

Situation and Programmatic Monitoring in the context of COVID-19



Phone-based surveys and social listening dashboards: UNICEF Azerbaijan's experience in COVID-19

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Based on the findings from the Snapshot Surveys and Social Listening reports, UNICEF developed a number of printed risk communication materials and disseminated among vulnerable families in the districts of Azerbaijan by the volunteers of NGO partners.



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Abstract

UNICEF utilized two new data collection methods for situation monitoring to inform its response. Repeated biweekly phone surveys captured information on the population's knowledge, attitudes and practices (KAP) to COVID-19 and impacts on wellbeing at household level. A social listening dashboard presented feedback collected from the population on policy and programme responses, public opinions and rumours, and personal experience of COVID-19 through media and social media. Data collection methods and tools were adapted over time to meet evolving needs and to avoid duplication as other systems came online.



Lessons learned for consideration

Know what you sacrifice and what you gain in methodology decisions. COVID-19 presented novel challenges that were not fully addressed in guidance or literature when UNICEF had to weigh pros and cons making adaptations to methodologies to address the most important data gaps.

Making results user-friendly requires time and resources. The results from both the biweekly surveys and social listening required additional analytic input and human resources to tell the story in a user-friendly way. Making the results visually appealing took another couple of days of work. The feedback from users helped improve ease of use over time.

"When you have no available information, any information provides an insight."

Tamerlan Rajabov

Child Rights Systems Monitoring Specialist

Pivoting: development to humanitarian data needs

On 28 February, the first case of COVID-19 in Azerbaijan was reported. Schools were closed and nationwide stay-at-home measures prohibiting non-essential movement were in place within a week. There was an urgent need for data on how people responded to the COVID-19 outbreak to shape UNICEF's response.

At the onset of the pandemic, evidence was primarily anecdotal. UNICEF had limited capacity to verify vulnerabilities resulting from COVID-19 itself and from measures taken in-country to prevent its spread. UNICEF's previous data work in Azerbaijan had focused on strengthening national systems for Sustainable Development Goal monitoring and Child Rights Monitoring (CRM) and collaborating on four to five data generation initiatives each year. Two critical dimensions were:

Timeline



28 Feb: First case diagnosed



3 Mar: Schools close



16 Mar: UNICEF office fully remote



5 Apr: Nationwide stay-at-home measures



16 Apr: Global L3 declared



Biweekly KAP Surveys



Biweekly Rapid Impact Assessment Surveys



Weekly Social Listening/Social Media Monitoring

Behavioural Insights Surveys by WHO, UNICEF and Public Health Reform Centre of the Ministry of Health



Jan Feb Mar Apr May Jun July Aug Sept Oct Nov Dec Jan Feb Mar

2020

2021

- **Knowledge, attitudes and practices (KAP).** Prevention of the spread of COVID-19 depended heavily on individuals adopting preventive behaviours. Risk Communication and Community Engagement (RCCE) activities needed to be based on a timely understanding of what people knew, thought about, and did in relation the outbreak.
- **Impacts at household level.** It was anticipated that limitations on movement, closures of businesses, and increased demand for caregiving for children during school closures would have negative impacts on the wellbeing of children and their families.

Phone-based surveys were the fit-for purpose choice to generate data. This was the first-time UNICEF Azerbaijan had undertaken repeated, cross-sectional phone-based surveys.

In April 2020, UNICEF amended an active contract with a local research agency because it had the technical capacity to undertake phone-based surveys and had a large database of people who had participated in surveys before and had agreed to be contacted for other surveys. The contract amendment used simplified procedures to quickly put a solution in place.

Two questionnaires were developed that would take less than 15 minutes each to administer. This protected response quality which typically decreases after 15 minutes:

Defining rapid data collection methods

UNICEF's CRM¹ team took the lead on defining immediate data needs, identifying methodologies for data collection, and engaging partnerships to address the data needs. Face-to-face data collection was not possible due to movement restrictions. Guidance on methodologies was limited, with the exception of the IFRC, UNICEF and WHO's [RCCE Action plan guidance for COVID-19 preparedness and response](#). The literature did provide some insights into strengths and limitations of sampling relating to reliability and validity, but was not directly applicable to the COVID-19 context.

- **KAP survey questionnaire** included: risk perception of COVID-19, likelihood of following preventive measures, likely care-seeking behavior in the event of illness, and vaccine readiness.
- **Rapid impact assessment questionnaire** included: a proxy for socioeconomic impact (the ability to lend 50 AZN, approximately 30 USD), change in income, top three needs use of distance learning, mental wellbeing, and hunger due to a lack of food in the house.

¹ CRM includes M&E and programming e.g. working with government partners for independently generate data to monitor child rights violations.

Sampling

Approximately 500 people were sampled per questionnaire on a biweekly basis. A structured random sample was selected from the research agency database that was stratified by region, age and sex. The survey covered the eight economic regions proportionate to population size. The sample size was small and was not statistically representative but allowed data collection and processing within a two-week period.

Data collection and management

Enumerators from the research agency called respondents and entered data into SurveyToGo, an application that UNICEF Azerbaijan had used in a previous project. The research agency sent raw data and simple tabulations to UNICEF every two weeks. The UNICEF CRM team conducted further data analysis, visualization of key findings, and produced a PowerPoint presentation report.

Implementation and adaptation

From 13 April to 28 July 2020, UNICEF conducted 15 rounds of KAP phone-based surveys that filled in the immediate needs for data to develop key messages, materials and effective channels of RCCE engagement.

