



Risk Communication and Community Engagement for COVID-19

Experiences and Lessons Learned

UNICEF East Asia and Pacific

ACKNOWLEDGMENTS

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“ **Dedicated to all the children in East Asia and Pacific whose lives were affected by the COVID-19 pandemic.** ”

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FOREWORD

As the largest global public health crisis in recent human history, the COVID-19 pandemic drastically altered our lives. While the pandemic made us realize how fragile and vulnerable we were in the face of such an unprecedented crisis, it also showed us the immense potential of our collective strength and resilience to combat any challenge when we come together and respond as a global community.

In the initial phase of the pandemic, fake news, myths and misinformation began spreading as fast as the virus itself. As misinformation fuelled distrust in authorities and scientific advice, providing timely and accurate information to communities emerged as critical to curbing the spread of a deadly virus.

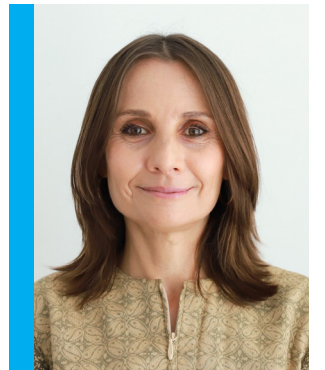
UNICEF worked closely with governments and communities to promptly put in place country-specific Risk Communication and Community Engagement (RCCE) strategies to promote COVID appropriate behaviours. This included ensuring that people got vaccinated against COVID-19 and the spread of the virus could be controlled and slowed down.

We have been able to collectively fight the virus. However, we need to remember that some of the secondary impacts of the pandemic continue to be felt today by children and their families, especially those in the most disadvantaged or vulnerable circumstances, and that some of these impacts may be lifelong. Some of the RCCE strategies and tools successfully employed during the COVID-19 response can be adapted, replicated and scaled up as we seek to address these secondary impacts together.

This document is an attempt to consolidate some of the key RCCE strategies, experiences and lessons learned from the East Asia and Pacific region that can be used to strengthen efforts to rebuild and recover from the pandemic. I have no doubt that it will come in useful as we advance our work together in favour of a fair, equitable future for every girl and boy in East Asia and the Pacific.



Debora Comini
Regional Director
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ABBREVIATIONS & ACRONYMS

ADAP	Adolescent Development and Participation
ANC	Antenatal Care
CAB	COVID-19 Appropriate Behaviours
COVAX	COVID-19 Vaccines Global Access
CSO	Civil Society Organization
DoH	Department of Health
IEC	Information, Education and Communication
IFRC	The International Federation of Red Cross and Red Crescent Societies
IOM	The International Organization for Migration
IPC	Interpersonal Communication
KAP	Knowledge, Attitudes and Practices
MoH	Ministry of Health
MR vaccine	Measles-Rubella vaccine
MR- OPV SIA	Measles-Rubella and Oral Polio Vaccine Supplementary Immunization Activity
NGO	Non-governmental Organization
NIP	National Immunization Programme
NPIs	Non-Pharmaceutical Interventions
RCCE	Risk Communication and Community Engagement
RI	Routine Immunization
SBC	Social and Behaviour Change
SIA	Supplementary Immunization Activity
SoE	State of Emergency
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
U-Report	Social messaging tool and data collection system developed by UNICEF
USAID	United States Agency for International Development
WHO	World Health Organization

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EXECUTIVE SUMMARY

The COVID-19 pandemic changed life as we knew it. Although we have returned to some form of normalcy, with the vaccines keeping the spread of the virus and its variants at bay, we cannot deny the transformations that the pandemic forced us to make in the way we work, connect, live our lives and move forward as a global community. While health experts are still reconsidering whether the pandemic is truly over, with some countries still reporting cases, there are valuable lessons and experiences that we could reflect on and learn from as we try to build back better.

The novel corona virus (SARS-CoV-2) was first identified in an outbreak in the city of Wuhan, China in December 2019. The virus soon spread to other areas of Asia and other countries. The World Health Organization (WHO) declared the outbreak a global pandemic on 11 March 2020. As of 13 September 2023, the pandemic had affected more than 770 million people and led to 6.95 million confirmed deaths (Source: WHO COVID-19 Dashboard). This staggering death toll is a profound tragedy and in certain cases, also highlighted the inadequacy of preparedness and response to such pandemics.

Limited knowledge of COVID-19 led to rumours, myths and misconceptions. There was a critical need to counter this infodemic to prevent misinformation from circulating in communities and to address the potential stigmatization of people who contracted COVID-19. The pandemic response and disease control depended largely on public awareness and compliance with the preventive measures. Hence, it was imperative that accurate information on COVID-19 and its prevention reached people in a timely and effective way. In most countries, that also meant adapting the information to local and indigenous languages and leveraging local platforms – such as community radio, youth volunteers, miking and community meetings – to ensure that no one was left out.

There was also a strong need to ensure that the Risk Communication and Community Engagement (RCCE) strategies were as inclusive as possible. The pandemic had affected different population groups disproportionately; for instance, elderly people, people with disabilities, ethnic minority communities, refugees, migrants and children living in juvenile homes faced higher levels of risk and stress. Thus, it was important to integrate tailored

messages and guidelines to ensure that vulnerable groups had equal access to information, quality health care and support during the pandemic. For instance, in Malaysia, UNICEF designed and implemented specific RCCE strategies for migrants, refugees and young people in partnership with Mercy Malaysia. This ensured that adequate support was provided to address any potential unmet needs of around 73,500 people who were at risk of being excluded from mainstream COVID-19 initiatives.

In Cambodia, through provincial RCCE working groups, UNICEF and the government started house-to-house visits to identify older people and people with disabilities to engage and share information on COVID-Appropriate Behaviours (CAB). Vaccination sites were brought closer and vaccinations were delivered to homes. This ensured a higher uptake among older people and those with limited mobility, who were unvaccinated earlier.

There had been reported incidents of social discrimination, xenophobia, racism and attacks against certain groups of people for spreading the virus. In Malaysia for instance, fuelled by fake news and misinformation, the pandemic created a hostile attitude towards people of certain ethnic backgrounds and non-citizens. To address the discrimination towards these groups – and with support from other UN agencies – UNICEF started a social media campaign, ‘We are in this together’, which was endorsed by influencers and religious leaders. Celebrity endorsements, and messages of empathy and kindness, were used to combat stigma and xenophobia and also promote values of integrity and solidarity during religious festivals. If community-based biases and rumours were not dealt with swiftly, they could have caused greater distress for vulnerable and at-risk population groups.

Key Strategies

Given the varied and complex contexts that emerged during the pandemic, one of the most crucial needs was to address information gaps and engage with communities to ensure that they were able to protect themselves and their loved ones. It was evident that irrespective of how effective governmental response measures were, pandemic control was heavily dependent on individual

actions and behaviours such as being tested, maintaining physical distance, wearing masks, getting vaccinated and isolating if there were any symptoms. Hence, most of the national COVID-19 RCCE strategies focused on sensitizing people to appropriate behaviours.

Fighting misinformation and fake news: Since the onset of the pandemic, fake news, myths and misinformation spread rapidly on social media, fostering distrust in governments and undermining official guidelines and scientific advice. This led to serious public health concerns, with people refusing to wear masks or get vaccinated when the vaccines were made available. In some countries, certain religious and community groups endorsed the misinformation and rumours, making it even more challenging for governments to ensure public compliance.

UNICEF supported government efforts to use multiple strategies to tackle the infodemic. In Timor-Leste, UNICEF and the government leveraged national broadcasts for mass dissemination in different languages and dialects, including braille and sign language, as well as community radio stations to address local rumours, myths and misconceptions.

In China, UNICEF used the government’s Healthy Family mobile phone App (HFA) to address myths such as eating garlic and isatis root or using saltwater mouthwash to reduce the risk of infection, and disinfecting masks in microwave ovens.

Strengthening the capacity of health systems:

The pandemic highlighted the vital need to strengthen national health systems. Apart from robust supply chains, it was also important to focus on building trusted relationships with local communities, create localised feedback mechanisms and effective, inclusive emergency preparedness and response plans. The effectiveness of health systems also depended significantly on the strength and capacity of their frontline workers to directly engage with families and communities.

During the pandemic, in most countries, health workers emerged as one of the most trusted sources of information and in some communities,

the only source of information – especially where there was limited access to the media and internet. UNICEF, governments and WHO focused on building their knowledge on COVID-19 prevention and vaccines and their capacities to communicate – especially with hesitant or resistant communities. In Cambodia, UNICEF supported the Ministry of Health with training their health workers and Rapid Response Teams (RRTs) on field monitoring and community engagement up to district level across 25 provinces. These trained RRTs, and Cambodia’s early warning and response system (CamEWARN), had organized outreach initiatives and set up and scaled up toll-free lines through which citizens could get information and immediately report suspected COVID-19 cases in their communities directly to the authorities.

Leveraging social listening to shape communication and vaccination strategies:

During the pandemic, knowing what community members were thinking, believing or reacting to and providing timely and accurate information, was key to raising awareness, preventing COVID-19 transmission, and building vaccine confidence. For strategic and effective RCCE, it was essential that the information disseminated addressed the prevalent knowledge gaps and needs of the audience.

To ensure that a robust social listening system that proactively captured public sentiments and perceptions was in place, UNICEF utilized existing social listening platforms such as Talkwalker to collate and share insights, information and findings from online sources. In Fiji for instance, this helped with content analysis for mainstream news portals, social media channels and the government hotline. Offline, information from communities was sourced from daily feedback received from community volunteers. These findings and insights were addressed in subsequent public announcements or used to shape further communication initiatives, which contributed to increased trust and confidence in COVID-19 vaccines.

In the Philippines, UNICEF and partners supported the establishment and strengthening of social listening and community-based feedback mechanisms to gather insights on communities’ perceptions, fears and concerns related to COVID-19 and the vaccines. These insights were

used to design community outreach initiatives and door-to-door visits to engage with specific population groups to ensure compliance with CAB and higher vaccine uptake. The feedback also shaped service delivery strategies for communities where access to vaccination sites or mobility issues were key concerns.

Advocating for support from high-level leadership:

Active support, commitments and endorsements by authorities at the highest level, leaders and influencers proved to be game changers in certain contexts. In some countries, strategic advocacy with the royal family or political leaders helped to garner strong support and compliance from people across diverse community groups.

In Timor-Leste, UNICEF sensitized national leaders and elected representatives to encourage people to adopt preventive behaviours and get vaccinated. Some leaders came forward to be vaccinated first, when the COVID-19 vaccination drive was launched, which helped to foster public trust in vaccine safety and mobilize communities to get vaccinated. The President and first lady (2020), prime minister, the current President (2022-2027), bishop of the largest diocese in Dili and other leaders actively supported the COVID-19 campaign through interviews, talk shows and public announcements.

Similarly, in Tonga, the royal princess, her husband and the prime minister were the first to get vaccinated. Their endorsement ensured greater buy-in and confidence in the COVID-19 RCCE efforts and wider compliance, especially among hesitant communities.

Strategic engagement with faith leaders: The rapid development of multiple vaccines was a big win during the COVID-19 crisis. Moreover, through the [COVAX facility](#), the manufacture and supply of COVID-19 vaccines for all countries was a timely initiative. However, hesitancy and resistance to accepting the vaccines, even when they were made available and accessible, caused a significant bottleneck in achieving the desired vaccination coverage and targets. Vaccines were, and still are, one of the most effective ways to control the pandemic.

UNICEF's earlier experiences of working closely with religious leaders on childhood immunization in this region had led to great results. Religious leaders and groups have a unique and significant role as influencers of social and behaviour change. Given that this region is a confluence of many of the world's major religions including Buddhism, Christianity, Islam, Hinduism and folk religions, there was a unique opportunity to bring together diverse religious leaders and groups to help build vaccine confidence and acceptance. In the region, there were some excellent examples from across countries – Indonesia, Philippines, Myanmar, Pacific, Timor-Leste and others.

In BARMM, the Philippines, UNICEF mobilized communities with low immunization coverage by engaging Muslim religious leaders to develop sermons to confirm that the vaccines were Halal and essential. These sermons were amplified on local radio channels and community radio stations, especially to reach geographically isolated communities. Similarly, in Thailand, when people in the deep south were hesitant to accept COVID-19 vaccines, UNICEF and partners engaged these communities to build confidence, which led to a significant improvement in vaccine uptake.

Ensuring mental health support to children and young people:

The pandemic disrupted all structured, school-led routines, learning and peer interactions and led to increased anxiety caused by isolation and lack of social interaction. In many countries, UNICEF worked closely with partners to provide mental health support to young people through online consultations, workshops and peer learning opportunities.

In Myanmar, given the ongoing political turmoil that undermined the mental health of millions of children, UNICEF and partners expanded psychosocial services through individual counselling, peer support groups for young people and a national mental health and psychosocial helpline in several ethnic languages. Similarly, in Thailand, UNICEF collaborated with partners to launch the 'Every Day is Mind Day' campaign to remove social taboos about mental health and create opportunities for young people to share, learn and support their networks and communities.

Key Lessons Learned

One common factor across countries at the outset was a lack of knowledge about the virus, its transmission, prevention and consequences. China was the first country to report COVID-19 cases in December 2019 and given that China was ahead of the curve compared to most countries, its experiences in dealing with the pandemic, including RCCE, provided key insights and lessons for the rest of the region and the world.

In a short time however, it was evident that although the modes of transmission, symptoms and prevention were common, the pandemic played out differently among different socio-economic and cultural contexts – even within the same region and sometimes, within the same country. While some countries were able to control the spread of the virus thanks to their early response and public compliance, others struggled as their health systems were overwhelmed by the burden of rising cases. However, the pandemic taught us valuable lessons that we can reflect on to further strengthen our response and recovery strategies, including our RCCE approaches, as we move forward.

The pandemic **exacerbated existing vulnerabilities** of people living on the peripheries, children and people with disabilities. While UNICEF is working with governments and partners to reverse the backslide of progress in human capital gains, a key lesson from the pandemic is that most countries' emergency preparedness plans (including their RCCE strategies) did not initially include or even consider the diverse needs of vulnerable and at-risk populations. This pushed millions of people further into poverty, with no health or social protection support in place. In countries such as Viet Nam, Cambodia and Malaysia, UNICEF worked on community-specific initiatives to ensure that indigenous communities, migrants and refugees could access accurate information on COVID-19 prevention and essential health services. Moving forward, there is a need to revisit and ensure that national emergency preparedness and response plans are more inclusive and equitable.

Mental health issues emerged as an unprecedented consequence of prolonged lockdowns and social and physical restrictions. The mental health crisis became so widespread

that in many countries, it was seen as the 'second pandemic'. This crisis also highlighted the unmet mental health needs of vulnerable groups, including young people and children with disabilities. To address the massive need for age-appropriate, psychosocial support for children, especially adolescents, UNICEF provided mental health support through online consultations in many countries such as China, the Philippines and Thailand to help reduce the negative impacts of social isolation. In collaboration with governments, celebrities and the public and private sector, UNICEF engaged adolescents to promote family, community and peer connections and raise awareness of positive mental health.

In many countries, the adoption of a **whole-of-government approach** to ensure collaboration and coordination between different ministries was an important and strategic step in the COVID-19 response. Multisectoral engagements also helped to mobilize the networks, resources and capacities available within non-health sectors. It was evident from the start that the pandemic was more than a health crisis and brought on other vulnerabilities and threats. For instance, in countries like Thailand and Cambodia, community engagement had to be expanded to respond to the needs of migrant communities – beyond the threat of the virus – to cover a range of issues including loss of livelihoods, food security and abuse. UNICEF, through its network of partners, reached out with messages on COVID-19 prevention – and also used these opportunities to communicate on other critical issues such as abuse and immunization. These multisectoral engagements, as well as inter-ministerial collaborations, could be further explored and strengthened to deliver more integrated and holistic community engagement by incorporating other issues and programme priorities.

The pandemic highlighted the **critical role and contribution of frontline workers** in crisis situations. In many communities, the health workers were cited as the most trusted, and sometimes, the primary source of information. Given their influence and access to communities, they could be one of the deciding factors for acceptance or hesitancy towards CAB or vaccines. Keeping in mind the critical role that health workers play, Indonesia adopted a dialogue-based approach and peer-to-peer learning methods for building the RCCE capacity of health workers, which also

addressed any hesitancy or resistance they might have had themselves. If their own hesitancy, misconceptions or lack of information was not addressed, it would have been challenging to mobilize the communities that the health workers represented and served. There is a need for national governments to assess and build the RCCE capacities of their frontline workers and ensure that these essential resources are better utilized for risk communication and community engagement for other public health programmes or emergency situations.

The strategy of some governments to establish provincial or **regional RCCE teams or working groups** proved to be effective in planning and delivering local initiatives for specific population groups or communities. In most countries, through these teams or working groups, UNICEF could support the government to adopt community-specific RCCE to address complex cultural and language diversities so that indigenous communities, migrants, refugees and people with disabilities could be reached. They would otherwise have had limited or no access to information about COVID-19. These provincial RCCE teams could be further strengthened to deliver on other essential services such as immunization and child protection.

The engagement of **youth volunteers** also emerged as one of the most effective strategies, especially for community-based initiatives. UNICEF had engaged with youth volunteers pre-pandemic. These volunteers emerged as extremely effective resources during lockdowns when there were restrictions on movement and governments had to depend on local volunteers and networks. In many countries, UNICEF trained youth volunteers and frontline workers on COVID-19 RCCE to support government efforts to mobilize and sensitize communities. In some countries where there were

human resource or capacity gaps, these volunteers were especially helpful in supporting a timely and effective response. Volunteers also helped to collect real-time data on community perceptions, compliance and, hesitancy to COVID-19 preventive measures and vaccination. Youth volunteers could be further mobilized for other community-specific RCCE initiatives.

Lastly, a key learning is the need for strong community feedback, **social listening systems and platforms** to establish regular and effective feedback mechanisms to enable countries to plan and design need-based community engagement and inform programme design and delivery.

In many countries, social listening systems had to be established at the outset of the pandemic due to limited opportunities for direct interaction with families and communities. This helped to capture public perceptions, sentiments and prevalent misinformation, which could then be appropriately addressed through media outreach or direct community engagements. Without these social listening systems, it would have been challenging to address information gaps as promptly. In many countries, UNICEF supported governments to set up social listening platforms and hotlines to ensure easy access to accurate information.

Most countries in the region demonstrated an excellent ability to adapt and respond to rapidly changing RCCE needs given the dynamic and evolving pandemic situation and widespread fear and anxiety. The response and recovery strategies involved establishing, mobilizing and revamping systems, policies and capacities that could be further strengthened, scaled up and used for other emergency situations to communicate with and engage communities more effectively.

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Battling the ongoing infodemic was critical to prevent misinformation during the pandemic.



CAMBODIA

Cambodia was one of the top 20 countries with the highest vaccination coverage rate.

Country Context

Cambodia, the erstwhile Khmer Empire, is one of the greatest tourist destinations in Southeast Asia and shares its borders with Thailand to the west, Laos to the north, and Viet Nam to the east and the south.

Despite having a weak health care system compared to other developed countries, Cambodia was among the countries with the lowest number of COVID-19 cases. With a population of over 16 million, it had the highest COVID-19 vaccination rate in the region: 10 million (100.6 per cent of the target adult population aged 18 years and above) and 14.6 million people (91.7 per cent of total population) were fully vaccinated, according to the Ministry of Health (MoH) data. Cambodia was one of the top-performing 20 countries with the highest COVID-19 vaccination coverage rate, as on 7 July 2023¹.

Since the first case was reported in January 2020, UNICEF worked closely with the government and World Health Organization (WHO) and was part of timely and strategic approaches that led to Cambodia's success in restricting COVID-19 cases. Cambodia was also one of the few countries in the region to begin vaccinating children in the 12-17 and 5-11 years age groups. It launched its booster shot campaign in August 2021, and by 7 July 2023, had vaccinated more than 7 million people (70.5 per cent of the total population) with the third dose, with a special focus on the most vulnerable groups and frontline health workers.

This came as a surprise to many countries, but there were many reasons for Cambodia's successful COVID-19 response.

Insights from the Cambodian Experience

There were numerous factors that helped to limit the spread of COVID-19 and ensure a high vaccination rate in Cambodia, including a whole-of-government approach through inter-ministerial committees and working groups, commitment and support from international development and health partners, timely and strategic RCCE interventions, the practice of wearing face masks, the timely response of Cambodia's neighbouring countries, and public compliance with government restrictions. Cambodia took stringent measures and

augmented efforts to initiate policies and plans to curb the spread of the virus, which included closing its inbound and outbound borders and banning religious activities, gatherings and meetings of more than 50 people.

In the review report of COVID-19 RCCE in Cambodia – jointly undertaken by UNICEF, USAID and the Government of Japan (2020) – 80 per cent of respondents noted that they practiced preventive behaviours because of the public messaging that UNICEF had jointly developed with the MoH. About 77 per cent of women and 83 per cent of men agreed that public messaging motivated them to practice the recommended preventive behaviours. Since Facebook was considered to be the least trusted source of information, Cambodia increased engagement and awareness initiatives through television, local influencers and community channels. The data showed that village authorities and commune councils and chiefs – two of the most trustworthy sources – were being used by mostly older people and those with lower levels of education. There were also heightened efforts to disseminate non-literary messages through the support of local leaders; and use innovative visual or audio information channels for older people and those with limited literacy who had limited access to other sources of information. These strategic RCCE initiatives ensured that population groups with different needs were taken into consideration during planning, to ensure that everyone knew how to protect themselves from COVID-19.

Another source of Cambodia's success was exhaustive contact tracing. A strategy called 'box in' the virus was introduced. Cambodia also took advantage of its experience with previous epidemics such as SARS in 2003 and spurts of avian flu outbreaks between 2004 and 2010, all of which ensured that the country was well equipped and had gained vital preventive learnings. Based on the lessons learned, Cambodia, with support from UNICEF and WHO, had made slow but substantial investments in its health care system over the past decade, and strengthened the surveillance system that had helped with quick contact tracing and preventive measures to check any further spread of the virus. Contact tracing was facilitated by a mobile application that provided information on health status, suspected cases and those who may have been exposed.

Another initiative that helped to contain the virus was extensive mass testing. This included targeted testing, where testing was done among high-risk

individuals, communities or neighbourhoods based on reports of positive cases.

A significant factor that led to the high rate of COVID-19 vaccination was the positive attitude of Cambodia's people toward vaccine acceptance, including Routine Immunization (RI). Despite not having a strong health infrastructure and limited access to health facilities, the Health Information System (HIS 2021) reports that 75.16 per cent of children were fully immunized; 67.85 per cent of women attended ANC2 during their pregnancies, and the institutional delivery rate was 63.13 per cent. Most people, except specific groups, were open to accessing health services and accepting vaccinations provided by the government.

Strong political will and a government push also helped to mobilize the financial and human resources needed for a timely and efficient vaccination roll-out, without which Cambodia's high vaccine coverage would not have been possible.

Strategy and Implementation

When COVID-19 initially spread to Cambodia, COVID-19 awareness and preventive methods were limited, and people turned to social media and news from other countries for information. Vaccine demand increased substantially when deaths related to COVID-19 were reported. The government started raising awareness through social media platforms and smart phone messages, and provided handwashing supplies and hygiene kits at household level. However, the fast-evolving

pandemic demanded not only a timely response, but a strategic, culturally relevant RCCE plan that would help to quell emerging fears and doubts, and also answer people's questions.

Given UNICEF's capacity to design and implement RCCE initiatives, this comparative advantage was leveraged and a multi-pronged strategy on COVID-19 preparedness and response was developed in conjunction with the government.

■ **Systems-based approach to strengthening COVID-19 RCCE efforts:** While the MoH led Cambodia's COVID-19 preparedness and response, UNICEF embedded its strategy in government systems to strengthen national RCCE coordination and support, along with WHO and other partners. As an active member of the MoH's risk communication working group, UNICEF played a leading role in developing and implementing the COVID-19 RCCE strategy.

UNICEF supported the MoH's train-the-trainers initiative, which reached district level health facilities. These trained resources – the Rapid Response Teams (RRTs) – were spread across 25 provinces. RRTs worked closely with Cambodia's early warning and response system (CamEWARN), which is responsible for collating information on disease symptoms including respiratory infections, data, news and reports of new infections. CamEWARN and the RRTs set up and scaled up toll-free lines, through which citizens could report suspected cases of COVID-19 in their communities, so that preventive measures could quickly be implemented.



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¹ Source: Our World in Data (2022) available at ourworldindata.org

As part of the RCCE strategy implementation, UNICEF and the National Centre for Health Promotion (NCHP), supported training on COVID-19 communication for frontline workers in 14 provinces, as well as CSO partners, with a special focus on field monitoring and community engagement. Through this training, they were given tools and assets to address vaccine hesitancy, doubt's regarding COVID-19 Appropriate Behaviours (CAB) and vaccine efficacy.

In addition, UNICEF utilized its emergency funds to develop communication materials for the ministry and partner CSOs working at community and household levels. These funds were also used to adapt the COVID-19 communication materials to indigenous languages, for broadcast at national and provincial levels through television, radio and community loudspeakers. This proved to be a critical investment as the government needed to respond urgently but would not have been able to mobilize funds quickly. With the support of UNICEF's emergency funds, the government and UNICEF reached more than 12 million people across Cambodia with key messages on COVID-19 prevention and vaccines.

■ Forging inter-ministerial collaboration to engage with vulnerable population groups: UNICEF convened inter-ministerial meetings to mobilize existing networks and channels, in addition to those of the MoH, and worked closely with the ministries of culture and religion, social affairs, interior, education and women's affairs to disseminate COVID-19 messages and vaccinate specific audience groups, such as prisoners, to ensure that no one was excluded. This helped the government and UNICEF to reach all population groups, even those living in remote and hard-to-reach places, to sensitize them on protecting themselves and their communities from COVID-19 and prevent further transmission.

