

PROJECT EVALUATION REPORT SELF-CARE IN TIMES OF COVID-19 ANIMATION SERIES

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Contents

Contents and List of Tables.....	2
Acknowledgements.....	3
Acronyms and Abbreviations.....	3
Executive Summary	4
1. Background to the Evaluation	
1.1 Context	8
1.2 Evaluation Objectives and Scope.....	9
1.3 Project Logic Model.....	10
1.4 Evaluation Approach and Design.....	12
1.5 Evaluation Challenges and Limitations	13
2. Findings - Reach	
2.1 If, how and to what extent the animations reached primary audiences	14
2.2 If, how and to what extent the animation series reached secondary audiences.....	16
2.3 Differences in reach between topics and across language groups.....	18
2.4 Gaps in reaching intended audiences and possible reasons for any gaps.....	19
3. Findings - Engagement	
3.1 If, how and to what extent intended audiences referred, shared and referenced animations.....	21
3.2 Constituencies most or least likely to engage with the series.....	23
3.3 Different levels of engagement between topics and possible reasons for this.....	23
3.4 Initial reactions to the animations.....	24
4. Findings - Usefulness	
4.1 Perceived usefulness of the information provided by the animation series	28
4.2 Did audiences find characters, contexts and imagery relatable and engaging?	28
4.3 Extent to which the project addressed PMNCH member/ constituency needs.....	29
4.4 Acceptability of the format and dissemination mode	29
4.5 Perceived quality of animations and any shortcomings	30
4.6 Aspects of the series that were considered especially useful.....	30
4.7 Audiences that perceived the most usefulness.....	30
5. Findings - Use	
5.1 How has the animation series been used by intended audiences and what were the results?	31
6. Discussion	
6.1 What made this a successful project?	33
7. Conclusions and Recommendations	35
Appendices	

List of Tables and Figures

Table 1: Reach metrics across all animations	5
Table 2: WHO regional & national dissemination of the Breastfeeding animation	14
Table 3: Views - Breastfeeding animation	15
Table 4: Views - Adolescent mental health animation	15
Table 5: Views - Responsive caregiving animation	15
Table 6: Views - Mitigating Violence animation	16
Table 7: Case study – animation dissemination champion	17
Table 8: Engagement analytics by animation	20
Table 9: How survey respondents shared the animations	21
Table 10: survey question - did you use this animation in your work?	30

Figure 1: Logic Model Template for PMNCH Knowledge Products	9
Figure 2: Evaluation sub-questions	10
Figure 3: Logic model summary for the self-care in times of COVID-19 animation series	12
Figure 4: Nurturing Care E-blast May 2021 (left) and ECDAN Newsletter July 2021(right)	22

Appendices

Appendix A: Comparison of video engagement metrics on WHO/UNICEF Facebook platforms

i) Views/Likes of Videos posted on UNICEF Facebook platform	38
ii) Views of Videos posted on WHO Facebook platform	39

Appendix B: Data collection tools

i) MV twitter poll	40
ii) Youth poll	40
iii) FGD/Key Informant Interview guide	41
iv) Online survey	45
v) Partner monitoring feedback form	52

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Acronyms and Abbreviations

AFRO	WHO Regional Office for Africa
AYC	Adolescent and Youth Constituency
ECDAN	Early Childhood Development Action Networks
EMRO	WHO Regional Office for the Eastern Mediterranean
EURO	WHO Regional Office for Europe
GBV	Gender-based Violence
HMIC	High Income Countries
HIFA	Health Information for All network
HRP	Human Reproduction Programme
KII	Key Informant Interviews
MIC	Middle Income Countries
PAHO	Pan American Health Organisation
PMNCH	Partnership for Maternal, Newborn and Child Health
SEARO	WHO Regional Office for South-East Asia
SCTC	Self-care in times of COVID-19 animation series
UNICEF	United Nations Children's Fund
WCAH	Women, Children, and Adolescent's Health
WHO	World Health Organisation

Executive Summary

This report presents the findings from a realist evaluation of the PMNCH Self-care in times of COVID-19 animations project that developed a series of four short, animated videos, to promote self-care practices around key sexual, reproductive, maternal, newborn, child, and adolescent health issues specific to the pandemic and beyond. Bringing together creative partners studio Eeksaurus and Medical Aid Films, with the WHO, UNICEF and others as technical and dissemination partners, the animations covered the following topics: Breastfeeding in times of COVID-19, Adolescent Mental Health, Responsive Caregiving and Mitigating Violence. The project started in spring 2020, with the animations launched over a period of 18 months between May 2020 and November 2021, with animations available in all six official UN languages (English, Arabic, Chinese, French, Russian and Spanish).

