Social Science in Humanitarian Action

Enhancing Community Engagement Through Data Collection: Controlling the Cholera Epidemic in Mozambique

A boy receives the vaccine for cholera at an accommodation centre in Nhamatanda, Mozambique.
IMAGE: ©UNICEF/OATWAY

Mozambique was hit by Cyclone Idai in March 2019, followed by Cyclone Kenneth in April 2019, causing about 2.2 million people to require humanitarian assistance in cyclone-affected areas, and an outbreak of cholera in Sofala Province. This SSHAP Case Study explores the role of repurposing U-Report – a platform created by the United Nations Children's Fund (UNICEF) to improve citizen engagement, inform leaders, and foster positive change. U-Report was used in four districts of Sofala Province to collect relevant social science data through volunteers to guide post-cyclone cholera response activities. The case study also presents the value of reactivating the SMS Biz youth network to collect information in the first weeks of the emergency and to inform the cholera activities and vaccination campaigns.

The challenge: cholera outbreak

A cholera outbreak occurred in Sofala Province in the aftermath of the cyclone. On 27 March 2019, the government confirmed the first cholera case at Munhava Health Centre in Beira City (Sofala Province's capital). In total, 6,768 cholera cases and eight deaths were reported in four districts of Sofala Province (case fatality rate of 0.1 per cent) (UNICEF 2019 (b)), and 70 per cent of cases were reported in Beira city. The total cholera caseload registered a noticeable decrease after the last week of April 2019, due to the coordinated response from the government and the United Nations jointly with international and national non-governmental organisations (NGOs), and following the water, sanitation and hygiene (WASH), Health and Communication for Development (C4D)/ Community Engagement (CE) response that coordinated the Oral Cholera Vaccination (OCV) campaign. The end of the outbreak was declared in the second week of June 2019 by the provincial health directorate. A cholera outbreak was also recorded in Cabo Delgado Province with a total of 282 cholera cases registered over the duration of the outbreak, but no deaths recorded, in the districts of Metuge, Mecufi and Pemba (UNICEF 2019 (a)).

The programme: the U-Report platform

The Community Engagement Working Group (CEWG) was established as part of the Idai response in Sofala to enable a dialogue between affected communities and the response. It included international and national NGOs, UN agencies, government and local partners, and it was initially co-chaired by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Communicating with Disaster Affected Communities (CDAC) network, since April by UNICEF and Plan International. The objectives of the CEWG included: increasing community awareness about the location of services, including family reunification; improving community knowledge through life-saving messages; and increasing community leaders' and influencers' engagement in the activities of the response.

Regular national partnerships with UNICEF were reactivated in the affected provinces. An inter-faith approach proved essential to engage with communities through religious leaders. Teams of volunteers were trained to ensure interpersonal and community mobilisation activities in order to raise awareness and promote the adoption of lifesaving practices and the uptake of services.

U-Report

U-Report is a data collection and messaging platform created by UNICEF to improve adolescent and young people's engagement, inform advocacy efforts, and foster positive change. In Mozambique, this platform has been adapted to mobilise networks of 'U-Reporters' in an initiative called SMS Biz – a free SMS-based system that promotes youth participation and peer-support counselling on sexual and reproductive health (SRH) and HIV prevention.

In the context of the cyclone response, U-Report, which runs on the open source RapidPro software, was repurposed to collect data in hard-to-reach areas through the CEWG partners on community knowledge, attitudes, and practices regarding WASH-related behaviours (e.g. consumption of treated water, handwashing), malaria prevention, and to track rumours. Manual data collection (see below) was combined with the data produced by the platform through mobile phones. This ensured a systematic, planned, and evidence-based strategic process to promote positive and measurable behaviours and social change.

Led by UNICEF, partners and members of the CEWG (including the Mozambican Red Cross, Oxfam, Doctors with Africa CUAMM, Family Health International (FHI 360), World Vision, and Population Services

Role of faith-based leaders in the Cabo Delgado Cholera response

UNICEF and partners supported the Government and engaged with the Islamic Council for the OCV campaign during the ongoing Ramadan period. With advocacy and cooperation of the Islamic leaders, people were offered the oral vaccine in the evening to accommodate their needs while practicing Ramadan. This was achieved by mobilizing more than 200 religious, traditional, and community leaders, in collaboration with local government in the three districts of Metugi, Mecufi, and Pemba. Community radio and mobile multi-media units promoting OCV reinforced social mobilization efforts. By the end of the campaign some 250,000 people accepted both doses of OCV reaching the campaign target.

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International (PSI)) mobilised their volunteers to map the four most affected districts. From April 2019, over 1,000 volunteers in Sofala Province collected data, using the RapidPro technology, from more than 480,000 families (UNICEF 2019 (b)). As many volunteers did not have mobile phones, data was collected manually. It was then compiled and uploaded to the U-Report platform by managers (each coordinating a group of 20-30 volunteers) who had one phone.

Using U-Report allowed for faster implementation, data collection, and analysis of results on a weekly basis, a better coordination of Communication for Development (C4D) interventions, and rapid adjustments based on evidence following the fast and challenging pace of the emergency. For example, key messages on using treated water were reviewed and delivered based on information gathered by this platform.