The joint review report on RCCE initiatives related to COVID-19, published in October 2020, highlighted that among the poorer populations and those living in rural areas, the lack of clean water, soap, hand sanitizer and masks were the main reasons for not practicing protective measures. In fact, the lack of hand sanitizer was consistently listed as a reason for not practicing preventive behaviours across all socio-economic categories. The report also showed a significant increase, from March 2020, in cash transfers from national and local government agencies to low income population groups, which may have contributed to increased practices of preventive behaviours in these communities. These

Older people and those with different needs depended more on non-literary messages received through local leaders, and visual or audio channels.

results highlighted how broad scale behavioural change not only necessitates improved access to timely, quality and reliable information, but also requires additional development interventions. Inter-ministerial collaboration can be the key to addressing gaps between demand, services and behaviours.

■ Public dashboard for evidence-based communication: During the pandemic, providing timely and accurate information was key to building awareness, responding to the emerging situation on the ground and preventing transmission. For strategic RCCE, it is important that information is provided based on the knowledge gaps and needs of the audience. Due to restricted face-to-face opportunities, UNICEF explored alternative methods of data collection, creating a dashboard that was made available to the public in order to monitor and understand the evolving situation

The dashboard findings provided key insights into people's understanding of COVID-19 and its threats, and key barriers to CAB and vaccine acceptance. These insights allowed UNICEF to adjust its strategies and choose the most effective channels for communicating with specific population groups.

■ Setting up a provincial working group on risk communication: At the onset of the pandemic, the government declared a state of emergency to contain the spread of the virus. Due to government-imposed controls, community engagement was restricted, and most dissemination was done through television, radio, social media and community loudspeakers. Over time, insights received through UNICEF's social listening



platforms such as Talkwalker and Facebook (4.5 million followers) highlighted the need for more strategic and localized engagement for select population groups, as well as provincial strategies.

Building on this, the MoH, with support from UNICEF, renewed the RCCE strategy in 2021 with the theme, 'Responsible Together to Prevent COVID-19 Transmission'. The strategy was designed to reinforce RCCE collaboration and focus on specific strategies to address any localized concerns or barriers at sub-national level through the provincial working group on risk communication. For instance, the MoH and UNICEF developed a separate strategy to address the challenges of vaccinating elderly people and people with disabilities, which took into account their hesitancy and concerns regarding limited mobility.

The provincial working group developed specific messages and materials on COVID-19 and its risks to older people and people with disabilities. To address the mobility issue, local authorities brought vaccination sites closer and delivered vaccines to the homes of people with limited mobility, thus ensuring a higher uptake among previously unvaccinated population groups. The strategy of setting up a provincial working group has been highly effective in reaching specific population groups with relevant messages and vaccines, who otherwise would have been excluded.

Key Results Achieved

- Cambodia is one of the top-performing countries in the world for COVID-19 vaccination. According to the MoH, more than 10 million adults (100.6 per cent of the target adult population aged 18 years and above) and 14.6 million people (91.7 per cent of the total population) are fully vaccinated.
- As of 7 July 2023, 48.4 million COVID-19 vaccine doses had been administered.
- Since launching its booster shot campaign in August 2021, Cambodia vaccinated more than 7 million people (70.5 per cent of the total population) with the third dose, especially the most vulnerable groups, which include frontline health workers, older people and mobile populations. The country administered the fourth, fifth, and sixth doses from June 2022 to priority groups and the general population, using the 'Blossom' approach.
- More than 12 million people were reached through television, radio and social media as part of the COVID-19 communication campaign.

Key Lessons Learned

Timely mobilization and engagement through the inter-ministerial approach:

Inter-ministerial collaboration and coordination enabled the timely mobilization and engagement of existing networks through appropriate channels. This approach ensured that the country mobilized its COVID-19 response quickly, and reached and engaged marginalized groups such as prisoners, factory workers, people with disabilities, older people and hard-to-reach communities at a critical time, which helped to contain the virus and build vaccine confidence within high-risk populations.

Data-driven response through social listening and dashboards:

The dashboard created by UNICEF to track progress and gauge the evolving situation on the ground further strengthened RCCE efforts. This again proved the need to increase focus on social listening as an alternate source of information or data collection, to enable appropriate, targeted communication instead of designing a 'one-size-fits-all' strategy.

Coordination through the provincial working group:

The MoH's efforts in setting up a provincial working group on COVID-19 risk communication, with support from UNICEF, reinforced the much-needed focus at the sub-national level to address any localized concerns or barriers. For instance, a specific strategy was designed and implemented

for older people and people with disabilities to ensure higher vaccine uptake among population groups like these that may otherwise have been excluded. These localized, specific RCCE initiatives played a significant role in Cambodia's high rate of vaccination.

Timely access to emergency funds:

When the government initiated COVID-19 response planning, a major concern was timely access to funds to enable a fast response. Not only did the RCCE working group have to respond timeously, but it also had to ensure that preventive COVID-19 messages and vaccine information would reach people quickly. This was crucial to ensure that people were aware of the virus and could protect themselves and their families and accept the vaccines when they became available. At that time, UNICEF's emergency funds were the only financial resource available for the development, printing and disseminating of COVID-19 communication materials nationwide, through television, radio, social media and community loudspeakers. Neither the government nor other partners were able to mobilize funds in a short time. The capacity to quickly mobilize funds internally from national, regional and global teams during emergencies can help UNICEF to support the government to prevent crisis situations from worsening in future. Such support can also help to build the government's confidence in UNICEF as a partner of choice.

Appropriate and contextualized RCCE messages and channels:

Survey results showed that older people and those with lower reading capacity depended more on non-literary messages received from local leaders, and visual or audio channels. The MoH broadcast messages on wearing masks and handwashing through videos and music, using various local channels, led to an increase in CAB. In future, the use of non-literary and visual content should be prioritized for people with different needs during the planning of any public awareness programme.

Potential Replication and Scale Up

- The inter-ministerial collaboration was effective in delivering on common results and can be replicated for other programme and outreach initiatives, especially for marginalized groups and people living in remote and hard-to-reach areas.
- The provincial working group on risk communication, set up by the government and UNICEF, was a successful strategy for reaching marginalized populations. The working group could focus on adopting a similar approach for implementing other programme or outreach priorities at sub-national level. This will help to strengthen RCCE efforts in several areas, such as improving WASH facilities and services, or strengthening RI.
- The dashboard available to the public can be further used as an alternate method of data collection and social listening. Recent experience at both national and global level has demonstrated the need to strengthen technological systems and make them available for information dissemination and feedback, along with enhancing capacity on monitoring and reporting.
- As part of the COVID-19 response, UNICEF trained CSO partners on RCCE, in collaboration with the MoH's National Centre for Health Promotion, with a special focus on field monitoring and strategic community engagement. These trained resources can be further leveraged for RCCE efforts for other programme priorities and can help the government to improve service delivery and establish robust community feedback mechanisms.

Forging inter-ministerial convergences to mobilize all their existing networks and channels helped ensure that no one was left behind.

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Related links

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CHINA

Given that China was the first country to experience an outbreak of COVID-19, its pandemic response provided key lessons for the rest of the world.



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Country Context

China was the first country to report COVID-19 cases in December 2019. While COVID-19 posed potential threats to children and their families, there were also other disruptions to basic services (health, education and other social services), impacts on the economy and livelihoods, and increased protection needs. With no medicine or vaccine available at that time, China relied on non-pharmaceutical interventions (NPIs), focusing on social distancing, isolation, quarantine, travel restriction and the closure of schools, factories and public spaces. Moreover, with limited knowledge available on COVID-19, battling the ongoing infodemic was critical to prevent misinformation from circulating in communities and to address the potential stigmatization of people who contracted COVID-19.

While the immediate response focused on mechanisms to break the transmission of the virus, there was a need to reestablish essential services disrupted by COVID-19 and addressing the secondary impact of the pandemic on children of all ages, from newborns to adolescents. UNICEF's response included advocacy for the continuity of health and other social services (including maternal, newborn and child health services, nutrition, WASH, education), alternative learning support, child protection services, psychosocial support and stigma prevention. The RCCE efforts – led by

China's National Health Commission (NHC) with support from UNICEF, WHO, the Chinese Center for Disease Control and Prevention (China CDC), the ministries of education and civil affairs and other partners – were planned and implemented in three phases: (i) early response, (ii) critical response and early recovery; and (iii) continued response and recovery.

Considering the long-term effects of the pandemic on the multidimensional needs of children and their families, UNICEF adopted a multisectoral RCCE strategy, using the child rights lens to focus on both response and recovery. As part of the RCCE implementation plan, UNICEF and the NHC leveraged all available platforms through their partners to amplify COVID-19 prevention messages and the need for continued health care and mental health support for children, pregnant women and high-risk groups.

Strategy and Implementation

Given that China was the first country to experience an outbreak of COVID-19, the country's pandemic response and RCCE strategy had to be built based on evolving knowledge about the virus. As the government, UNICEF and other partners were unsure of the direction the pandemic might take, the RCCE strategy followed an evidence-based approach and evolved with the changing situation.

UNICEF also advocated for online surveys as a key tool to understand community needs and assess the efficacy of RCCE efforts.

China's COVID-19 RCCE strategy was implemented in three phases: **(i) early response**, focused on providing accurate information on COVID-19 prevention, including in ethnic minority languages; debunking misinformation, advocating for continued access to essential services for pregnant women, young and vulnerable children, and addressing mental health issues among adolescents; **(ii) critical response and early recovery**, which supported the promotion of health, nutrition, education and child protection and focused on maternal and child health and nutrition, handwashing, child welfare, anti-stigma/discrimination, online engagement of adolescents – particularly on mental health – social-emotional learning, Early Childhood Development (ECD) and study-at-home initiatives, and **(iii) continued response and recovery** that focused on community engagement through UNICEF-supported projects, support for resuming child immunization, and public campaigns that promoted appropriate behaviours and practices for resuming school and work. This phased approach helped the country to review and adapt tactics according to evolving communication needs.

In addition to supporting the NHC's RCCE initiatives, UNICEF's response and messaging simultaneously focused on promoting healthy, safe behaviours and addressing the multidimensional needs of children and families. UNICEF used existing platforms, including social media channels and health applications, to conduct online surveys and receive feedback on communication assets and messages. Social listening, through Chinese social media platforms, clarified the concerns of affected populations and established strong feedback mechanisms to enable more effective response and communication.

■ **Evidence-based communication to address disruption in essential services:** UNICEF supported the government to generate evidence through rapid assessments, online surveys and social listening reports. This enabled them to identify and implement mitigation and recovery policies and procedures to minimize the negative impact of the pandemic, especially on populations at higher risk.

For instance, UNICEF conducted the assessment, the 'Impact of COVID-19 Mitigation Measures on Healthcare Behaviours of Pregnant Women and

Caregivers' (April 2020) through its Healthy Family App (HFA), which highlighted areas that needed more attention and intervention. While nearly 100 per cent of respondents reported taking at least one precaution against COVID-19 (wearing a mask, washing hands and staying indoors), 86 per cent reported taking all three preventive measures at the same time.

A high percentage of respondents (95 per cent) were aware that COVID-19 could be transmitted from one person to another, but misinformation and myths continued to be of concern. Over a quarter of respondents believed at least one myth about food items – like garlic and isatis root being effective in reducing the risk of infection – or believed in unsubstantiated practices, like using saltwater as a mouthwash for COVID-19 prevention or disinfecting masks in microwave ovens.

With regard to health-seeking behaviours during COVID-19, 70 per cent of respondents who were pregnant women reported that they had continued to seek antenatal care in the previous month. However, there was a severe decline in caregivers seeking child health care services. Only 20 per cent did so after the national media had encouraged parents to postpone routine child health care and immunization visits.

Nearly one quarter of the respondents who identified as being pregnant or as caregivers of children under five years reported feeling anxious in the previous two weeks. Over 70 per cent of

UNICEF's response included advocacy and support for reestablishing essential services disrupted by COVID-19 and addressing the secondary impact of the pandemic on children.

respondents reported feeling anxious about the pandemic and the impact on their daily lives due to prevention and control measures, such as staying at home for long periods of time. Others were concerned about financial difficulties, poor health or delays in their children's immunization. This data was used to inform the joint government and UNICEF RCCE plan, especially in the development of messages and information that would address the questions and concerns of pregnant women and caregivers.

UNICEF also used the Healthy Family App, accessed by more than 300,000 mothers and caregivers across six provinces, to provide information in real time that pertained to their health, strengthened self-health management; and also enabled health workers and health facility managers to access information more readily. The information was also adapted into a cartoon-style e-book, published by the China Population Press, with the endorsement of the NHC. The e-book, including an audio version, was disseminated through the official Learning Power platform, reaching around 20 million views within one month. The content created and disseminated through this platform and on mass media addressed the gaps in knowledge and practices that the assessment had revealed

■ **UNICEF's support to enhance remote learning and safe school opening:** To mitigate the effects of the pandemic, the start of the new school term was postponed in China and led to the closure of over 600,000 kindergartens and schools (including teaching sites), which affected over 241 million children. To minimize disruption and ensure continuity of learning, the government quickly moved to launch the Home Study initiative to establish distance learning, primarily through online platforms and television programmes. In March, schools started to gradually reopen in a few provinces, with the majority of provinces following suit by May.

When the government decided to reopen schools, UNICEF undertook surveys to understand the knowledge, awareness and concerns of children, adolescents, parents and teachers on school reopening. The assessment reached more than 18,000 children and youth, 27,000 parents and almost 5,000 teachers, and highlighted widespread concerns and stress around school reopening, safety and learning. Based on the insights that emerged from these surveys, UNICEF supported the reopening efforts with the 'Safe School Return' campaign, in collaboration with the Ministry of

Education (MOE) and the Chinese Centre for Disease Control and Prevention.

UNICEF maximized the potential and reach of the 'Safe School Return' campaign by amplifying it on popular social media platforms including WeChat, Weibo and Douyin (TikTok) and reached over 62 million users across channels by June 2020, while the hashtag #backtoschoolsafely was viewed over 130 million times. The government communication channels further amplified the messages. The videos were dubbed in sign language and braille posters were developed to meet the needs of children with disabilities. In addition to the digital resources, UNICEF provided printed posters to the government's supply distributions for school reopening that reached all kindergartens and schools across the country. In order to collect audience feedback and further improve and contextualize the messages, UNICEF built QR codes and links to a short survey on all posters and videos. More than 60,000 respondents provided feedback on the positive impact of the campaign on children, teachers and parents.

■ **Addressing the unmet need for adolescent-friendly initiatives:** As the pandemic evolved, it provoked fear, anxiety and loneliness, that which necessitated age-appropriate psychosocial support for children, especially adolescents. In a survey conducted by UNICEF, 85 per cent of adolescents aged 11-18 years reported that they had barely left home in over two weeks when the country went into lockdown. UNICEF and the government established an adolescent mental health strategy based on a COVID-19 rapid assessment that focused on reducing the negative impact of social isolation. In partnership with the public and private sector, UNICEF engaged adolescents to promote family, community and peer connections and raise awareness of positive mental health. Through the All-China Youth Federation (ACYF), the largest youth organization in China, RCCE materials generated through this initiative reached around 12 million adolescents; and through Kuaishou, an app for young people, the initiative reached 11 million views, while 4,300 videos on indoor exercise were uploaded by adolescent users.

During the recovery phase, UNICEF China also launched a high visibility 'Stronger Mind Stronger You' campaign in partnership with the National Centre for Mental Health and the National Bureau of Disease Control and Prevention under the NHC. The campaign was endorsed by leading celebrities and aimed to start conversations amongst young people to remove the stigma around adolescent

mental health. However, both the campaign and online engagement with adolescents highlighted that age-appropriate psychosocial support is an unmet need that requires further strengthening and institutionalization.

Key Results Achieved

- In collaboration with the All-China Youth Federations (ACYF), UNICEF reached around 12 million adolescents through Kuaishou to raise awareness of mental health. The content produced and shared on Kuaishou received 11 million views across the country.
- The subsequent 'Stronger Mind Stronger You' campaign, which aimed to increase adolescents' ability to cope with mental health problems and reduce stigma, generated over 43 million views, 2 million video plays, and 40,000 engagements.
- To support the government's school reopening efforts, UNICEF implemented the 'Safe School Return' campaign, in collaboration with the Ministry of Education (MOE) and the Chinese Centre for Disease Control and

Prevention that reached over 62 million users across social media channels, while the hashtag #backtoschoolsafely was viewed over 130 million times. In addition to the digital resources, UNICEF provided printed posters to the government's supply distributions for school reopening that were expected to reach all 600,000 kindergartens and schools and over 241 million children across the country. The communication products developed as part of the 'Safe School Return' campaign were further adapted and disseminated by other country offices in East Asia and Pacific region as well as in Latin America and the Caribbean region.

Key Lessons Learned

Given that China was ahead of the curve compared to most countries, the country's pandemic response and RCCE experience provided key insights for the rest of the world. Some of the lessons learned from China's pandemic response and recovery strategies include:

- The use of a phased approach for RCCE was appropriate, given the need for quick adaptations



China demonstrated excellent capacity to use and interpret data to inform and adapt its RCCE efforts in an effective way as the pandemic continued to evolve rapidly.



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to the changing pandemic situation. Moreover, this phased approach focused on both response and recovery, which mitigated the negative impacts of the pandemic to a large extent.

- The RCCE planning and implementation were driven by data generated from daily social listening reports, online surveys and video interviews with teenagers. These inputs not only highlighted gaps in knowledge and practice, but also helped to capture the voices and views of children, parents and teachers. The data helped UNICEF and the government to develop and disseminate evidence-based, relevant messages that resonated with audiences.
- Following school closures, China was able to switch rapidly to online learning nationwide for grades 1 to 12 by having national curricula and education resources available digitally. This was made possible by quickly mobilizing key partners, including ICT companies that could boost connectivity and bandwidth to enable millions of students, teachers, parents and caregivers to use online learning platforms. UNICEF and the government also conducted surveys to better understand the concerns of students and teachers before planning their safe return to school. Engaging and including these

key stakeholders proved effective in ensuring continued and quality remote learning throughout the pandemic and in designing effective RCCE campaigns.

- The fear, anxiety and loneliness caused by the pandemic necessitated age-appropriate psychosocial support, which is often not considered in the design of remote learning programmes. UNICEF supported the government to introduce socio-emotional learning and psychosocial support through UNICEF China's WeChat, Weibo and Xinhua Net social media channels, which helped children to deal with the negative impact of social isolation during school closures and prolonged lockdowns.
- UNICEF's support for addressing the mental health needs of adolescents through information dissemination, online engagements, hotlines, referrals for counselling and treatment highlighted the need for more adolescent-sensitive programmes. There was also the need to destigmatize mental health issues so that adolescents and their families could seek support without fear of discrimination. The 'Stronger Mind Stronger You' campaign was developed to meet this need.

Potential Replication and Scale Up

- China demonstrated excellent capacity to use and interpret data to inform and adapt its RCCE efforts in an extremely dynamic situation as the pandemic continued to evolve rapidly. These experiences and learnings could have further use in other emergency situations to communicate with and engage communities more effectively.
- The efforts of UNICEF and partners to engage adolescents and launch the 'Stronger Mind Stronger You' campaign succeeded in breaking the silence around mental health issues and mobilizing support for information, counselling and treatment. However, this work also highlighted the unmet need for more such initiatives. To sustain these efforts, the outcomes and lessons learned from the 'Stronger Mind Stronger You' campaign have been integrated in UNICEF's work to empower adolescents and young people through peer support, skills development and rejection of stigma. UNICEF has also supported the government's integration of mental health services into the primary health care system. As part of advocacy to make mental health services more affordable and accessible to everyone, UNICEF is working towards ensuring that when additional care is needed, psychological counselling services are covered by universal health insurance.

China's COVID-19 RCCE strategy was implemented in three phases: (i) early response; (ii) critical response and early recovery; and (iii) continued response and recovery. This phased approach helped the country to review and adapt tactics according to evolving communication needs.

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Related links

[China_Safe School Return Campaign](#)

[UNICEF concerned that COVID-19 prevention measures have resulted in family separation](#)



INDONESIA

In Indonesia, UNICEF's RCCE strategy followed a two-pronged approach: (i) **supporting the government-led COVID-19 response** and (ii) **rolling out a UNICEF-led response** through its platforms and networks, which complemented the government's voice and interventions.

Country Context

In Indonesia, the COVID-19 pandemic significantly affected the socio-economic gains of the last few years, and the country's most marginalized children are most affected by the consequences. A report by NIKKEI Asia highlighted that Indonesia entered an economic recession for the first time in two decades. Nearly two million more children are expected to fall below the poverty and vulnerability threshold.

Being the world's largest island country, with 17,000 islands across 34 provinces with distinctly diverse cultural contexts, which are all defined by hundreds of distinct native ethnic and linguistic groups, Indonesia dealt with unique challenges regarding vaccine hesitancy and resistance to COVID-19 practices, restrictions and protocols.

The pandemic disrupted children's access to essential health services and affected routine health care disproportionately for the most marginalized children. According to the Ministry of Health (MoH), routine immunization coverage dropped by up to 35 percent compared to 2020, leaving children at greater risk of vaccine-preventable diseases such as diphtheria, measles and polio. School closures left out 10 million children without access to the internet for remote learning, and also disrupted their access to school-based nutrition programmes, teachers, social service workers and other key forms of care and support.

In this context, the introduction of a safe and effective vaccine was a top-tier public health, political and economic priority for Indonesia. In principle, the faster that people were vaccinated against COVID-19, the sooner the government could relax pandemic-related restrictions to enable better access to essential services for children and their families.

However, the introduction of a COVID-19 vaccine at scale posed enormous challenges to Indonesia's fragile health systems, which had been further weakened by the pandemic. Concurrent vulnerabilities related to vaccine-preventable disease outbreaks, supply chain constraints, the need for sub-national capacity strengthening, vaccine hesitancy and misinformation, all posed multiple hurdles to implementing vaccination programmes at scale.

UNICEF's support to the government with RCCE focused on the introduction, roll-out and promotion of the COVID-19 vaccine as part of the overall COVID-19 communication strategy. While UNICEF and the government started promoting preventive behaviours, vaccine hesitancy emerged as the most critical challenge.

Firstly, there was no thorough research that helped to unpack the reasons behind vaccine hesitancy and consider the interplay between different factors such as religion, politics, personal beliefs and economics, all of which influenced individual and community decisions around vaccination.

To understand the nature of this hesitancy and improve vaccine demand, a nationwide vaccine acceptance survey was conducted in August 2020 by the MoH and National Immunization Technical Advisory Group (NITAG), with support from UNICEF and WHO. The survey collected responses from over 115,000 people from all 34 provinces, covering 99 per cent of districts, and found that there was low overall knowledge about COVID-19 transmission. Only 25 per cent of people were able to mention all known modes of transmission, while risk perception of COVID-19 was also low, at only 19 per cent. Although 74 per cent of respondents confirmed hearing about the COVID-19 vaccine, only 65 per cent confirmed readiness to accept it. People had varying trust levels towards the COVID-19 vaccine due to limited information on the type of vaccine, the date of availability, safety and effectiveness.

Based on the evidence generated by this survey, UNICEF adopted a systems-based approach to support the government's development and implementation of an RCCE strategy to create COVID-19 vaccine demand and improve understanding of the vaccine among target groups, while also promoting key preventive behaviours. UNICEF also advocated for child-friendly and inclusive policies, guidelines and interventions to ensure equitable access and reach, especially for the most vulnerable populations.

In Indonesia, UNICEF's RCCE strategy followed a **two-pronged approach**:

- **Supporting the government-led COVID-19 response** by providing strategic capacity-building and technical support to all aspects of the national response, in real time, which enabled UNICEF to influence and shape the country's RCCE strategy.
- **Rolling out a UNICEF-led response** through UNICEF platforms and networks, which complemented the government's voice and interventions.

Strategy and Implementation

Like many countries, one of the challenges that Indonesia experienced at the onset of the pandemic was a lack of information while designing the national COVID-19 strategy. UNICEF's support to the government on the COVID-19 RCCE plan was built on lessons learned from other RCCE initiatives and utilized UNICEF's strong national footprint. In addition, findings from the vaccine acceptance

UNICEF's support to the government on the COVID-19 RCCE strategy was built on lessons learned from other RCCE initiatives and utilized UNICEF's strong national footprint.

survey provided evidence to create RCCE initiatives that were specific, relevant and effective, especially considering Indonesia's diverse cultural contexts.

Recognizing that children were and are the 'silent victims' of the pandemic, UNICEF focused on issues that affected them and prioritized engaging with groups that were directly linked to children and could thus have more of an impact, such as parents, caregivers, educators and youth groups. While promoting the COVID-19 vaccine, UNICEF also used the opportunity to build trust in other immunization services, especially routine child immunization.

The COVID-19 RCCE strategy revolved around five main areas:

- National support and coordination (part of UNICEF's support to the government's response).
- Public awareness.
- Community engagement, including with young people.
- Advocacy.
- Research and social listening.

Strategy 1: Supporting the government-led COVID-19 response

UNICEF was embedded in the government's COVID-19 Task Force, which led the national COVID-19 RCCE response. With the Badan Nasional Penanggulangan Bencana (BNPB), the National Disaster Mitigation Agency; and later, the



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Committee for Handling COVID-19 and National Economic Recovery (KPCPEN) leading Indonesia's COVID-19 preparedness and response, UNICEF embedded its strategy in government systems to influence and shape the government's response and messaging.

UNICEF's comparative advantage was having a RCCE unit embedded in the BNPB and KPCPEN, which helped to improve access and insights into existing strengths, networks, platforms and areas in need of improvement. This helped with planning and providing timely and specific support to the government and partners at national and sub-national levels. It also enabled UNICEF to advocate for more inclusive pandemic response plans to meet the needs of women, children and more vulnerable groups.