This evaluation seeks to answer the question, “Are animations useful advocacy tools for the promotion of self-care interventions?” by exploring:

- a) The use of the different animations to support advocacy around self-care that influences the knowledge, attitudes and practices of women, adolescents & caregivers
- b) The perceived acceptability, utility and feasibility of the animations among primary audiences and PMNCH constituencies, how they have engaged with the series and their responses to and use of the animations as advocacy tools

The evaluation follows the framework provided by the overarching logic model for PMNCH knowledge products that was developed at the start of the process – this helped to identify a series of sub-questions relating to project outputs/outcomes (listed in figure 2 on page 10). A realist evaluation approach was adopted, seeking to explain what works for whom, in what circumstances, in what respects, and how. A mixed methods design was selected, including quantitative and qualitative methods outlined on page 13. Challenges and limitations in implementing the evaluation include different timings and levels of exposure for each animation and difficulties in recruiting advocate and partner key informants and survey respondents.

Project outputs around reach and engagement

The project delivered impressive reach and engagement figures. The animations had a total of 115.4 million views, of which over 98% were through WHO and UNICEF Facebook sites. The animations were shared/ retweeted or quote tweeted 435,986 times (the Breastfeeding animation representing 98% of shares) and on average, animations were shared 4 times for every 1,000 views.¹

The initial reactions to the animations were overwhelmingly positive across all evidence sources, with a minority of less positive responses to the Adolescent Mental Health animation - there were 1.6 likes for every 100 views over all the animations. Although it is hard to estimate accurately, it is reasonable to assume that secondary audiences, such as health care professionals, advocates and community workers, were reached through the global social media platforms to some extent, in addition to the primary audiences of women, adolescents and care-givers.

¹ This is very likely to be an underestimate, as figures could not be accessed for all social media posts.

The Breastfeeding animation was considered the most straightforward – some of the advice in Adolescent Mental Health and Mitigating Violence animations was considered more difficult or not possible to implement in specific contexts by some viewers. Healthcare professionals were most likely to engage with the series because of the Breastfeeding animation. It is less clear whether many PMNCH organisational contacts disseminated the animations to their organisations and colleagues.

The figures in the table 1 below provide the breakdown of reach metrics across all four animations. 2.1% of all views were non-English language versions.

Table 1: Reach metrics across all animations

Animation	Facebook	Twitter	Instagram	YouTube	Other ²	Total
Breastfeeding	103,392,026	382,457	644,851	306,694	251,884	104,977,912
Adolescent Mental Health	746	36,975	0	36,462	0	74,183
Responsive Caregiving	9,441,098	167,173	273	25,961	0	9,634,505
Mitigating Violence	244,670	366,804	57,224	25,076	0	693,774

Response to the Breastfeeding animation was overwhelmingly positive. It was the 10th most viewed video on the UNICEF Facebook and 14th on WHO Facebook since May 2020. It was also the fifth most liked video post on UNICEF Facebook and the most liked educational video. The Adolescent mental health animation had much lower dissemination by WHO and UNICEF, in comparison to the other three animations. Although there were many positive comments on social media and from key informants, reaction to this animation was more mixed. Some evidence that individuals thought the style and the narrated voice did not engage young people and that it required co-production with young people. Responses to both the Responsive Caregiving animation and the Mitigating Violence animations were also very positive.

Perceived usefulness and use of animation series

The vast majority felt that the animations included all essential information. All animations were described as 'helpful' and 'useful'. Audiences found the characters, context and imagery relatable and engaging. Responses from African key informants point towards finding the animations less relatable than individuals from other regions and some respondents commented about a lack of representation of people with disabilities.

Animations were considered very high quality - this had contributed to the level of reaction and engagement. The length of the animations was considered acceptable - although they were concise, they still conveyed messages. It was suggested that content for young people should be disseminated via TikTok and that animations should be downloadable and possibly chunked for dissemination via WhatsApp.

In general, key informants did not express any dissatisfaction with the animation topics as priority advocacy needs or suggest other topics they would have preferred, although a couple

² Other platform was Weibo

suggested there might have been more partner buy-in and dissemination if there had been discussion about topics with partners at the start of the process. The Breastfeeding animation appears to be most useful to women of reproductive age and to the healthcare professional constituency, although some respondents felt that it now required updating.

Due to the nature of digital dissemination, it is challenging to talk about use of the animations in any concrete way. Content analysis confirmed that some women continued to breastfeed once they knew it was safe and some health workers provided advice around continuing breastfeeding.

