

# Assessment of Community Feedback Mechanisms for Rumors

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## Introduction

Access to accurate, timely and reliable information is crucial for the prevention of doubt and disease. Dissemination of accurate information is also essential during public health emergencies such as disease outbreaks. This equips the public with the required information to safeguard themselves from diseases and help to interrupt transmission and address the publics' concerns and doubts about diseases which is associated with rumours.

Rumors are defined by [Bugge](#) as unverified information that spread rapidly through a group or population that can be true, false, or both. Rumors can include misinformation which is false information, unintentionally spread; disinformation which is false information intentionally spread; incomplete information; or all of these.

Current and previous public health emergencies such as COVID-19 and Ebola have revealed how the spread of inaccurate information, both intentionally and unintentionally, has contributed to doubt and non-adherence to public health preventive measures leading to rise in cases and mortalities. It is therefore important to pay attention to the information spread by the public on diseases to be able to track mis/disinformation or rumours and address them.

Tracking rumors, in turn, is essential to better understand the publics' changing knowledge, attitudes, and practices around diseases. Timely and constant engagement with communities and their gatekeepers helps to ensure the trusted feedback loops are in place and functional to address these rumors.

Tracking rumors is essential to better understand the publics' knowledge and the associated attitudes, and practices around diseases. This is important to provide accurate and reliable information that will lead to better outcomes. To better address rumours, an essential structure providing trusted feedback loops should be in place and functional through timely and consistent engagement with communities and their gatekeepers.

Breakthrough ACTION Ghana, through its Global Health Security Agenda, works to strengthen the capacity in Ghana to prevent, respond, and recover from public health emergencies through a social and behavior change lens. As part of these efforts, Breakthrough ACTION completed a review of the current community feedback and media monitoring systems in Ghana in 2020. The aim of the review was to identify existing systems, identify their strengths and areas for improvement, how they interact with one another, and provide short- to mid-term recommendations for improved systems. The assessment included interviews with members of the multisectoral National Risk Communication and Social Mobilization Technical Working Group (RC&SM TWG) including health, information, wildlife, environmental health, and veterinary government officials and private sector partners as well as a review of print and electronic materials.

While the assessment identified feedback mechanisms to address rumours in Ghana, COVID-19 has provided an opportunity to test these systems and have revealed an urgent need to improve, standardize, and harmonize two-way communication systems capable of monitoring public health issues and provide feedback to the community.

## Current situation

The Health Promotion Division (HPD) of the Ghana Health Service (GHS) is the body primarily responsible for planning, implementing, and evaluating social and behavior change communication, including risk communication and social mobilization for the Ministry of Health in Ghana. HPD currently implements public health outreach and mobilization through mass media communication using radio discussions, television, and some social media. Additionally, more focused interventions through churches and mosques, community information centers, and community durbars have been used to reach the public with public health information. Community health officers and health information officers support mass and interpersonal communication activities at the sub-national level.

Outside of the health sector, agricultural extension officers, wildlife officers, public information announcers, and veterinary officers are essential information resources for community members around agriculture and wildlife. Numerous organizations such as Ghana Red Cross society have volunteers in communities throughout the country of whom they rely on to monitor communities for health issues as well as provide accurate health information..

To improve the coordination across sectors related to risk communication and social mobilization, the RC&SM TWG was reactivated in 2019. The TWG meets monthly to update members and plan RC&SM activities. The TWG aims to improve information sharing across sectors, including private sector organizations and media and improve standardization and harmonization of messages. During emergencies, the members of the RC&SM TWG, who also double as the communication sub-committee of the Emergency Operations Center, are responsible for planning, implementing, and evaluating risk communication interventions.

Analysis of the current systems in Ghana for community feedback and media monitoring revealed that several platforms have been introduced by the government and partners to monitor and provide feedback on general health-related information as well as support disease-specific outbreak for the general public and health care providers. These mechanisms have primarily been dormant between outbreaks, but have recently been tested and scaled up for the current COVID-19 pandemic.

The community feedback mechanisms that exist in Ghana have been grouped into three themes based on the mode of interaction: hotlines, focal point feedback systems, and media monitoring.

### Hotlines

Overall, the presence, funding, functionality, and use of hotline services has varied greatly over time, with increased attention, support, and use given during times of emergency.

#### **Ministry of Health/Greater Accra Regional Hospital Teleconsultation Center**

The Greater Accra Regional Hospital also known as Ridge Hospital has been operating a teleconsultation center to improve health care delivery. The center originally was established to receive and manage maternal health emergencies. The center is equipped with six desk phone lines and operated by 12 nurses and nine psychologists. These operators receive information from callers on maternal health emergencies and re-direct or relay the message to specialists for the appropriate care.