UNICEF co-led the national COVID-19 RCCE working group and the United Nations (UN) RCCE Cluster, facilitating the coordination of key stakeholders – including national authorities, UN agencies, non-governmental organizations (NGOs), religious groups and private sector entities – through weekly meetings. This enabled UNICEF and the government to improve coherence and effectiveness, map out partner capacity, audiences and geographic areas; consolidate materials and resources; align messaging and plan collaborative initiatives on COVID-19 response and vaccine introduction. As of December 2022, The working group brought together 110 organizations and members from all provinces.

In conjunction with other partners in the COVID-19 RCCE working group, UNICEF created content for the government website (www.covid19.go.id), which people could access for the latest accurate information. With limited knowledge of COVID-19 at the onset of the pandemic and uncertainty about vaccine availability, it was imperative to ensure that accurate information on preventive measures was accessible to everyone. Since its launch in 2021, the website has been visited by 63 million people.

In collaboration with partners and mobile network operators, UNICEF sent out SMS blasts reaching 200 million people (periodically in 2020 and 2021) with COVID-19 information. Through a media centre established with UNICEF support as part of the task force, regular press conferences were held to ensure the ongoing sharing of relevant, up-to-date information, and to address misinformation and hoaxes while also being mindful of cultural and religious sensitivities and emerging challenges within communities.

Strategy 2: UNICEF-led COVID-19 RCCE strategy and roll-out

The UNICEF-led strategy aimed at complementing and supporting the government's plans and initially focused on preventive behaviours known as '3M' (which called for people to wear masks, wash their hands and practice social distancing); and later, focused on COVID-19 vaccine introduction and promotion. Driven by evidence and built on lessons learned from UNICEF's ongoing RCCE initiatives, the RCCE strategy was designed as participatory and actively solicited feedback through social listening platforms and direct engagement with communities, young people and children.

The key four aspects of the RCCE strategy were:

- Public awareness.
- Advocacy.
- Community and youth engagement.
- Research and social listening.

■ **Public awareness:** Since public awareness initiatives started even before the introduction of COVID-19 vaccines, the RCCE initiatives were implemented in a phased manner. The overlap between the three phases helped to ensure an uninterrupted flow of information, addressed misinformation and shared the latest updates. In the first phase, prior to vaccine introduction, the strategy focused on promoting the key recommended preventive behaviors, routine immunization and awareness about COVID-19.

In the second phase, once the COVID-19 vaccine was available to priority groups, the RCCE plan focused on reaching priority groups through different platforms and channels to build vaccine confidence, respond to any concerns or misinformation and encourage vaccination. The third phase focused on engaging key stakeholders such as health workers, educators, community and religious leaders and youth groups, who could advocate and solicit support for the COVID-19 vaccine through their networks and resources.

UNICEF developed and broadcasted a wide range of informative and educational COVID-19 communication content through mass and digital media, while influencers helped to raise awareness among at-risk groups. Dedicated COVID-19 pages on UNICEF Indonesia's website provided practical information including personal hygiene tips, home education guides and various activities to enhance physical and mental health, and received 24 million page views. The government's COVID-19 website, supported by UNICEF, received over 1.4 billion page views.

Public information campaigns on three targeted issues – the safe return to school, Adverse Events Following Immunization (AEFI) and vaccine acceptance – were rolled out on television and radio and reached an estimated 59 million people. A COVID-19 mini soap series and other digital activations on UNICEF's and partners' social media platforms (Instagram, Facebook, YouTube and TikTok) reached 48 million people.

The UNICEF Indonesia website and social media channels offered additional platforms – apart from the government's official channels – to disseminate pandemic-related information with tailored messages for specific population groups, especially young people.

■ **Advocacy:** The pandemic proved to be more than a health crisis, affecting vulnerable population groups more adversely than others. Children's well-being in particular was affected by prolonged school closures and disruptions in health and nutrition services. UNICEF advocated for child-friendly policies and interventions to mitigate the immediate and long-term impact on children and also organized a series of briefings with the Indonesian Journalists' Association to discuss the impact of the pandemic on children's lives. In addition, UNICEF led media outreach regarding the UNICEF-World Bank report, 'The impact of COVID-19 on the welfare of households with children.'

Extended school closures and disrupted reopening due to COVID-19 affected around 60 million students in Indonesia, causing significant learning loss. UNICEF led a strong public advocacy campaign in support of school reopening and promoted in-person learning to address the huge digital divide that excluded millions of children from accessing educational content online, which further increased existing disparities.

As part of efforts for vaccine equity, UNICEF advocated for policies and interventions to ensure equal and fair COVID-19 vaccine access, as well



While promoting the COVID-19 vaccine, UNICEF used the opportunity to build trust in other immunization services, especially routine child immunization.

as vaccine delivery, especially for eligible and the most vulnerable groups. UNICEF also generated and disseminated evidence and data to key decision makers and policymakers through public-facing platforms and private meetings. This data related to vaccine hesitancy, refusal to vaccinate and issues around access, especially in hard-to-reach areas.

■ **Community engagement:** Participatory community-based activities were central to UNICEF's RCCE response, especially at sub-national level. To address misinformation and discrimination, mobilize communities and help population groups at higher risk such as children, older people, people experiencing homelessness, migrants, people with disabilities and pregnant women, UNICEF partnered with 12 civil society/faith-based organizations. The partnerships paved the way for a more strategic, sustainable approach to community engagement and included local governments and groups that ranged from religious and indigenous communities to youth-based organizations. As of December 2022, more than 8000 volunteers from faith-based organizations Nahdthul Ulama (NU) and Muhammadiyah, who had received the interpersonal communication training, conveyed various RCCE messages to communities through dialogues, entertainment education and participatory learning activities that reached over 4.9 million people.

There was significant vaccine hesitancy or refusal among health workers that could have

had far-reaching consequences. In Indonesia, health workers were one of the first groups to be vaccinated since they were more vulnerable to COVID-19 exposure at work. However, in December 2020, evidence showed that only 54 per cent of health workers were willing to be vaccinated, while about 42 per cent were hesitant. Their main concerns were safety, vaccine efficacy and side effects. It was clear that if health workers were doubtful, their reluctance would affect communities since they were the link between the government and communities.

UNICEF suggested a dialogue-based, peer-to-peer learning initiative to address hesitancy and resistance, which often stem from doubt or lack of knowledge. This approach emerged as a key piece of Indonesia's COVID-19 response strategy and led to the training of 1.2 million health workers. An Interpersonal Communication (IPC) module was specifically designed for health workers who were willing to be vaccinated so that they could build rapport and influence their peers. UNICEF initially trained 120,000 health workers, who started vaccinating immediately after.

Based on feedback from the trained health workers, confidence levels and a willingness to be vaccinated had grown from 54 to 84 per cent. According to UNICEF's perception survey, health workers were the most trusted source of information about the COVID-19 response and vaccine. Given the significant role of health workers during the vaccine



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The UNICEF-led strategy aimed at complementing the government's plans and initially focused on preventive behaviours known as '3M' and later, focused on COVID-19 vaccine promotion.



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introduction and promotion, strategically engaging them and building their capacity made an enormous difference to the communities' acceptance of COVID-19 vaccines.

■ **Research and social listening:** To ensure that UNICEF-led communication and community engagement was evidence-based, population surveys – including quarterly UNICEF-Nielsen household surveys and specific surveys for teachers and parents – were undertaken. These surveys helped to map perceptions on vaccination and school reopening, and highlighted significant shifts in attitudes and behaviours so that strategies and messages could be tailored accordingly.

For instance, data from the UNICEF-Nielsen quarterly household surveys on COVID-19 vaccines and prevention behaviour showed increased demand and vaccination willingness among the general population, which had risen from 31 per cent in 2020 to 93 per cent in 2021. The survey also revealed poor knowledge of COVID-19 transmission, with only 42.7 per cent of people aware that the virus is transmitted by droplets. The proportion of people who could identify hoaxes and misinformation remained high, at 39 per cent.

These surveys were complemented by UNICEF's social listening programme, undertaken in collaboration with partner organization MAFINDO, which provided weekly monitoring and analysis

of online conversations related to COVID-19 and helped to guide the national strategy on addressing misinformation. In addition, MAFINDO's fact-checking and chatbot services also provided updated information on COVID-19 prevention. These evidence generation initiatives helped UNICEF and partners to strengthen outreach and engagement strategies, especially in areas with high resistance to vaccination, and to tailor messages for emerging community-specific issues or challenges.

The two-pronged RCCE strategy ensured that networks and partnerships available to the government and UNICEF were leveraged and complemented national RCCE efforts through community and population-specific engagements. This helped to ensure that COVID-19 information and services reached everyone and left no one behind, especially those groups at higher risk.

Key Results Achieved

- As of December 2022, the government's COVID-19 website supported by UNICEF (www.covid19.go.id) was visited by 63 million people, while the SMS blasts reached 200 million people.
- As at 30 June 2022, UNICEF led campaigns on COVID-19 vaccines and safe return to learning, reached over 59 million people through mass media, and 28 million through digital engagement.



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- UNICEF supported the capacity-building of more than 1.2 million health workers, youth and community volunteers on interpersonal communication skills.
- In collaboration with civil society and faith-based organizations, more than 4.9 million people were engaged across Indonesia through community mobilization initiatives such as dialogues, entertainment, education, and participatory learning activities.

Key Lessons Learned

- As part of national support and coordination, UNICEF adopted a systems-based approach and supported the BNPB and later, the KPCPEN to establish and co-lead the National RCCE Working Group. This collaborative approach to COVID-19 preparedness and response strengthened UNICEF's relationship with the government and enabled UNICEF to build the government's RCCE capacity. This was bolstered by UNICEF's credibility, capacity to plan and implement large-scale RCCE strategies, strong experience and national footprint through a large network of partners. Being part of the COVID-19 Task Force and Working Group also enabled UNICEF to embed and align its strategy within government systems, influence national strategy and

messaging, and further strengthen Indonesia's COVID-19 preparedness and response.

- The dialogue-based approach and peer-to-peer learning methods used for the health workers' capacity-building were successful and a decisive factor in ensuring the smooth roll-out of COVID-19 vaccines. If the health workers were hesitant themselves, their hesitancy or lack of awareness would have negatively affected the vaccination process. There are a few lessons to highlight from this. Firstly, having in-depth information and evidence on the health workers' hesitancy or doubts prior to the training helped to tailor the design accordingly. Secondly, encouraging health workers to report back after the training was important as they provided key insights about what was most effective and what was not, which helped with adapting the follow-up training. Thirdly, UNICEF had a comparative advantage regarding training, having worked closely with health workers in other countries in the region with similar country contexts. This knowledge helped to further sharpen the dialogue-based approaches, to ensure that the trained force was ready when the vaccines arrived.
- The findings from the nationwide vaccine acceptance survey helped to unpack the sources and nature of hesitancy or non-

compliance that needed to be addressed. The results also highlighted emerging rumours and misinformation associated with specific community groups, so that these could be addressed through awareness and engagement initiatives. The survey helped to shape the national RCCE strategy, and also enabled UNICEF to understand any issues or messaging that needed more attention, so that this could be addressed through UNICEF's own channels and platforms.

Potential Replication and Scale Up

- The dialogue-based, peer-to-peer learning approach that was adopted for the health workers' training can be replicated to build the capacity of other frontline workers or to mobilize other key partners. Not only does this help with understanding and addressing the root cause of concerns, but it also enables the creation of a network of influencers within the same workforce or community.
- The regular social listening, fact-checking and chatbot services used to address COVID-19 hoaxes and misinformation, including vaccination, can be extended to a more comprehensive infodemics management strategy for pandemic response and other public health crises.

The RCCE strategy ensured that all networks and partnerships available to the government and UNICEF were mobilized to reach the most vulnerable population, especially those at higher risk.

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Related links

COVID-19 materials produced by UNICEF and the Committee for Handling COVID-19 and National Economic Recovery (KPCPEN): www.covid19.go.id

Information on the national RCCE working group in Bahasa Indonesia



LAO PDR

In communities with lower literacy rates, UNICEF made extensive use of audiovisuals for local dissemination and adapted materials in ethnic languages to make them more relatable to indigenous communities.

Country Context

On 24 March 2020, Lao PDR became the last country in Southeast Asia to report a confirmed COVID-19 case. Although the country had some initial success with containing the virus due to rapid government preventive measures and public compliance, the pandemic and related restrictions severely affected livelihoods. The informal sector and small businesses fared the worst, which affected the most vulnerable populations. The crisis also tested structural challenges in Lao PDR's health care sector, leading to disruptions in essential health services and immunization programmes across the country.

Given the fragility of the economy and existing support systems, Laos adopted a whole-of-government approach and engaged multiple sectors to respond better to the pandemic and address larger socio-economic impacts. Regular and timely risk communications through hotlines and community engagement helped to strengthen public awareness and social listening and surveillance, given the rapidly evolving pandemic situation. Private sector partners actively supported the government's public broadcasting efforts and helped to reach a larger audience within a short time.

Although UNICEF's initial support to the Ministry of Health (MoH) included managing

misinformation and advocating for COVID-19 Appropriate Behaviours (CAB) through social media engagement, the changing context necessitated a greater focus on direct and local engagement. While the UNICEF-supported national RCCE and vaccine deployment plans helped the government to roll out COVID-19 prevention and vaccination drives, it was public engagement and advocacy that ensured compliance and acceptance at scale.

Strategy and Implementation

The success of Lao PDR's RCCE initiatives resulted from the widespread, active support of numerous partners, community influencers and multi-sectoral collaborations. The RCCE strategy focused on active civic engagement to build greater community ownership of the management and response to the evolving crisis. UNICEF helped the MoH to build its capacity and mobilize partnerships and networks at national, provincial and community levels.

In collaboration with the MoH and Ministry of Information, Culture and Tourism (MICT), UNICEF complemented RCCE efforts with public advocacy and media engagement to promote COVID-19 vaccination. Media partners supported the timely and continuous broadcasting of accurate information on COVID-19 vaccines, helping to debunk myths and rumours that could affect vaccine acceptance.

As part of the RCCE strategy, select campaigns and initiatives made the most significant impact on ensuring public compliance and community engagement to support COVID-19 prevention and vaccinations.

■ **Localized RCCE for priority districts:** Given the disparities in perception and vaccination coverage in certain communities, the government requested UNICEF's support to strengthen RCCE efforts in three priority districts, with a focus on hard-to-reach areas. UNICEF, in collaboration with the MoH, Centre of Communication and Education on Health (CCEH) and the World Health Organization (WHO), had set up risk communication task forces at provincial level. A team of risk communicators was trained and worked closely with the MoH teams, community leaders and community health volunteers to mobilize and engage communities on COVID-19 prevention and vaccination.

Through these engagements, the team also established feedback mechanisms to gather and assess perceptions, hesitation and challenges, and provided appropriate solutions to bridge any gaps. For instance, organizing vaccination drives at village level helped to reach vulnerable population groups who had transport and access difficulties, including people living with disabilities and older people. To strengthen vaccine confidence in hesitant communities, particularly Phone district, the provincial RCCE teams mobilized community leaders and village authorities to be vaccinated first. This helped to build confidence within communities and address fear and hesitancy, which led to significantly higher rates of vaccination.

In communities with lower literacy rates, UNICEF made extensive use of audio-visuals (AV) for local dissemination and adapted materials to reflect ethnic languages, which made them more relatable. These localized materials helped to generate greater awareness and helped people to better understand the messages and guidance. Based on the success of these local initiatives, the government invested in procuring AV equipment and translating materials into ethnic languages, especially for priority villages.

■ **'Vaccinate Laos' campaign:** With the arrival of COVID-19 vaccines in April 2021, the MoH, UNICEF and WHO launched the Vaccinate Laos campaign to encourage vaccination and achieve the country's target of 70 per cent vaccination coverage by the end of 2021. UNICEF collaborated with the Lao Front For National Development (LFND) – one of the oldest mass organizations in Lao PDR that has

In Lao PDR, the RCCE strategy focused on active civic engagement to build greater community ownership of the management and response to the evolving crisis.

networks in all districts across the country – to amplify the campaign at provincial and community levels. UNICEF built LFND's capacity to engage with communities on being vaccinated and to ensure CABs, irrespective of vaccination status. LFND leveraged its networks and local partnerships to build vaccine confidence and reach into every district, especially the priority villages and hard-to-reach communities.

UNICEF also supported the translation of campaign material into four ethnic languages, to make it more relevant to indigenous communities. In addition to community engagement, UNICEF and the MoH collaborated with one of Lao PDR's most popular singers, Aluna Thavonsouk, to launch a song on World Children's Day 2021 to promote vaccinating against COVID-19. The song became exceptionally popular and was widely broadcast. As per the MoH, various communication materials developed under the Vaccinate Laos campaign – both online and offline – reached almost 5 million people across Lao PDR.

■ **Civic engagement led by local leaders and influencers:** Since some community leaders and local influencers had immense influence on communities and their decisions, UNICEF engaged them in leading RCCE initiatives. Since these leaders are highly regarded in their communities, they could mobilize and influence people and build trust in vaccines. They were also effective in gaining compliance from older people who were hesitant or resistant to vaccination or following preventive behaviours.



The ethnic community leaders became vaccine advocates, were the first to get vaccinated and also led by example by adhering to appropriate behaviours. They worked closely with the MoH during vaccination drives, responded to any evolving challenge and co-convened community meetings and awareness drives to show their support and commitment. Their involvement made a significant difference to the level of vaccine confidence and acceptance and helped the government to achieve its vaccination targets.

These activities were also highlighted in the overall civic engagement strategy that formed the core of Lao PDR's COVID-19 RCCE. UNICEF and the MoH started the 'Vaccinate Laos' campaign as a people's movement, rather than a government initiative, and urged people to comply to ensure their own protection and well-being.

■ **Revamping routine immunization (RI) and other essential services for children:** One of the unprecedented impacts of COVID-19 was the disruption of essential health services delivery such as routine immunization. Prior to COVID-19, the country's health system had struggled with limited government funding and inadequate infrastructure and capacity. The pandemic further strained this already weakened system and derailed progress in immunization.

UNICEF supported the government's National Immunization Programme (NIP) to ensure that essential health services, including immunization,



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were sustained, even during the pandemic. The need to rejuvenate RI coverage became more urgent in early 2020, when Lao PDR experienced a measles outbreak in its southern province. This was coupled with a significant drop in MR1 at only 45 per cent because of disrupted health services. With UNICEF support, the government started door-to-door visits to ensure that no child missed out on immunization.

To strengthen delivery systems, support from the non-health sector was mobilized and included the Ministry of Information, Culture and Tourism, Lao National Front for Development, Lao Women's Union, Lao Youth Union and other development partners. The MoH, UNICEF and WHO established a Communication Task Force with partners to leverage all networks and reach communities with RI messages as part of COVID-19 vaccination drives. Through this task force, the government integrated RI messages and services into COVID-19 vaccination campaigns to make up for the disruptions to immunization.

Key Results Achieved

- Approximately 4 million people were engaged through RCCE initiatives and more than 5 million were reached through mass media and social media.
- At the MoH's request, UNICEF developed a RCCE reporting and monitoring framework for use by government representatives across Lao PDR to strengthen the feedback system. Inputs received through this system were used in the regular review and planning of RCCE initiatives at national and provincial levels.
- The UNICEF-supported RCCE strategy and initiatives led to high rates of COVID-19 vaccination and helped Lao PDR to achieve its vaccination targets. By 29 November 2022, 83.8 per cent of people had received at least one dose and 74.5 per cent had received all recommended doses.
- As part of the COVID-19 education emergency response, the Ministry of Education and Sports (MoES), with support from UNICEF, developed a digital teaching and learning platform, Khang Panya Lao. The UNICEF Lao PDR team organized training for teachers and students to familiarize them with the app. Khang Panya Lao has a potential 300,000 users across the country.

UNICEF Lao PDR also supported the MoES with school reopening. A back-to-school campaign was developed and utilized various communication materials such as posters, flyers and audio and video spots. Printed materials were distributed in more than 5,000 villages across all 148 districts in Lao PDR, while the audio and video spots were shared with MoH and MoES representatives in all schools and health centers.

- At the MoH's request, UNICEF Lao PDR procured and distributed 396 sets² of audio-visual equipment to hard-to-reach villages and quarantine centres in priority districts across Lao PDR. The aim of this was to ensure that all audio and video spots produced and translated into ethnic and sign languages would reach a broader audience if they contained relevant messages about COVID-19, thus addressing misinformation and rumours.

Key Lessons Learned

- The whole-of-government approach helped to mobilize networks and resources across sectors, including non-health sectors. This helped to amplify and accelerate RCCE efforts during the pandemic response.
- One of the key RCCE strategies was reinforcing the value of civic engagement. This helped to build strong community ownership and leadership, especially through indigenous leaders and local influencers, and ensured better compliance with COVID-19 vaccinations and preventive behaviours.

Potential Replication and Scale Up

As the government shifted from a 'Zero COVID-19' to 'Living with COVID-19' policy, the focus moved to economic recovery and restoring essential services such as immunization and education. Recovery strategies could benefit from building on the learnings from the pandemic and scaling up, adapting and replicating some of the systems, strategies and tools that were utilized and yielded great results.

Firstly, the provincial RCCE task forces that helped to assess and address local communication needs

can be further strengthened and mobilized for other programme priorities. These task forces can help the government to steer sub-national campaigns and RCCE efforts on localized issues in specific provinces. However, there is a need for further capacity-building in RCCE for task force members, to enable them to design, implement and assess their initiatives more effectively.

Secondly, given the influence and authority of indigenous leaders, their engagement and support led to faster and wider acceptance from ethnic communities. These leaders can mobilize their communities quickly and more effectively than any national-level initiative or campaign. Their potential for bringing about behaviour change in their communities on other issues (for instance, RI) should be further explored for grassroots-level RCCE initiatives.

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Related links

<https://www.unicef.org/laos/impact-covid-19-lao-pdr>

<https://www.unicef.org/laos/press-releases/government-lao-pdr-and-unicef-reaffirms-commitment-build-better-post-pandemic-world>

<https://www.unicef.org/laos/topics/covax>

<https://www.unicef.org/laos/press-releases/media-strengthen-promotion-covid-19-vaccination-lao-pdr>

<https://www.unicef.org/laos/press-releases/government-lao-pdr-endorses-national-statement-commitment-education-ahead-global>

<https://www.unicef.org/laos/khang-panya-lao>

² One set contains two loudspeakers, one microphone, one audio amplifier, 200m cable, one projector with screen and one SD card.

MALAYSIA

Fueled by fake news and rumours, there was growing hostility and discrimination towards people of certain ethnicity, non-citizens and anyone perceived to have been in contact with the virus.

Country Context

The first COVID-19 cases were reported in Malaysia on 24 January 2020, followed by a quiescent period before an upward swing at the end of February 2020, partly attributed to a Tabligh Jamaat (prayer gathering) during a religious event.

At the onset of the COVID-19 outbreak, Malaysia had initiated travel restrictions and quarantine; but with a persistent increase in new COVID-19 cases, the Movement Control Order (MCO) was finally rolled out in March 2020, leading to nationwide lockdown, sudden restrictions and the closure of all businesses except those providing essential services and items. Enforcement of the order was tightened progressively, to ensure social distancing and to control the spread of the virus, while other interventions such as contact tracing and mass testing were underway.

With the slow and steady decline in COVID-19 cases, the government relaxed the restrictions with conditional lockdowns and recovery control orders, but it was evident that the pandemic posed more than just health risks. It had also disrupted essential services such as health and education, the economy and livelihoods – and it led to new and increased protection needs, some of which stemmed from fear and panic due to ignorance about COVID-19 and its prevention. Consequently, the pandemic created a hostile atmosphere towards people of certain ethnic backgrounds and anyone perceived to have been in contact with the virus. As COVID-19 cases increased, negative sentiment increased towards vulnerable non-citizens and migrants, further fueled by the spread of fake news.

The government started communicating immediately to address the increasing stigmatization and discrimination, using the national media to provide information and advice. Since an effective RCCE mechanism was urgently needed to address the information and protection needs of vulnerable and high-risk populations, the Ministry of Health (MoH) started working closely with Health Promotion Centres at state and district levels to develop localized messages and strategies.

To ensure a whole-of-government and whole-of-society approach, the MoH created an inter-agency task force for RCCE, with support from UNICEF, and held regular review meetings to align and update the COVID-19 RCCE plan based on the evolving situation. Through this task force, the MoH collaborated with UN agencies including UNICEF, the International Organization for Migration

(IOM); the UN High Commissioner for Refugees (UNHCR); the World Health Organization (WHO) and the UN Development Programme (UNDP); development partners, Civil Society Organizations (CSOs) and other partners for joint planning and implementation. This included issuing joint statements, supporting the development and testing of communication materials, and amplifying messages and guidance through all available channels and networks.

Malaysia's COVID-19 RCCE plan adopted a multisectoral approach and included messages and community engagement on COVID-19 prevention measures and other emerging health, education and social protection needs, especially the challenges faced by the most vulnerable population groups.

Being an upper-middle-income economy, the government had adequate capacity to deliver social protection packages and cash incentives to people affected by the pandemic and the consequent lockdowns. As part of its risk mitigation and recovery measures, UNICEF focused attention on refugees, migrants and other undocumented population groups that might be excluded from government benefits and entitlements.

UNICEF was also able to mobilize its internal emergency funds to help provide timely support to the government's pandemic response. UNICEF's experience with earlier emergencies in Malaysia was an added advantage and helped to effectively mobilize partnerships, networks and strategies to support the implementation of the MoH-led RCCE plans at federal, state and district levels.