Discussion and conclusion

Evidence points to the project being largely successful, notably the Breastfeeding animation. All four animations cut across high levels of social media traffic to capture the attention of women, young people and caregivers and the constituencies that support them. It is important to remember that the Adolescent Mental Health animation was considered a quality product in many ways and had the potential for much higher reach and engagement figures. The evaluation identifies the following criteria that made this a successful project

- **Attractive, informative and engaging animations** - simple, unexpected, concrete, credible, emotional and story-driven
- **Partnership with WHO and UNICEF** - multiple social media platforms with huge reach, providing synergy between the animations' intended audiences and the partners' constituencies and with expert technical review and alignment to WHO guidelines
- **Technical co-operation and co-branding** – use of regional focal points and national offices; co-branding gave credibility to 'messenger' and 'message'; collaborating to promote one message was powerful
- **Content was deemed useful** - self-care information could generally be easily applied and animations were perceived as useful advocacy tools, particularly during lockdowns

Conclusions and recommendations

The report highlights how animation can be extremely impactful in certain instances by

- providing timely and new/different information
- engaging content with simple messages
- based on strong global partnerships with mutual thematic priorities
- targeted dissemination approaches and selection of partners

To build on project successes, there is need to enhance dissemination of language versions and to specific constituencies. In order to address the lack of 'hard' evidence of using the animations and the low reach and engagement analytics for most of the language versions, the team should consider ways to target more advocate or professional networks and language platforms and the potential of establishing dissemination champions. The project should also frame and enhance the animation offer to build depth to the series, such as creating further assets from the original content and ensuring that new topics should complement existing content as well as align with partner priorities. There is also a longer-term challenge for PMNCH around if/how to address dissemination in low connectivity areas.

Moving forwards with future digital content production, there was overwhelming consensus that PMNCH should produce digital content as advocacy tools but future resource requirements would need careful consideration. Other recommends include:

1. **Approach content aimed at adolescents as a distinct piece of work** and not use the same style of animation or same dissemination channels for both youth and adult audiences; exploring co-creation as a potential approach
2. **Build on current partnerships** between PMNCH, WHO and UNICEF by taking a strategic approach to content development, understanding key target audiences and prioritising topics based on audience need. Bring together smaller review groups with selected key people for an initial workshop to at the start of the project clarify expectations and agree/keep to timeframes. Ensure realistic assessment of the resourcing required to support this work.
3. **Be ready and poised for opportune advocacy moments** by agreeing criteria for identifying key opportunities and streamlining production times by producing significantly shorter clips, simultaneously if necessary. Set further parameters around sign-off, keeping numbers to a minimum and to those who are essential.
4. **Consider regional or sub-regional approaches to content development** for those offices which are especially engaged on the issue or would value co-creation approaches. Involving more partners earlier on could be useful for audience testing and dissemination.
5. **Respond to the strong message about the importance of testing content** on primary audiences. As this requires resources and time if it is to be meaningful and have impact, this is likely to mean prioritising testing for topics which are more complex, nuanced and with distinct audiences.
6. **Invest in real-time monitoring to draw lessons.** On-going monitoring activities, both quantitative and qualitative, should be routinely built into launch and dissemination planning schedules. Consider with partners using Brand Lift Tests for measuring the reactions (and subsequent changes in attitude/behaviour) of targeted groups against control groups

1. Background to the Evaluation

1.1 Context

PMNCH is the largest global multi-stakeholder partnership focusing on women, children, and adolescent health (WCAH) and on the entire continuum of care. As of 2022, PMNCH has more than 1,250 partners, organised into 10 constituencies across 192 countries; no other partnership has such breadth, diversity and penetration. PMNCH has the power to convene at the highest level and to act with pace and urgency through a global network of partners (at country, regional and global levels), hosted by WHO but with independent governance and with the richness and breadth of its large and diverse membership. It provides a platform that allows organisations to align objectives, strategies and resources, and to advocate for and deliver interventions to improve maternal, newborn, child and adolescent health and well-being. This unique partnership stimulates, coordinates and resources action for the most disadvantaged and disenfranchised communities.

Emerging evidence has shown how critical and effective self-care can be. When women are empowered to adopt healthy self-care practices, they can play a critical role in protecting their own health.. COVID-19 has brought to the fore the need for and the benefits of self-care in light of reduced access to health and other services and amidst social distancing measures. It also highlighted the challenges of mitigating the harm from misinformation and disinformation, disseminated through social media, which causes confusion, risk-taking behaviours and mistrust in health authorities and undermines the public health response. PMNCH therefore has a key role to play in supporting evidence-based messaging and knowledge transfer for WCAH and well-being around self-care.

To enable women, children, adolescents, and families to embrace healthy behaviours during the pandemic, PMNCH led the development of a series of four short, animated videos, to promote self-care practices around key sexual, reproductive, maternal, newborn, child, and adolescent health issues specific to the pandemic and beyond. The highly acclaimed Mumbai-based creative studio Eeksaurus was chosen to create the animations, and to deliver the voicing and dubbing of the language versions of the films. A technical review group including key co-branding partners – WHO, UNICEF and other partners HRP and UN Women - was established to oversee content development, together with Medical Aid Films as a creative partner in the early stage scripting. Cleared by WHO's scientific committee on COVID-19, and co-branded with WHO and other partners, the animations are available in all six official languages of the United Nations (English, Arabic, Chinese, French, Russian and Spanish); they have also been translated into further languages by WHO country teams.

