

Undertaking rapid assessments in the COVID-19 context: Learning from UNICEF South Asia

Insights and feedback on Coronavirus Risk Communication and Community Engagement in Bangladesh



A Case Study

Context

To contain the spread of the COVID-19 pandemic, the Bangladesh Government announced a nation-wide lockdown on 25 March 2020. Risk communication and community engagement (RCCE) regarding the pandemic was an essential part of the early response, led by the Director General of Health Services (DGHS), Government of Bangladesh, through an RCCE pillar including representatives from multiple sectors. UNICEF was one of the partners supporting the Government of Bangladesh to design, advise, implement and monitor a collective plan of action for COVID-19 response and recovery.

This rapid assessment was conducted during the initial phase of the lockdown and the pandemic to gain quick citizen feedback on COVID-19 risk communication activities across the country. The assessment aimed to gather data on citizen's knowledge and perceptions about the virus and protective behaviours, and media preferences; and to collect disaggregated data to identify disparities across groups (e.g. gender, age). Hence, the rapid assessment was designed with a specific thematic focus and wide geographical scope to rapidly and

early on shape the national communication plan and inform policies aimed at ensuring social inclusion in this effort.

Implementation arrangements

UNICEF Bangladesh implemented the rapid assessment, in collaboration with around 35 RCCE partner organizations and the DGHS. UNICEF staff led the design, implementation and analysis of the short online survey, which formed the core of the rapid assessment. It was designed, implemented and reported in a short period of approximately one month, with the survey being online between 25 March and 10 April 2020.

Data collection and analysis

The rapid assessment entailed an online web survey at the national level among respondents aged 10 years or older. UNICEF and RCCE partner organizations circulated a single web link for completion of the survey through multiple available platforms, including social media (Facebook, Messenger, WhatsApp), websites and email, and the link could be opened in any device with an internet connection.

The questionnaire design was kept simple, using freely accessible Google Forms. The survey was short covering only 23 mainly closed-ended questions¹ and taking 15 minutes to complete. Participation was voluntary and self-administered. Prior to starting the survey online consent was asked as well as an age question to screen out respondents below a specific age.

Data were monitored in real-time using an inbuilt dashboard, and statistical software was used for analysis, which allowed efficient recoding, data quality checks and more advanced exploratory statistical analysis. Findings were disaggregated by gender, age group, residence (rural-urban), education level and household occupation status (unemployed, monthly salary, etc.). The results of the survey were regularly downloaded and analysed, and the preliminary data shared in the weekly meeting of the RCCE group. Final findings were reported through graphs and tables in a short PowerPoint presentation for quick dissemination at the end of the survey.

While the use of simple and freely accessible Google Forms enabled rapid roll-out, it comes with limitations in terms of questionnaire design customization and data processing.² A more advanced online survey software, KoBo Toolbox,³ was used in subsequent RCCE surveys. Switching to KoBo Toolbox helped to ensure that enumeration errors were minimized as data validation could take place in real time as data were collected. KoBo also facilitates designing complex surveys with skips and other logic functions.

This online survey was the first evidence generation initiative of the RCCE pillar in Bangladesh in the context of the COVID-19 pandemic, and served the objective of quickly generating feedback from citizens. Following this survey, other RCCE partners started implementing their own assessments and sharing their findings with the group.

Sampling

The online survey was designed to reach a large number of respondents rapidly at a low cost.

Respondents were recruited through non-probability, convenience sampling and included those who had a mobile phone/computer and internet access. Respondents self-selected into the survey. While a sample of 900 was estimated, a total of 21,892 completed responses were received by the end date of the survey. The scheduled survey end date determined the ultimate sample size.

The RCCE pillar members made efforts to cover diverse groups, including women, across the country by widely sharing the survey link with their network partners, such as women's self-help groups and HIV groups. This is important from an equity perspective, although it could not prevent, given the online data collection modality, that the most vulnerable, those without a mobile phone and internet access, were not being represented.

The convenience sampling and self-selection meant that the sample distribution did not reflect the general population. The majority of respondents were male (83%), in the age group 18-35 years (68%), from urban areas/municipalities (63%) and drawing a monthly salary (50%). Furthermore, while the survey covered all eight Divisions in Bangladesh, more than 50% of responses came from two Divisions, with Dhaka having largest coverage. Therefore, generalizing the survey findings to the population is not possible. Nonetheless, in a



¹ An open-ended question on the district of the respondent was included, but it proved to be time-intensive to code and spell-check them.

² The dataset came in text format and required time to prepare for analysis.