Strategy and Implementation

UNICEF's key RCCE support to the MoH included generating evidence to inform and design appropriate communication initiatives, building the RCCE capacity of state and district health officials from all 15 states; and co-leading the multisectoral task force for timely response. A unique initiative was the training of 85 nutritionists, health education officers, pharmacists, dentists and private medical practitioners - apart from government health officials – in collaboration with the Health Promotion Unit. Since these practitioners were often the first people to be consulted for medical advice at both community and individual levels, it was important that they had accurate information on COVID-19 and its prevention. The training was well received by the practitioners, who rated it highly with an overall

satisfaction score of 97.5 per cent and requested further training in the future.

UNICEF adopted a two-track RCCE approach to respond to Malaysia's emerging COVID-19 communication needs. Firstly, in collaboration with the MoH, WHO and other partners, UNICEF developed the national RCCE strategy which served as a blueprint and was adapted as the COVID-19 situation evolved. UNICEF continued to support the government in the implementation of the RCCE plan, focusing on the emerging needs of children and their families. Secondly, UNICEF designed specific RCCE strategies for vulnerable and at-risk population groups such as migrants, refugees and young people. This ensured that adequate support was provided to address the unmet needs of these groups, who were disproportionately impacted by the pandemic and the prolonged lockdowns and closures.

■ Creating evidence for effective RCCE on COVID-19 prevention and response: To further strengthen the RCCE strategy UNICEF, the MoH (Institute of Clinical Research, Health Education Division, Institute for Health Behaviour Research) and Universiti Malaya jointly designed and conducted a randomized, controlled trial to test different messages on COVID-19 vaccination. A total of 5,784 respondents participated in the trial, across 14 'treatment' groups. Key findings showed that messages quoting healthcare workers as the source were considered most credible and most likely to be shared. Social proof messages, tailored for specific audience groups, were more likely to

be shared, whereas negatively framed messages, and those with risk comparisons, were considered least likely to be shared. Messages that focused on safety measures were thought to be more relevant for people with medical conditions, and not for healthy adults. Although vaccine safety was cited as the main concern for vaccine hesitancy, messages focusing on vaccine safety were not considered to be significantly effective in influencing hesitant people to get vaccinated.

These findings provided useful insights that helped to inform COVID-19 RCCE strategies and messages, redesigning them for better relevance, acceptability and engagement through a mix of channels. Without these insights and the evidence that these trials generated, the RCCE initiatives would not have met with the desired success.

■ Community-specific strategies and engagement for the most marginalized population groups: As part of the UNICEF-led COVID-19 RCCE plan to respond to the emerging needs of the most vulnerable communities, community-specific health education initiatives were planned in partnership with Mercy Malaysia. Around 73,500 people from hard-to-reach and vulnerable communities in Sabah and Peninsular Malaysia were engaged and given information and support for COVID-19 prevention and response; and mental health and psychosocial well-being and hygiene kits were also distributed. Population groups included refugees, undocumented children in Alternative Learning Centres (ALCs), children with disabilities, people experiencing homelessness, low-



UNICEF designed community-specific RCCE strategies for vulnerable population groups such as migrants, refugees and young people to address their unmet needs.

income communities, and people in immigration detention centres. UNICEF, with support from CSO partners, organized special vaccination drives for refugees and migrant communities, while mobile vaccination vans were also organized to reach remote communities. These groups were being excluded from mainstream COVID-19 initiatives and would not have received adequate information or support during the pandemic without the direct community engagement co-led by UNICEF and partners.

The pandemic also fostered a hostile atmosphere towards people of certain ethnic backgrounds, as well as anyone perceived to have been in contact with the virus. There was a rise in negative sentiment towards non-citizens as COVID 19 cases increased, fueled by fake news and misinformation. To address the stigma and discrimination towards these groups, UNICEF started a social media campaign, 'We are in this together'. This was led by UNICEF, supported by other UN agencies and was endorsed by influencers and Muslim religious leaders. With the aim of promoting solidarity and awareness, messages on empathy and kindness were used to combat stigma and xenophobia, while also promoting values of integrity during religious festivals. Being a multicultural country, it was necessary to address any fear or stigma related to specific communities, especially as some groups were disproportionately affected during the pandemic and needed additional support.

■ **Digital engagement with youth through @KitaConnect:** Around 8 million young people aged 10–24 years in Malaysia were estimated to have stayed at home during the COVID-19 MCO and prolonged school closures and restrictions. Limited access to learning and mental health and psychosocial (MHPSS) support, in addition to COVID-19 information that had been tailored largely for adults, created confusion. Multiple challenges, including mental health issues and a lack of networking and learning opportunities, highlighted the need to communicate with and engage young people to address their needs and support them through the pandemic.

Given the limited opportunity for face-to-face interaction during the MCO, UNICEF developed a dedicated online platform for meaningful engagement with young people. Using RapidPro technology, a digital social space was created on Telegram (an instant messaging app), through which young users could receive regular, reliable updates on COVID-19 and MHPSS-related information in an adolescent-friendly way. @KitaConnect was created

based on U-Report surveys with 700 young people and was designed as an engaging platform for them to learn, network and voice their views and opinions on issues that affect them.

Through @KitaConnect, UNICEF engaged with adolescents and children to listen to their needs, address information gaps and share relevant resources and tips on hygiene, mental health, psychosocial wellbeing and other protection issues. During the post-MCO phase, UNICEF promoted peer-to-peer learning and networking to sustain the momentum of participation and to continue to upskill, motivate and empower young people across Malaysia.

Based on follow-up surveys on @KitaConnect, 97 per cent of active users reported having learned something new; 89 per cent gained better understanding and awareness of mental health issues; 92 per cent felt that @KitaConnect programmes had helped to change their perception of pandemic-related issues; and 95 per cent were inspired to contribute towards a social cause. This platform and online engagement also highlighted the need for adolescent-friendly communication and engagement initiatives, especially during a crisis.

Key Results Achieved

- As at 1 June 2022, 71 million COVID-19 doses had been administered in Malaysia and 27 million people were fully vaccinated.
- As reported by the MoH on 1 June 2022, Malaysia launched its booster shot campaign and reinforced the immunity of more than 16 million people, especially the most vulnerable groups, including frontline health workers.
- As at 9 December 2020, more than 37.8 million people had been reached through RCCE initiatives as part of the COVID-19 communication campaign.
- More than 615,000 children and adolescents were engaged, empowered and upskilled through online platform, @KitaConnect, as part of UNICEF's COVID-19 RCCE initiatives.

Key Lessons Learned

- UNICEF supported evidence generation through online surveys and the pre-testing of

communication messages to strengthen the efficacy of RCCE initiatives. Whether through U-Report to gauge the needs of adolescents, randomized controlled trials to test messages on COVID-19 vaccination, or social listening on social media to understand the source of fear, misinformation and stigma against certain population groups, all these efforts proved the need to adapt and communicate in the relevant context, instead of designing a 'one-size-fits-all' strategy.

- UNICEF designed and implemented specific RCCE strategies for vulnerable and at-risk population groups such as migrants, refugees and young people, in partnership with Mercy Malaysia. This ensured that adequate support was provided to address the unmet needs of around 73,500 people who may otherwise have been excluded from mainstream COVID-19 initiatives. There is a further need for the government and other partners to dedicate more attention and deliver audience-specific initiatives to these communities, especially during emergencies that may impact them disproportionately, making them more vulnerable.
- UNICEF established @KitaConnect as an online platform to connect and engage with children and adolescents and provide accurate information and mental health and psychosocial support during lockdowns and prolonged school closures. Most of these users reported being confused by COVID-19 messages that had been tailored for adults, and had no platform through which to share their views and concerns. While @KitaConnect emerged as a learning and networking platform for 615,000 young people, it also highlighted an unmet need for more child- and adolescent-friendly initiatives that encourage peer-to-peer learning and meaningful engagement.

Potential Replication and Scale Up

Malaysia has entered the endemic phase and the government is actively working on recovery measures – moving from a 'Zero COVID-19 cases' to a 'Living with COVID-19' approach. The multisectoral recovery strategy focuses on encouraging people to slowly transition to a state of the 'new normal' with schools, businesses and borders reopened, while a few cases are still being reported. As UNICEF continues to support

the government and other partners 'to build back better', it is important to take some of the lessons learned from Malaysia's pandemic response to further strengthen the country's systems, programmes and partnerships.

- Firstly, as UNICEF continues to support the MoH's RCCE initiatives to build vaccine confidence and adapt to the new norm of 'Living with COVID-19', it will continue to ensure an evidence-based approach. Key support includes designing campaigns based on behavioural insights and monitoring public perceptions to make the RCCE initiatives as relevant as possible. Secondly, UNICEF will continue supporting the MoH through the inter-agency RCCE working group, to ensure that the needs of children and their families, especially those from specific vulnerable communities, are addressed through the government's recovery measures.
- UNICEF has slowly transitioned @KitaConnect from an emergency response channel for young people to an online engagement initiative under its Youth and Adolescent Development programme. This has enabled UNICEF to identify the needs of young people in Malaysia and provide the necessary resources, opportunities and skills to encourage active participation in decision-making processes that affect their lives. UNICEF has also started connecting these young people with influencers, private sector partners and educators through @KitaConnect, to help them upskill and support their transition from education to employment. This platform could be further expanded and strengthened for other adolescent and youth-friendly programmes.

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Related links

<https://www.unicef.org/malaysia/coronavirus-and-young-people>



MONGOLIA

UNICEF supported the COVID-19 Call Centre and started a hotline at the National Center for Public Health to ensure easy access to accurate information for everyone.

Country Context

Mongolia, the world's second-largest landlocked country, shares a border of over 4,600 km with China. Half of its 3.3 million population live in the capital city of Ulaanbaatar, with its high levels of air pollution. Coupled with a high prevalence of respiratory infection and a health sector insufficiently prepared for large-scale health emergencies, Mongolia was considered a high-risk country from the onset of the COVID-19 pandemic, which led the government to initiate immediate and strict preventive measures to control the spread of the virus.

On 10 January 2020 – one day after the World Health Organization (WHO) announced that a novel coronavirus was the cause of the viral pneumonia that would later be named COVID-19 – the Government of Mongolia issued a public advisory for people to wear masks. On 27 January 2020, the country closed its borders with China, closed all schools and kindergartens and banned public events and social gatherings.

In early February 2020, UNICEF supported the government to develop the first multisectoral pandemic preparedness and response plan. In addition to financial resources allocated by the government for the plan's roll-out, UNICEF secured funds from donors such as USAID, the Government of Japan and the World Bank.

In March 2020, the first 'imported' case of COVID-19 was registered in Mongolia, leading to all international flights and travel being suspended immediately. The government allowed only chartered flights to repatriate Mongolian citizens from abroad and implemented strict, lengthy isolation measures to prevent any potential spread of virus. From November 2020 to May 2021, several lockdowns were imposed. These swift and effective preventive measures, and widespread public compliance, ensured that the pandemic could be restricted, and the health system was not burdened or overwhelmed. Consequently, Mongolia is among the countries in the region with the lowest COVID-19 fatality rates.

In addition to these government measures, two strategies proved to be effective during the pandemic response. Firstly, senior government leadership invested resources and time in the RCCE strategies and roll-out; and secondly, the multisectoral approach to COVID-19 communications ensured that community-specific issues were addressed appropriately.

Strategy and Implementation

Given that Mongolia's health sector was inadequately equipped or prepared for a large-scale health emergency, the government strengthened preventive measures and heightened public awareness to prevent the spread of the virus. UNICEF supported the government in the overall pandemic response plan, which became the basis for the national COVID-19 RCCE strategy. While UNICEF initially focused its support and communication on public awareness and compliance with COVID Appropriate Behaviours (CAB), it was soon evident that the pandemic was much more than a public health crisis. In addition, because of limited health resources and capacity, it became necessary to mobilize support from other sectors.

Based on emerging needs, UNICEF developed a multisectoral RCCE strategy as part of its support to the Ministry of Health (MoH). This was inclusive and strategic, and ensured that disseminated information and community feedback mechanisms highlighted the needs of vulnerable population groups such as children, pregnant women and people with disabilities.

As the pandemic situation evolved, the RCCE strategy was further expanded in 2021 to include communication about COVID-19 vaccination.

■ **National support and coordination:** As part of UNICEF's support to the government's response, UNICEF provided substantial technical and financial support to the Emergency Operations Center (EOC) of the MoH and deputy Prime Minister's Office to implement RCCE initiatives at national level. This included IT, communication and human resources to contribute to the development and publicizing of COVID-19 messages, RCCE campaigns for public broadcast and support to the MoH's daily press conferences. These measures and media dissemination helped to create awareness of the evolving situation and the latest government guidelines.

UNICEF also supported the COVID-19 Call Centre and started a hotline (119) that was established at the National Center for Public Health to ensure easy access to accurate information and services. UNICEF also trained call centre and hotline staff to ensure that the information they shared was accurate and relevant. In addition, UNICEF and USAID supported the National Statistics Office in conducting high frequency telephone surveys (MICS Plus) that highlighted emerging and prevalent



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In Mongolia, the multisectoral approach to COVID-19 RCCE ensured that community-specific issues could also be addressed appropriately.

public behaviours and attitudes with regard to COVID-19 and its impacts on livelihoods. The insights gained through these surveys helped to shape RCCE messages and policy implementation to address gaps and challenges.

■ **Digital engagements:** Based on the results of a rapid assessment on RCCE conducted by UNICEF in March-April 2020, and given the increase in digital communication during the pandemic, UNICEF mobilized social media platforms and networks to reach a wider audience.

In May 2020, UNICEF collaborated with a local social media and public relations organization to design and roll-out engagement campaigns on social media through compelling and audience-centric messaging on COVID-19 prevention, hygiene, parenting, mental health and COVID-19 vaccines. Given the increased demand for mental health-related information, UNICEF collaborated with the Institute of Applied Psychology to create content for adolescents and their parents during the lockdowns.

Following the outbreak of COVID-19 in communities and strict lockdowns across the country, UNICEF produced and shared communication around many emerging themes. These included staying healthy and positive during lockdown, spending quality time with family, avoiding misinformation and discrimination towards COVID-19 patients, ensuring

the safety of children at home and caring for young children.

From late 2020, UNICEF worked with the Mongolian Centre for Investigative Reporters and used its site, Factcheck.mn to identify and debunk misinformation on COVID-19 that was being widely circulated on social media. This collaboration worked well and was extended to counter the infodemic during the vaccination roll-out. As part of the management of misinformation, the UNICEF Facebook page, UNICEF-run COVID-19 information dashboard and CHATBOT emerged as popular sources of reliable and trustworthy information during the pandemic.

In collaboration with leading media (news website and MGL Radio), creative partners and NGOs, UNICEF led and supported digital engagements that reached around 22 million people with pandemic related information.

■ **Strategic and inclusive communication for children, people with disabilities and the Kazakh ethnic group:** UNICEF was the lead agency supporting the production and dissemination of child-friendly messages on COVID-19 prevention and hygiene. From March 2020, UNICEF produced a series of nine animations for children which were widely disseminated on TV and social media. The series was regularly broadcast during TV lessons to all 900,000 children of school-going age. Being

one of the first shows on COVID-19 for children, the first animation was translated and adapted by several UNICEF country offices, including Tajikistan, Lebanon and East Timor.

From April 2020, UNICEF started working with the Mongolian Association of Sign Language Interpreters (MASLI) to provide accessible information on COVID-19 prevention and two-way communication for people who were hearing impaired, since they had limited access to reliable information. With UNICEF support, MASLI translated videos produced by UNICEF, WHO and the MoH into sign language and disseminated them through the social media networks of hearing impaired communities. UNICEF also supported the engagement of full-time sign language interpreters at the Mongolian national television broadcaster, to ensure sign language translations of urgent announcements and COVID-19 prevention-related messages. In addition, a new video call service using Facebook Messenger with sign language interpretation, initiated by MASLI in March 2020, was supported and operationalized by UNICEF. This service was in great demand among the hearing impaired community, especially after the COVID-19 outbreak in Mongolia, the consequent lockdowns and during the introduction of vaccinations in February 2021. Based on the success of the UNICEF and MASLI collaboration, the Ministry of Labor and Social Protection launched a government video call service in October 2021, run jointly with MASLI.

Considering the language and cultural differences of the Kazakh ethnic group, UNICEF translated COVID-19 communication materials into Kazakh and collaborated with local television channels and media networks to disseminate community-specific and culturally-appropriate messages. For strategic engagement with Kazakh communities, UNICEF engaged with key religious leaders and community leaders so their support could further amplify key messages on COVID-19 prevention and vaccination.

■ **Strategic community engagements with students:** For the duration of the pandemic, UNICEF partnered with the Scout Association of Mongolia and the Mongolian Red Cross Society (MRCS) for strategic community and youth engagement assisted initiatives. The Scout Association supported the dissemination of COVID-19 prevention print material to remote communities of Ulaanbaatar and assisted as data collectors in community and phone surveys. As part of the Youth for Hygiene and Health initiative implemented in collaboration with the Scout

Association, around 600 adolescents from 20 schools across 10 provinces of Mongolia were trained as peer trainers on hygiene. The Scout Association also produced communication materials for young people, including infographics and videos on hygiene, handwashing, immunity and staying positive during the lockdown; and also used Zoom to help with communication during the lockdown. All videos were translated into sign language. Later in 2022, the Scouts Association also extended the training and peer education initiatives to students of six schools and kindergartens for children with disabilities.

As part of the 'Get Vaccinated' campaign, the MRCS undertook a perception survey among students in collaboration with the Risk Environ institute to better understand their perceptions of the COVID-19 vaccination. The survey revealed that the main reasons for the students' vaccine hesitancy were fear of side effects, doubt regarding vaccine efficacy and misinformation about vaccine quality. Based on the survey results, MRCS and the Ulaanbaatar Health Department trained 86 volunteer students from 12 universities on RCCE. The trained student volunteers and 100 members of MRCS organized sensitization workshops and started five mobile vaccination information services at their universities. The student volunteers organized classroom lectures, distributed leaflets and displayed posters to address misinformation and build vaccine confidence among their peers and university staff. To ensure greater engagement, they started a photo op initiative, where students could pose for pictures holding frames that read 'Got Booster Shot' after they were vaccinated. Through these university-based, student-led initiatives, 27,135 students were engaged across universities.

Key Results Achieved

- Mongolia successfully promoted COVID-19 vaccines, with support from UNICEF and WHO, that led to 85.7 per cent of the population being fully vaccinated, and 53.7 per cent receiving the booster dose as of 20 October 2022. The high acceptability and vaccination rates helped the country to cope well with the fourth and fifth waves, as Mongolia's daily reported COVID-19 cases had started declining by mid-August 2022.
- UNICEF led and supported digital engagements, and in collaboration with leading media (news website and MGL Radio), creative partners and NGOs, reached around 22 million people with information related to COVID-19.

- UNICEF produced a children's animated series on COVID-19 prevention and hygiene that was widely disseminated on social media and during TV lessons to 900,000 children of school-going age in Mongolia. Being one of the first children's shows on COVID-19, the first animation was translated and adapted by several UNICEF country offices, including Tajikistan, Lebanon and East Timor.
- As part of UNICEF-supported youth engagement across 12 universities in Mongolia, 27,135 students were engaged across these universities to promote and support COVID-19 vaccination drives.

Key Lessons Learned

- **Early response:** The government's early preventative measures and timely actions helped the country to control the spread of COVID-19 in early 2021 and effectively curbed the impact of the pandemic in late 2021 and early 2022. Without these swift, strategic responses and preventive measures, the pandemic could have overwhelmed the country's fragile healthcare system and resulted in a higher mortality rate.
- **Community-specific RCCE:** UNICEF's adaptation of COVID-19 communication for specific audience groups – children, hearing impaired people, university students – and for specific communities such as the Kazakh ethnic group, helped to ensure that everyone had easy access to urgent announcements, the latest guidelines and CAB protocols. Without these audience-centric and community-specific engagements and dissemination, many people would not have been able to access information during the pandemic. This experience reiterates the importance and significance of needs-based communication for effective engagement.

Potential Replication and Scale Up

- Certain emergency services that were established with UNICEF support – such as the COVID-19 hotline and special video call service in sign language for the hearing impaired have been continued and further institutionalized for long-term service delivery by the government. These services continue to bridge any potential

information gaps, especially for people with limited access to other media or the internet.

- To improve parental support and community engagement in COVID-19 prevention efforts, UNICEF led and supported a series of activities nationwide and provided grants to 70 schools and kindergarten parental councils across the country. Such community engagement initiatives, focusing on parental support, can be further explored for other programme areas such as immunization, nutrition, WASH and child protection.
- UNICEF started working with MASLI to provide accessible information on COVID-19 prevention and two-way communication with hearing impaired people and children since they had limited access to reliable information. The use of videos and the engagement of full-time sign language interpreters for urgent announcements at the Mongolian national television broadcaster in addition to the new video call service using Facebook Messenger with sign language interpretation, helped bridge information gaps for the hearing impaired. Based on the success of these services and engagements, the Ministry of Labour and Social Protection launched a government video call service. These platforms and engagements can be further strengthened and scaled up across other sectors and services to ensure that the people with hearing impairment do not get left out.

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MYANMAR

Given Myanmar's cultural and language diversities, the COVID-19 communication materials were translated into 87 ethnic languages in audio versions and 55 ethnic languages in print.

Country Context

Myanmar (formerly known as Burma) is a southeast Asian nation of more than 135 ethnic groups and borders India, Bangladesh, China, Lao PDR and Thailand. Myanmar is experiencing an unprecedented humanitarian and human rights crisis, triggered by the military takeover in February 2021. The onset of the COVID-19 pandemic, followed by the political crisis, escalating conflict and violence, climate-related disasters, rising poverty, and a collapse in public services – have left an estimated 14.4 million people in need of humanitarian assistance and have threatened the lives and well-being of Myanmar's 17 million children.

In January 2020, one day after the World Health Organization (WHO) notified governments about the COVID-19 cases in Wuhan, Myanmar set up surveillance at the country's points of entry. When the first locally transmitted COVID-19 case was reported on 23 March 2020, the government announced the initial lockdown in March and April. The Ministry of Health and Sports (MoHS) imposed domestic and international travel restrictions, and issued guidance on personal hygiene, COVID-19 symptoms and social restrictions in public spaces. With these measures in place, Myanmar was able to rapidly implement preventive measures to contain the transmission, seeing 360 cases and 6 deaths during the first wave.

However, the second wave in mid-August started with less than 10 cases per day, but reached over 1,000 cases per day by mid-October. This wave overwhelmed the country's inadequate and understaffed health infrastructure and systems. By November 2020, there were 76,414 confirmed COVID-19 cases and 1,695 deaths.

The initial lockdown and movement restriction significantly affected communication initiatives around COVID-19 prevention. Myanmar's political changes hugely impacted the national COVID-19 vaccination programme and public communication, with several restrictions affecting communication initiatives about COVID-19 vaccines.

Since 1 February 2021, following the military takeover that resulted in a Civil Disobedience Movement (CDM) which took about two-thirds of the health workforce out of the health system, essential health and vaccination services were almost completely suspended. While these disruptions crippled health systems, the country faced a huge challenge with the third wave of

COVID-19. The MoHS reported more than 2,000 confirmed cases daily from 1 July 2021; and by 14 July, confirmed cases had tripled to more than 6,000 per day. Deaths related to COVID-19 doubled within a week, with more than 100 deaths per day reported on 13 July 2021, rising to more than 200 deaths per day on 17 July 2021, and more than 300 deaths per day by 22 July 2021.

While rapidly increasing cases were reported, more people were being treated at home due to overburdened public and private health facilities, with a shortage of medicine and oxygen exacerbating the crisis. With a weakened workforce and the suspension of essential services, the health system could not respond well during the third wave, and it was estimated that the numbers of cases and deaths were much higher than the figures reported by MoHS. As at August 2022, 614,844 confirmed COVID-19 cases and 19,437 deaths were reported.

Despite these disruptions, UNICEF supported the government to engage and reach out to diverse audience groups across the country, utilizing 87 ethnic languages and its social media channels to amplify key messages in collaboration with celebrities and influencers.

Strategy and Implementation

Before the onset of COVID-19, UNICEF supported the Health Literacy Promotion Unit (HLPU) of the MoHS to plan and implement communication initiatives. Even before COVID-19 was named (on 11 February 2020), communication materials were prepared about the source of infection, symptoms and preventive behaviours related to an 'unconfirmed pneumonia infection' from Wuhan.

In order to reach diverse population groups, these materials were translated into 87 ethnic languages in audio versions and 55 ethnic languages in print; and, in collaboration with the Ministry of Ethnic Affairs (MoEA), were disseminated to 36 million people across the country. These materials were widely used by Basic Health Staff (BHS) through miking and community-level distribution. Specific communication materials targeting migrant populations and people coming from abroad were developed and made available at the country's check points. LED billboards were also set up at key border areas, targeting migrant populations travelling into the country.

The national RCCE Working Group was led and chaired by the HLPU and MoHS, while WHO and UNICEF took turns to co-chair the planning and review meetings and coordinate communication initiatives in line with the pandemic response strategy. UNICEF also developed the 'Communication Strategy and Action Plan for COVID-19 Vaccination' as part of the National COVID-19 Vaccine Deployment Plan. This provided direction in advocacy, communication and social mobilization to reach and engage a wide range of stakeholders, communities, influencers and caregivers across Myanmar.

Despite the challenges emerging from political disturbances and civil disobedience, Myanmar had a few successful RCCE initiatives that prevented the pandemic from getting worse.

