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GUIDANCE FOR COVID-19 BEHAVIOURAL CHANGE COMMUNICATION

Country Lead Guidance for Supporting Ministries of Health

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SECTION 1: INTRODUCTION /

1. Background

Due to the global crisis caused by the outbreak of COVID-19, the ASCEND programme has pivoted some of its resources to behavioural change communication (BCC) to support countries in their efforts at infection management and control. Effort has thereby been made to look at priority BCC issues that need to be addressed and where ASCEND support can provide added value. In most of the countries by now, initial messages on COVID-19 have gone out. Most added value can therefore be provided by the ASCEND programme by looking into the effectiveness of the messages in place and the additional communication needs, especially of marginalized groups.

This document intends to provide guidance based on lessons learned around the globe on how to make BCC in relation to COVID-19 more effective. It does this by drawing upon a range of resources, including various webinars that have been organized by DFID; the Hygiene Hub housed at the London School of Hygiene and Tropical Medicine; the Behavioural Insights Team (BIT); WHO and others.

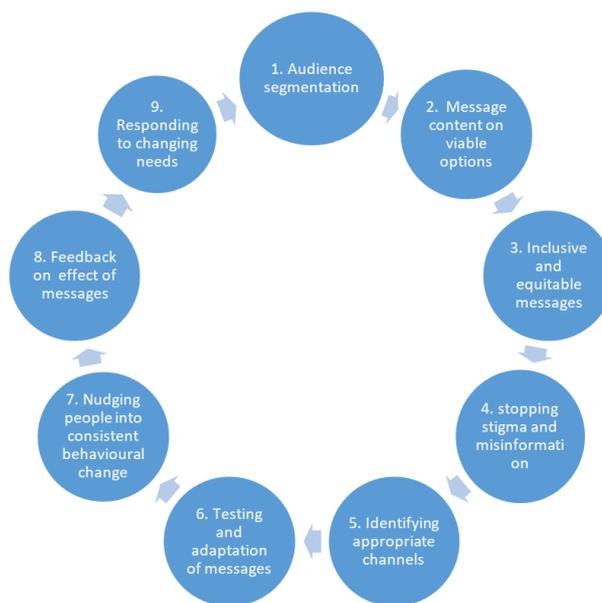
2. Objective

The objective of this document is: To provide guidance to the ASCEND country leads and others, such as ASCEND consultants or implementing partners, on how to assist with making behavioural change communication around COVID-19 in their countries more effective, including for those most marginalized. The ambition thereby is that the systems and practices set up to increase the effectiveness of BCC around COVID-19 can also be used in a later phase once the standard NTD programming can be resumed.

3. How to use this document

This document provides suggestions on a number of aspects that can help make COVID-19 messaging more effective. These range from understanding the needs and motivations of those whom you want to target through audience segmentation, understanding whether targeted communities have the means to actually practice the desired behaviour, whether the messages are provided through the right channels and looking into the impact of messages. Figure 1 below provides an overview of the issues discussed in this document.

Figure 1 Overview of BCC aspects covered in this document



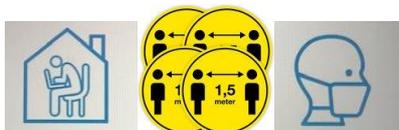
As mentioned earlier, many COVID-19 related messages have already gone out. This guidance document therefore aims to provide guidance on how to analyse how existing communications could be adapted to increase their uptake and effectiveness, including amongst marginalized groups.

SECTION 2: STEPS FOR ENHANCING BCC AROUND COVID-19 /

1. Tailor BCC needs to different audience segments

Global Lessons

In all countries initial messages on COVID-19 prevention have been developed and disseminated, mostly focussing on providing information on high impact activities: handwashing, practising physical distancing, staying at home and limiting spread of germs through wearing masks or sneezing in ones elbow.



However, information may not have been received by certain groups or be differently understood by different groups of people or audience segments (male/female; younger/older people; educated/illiterate; those with more versus those with limited socio-economic means; those with disabilities; different socio-cultural group; etc). Different groups of people are likely to have different information needs. Understanding what the information needs of these audience segments are is a critical first step towards the delivery of tailored messages that address their information needs.

