

## Situation and Programmatic Monitoring in the context of COVID-19



# Behavior pattern analysis through anthropological and social data: Pakistan's experience in COVID-19

unicef   
for every child

In Lahore, Pakistan, polio community workers Shamsa and Sabiha speaking with fathers about the ongoing vaccination campaign and asking them to ensure all their children are immunized against polio.



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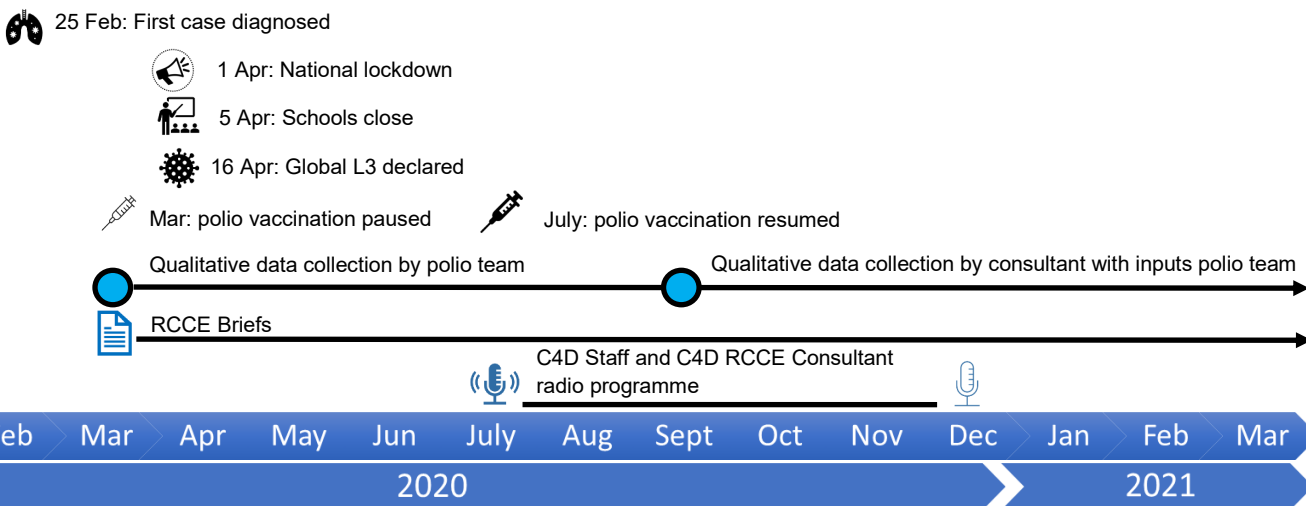
## Abstract

UNICEF Pakistan introduced new data collection methodologies, research designs, and analysis frameworks to monitor the changing situation of people's knowledge, attitudes and norms around COVID-19. UNICEF established an adaptable mechanism to generate, synthesize and use behavioural and social data to guide the COVID-19 response of the government and partners. They built from existing expertise in qualitative research, generated qualitative data through local and globally developed tools, and triangulated the data with additional quantitative and qualitative information including triangulation of self-reported responses with observational studies. UNICEF's synthesis of data on behalf of partners and engagement with partners created a shared understanding of sentiment, behaviour and impact of COVID-19 on the population over time and supported actionable recommendations for policy, programmes, Risk Communication and Community Engagement (RCCE) interventions and further research.

## Lessons learned for consideration

- Build from what is in place and expand to what you need.** UNICEF and partners drew from available data and structures to establish a responsive flow of quantitative, qualitative and observational data to guide policy, programming, research and advocacy in the context of COVID-19. The learning while doing approach allowed methodologies and data sources to remain relevant in the changing situation and supported holistic analysis of a range of data (epidemiological surveillance, programme and social data).
- Get the right set of expertise and experience at the table.** Quantitative data sheds light on "how many" while qualitative data sheds light on the "why" behind these numbers. Appropriate expertise in research methods is needed to harness qualitative and quantitative analysis appropriately. Having an internal, agile and flexible team of technical research specialists to adapt the tools as the situation evolved was critical to the success of UNICEF's data efforts.
- Plan for enough capacity for data management, analysis and communication through multiple formats and channels tailored to your audience.** The Government was a primary audience for the RCCE briefs. UN and NGO partners also used the RCCE briefs to guide programming. There was limited dissemination of findings to broader civil society and journalists who could have played a role in amplifying advocacy messages and promotion of accountability for action.
- Understand how the community experiences the data collection effort.** The teams found that some communities felt that they were being monitored by the government rather than being asked for inputs. Even with UNICEF branding and positioning the surveys as neutral, there was hesitation. Remote data collection compounded the hesitation because there was no person to build trust in the same way that it could be done with face-to-face data collection.