The project started in spring 2020, with the animations launched over a period of 18 months between May 2020 and November 2021. The PMNCH digital team created dissemination plans for each film; these were shared with the co-brand partners and the review group. Social media and partner resources were also developed to accompany the Responsive Caregiving and Mitigating Violence animations.

- **Breastfeeding in times of COVID-19** – launched May 2020
- **Adolescent Mental Health & Wellbeing** – launched Jan 2021: CORE Group conference
- **Responsive Caregiving** – launched at FHI360/Lego Foundation webinar in April 2021
- **Mitigation Against Violence** – launched October 2021, International Day of Non-violence

The Breastfeeding animation was disseminated on social media platforms at a global level by PMNCH, UNICEF through its Global Communications Hub, and by WHO. Their Global Communications team facilitated connections with WHO Technical and Regional Focal Points at AFRO/EURO/EMRO/ PAHO/ SEARO to assist with translation/dissemination to WHO country offices. The Adolescent Mental Health animation was disseminated via the AYC networks and to a limited extent by WHO/UNICEF; the Responsive caregiving via the Responsive Care Network and WHO/UNICEF HQ; the Mitigating Violence animation via WHO/UNICEF, and provisionally by HRP and UN Women. The films were also showcased at the PMNCH 'Lives in the Balance' marketplace and the Breastfeeding animation at the Align-MNH conference. All animations were further disseminated throughout 2021 when there were opportunities to link to key dates or events, such as Breastfeeding week (August), International Youth Day (12th August) and World Mental Health Day (10th October). The animations were also disseminated through PMNCH networks and e-blasts. The animations and language versions can be viewed on PMNCH's YouTube channel.

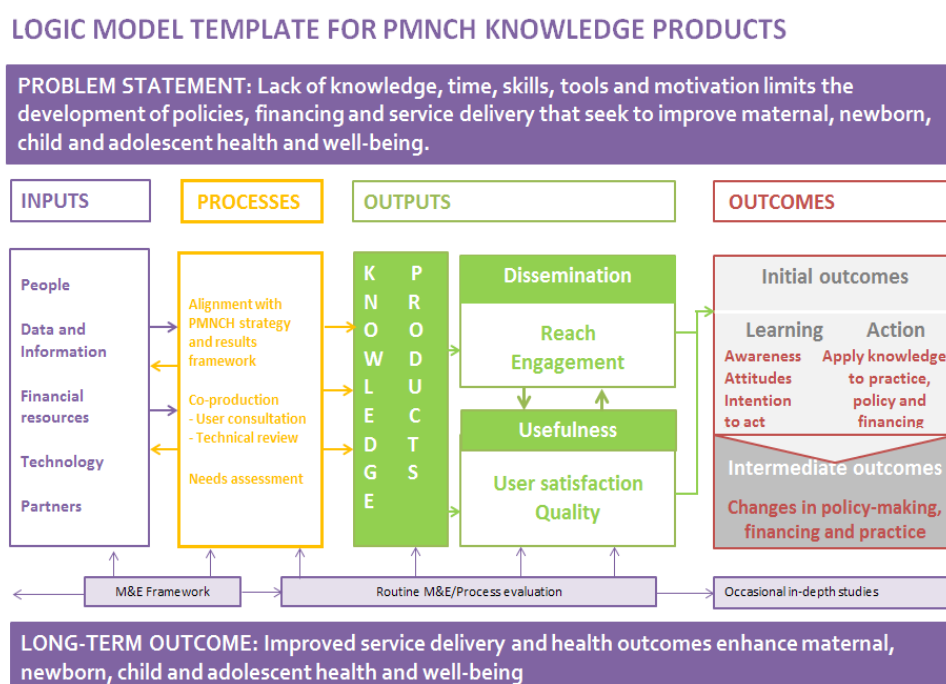
1.2 Evaluation Objectives and Scope

As outlined in the project's logic model below, it is important to understand the contribution of digital multi-media content towards individual-level change and wider community responses. Evaluating this project provides an opportunity to contribute learning in this area. Through an overarching research question, "Are animations useful advocacy tools for the promotion of self-care interventions?" this evaluation explored:

- The use of the different animations to support advocacy around self-care that influences the knowledge, attitudes, practices of women, adolescents & caregivers
- The perceived acceptability, utility and feasibility of the animations among primary audiences and PMNCH constituencies, how they have engaged with the series and their responses to and use of the animations as advocacy tools

The evaluation followed the framework provided by the overarching logic model for PMNCH knowledge products that was developed at the start of the process.

