



# Mainstreaming inclusion and accessibility in national COVID-19 Social and Behaviour Change campaigns

Learnings from the Ascend COVID-19 flex programme in West and Central Africa

May 2021

## Background

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The **Ascend West and Central Africa programme** is an integrated neglected tropical disease (NTD) programme funded by the UK Foreign Commonwealth Development Office (FCDO). It is led by a consortium of partners including Sightsavers, the Liverpool School of Tropical Medicine, Mott MacDonald, and the SCI Foundation, which provide strategic and technical oversight, working alongside other partners including M&C Saatchi World Services and in-country implementers.

## Ascend COVID-flex response

The far-reaching implications of the COVID-19 pandemic hit when the Ascend programme was nearing the end of its first year and resulted in the rapid adaptation of planned activities.<sup>1</sup> Ascend funding was repurposed in 11 countries<sup>2</sup> for approximately nine months to deliver activities that support **Pillar 2** of the World Health Organization's COVID-19 Strategic Preparedness and Response Plan, focusing on risk communication and community engagement.

The project focused on designing and delivering COVID-19 social behaviour change (SBC) communication on a large scale, in line with national public health containment recommendations, and making sure the campaigns were inclusive and accessible to marginalised groups, particularly people with disabilities who are disproportionately impacted by COVID-19 and are often missed out in response measures.

## Designing for inclusion and accessibility

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At the start of the project, Ascend country teams undertook a **rapid and intensive consultation with government partners** to develop concept notes for the COVID-19 response. Interventions were prioritised based on gaps identified in national plans, and the concept notes were finalised in ten days.

The SBC component of the concept notes focused on **combatting misinformation, encouraging behaviour change, and facilitating community participation**.

Each country team included objectives for **inclusion and accessibility** in the concept notes. In some countries, inclusion features were actively requested by government partners; in other countries, guided discussion led to the consideration and adoption of recommendations.

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<sup>1</sup> <https://academic.oup.com/inthealth/article/12/5/367/5877805>;  
<https://academic.oup.com/trstmh/advance-article/doi/10.1093/trstmh/traa180/6133149>;  
<https://www.sightsavers.org/blogs/2020/07/ukaid-ntd-programme-covid-support>.

<sup>2</sup> Benin, Burkina Faso, Chad, Cote d'Ivoire, DRC, Ghana, Guinea, Guinea Bissau, Liberia, Nigeria and Sierra Leone.

Sightsavers then provided **technical guidance** to the Ascend COVID-19 response partners to mainstream disability inclusion and accessibility throughout the design, development, delivery, and monitoring of the SBC campaigns.

In each country, a **wide range of communication materials** were produced to increase the likelihood of people with different impairments being exposed to key messages – including TV and radio commercials, billboards, posters, leaflets, training guides and social media assets.

Partners received guidance to **make assets more accessible and inclusive**. This involved reviewing the choice of fonts, colour palettes and other features of information materials, and exploring suitable approaches to positively represent people with disabilities. Additionally, assets were developed using a variety of national languages and portraying people wearing appropriate clothing and fabric based on local culture, socio-economic status, religion, gender, and other factors.

**Box 1: useful resources to embed inclusion and accessibility in SBC campaigns during the COVID-19 pandemic.**

- Sightsavers: **Guidance for including people with disabilities in responses to the COVID-19 pandemic**
- Sightsavers: **Inclusive design guidance**
- Sightsavers: **Accessibility standards and audit pack**

## Accessibility of print materials

The following considerations were widely incorporated in the design of printed materials across different countries:

- **Colour contrast**, to improve accessibility for people with visual impairments.
- **Highly legible sans-serif fonts**, to improve readability for people with dyslexia.
- **Photos and illustration**, to improve accessibility for people with intellectual disabilities.

**Figure 1.1** shows a billboard from Sierra Leone, inviting people to wash their hands and wear face masks. The billboard incorporates written text with a clear typeface, strong colour contrast, and the use of photos and illustrations.



**Call 117**  
if you experience fever,  
tiredness and cough



Fig. 1.1

## Accessibility in television commercials

A more in-depth approach adopted in some countries involved embedding sign language interpreters, captions, and audio descriptions in video assets such as TV commercials aired at national level. Sign language interpreters were used in Benin, Burkina Faso, Ghana, Nigeria, and Sierra Leone.

**Figure 1.2** shows a still from a TV advert in Benin which included a sign language interpreter and captions, in which yellow text was used for the words being sung. **Watch the full video.**



Fig. 1.2

## Positive portrayal of people with disabilities



Fig. 1.3

Some SBC illustrations developed for billboards, leaflets and training manuals positively represented people with disabilities – as in the examples provided below and in the cover page of this report.

In some circumstances, influential people with disabilities from the national disability community were involved in the shooting of SBC videos, such as in Guinea.

**Figure 1.3** shows an image from the training manual for health workers developed in Benin. Volunteers distribute face masks and soap and interact with an older woman who is using a walking cane.