**Timeline**



**Context**

The first case of COVID-19 was confirmed on 25 February 2020. A national lockdown on movement was put in place on 1 April 2020, followed by school closures on 5 April 2020. On 18 April, the government of Pakistan issued a 20-point agreement to allow gathering in mosques, prior to the onset of Ramadan (April 23 to May 23) despite concerns raised by doctors and infection prevention control professionals. Polio campaigns were paused between March and July 2020 while COVID-19 safety measures were put in place.

**Establishing the mechanism for behaviour pattern analysis**

UNICEF and other organizations had to quickly adapt their usual ways of working to understand the situation and pivot programmes in the context of COVID-19. Face-to-face RCCE activities were not possible due to movement restrictions and social distancing. Feedback loops on how messages were understood and applied were interrupted. The ability to understand the impact of lockdowns and other measures to prevent the spread of COVID-19 was undermined. It was also challenging for agencies to access whatever data was available, and data synthesis required specialized technical expertise.

UNICEF’s RCCE team established an adaptable [social analytics](#) mechanism to generate, synthesize and use behavioural and social data and to translate quantitative and qualitative data (Figure 1) into actionable recommendations in terms of:

- Strategic recommendations for **policy makers**,
- Sector recommendations for **programmes**,
- Recommendations for **RCCE interventions**, and
- Identification of areas for **further research**.

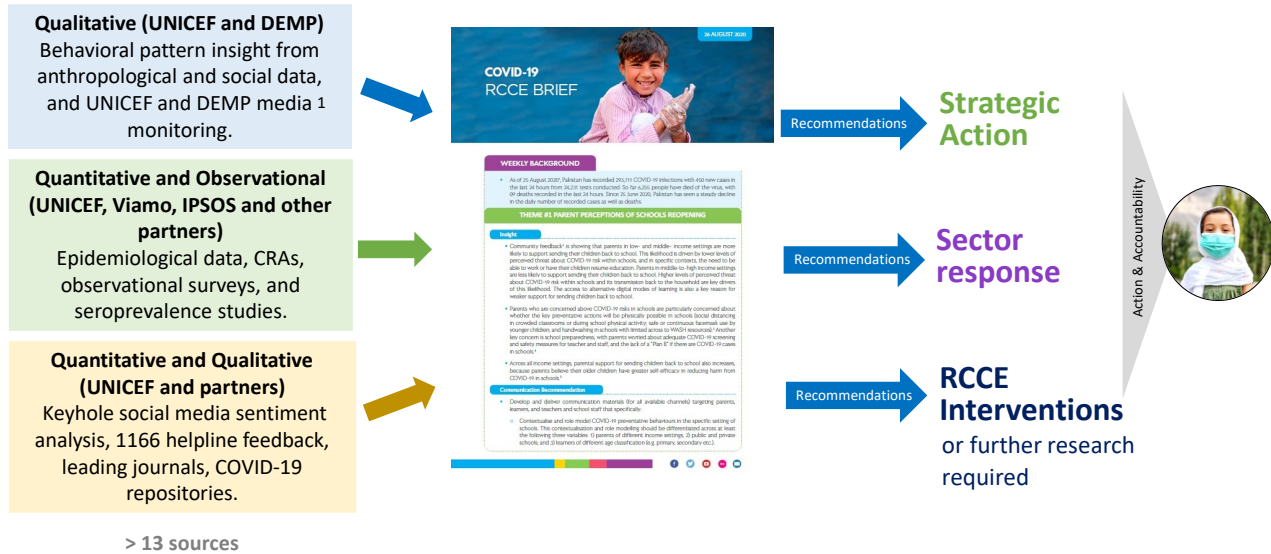
UNICEF was uniquely positioned to establish this type of mechanism with its long history as the lead in social and behaviour change communication work in the country in polio other programme areas. UNICEF provided technical support in facilitating meetings of the RCCE taskforce chaired by Ministry of Health. UNICEF also chaired the UN RCCE Task Team and convened regular meetings where evidence-based interventions were discussed.