Figure 1:



Aligning with this logic model, Figure 2 contains the series of sub-questions that were developed relating to project outputs and outcomes.

Figure 2: Evaluation sub-questions

METRIC	EVALUATION SUB-QUESTIONS
1. REACH	<i>To understand if and how and to what extent the SCTC animation series reached its primary audience of WCA and parents/carers?</i> 1.1 The extent to which the series reached WCA directly or indirectly through PMNCH constituencies 1.2 Secondary audiences reached 1.3 Differences in reach between topics 1.4 Differences in reach across the six official language groups 1.5 Gaps in reaching intended audiences and possible reasons for those gaps
2. ENGAGE- MENT	<i>To understand if, how and to what extent did intended audiences refer, share & reference</i> 2.1 Constituencies that were most likely to engage with the series 2.2 Different levels of engagement between topics and possible reasons for this 2.3 Effects of timings of animation launches upon engagement 2.4 Initial reactions to the animations
3. USEFUL- NESS	<i>What is the perceived usefulness of SCTC animation series, in terms of content and format/approach?</i> 3.1 Extent to which the project addressed the primary information needs of their intended audiences 3.2 Whether audiences found characters, contexts and imagery relatable and engaging 3.3 Extent to which the project addressed priority advocacy needs of PMNCH members/ constituencies 3.4 Acceptability of the format and dissemination mode 3.5 The perceived quality of animations and any shortcomings 3.6 Aspects of the series that were considered especially useful 3.7 Audiences that perceived the most usefulness
4. USE	<i>How has the animation series been used by intended audiences and what were the results of its use?</i> 4.1 Ways in which the animation series has improved learning i.e. affected audience awareness, attitudes and intentions to act 4.2 Perceived influence and impact of the animations on individual behaviours and the work of advocates and service providers 4.3 Audiences that reported the most use 4.4 Unintended outcomes (positive and negative)

1.3 Project Logic Model

This project harnesses the power of global social media platforms to disseminate basic self-care information during COVID-19 through engaging and relatable short animations. The project responded to the unique context of a global pandemic - at many times over the past 18 months, disseminating digital communications has been the only way to reach women and their families, adolescents and caregivers in lockdown circumstances. The project addresses the urgent need for guidance around self-care for women, children and adolescents in relation to four areas (breastfeeding, adolescent mental health, responsive caregiving, and violence against women) where existing challenges have been further exacerbated by the effects of COVID-19 lockdowns.

The logic model is based on the hypothesis that engaging and relatable digital content conveying accessible information and suggesting simple self-care actions would reach women, young people and parents 1) either directly through their personal social media platforms or 2) indirectly through dissemination to WCAH advocates who would share or use the animations to support their work with these constituencies. It was envisaged that dissemination would focus on individual women, children and adolescents and WCAH advocates via global social media platforms and via PMNCH partners' networks.

Project inputs

The project embraces a collaborative approach to content development, bringing together creative and production partners with medical and policy experts through an iterative consultation and review process. Co-creation partners include primarily WHO/UNICEF technical colleagues and representatives of PMNCH constituencies.

Outputs

Four high quality short animations are disseminated through social media platforms via PMNCH constituencies and in partnership with global networks (WHO/UNICEF). Relevant PMNCH constituencies have access to the animations which are produced in the six UN languages. (The Breastfeeding animation is further dubbed or subtitled by WHO national offices). The animations are also screened through webinars or international events. PMNCH members, constituencies and partners engage with the animations by sharing, promoting and referring animations to their contacts and networks. This is a response to the perceived usefulness and value of the animations which encompasses both satisfaction with the animations and perceptions of credibility and quality. This means that the animations are considered to address the needs of target audiences in terms of acceptability and relevance and to be informative, engaging and usable in terms of being able to apply the knowledge. Partners/ networks that perceive the series as credible, reputable, authoritative and trustworthy of the animations promote them via email and link them to websites. This results in increasing the number of women, young people, parents and carers who have access to the content.

Initial outcomes

The animations lead to learning among the primary audiences - the content helps to improve the knowledge of self-care issues by increasing awareness, changing attitudes and encouraging intention to act on that knowledge. The animations also support the knowledge of advocates and service providers who work with these key audiences and contribute to the enhancement of service delivery and practices. The animations may also inform policy-making and influence decisions around financing in response to COVID-19.