## Inclusive monitoring and evaluation

Geopoll, a market research agency, gathered feedback on the SBC campaign from 300 people in each of the 11 countries. Geopoll used telephone-based surveys and conducted pilot exercises in Nigeria and Ghana, using an accessible web-based survey.

Sightsavers provided technical guidance to ensure the surveys were inclusive and coordinated with OPDs to reach people with disabilities. The survey was self-administered using smartphones, tablets, and laptops – reasonable accommodations and support were provided to participants who required them through the OPDs.

The results show that respondents included representatives of traditionally marginalised groups, such as Deaf people, people with mental health conditions, people with intellectual disabilities and people with deaf-blindness (the full results are presented as part of the main Ascend monitoring and evaluation report).

## Embedding inclusion and accessibility: Lessons learnt

The Ascend COVID-19 response is the first time a large-scale integrated NTD programme has delivered a more inclusive and accessible SBC campaign using a mass media approach. Across West and Central Africa, Ministry of Health partners and Ascend

consortium partners have been on a learning journey, with many respondents reporting an increase in knowledge, awareness, and capacity on what inclusive and accessible SBC looks like in practice.

A number of factors affected the degree to which inclusion and accessibility were embedded into the Ascend COVID-19 response:

1. Each project partner faced a range of **drivers and barriers** to designing and delivering an inclusive and accessible SBC campaign. Whilst none of them opposed the drive for inclusion, some partners with a stronger interest influenced the success of recommendations being implemented.
2. Use of a **consultative communication** style that was clear, approachable, and accommodating was seen as important. A listening style with verbal recommendations was strongly preferred due to the fast pace of the work, the need for immediate decision making and the ability to humanise the recommendations.
3. Due to the need to develop, implement and monitor 11 national campaigns within a very short timeframe, **compromises had to be reached**. It was the first time that several partners had specifically focused on embedding accessibility and inclusion in SBC approaches, particularly in the context of a rapid emergency response at national level and in multiple countries. Due to the factors above, partners did not manage to embed captions and sign language interpretation across all videos. Similarly, the positive portrayal of people with disabilities was not achieved across all materials.
4. Formative research and comprehensive pre-testing involving people with disabilities and organisations of persons with disabilities (OPDs) could not be systematically carried out – although OPDs were engaged in design and monitoring in a few countries.

Partners expressed commitment in taking forward lessons learnt to include inclusion and accessibility more systematically in their work going forward.

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“This more inclusive SBC campaign has provided a great stake in the ground for how we should develop communications with inclusion in mind. **This should form our starting point for future campaigns**, in which we build on our previous work and look for ways to go further in delivering communications which are inclusive.” **M&C Saatchi**

“A penny dropped within the [M&C Saatchi] creative team. It was a completely new area of technical guidance. **They talked about it outwardly and they were proud of the changes they had made.**” **Sightsavers**

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## Recommendations

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1. Create a shared understanding amongst all stakeholders on **what accessibility and inclusion mean for the project.**
2. Convert principles of inclusion and accessibility into **practical recommendations.** Embed universal design throughout the project cycle, and frame inclusion and accessible design of SBC around the needs of the target audiences.
3. **Coordinate and collaborate** with different national ministries to **encourage dialogue, increased priority and decision making on inclusion and accessibility** of SBC. Emphasise and **articulate why** inclusive and accessible design of behaviour change is important for the people it intends to reach by providing practical examples.
4. Present a perspective that the time and cost for **inclusive and accessible design is an investment** that generates a greater impact for more people – and **allocate sufficient budget and time for this.**
5. **Be willing to make compromises and adjustments** on what is feasible for the scope of the project and the drivers of stakeholders. The design process can be a matter of negotiation between technical, management, and national stakeholders.
6. **Utilise existing tools and resources** to strengthen understanding on inclusion and accessibility. Consider an **approach that suits the communication style of stakeholders and decision-makers** – whether that be verbal and consultative or written and instructive, etc.
7. **Seek out technical support early on** to understand the ‘what’ and ‘how’. Knowing what is and is not inclusive and/or accessible is not always intuitive or obvious.
8. **Foster connections** with national organisations and/or community groups that represent target audiences, for example organisations of people with disabilities (OPDs). **Make it count** by promoting meaningful participation and feedback loops from project planning through to creative design, pretesting, monitoring and evaluation.
9. Where possible, **plan and budget for formative analysis and pre-testing to add confidence that the approaches are relevant and appropriate** for all audiences, but especially those who may be left behind.
10. **Apply inclusive and accessible principles to monitoring and evaluation.** Explore opportunities to better monitor the desired behaviour change (outcomes and impact), by **tracking the primary audience and embedding disability data within project monitoring and evaluation** approaches.
11. Expand on relationships with organisations like Geopoll to provide examples and **opportunities to mainstream inclusion into global monitoring platforms** and reach people with disabilities who would otherwise not be included in monitoring data.

We work with partners in low and middle income countries to eliminate avoidable blindness and promote equal opportunities for people with disabilities.

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