Obtaining insight into the information needs of different audience segments (and their obstacles and motivators for change) can be done through:

- literature/media studies review
- obtaining information from organizations who are already working with these audience segments
- interviews with representatives of these segments (i.e. people with disabilities, people from different socio-cultural groups)
- KAP surveys

Issues to be explored in your country

Have the COVID-19 messages that have gone out so far been tailored to the needs of different segments of the population (including people with less economic means, less education, people with different types of disabilities, women/men, younger/older people)?

What do you know about the information needs of these different audience segments?

2. Link the message content to viable options for the audience segments so that they can effectively engage with the information

Global Lessons



Source: Behavioural insights team 2020

Often people are asked to practice behaviours that are not feasible for them to do. The risk thereby is that people fail to engage with the message and do not continue to absorb the information. For instance, if people are asked to wash their hands with water and soap, then they need to have water and soap. For this, handwashing facilities in public spaces and at home are needed. WHO has provided guidance that in every public facility/bus station there should be handwashing facilities. If this is in place, then behaviour change messages can be layered on top of that.

Messages should really take into account whether the requested behaviour is feasible in the context, and what other barriers need to be considered as part of the messaging strategy to avoid backfiring of messages. If the requested behaviour is not feasible, then instead of providing ineffective messages, advocacy efforts could be considered to encourage governments and others to start investments to address the gaps.

Different tool kits exist to explain how to look into barriers for change, see for instance the BIT website: www.bi.team

Issues to be explored in your country

Do the messages disseminated focus on viable options for the audience segments they are targeting?

Have the barriers that stop people from practicing the desired behaviours been identified?

- capability for change?
- opportunity for change? and
- motivation for change?

Can advocacy activities be set up so that governments and others start investments so that the requested behaviour becomes viable?

3. Make messaging inclusive and equitable

Global Lessons

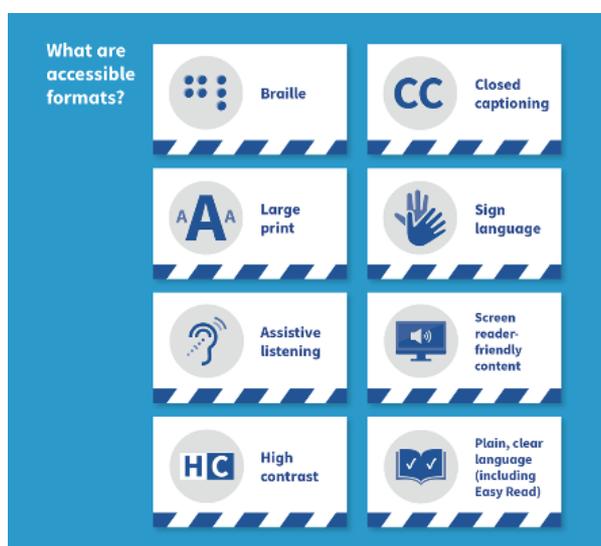
One billion people, 15% of the global population¹, experience some form of disability. People with impairments and their caregivers often required specific communication during times of crisis. For the current COVID-19 pandemic key messages need to be accessible and in multiple formats to engage effectively. This includes information around

- Hand washing
- Physical distancing measures
- Use of protective clothing

Communication must be inclusive and accessible:

- websites providing information comply with web accessibility standards (<https://www.w3.org/standards/webdesign/accessibility>)
- hand washing facilities, treatment centres and hospitals should be accessible with physical access to the building and clear simple signage throughout
- All publications and documents should be available in alternate accessible formats including; braille, large print, audio, pictorial, easy-to-read, plain language, translated into the local language and accessible in electronic formats
- if using online forms they can be filled electronically through an accessible software
- additional support is available to fill forms if required (through a trusted intermediately / CDD / HFW etc.)
- Sign language interpreters, captioning, audio orientation tools, audio tours or interpretive videos are available if required (for broadcast of messages etc.)
- For persons with low vision or hearing impairment there is no glare / distractions, adequate lighting and delivery of message is without background noise

Working with Disabled Persons Organisations (DPOs), Civil Society Organisations (CSOs), trusted intermediates to ensure reach and inclusion of marginalised groups is recommended



¹WB (2020) <https://www.worldbank.org/en/topic/disability>

Working with disability organizations to reach people with disability or for data collection around needs would be useful. Thereby it has to be acknowledged that people with different impairments, of different ages, of different sex may have different needs.