In July 2020, the WHO European Region released a [survey tool and guidance: Behavioural Insights in COVID-19](#). WHO Azerbaijan, in cooperation with the Public Health and Reforms Center of the Ministry of Health (MOH) planned to conduct a Behavioural Insight (BI) survey using computer assisted telephone interviews, a questionnaire adapted from the WHO BI guidance and a larger sample size of 1,000 people per round. To avoid duplication, from August 2020, UNICEF joined WHO to support the new BI survey. Between August 2020 and April 2021, five BI Surveys were conducted and the results were used widely by UNICEF and other agencies.

The rapid impact assessment survey was run 41 times, every other week, between 13 April 2020 to 6 February 2021. The questionnaires were modified three times to adapt to the changing situation in consultation with the government partners² and other UN agencies.

Adding in social listening

UNICEF Azerbaijan also identified the potential of social media data to inform the national response through seeing how social media data was used in other countries to see how people were responding to the pandemic and response measures. An international agency was contracted to set up a social listening dashboard which captured data from social media sources such as Instagram, YouTube, Facebook, and local online forums based on keywords or queries.³ The social listening tool applied artificial intelligence to conduct sentiment analysis of posts and comments. A local researcher was hired to manage the dashboard, run queries, and add analysis and meaning to the dashboard itself. On average 20,000 social media posts were processed and analysed on a weekly basis.

Reports were generated and shared on a weekly basis with partners. Reports were short, narrative heavy, and included some graphs. UNICEF explored ways to make the reports more user-friendly, noting the time commitment required and the need to quickly transform the data into the reports. With results coming on Sundays that needed to be disseminated on Mondays, UNICEF prioritized timely sharing of the data over graphic representation of the data. On-demand reports were run in response to requests from partners and to shape time sensitive programme decisions. For example, in September UNICEF checked on parental perceptions and concerns around readiness of the schools and teachers for school return.

2 Mandatory Health Insurance Agency, Ministry of Health, Ministry of Education (for questions related to education), Public Health Reform Centre, WHO.

3 The social listening system captured all publicly available posts and comments from all available and used social platforms based on the keywords identified by the CO in Azerbaijani. The posts and comments in private mode or within limited social network could not be captured.

Social listening ran from April 2020 to April 2021. The approach was seen as extremely useful by UNICEF because it captured real-time information (in this case daily data compiled every week). People couldn't leave their houses and they expressed themselves through social media. It was possible to see immediate feedback from people on policy changes. UNICEF tracked posts on unemployment, nutrition problems and hunger, violence and misinformation. UNICEF also identified social media influencers who could be engaged to support RCCE interventions.

Moving information into action

Results from the biweekly phone surveys and social listening dashboard were shared regularly with the Government, UN agencies, donors and other development partners. The reports on biweekly phone surveys included summary findings, cumulative graphs, and broad trend analysis. The reports were adapted over time to make them increasingly user-friendly based on feedback from users of the reports.

Overall feedback from agencies who received the reports were that they were useful. Even criticisms of the response captured by the social listening dashboard were useful because messaging, policy and programming could move forward to address these concerns more effectively.

Results

The findings of bi-weekly KAP surveys and social listening informed UNICEF's strategy on RCCE. The data showed that most of the people followed the behaviours of wearing masks and washing hands but that social distancing was hard to follow. Simply repeating messages did not encourage greater compliance to preventive behaviours. UNICEF adapted its RCCE messages based on its data and the BI survey data to reinforce social distancing around national holidays such as "Nowruz Day" (New Year). The Communication team and Health teams used the results to adapt messaging around Covid-19 prevention and vaccination. The data showed that people wanted to hear about the side effects as well as the benefits. The Health team used this evidence with other entities like WHO to adapt the

messages around vaccination.

The impact data supported UNICEF's programme sections to adjust the existing programme intervention to address the new needs of children and their families caused by the pandemic. For example, UNICEF immediately provided 2,000 food packages to the vulnerable families (including families with children with disabilities and returned from care institutions) when the data indicated income and food insecurity. Additional needs included schooling and psychological support at home. UNICEF developed a series of social media posts with tips on childcare, physical exercises and psychosocial support, including involvement of fathers.

UNICEF also worked with partners to develop a special social media platform run by an NGO partner on Early Childhood Development with organized online counselling sessions by health professional and an Early Learning website and application with information and tools run by the Ministry of Education. The impact data collected from the surveys also contributed to the Joint UN Social and Economic Assessment of COVID-19 that was conducted in July – August 2020.

Involved resources

- Bi-weekly surveys for 11 months: 16,500 USD
- Social listening 40,000 USD of which 30,000 USD was for the social listening company and 10,000 USD for the national researcher.

Enablers

- UNICEF had already worked with the local research agency.
- Willingness of the UNICEF Country Office and support from Regional Office to take on new methodologies for data collection.
- Applying simplified hiring procedures to secure local expertise to support the social listening dashboard in a timely manner.

- Successful resource mobilization that allowed plans to be put into action quickly.
- Continued improvement of report formats over time with an emphasis on ease of understanding and visuals.

Challenges/Opportunities

- It was not possible to validate data collected by phone through visits to sampled households or due to movement restrictions and time pressure. However, UNICEF was familiar with the research company's data quality standards and could review the raw data files.

sulted from COVID-19. The experience further encouraged digitization of planning, monitoring and evaluation (PME) work. The office plans to continue the social listening platform in 2021 for communications and programming purposes beyond COVID-19.

Next steps

UNICEF Azerbaijan's experience with phone-based surveys and the use of social listening data has expanded methodological options to generate data for action. UNICEF conducted a phone-based survey in March 2021 on Education in Emergencies and continues to use the social listening dashboard for COVID-19 and other topics that support interventions and advocacy.

The process gave UNICEF experience in adapting existing approaches to address the movement restrictions that re-

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