³ <https://www.kobotoolbox.org>

situation of high uncertainty due to the pandemic, and given the non-availability of a nationally representative sampling frame with mobile numbers at the time, the findings of the assessment were useful to indicate issues and disparities across groups, and rapidly inform the initial internal programming and planning of the RCCE pillar.

Partnerships

While UNICEF led the design and implementation of the survey, the rapid assessment was a collective effort in line with the Government of Bangladesh's insistence for a joint RCCE response plan on COVID-19. The partnership between the Government of Bangladesh and the RCCE stakeholders in Bangladesh was mobilized through the RCCE pillar to implement the rapid assessment. The RCCE pillar includes representatives from the Government, private sector, research institutions, communication agencies, UN agencies, and bilateral and civil society organizations.

The DGHS was involved at every stage of the rapid assessment: DGHS officials attended weekly meetings of the RCCE pillar during which the rapid assessment was discussed and provided inputs on the survey, e.g. reviewing the questionnaire. The RCCE partners reviewed and pre-tested the draft questionnaire and assessed the initial study findings prior to wider dissemination. They were also critical in disseminating the online survey link among their partner networks to expand the reach of the survey.

Agility/timeliness

Rapid evidence generation at the start of the national lockdown with the objective of obtaining quick feedback from citizens was the priority for the rapid assessment. As a comprehensive database of phone numbers could not be leveraged as a sample frame nor did time allow setting up a remote survey using random digit dialling, it was decided that an online survey using available platforms, such as Facebook, to contact a large cohort would be the most rapid and cost-effective option. This has come with the trade-off that the sample is self-selected, the findings not generalizable and groups without internet access are not covered.

The rapid assessment in terms of design, data collection, analysis and reporting was done in



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a short time span. Online data collection took around two weeks, which was preceded by 10 days of survey design, followed by three days of data cleaning and reporting. Furthermore, use of a data dashboard and ongoing analysis allowed preliminary findings to be shared during weekly RCCE meetings.

Use of findings

The dissemination of the findings was facilitated by the fact that the rapid assessment was conducted within the framework of the RCCE pillar and its weekly meetings; and had been developed in partnership with the RCCE partners. This ensured quick uptake of the findings to shape communication activities and trigger further short surveys. Since the RCCE pillar is co-partnered by DGHS, Government was actively engaged in this process and helped shape further evidence generation. For example, DGHS requested UNICEF/ RCCE partners to conduct a follow-up survey on mask use and develop communication campaigns informed by the survey findings. Subsequent rapid surveys also indicated that service providers and affected people were being stigmatized, which resulted in a communication campaign addressing stigma around health providers.

This online RCCE survey had several spin-offs with regard to evidence generation. Notably, the survey had a demonstration effect, incentivizing other RCCE partners to implement their own assessments to generate data on several issues, which were shared at RCCE meetings. Following the rapid assessment, UNICEF established a new collaboration for evidence generation with the World Bank.

Summary learnings

The strengths, challenges, learnings and innovations related to the implementation of this rapid assessment are summarized in the table below.

Table: RCCE, Bangladesh, rapid assessment: Summary Learnings

| Strengths | Challenges |
|--|--|
| <ul style="list-style-type: none">• Short and simple questionnaire design and web-based data collection modality allowed reaching substantial sample size in short time span and with limited resources.• Overall agile implementation enabled to feed citizens feedback into planning and programming in timely manner.• Leveraging of RCCE pillar partnership and Government involvement aligned with Government's joint RCCE response plan, and facilitated dissemination of the online survey and its findings. | <ul style="list-style-type: none">• Convenience sampling and self-selection meant that the sample distribution does not reflect the population and findings are not generalizable.• Online survey excluded most vulnerable population without internet access.• Use of simple online tools limits questionnaire design customization, data processing and quality control. |
| Learnings and innovations | |
| <ul style="list-style-type: none">• Simple online survey tools can be leveraged to rapidly generate evidence covering a large number of respondents at low cost to the extent that the online survey can be quickly distributed through multiple channels.• Use of more advanced survey design tools, e.g. KoBo Toolbox, can improve the quality of the survey design and data generated.• In a situation of high uncertainty and non-availability of nationally representative sampling frame, non-generalizable findings can be considered sufficiently credible to guide initial planning and programming; and trigger further evidence generation. | |

For more information visit:

UNICEF Regional Office South Asia website <https://www.unicef.org/rosa/>

Key contacts

Tom Pellens, Evaluation Specialist, UNICEF ROSA tpellens@unicef.org

Mekonnen Woldegeorgis, Chief Social Policy, Evaluation, Analytics and Research, Bangladesh Country Office mwoldegeorgis@unicef.org

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