Use of U-Report to strengthen humanitarian action

Nigeria: a fresh approach to reaching affected populations through digital technology
A fresh approach to reaching affected populations through digital technology

CONTEXT
Nigeria’s northeast (NE) region has been experiencing a protracted conflict with over 7.1 million people in need of support. As of 31 July 2019, an estimated 53 percent out of 13.4 million people across Borno, Adamawa and Yobe states continued to require humanitarian assistance. According to IOM’s July 2019 report, 1.9 million people are displaced within 86 accessible Local Government Areas. Fifty-two per cent of internally displaced persons (IDPs) live in camps and 48 per cent live in host communities, thereby overstretches the social and economic amenities within the already weak host communities. Populations in camps and host communities are faced with challenges cutting across all sectors: Health, Protection, Nutrition, Food security and livelihoods, Education, Shelter as well as WASH. UNICEF’s response, focused in three of Nigeria’s six Northeastern states – Adamawa, Yobe, and Borno, covers most of these sectors. One of the main feature of the response includes its widespread volunteer community mobilizers (VCMs) network, engagement of religious leaders and local influencers and using community based participatory approaches. UNICEF works with the government, partners and community leaders to improve services based on community feedback through U-Report as part of broader community engagement efforts and existing monitoring systems already in place.

U-Report 24x7
U-Report 24x7 is an SMS-based platform which amplifies community engagement and outreach to affected and at risk populations. As about 84 per cent of the people in the northeastern states have access to mobile phones, U-Report is well positioned to support positive behavioural messages related to desired outcomes, act as a complaints and feedback mechanism, and serve as a tool to provide life-saving information to communities.

U-Report 24x7 sends and receives messages in real-time from and to affected populations throughout the Humanitarian Programming Cycle, covering:

- Needs assessment and analysis
- Information provision
- Soliciting and receiving feedback
- Linking with existing community-based participatory approaches
- Training and capacity-building of partners
- Enhancing preparedness among at risk populations

“I have been a U-Reporter since December 2019 and the U-Report 24x7 SMS platform has been informative and educative. I am more prepared to prevent cholera this rainy season because of the knowledge gained from the platform.”

Mrs Zainab Bukar, 42, Teacher’s village IDP Camp Maiduguri, May 2019
CASE STUDY 1: PREPAREDNESS

Cholera preparedness and response

In 2018, over 10,000 cases of cholera were recorded in Borno, Adamawa and Yobe states, with about 175 registered deaths. In 2019, a minimum of 3.6 million people were still in need of proper WASH facilities. Poor sanitation at household and community level, and water sources contaminated by Vibrio cholerae were identified as the main triggers of cholera outbreaks. Records show that the rainy season increases the chances of cholera outbreak in these regions. Thus, it became important to help communities prepare for the rainy season expected to commence in June.

Understanding the community’s perception and understanding of cholera in relation to the rainy season enabled programme specialists to provide preparedness life-saving information and engage with communities to support positive practices and actions, especially for households and individuals living in hotspot areas, camps etc.

U-Report was used to amplify community engagement and as a tool to:

- Provide key information to support the WASH and Health sectors in mapping cholera hotspots and assessing respondents’ knowledge, attitudes and practices (KAP) with regard to behaviour change and readiness for the cholera season.
- Empower community members to be representatives of their communities on emergency preparedness and spread the key behaviour messages and behaviours.

PREPAREDNESS

In April 2018, WASH, Health and C4D teams jointly developed a poll to assess cholera preparedness and inform preparedness plans. The survey was sent out to 61,000 registered U-Reporters (at the time) a few months before the start of the rainy season. Results showed that while 78 percent of them were aware that rainy season increases the possibility of a cholera outbreak, only 45 percent knew how to prevent the disease. Over 14,000 people have consulted it to date and received information as part of broader community engagement efforts through volunteers, influencers and youth groups.

ACTIONS TAKEN

Situational Analysis

Polls (surveys) were deployed to investigate views, knowledges and attitudes of affected populations, as well as barriers to behavioural change and to inform materials for U-Reporters and others in the communities. The first poll was on open defecation, one of the primary contributors to cholera outbreaks, followed by two Cholera preparedness polls and a hand-washing poll.

Over 44,000 people were polled in March on defecation practices and provided information on owning or having access to toilet services and the alternatives used in the absence of toilets. In the poll, 35 percent of those who reported not owning a latrine indicated they defecate in the bush/backyard or field. A later part of the poll revealed that 52 percent of people who do not have a latrine cannot construct one because it is too expensive. Twenty-two per cent felt that it was the landlord’s responsibility. The results were shared with UNICEF’s WASH and C4D sections and this gave them more insight on some of the barriers towards behaviour change of ending open defecation. The WASH team shared these results with the cholera preparedness group to help make an informed decision in preventing/curbing an outbreak.

The poll on hand washing revealed that while 79% of the respondents understood that hand-washing stops the spreading of germs, only 69% washed with soap and water. Among the respondents that do not wash with soap, 38 percent said that soap was too expensive and 27 percent thought water was enough.
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Information sharing
A third poll was created in collaboration with the WASH sector and partners, including the State Ministry of Health (SMOH), Adamawa State Primary Health Care Development Agency (ADSPHCDA) and Emergency Operation Centre (EOC).

