPI Com |
| Togo | Adade Alode Messan | SBC Officer | TENA K. Nanah | EPI Com |



Energizer time!



Energizer time!





World Children's Day celebrated during workshop