■ Restrictions on public gatherings and celebration of water and lighting festivals:

The Water Festival is a popular festival usually celebrated in Myanmar in the second week of April with the long Lunar New Year holidays and sees large gatherings and group celebrations across the country. Given the COVID-19 outbreak in 2020, the government requested the public to refrain from mass gatherings during the Water Festival and lunar New Year holidays and appealed to people to stay at home during the festival week. Although this announcement and the restrictions upset many people, especially children and young people, communities were encouraged to comply through constant public service announcements and the

local dissemination of information through miking and the support of community leaders. In addition, news about the immense impact of COVID-19 in other countries also encouraged people to comply. A similar public campaign was undertaken during the Lighting Festival in October, when the government again encouraged people to avoid mass gatherings and instead connect virtually with families and friends. If social interactions during these major festivals was not restricted, COVID-19 would have spread further and faster, placing a greater burden on health systems and increased risk to lives and livelihoods.

■ Celebrity and influencer engagement on social media to garner public support:

UNICEF Myanmar and the MoHS used social media channels to engage audiences in collaboration with 33 celebrities. Actors, singers and social media influencers shared short videos to celebrate the Water Festival virtually on Facebook and Tik Tok. These celebrities engaged with their huge social media networks on these platforms and endorsed COVID-19 preventive behaviours – staying at home, handwashing and physical distancing – as advised by the MoHS. By the end of this digital engagement, the virtual Water Festival videos had been viewed by approximately 5 million Facebook users within one week.

■ Strengthening mental health services for children and young people:

The pandemic had left 12 million children out of school for over a year and the ongoing political turmoil had further undermined



If government restrictions on social interactions during the water and light festivals were not put in place, COVID-19 would have spread further, increasing risk to lives and livelihoods.

their mental health and psychosocial well-being. Many children witnessed violence and attacks; and some were victims, which left them mentally, if not physically, scarred. In response, UNICEF and partners expanded psychosocial services for children and young people. This included individual counselling, peer support groups for adolescents and young people, and a national mental health and psychosocial advice helpline for children, available in several ethnic languages. In partnership with Metanoia, a mental health services and resource centre in Yangon, UNICEF organized online consultations to provide key information to parents and caregivers on mental health care and support for children and young people.

In addition, to support the continuation of young children's daily activities during the COVID-19 stay-at-home period, UNICEF produced 14 animated edutainment videos to encourage daily routines that complied to COVID-19 measures. The mini episodes were disseminated through UNICEF Myanmar's Facebook and YouTube platforms. Mindful of the special needs of children with disabilities, 44 story books were adapted in audio and animated versions especially for visually and hearing-impaired children. UNICEF collaborated with the Mary Chapman School for the Deaf and Blind to make these engagements more participatory and to further understand the needs of these children.

UNICEF also worked with partners to provide technical support in the development of Mental Health and Psychosocial Support (MHPSS) storytelling messages, animation videos and a web platform designed specifically for young people, in consultation with U-Reporters.

Key Results Achieved

- From the start of the pandemic in Myanmar, the MoHS's Facebook page became the main source of information on COVID-19. Most communication materials, content planning and social media boosting was supported by UNICEF; and during the first two years of the pandemic, the page's followers increased from 300,000 to more than 60 million. During the third wave, with the health system unable to manage the overwhelming caseload, UNICEF Myanmar, in collaboration with WHO, developed a video on home-based care for COVID-19 patients and translated it into 18 ethnic languages. The video was widely disseminated on UNICEF's and the MoHS's channels and was also shared with other

RCCE partners, including the Ethnic Health Organizations' networks, to ensure wider reach across the country.

- UNICEF produced and distributed over 7 million pieces of communication assets that were disseminated in 17 ethnic languages for radio, 86 for megaphoning and 57 languages for print and online media. These assets, on the home-based care of COVID-19 patients, included visual and audio messages for illiterate people and people with disabilities. Eleven communication materials were specifically developed on COVID-19 vaccine-related information and translated into 22 ethnic languages.
- For community-specific RCCE, UNICEF partnered with three civil society organizations (CSOs) to reach the most marginalized populations in Kachin and Shan states and IDP camps in Rakhine. Through implementing partners, 322 volunteers were trained on interpersonal communication and community engagement in Shan State to create awareness of COVID-19, counter vaccine hesitancy and create vaccine demand. These UNICEF-supported RCCE initiatives reached an estimated 38 million people.
- In collaboration with WHO, UNICEF regularly monitored social media engagement on COVID-19, especially Facebook, which is the most popular platform in Myanmar. Rumours, myths and concerns revealed by this monitoring were regularly reviewed and shared among RCCE partners, after which there was appropriate message dissemination by UNICEF and WHO on their respective social media channels. Through UNICEF channels alone, information on COVID-19 prevention and vaccines reached 2.2 million people.

Key Lessons Learned

Since Myanmar had no prior experience in responding to a large-scale epidemic, the COVID-19 response offered key lessons that could be used to further strengthen or replicate systems, policies or strategies for an ongoing or potential crisis situation.

- Firstly, there was a need to streamline the MoHS approval and decision-making processes to ensure better, faster RCCE implementation, especially during an emergency. UNICEF

UNICEF expanded psychosocial services for children and young people, including individual counselling, peer support groups and a helpline, available in several ethnic languages.

supported the engagement of in-house communication professionals who worked closely with the ministry and eased the process of collaboration, development and approvals. This strategy can be further explored as part of long-term capacity-building plans to strengthen communication skills and resources within the MoHS.

- During the pandemic, when most direct communication and engagement channels were disrupted, the most effective medium for sharing information was social media, especially Facebook. UNICEF Myanmar supported content creation and boosted Facebook posts for the MoHS, which helped to garner more than 60 million followers. Based on this experience, social media engagement could be considered for reaching large audiences with minimum budget, within a short span of time, especially as part of an emergency response when other mediums might have limited access and reach.
- UNICEF Myanmar supported the development and translation of COVID-19 communication materials into 87 ethnic languages and uploaded these to the MoHS website for easy access and free download. These were used for community engagement and miking and were also widely used by private sector stakeholders who used their own resources to display and broadcast these in public places such as shopping malls, restaurants, playgrounds, bus stops and railway stations. By providing easy access to printable

versions of the material on the MoHS website, wider reach was ensured without the cost of mass printing or broadcasting.

Potential Replication and Scale Up

- Given the current country context and challenges, the dissemination of COVID-19 information, including vaccine-related messages, needs to continue across communication channels such as radio and social media (especially Facebook), and a new Viber channel set up to specifically target parents and child caregivers. This would ensure continued communication and access to key information, even if other communication channels are disrupted.
- There is a need to set up community-based volunteer networks to strengthen community-led solutions to challenges around maternal and child health at grassroot level. This would help communities to respond better to the needs of children during the current and any future emergency situations.

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Related links

<https://www.unicef.org/myanmar/stories/first-ever-virtual-water-festival-time-covid-19>



PACIFIC ISLANDS

Without the support of youth volunteers, it would have been extremely challenging to reach and mobilize remote communities in Fiji during the pandemic.

FIJI

Country Context

While the pandemic spread across many parts of the world in early 2020, Fiji was one of the countries that had tightened its borders early on and managed to remain practically COVID-free until 19 March 2021, when the country reported the first case in Lautoka.

Subsequently, the government imposed a national curfew, restricted large social gatherings, closed schools and non-essential services, banned travel from COVID-19 affected countries and closed all borders and ports. Only returning Fijian citizens, residents and some essential international health experts were allowed to travel into the country. However, all incoming travellers were required to quarantine at a government health facility for 14 days, under the strict supervision of health officials and the Fijian military.

The Risk Communication and Community Engagement (RCCE) working group, led by the Fijian Ministry of Health and Medical Services (MHMS) and co-chaired by UNICEF and the World Health Organization (WHO), was established as one of the response pillars within the Incident Management Team (IMT). In close collaboration with other key partners, notably The Pacific Community (formerly known as the South Pacific Commission) and International Federation of

Red Cross and Red Crescent Societies (IFRC), the RCCE working group implemented a range of interventions focusing on early detection and preventive behaviours. These included engagement through institutions like the Pacific and Fiji Council of Churches, media organizations, civil society organizations (CSOs), and social media influencers.

These preventive and control measures ensured that COVID-19 cases were only recorded from the supervised quarantine facilities through July 2020 up to April 2021. Just when the situation appeared to be under control and the government was considering relaxing restrictions to boost economic activities, Fiji reported its first COVID-19 case on 19 April 2021 due to a breach in protocol. This led to the enforcement of new restrictions with lockdowns and curfews, initially put in place in two of the largest cities, Lautoka and Suva, and later expanded to other major towns (Nadi, Nausori, Rakiraki, Lami) on the main island of Viti Levu, which placed over 70 per cent of the population in lockdown.

Simultaneously, the RCCE partners intensified the promotion of Non-Pharmaceutical Interventions (NPIs) including mask-wearing, handwashing with soap, the use of hand sanitizer and physical distancing. Due to limited opportunities for safe face-to-face community engagement during the peak of COVID-19 transmission, the RCCE relied heavily on mass communication using social media

(such as Facebook), radio and television, with an approximate reach of 600,000 to reach Fijians with critical information on COVID-19 prevention and vaccination. The working group also contributed to daily live media broadcasts on social media, radio and television by the Permanent Secretary of Health, who became the face of the COVID-19 response in Fiji. These briefings became an integral part of the RCCE response wherein evolving scientific information was communicated in simple terms and helped to build public trust and confidence.

On 10 March 2021, Fiji launched its COVID-19 vaccination drive for frontline workers. As the country received more vaccines through bilateral contributions, the vaccination drive was opened to include adults aged 18 and over. In eight months, Fiji was able to surpass its 80 per cent target for fully vaccinated adults aged 18 and over. This led to the government partially lifting restrictions nationwide, as well as the reopening of the country's domestic and international borders to fully vaccinated individuals. Fiji had also started vaccinating young people aged 12 to 17 years with the COVID-19 vaccines and started administering booster shots in December 2021.

The cornerstone of the COVID-19 RCCE response in Fiji was the coordinated efforts by all partners to combine the promotion of COVID-19 preventive behaviours with generating sustained vaccine demand. The robust social listening and community feedback mechanisms to address negative rumours, disinformation and misinformation led by the RCCE social listening sub-group co-chaired by UNICEF guided and shaped contextualised messaging and resulted in building trust and confidence in COVID-19 vaccines.

Strategy and Implementation

■ **RCCE coordination and support:** Led by the MHMS and co-chaired by UNICEF and WHO, the Fiji RCCE working group was activated as one of the response pillars as part of the Incident Management Team (IMT). The working group institutionalized weekly meetings following Fiji's first COVID-19 case in March 2020. Initially, the working group meetings were conducted in a blended (in-person and virtual) format.

Early in the response, the partners identified the need for better coordination, especially on messaging, interventions and geographic outreach.

A comprehensive 4Ws (Who, Where, What and When) partner mapping of key focal points, field presence, type and scale of interventions was developed.

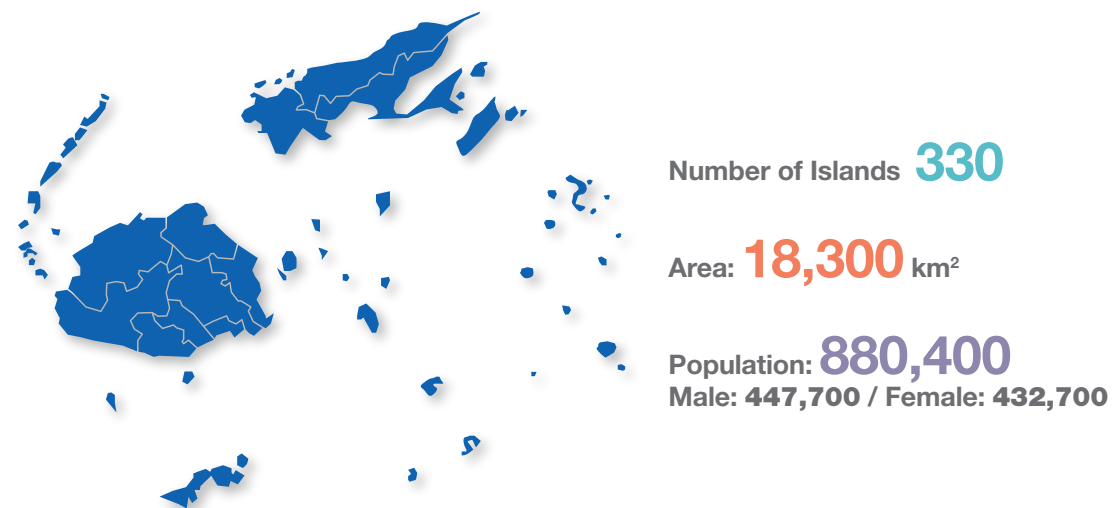
The RCCE group jointly developed message grids, outlining key messages to be disseminated across various platforms by multiple partners to ensure consistency and harmonized information. A comprehensive 4Ws (Who, Where, What and When) partner mapping of key focal points, field presence, type and scale of interventions was developed. The RCCE partners also reached out through other networks, such as the UN Communications Group and UN Youth Working Group, to explore potential partnerships and community touchpoints.

Following the outbreak in Fiji in 2021, the coordination amongst partners was further strengthened. The team shifted from weekly to daily meetings. A dedicated Viber chat group was also created to ensure that issues, solutions and ideas were shared in real time. This greatly facilitated the team's ability to seek rapid guidance and secure clearances on messaging frameworks and materials.

■ **Leveraging social listening to shape communication and vaccination strategies:** During the pandemic, knowing what the community was feeling or needed to know and providing timely and accurate information was key to raising awareness, reducing transmission and building vaccine confidence. For strategic and effective RCCE, it was essential that the information provided was informed by prevalent knowledge gaps and the needs of the audience.

To ensure that a robust social listening system to proactively capture public sentiment and

Fiji at a glance





perceptions for action was in place, a social listening sub-group was established under the RCCE working group pillar. UNICEF, as co-lead of this group, collated and shared insights, information and findings from both online and offline sources for appropriate action. The online information came from the UNICEF-supported Talkwalker platform, content analysis of mainstream news portals, social media channels and the 158 Hotline.

The offline social listening information was sourced from daily feedback received from the community outreach volunteers, led by the National Disaster Management Office (NDMO). These included UNICEF-supported youth volunteers from the Ministry of Youth and Sports. Since these youth volunteers were from the communities, they could continue to generate local awareness on COVID-19 prevention measures while simultaneously building vaccine confidence. These youth volunteers also supported the community profiling exercise that provided key insights into people's perceptions, concerns and information or service needs for action. Moreover, they helped to map existing networks of influencers who could potentially be mobilized to foster vaccine confidence or generate further awareness on the prevention of community transmission. The engagement of these youth volunteers was timely and strategic, and without these local resources, it would have been extremely challenging to engage and mobilize communities in Fiji during the pandemic. In addition, a community feedback survey conducted by IFRC through the Fiji

National Red Cross Society also provided valuable community insights.

The synthesized reports with intel from various sources were gathered and analyzed daily by the social listening team and shared with the MHMS IMT. These were addressed in a subsequent public announcement or used to shape further communication initiatives, contributing to increased trust and confidence in COVID-19 vaccines. Along with community voices, the team also developed recommendations to inform decision-making and course correction of COVID-19 response and vaccination activities from both an operational and communications perspective.

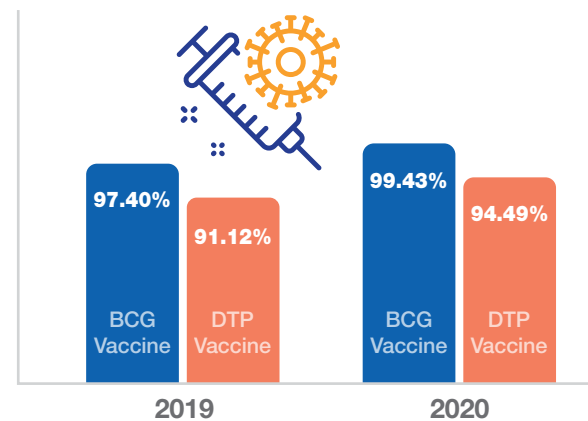
The daily social listening feedback contributed to significant programmatic shifts, especially for priority groups and those most at risk. For example:

- Several insights from the social listening reports were relevant to families of older people and those who were sick, who were concerned about long queues for vaccination, while others were uncomfortable with being exposed to people outside of their bubble. This intel contributed to the decision by MHMS to innovate 'drive-through' vaccination sites. This strategy took vaccination services closer to communities and provided a convenient and safer option for vaccination, particularly for older people and people with disabilities.
- Other critical feedback derived from the social listening process related to concerns among pregnant and lactating women, who were reluctant to get the vaccine at vaccination sites for fear of exposure to the virus. They proposed that COVID-19 vaccinations be available at antenatal care (ANC) clinics so that they could get vaccinated during their scheduled visits. Based on this feedback, the IMT and relevant partners took action to include this service at ANC clinics so that pregnant women could get the COVID-19 vaccine during their scheduled check-ups at their nearest community health facilities.
- During the pandemic, there was a significant drop in the uptake of government health services as people were hesitant to visit health facilities and hospitals for fear of infection. Older people with severe symptoms of COVID-19 often delayed seeking treatment due to the fear of being alone in the hospital as a result of COVID-19 isolation protocols. This led to a significant number of older people either dying at

home, en route to hospital or dying shortly after arriving at a health facility. Given the importance of early treatment for severe COVID-19 cases, the MHMS adapted its strategy to allow for one family caregiver to accompany any patient admitted to the hospital. This change in protocol was communicated by the ministry and amplified through mass media channels, as well as during community dialogues and engagement activities.

- In line with global trends, there was a concern that Routine Immunization (RI) rates might slip due to the heightened focus on the COVID-19 outbreak and vaccination. To respond to this risk, UNICEF, the government and WHO intensified public communication on the importance of adhering to childhood routine immunization (RI) schedules as part of the RCCE strategy. In addition, the government reprioritized routine immunization, with a special focus on children who were at higher risk of dropping out or missing doses. Consequently, immunization rates were sustained; and in some cases, they increased from previous years.

Vaccines



Despite limited health facilities in many of the islands and islets, these strategic RCCE and operational initiatives, informed by community voices, played an important role in ensuring that priority groups accessed COVID-19 vaccination and treatment early and that basic health services for children were sustained.

Key Results Achieved

- The RCCE working group partners collaborated beyond the COVID-19 response, and worked together during tropical cyclones Ana and Yasa, and for the Back-to-School initiative.

- Comprehensive messaging frameworks and a range of information, education and communication (IEC) materials were jointly developed by partners. These served as a reference for the RCCE response across other Pacific island countries and territories.
- Recognition by government counterparts and partners of the importance of community feedback and evidence-based planning of RCCE/Social and Behaviour Change (SBC) interventions.
- Effective working relationships were established between operations and RCCE pillars.

Key Lessons Learned

- Timely, transparent and regular communication is effective in proactively dealing with misinformation and disinformation, and the uncertainty and unknowns of a constantly evolving situation such as COVID-19.
- Collaboration with partners opens up opportunities for additional avenues and resources for initiatives that require rapid response and scale-up.
- RCCE cluster coordination and technical support requires full-time, dedicated SBC personnel.
- Social listening plays a critical role in collecting the insights, concerns and demands of communities and can not only guide communication approaches and messaging, but also feed into operational plans.
- The monitoring, analysis and triangulation of offline and online information sources increases the chance of obtaining a more nuanced understanding of what people are saying and the reality on the ground.

Potential Replication and Scale Up

- Strengthening of RCCE working group: The process and demonstrated impact of effective RCCE coordination and the pooling of partner resources should be documented to retain institutional memory. The RCCE working group can further refine the existing strategy in preparation for future COVID-19 outbreaks and

other public health emergencies. Going forward, the group can focus on being more proactive and pre-emptive by identifying key themes and target audiences so that more nuanced communications and community engagement approaches can be developed and ready in advance.

- UNICEF supported the government with the RCCE training of frontline workers, CSO partners and youth volunteers. Based on the learning from the COVID-19 response, the capacity to implement community engagement can be further strengthened for other programme priorities such as promoting hygiene behaviours or routine immunization at household and community levels.
- The potential for using social listening to provide significant insights on existing knowledge, behaviour and practices, and any emerging concerns or misinformation, is enormous. Fiji adopted a combination of online and offline methods for social listening that helped to strengthen and adapt the RCCE plan, and to better inform the implementation strategy. In addition, the collaboration on social listening between UNICEF, WHO and the MHMS enabled them to reach out to a wider network of channels that was available to each of these partners. Going forward, a collaborative approach to social listening will be explored as a critical aspect of future evidence-based RCCE initiatives.
- UNICEF's support in training and engaging youth volunteers, in collaboration with the Ministry of Youth and Sports, significantly contributed to strengthening community engagement efforts. As trusted members of the community, this trained cadre of youth volunteers has the potential to be the 'eyes and ears' to support community-based surveillance and assess and address any emerging concerns or developments that are relevant to their communities. Their insights and access can be further leveraged for other programme or RCCE initiatives. In addition, this network can be extended to other provinces and more youth can be included and trained to help reach communities at scale.

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Related links

<https://www.unicef.org/pacificislands/stories/youth-volunteers-frontlines-community-profiling-and-engagement-exercise>

<https://www.health.gov.fj/>

THE FEDERATED STATES OF MICRONESIA (FSM)

Country Context

The Federated States of Micronesia (FSM) is an island country spread across 607 islands in the western Pacific, about 2,500 miles southwest of Hawaii and northeast of Australia.

In January 2021, FSM was one of the first countries in the Pacific and globally to begin a COVID-19 vaccine roll-out, having received its vaccine supplies from the US Centers for Disease Control and Prevention (CDC). His Excellency David W. Panuelo, President of the FSM was one of the first people to get vaccinated during the national launch of the COVID-19 vaccination campaign – an important first step in building trust and confidence among the public around the safety and effectiveness of the vaccine.

With many people considered at increased risk of COVID-19 because of the high non-communicable disease burden (diabetes, heart disease, hypertension, stroke, chronic kidney disease) in FSM, there was an urgent need to begin vaccination as soon as vaccines were available. This meant simultaneously implementing key vaccine roll-out initiatives alongside planned pre-deployment activities such as building the capacity of frontline

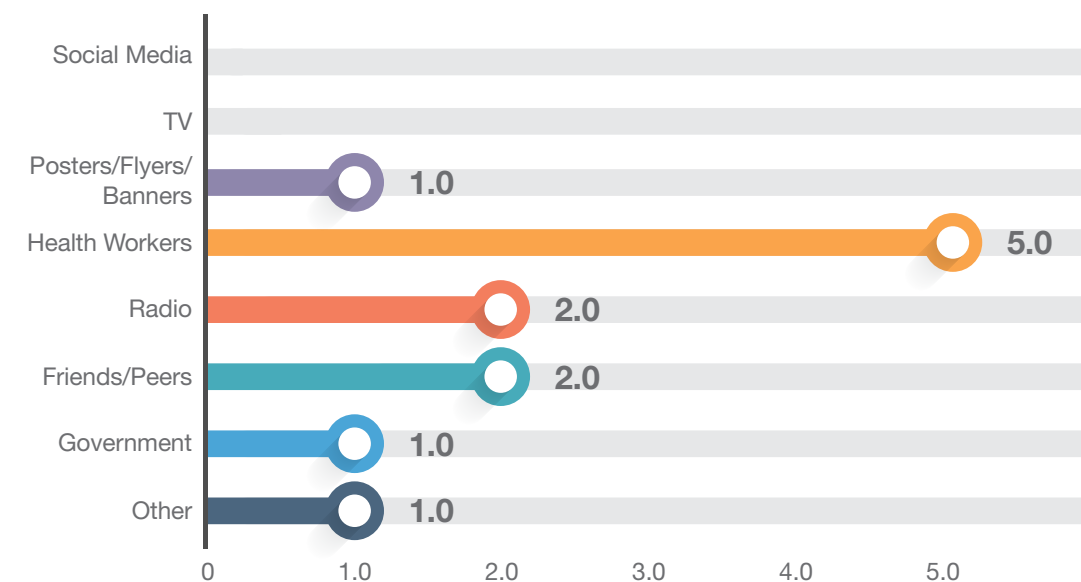
workers and volunteers, community engagement and other activities that could generate sustained demand for vaccines.

Demand for COVID-19 vaccines among priority groups continued across communities until slowing down in July 2021. Rather than intensifying generic vaccine demand interventions, UNICEF focused on gaining a better understanding of community perceptions and barriers to vaccination. Recognizing the outreach potential of existing youth networks, UNICEF partnered with the Micronesian Red Cross Society (MRCS) and the College of Micronesia to work alongside the FSM Department of Health and Social Affairs (DoHSA) to support evidence generation and intensify RCCE efforts across the country.

Strategy and Implementation

Youth-led evidence generation to strengthen COVID-19 vaccination efforts: In order to generate real-time data on COVID-19 knowledge and perceptions of vaccination, willingness and intent to vaccinate, barriers and service delivery gaps, UNICEF opted to deploy the AKVO flow digital data collection tool. The MRCS youth volunteers

Professed COVID-19 information sources



Data set from Pohnpei State in the FSM.

were trained to use the tool, and the platform was installed on their mobile devices and tablets to support the systematic collection of relevant information. The data collection application also had a GPS feature, which enabled coordination teams to identify specific locations which had gaps in vaccination coverage. The data was analyzed and reviewed by the RCCE and immunization teams during daily coordination meetings. These review meetings, jointly convened by UNICEF and the government, created a platform for partners to discuss findings and define key actions based on the evidence generated.

Examples of key findings and how they were operationalized include:

i. **Engaging the most trusted sources of information**

- In Pohnpei State, considering the potential of health workers to mobilize communities for COVID-19 prevention and vaccination, UNICEF advocated for and supported investment in capacity-building to hone health workers' interpersonal communication skills.
- In Kosrae State, where findings showed that doctors and nurses were the most credible source of information, arrangements were made for the CDC team of doctors to join community mobilization teams. This significantly helped to deflect myths and misinformation about the COVID-19 vaccines and as a result, increased uptake by over 30 per cent.

ii. **How data shifted service delivery strategies**

- In Pohnpei State, there was strong advocacy for a shift in service delivery strategies when evidence showed that women wanted vaccination sites closer to their homes and many other respondents said they could not take time during the day to get vaccinated. Consequently, the immunization teams adjusted operations by setting up vaccination sites closer to the communities and organized vaccination drives in the evenings. These operational shifts led to significant increases in vaccination coverage, which increased from 46.9 per cent (July 2021) to 75.7 per cent (November 2021).

