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Adapting and Innovating for Social and Behavior Change During the COVID-19 Pandemic: **Lessons Learned**

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COVID-19 has brought widespread disruption to essential health care throughout the world—including sexual and reproductive health (SRH) services. During the first eight months of the pandemic, Pathfinder International teams across the globe worked rapidly to adapt service delivery, training, quality assurance, and social and behavior change (SBC) programs. The lessons learned provide insight for SRH program preparedness in the event of future emergencies and for resiliency of global health supply chains and collaboration systems. This brief is part of a series on Pathfinder International's COVID-19 response strategies, impact, and lessons learned.

The Pathfinder Approach

Pathfinder works with governments, communities, and other partners to maintain access to essential SRH information and care. While lockdowns and restrictions paused or drastically reshaped some SBC activities during the COVID-19 pandemic, Pathfinder worked quickly with health and media partners at all levels of society to prevent the spread of COVID-19, minimize fear, and promote health-seeking behaviors. Pathfinder's COVID-19 learnings and successes denote opportunities for lasting positive change. Each of the following approaches has proven critical to disseminating timely and effective messaging:

- **Deploy a gender-sensitive approach.** Partnering with ministries of health to collect sex-disaggregated data and develop health messages with a gender lens are essential to meeting the pressing indirect challenges of the pandemic that are rooted in gender inequity, such as gender-based violence. Effective message development requires evidence, gender-synchronized consultation and collaboration, and testing.
- **Adapt face-to-face SBC activities to adhere to COVID-19 prevention protocols.** Face-to-face SBC activities can continue during a pandemic, but they need greater resource investment in terms of time, level of effort, and cost. There is a need to better understand how resource requirements and outcomes vary by type of face-to-face adaptation.
- **Expand virtual and telephone counseling and knowledge sharing.** Shifting more SBC activities to virtual platforms, when done well, provided opportunities to reach more people without COVID-19 transmission risk. Further, taking advantage of opportunities for integration of SRH messages into existing platforms can maximize reach and sustainability of both COVID-19 protective behaviors and SRH-seeking behaviors.
- **Increase multi-channel mass media campaigns.** Multiple communication channels should be used simultaneously for effective dissemination. This includes a combination of onsite community-based messaging, such as dialogues and public announcements, along with digital reinforcement (for example, messaging through local TV, SMS campaigns, and community radio). More research is needed to better understand how to be proactive and not just reactive in addressing challenges, from panic to conspiracy theories, that spread quickly in the digital age. Investment in the development of agile infrastructure to immediately counter digital misinformation would be worthwhile.

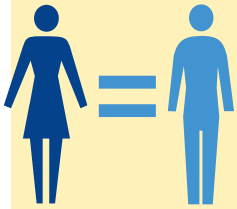
Background

Beginning in early 2020, the need to contain the COVID-19 pandemic forced activities and services in many countries to fully or partially shut down or restructure. In many settings, myths, fear, and disbelief about the pandemic were rampant. The need to widely communicate clear, medically accurate COVID-19-prevention information alongside other essential health information was pressing. Timely communication

Pathfinder's team in Mozambique adapted its mCenas program to COVID-19, allowing users to self screen and get treatment.

was necessary to prevent the spread of the virus, to ensure that people who needed to access essential health services unrelated to COVID-19 knew how to do so safely, and to address fear and rapidly spreading misinformation about the pandemic and its effects.

Pathfinder is working with the Ministry of Health (MOH) in Bangladesh to develop a framework for considering gender. In Mozambique, with support from Aidsfonds, Pathfinder held a webinar on rights, health, and violence during COVID-19; developed a position letter with the National Sex Rights Platform on human rights abuses in the context of COVID-19; and provided technical input to the MOH Guidelines for COVID-19 and Key Populations.



Key Social and Behavior Change Adaptations

Deploy a Gender-Sensitive Approach

In many settings, health messages are not yet being developed with a gender lens, and countries are not collecting sex-disaggregated data. The COVID-19-pandemic, while highlighting the dire health outcomes associated with gender inequity, has made it more challenging to strengthen capacity around gender sensitivity.

COVID-19-induced lockdowns have greatly increased the amount of time people are spending at home together. This has expanded women's and girls' risk for gender-based violence (GBV), including intimate partner violence, early marriage, rape, and sexual abuse. To tackle this, Pathfinder contributes to strengthening multi-sectoral collaboration, community participation, and male engagement in the prevention of and response to GBV in the COVID-19 context. This includes adapting existing SBC messaging and materials to raise awareness of GBV risks and relevant services and support. In some settings, Pathfinder has revised its contraceptive counseling model, preceding discussion of method choice with dialogue about the social and gender norms and pressures that women and couples face if they are newlyweds or first-time parents. In Bangladesh, Pathfinder is engaging in SBC with providers to improve knowledge of the impact of GBV and how it manifests, and to increase provider capacity to provide gender-sensitive care.