Monitoring activities based on a common approach ensured harmonisation of messages, materials, and monitoring and coordination with partners and the government, and engagement with community leaders and key influencers. Some activities with community leaders, which were carried out in specific neighbourhoods to address rumours, were also monitored using this platform. U-Report was used to monitor activities (e.g. the number of households visited per day and per neighbourhood), to collect data about behaviours, and to track rumours. This allowed CEWG to carry out a swift and targeted response, with strategic activities implemented by national partners, and involving community, religious, and opinion leaders to ensure effectiveness on C4D approach.
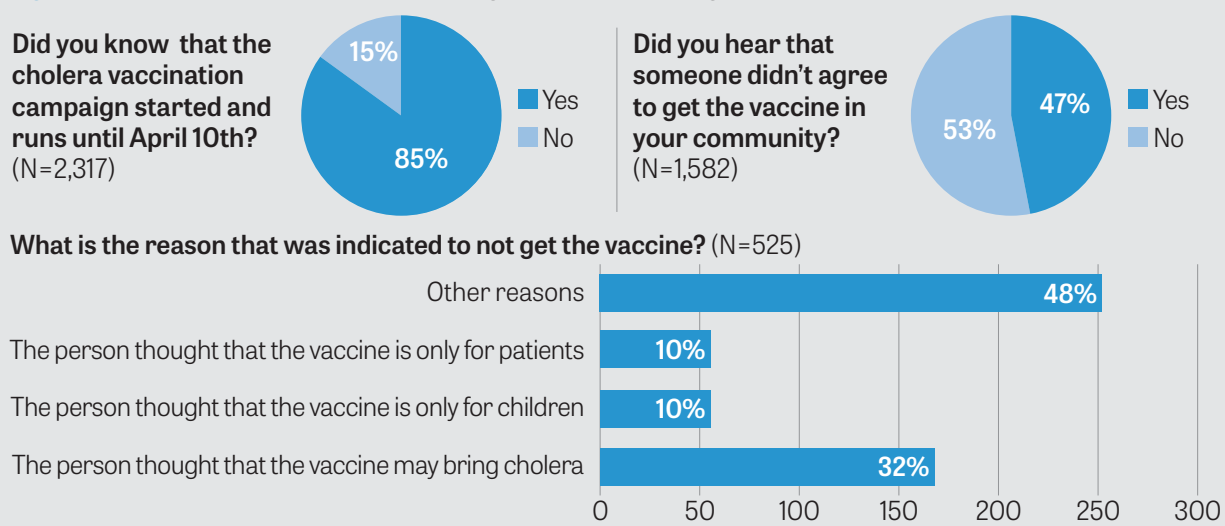
Rapid mobilisation to support OCV campaign

The reactivation of the existing network of young U-Reporters from SMS Biz allowed the CEWG and UNICEF to engage young people in the response, to collect information and provide key messages to young people as part of the response, and to support mobilisation for health campaigns.

Young people connected to the network and affected by the cyclone were identified and provided with crucial information related to the OCV campaign and additional information on cholera prevention. The network supported social mobilisation activities during Health Week by delivering key messages on services and preventive practices.

In early May 2019, Health Week was promoted through Radio Mozambique, community radios, and TV in three languages. UNICEF also conducted a rapid poll with 7,134 U-Reporters in four districts of Sofala Province with 68 per cent of people reached being aware of the campaign. During 2–6 May 2019, the Ministry of Health provided measles and polio vaccines, vitamin A, deworming, nutritional screening, ferrous salts, and SRH counselling services and family planning methods.

The wider U-Report platform was used to launch the OCV campaign, which immediately reached all those registered in the network through their mobile phones. This also gathered useful feedback from registered users related to vaccination, including knowledge of the campaign, reasons for vaccine hesitancy, and sources of information (see Figure 1).

Figure 1 Feedback from the OCV campaign collected through U-Report

Did you know that the cholera vaccination campaign started and runs until April 10th? (N=2,317) — Yes 85%, No 15%

Did you hear that someone didn't agree to get the vaccine in your community? (N=1,582) — Yes 47%, No 53%

What is the reason that was indicated to not get the vaccine? (N=525)

- Other reasons — 48%
- The person thought that the vaccine is only for patients — 10%
- The person thought that the vaccine is only for children — 10%
- The person thought that the vaccine may bring cholera — 32%

Source: UNICEF Mozambique 2019

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Lessons learned

The use of technology combined with other traditional platforms and interventions (including interpersonal communication and multimedia units) provided key information to the population and supported social mobilisation, collecting crucial feedback on specific topics, and contributing to overall community engagement.

In this acute emergency context, adapting the traditional U-Report process to allow for manual data collection proved effective. It helped ensure a systematic, planned, and evidence-based strategic process to promote positive and measurable behavioural and social change.

The coordination of C4D interventions based on monitoring, measurements, and results generated through this platform overcame the limited access to technology and networks and allowed relevant interventions in the field to supersede the challenges faced in developing contexts exacerbated by emergencies.

The relevant evidence base and the simple and rapid monitoring system provided an opportunity for harmonisation of activities in all the districts in Sofala province affected by the emergency. This required additional human resources to organise the data collected into a simple and comprehensive format – in this case, a weekly visualisation for all partners involved.

U-Report provided for real-time collection of data and tracking of rumours, which allowed for rapid evidence-based adjustments that followed the fast and challenging pace of the emergency.

The involvement of young people as agents of change and the participation of inter-faith organisations and traditional and community leaders is crucial in order to face rumours and support behaviour change in different phases of the emergency response process.

Further reading

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UNICEF (2019) *UNICEF Mozambique Cyclones Idai and Kenneth Situation Report #13 (August 2019)*, https://reliefweb.int/report/mozambique/unicef-mozambique-cyclones-idai-and-kenneth-situation-report-13-august-2019 (accessed 7 April 2020)

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About

The Social Science in Humanitarian Action Platform (SSHAP) aims to establish networks of social scientists with regional and subject expertise to rapidly provide insight, analysis and advice, tailored to demand and in accessible forms, to better design and implement emergency responses. SSHAP is a partnership between the Institute of Development Studies (IDS), the London School of Hygiene and Tropical Medicine (LSHTM), Anthrologica and UNICEF Communication for Development (C4D).

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