Figure 3:

Logic model summary for the Self-Care in times of COVID-19 animation series			
Problem Statement	Need for guidance around self-care for women, children and adolescents in relation to four areas (breastfeeding, adolescent mental health, responsive caregiving, and violence against women) where existing challenges have been further exacerbated by the effects of the COVID-19 pandemic.		
Inputs	Staff and partners, financial resources, animation production expertise, technology, sector evidence		
Processes	Consultation, co-creation, technical review, cross-organisational co-ordination		
O U T P U T S	Variables	Definition	Results statement
	Reach	This is the extent to which the SCTC animation series reaches its intended audiences, both in terms of breadth (how far) and saturation (how many)	Relevant constituencies have access to the SCTC animation series – across all regions.
	Engagement	Engagement relates to the different ways users give attention to/ interact with the series. This includes referrals, dialogue, requests, uptake and secondary dissemination.	Primary constituencies request, respond, promote, refer and recommend animations.
	Usefulness	The perceived usefulness of the SCTC animations in terms of user satisfaction and quality. Usefulness is a proxy for perceived value of a product or service. Usefulness is analysed from user satisfaction and quality; both facilitate the use and uptake of content	The target audiences report high user satisfaction in relation to the series and confirm their perceptions that the series constitute a quality product.
	i) User satisfaction	Audience/User satisfaction: Acceptability – does the format/ approach meet needs? Relevant – does the content meet audience needs? Informative – providing new or improved knowledge? Usable – can the audience apply the content?	Audience/User satisfaction: Relevant constituencies perceive content and format/ approach of the series to address the needs of target audiences in terms of
P U T S	ii) Quality	Engaging – provoking positive emotional reactions? Quality: Credible – does the audience have confidence in the content source? Reputable – is the series deemed to have high production values? Authoritative – is the content considered as evidence-based? Trustworthy – is the content considered accurate & objective?	acceptability and relevance; these constituencies also consider the series to be informative, engaging and usable Quality: Relevant constituencies perceive the series as credible, reputable, authoritative and trustworthy
O U T C O M E S	Use	Reported and evidenced use of the animation series by the target audiences in terms of :	Valued and high quality animations that:
	i) Learning	Knowledge/ learning gained by the target audiences, with regards to awareness, attitudes and intentions	<ul style="list-style-type: none"> • Help to improve the knowledge of self-care issues by increasing awareness, changing attitudes and encouraging intention to act
	ii) Action	The application of this knowledge through action around <ul style="list-style-type: none"> • changes to policies, strategies, practices or individual behaviours 	<ul style="list-style-type: none"> • Contribute to the enhancement of service delivery and practices; • Inform, update or be adapted for use in training/ education/ advocacy programmes
Intermediate outcomes envisaged			
Women, children and young people experience improved well-being during COVID-19 and beyond due to increased capacity for self-care. Advocates/service providers improve their work with women, children & young people.			

1.4 Evaluation approach and design

This evaluation adopted a realist evaluation approach, seeking to explain what works for whom, in what circumstances, in what respects, and how. A mixed methods design was selected, including quantitative and qualitative methods outlined below. Specific social and

behaviour change communication theories underpin assumptions in the logic model. Cognitive Behavioural Theory and Social Cognitive Theory emphasise the importance of self-efficacy and the role of emotions in influencing both thought and action. Identity-Based Motivation Theory affirms the role of relatable characters and context/ language in helping to reinforce the perception of healthy behaviours as being identity-consistent.

Evaluation tools included the following:

A **social media analytics tracker** gathered data around reach and levels of engagement with dissemination from PMNCH platforms and partner platforms

Social media reaction and comments content analysis of Facebook, Twitter and Instagram platforms of WHO, UNICEF and PMNCH.

9 Key Informant Interviews with participants from PMNCH key constituencies, advocates or service providers.

2 remote Focus Group discussions with 11 Adolescent and Youth Constituency members and four members of the WHO Research team

An **online survey** (N=22) to E-blast recipients and two **Twitter polls**

1.5 Evaluation challenges and limitations

Several issues proved challenging in the evaluation implementation and analysis:

- Each animation was launched at a different point in the evolution of the COVID-19 pandemic and therefore in significantly different contexts.
- Each animation was disseminated a different number of times and via a different combination of platforms which brings makes comparison difficult
- The gap in time between the launch of the first animation and data gathering presented challenges in terms of recall especially around the breastfeeding animation.
- The release of the Mitigating Animation in October 2021 has significantly limited the amount of data collection around this animation. For example the online survey linked to the promotion of the Mitigating Violence animation was disseminated through the E-blast on 9th December.

In terms of limitations that affected the evaluation findings, this included

- Low number of responses to the online survey, with only 22 completions lead to limited scope to generate even illustrative data. The survey was also only available in English. (Whilst automated online translation tools are available, English-only communication is probably still a deterrent).
- Significant difficulty in identifying and attracting Key Informants, especially those who had used the animations
- Youth engagement proved to be challenging but this was addressed partially through a remote focus group discussion with the AYC leaders group.
- The evaluation was unable to gather the perspectives of key WHO and UNICEF partners especially the communication teams
- It was not possible to calculate the full number of 'shares' of the first three animations because some of the animations were posted as a reply to a different post and the platforms only count 'shares' of original posts. The number of 'shares' figures provided in this report will be lower than in reality.