Please note, the COVID Hygiene Hub has different resources on PWD and COVID.

Please note that disability is also a ministerial priority of DFID.

Issues to be explored in your country

Do the materials that have been disseminated take special needs of people with different disabilities into account?

Do the materials used display signs of good practices in terms of inclusion of people with disability in images/pictures?

4. Ensure your messaging contributes to stopping the spread of stigma and misinformation

Global Lessons



Around the world stigma against those who have or had COVID-19 is seen. Such stigma is likely to contribute to the spread of COVID as

- 1) People may hide the illness to avoid such stigma and discrimination;
- 2) Not seek health care;
- 3) Prevent them from adaptation healthy behaviours.

Stigma is reinforced by all the misconceptions, rumours and misinformation that are spread around COVID-19. Communication can play a positive role to counteract stigma and discrimination by:

- Correcting misconceptions and challenging myths and stereotypes while acknowledging the feelings on which these misconceptions, myths and stereotypes are based;
- Communicating facts and evidence-informed accurate information AND NOT FEAR (COVID-19)
- Choosing words carefully (i.e. COVID-19 instead of Wuhan; people with COVID-19 instead of COVID-19 cases; and people acquiring COVID-19 instead of people spreading COVID-19);
- Phrase messages positively and emphasise the effectiveness of prevention and treatment measures
- Share sympathetic stories/narratives of individuals or groups affected by COVID-19 to humanize their experiences and struggles and create collective solidarity.
- Communicate support and encouragement for those who are on the frontline response of this outbreak (health care workers, volunteers, community leaders etc).

Source: stigma tool, <https://www.thecompassforsbc.org/sbcc-tools/social-stigma-associated-covid-19-stigmatisation-sociale-associ%C3%A9e-au-covid-19>

Issues to be explored in your country

- Do the communication materials correct misconceptions and challenge myths and stereotypes?
- Do they communicate facts and accurate information?
- Do they avoid causing fear and blame?
- Do they provide positive messages and emphasize effectiveness of prevention and treatment?
- Do they include stories/narratives of individuals or groups to humanize their experiences?
- Do they communicate support and encouragement for those on the frontline of the outbreak?

5. Identify appropriate channels to disseminate messages

Global Lessons

Analysis of which audience segment can be reached through what kind of channel is key. It is important to identify delivery channels that are trusted and preferred by different audience segments. Using a mix of communication channels can often be more effective than selecting a single channel of dissemination.

Channels such as churches/mosques/temples, community leaders, (community) health workers, motor bike taxis, etc should also be taken into account, especially for reaching those with less access to social media.

People also place different types of trust in different media products and the related communication channels. For instance, in some settings videos are more trusted than pictures and pictures more than texts. Or people place more trust in real experiences, for instance people who had COVID-19. Finding out which media product and their related channel have the highest level of trust is important to base the channel selection on.

This can also be done by:

- literature/media reach studies,
- consultation with organizations who are already working with these audience segments
- consultation with representatives of these segments (i.e. people with disabilities, people from different socio-cultural groups)
- KAP surveys

Issues to be explored in your country

- ✓ Are the communication channels used able to reach out to these different segments of the population?
- ✓ Is a mix of communication channels used?
- ✓ Have the most trusted communication channels been used?

You can also check the website of the hygiene hub to see what activities are being implemented in your country: <https://hygienehub.info/covid-19>

Or possibly discuss this with the behavioural change communication body set up in your country for BCC around COVID-19.