[RCCE](#) was a core component of UNICEF’s response to COVID-19, with a focus on behavior pattern analysis through the use of anthropological and social data. UNICEF was able to repurpose available technical expertise to contribute to the data effort. The Medical Anthropologist and research team that had been supporting polio vaccination were redirected to support COVID-19 while polio activities were put on pause. A strong Communications for Development (C4D)/RCCE team was mobilized to support the RCCE interventions in the country.

The RCCE team was also able to track action on each of the recommendations as a monitoring and accountability mechanism. The mechanism developed organically over time through a learning by doing approach.

The RCCE Task Team was the interagency platform for identifying emerging issues and suggesting adaptations to data

Figure 1: Workflow of data sources and translation into action



generation and analysis by partners. Quantitative and qualitative data was collected by UNICEF, the Government of Pakistan, NGO partners and other agencies through surveys, qualitative studies, hotlines such as the Polio Call Centre (now the Polio and COVID-19 Call Centre), social media monitoring, media monitoring, helplines and journals. Data sources varied over time as the response to COVID-19 evolved.

UNICEF’s synthesis of data on behalf of partners created a shared understanding of sentiment, behaviour and impact of COVID-19 on the population over time. Quantitative and qualitative data was shared through RCCE briefs initially on weekly basis then every two weeks to guide the response by the Government, UNICEF and other partners. Led and coordinated by the UNICEF Chief of C4D, the scope of the RCCE brief was defined through consultation with the Government, UNICEF Deputy Representative, and the RCCE Brief Analyst at the formative stage. Briefs were designed to contain actionable information that could be read in a matter of minutes.

The first RCCE brief was released in March 2020. The synthesis process allowed the RCCE brief analyst to assess data quality and incorporate into the analysis accordingly. The RCCE Brief Analyst incorporated data to the best extent possible, taking into account any shortfalls in data quality through the analysis. UNICEF had limited ability to address

For more information on establishment of the mechanism: June 2020 C4D lesson learning webinar: [Risk Communication and Community Engagement approaches in the COVID-19 response Country Office: Pakistan](#)

shortfalls in data it did not collect other than to note the caveats in the analysis. It was also challenging at times to ensure that relevant partners, in addition to UNICEF, took action in response to the recommendations.

**Qualitative social and behavioural insights: Applying polio research expertise to COVID-19**

In March 2020, UNICEF’s team working on community-based research on polio vaccine acceptance was empowered to adapt their research to “collect data on community behaviour patterns to help inform the work of COVID-19 RCCE Task Team.” It took only 10 days to develop a new research design and to mobilize additional data collectors to generate qualitative research by phone. Initially two interview guides were used covering:

- 1) **Community members** listed in areas with intense transmission to understand social responses, fears and stigmatization, and
- 2) **Health care workers** treating suspected or confirmed COVID-19 patients to understand delivery of care through facilities.

Respondents included health care workers and community

<sup>1</sup> DEMP is the Directorate of Electronic Media and Publications.

members. Respondents were also chosen based on:

- 1) Geographic areas with high burdens of current COVID-19 cases,
- 2) Urban/urban slum areas,
- 3) Rural areas, and
- 4) Roles in the general community.

Respondents were identified through a snow-ball approach via contact with the extensive polio frontline workers who then recommended and shared contact information for community members such as teachers, healthcare workers, and domestic workers. Interview guides were adapted over time to reflect the changing information needs arising as the pandemic progressed, for example including more probing questions after complacency around maintaining behaviours to prevent COVID-19 was noted after the first four months of data collection. UNICEF also supported the government with additional human resources and partnerships with civil society organizations to support data collection, coordination and action.