To respond to the urgent need of information on COVID-19 during the early stages of the pandemic, the Ridge Hospital Teleconsultation Center was adopted as the national call center for the public to access

information and have their concerns on COVID-19 addressed. The operators received training on facts about COVID-19. An algorithm was also introduced to deal with complex issues such as case management, rumors, and mis/disinformation. Three additional phone numbers were added to the six phones to increase capacity of the center. The trained psychologists and nurses responded to basic questions around COVID-19. The algorithm guided the operators to determine specific issues including case management and surveillance issues and then referred them to the specialist responsible for redress. As the number of COVID-19 cases began to increase, the public demand for more information caused congestion and more traffic on the teleconsultation center. A National Emergency Line 112 (outline below) was tasked to support the teleconsultation center with the management of COVID-19 related calls.

Data is collected from callers using a paper-based register focusing on personal details of the caller, the caller's questions, and the operator's responses. A supervisor is responsible for providing weekly summary reports which is shared with HPD and the Emergency Operations Center (EOC) staff. The reports are reviewed and used to inform communication strategies and messaging.

### **National Emergency Line - 112**

The National Emergency Line – 122 is primarily for national emergencies such as fire outbreak, criminal activities, and accidents. The line is managed by trained personnel to receive and redirect emergency and distress calls in Ghana. This National Emergency Line is managed at three zonal centers – southern, central, and northern. The staff has the ability to deploy resources to address issues such as ambulatory services when there is a need. During the upsurge of the COVID-19 pandemic, trained nurses and health promotion officers were deployed temporarily to support the management of the National Emergency Line 112, specifically attending to calls related to COVID-19.

The 112 hotline was used largely during the lockdown period due to COVID-19. Calls from the public focused mainly on reporting suspected cases, seeking for clarifications, and further information.

Data from calls is entered directly into an electronic database which records personal information, reasons for calls, and actions taken. A coordinator is responsible for collating data, ideally on a weekly basis. The data is shared with national security, national COVID-19 response team, HPD, and the EOC. The data is analyzed and used to modify messages, guidelines, and communication strategies to address emerging concerns of the public. The placement of health promotion officers at the National Emergency Call Center was seen as beneficial since it provided a better insight about the concerns of the public and the opportunity to share appropriate information.

Use of this data by HPD and the EOC during the COVID-19 outbreak is limited and does not provide significant inputs into communication strategies and messaging. Limited use of this data for larger planning is probably due to the perceived usefulness of this data. One member of the RC&SM TWG noted that because each caller has their questions addressed by the operator, there is not a need to address these issues to the larger public.

### ***Agoo platform***

This system was created in Ghana in 2015 by UNICEF Ghana in collaboration with the Government of Ghana and the private sector during localized cholera outbreaks. The original idea of Agoo was to provide a platform to educate community members, targeting caregivers and youth, on hygiene practices to prevent further cholera outbreaks. Over time, the Agoo platform expanded to address other water-borne diseases and provided a platform for educating people on diseases such as Ebola.

The platform uses a multilingual approach for three distinct services: (1) a call center with trained agents responding to callers; (2) an Interactive Voice Response (IVR); and (3) short messaging service (SMS). All services are provided in all of Ghana's main languages. It is operated using a toll-free number 5100 while non-MTN users can be served by calling 0540118999. The development and management of the platform is in partnership with Viamo.

Since 2015, the platform has provided health information to over 900,000 callers, 55% of whom were females. The use of a mobile interface makes it a useful tool for reaching the youth of Ghana. The platform has expanded its topics to include content on social protection, malaria, bird flu, cholera, meningitis, Ebola, and tuberculosis among others.

Data is collected on the number of callers and what modules they access on the service. Data is not routinely shared with HPD or partners.

### ***3-2-1 Service***

The 3-2-1 service was established in 2016 in partnership between Vodafone Ghana Foundation and Viamo. The service provides information to users through a toll-free IVR system on various topics related to health, democracy, and weather in English, Ewe, Ga, Hausa, and Twi. The Vodafone Foundation has collaborated with many partners in developing new and engaging content for the 3-2-1 service. Data is collected on the number of callers and what modules they access on the service. Data is routinely shared with partners working directly with the foundation but not routinely beyond.

COVID-19-related messages exist on the platform. Expansion of topics on the platform is often driven by partners to Vodafone such as Breakthrough ACTION working with 3-2-1 to expand the themes related to COVID-19 to address emerging challenges such as stigma and discrimination.

Additionally, under the Breakthrough ACTION project's COVID-19 activities, the 3-2-1 platform served as a rumor tracking mechanism where mis/disinformation was captured in audio form, transcribed, and collated to identify common mis/disinformation. While the rumor monitoring through 3-2-1 was useful, the process of transcribing information is time intensive.