Instructive SMSs in four languages were sent to 31,371 people in Adamawa State in the event of a cholera sighting, along with the cholera support phone numbers for the state. Recipients were also informed on how to access U-Bot (knowledge centre) to learn more about causes of cholera, prevention, symptoms and treatment (Cholera prevention poll - Adamawa).

These messages were intended to increase awareness, and encourage individuals to take action to reduce the risk of cholera during the rainy season. In response to the outbreak in Adamawa State, a similar alert to the one sent via SMS was released on social media as well.

From 9 to 22 May 2019, a social media campaign was released on Facebook, Twitter and Instagram, reaching respectively 5,839, 1,329 and 1,212 people. The posts featured messages on hand-washing, and proper toilet and cooking hygiene as a way to stay cholera free.

The campaign also encouraged people to access the cholera knowledge centre, post direct questions and report cholera sightings to both the short code and cholera hotlines provided.

LESSONS LEARNED
• U-Report served as an added support to the existing network of volunteer community mobilizers (VCMs) in engaging, sensitizing populations in households, camps, and hard to reach settlements on risk factors that could trigger a cholera outbreak, and to promote household practices that could help minimize or prevent any risk of contamination and spread of the disease.
• The campaigns increased the knowledge of U-Reporters about the prevention of cholera and brought to light behaviour factors inhibiting the practice of preventive measures for cholera.

U-Report 24/7 Dashboard: http://nigeria24x7.ureport.in
CASE STUDY 2: PRODUCT END-USER MONITORING

RUTF - Enhanced monitoring and accountability

Malnutrition is a direct or underlying cause of 45 percent of all deaths of children under five. With 2.7 million people in need of food assistance in 2019 in Northeast Nigeria alone, the country has the second highest burden of stunted children in the world, with a national prevalence rate of 32 per cent of children under five. According to UNICEF’s assessment, 2.7 million women and children in Borno, Adamawa and Yobe states need nutrition support, including 310,000 children who are in need of severe acute malnutrition treatment and 250,000 who have moderate acute malnutrition.

UNICEF distributes ready-to-use Therapeutic Food (RUTF) at health centers to treat children suffering from severe acute malnutrition (free of charge). Unfortunately, this intervention has been suffering setbacks due to mismanagement and sale of the item by caregivers, distributors, health workers, etc. The misuse of RUTF in different areas of the Northeast was already known. The reasons, extent and other facts, like the main sources of sale and whether people knew that this practice is illegal, were however not well documented or understood. In response to this knowledge gap, three sets of U-Report surveys were designed.

Objective of the use of U-Report

• To provide information on the knowledge, attitude and practice of the respondents regarding RUTF misuse, particularly on its sale.
• To identify weaknesses in the reporting channels for sale of RUTF.
• To serve as a means to inform communities that selling and buying of RUTF is a punishable crime which must be reported. Although there are no written laws against the sale of RUTF, different communities establish their local laws as a measure to prohibit the sale of RUTF.

ACTIONS TAKEN

Situational Analysis

The first poll, RUTF poll 1, sent to 36,009 U-Reporters, revealed that 73 per cent of the respondents neither knew what RUTF was, or what it was used for. After it had been explained what RUTF is, 69 per cent of the respondents still did not know who should use RUTF.

A second poll sent to 56,159 people, RUTF poll 2, revealed that 40 per cent of the respondents believed they could get RUTF outside of a health centre; and reported having seen RUTF being sold on the streets or in shops by shopkeepers (29 percent respondents), hawkers (22 percent), caregivers (19 percent). 18 per cent identified health workers being involved in the sale of the item.

RESULTS OF THE INTERVENTION

Results from the poll helped the Nutrition section to better understand the level of awareness of RUTF in specific locations. It was alarming to note that 73 per cent of respondents to the poll were not aware of the importance or proper use of RUTF and 51 per cent didn’t know that it was illegal to sell the product.
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With this information, programme specialists were able to better respond in the following ways:

• Sensitizing communities about what RUTF is, who it is made for and how to use it properly.
• Informing that it is illegal to sell RUTF and where to report people selling it.

Messages are now well tailored to address the findings and promote correct behavior/practice on Nutrition through extensive community engagement, radio programmes and jingles, and mobile camps broadcasts.

LESSONS LEARNED

The poll helped to show an information gap and a need to increase awareness efforts in some locations through community mobilization by volunteer community mobilizers. The campaign ensured that more information on RUTF was disseminated, which increased people’s knowledge and actions.

Recommendations:

• Investing in an offline tool to capture responses from areas without network connectivity can improve the scope and efficiency of U-Report. Currently, only voices from areas with network connectivity are captured in the results.
• A data dashboard with more detailed analytics can help sections quickly pinpoint where reports are coming from, understand the demographics and increased use of the platform.
• To ensure sustainability of the initiative and its different components, it is recommended to secure dedicated human and financial resources. This can also help in promptly addressing information gaps (e.g. by introducing an offline tool to cover areas with low connectivity).

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Where do you think people get RUTF (Tamowa)?
5,543 responded out of 56,199 polled

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2 http://www.unhcr.org/nigeria-emergency.html
5 https://reliefweb.int/report/nigeria/what-a-driving-force-outbreaks-cholera-nigeria
9 https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality
10 https://www.unicef.org/nigeria/nutrition