From March to September 2020, 235 individual interviews were conducted. Findings were summarized daily and shared in a rapid assessment process (RAP) sheet with the team lead. The team lead, who was a member of the UN RCCE Task Team, analyzed the raw data and triangulated findings between RAP sheets. Findings were then summarized into [short reports](#) based on the themes of the responses that fed into the RCCE briefs. The RCCE mechanism analyst triangulated the qualitative data from other sources such as the polio hotline and social media monitoring. A consultant was brought on board to continue the data generation work when the medical anthropologist and her team resumed work with polio in September.

### Applying a gender lens to qualitative data

A third interview guide was added after a few months of data collection in response to emerging gender trends including a reported rise in domestic and gender-based violence (GBV), and stigmatization of women who tested positive for COVID-19. A specific interview guide was developed to explore these issues along with a new research design.

Women in hard-to-reach locations, generally very conserva-

tive areas, often did not have individual phones and had relatively low access to television and social media. Permission to speak with them would need to be sought from male heads of household. The predominantly female polio staff helped secure access to women and girls. Analysis of the data with a gender lens identified that:

- Women and girls often took on the caregiving role at home for those that were ill at home because they did not want to seek treatment at health centres for their COVID-19 like symptoms.
- Household measures to prevent infection were often only the result of the action of women.
- Stigma and suspicion was high for women and young girls who tested positive for COVID-19 because of social expectations that she should be in the home (i.e. failure to recognize inter-household dynamics related to transmission).

A special sub-working group on gender was established in the UN RCCE Task Team to take action on the findings. The need to address GBV and stigma against women and girls in the context of COVID-19 was clear.

### Gathering quantitative social and behavioural insights: new modalities

UNICEF conducted six rounds of the [Community Rapid Assessment tool](#) developed by UNICEF NYHQ C4D and Evaluation Office. The global tool (quantitative cross-sectional surveys) was adapted by the Pakistan team and reviewed by South Asia Regional Office (August 2020- March 2021) (Box 1). Data collection modules included:

- Demographic information,
- Behaviours and practices,
- Coping strategies and emerging needs, and
- Information communication and trust.

Nationally representative data was collected via interactive voice recognition for the majority of the sample, and via online survey for the remainder of the sample (e.g. literate with smartphones and data access). The methodology was adapted over time, addressing shortfalls in the questionnaire, translation, and improving ability to track changes over time by adjusting the data collection. Some shortfalls, like limited representation of female and low-tech users



**Box 1: RCCE survey aimed to provide insights into:**

- How are behaviors changing over time and why?
- How are communities coping with the disruptions related to COVID-19?
- What are the emerging needs of the community now and during a recovery period?
- To what extent are people's behaviors affected by their trust in institutions & information sources?
- How can UNICEF adapt to better address programme relevance by using community-sourced data?

For more information: [ROSA webinar: starting at minute 30 Undertaking rapid assessments and real time monitoring in the COVID-19 context - YouTube](#)

was more challenging to address. Steps taken to remediate the situation included additional waves of calls, and addressing shortfalls in the analysis.

### Observational studies to triangulate self-reported and actual practice

UNICEF's initial focus was on generating qualitative and quantitative data, which was broadened to observational studies as the pandemic progressed. Quantitative data based on self-reporting indicated that between 80-90% of people were practicing actions to prevent COVID-19 spread such as mask-wearing and social distancing. Qualitative data suggested that this was not the case and that compliance was episodic or low overall. It was possible that the self-reported quantitative data overestimated practice due to social desirability bias.

UNICEF undertook a direct observational study in public places such as markets and transit points. Teams were sent out nation-wide to take photos and record observations. 7,000 observations were made. Findings highlighted the importance of observational studies in triangulating self-reported data. For example:

- While approximately 90% reported mask wearing through remote data collection, in practice 88% did not wear masks according to direct observation.
- While remote surveys did not ask about shaking hands and hugging, 94% of people were observed to avoid these practices.

It was clear that observational studies were important to triangulate with quantitative self-reported data and identify other relevant information that was not readily captured through quantitative data methods.