2. Findings - reach

2.1 If, how and to what extent the SCTC animation series reached primary audiences

The four animations were disseminated through a range of social media platforms and other digital communication mechanisms. This comprised primarily Facebook, Twitter, Instagram and YouTube. Through these sites, the four animations reached an impressive total of 115.4 million views (analytics monitoring data as of 7 December 2021). Women, adolescents, parents and caregivers were primarily reached through the global and regional social media channels of WHO/UNICEF and through WHO national social media channels in some countries where the animation was translated into national languages.

Table 2: WHO regional & national dissemination of the Breastfeeding animation

Nigeria Ministry of Health Promotion	English
China	Mandarin
WHO WIPRO	English
WHO AFRO	French, English
WHO PAHO	Spanish, Portuguese
WHO SEARO	English
WHO EURO	English
Armenia (jointly with UNICEF)	Armenian
Azerbaijan	English Video with Azerbaijani subtitles
Turkey	English video with Turkish subtitles
Uzbekistan (jointly with UNICEF)	Uzbek and sign language added
Ukraine	Translation in the pipeline
Bangladesh	English video with Bengali subtitles
Philippines	English video with Filipino subtitles
Kazakhstan	Kazakh
Afghanistan	Repost/ Retweet WHO English post

The Breastfeeding animation reached a total of 104, 977,912 views across all platforms. Facebook posts by WHO and UNICEF account for 98.5% of views. (On Facebook, UNICEF has 29 million followers and WHO 38 million followers). It is interesting to note that over the period since the release of the first animation in May 2020 (18 months), the Breastfeeding animation was the 10th most viewed animation on the UNICEF Facebook page, and the 14th on the WHO

Facebook page (see Appendix Ai and Aii). Whilst Twitter and Instagram represent 0.72% of views, Instagram views were nearly double Twitter views. The language versions of this animation represent 2.1% of all views. The top three languages were French (WHO AFRO Facebook - 872,100 views), Turkish (WHO Turkey - 614,600 views) and Spanish (WHO PAHO - 397,000 views). Table 3 provides a breakdown of views between platforms.

Table 3: Views - Breastfeeding animation

Version	Facebook	Twitter	Instagram	YouTube	Other ³	Total
All versions	103,392,026 98.5%	382,457 0.4%	644,851 0.6%	306,694 0.3%	251,884 0.2%	104,977,912
Languages	1,899,734 85.3%	16,758 0.8%	0	58,701 2.6%	251,884 11.3%	2,227,077

The Adolescent Mental Health animation reached a total of 74,183 views across 3 platforms, excluding Instagram. 31% of views came from Eeksaurus Studio YouTube channel and 24% from UNICEF Twitter. The evaluation was unable to explore why UNICEF and WHO did not post the animation on their Facebook platforms. The language versions represent 11.6% of all views. The top language version was Mandarin (PMNCH YouTube - 6,235 views). See Table 4 for a breakdown of views between social media platforms.

Table 4: Views - Adolescent mental health animation

Version	Facebook	Twitter	Instagram	YouTube	Other	Total
All versions	746 1%	36,975 49.8%	0	36,462 49.2%	0	74,183
Languages	73 0.9%	748 8.7%	0	7,756 90.4%	0	8,577

It is important to note that there were different opinions as to the key audience for the adolescent mental health film. Whilst some informants thought that the animation was aimed at young people, others thought that the animation was aimed at youth advocates or parents. *"I shared this animation with other youth advocates but not with my friends or peers - I thought it was aimed at advocacy workers, not young people".*

The Responsive Caregiving animation reached a total of 9,634,505 views across all platforms. 96.5% of all views came from WHO Facebook posts, with UNICEF Facebook views at 1.5%. Interestingly, the UNICEF Facebook posts framed the animation as 'Mental health during COVID-19', whilst WHO framed their posts as 'Parenting and COVID-10'. UNICEF posted the animation twice whereas WHO posted the animation four times. Language versions represent 0.006% of all views. See Table 5 for a breakdown of views between social media platforms.