6. Test and adapt messaging materials

Global Lessons

Messages/materials that are being used, if not done so already, could still be tested for their effectiveness among different audience segments for

- ✓ their recall or what people remember what the message asked them to do,
- ✓ how they are understood,
- ✓ how they trigger people to change their behaviour (or not) and
- ✓ how they are being viewed.

Especially when this is done amongst different audience segments, this can provide key information on information gaps and misconceptions.

Case study:

An iterative process of finding the best visual messaging for COVID-19 protective measures conducted a rapid and iterative process with focus groups over a **4 day time period** to determine the best visual messaging for a health poster.

The table below shows the percentage of respondents who recall various messages from the poster. This increased with iterations of the poster, resulting in the poster shown below, which was launched by the Department of Health and Social Care on 3rd March 2020.

Finding	27 th Feb	28 th Feb	1 st March
Recalled ' <i>wash your hands more often</i> '	85%	91%	96%
Recalled 'wash for 20 seconds '	47%	46%	58%
Intend to wash hands ' more often '	71%	72%	72%

Source: Behavioural insights team 2020



Issues to be explored in your country

In pre-test it is useful to ask the audience :

- 1) have you seen the message/material? Was that message / material in a format in which you could engage with effectively (e.g. language, large print, braille, easy-to-read, pictorial, accessible electronic formats)?
- 2) recall: "What was the main action you were advised to do?"
- 2) understanding: "Was the information easy to understand?"
- 3) behavioural intent: "To what extent do you want to change your behaviour?" (Why or why not?) and
- 4) sentiment: How does the poster/video/billboard etc make you feel? How credible is it?"

If possible, this pre-testing could be done online or by telephone. For marginalized populations options to conduct face to face feedback with physical distancing approaches should be explored through collaboration with organizations/community health workers/volunteers residing in the areas to be covered. Make sure in your pre-test to stratify between different audience segments, i.e. different age categories, men/women, those more at risk for COVID (co-morbidity; elderly); those with disability. This could provide insight in the recall, the understanding, the intent to change and sentiment between different groups, and the needs for adapting materials for these different groups.

Be pragmatic while pre-testing though, it is not necessary to conduct large numbers of pre-tests. The quality of the pre-test is more important than a large quantity!

7. Examples of key pre-test lessons on COVID-19 posters/SMS interventions in the UK/US

Global Lessons

Examples of key pre-test lessons on COVID-19 posters/SMS interventions in the UK/US:

- 1) Even in societies where the large majority of people are literate, the **simpler and more precise the call for action** the better. Linking multiple behaviours in one message is a big challenge around BCC globally and trying to find ways to address more than one behaviour at the same time is a difficult act. Simplicity in targeted way is more effective than bombarding people with multiple messages. Stay at home, self-isolation was very simple that covered a whole range of other behaviours.



- 2) Put the **key action** at the top



- 3) **Specificity** is really important. What is it that we want people to do and what should they avoid? Messages such as “maintain personal hygiene” are vague and not understood. Make it explicit what is asked. When it comes to handwashing for instance with Covid-19, new behavioural change needs to be included, such as washing hands in public spaces, when one returns home, after sneezing, for 20 seconds, etc. These specific behaviours need to be incorporated into handwashing messaging.

- 4) The **shorter** the text **the better!**



5) Use **Images and graphics** (some text help to improve sentiment)



6) **Test** what works, don't assume to know what works best

Practical tips for creating effective comms in a crisis

#M593

Step 1

Identify the key behaviour you want to change and the barriers to these behaviours

Step 2

Apply behavioural principles to design communications

- Keep it simple
- Keep it easy to understand
- Put key actions at the top
- Give precise advice
- Shorten text
- Use images and graphics
- Encourage social commitment
- Emphasise altruism
- Provide rationale
- Help people plan and chunk their time

Step 3

Test different versions and iterate

Source: Behavioural insights team 2020

Issues to be explored in your country

Materials that have been disseminated could still be reviewed whether they:

- 1) are simple;
- 2) easy to understand;
- 3) contain a precise call for action linked to the behavioural change desired;
- 4) the key action has been placed at the top;
- 5) the text is as short as possible;
- 6) images and graphics are predominantly used;
- 7) trigger a motivation for change

8. Nudge consistent behavioural change

Global Lessons

In behavioural change communication it is commonly overlooked that many people often already know the key behaviour they should be doing. The question is what can be done to **nudge people to consistently practice the desired behaviour**.