■ **Youth-led community engagement:** Through UNICEF's partnership with MRCS and the FSM DoHSA, youth volunteers were supported to carry out household visits to raise awareness on COVID-19 preventive behaviours and promote the importance

of vaccination. Over 80 youth volunteers were initially trained to implement this four-month campaign and reached more than 20,000 people from 3,000 households in Pohnpei State alone. These youth volunteers also collected feedback from communities and shared key information and IEC materials to address information gaps related to COVID-19 prevention and vaccination at household level.

Prior to the authorization of COVID-19 vaccines for children, mothers in a community in Pohnpei State were reluctant to get vaccinated while their children could not. They felt they had a responsibility to prioritize and protect their children first. In response, the youth volunteers mobilized other young people from the community to embark on a campaign to encourage parents to get vaccinated by framing the message around nurturing and protecting children, using the slogan: "If you love us, please get vaccinated."

■ **Social listening strategy:** UNICEF supported a social listening mechanism, engaging over 40 student volunteers from the College of Micronesia (CoM) and volunteers from local churches to help collate and share community concerns, questions, feedback, requests, rumours and misinformation about COVID-19 and vaccination. This feedback helped to shape communication and influenced the design of RCCE activities for vaccination uptake and service delivery strategies.

Key Results Achieved

- In Pohnpei State, over 80 youth volunteers engaged 20,000 people from 3,000 households on COVID-19 vaccination, resulting in increased vaccine confidence and demand.
- Youth-led COVID-19 RCCE efforts and action-oriented evidence generation contributed to a significant rise in vaccination coverage from 46.9 per cent (July 2021) to 75.7 per cent (November 2021).
- As at 31 December 2021, 75 per cent of the eligible population in the FSM, aged 18 and above, were fully vaccinated.

Key Lessons Learned

- The strategic engagement of youth volunteers in community outreach, and the social listening mechanism, added significant value to the

COVID-19 vaccination response. These youth social mobilizers helped gather community feedback, concerns and insights for timely and more effective planning and implementation of RCCE and service delivery strategies. These youth volunteers also helped deliver key behavioural messages.

- Daily review meetings supported the timely operationalization of data to strengthen RCCE and operational plans and course correction, when and where needed.
- Tapping into the existing youth networks of MRCS and COM helped to rapidly expand outreach and mobilize other youth and community members to develop COVID-19 community preparedness and response action plans. The plans will ensure communities are prepared for future COVID-19 outbreaks while also strengthening resilience for other public health emergencies.

Potential Replication and Scale Up

- Supporting youth volunteers to generate real-time social data with GPS locations is effective in identifying barriers and service delivery gaps for timely resolution. Rapid data collection and analyses can be further expanded and strengthened to obtain information on other services, programmes and area-specific issues in order to design better service delivery and targeted RCCE/SBC interventions. The potential of using real-time data to gain insights on knowledge, perceptions and practice is enormous, especially during emergencies.
- The strategy of engaging trained youth volunteers for community engagement achieved considerable success. This volunteer base can be further expanded and strengthened to support other outreach initiatives, especially in remote islands where there is limited access to the internet and other forms of mass media. Not only can youth volunteers support the government and its partners in amplifying messages at the community and household levels, but they can strengthen social listening and community feedback systems to highlight any emerging issues or barriers.

In Pohnpei State, immunization teams set up vaccination sites closer to communities and organized vaccination drives in the evenings to increase uptake.

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Related links

<https://www.unicef.org/pacificislands/stories/micronesian-youths-take-step-forward-fight-against-global-pandemic>

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VANUATU

Country Context

Vanuatu is an island country in the South Pacific region, northeast of New Caledonia, southeast of the Solomon Islands, east of Australia and west of Fiji. Vanuatu is comprised of 83 islands, 60 of which are inhabited by a total population of 317,436.

As at 31 December 2021, Vanuatu had reported five COVID-19 cases, as per World Health Organization (WHO) records. However, despite low caseloads at the time, the pandemic had a significant impact on Vanuatu's economy due to the loss of tourism revenue, reduced remittances from abroad, and rising unemployment rates. From the onset of the pandemic, similar to other countries in the region and beyond, Vanuatu experienced a surge in fake news, rumours and misinformation around COVID-19.

As part of COVID-19 preparedness and response, UNICEF supported the Ministry of Health (MoH) to establish and co-lead the national Risk Communication and Community Engagement (RCCE) Working Group and supported the development of a COVID-19 RCCE preparedness and response plan. The joint RCCE plan focused on COVID-19 preventive behaviours and was later expanded to include COVID-19 vaccine demand

UNICEF supported Wan Smolbag Theatre to engage with people with disabilities and LGBTQIA+ communities to address their specific concerns and needs regarding COVID-19 vaccination.

creation activities once vaccines began to arrive in the country. UNICEF played an important role in ensuring that participatory, dialogue-based approaches were an integral component of the national RCCE strategy.

Strategy and Implementation

Participatory approach to RCCE: One of the key highlights of Vanuatu's COVID-19 RCCE strategy was the focus on participatory approaches that emphasized dialogue and inclusive community engagement, which moved away from the tendency to rely exclusively on mass media. UNICEF played an important role in mobilizing traditional community chiefs and faith leaders to support the vaccination effort among their communities. In addition, UNICEF engaged and mobilized different local networks including the Women's Council, LGBTQIA+ groups, youth leaders and other local, trusted influencers. Through community workshops and dialogue with these networks, UNICEF and partners successfully addressed questions and concerns, fears and misinformation that emerged at community level.

As part of this community engagement strategy, UNICEF partnered with Wan Smolbag (WSB) Theatre, a local non-governmental organization (NGO) with extensive networks across communities and significant experience in using edutainment and participatory methods for social and behaviour change. UNICEF supported the WSB team with messaging for COVID-19 in line with the National COVID-19 Preparedness and Response Plan. The WSB volunteers were also capacitated on skills and approaches to increase vaccine confidence in their target areas.

As part of this collaboration, WSB engaged with people with disabilities and LGBTQIA+ communities in collaboration with V-Pride, an emerging LGBTQIA+ organization. This was achieved through their 'Rainbow Theatre' initiative, which used community theatre and specialized workshops to understand and develop actions to address specific concerns and needs regarding COVID-19 vaccination. Through this participatory process, these groups were able to play an active role in developing programme approaches that



Vanuatu's COVID-19 RCCE strategy focused on participatory and inclusive community engagement, rather than exclusively on mass media.

addressed their self-identified needs. Following these engagements, a well-known LGBTQIA+ leader came forward as one of the first people to be vaccinated – demonstrating her commitment to the vaccination campaign while sending a clear message to the community through her leadership.

What makes this initiative unique is the inclusive and participatory approach of engaging underserved groups that are often excluded in decision-making processes. This collaboration not only helped to improve access to pandemic-related information, but also helped the government to better understand the needs of people with disabilities and LGBTQIA+ communities, which led to a more inclusive vaccination campaign. As a result, several adaptations were made to the vaccination sites, including designated entry/exit points for people with disabilities in Shefa province and the installation of ramps to facilitate access to vaccination sites in Mallekulla province. These operational shifts ensured that people with disabilities could access vaccines with ease and dignity.

Social listening and evidence generation were also important aspects of the partnership with WSB. Following the community theatre and engagement initiatives, WSB collected feedback from more than 400 respondents to better understand community perceptions and questions. These survey findings were used to inform the national RCCE strategy, which was adapted as the situation on the ground evolved.

Culturally appropriate communication: Due to low literacy rates in certain areas of Vanuatu, the national RCCE team made a conscious effort to design communications for this audience, focusing on visual and audio mediums. The campaign tagline, 'Protektem yu, famili, komuniti mo fiuja blong Vanuatu' reiterated the role that everyone must play to protect Vanuatu against COVID-19. Along these lines, WSB supported the development of several innovative products and initiatives including comic books, songs, theatre performances, radio ads and social media videos which were broadcast through mass media and implemented at community level through local activities. For example, people with disabilities who were trained as part of the 'Rainbow Theatre' initiative carried out musical performances during community engagement activities, creating a favourable environment for vaccine acceptance.

Over six months, WSB supported the national RCCE team to mobilize more than 10,000 people on Efate and Santo islands and engaged 800 key influential leaders to support community engagement efforts in these two provinces. To complement community-level efforts, WSB, with support from UNICEF, broadcast information about COVID-19 on national television, radio stations and across social media, highlighting key information about COVID-19 vaccination sites. As a result, according to the Vanuatu Broadcasting and Television Corporation (VBTC), 100,000 people were reached with COVID-19 communications.



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Amplifying and addressing the specific needs and concerns of under-served populations is critical to ensuring their trust in the system and inclusivity.

Key Results Achieved

- As at 31 December 2021, 152,711 doses of the COVID-19 vaccines had been administered in Vanuatu.
- Since the national launch of the vaccination roll out on 2 June 2021, and up to 31 December 2021, 60 per cent of the eligible population aged 18 and above had received the first dose and 30 per cent had received two doses.
- Engaging with people with disabilities helped to make the vaccination campaign more inclusive. An exclusive day was designated for them to get vaccinated, and the MoH worked with the Vanuatu Society for Persons with Disability (VSPD) to coordinate accessible transport to the vaccination centre.

Key Lessons Learned

- It is important to champion the needs and increase representation and participation of underserved groups in national and sub-national coordination mechanisms during times of crisis.
- Collaboration with other partners expands opportunities for additional avenues and

resources for initiatives that require rapid response and scale-up. The 'Rainbow Theatre' initiative provided an opportunity for people with disabilities and LGBTQIA+ communities to play a critical role in defining their needs and also highlighted their potential as positive agents of change.

- Amplifying and addressing the specific needs and concerns of under-served populations is critical to ensuring their trust in the system and inclusivity.

Potential Replication and Scale Up

- The partnership with WSB not only supported COVID-19 vaccine acceptance and demand creation in communities, but also helped UNICEF to demonstrate to the government the benefits of participatory community engagement approaches rather than conventional one-way communication. Through this initiative, UNICEF was able to advocate for the engagement of other community-based organizations, groups and influencers to better serve communities via a bottom-up approach. As a result, the MoH is now more open to working with partner NGOs and CSOs to strengthen their community reach and



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engagement. This approach can be adopted to address other public health issues in the future.

- The inclusion of underserved groups such as people with disabilities and the LGBTQIA+ communities in RCCE activities should be adopted for other RCCE initiatives and for programme priorities of the government and UNICEF going forward.

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Related links

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PAPUA NEW GUINEA

Being a lower-middle-income country with about 40 per cent of people living below the poverty line, the pandemic aggravated the situation for children, especially those from poorer households.

Country Context

Papua New Guinea (PNG), in the southwestern Pacific, is the world's third-largest island country.

On 20 March 2020, when the first COVID-19 case was reported in the country, a state of emergency was immediately declared, halting all incoming international and domestic flights and limiting travel between provinces. The government established the National Control Centre (NCC) for immediate response to the pandemic. Despite the government's rapid response to curb the spread of the virus, the low testing capacity, inadequate human resources and a fragile health system weakened the country's capacity to prevent and respond to the emerging pandemic.

It was speculated that the actual number of cases was much higher than those reported. Hospitals and health facilities were overwhelmed by the rising COVID-19 caseload and patients were turned away due to the non-availability of hospital beds. Communities grappled with rumours and misinformation about COVID-19 and their fear of hospitalization and death from the virus.

As with many countries, the pandemic hit PNG hard because of an already strained economy, fluid political context and inadequately resourced social sector. Being a lower-middle-income country and one of the poorest performers in the East Asia and Pacific region with an estimated 40 per cent of people living below the poverty line, the pandemic aggravated the situation for children, especially those from poorer households.

The biggest challenges regarding the pandemic response arose from cultural and language diversities. There are 839 known languages in PNG, which is one of the most linguistically diverse countries in the world. Most of the population, more than 11.7 million people, live in customary indigenous communities and adhere to their specific cultural norms. The COVID-19 RCCE strategy had to take into account this diversity and engage with different population and audience groups, while being mindful of cultural norms and beliefs.

The immediate crisis was managing the infodemic that generated fear and misconceptions, often leading to inappropriate behaviour and placing people at higher risk. National leaders made public appeals through media interviews and public service announcements to endorse and encourage people to adhere to the COVID-19 Appropriate

Behaviour (CAB). They also actively followed the recommended behaviour in public and were the first to be vaccinated, leading by example and gaining the population's confidence.

PNG's media landscape is not well developed, with limited access in most communities. The lack of internet connectivity and electricity made it challenging for the government to reach all communities effectively with messages and announcements related to COVID-19. Radio has relatively wider reach and worked well for audience groups with low literacy levels. Considering the challenges related to access and reach, UNICEF and the government used radio extensively to broadcast information and guidelines regarding COVID-19.

However, given the language and cultural barriers across different provinces, it was evident that the most effective method to engage and sensitize people would need to be localized and community-specific.

Strategy and Implementation

At the onset of the pandemic, UNICEF supported the government to develop and implement the country's COVID-19 RCCE strategy with a combination of mass media, social media and outdoor media to reach as many audience groups as possible. However, the key focus of the RCCE strategy was direct community engagement, given that most communities have limited access to the media or internet.

While the fragile health system grappled with the increasing COVID-19 caseload, the low morale and hesitation of health workers did not help the progress of COVID-19 vaccinations. There were also concerns regarding supply systems and access to vaccines. Despite these challenges, UNICEF, the National Department of Health (NDoH), the World Health Organization (WHO) and partner non-governmental organizations (NGOs) focused on strengthening community engagement to create demand and address hesitancy where and when COVID-19 vaccines were available.

■ **Strategic advocacy and sensitization of health care workers on COVID-19 vaccination:** According to the perception surveys undertaken by UNICEF and WHO, health care workers were one of the most trusted sources of information, yet vaccine hesitancy among this group remained high. As of January 2022, only 32.9 per cent of health care workers in the country were fully vaccinated. They



Given the language and cultural barriers across different provinces, the RCCE strategy focused on initiatives that were localized and community-specific.

not only fulfilled a primary role in vaccine delivery but were also critical to educating communities on COVID-19 and vaccine efficacy.

Most of the health care workers who were unvaccinated shared the same concerns as communities about the COVID-19 vaccines; and in many cases, they were even discouraging vaccination. While these workers remained disengaged and lacked awareness, COVID-19 vaccination efforts would not lead to success. As importantly, being at the forefront of service delivery also placed health care workers at high risk of contracting COVID-19 because of their increased exposure to the virus.

There was thus an urgent need to address the health care workers' hesitation and doubts before they could be engaged in the vaccination process. UNICEF trained these workers and worked closely with them to understand their concerns and fears. Through these trainings, UNICEF also provided culturally appropriate tools and messages to address common myths and their personal concerns, which helped them to gain confidence in the vaccines. In addition to the training, UNICEF's provincial teams, with support from partner NGOs, worked closely with the health care workers, to boost their support and confidence during community engagement initiatives.

■ **Advocacy with religious leaders for community mobilization:** PNG is a religious country and religious leaders and organizations have considerable influence over communities, especially

their huge networks of followers. UNICEF and the National Department of Health (NDoH) engaged religious leaders through advocacy workshops at national level and sensitized them to their role in promoting preventive behaviours to protect their communities. UNICEF's advocacy with the Church Council trickled down from their provincial chapters to community level and helped reach their large network of supporters. The churches also developed booklets with theological verses that connected to recommended CAB and encouraged their communities to comply. Religious leaders also joined the NDoH teams and CSO partners for community mobilization initiatives and helped to address vaccine hesitancy in many provinces.

■ **Culturally sensitive RCCE initiatives to address community-specific issues and gaps:** Given the unique country context and PNG's complex cultural and language diversity, it was imperative to adopt community-specific RCCE initiatives to address specific communication needs. Hotlines were set up at provincial level to collect and address community feedback. UNICEF also placed trained RCCE professionals in provinces to assess community feedback and design localized community engagement, in collaboration with CSO partners and village volunteers.

With at least 839 spoken languages, it was challenging to translate the COVID-19 communication materials into so many dialects. Communication assets were made as pictorial as possible to ensure that they were easily understood by communities, irrespective of the

local dialects or literacy levels. UNICEF also trained village volunteers on RCCE, so that they could address rumours and myths, and help to bridge any information gaps at community level. Since the volunteers were from the communities and had a deeper understanding of the cultural ethos, they were able to address local challenges and rumours more appropriately and effectively.

In 22 provinces, UNICEF and provincial health authorities organized simultaneous community sensitization and vaccination drives, so that misinformation and fear regarding the vaccines could be addressed immediately and communities would be ready for vaccination. These community drives also helped to address access issues, as vaccination sites were few and far between, especially in hard-to-reach areas.

■ **Supporting inclusive learning:** An estimated 2.4 million students in PNG experienced disrupted learning and long absences from school because of pandemic-induced lockdowns during 2020 and 2021. The loss of various forms of support that had been provided by schools, including school-based health and child protection services, also affected children's well-being. Given the difficult terrain of PNG and the restricted access to electricity and connectivity, remote learning was limited and challenging. In response to the adverse effects of the pandemic, the National Department of Education (NDoE), its partners and UNICEF provided communication materials on 'Back-to-School' and COVID-19 prevention to more than 171,000 students (including over 75,000 girls) in

450 schools across 6 select provinces. UNICEF also helped to establish 59 school hygiene clubs and sensitized students on COVID-19 prevention protocols to help them return to school safely.

Key Results Achieved

- UNICEF engaged and trained more than 15,000 community leaders and influencers to mobilize support for COVID-19 RCCE initiatives across 22 provinces.
- UNICEF-supported public awareness initiatives on COVID-19 prevention and vaccination reached more than 5 million people across the country.
- The UNICEF-supported mass media campaign on COVID-19 reached around 5 million radio listeners and 4 million TV viewers. More than 5,000 TV spots, radio, and print advertisements were publicized across channels.
- UNICEF engaged with 800 frontline workers across sectors on COVID-19 awareness and vaccination, to support community engagement and vaccination drives.
- An estimated 200,000 (around 96,000 women) patients received critical hygiene information through communication materials distributed by UNICEF in 20 rehabilitation facilities in Lae, Goroka and Hagen provinces.



UNICEF's advocacy with the Church Council trickled down to the community level and helped reach their large network of supporters

Key Lessons Learned

PNG's pandemic response taught key lessons that could be used to further strengthen or replicate systems and strategies for any ongoing or potential emergency situation.

- As part of the RCCE strategy, UNICEF and the government engaged many non-health sectors and frontline workers – including teachers, women's groups and youth volunteers – to leverage their existing networks. This helped to reach a larger audience timeously and address the shortage of trained health workers.
- Although adequate COVID-19 vaccines were available, supply and vaccine hesitancy were key challenges during the vaccination campaign. Vaccination sites were few and far between; and mobility and transport within provinces was expensive and challenging. PNG's National Vaccine Deployment Plan also highlighted this as a key challenge. The vaccination drives and community engagement helped to reach people who did not have easy access to vaccination sites. Similar initiatives can be planned for other public health services for children; for instance, to strengthen RI, especially in hard-to-reach areas.

Potential Replication and Scale Up

- Lack of RCCE-trained personnel, especially at provincial and community levels, remains a challenge in PNG. Although UNICEF and WHO have been working closely with the government to build RCCE capacity, there is still scope for further strengthening. These capacity gaps need to be addressed in the long term, to improve response to existing inequities or any future emergency.
- Village volunteers were engaged to address human resources gaps in select provinces. UNICEF trained the volunteers on RCCE and utilized them for community engagement across all provinces. Since they are from the communities, they could more effectively engage and mobilize people to get vaccinated. These village volunteers could be useful resources to support the government with other programmes, especially community-level initiatives.

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Related links

'I am glad to be finally vaccinated!' | UNICEF Papua New Guinea

Sustainable and inclusive learning during COVID-19 | UNICEF Papua New Guinea

Papua New Guinea High Frequency Phone Survey on COVID-19 | UNICEF Papua New Guinea

PNG prepares for COVID-19 Vaccines (unicef.org)

PM Marape launches nationwide COVID-19 vaccination campaign (unicef.org)

Former Miss Pacific Islands supports PNG's fight against COVID-19 | UNICEF Papua New Guinea

New Zealand provides further COVID-19 vaccine support for Papua New Guinea (unicef.org)



THE PHILIPPINES

A key highlight of the COVID-19 RCCE strategy in the Philippines was the integration of different sectors to ensure that the pandemic and other emergencies did not halt essential services for children.



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Country Context

The population of the Philippines was projected to grow to 108 million in 2020, with the number of children (0–17) estimated at 41.3 million (38 per cent). The country started the year on track to becoming an upper-middle-income country but suffered a 9.5 per cent decline in gross domestic product (GDP), a result of the COVID-19 pandemic and the consequent lockdowns.

While post-pandemic poverty rates are unknown, a joint UNICEF-UNDP study on the effects of COVID-19 showed that a reduction in income would push millions of people into poverty. The findings showed the exacerbating effects of the pandemic and other emergencies in 2020 – from volcanic eruptions that affected thousands of families and the economy, to six devastating typhoons. These crises overwhelmed the country's emergency response and stretched its resources for relief operations.

In addition, the government had launched a Measles-Rubella and Oral Polio Vaccine Supplementary Immunization Activity (MR-OPV SIA) in 2020-2021, to prevent an impending measles outbreak and continued to respond to the polio outbreak that had started in 2019. UNICEF and the World Health Organization (WHO) provided RCCE

support to boost these initiatives at the national and sub-national levels. Experiences and lessons learned from these immunization campaigns helped the country to respond better to the pandemic in promoting preventive actions, and then later, vaccination.

When COVID-19 hit the Philippines, UNICEF quickly realigned resources and capacity to support the Department of Health (DoH) and the BARMM Ministry of Health (MoH) to engage with communities through the rapid dissemination of information about COVID-19, its prevention and vaccination. This timely response and the ability to mobilize resources from national, regional and global teams helped UNICEF to gain the government's confidence as a partner of choice for the COVID-19 vaccine roll-out, together with WHO, the World Bank and the Asian Development Bank.

Despite the lockdown severely limiting face-to-face communication, UNICEF continued to engage the public by widely promoting COVID-19 messages, reaching 34.2 million people through traditional and digital media. Furthermore, half a million people sought information about available government services through the joint RCCE efforts of the DoH, UNICEF and partners. Given the unprecedented crisis, this public engagement mechanism was vital to the country's pandemic response.

In September 2020, before the roll-out of the COVID-19 vaccination in the country, UNICEF supported the DoH in conducting an online survey on knowledge, attitudes and perceptions (KAP) related to COVID-19 prevention and vaccine acceptance, in order to assess prevalent community perceptions. Key findings highlighted that the symptoms were less known and compliance with preventive behaviour (wearing masks) was low. About one in three respondents reported that wearing masks was not regularly practiced. Risk perception was also low; most respondents believed that it was 'not likely at all' that they or someone they knew personally would contract COVID-19.

Around 44 per cent of respondents mentioned that they would get COVID-19 vaccines for themselves when available, but only 29 per cent would get their children vaccinated. Vaccine safety emerged as the primary concern for most people who were hesitant to get themselves or their children vaccinated.

The evidence generated through the perception survey helped inform the government's RCCE plan, and messaging was developed that was mindful of the prevalent gaps and barriers related to non-compliance, vaccine confidence and the social stigma associated with COVID-19. While the COVID-19 situation continued to evolve, the findings from the digital KAP survey provided key insights that shaped the decisions and initiatives planned by the DoH and the national RCCE working group.

Strategy and Implementation

UNICEF has provided strong support to the government's emergency responses in the Philippines, including the recent polio and measles outbreaks. The lessons and experiences from earlier humanitarian crises and health emergencies gave UNICEF the comparative advantage especially with the knowledge of what works at community and institutional levels. These experiences, insights and learnings helped UNICEF to develop a strategic RCCE plan with a cross-sectoral approach to further strengthen the country's pandemic response.

UNICEF's RCCE support to the Philippine government was based on a whole-of-government, multisectoral and multilevel approach, and aimed to strengthen public understanding of the COVID-19 situation, promote preventive actions and increase acceptance and uptake of COVID-19 vaccines. The RCCE strategy also had a strong focus on

The RCCE strategy invested in community-specific initiatives – engaging religious leaders; using local hotlines, two-way radios and the U-Report; and documenting community feedback and children's voices.

equity with special attention to marginalized and vulnerable population groups including older people, people with disabilities, indigenous people, migrant populations, individuals with low or differentiated literacy and cognitive abilities, and those living in hard-to-reach or geographically isolated areas. Working closely with the Department of Health – Health Promotion Bureau (DoH-HPB), UNICEF also extended support to areas with high COVID-19 transmission rates, high numbers of vaccine-eligible populations and high levels of hesitancy.

UNICEF and WHO were part of the extended membership of the national task group on demand generation, chaired by the Presidential Communications and Operations Office (PCOO) and co-chaired by the DoH. Through this task group, UNICEF helped to mobilize the networks of other United Nations (UN) agencies and development partners to promote COVID-19 prevention and vaccination to a wider audience.

In addition to these initiatives, UNICEF used its social media channels to complement the government's messages on COVID-19 prevention and vaccine efficacy. UNICEF designed campaigns for Facebook and TikTok, which included partnering with young influencers and content creators to actively engage audiences, and did not merely disseminate information. Consequently, UNICEF was positioned and perceived as a credible source of information on COVID-19, contributing to an

increased demand for accurate information on the vaccination schedule, preventive behaviours, care and support for COVID-19 patients and vaccine safety.