### **Challenges and Opportunities of Call Centers**

- Data is not readily shared and collated across the various platforms
- Responses to callers questions are not harmonized across platforms
- Insufficient human resources to organize the vast quantity of data
- Data collected is not systematically used to inform communication activities

## Focal Point Feedback

### ***Risk Communication and Social Mobilization Technical Working Group WhatsApp Group***

Members of the national and regional risk communication and social mobilization technical working groups have an informal system to track rumors through WhatsApp. The WhatsApp group functions as a discussion group and does not have an official moderator nor does it systematically catalog rumors. Rumors are addressed informally on the platform by the members without a systematic process for validating responses.

### ***Partner organization reporting***

Partner organizations have various levels of rumour tracking to inform internal programming that are fed to various government entities.

For example, the Ghana Red Cross Society collects rumours at the community level through volunteers. This information is fed to the district level via small WhatsApp groups that allows for two-way communication of information. Some limitations of their system stem from the widespread use of volunteers and funding cycles that limit the ability for long-term consistency in systems. While working at the community level enables tailored approaches to respond to rumours, it necessitates a large effort to translate standardized messages across the numerous languages of Ghana.

### **Challenges with focal point feedback systems**

- Data is not systematically cataloged
- Data collected is not systematically used to inform communication activities

## Media Monitoring

### ***Health Promotion Division***

HPD currently has a team that is responsible for media monitoring. This includes monitoring of the traditional and social media. Among their responsibilities is to monitor television, radio, print, and social media for misinformation and rumours related to health issues for action. Currently the media monitoring team is only able to monitor print materials and social media, examining stories that were published and identifying rumors. Their findings are documented using a WHO adapted tool.

A content development team then acts on the recommendations from the reports written by the media monitoring team by developing content with accurate information for the various channels of information to address the rumours. The responses are given to telecommunications companies to disseminate this new information via SMS messages. While the telecommunication companies had been active partners during the beginning of the COVID-19 outbreak, their interest in working with HPD has waned throughout the progression of the outbreak.

HPD received training and software (Brand24) to assist in monitoring social media such as Twitter and Facebook under the USAID Communicate for Health (C4H) project. Since the training occurred, the staff

member that participated in the training for the media monitoring tools has left HPD and remaining knowledge of the systems is limited.

### ***Public Relations Unit, Ghana Health Services***

Similarly, the Public Relations Unit (PRU) of GHS monitors publication of articles in the print, audio, and audio-visual channels focused on post-press release and press briefings on many health issues. PRU focuses on monitoring and addressing issues that might mar the image of GHS. There is minimal to no sharing of information between PRU and HPD media monitoring activities due to a lack of coordination.

The public relations officer (PRO) serves as the focal point for media personnel to access assigned spokespersons or resource persons who provide clarifications and answer questions or respond to concerns about rumors on health issues. The spokespersons/resource persons working with media houses to provide feedback to the general public when necessary through various mechanisms such as scheduling discussions organized on radio and TV to provide the appropriate information and feedback to the public.

### **Challenges with these systems**

- Media, especially social media, is not systematically monitored
- The information and response system is not well coordinated among the Health Promotion Division and the PRU. Though both units' activities complement each other, their roles and responsibilities and coordination could be further improved.
- While some feedback mechanisms are established to address rumors, there is a lack of standardization methodology to address rumors.
- Media monitoring is rarely used to feed into larger communication strategies and messages.
- Sustaining the support of telecommunication companies in sharing key messages on public health issues requires further engagement and consensus building.

## **Recommendations**

It is recommended that existing systems for collecting data be strengthened, primarily through systematizing processes and coordination between systems as developing protocols for data use.

Due to the central role of the existing RC&SM TWG, a Rumor Tracking Sub-Group of the TWG should be formed to oversee rumor tracking. The RC&SM TWG Terms of Reference should be updated to include the roles and responsibilities outlined in the following sections.

### **Data Collection**

The existing WHO form utilized by GHS for logging and assessing rumors should be adapted and finalized with the national RC&SM TWG to ensure buy-in from sector leaders including the heads of GHS, Veterinary Services Department, and Environmental Protection agency as well as key stakeholders such as WHO, Food and Agricultural Organization, and USAID and used across sectors and partners. Additional [data capture tools](#) should be referenced when updating the form to ensure all needed aspects are included. This form should serve as the basis for collecting and assessing existing rumors

across partners and platforms. The form should include only essential data and accompanying data analysis and use plan to ensure the relevance of each question and its resulting data.

For **call centers with operators**, each rumour tracking system should aim to collect data electronically to ensure easier cleaning, reporting, and integration of data. Existing utilized data entry systems, such as those used by the 112 National Emergency Line, should be explored for adaptation. If these existing platforms are not usable, simple, sustainable solutions, such as Google forms should be explored. Where electronic data collection is not feasible, data should be collected using standardized forms approved by the RC&SM TWG. A clear plan should be developed for data entry into the system from paper forms to an electronic platform.