LESSONS AND RECOMMENDATIONS

- Partnering with ministries of health to collect sex-disaggregated data and develop health messages with a gender lens are essential to meeting the pressing indirect challenges of the pandemic that are rooted in gender inequity, such as GBV.
- Rapid, local gender analyses can help programs understand gendered SBC needs. Without this understanding, it is difficult to ensure women and girls are reached effectively.
- Multi-sectoral collaboration, multi-channel communication, community participation, and male engagement in GBV prevention are key to effectively responding to COVID-19 and other emergencies.

PHOTO: Ali Asghar

Pathfinder's Naya Qadam project works in Pakistan to reach young women ages 15 to 24 with post-pregnancy family planning. Naya Qadam used multi-channel communication aimed at influencing community and household gatekeepers to promote partner communication and health-seeking behaviors. The project also created and sustained a women-led community-wide referral and information network and trained youth champions on gender sensitization, adolescent and youth SRH, and community theater. Naya Qadam's campaigns have built on the social salience of the pandemic to promote shared values for safeguarding women and children in a multilevel campaign aimed at communities, households, and individuals.

For example, under the USAID-funded Afya Pwani project, more than 100 CHWs were organized into groups to share tailored COVID-19 messages with their clients and to link clients to health facilities in Mombasa, Kenya. This effort was supported by a network of community-based groups who conducted mobilization efforts and blogged or communicated key COVID-19 messages via popular radio stations aimed at specific segments of the population.

Emergency adaptation provided long-term best practice insight:

Some teams—for example, Pathfinder Mozambique—reported that mixed-gender community dialogues were **more effective in smaller groups of 10** than they had been in large groups of 30 to 40 where a few outspoken participants tended to monopolize the conversation.

Adapt Face-to-face SBC Activities to Adhere to COVID-19 Prevention Protocols

Programs conducting community-level SBC activities quickly adapted both the logistics and the content of their outreach to fit the context of the COVID-19 pandemic. In some settings, community-based family planning outreach ceased due to movement restrictions, and the reduction in SBC activity affected the uptake of services. Even in places not completely locked down, interactive community activities like group meetings and theater performances were canceled, as they drew too many people to maintain physical distancing. Modified activities like mobile clinics and community visits continued with precautions including limiting group size, enforcing physical distancing, holding events outdoors, increasing handwashing or sanitizing, and using personal protective equipment (PPE)—measures that will continue even as restrictions lift.

In other instances, programs moved demand-generation activities for family planning and immunization to facilities, and individual counseling replaced group counseling and education. However, facility-based activities reached fewer people. Some programs mitigated the reduction in participants by doubling the number of sessions. While effective, this added staff time and cost. Beyond logistical adaptations, programs adapted SBC activities to include pandemic-specific content. Adaptations included creating handwashing stations using tip-tap models—simple mechanisms built with large sticks, a water jug, heavy-duty string, and bar soap—and demonstrations of cloth mask use to increase safety of SRH community dialogues while raising awareness and support for COVID-19 prevention measures. While effective in most contexts, pockets of fear and distrust persisted, especially in communities still free of COVID-19 case clusters.

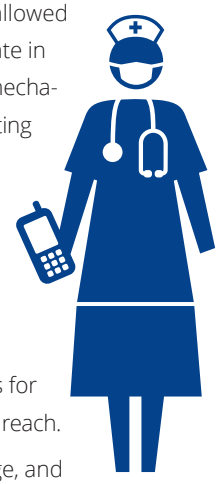
Community health workers (CHWs) have played a key role in community sensitization, using infection prevention and control (IPC) measures as they continue to visit households. They are sharing important information on COVID-19 risk, prevention, testing, and treatment and helping people who need care to connect with health facilities. For example, in Pakistan, Pathfinder International trained public sector lady health workers (LHWs) and their supervisor to embed key messages about COVID-19 in their post-pregnancy family planning counseling and to refer women to community midwives for birthing care. CHWs' role in sharing messages about the availability and safety of routine services despite COVID-19 has been instrumental in demand creation and maintenance of essential services like immunization and family planning. Their messaging has helped reduce fear and stigma among the public and providers alike and has encouraged health-seeking behaviors.