A key highlight of the Philippines' COVID-19 RCCE strategy was the integration of different sectors and ensuring that the pandemic and other emergencies did not halt essential services for children. The strategy also invested in community-specific initiatives – engaging religious leaders; using local hotlines, two-way radios and the U-Report; and documenting community feedback and children's voices, so that people living on the periphery were not left out.

■ **National and sub-national support for COVID-19 vaccination demand generation:** As part of the extended membership of the task group on demand generation, UNICEF worked with the DoH-HPB and WHO to develop and disseminate RCCE training modules and guidance materials for local government units and communication officers. UNICEF also worked with implementing partners to provide community-level support for demand generation, particularly in densely populated and hard-to-reach areas. This included training and coaching for community health workers, advocacy, social mobilization, feedback mechanisms and social listening, especially offline.

Through implementing partners – Relief International (RI), Human Development and Empowerment Services (HDES) and the Health

Organization for Mindanao (HOM), UNICEF provided community-level support to select local governments for demand generation in the National Capital Region, Region 4A, 6 (Western Visayas); 9 (Zamboanga Peninsula) and Bangsamoro Administrative Region in Muslim Mindanao. To effectively respond to the evolving pandemic and local situation, UNICEF continued to support the updating and implementing of local demand generation plans for the COVID-19 vaccination.

Through localized RCCE initiatives such as bandillo (roving vehicles with loudspeakers), small group learning sessions and house-to-house visits, 399,553 people were reached with messages on COVID-19 prevention and vaccination by May 2022. UNICEF and partners also successfully engaged 8,201 local officials and 4,932 community leaders and influencers to mobilize their support for the COVID-19 vaccination campaign. UNICEF also helped to strengthen and promote local feedback mechanisms, enabling 20,960 people to share concerns and seek clarification regarding the COVID-19 vaccination.

■ **Institutionalizing COVID-19 RCCE learning for health workers:** As part of the COVID-19 RCCE implementation plan, UNICEF, the DoH, USAID, WHO and the Government of Japan developed and rolled out RCCE training for health workers, social mobilizers and other frontline workers. The tools, resources and learnings provided to the community health workers helped to contain the transmission of COVID-19, ensured timely support and care

for those affected, and most of all, facilitated the smooth roll-out of the COVID-19 vaccination.

The training helped to equip frontline workers with the knowledge and skills to communicate with communities about COVID-19 and its prevention. Initially, the training was mostly conducted through webinars and later, it was made available through the DoH online academy for self-learning purposes. Adapting the training to an online course gave the frontline workers the flexibility to learn according to their own pace and availability.

The DoH, WHO and UNICEF also developed a COVID-19 communication guide to continue supporting community health workers offline. The guide offered practical tips and techniques on how and what to communicate on vaccines, how to handle difficult conversations and respond to vaccine hesitancy and misinformation, and provided information about potential adverse effects following immunization (AEFI). The guide was also adapted into a capacity-building tool for use by UNICEF and its implementing partners to train health workers, frontliners, volunteers and other partners on RCCE. UNICEF supported the DoH in printing and distributing the guide to 68,000 health workers and other frontline workers across the country.

UNICEF, the DoH and partners had trained more than 26,372 frontline workers (as at May 2022) on two modules of RCCE: communicating on COVID-19 and prevention behaviours and later, with the introduction of the vaccine, communicating on vaccine efficiency and addressing hesitancy. As the COVID-19 situation evolved, UNICEF and the government worked closely with partners to update the training materials to ensure that all messages and guidelines remained relevant.

These capacity-building initiatives were mostly based on UNICEF's experience and learnings from the response to the polio and measles outbreak. At a national level, UNICEF also supported the DoH with online town hall meetings. From February 2021 to October 2021, these meetings engaged 8,752 stakeholders to mobilize their support for the RCCE initiatives, included representatives from senior citizen associations, academic institutions, medical groups, social workers, teachers, indigenous people's organizations and government agencies.

■ **Putting typhoon-affected communities at the heart of the pandemic response:** Towards the end of 2020, several areas had been devastated by Category 4 and 5 typhoons, the strongest storms to

hit since Typhoon Haiyan in 2013. Given the back-to-back destruction to lives and property caused by these super typhoons and the exacerbation of the crisis by the COVID-19 pandemic, UNICEF led a joint multisectoral emergency response for affected communities through its implementing partners. For RCCE, UNICEF, the Philippines Red Cross and Relief International conducted community engagement activities specifically tailored to ensure timely access to culturally appropriate and gender- and age-sensitive information to improve preventive and curative health and hygiene practices. These initiatives reached 177,000 people through radio and mobile loudspeakers, and 20,682 people through house-to-house visits and in-person learning sessions.

Community engagement activities focused on the most vulnerable populations, including people with disabilities, pregnant and lactating women, older people, internally displaced people – especially in municipalities and barangays that had been hardest hit by the typhoons. Localized initiatives were used to make people aware of different feedback mechanisms and emergency hotlines and encouraged community dialogue and participation. UNICEF and Philippine Red Cross (PRC) documented feedback from the communities and used local hotlines to respond to requests for services or information, and provided mental health support to help people recover from the devastation caused by the typhoons.

UNICEF and partners worked with local government units to establish information boards and portable speakers to augment existing efforts with information dissemination in Tagalog and local dialects. Feedback from 7,911 people regarding humanitarian support and relevant services was documented and shared with local government partners and other concerned officials for further response.

The multisectoral response focused not only on the immediate recovery, but also linkages with longer-term programme outcomes.

■ **Sustained advocacy for Routine Immunization (RI):** One of the most unprecedented impacts of COVID-19 was the disruption of essential health services delivery, such as routine immunization for children. In the Philippines, this translated to the postponement of vaccination delivery and outreach, the diversion of resources and personnel to the COVID-19 emergency response, and an increased reluctance of parents and caregivers to seek health care for fear of contracting the virus.



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The COVID-19 RCCE strategy also focused on children in conflict with the law and children at risk, to assess the effect of the pandemic on their lives and well-being.

Given that in 2019, the Philippines was among the 10 countries with the highest number of unimmunized children for diphtheria, pertussis, tetanus and measles, its health system had to grapple with the triple threat of the COVID-19 pandemic, pockets of disease outbreaks in various regions, and the re-emergence of polio after almost two decades. In 2021, around 1.1 million (NIP, 2021) vaccine-eligible children reportedly did not receive even a single dose of vaccine, posing a significant threat to every Filipino child's health and survival.

To prevent the country from trading one health crisis for another, the DoH, with support from UNICEF and WHO, launched a nationwide measles, rubella and polio immunization campaign in 2020. As part of the MR-OPV SIA, a communication campaign that promoted child immunization and COVID-19 messages was implemented as the country geared up for the COVID-19 vaccine roll-out. This strategy led to more integrated approaches and contributed to vaccine acceptability, preventing further transmission of COVID-19.

According to the DoH, the fear of COVID-19 infection when exposed to health workers and other people in the community emerged as one of the top reasons for vaccination refusal by parents and caregivers. This contributed to a steady decline in the number of children receiving immunization and other essential health services. In response, UNICEF worked with local government units in priority areas to intensify vaccine promotion and community engagement initiatives.

To address refusals and vaccine hesitancy, UNICEF, the DoH and WHO focused on community-based initiatives informed by local data. For instance, in BARMM, UNICEF mobilized communities with low immunization coverage through the engagement of Muslim religious leaders considered the most trusted and influential source of information in their communities to develop sermons confirming that the vaccines were Halal and essential. These sermons were amplified on local radio channels and community radio stations, especially to reach communities that were geographically isolated. Two-way radios were also used during community engagement, so that people with limited or no access to the internet or other mass media channels could ask questions and get accurate information.

Through these initiatives, UNICEF reached approximately 10 million people across various

multimedia and community engagement platforms. Based on the SIA post-campaign survey conducted in 2021, 89 per cent of respondents were aware of the SIA, while 90 per cent of respondents perceived measles and rubella as dangerous or risky for children and 92 per cent perceived polio in the same way.

■ **Continued care and support for children in conflict with the law and children at risk:** Another significant feature of the Philippines' COVID-19 RCCE strategy was to engage with children in conflict with the law and children at risk, to assess the effect of the pandemic on their lives and well-being. These children are often not included in the planning of care and support systems during public health emergencies. UNICEF worked closely with the Juvenile Justice and Welfare Council (JJWC) and Council for the Welfare of Children (CWC) to share COVID-19 messages on preventive behaviours through participatory approaches, including participatory video exercises.

Prior to the pandemic, UNICEF had provided technical support in community rehabilitation for these children. When COVID-19 temporarily disrupted this process, the focus was slightly shifted to include opportunities and channels for these children to express their experiences of living in institutions during the pandemic. Many children reported feeling isolated and lonely, as their parents and family members were unable to visit them due to the lockdowns and travel restrictions. There were also COVID-19 outbreaks within their institutions, which added to their fear and concern for their safety and well-being.

UNICEF, JJWC and CWC worked closely with these children, adopting a dialogue-based approach as the children documented their experiences through short films that were shot with mobile phones that were provided. This initiative creatively engaged these children during lockdown periods and also helped to document their voices. The children reported feeling heard for the first time and enjoyed the process of filmmaking. This initiative was wrapped up with a film fest organized within the institutions, during which the films produced by the children were showcased, with local focal points also trained on the process to ensure sustainability and scale up.

■ **Using U-Report for social listening and active adolescent engagement:** UNICEF took advantage of its digital footprint and used its social media channels to complement the government's

messages on COVID-19. This positioned UNICEF as a trustworthy source of critical COVID-19 information, and social media followers increasingly started reaching out on these platforms with questions and concerns about COVID-19.

In Mindanao, 9,200 adolescents and young people had signed up as U-Reporters by early 2022. They received essential information on COVID-19 and how to reach out to others and access services to protect themselves and stay active and healthy during the pandemic. In the BARMM region, young people who had signed up as U-Reporters shared information about prevalent community perceptions on COVID-19 and shared feedback on availability and access to government services in their communities. These U-Reporters also live streamed on the U-Report's Facebook page to share their experiences and challenges during the pandemic. The U-Report poll results were collated and shared with relevant ministers and local government units for any necessary action.

Key Results Achieved

- Through localized RCCE initiatives, UNICEF and its implementing partners reached 399,553 vaccine-eligible individuals with key information on COVID-19 prevention and vaccination. UNICEF and partners also successfully engaged 8,201 local officials and 4,932 community leaders

and influencers to mobilize their support for COVID-19 vaccination promotion. In addition, UNICEF's support in strengthening local feedback systems and mechanisms enabled 20,960 people to share their concerns and seek information on COVID-19 vaccination.

- Through the multisectoral approach adopted for the typhoon response, 176,619 people from affected areas benefitted from on-the-ground RCCE initiatives through radio and mobile loudspeakers; 20,682 were involved in face-to-face learning sessions and house visits; and 7,911 people shared their feedback regarding emergency services or humanitarian support.
- More than 17.3 million Facebook users were reached by two UNICEF social media campaigns ('Holiday 2020' and 'Safer Together') on COVID-19 prevention and vaccination in 2020 and 2021.
- More than 19.6 million people were reached through multimedia and on-the-ground RCCE initiatives to revitalize RI. Facebook campaigns that focused on RI to support information dissemination for the DoH's supplementary immunization activities reached more than 65.8 million users nationwide.
- UNICEF supported the DoH in training 26,372 frontline workers on COVID-19 vaccination, prevention and related RCCE. In addition, the communication guide developed by UNICEF, the



Lessons and experiences from earlier humanitarian crises gave UNICEF the comparative advantage and the knowledge of what works at community and institutional levels.



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DoH and WHO remains a practical community engagement tool for health workers.

- At the national level, UNICEF supported the planning and implementation of demand generation activities through the development and dissemination of RCCE tools, guidance for health promotion officers at local level; and online and offline training modules to equip community health workers on RCCE.

Key Lessons Learned

- Combining national and sub-national support to government contributed to ensuring aligned approaches and coordinated activities. In addition, the holistic, multi-level, and equity-driven approach adopted by UNICEF helped to strengthen both the national RCCE strategy for COVID-19 prevention and vaccination, and emergency responses for typhoon-affected communities. UNICEF's experience and capacity in humanitarian programming allowed for effective support to the government, to ensure the continuation of essential health, nutrition, education, WASH, and child protection services, while also targeting the most at-risk, vulnerable and marginalized population groups. In addition, community-specific initiatives and information dissemination in Tagalog and local dialects, and

the provision of feedback mechanisms and emergency hotlines encouraged dialogue and active participation.

- The pandemic has changed the way UNICEF plans and implements immunization and other programmes, especially in relation to fast-evolving situations and community needs. It is important to continue being agile and to adapt approaches and messages as needed. Given the travel restrictions because of COVID-19, UNICEF, as part of the national RCCE team, quickly shifted the training of health workers and other frontliners to digital formats. The online module on COVID-19 RCCE prepared frontline workers to handle difficult conversations, including vaccine hesitancy, non-compliance and preventive behaviours. Offering the training both online and offline, enabled wider and more flexible access for frontline workers, which translated into more effective RCCE.
- The pandemic encouraged UNICEF to make the best use of its digital footprint and capacity to leverage online platforms and tools for training, public awareness, advocacy and audience engagement. Digital engagement not only helped UNICEF to reach out to larger and new audience groups through social media channels, but also helped to position UNICEF as a credible source of information. For instance, U-Report was used to connect with young people and gather information on prevalent community perceptions about COVID-19 and the availability of government services in their communities. The U-Report poll results helped UNICEF and relevant ministers to identify gaps and barriers to information and services at community level and helped to develop better service delivery.
- During the prolonged school closures and throughout the government's and public's hesitancy to reopen schools, UNICEF supported the Department of Education to strengthen remote learning, especially in the most marginalized areas without internet access. Fifty multi-grade schools in Northern Samar and Samar received 'School in a Bag', a portable digital classroom package, which benefited 2,788 children and 161 teachers in these schools. This initiative helped these children – who were more at risk of dropping out – to continue their learning. Through continuous coordination with relevant government agencies and partners, UNICEF provided technical assistance by developing guidelines to safely resume in-person classes, starting with areas where

there was minimal risk. This helped to prepare communities and schools for reopening and ensured that schools would be safe places for learners and teachers, lessening fears about sending children to school. UNICEF's advocacy campaign also contributed to influencing the public and decision-makers to take a positive stance on resuming in-person learning during the pandemic.

- As the pandemic was evolving quickly, there was a strong need to continually collect and respond to community feedback to ensure better planning and smooth implementation. Community feedback mechanisms helped UNICEF and partners to support an improved government response and helped people to recover from the devastation caused by the typhoons. In future, UNICEF will work with local government units to further strengthen and sustain these feedback mechanisms.

Potential Replication and Scale Up

- The strategy of integrating RI and COVID-19 vaccination campaigns into existing programmes and humanitarian response helped to reach wider audiences. If scaled up and sustained, this strategy can help reinforce wider social and behavioral change and strengthen trust in government. This approach can also be replicated to introduce new vaccines or booster doses, especially in low coverage areas. Similarly, in non-health programmes, UNICEF integrated COVID-19 information into RCCE initiatives.
- Efforts relating to RCCE training – and the online and offline tools and modules that were developed – can be used to scale up capacity-building for community health workers and other frontline workers, which can benefit other programmes.
- The use of digital platforms and social media channels during the pandemic helped UNICEF to achieve better audience engagement and gather information on community perceptions about COVID-19. The U-Report polls were particularly helpful in identifying gaps and barriers at community level and helped government ministries and UNICEF to plan and respond better to emerging needs. Based on the lessons learned, U-Report polls can be further used to

strengthen public feedback systems and plan and design longer-term behaviour change initiatives for other programme priorities.

- The whole-of-community approach that was adopted for COVID-19 RCCE yielded great results, with the active engagement of community leaders, local government officials, community-based organizations, community health workers and young people. These local influencers helped to significantly ramp up COVID-19 vaccine acceptance and implementation. This community-based approach can be further explored for other RCCE initiatives.

The U-Report polls were particularly helpful in identifying gaps and barriers at community level and helped government ministries and UNICEF to better plan and respond to emerging needs.

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Related links

Online learning platform for health workers:
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THAILAND

In Thailand, the most appreciated aspect of UNICEF-led RCCE support was the focus on migrants, Muslim communities and adolescents who were disproportionately affected by the pandemic.



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Country Context

On 13 January 2020, Thailand became the first country to report a COVID-19 case, outside China. In response to the first outbreak, the Prime Minister declared a state of emergency, effective from 26 March 2020, and the Centre for COVID-19 Situation Administration (CCSA) was established to coordinate the government's response and issue public communications on COVID-19 prevention and control.

The Thai government promptly took measures to manage and contain the threat, and implemented controls such as movement restrictions, flight bans and lockdowns. Major efforts were undertaken to raise public awareness, promote hygiene, enforce social distancing measures, and implement 'track and trace' procedures. In subsequent weeks and months, Thailand rapidly developed the required policies and with a remarkable degree of public compliance, succeeded in containing the pandemic throughout most of 2020, but experienced a resurgent outbreak in April 2021.

The second wave started around the end of December 2020, with cases being reported among migrant workers in Samut Sakhon, a province adjacent to Bangkok. Within one week, COVID-19 cases increased by the thousands. The Thai government was able to disseminate information quickly and effectively through mass media, social media and the health system, which reached the

village level. However, they had limited access and reach within migrant communities due to language and socio-cultural barriers. UNICEF stepped in to support the government, with an existing network of partners, to promote COVID-19 prevention and response among migrant communities.

The government announced 28 provinces as the containment areas and schools were subsequently closed in January 2021. The COVID-19 outbreak and the consequent socio-economic impact and mitigation measures had a heavy impact on children: on their safety, their well-being and their future. The *Social Impact Assessment of COVID-19 in Thailand*, conducted by Oxford Policy Management and the United Nations in 2020, highlighted that nearly 13 million children were affected by the continued school closures that further accentuated the existing digital divide and learning inequalities.

Preventive health and nutrition services and counselling, provided as part of Thailand's Universal Health Coverage scheme, were severely disrupted or suspended and affected over 4 million children as health workers implemented COVID-19 prevention and control measures. For instance, children in the southern border provinces could not access Routine Immunization (RI) in their villages during lockdown. In some hospitals, services such as lactation clinics were closed or parenting sessions at hospitals were cancelled because nurses were working on COVID-19 support.

The economic shocks of COVID-19 significantly increased the risks of gender-based violence (GBV), exploitation, abuse and neglect, as individuals, households and communities struggled to sustain their livelihoods and cope with the economic uncertainties and constraints imposed by the pandemic-induced lockdowns and restrictions. The government requested UNICEF's assistance to sensitize and support parents, caregivers, teachers and communities to ensure that children could continue to access essential care and support.

Given that the government had strong capacity with well-developed health and public information systems, the UNICEF-supported Risk Communication and Community Engagement (RCCE) strategy focused on specific communities that might have been excluded due to gaps and barriers related to religious beliefs, language, social norms or access to services.

UNICEF also initiated public advocacy efforts to promote mental health support for adolescents and the most vulnerable population groups, in addition to encouraging COVID-19 vaccination for pregnant mothers and children with disabilities who were more at risk. Due to the nature of the interventions and the target communities, outreach sessions often related to psychosocial needs and providing information regarding referral to services for children and youth in need of ongoing support.

Strategy and Implementation

In Thailand, the most tangible and appreciated aspect of UNICEF-led RCCE support was the focus on migrants, Muslim communities and adolescents who were disproportionately affected by the pandemic. Child-focused communication and community-specific engagement emerged as two key areas of UNICEF-supported RCCE following the first wave of the pandemic and were continued during the subsequent phases.

UNICEF's key RCCE strategy addressed specific inequities, rather than providing nationwide support to the government as part of the pandemic response, and included:

■ **Sensitizing and supporting migrant communities through the pandemic:** Towards the end of 2020, there was a surge of COVID-19 cases, especially among migrant communities. Although the government was effectively communicating about COVID-19 prevention to

large audiences, migrants had limited access to this information, mainly due to language barriers. Specific communities in urban areas, such as the slums in Khlong Toei and population groups living on construction sites were a particular focus. With inadequate reach and access to these communities, it became challenging for the government to respond timeously to their evolving needs and the increasing number of COVID-19 cases.

UNICEF and its network of existing partners, The Migrant Working Group, which included 40 non-governmental organization (NGO) partners, started engaging on preventive measures with migrant populations living in densely populated communities and construction camps. These partners had local networks and had worked with these communities, and were mapped according to their presence in specific provinces and areas of expertise. For instance, some partners that had worked on migrant education and child protection were in close contact with parents and could sensitize them on COVID-19 prevention and childcare during the pandemic. They also provided additional psychosocial support and referrals to available services, where and when needed.

This community engagement utilized available local networks and existing platforms, and used languages and dialects easily understood by migrant families to ensure awareness of COVID-19 and the measures needed to protect themselves and their families from infection. Through these community-specific and localized engagements, UNICEF and

UNICEF started the 'Every Day is Mind Day' campaign to remove social taboos about mental health and create opportunities for young people to learn and support their communities.

partners reached out to migrant communities across 20 provinces.

It was evident from these engagements that the needs of migrant communities extended beyond the threat of contracting COVID-19. A range of issues emerged during the pandemic – including loss of livelihoods, food insecurity, poor living conditions, increased health risks, abuse and vaccine hesitancy. This led to UNICEF and its partners extending their RCCE initiatives to ensure more integrated and multisectoral engagement

UNICEF, through its network of partners, reached out with messages on COVID-19 prevention and also used these opportunities to communicate about other critical issues such as child protection, psychosocial support, psychological first aid, referral to services and child immunization. These initiatives helped to address the unmet needs of migrants on issues that affected their lives and their children's well-being.

■ **Support for urban slum dwellers:** The second wave started with a large number of COVID-19 cases reported in the Samut Sakhon province. In January 2021, there were 1,785 confirmed cases among migrants in this province who worked in the shrimp market or seafood industry. This led to a lockdown of the containment zones, with around 4,000 people living in the two most affected communities. Since the government's policy was initially to treat all positive cases in hospital, the rising caseload caused huge strain on the public health system. Field

hospitals were established at factories, temples and community isolation centres. However, these were not enough to accommodate and provide health care to all affected people on time.

In urban poor settings, 'self-isolation' or 'quarantine' was impossible because of crowded living conditions, which was one of the main reasons for the rapid spread of the virus within these communities. In Bangkok, UNICEF partnered with NGO Klongtoey Dee Jung to sensitize urban poor communities, particularly focusing on parents to follow preventive measures and seek timely medical attention and support for their families. This community support network connected with people who were unable to access the government hotline for referrals and medical support during the pandemic, helped set up community isolation centres, and even took care of children who were left behind during their parents' quarantine or hospitalization. UNICEF provided additional support with more volunteers from its existing volunteering network, 'I am UNICEF'. The volunteers and NGO staff were trained on how to communicate with and support affected individuals and their families. UNICEF volunteers also helped to develop and disseminate communication assets (pamphlets, PSAs) on prevention, care and support, using the NGO's existing networks within urban poor communities.

Around the same time, there was a rise in cases affecting children directly, which led to their separation from family during quarantine, referral

and recovery. Parents who were infected were also separated from their children and in some cases, children were left behind alone. UNICEF and its partners advocated to prevent children's separation from their caregivers and highlighted that mental health support was needed for these children. Community volunteers were trained to provide psychological first aid to vulnerable children and their families and to provide referral to available services as needed.

■ **Mental health support for adolescents and vulnerable groups:** Apart from the health and economic impacts of the pandemic, the mental health crisis, especially among adolescents, people with disabilities and other vulnerable groups emerged as an area of concern. As part of its existing Adolescent Development and Participation (ADAP) programme, UNICEF developed a system of online consultations that focused on providing information to young people on ways to support their peers and seek support for mental health issues.

UNICEF, in collaboration with partners, started the 'Every Day is Mind Day' campaign to remove social taboos about mental health and to create opportunities for supporters, volunteers and youth to share, learn and support their networks and communities. The 'Sound of Happiness' campaign, planned prior to the pandemic, was launched towards the end of 2020 in collaboration with JOOX, a popular online music streaming platform, and the Department of Mental Health, Ministry of Public Health. A podcast series on mental health issues was released as part of this campaign. The series brought to life the voices and experiences of people who had struggled with mental health challenges during their youth, and also promoted current services and platforms for adolescents to seek professional help. Issues of concern to young people, highlighted during online consultations and surveys, were also recognized and discussed. Services on Lovecarestation.com – an online platform for sexual and mental health – were extended to provide easy access to information and online counselling sessions.

■ **Building vaccine confidence among Muslim communities in South Thailand:** Prior to the COVID-19 pandemic, vaccine acceptance was low in the deep south, with the RI rate lower than in the rest of the country. When it came to COVID-19 vaccines, people were hesitant and vaccination rates were low. In addition, religious views and discouragement from some of the local Muslim religious leaders affected vaccine acceptance.



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With its partners, including the Prince of Songkla University, UNICEF started to engage with local Muslim communities to sensitize them to vaccine efficacy and build confidence to address vaccine hesitancy. In collaboration with the International Health Policy Programme (IHPP), UNICEF supported the integration of vaccine perception modules into six rounds of the nationwide perception surveys, which were conducted every 4-6 weeks. The findings were used to address community-specific information gaps, including in the southern border provinces. Videos that highlighted endorsements from medical experts, doctors and religious leaders in their local dialects were disseminated at community meetings, local hospitals and clinics, and on social media to reach maximum audiences.

During the first wave, UNICEF collaborated with a popular Facebook page in the deep south, Muslimited, to disseminate a video on COVID-19 prevention. This received 741,000 views and more than 14,000 shares. Consequently, UNICEF used this platform again to communicate on COVID-19 vaccines to ensure increased vaccination rates.