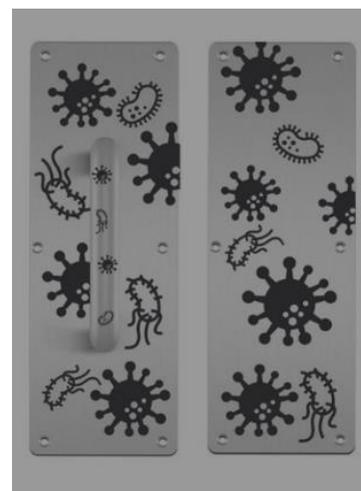
For instance footprints from a latrine to a handwashing facility in Bangladesh helped to substantially improve handwashing after latrine use. Also having a specific place for soap thereby helped to increase use of soap.

Other research showed that placing a sticker with eyes next to a tap, significantly helped to improve better handwashing (people feeling observed).



Source Hygiene Hub

Sticking stickers with virus images on spots that are frequently touched, such as door handles, helped in some context to make people more aware about the need for handwashing.



In some settings, motorbike taxis where supplied with a handwashing facility at the back, seeing handwashing facilities also helps to trigger behavioural change, provided these facilities are clean.

Issues to be explored in your country

What can be done to “nudge” people to consistently practice the desired behaviour? Would it be possible to pre-test the “eye sticker” principle in public spaces among different audience segments? Would it be possible to pre-test the “footsteps’ in public spaces among different audience segments? Or what could potential other appropriate nudging approaches be?

9. Obtain feedback of the desired effect

Global Lessons

It is important to track whether the BCC messages and activities supported have the desired effect. For this, tracking the response is needed. This could possibly be done through the same mechanism mentioned earlier, i.e. social media/telephone surveys or through face to face interaction for those not having access to those means.

Issues to be explored in your country

What system can be put/are being put in place to track whether the messages and activities supported have the desired effect? This could for instance also include data collection by community health workers/volunteers residing in the areas targeted reporting through mobile devices.

Do these tracking systems also include a focus on the availability/access of WASH services, feasibility of physical distancing, etc to identify gaps and unequal access?

10. Respond to changes in transmission dynamics

Global Lessons

Over the course of the BCC response it is important that there is a reflection on when transmission dynamics change and the outbreak continues, that the messages/BCC needs to change along. For this it is needed to continue collecting information on whether such change is needed.

Issues to be explored in your country

What are the provisions to update the messages to reflect new needs? This includes new needs around the secondary effects of COVID-19 due to people shying away from access health services for fear of COVID-19 infection.

SECTION 3: USEFUL RESOURCES /

There are many websites that provide useful resources, these are amongst others:

- <https://hygienehub.info/covid-19> (for specific technical advice; exchange of information; resources)
- www.bi.team (for guidance documents on identifying barriers on physical ability, prompts in the environment and beliefs about consequences)



- <https://www.thecompassforsbc.org/sbcc-tools/social-stigma-associated-covid-19-stigmatisation-social-associ%C3%A9-au-covid-19> (for stigma tool related to COVID-19)
- <https://c4d.org/covid-19/covid-19-mapping#k>
- https://mcusercontent.com/79c67ae949c10fe4a0992f33c/files/416ccff7-444c-4f27-abce-d424eb982dd5/NNN_COVID19_WASH_Resources_Guidance_for_WASH_Programming.pdf
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>
- <https://sanitationupdates.blog/2020/05/04/covid-19-wash-updates-may-4-2020/>
- <https://www.ohchr.org/Documents/Publications/Factsheet31.pdf>
- <https://www.unicef.org/press-releases/fact-sheet-handwashing-soap-critical-fight-against-coronavirus-out-reach-billions>