LESSONS AND RECOMMENDATIONS

- Face-to-face SBC activities can continue during a pandemic but need greater resource investment in terms of time, level of effort, and operational cost. There is a need to better understand how resource requirements and outcomes vary by type of face-to-face adaptation.
- Integrating COVID-19 messaging into SRH counseling or other routine health information ensures that clients understand how to prevent the spread of COVID-19 while still accessing the routine care and services they need.
- At least one Pathfinder country program reported that despite diligent SBC efforts, fear, stigma, and disbelief were not adequately addressed. When community dialogues were able to resume several months into the pandemic, it was clear that some people were still afraid and others did not believe COVID-19 existed, especially in the rural areas. More research is needed to better understand how to be proactive and not just reactive in addressing challenges, from panic to conspiracy theories, that spread quickly in the digital age.

Expand Virtual and Telephone Counseling and Knowledge Sharing

Given the restrictions on community dialogues and activities, many projects have increasingly relied on phone calls, digital social platforms like WhatsApp and Facebook Live, and radio talk shows to reach people with SBC messaging. Digital platforms have been especially useful in reaching young people. In Kenya, the Afya Pwani project supported the creation of virtual networks of young people to effectively share messages about SRH and COVID-19. Peer educators developed and shared educational content via social media platforms including WhatsApp, Facebook, and Twitter, as well as radio. Virtual events have allowed viewers to ask questions of experts and participate in the dialogue via the chat function. These remote mechanisms saved money and time, in addition to mitigating risk by avoiding travel and in-person gatherings. Government partners have also established digital communication channels—using their own resources to disseminate essential information.



LESSONS AND RECOMMENDATIONS

- Take advantage of synergies and opportunities for integrating messages and initiatives to maximize reach.
- Segmenting populations of focus by gender, age, and other key characteristics is critical when using tools like Facebook Live. More research is needed on how to use virtual, youth-friendly spaces to link young people to services like mobile brigades or other youth-friendly options.
- Even for virtual events, in some settings, there is still a need to go into the community and provide information about upcoming activities. Unless a program has the mobile numbers of a critical mass of the target audience, participation in, and success of, digital activities using platforms like WhatsApp will be limited.
- More research is needed to understand how to tailor digital programming to reach specific groups—for example, when it is geared toward adolescent girls who might not have access to a phone or the privacy needed to participate.
- More research is also needed to gauge whether digital interactions are as effective as face-to-face activities in generating behavior change.
- Exploring the development of agile infrastructure to counter digital misinformation is a worthy investment.

In Tanzania, the MOH Health Promotion Unit launched a call center that operates around the clock to provide COVID-19 information. Pathfinder has been collaborating with the MOH to integrate key SRH messages into this government-owned, widely accessed platform.

Similarly, in Mozambique, Pathfinder has supported an MOH hotline that provides COVID-19 and SRH information by training clinicians to support the hotline. By texting a simple number, users can have their questions answered and go through a health screening to be referred for care when appropriate. This service has been successful and will likely continue beyond the pandemic.

PHOTO: Ricardo Franco

Mario Samuel is Pathfinder's regional IT manager based in Mozambique.

Increase Multi-channel Mass Media Campaigns

Many programs increased mass media SBC activities to promote health-seeking behavior and provide information on family planning, safe access to health services, and COVID-19 prevention. Influencers such as celebrities and faith leaders played a critical role in creative, engaging COVID-19 awareness campaigns from the local to the national level.

LESSONS AND RECOMMENDATIONS

- The COVID-19 pandemic has demonstrated the impact of rumors and misinformation on health behaviors. Programs must be prepared to immediately and convincingly counter misconceptions.
- Effective message development requires evidence, consultation, collaboration, and testing. These activities can be time-intensive and lengthen the timeline to rollout. However, rapid cycles of development, consultation, and testing with the MOH, other branches of government, and community stakeholders result in greater success and are worth the time required.
- It is important to tailor messages to the local setting—including local gender norms, inequities, and needs identified via rapid gender analysis—especially when using mass media. This is particularly true during the pandemic, where COVID-19 prevalence varies with time and geographic region.
- Programs must be prepared for the resistance that crises might invite among groups who see an opportunity to oppose SRH principles. Partnering with the government on the design and implementation of SBC can minimize backlash.

PHOTO: Ricardo Franco

Rogério Salomão washes his hands before a home visit from a community health worker.

With support from the John D. and Catherine T. MacArthur Foundation, faith leaders in Nigeria collaborated with women- and youth-led groups to disseminate COVID-19 prevention messages in hotspots. Testimonies from religious leaders who have experienced COVID-19 are being crafted into a documentary and short clips to be aired on major television and radio stations. Alongside this, IPC materials will be distributed to religious institutions for dissemination during religious gatherings, and local drama and music will generate further attention. Traditional and new media organizations will serve as platforms for religious clerics and health experts to discuss the campaign messages.

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COVER: MAIS project staff receive a training at the Malhangalene health center. PHOTO: Ricardo Franco