Key Results Achieved

- As at 31 December 2021, more than 57.8 million people had been reached through messaging on COVID-19 prevention and access to services.

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Child-focused communication and community-specific engagement emerged as two key areas of UNICEF-supported RCCE during the pandemic response.

- UNICEF supported the training of 8,000 community members on COVID-19 prevention in high risk, poor urban areas in 9 provinces.
- UNICEF-supported RCCE initiatives reached 187,587 people.

Key Lessons Learned

As UNICEF continues to support the government and other partners 'to build back better', it is important to note some lessons learned from its COVID-19 RCCE strategy and support as part of the pandemic response.

- The scale and nature of UNICEF's support to Thailand's COVID-19 response was relevant and appropriate in the context of an upper-middle-income country where government capacity was strong, with reasonably well-developed health and public information systems. UNICEF's RCCE strategy was designed to fill existing gaps and to address specific inequities, rather than provide support to the government nationwide as part of its pandemic response. This ensured more focused and needs-based interventions, and better utilization of available human and financial resources and partnerships to reach people most in need.

- UNICEF used the equity lens to ensure that children and families in migrant communities and urban slums were not excluded during the pandemic response and received timely and necessary support. The emphasis on vulnerable migrant communities and urban slum dwellers addressed the need to fulfil unmet needs in services and support for these families. These marginalized population groups often fall outside the government safety net and thus would continue to need dedicated resources and attention for longer-term recovery.

Potential Replication and Scale Up

Thailand has entered the endemic phase and the government is actively working on recovery measures – encouraging people to transition to the 'new normal' with schools, businesses and borders having reopened, while some COVID-19 cases are still being reported.

- **Long-term advocacy for child-centric equity:** The economic downturn prompted by the COVID-19 crisis posed a significant threat to the well-being of the most vulnerable children in Thailand, including

poor Thai populations and migrant families and communities. UNICEF will continue to advocate on child-focused equity issues and remind key stakeholders of particular vulnerabilities and responsibilities to ensure that no one is left behind, especially children and young people who live in vulnerable situations such as low-income settings, children with disabilities, migrant and displaced children, children living in juvenile homes or on construction sites, urban slums and those living outside family settings.

- **Strengthening UNICEF-supported volunteer engagement:** UNICEF engaged volunteers through its existing volunteering platform, 'I am UNICEF' for community support to vulnerable groups living in Bangkok's urban slums during the pandemic. These volunteers helped UNICEF and its partners to develop and disseminate accurate information on COVID-19 prevention and also sensitized communities on the need for psychological care and support for vulnerable children. Volunteer engagement helps in mobilizing additional human resources and could also help to create public understanding and support for vulnerable communities. The volunteer network can be further strengthened and engaged for other community-based and area-specific RCCE and public engagement initiatives.

- **Continued efforts and advocacy for mental health support for adolescents:** The online consultations and surveys with adolescents and public advocacy campaigns on mental health highlighted the unmet needs and lack of available support for mental health issues. While the campaigns and consultations reached and engaged a large audience, there is further need for sustained engagement, sensitization and support for young people who seek help, and for volunteers as well as trained professionals, for support. Internally, UNICEF has integrated mental health into existing and new ADAP and RCCE initiatives that will be continued beyond the pandemic. There are also plans to further extend this much-needed support to adolescents in schools and those living in juvenile homes.

UNICEF used the equity lens to ensure that children and families in migrant communities and urban slums received timely and necessary support during the pandemic.

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Related links

[Migrant health volunteers trained to help the most vulnerable during COVID-19](#)

[From Vaccine Hesitancy to Confidence](#)

[Bringing children's books, digital learning devices and vaccine information to remote communities](#)

[Helping hard-to-reach families in crowded camps during COVID-19](#)

[Not All Heroes Wear Capes](#)

[Reaching out to migrant communities](#)

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UNICEF provided support through its volunteering network, 'I am UNICEF' to communicate with and support affected individuals and their families.



TIMOR-LESTE

UNICEF-led RCCE efforts included many innovative approaches that were used for the first time for public engagement and information dissemination on a national scale.

Country Context

When the first COVID-19 case was reported in Timor-Leste on 21 March 2020, the government declared a national state of emergency within a week, which included movement restrictions, strict border control, health and hygiene measures and school closures. While these initial steps were successful in preventing any community transmission through most of 2020, the travel restrictions across borders and between municipalities impacted the country's large informal sector. With 55 per cent* of the population living in multi-dimensional poverty and a significant majority relying on small-scale farming, the pandemic pushed back the country's economy even further.

Although Timor-Leste managed to prevent COVID-19 infection through most of 2020, there was a spike in cases because of illegal border crossings towards the end of that year. The situation worsened in April 2021, with another spike in cases coinciding with the worst floods experienced in last 40 years.

Given the need to respond to multiple crises simultaneously, it was important to ensure public understanding of and adherence to health and safety protocols. As part of the country's pandemic response, UNICEF played a key role in supporting the government and partners to ensure that the RCCE strategy included multiple channels and voices that people trust and languages and dialects that people understand in addition to face-to-face engagements to raise awareness and help people understand the need for prevention and vaccination to protect themselves and curb the spread of the virus.

Strategy and Implementation

Given the cultural context and different communication needs of all population groups, the COVID-19 RCCE strategy had to adopt localized approaches as much as possible, as often as possible, to ensure that all groups could access the correct information. Multiple formats were explored and used to engage with different audiences.

UNICEF led RCCE efforts included many innovative approaches that were used for the first time for public engagement and information dissemination on a national scale. This involved the use of animation and comic strips for social media and children, materials in braille and sign language

for people with disabilities, radio spots in six languages/dialects for those who did not speak or understand Tetun (the most widely spoken language), mobile trucks for community awareness, a popular [song](#) with amended lyrics, and peer-to-peer dissemination using video and audio formats for communities, health workers and children.

UNICEF also led a unique initiative, by adding the voices and support of children and young people to further amplify the COVID-19 campaign across social media and community radio channels. This allowed UNICEF to highlight the impact of the pandemic on the lives and well-being of children, which further reiterated the urgent need for parents, caregivers and communities to adopt COVID-19 Appropriate Behaviours (CAB) to protect themselves and their families.

At the national level, through the Technical Working Group co-chaired by the Ministry of Health (MoH), the World Health Organization (WHO) and UNICEF, regular planning and reviews were conducted to ensure that RCCE initiatives planned at national and sub-national levels were well coordinated and relevant to the evolving pandemic. Rapid surveys were undertaken that helped to adapt strategies and tools to address shifting perceptions and emerging challenges. A sub-committee on social mobilization was established to ensure that messages and guidelines were synchronized and was further leveraged to introduce and promote COVID-19 vaccinations. UNICEF also helped to mobilize different ministers as part of a committee led by the vice Prime Minister to promote vaccine uptake.

Apart from these national and large-scale strategies, UNICEF supported specific advocacy and RCCE initiatives that contributed significantly to the success of Timor-Leste's pandemic response and high acceptance of COVID-19 vaccinations.

Some of the key actions led or supported by UNICEF included:

■ **National and sub-national advocacy with institutions and religious leaders:** Strategic advocacy and engagement of the country's most influential and trusted leaders at national and sub-national levels garnered huge support and compliance from people across diverse community groups. Together with the MoH, UNICEF sensitized national leaders, elected representatives, religious leaders, community leaders (including Suco and Aldeia chiefs and Lian Nain leaders) to encourage

people to adopt preventive behaviours and get vaccinated.

Key national leaders and influencers came forward to be vaccinated first when the vaccination drive was launched. This helped to foster public trust in vaccine safety and helped to mobilize communities to get vaccinated. The President and first lady (2020), Prime Minister, and the current President (2022-2027), Bishop of the largest Diocese in Dili, vice minister of State Administration, and a host of other national and community leaders actively supported the COVID-19 response campaign through interviews, talk shows, public announcements and other endorsements. Their interviews were widely broadcast on national media, community radio and through mobile trucks (mikings) for grassroots dissemination. The community leaders also joined the MoH teams for local mobilization and engagements to endorse the COVID-19 vaccines, especially among hesitant communities. The support from these leaders and influencers ensured greater support for and confidence in the COVID-19 RCCE efforts and ensured wider public compliance across the country.

■ **Strengthening municipality-specific community engagements on COVID-19:** To further strengthen the localized RCCE initiatives, UNICEF provided support through 13 Social and Behaviour Change (SBC) consultants across all municipalities to support MoH staff at sub-national level to coordinate and drive community engagements around COVID-19 vaccines and

promote other essential health services such as routine immunization (RI) and nutrition. This municipality-specific SBC support helped to quickly identify and resolve local challenges or information gaps that might not have been addressed promptly through national or sub-national RCCE initiatives or public broadcasting. The SBC consultants supported microplanning and engaged local influencers and leaders for community-level awareness and engagement initiatives. UNICEF also provided rental vehicles for all 13 municipalities, with megaphones, including two multi-media mobile trucks to support community mobilization and engagement, especially in hard-to-reach communities.

■ **Using community radio channels for localized communication:** Across each of the country's 13 municipalities, UNICEF supported 17 community radio stations to promote key messages on COVID-19 prevention and vaccination. Since February 2020, 28 community radio producers and volunteers worked closely with 200 children and young people to produce and broadcast 93 radio programmes and spots and made public announcements more than 15,000 times across all 17 stations. In addition to Tetun, the mostly widely spoken language, these radio programmes were produced in five local languages – Baikeno, Fataluco, Makasae, Mambae and Tokodede – reaching an estimated 50,000 people each month. Given the restrictions on gatherings to stop the spread of COVID-19, UNICEF worked with community radio channels to conduct mobile broadcasts, which further amplified these programmes and messages at marketplaces



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*Timor-Leste Ministry of Finance and UNICEF, Options Paper: Understanding and Measuring Multidimensional Poverty in Timor-Leste, 2021

and large community spaces, reiterating the key messages in local dialects.

UNICEF had been supporting these community radio stations since 2005 and leveraged their networks and influence to engage local audiences during the pandemic and COVID-19 vaccination promotions. Local radio channels understand their audiences, communicate in local languages and dialects, are widely trusted and in some cases, are the only source of information for these communities. UNICEF continues to provide long-term support to these radio stations and the national radio broadcaster, Radio-Televisão Timor-Leste (RTTL) through the Community Radio Center of the government's Secretariat of State for Social Communications.

Key Results Achieved

- As at 7 November 2022, 95 per cent of the population (around 1.2 million) had been reached through UNICEF-supported RCCE initiatives related to COVID-19 prevention and vaccination.
- UNICEF-supported television programmes reached around 60,000 people each day, and radio programmes (including community radio) reached more than 50,000 people every month.
- From early 2020 to November 2022, UNICEF reached more than 6 million people and engaged over 8 million people on social media regarding COVID-19 prevention and vaccinations.
- Since the national COVID-19 vaccination launch on 7 April 2021, the government and UNICEF focused most RCCE efforts on promoting COVID-19 vaccinations. Over 1.8 million doses of the vaccine were administered as by 7 November 2022. In addition, 88.1 per cent of the population above 18 years had received at least one dose of the vaccine, and 77 per cent had received two doses, while 78.7 per cent of children between 12 and 18 years had also received two doses of vaccines.

Key Lessons Learned

- National level advocacy with political and religious leaders was a significant help in influencing public compliance and vaccine acceptance. Similar high-level advocacy efforts have the potential to help drive results at national and

National level advocacy with political and religious leaders was of significant help in influencing public compliance and vaccine acceptance.

community level, especially during emergencies when public compliance has to be ensured within a short time.

- The use of community radio was instrumental in building communities' trust. As these radio stations are community-based and use local dialects, they helped to make information more relatable and trustworthy. In some communities, local radio channels were the only source of information during the pandemic and helped immensely in bridging information gaps.
- Many new avenues of advocacy and collaboration arose or were further strengthened during the pandemic response. One of the most important was UNICEF's advocacy with the Catholic Church, which has a strong influence on communities. Such engagements can be further strengthened for long-term and nationwide advocacy to achieve improved results for children in other areas, such as violence prevention and birth registration.
- UNICEF co-led the sub-committee on social mobilization, with the MoH, to establish a well-coordinated response and ensure that all United Nations agencies, development partners and government departments disseminated synchronized messages and guidelines on COVID-19 prevention and later, on COVID-19 vaccination. This sub-committee has since been

used to help coordinate messaging on routine immunization and nutrition and has the potential to be leveraged to strengthen RCCE for other priorities.

- The SBC consultants, who were engaged at the sub-national and municipality levels and worked closely with the MoH team for COVID-19 related community engagements, have continued to provide on-the-ground support to promote routine immunization, nutrition, dengue prevention and address other public health issues. The potential to use these trained personnel and systems to further build capacity at sub-national level should be explored to support the government's and civil society partners' long-term efforts on prevention and response.

Related links

[Message Dinorah Granadeiro, President of INDDICA \(Independent Child Rights Defense Institute\) on COVID-19 vaccine for children.](#)

[Message from Dinorah Granadeiro, President of INDDICA \(Independent Child Rights Defense Institute\) on COVID-19 prevention for children.](#)

[Testimony from the Health Workers on COVID-19 vaccine.](#)

[Testimony from the Community Members on COVID-19 vaccine.](#)

[Q & A on COVID-19 Vaccine.](#)

[Simulation of Pfizer COVID-19 vaccination.](#)

[Message from Timor-Leste's Minister of Education, Youth & Sports on COVID-19 prevention at school.](#)

[Animation video on COVID-19 prevention.](#)

[Simulation on COVID-19 vaccination.](#)

[Six year-old Della has a few key messages for children on how to keep safe from COVID-19, not forgetting instructions on taking time off to play.](#)

[COVID-19 prevention measures.](#)

[A message from the Archbishop Dom Virgílio do Carmo da Silva, SDB, on COVID-19 prevention.](#)

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[Marvi and Ego Lemos \(Timorese famous singers\) - help get the word out about COVID-19 prevention through a song.](#)

[Message from #TimorLeste National Leader, H.E Kay Rala Xanana Gusmão.](#)

[Marvi, UNICEF Timor-Leste Youth Advocate: Demonstration of good #handwashing techniques.](#)

[No mountain too high when it comes to fighting COVID-19 in Timor-Leste](#)

[Improving access to information for children and people with disabilities in Timor-Leste](#)

[Community radio joins the fight against COVID-19 in Timor-Leste](#)

[COVID-19 Vaccination Animation Video](#)

[A message from Bishop Dili on COVID-19 vaccines](#)

[Things you need to know about COVID-19 vaccines](#)

[Sign Language Video on COVID-19 Vaccines](#)

[Message from Abilio José Caetano, Vice Minister of State Administration on COVID-19 prevention.](#)

[Message from the First Lady of Timor-Leste to the children in Timor-Leste on COVID-19 prevention.](#)



VIET NAM

In Viet Nam, UNICEF supported the government to plan and implement community-specific, localized strategies for vulnerable communities with limited access to media and health care.



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Country Context

The first case of COVID-19 in Viet Nam was reported on 23 January 2020. As the early cases were mostly imported, the Vietnamese government's efforts to contain the spread of the virus were largely successful at that time. Before COVID-19 vaccines were introduced, the country pursued a zero-COVID strategy, using contact tracing, mass testing, quarantine and lockdowns to aggressively suppress COVID-19 transmission. When local transmissions were reported in February and March 2020, Viet Nam suspended all international travel from March 2020 until November 2021 to limit the spread of the virus.

A shortage of COVID-19 vaccines in the country, due to a global shortage, as well as new imported cases, contributed to the resurgence of COVID-19 cases. This led to two of Viet Nam's largest cities, Ho Chi Minh City and Hanoi – which comprise around a fourth of the population – being placed under partial or complete lockdown between May and July 2021.

Viet Nam has a strong history of managing pandemics: it was the second country (after China) to address the 2002–04 SARS epidemic and, after 63 cases and five deaths, was the first country to be declared SARS-free by the World Health Organization (WHO). In the wake of that epidemic,

Viet Nam had strengthened its public-health infrastructure, developed a national public health emergency operations centre and surveillance system, and had maintained systems to collect public data. These investments helped Viet Nam to better respond to the pandemic.

The government quickly identified vaccination as one of the key interventions to control COVID-19 outbreaks and started to strengthen their efforts to secure sufficient supplies of the vaccine.

As early as December 2021, Viet Nam had already achieved the goal to vaccinate its eligible population groups (over 18 years of age). While the government had mobilized all medical staff to fast track the COVID-19 vaccine roll-out, there was also a need to focus on building vaccine demand and confidence, so that the communities were ready to accept the vaccines once they became available. As COVID-19 continued to threaten lives and livelihoods, there was also the need to ensure people's support for and compliance with preventive behaviours, to stay protected and break the chain of transmission.

As part of the national RCCE group, UNICEF and WHO supported the Ministry of Health (MoH) to develop a communication workplan to ensure that all citizens had the necessary information to protect themselves, their families and communities against COVID 19.

Strategy and Implementation

At the beginning of the outbreak, communication initiatives primarily focused on COVID-19 prevention and were mostly led by the MoH, using national mass media and social media channels. Due to movement restrictions and limited scope for direct engagement, there was a shift from print to digital content dissemination. Zalo, Viet Nam's most popular messaging app, was used to reach out to its 74.3 million users across the country in 2022.

As the pandemic continued and its impact rippled across Viet Nam, the need to communicate beyond national media and social media networks became evident. These platforms excluded certain population groups, especially the indigenous communities and those with limited access to the media and internet. While communication through television, print and social media continued, the national RCCE strategy was extended to direct engagement, and adapted information for different languages and mediums.

As part of the national RCCE group, UNICEF supported the government to plan and implement community-specific, needs-based, localized strategies, especially for vulnerable communities, including ethnic minority groups, people with disabilities and those with limited access to media and health care.

Inclusive communication to engage ethnic minority groups: Viet Nam has one of the most diverse ethnolinguistic population distributions in Asia, with 54 recognized ethnic groups. Initially, information related to COVID-19 was broadcast through national media channels in Vietnamese to ensure maximum reach across regions. However, as the pandemic spread, it was important to ensure that people across all regions and ethnic groups understood the need to adopt preventive behaviours and accept vaccination.

UNICEF, with the MoH and WHO, started adapting communication assets in local languages for ethnic minority groups, for use through avenues such as local mass media and community loudspeaker systems. Local context and dialects were used to make the information more relevant for local communities. Community influencers such as village and ethnic leaders were also engaged in implementing local RCCE plans and helping to mobilize and engage communities. Whenever the pandemic situation allowed, monthly community meetings were used to engage and educate

communities on COVID-19 prevention and vaccination.

UNICEF supported community engagement initiatives in three poorest provinces in Viet Nam with the highest proportion of ethnic minority populations – Dien Bien, Gia Lai and Kon Tum – which comprise 27 communes and involved around 300 ethnic leaders. This strategy helped the government to reach communities and audiences that did not have access to national media or faced language barriers. Excluding these communities would have created significant barriers to COVID-19 prevention and vaccine acceptance.

Based on the success of these initiatives, local governments replicated and adapted them in other provinces to reach ethnic minority groups, using local mediums and networks.

Mobile communication teams to engage hard-to-reach communities: Another significant initiative that ensured inclusive communication was direct engagement through mobile communication teams. These teams were originally put in place for emergency response and were mobilized during the pandemic for local and direct information dissemination. They were mostly government frontline workers and, in some areas, members of partner mass organizations (e.g. Women's Union, Youth Union, Farmers' Union, etc). In specific areas, these mobile teams included representatives from ethnic groups and were thus able to better connect with their communities. UNICEF convened communication skills training for these mobile

UNICEF, the MoH and WHO launched the 'Safe Journeys' campaign to reinforce the public's responsibility to protect themselves and their communities from COVID-19.

teams as part of capacity-building support. The teams used motorbikes to reach and engage remote communities. They mobilized existing parents' clubs to educate caregivers on childcare during the pandemic, emphasizing the importance of COVID-19 prevention and vaccination and the need to continue with immunization and other essential health care. Children's clubs in schools were also mobilized to engage children, including those from ethnic minority groups, and educate them on COVID-19 Appropriate Behaviours (CAB).

In remote areas, this initiative proved extremely effective, especially where people had limited access to information on COVID-19 prevention and vaccination. These community-based initiatives acted as a bridge between the government and communities and contributed to breaking the chain of COVID-19 transmission and achieving significantly high vaccination rates. This initiative was implemented in UNICEF's priority provinces and was also replicated in other remote provinces by local governments.

■ **'Safe Journeys - Protect yourself, your family and your loved ones' media campaign to promote COVID-19 prevention and vaccination:** UNICEF, the MoH and WHO launched the 'Safe Journeys' campaign to reinforce the importance of compliance with COVID-19 preventive

practices including vaccination. This campaign aimed to generate a strong sense of solidarity and responsibility for curbing the spread of COVID-19 and promoting preventive practices – the 5K practices (in Vietnamese): facemask (Khu trang); disinfection (Khu khuẩn); distance (Khoảng cách); no gathering (Không tụ tập); health declaration (Khai báo y tế) and strongly encouraged COVID-19 vaccination. Supported by the Australian Government, the campaign was a part of its assistance through UNICEF to COVID-19 prevention in Viet Nam. 'Safe Journeys' helped to engage and strengthen the public's responsibility to protect themselves and their communities from COVID-19.

This campaign, amplified across television, radio talk shows, print media and social media platforms, was translated into five main ethnic languages and sign language. It took the form of a social movement, to reach out to every community and individual across Viet Nam. In addition, leading media, community groups and several influencers used their social media platforms and networks to further promote this campaign and reach larger audiences. For instance, strong endorsement from Miss Universe Vietnam 2017, H'Hen Nê, who is of ethnic minority, helped to popularize the campaign. TikTok Vietnam also offered to leverage its huge presence across the country in support of the campaign.

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UNICEF used mobile communication teams in remote places and included representatives from ethnic groups who were better able to connect with their communities.



The campaign generated public engagement and support that ensured wider compliance to preventive behaviours and vaccination to prevent serious health consequences. It was unique in that it was designed to speak to and engage everyone, in their own languages, was relevant to their context, used local channels, networks and support groups and ensured that no one was left out.

mobile communication teams. The engagement with ethnic minority groups and hard-to-reach communities was a successful strategy and has the potential for replication for other development priorities.

- In collaboration with MoH and WHO, and supported by the Australian Government and TikTok Vietnam, UNICEF reached around 60 million people and engaged more than 5 million people through the 'Safe Journeys' campaign on Facebook. Key messages were amplified through TV and radio talk shows, newspaper articles and social media activations, including Facebook, YouTube and Zalo, a Vietnamese messaging app. In order to ensure that information was accessible to everyone, it was translated into the main ethnic languages and sign language. To promptly respond to the constantly evolving pandemic, the campaign and its content were reviewed and adapted on an ongoing basis.

Key Results Achieved

- Viet Nam is one of six countries that achieved the highest COVID-19 vaccination coverage rates in the world. As at 9 July 2023, Viet Nam had administered more than 266.4 million doses. Of the adult population over 18 years, 98.5 per cent had received their first dose; 95 per cent had their second dose; 72.3 per cent received a third dose, and 24.6 per cent had their fourth dose. The proportion of children aged 12-17 years who had received their first dose was 100 per cent, the second dose was 98.8 per cent, and the third dose was 63.7 per cent. The proportion of children aged 5-11 years who had received the first dose was 88.7 per cent; and the second dose was 73.3 per cent (National Expanded Program on Immunization, National Institute of Hygiene and Epidemiology, Ministry of Health).
- UNICEF reached and engaged 9,000 people and 15,100 school children in three provinces through its RCCE initiatives, with support from 300 community and indigenous leaders and

Key Lessons Learned

Based on its earlier experience of managing the 2002–04 SARS epidemic, Viet Nam was better prepared to respond to the pandemic compared to many other countries in the region. Viet Nam, Taiwan and South Korea are considered to have some of the world's best-organized epidemic control programmes. This success has been attributed to several factors, including a well-developed public health system, a decisive central

government and a proactive containment strategy based on testing, tracing and quarantining. Insights from its RCCE strategies can offer learnings for countries with similar socio-economic contexts.

- One of the key strategies that helped Viet Nam to reach people living on the peripheries was the ability to ensure localized and inclusive communication with assets and engagement materials available in ethnic and sign languages. With 54 ethnic groups, it was important that minority communities were equally informed and included.
- Online surveys, social media engagements and national media often leave out certain population groups, especially the indigenous communities. The local and direct engagement, through mobile communication teams and indigenous and other community influencers during the pandemic, helped to bridge the gap and ensure that everyone had accurate information on COVID-19 prevention and vaccination and complied with CAB.

Potential Replication and Scale Up

- The 'Safe Journeys' campaign introduced a creative, effective approach to citizen engagement on public health issues. This not only encouraged people to take responsibility for their own safety but also introduced a sense of solidarity – something that has immense potential for mobilizing support at community level, especially during emergencies. The learnings and outcomes from this campaign could help the government and partners to plan similar public engagement initiatives on other public health issues.
- The localized RCCE approach with the mobile communication teams, community leaders and assets in ethnic and sign languages proved to be highly effective and ensured better reach. These initiatives were especially helpful in hard-to-reach places where people had limited access to national media, the internet or other sources of information. These localized approaches could be adapted and replicated for other relevant issues; for instance, to promote other health and WASH practices, especially designed for ethnic minority groups and people with disabilities.

- In a country like Viet Nam, strategic RCCE can be a game-changer, especially if supported and co-led by community and indigenous leaders, women's unions, youth unions, farmers unions and the like. Their reach and influence can bring about long-term change in behaviours and practices and impact development outcomes. However, the pandemic response highlighted the need to further strengthen RCCE capacities and systems, especially at community level.

With 54 ethnic groups, it was important that the communication assets were made available in ethnic and sign languages.

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