As the two **IVR systems, Agoo and 3-2-1**, are already electronic and have automated data collection systems, it is important that these are able to feed into the reporting system and that all the data built into the started templates developed by the RC&SM TWG are built into the platform. A process to streamline the data analysis for audio data needs to be addressed.

**Media monitoring** needs to be standardized, in particular for social media. The HPD social media team should manage data collection from the existing systems. It is important to ensure that a friendly data collection tool that is compatible with hotline systems is used to ensure an easy compilation of reports from data sources. To ensure real time monitoring and analysis of rumours and responses related to health, digital dashboards, and apps such as Brand24 and Hootsuite should be used.

While each individual media monitoring system has been developed to address a specific purpose, an aggregation of the data is needed to identify larger, systematic challenges throughout the country. The HPD media specialists in charge of social media should work with the Rumor Tracking Sub-Group of the RC&SM TWG to manage data collection and collation from the existing systems. In turn, data aggregation reports should be compatible with hotline systems to support an easy compilation of these data sources.

During times of non-emergency, key rumors should be reviewed and cleaned by the HPD media monitoring team on at least a monthly basis. During times of emergencies, the frequency will most likely need to be more regular, on a weekly or bi-weekly basis. Data should be managed using a centralized mechanism in a digital format.

The Rumor Tracking Sub-Group of the RC&SM TWG should combine the community feedback mechanism summary with social media monitoring findings and develop a report of major findings. A report template should be developed on rumor tracking by RC&SM TWG. The report should at minimum include major rumor themes by disease, gender, and age and the sources of the rumours as well as regional considerations for the rumor if applicable with sample rumors. The focal points should cross-reference rumours when developing the reports to understand their spread and the various forms for the similar reported rumors.

## Use of Data

The report generated by the HPD media monitoring team will serve as the principal source of information for each of the Rumor Tracking Sub-Group of the RC&SM TWG monthly meetings. The same modified WHO template finalized by the TWG should be used by the media monitoring team to prioritize rumours.

Existing messages should be used or adapted when possible to address rumours, such as messages from the National Message Guide for Priority Zoonotic Diseases. When existing messages cannot address the rumor, draft messages should be developed using guidelines from the National Message Guide for Priority Zoonotic Diseases and additional resources such as [Breakthrough ACTION's Synthesized Guidance for COVID-19 Messaging](#) or WHO or CDC resources.

Channels for the dissemination of the messages should be identified and messages adapted for each channel and audience. Existing FAQs should be updated for all hotlines, IVR platforms, media, and partners where applicable. The RC&SM TWG should leverage existing media representatives on the platform to further harness relationships with media to enable rapid responses to address rumours when needed.

Updates should be provided to the Rumor Tracking Sub-Group of the RC&SM TWG who channels broader information to the RC&SM TWG to routinely provide updates of communication strategies. Additionally, it is essential that reports are fed back to those individuals that routinely enter data into the reporting system to demonstrate the importance of their role in the data collection process.

## Training

A core training on data collection and data entry into the system should be developed by the Rumor Tracking Sub-Group of the RC&SM TWG, with HPD leading the process. After the completion of the training materials, partner organizations that lead each of the platforms should be responsible for disseminating the trainings. A special focus should be made on operators of call centers and media monitoring teams at the national and sub-national levels as the largest volume of rumours will come through these sources. These data collection and data entry trainings materials should be integrated into each of the platforms' standard onboarding processes for new staff/volunteers. Supportive supervision and data cleaning should identify where refresher trainings are needed.

## Supportive Supervision

Each lead organization for each platform should conduct routine, ideally at least once a quarter, supportive supervision of platform staff/volunteers for data entry and quality. This supportive supervision should be integrated into existing supportive supervision structures. Supervision guidelines should be developed by the Rumor Tracking Sub-Group based upon training materials and disseminated to partners.

Supportive supervision should also be used as an opportunity to ensure consistent messaging across platforms. New resources developed should be disseminated and explained during this supervision, strengthening the capacity of operators to respond to questions.

## Sustainability

For this system to be functional, it needs to be well equipped with the required technology and trained personnel to manage it. Technology and staff will need to be maintained and continued funding mechanisms will be needed.

An **advocacy plan** should be developed by the Rumor Tracking Sub-Group of the RC&SM TWG to advocate for sustained government and private sector resources.

Public private partnerships are essential to the long-term success of community feedback systems. **Telecommunication companies** can play an important role in the implementation of such systems. Telecommunication companies can provide airtime and data for data reporting and coordination. Public-private partnerships already exist in this realm such as 3-2-1 which receives funding from the Vodafone Ghana Foundation.

**Media companies** already provide essential resources for responding to rumors through donated airtime. They can also play a larger role in dissemination of materials through their other platforms such as social media. The media companies can provide assistance in not just the dissemination but also the development of radio and TV spots.