### Results

The consistency and content of the RCCE brief helped position RCCE as an integral part of the national response. Findings and recommendations were regularly incorporated into Government press briefings. UNICEF used the findings to guide its RCCE work and adaptations to other programmes in the context of COVID-19.

UNICEF's leadership in RCCE and capacity to monitor the changing situation and impact of programming on actions was recognized in the UN Country Team and these findings were shared to head of agencies of all UN organizations.

The UNICEF Pakistan experience modelled development of tools in collaboration with other researchers (interdisciplinary, bringing specialty research technical areas together) in a collaborative and cross-cultural way (where agendas intersect such as with a pandemic situation), that fed data back to each other for learning and improving ways of working (responsible data sharing).

### Enablers

- Familiarity of UNICEF leadership and staff with the use of social and behavioural data and collection, particularly in relation to epidemic disease.
- Support from UNICEF Pakistan senior management to gather and use social data for decision-making.
- UNICEF's convening power to bring all UN partners and RCCE task team together.
- The ability to quickly connect at community level immediately because of collaboration between UNICEF, the Government of Pakistan and other agencies in polio eradication over 20 years.
- Support from the Minister of Health in disseminating RCCE briefs with media and in high level coordination meetings.
- Support and approval of RCCE briefs by the government chairperson of the RCCE Task Force.

- Collaboration with other UN agencies (e.g. UNHCR, FAO and UNAIDS) which helped in reaching out to respondents beyond UNICEF's own programme network.
- Quick reallocation of human resources and securing specialized technical expertise through simplified procedures.
- Delegated authority to the polio research team to adapt methods over time as needed.
- The C4D RCCE Consultant and a C4D staff member also ran a radio programme pro-bono which enabled them to speak with experts throughout the country and weave those insights into the RCCE Brief synthesis of data (July- Dec 2020).
- The use of mobile technologies which facilitated rapid data collection cycles with national coverage at relatively low cost.
- The smooth transition to work-from-home arrangement for all 330+ staff thanks to the UNICEF Information Communication Technology team.
- Technical assistance from the South Asia Regional Office (C4D Adviser, Evaluation Specialist) and HQ (Evaluation Specialist from Office of Evaluation).

### Next steps

UNICEF is exploring how to transition the systems established during COVID-19 into sustainable programming by:

- **Strengthening decentralized RCCE coordination:** There had been no significant national RCCE coordination structure before to deal with communications for emergencies. UNICEF will explore expansion of these structures at provincial level as well, noting the positive impact of RCCE in emergency response beyond COVID-19.
- **Diversifying data collection methods:** The national lockdown required immediate adaptations to data collection methodologies. Data collection by phone and online were the best options at the time, but do have their limitations in comparison to face-to-face data collection. Moving forward, UNICEF will build on its experience over time to diversify data collection methods.
- **Implementing a more comprehensive research plan and strategy:** Combining social media data from monthly KAPs, (8 months), two continuous and parallel qualitative surveys, direct observational surveys, and weekly in-depth Social-media analysis.

### Challenges

- The RCCE briefs drew from data that was generated by UNICEF and other partners. It was challenging to produce an inclusive brief that addressed the needs of specific groups such as refugees and persons with disability if the data collection methods didn't include disaggregation. There was limited demand by the government for disaggregated analysis, however UNICEF did encourage inclusivity in data collection and provided disaggregated analysis where possible in the RCCE briefs.
- It was challenging to generate direct observations or COVID-19 preventive practices to triangulate self-reported behaviours on a consistent basis due to movement restrictions.
- Community feedback of the RCCE briefs was not incorporated systematically but could have contributed to building trust.

### Involved resources

- Qualitative data at CO level: team lead (Medical Anthropologist), 2 local researchers, C4D RCCE Consultant.
- Quantitative data contract with Viamo.
- Quality assurance from UNICEF Chief C4D.

UNICEF plans to further create and strengthen the culture and value of evidence generation and social analytics at provincial level, in addition to the National RCCE Task Force. and not only benefiting the national task-force. Actions will include systematic engagement of field practitioners in RCCE and other programme sectors. In 2022, a special focus will be on training provincial teams and provide them with relevant tools to help collect and analyze social data with a more simplified and actionable approach.

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