³ Other platform was Weibo

Table 5: Views - Responsive caregiving animation

Version	Facebook	Twitter	Instagram	YouTube	Other	Total
All versions	9,441,098 98%	167,173 1.7%	273 0.003%	25,961 0.3	0	9,634,505
Languages	76 11.9%	0	273 47.2%	268 41.9%	0	639

The Mitigating Violence animation reached a total of 693,774 views across all platforms. It was released on 2 October 2021. The non-English language versions were not shared through the WHO or UNICEF platforms, although the Spanish version was uploaded onto the PAHO YouTube platform. The most views came through the WHO Facebook (297,000 views from two posts), followed by WHO Instagram (184,296 views from one post) and UNICEF Facebook (69,000 views from one post). Posts via Instagram generated 34% of all views, which could indicate the animation resonated with younger people, especially women in HICs. (64.7% of Instagram users are aged between 18 - 34 years.) See Table 5 below for a breakdown of views between social media platforms.

Table 6: Views - Mitigating Violence animation

Version	Facebook	Twitter	Instagram	YouTube	Other	Total
All versions	366,758 52.9	57,224 8.2	244,644 35.3	23,203 3.6	0	691,829
Languages	46 2.4%	0	26 1.3%	1,873 96.3%		1,945

A few key informant interviews and survey responses highlighted that although partner staff were aware of the animations, there was a lack of follow through with disseminating the animations to their networks and constituencies or uploading links onto their platforms. Several committee members from relevant PMNCH constituencies were also unaware of the existence of the animations.

2.2 If, how and to what extent the animation series reached secondary audiences

Because of the anonymous nature of social media and online communication, it is very difficult to identify and quantify the extent to which the animations reached secondary audiences such as healthcare professionals, advocates and community workers through social media platforms. It was possible to identify some level of social media engagement by secondary audiences when analysing Facebook and Twitter posts if they referred to their job or highlighted any organisational affiliation.

Because of the high number of reactions to the animations, such as shares and likes (particularly for the Breastfeeding animation), it is reasonable to assume that secondary

audiences were reached through the global social media platforms to some extent (see chapter 3 for more information around engagement with the animations). However it was not possible for the evaluation to gather much evidence of these secondary audiences sharing or using the animations in their work.

The animations were disseminated to PMNCH partner organisations and to other relevant NGO networks with the aim of reaching advocates who would share or use the animations in their work. Although each animation was disseminated twice through the PMNCH e-blast, it is less clear whether many of those organisational contacts had disseminated the animations to their organisations and colleagues. Three key informants who had reacted to and valued the animation had not in fact shared or promoted the animations to colleagues or organisational platforms and networks, citing that due to limited time their organisation's products and posts took priority over PMNCH's. It is also not clear how much use the partner support resources generated.

It was also difficult to gather evidence around the extent to which the adolescent mental health animation has been disseminated beyond PMNCH's own reach. It was certainly included in some regional WHO COVID-19 resource packages (PAHO) and links were shared with national offices. However regional focal points in at least one region (EMRO) were unaware that the animation was completed and available in different languages. A good number of the AYC members did not know about the animations or that there were language versions available. It was highlighted that many of the regional and national key contacts were focal points for all issues relating to COVID-19 and not just maternal, newborn, child and adolescent health. This meant staff were frequently overwhelmed and could miss or be unable to respond to externally-produced resources unless the issue was especially topical or a key priority.

Two key informants also thought there needed to be dissemination strategies to reach communities with limited internet access. *"Less than 15% of the population from where I'm from has access to the internet. They like local platforms. ... How do you really leverage on those traditional mediums so that people are still not missing out because they do not have access to the internet? So being more strategic, and not just saying, oh, yeah, we've created animations for social media... I would want a more strict plan to disseminate to these areas"*. Another informant highlighted that community radio still performed a key role in many rural communities and wondered whether the animations could be adapted for radio broadcast.

However there was evidence that the animations were shared widely with secondary audiences if there was an 'animation champion' amongst PMNCH partners who put effort into disseminating via their networks and relevant channels and promoting it to colleagues and counterparts. The motivation for doing this appeared to be both the relevance of the animation to their work and also appreciating the value of using digital content in training and community engagement.

Table 7: Case study – animation dissemination champion

One PMNCH Partner made a significant effort to disseminate both the Breastfeeding and Responsive Care animations. By coordinating with colleagues and using their networks, the animations were disseminated through the Nurturing Care website, working groups, newsletter and twitter account (posted several times). The Responsive Care animation

was also screened during a webinar to launch a new publication and as part of a multi-country workshop across South East and South Asia. It was included in UNICEF's parenting month toolkit, which aims to support UNICEF country offices actions in parenting month, but is also shared with external partners.

"I now have a list of videos that I share with people particularly when they are planning workshops and webinars. I find the list encourages people to use videos. Also videos are really helpful for workshops. Now everything's online, you need the icebreaker, a little bit of a change so that participants aren't looking all the time at a talking head and you're getting a message across in a different way. I also think videos are particularly good tools. In the multi-country workshop, people were saying 'we'll use this in our workshop' or 'we'll take this back and show it to our team'".

"I was on a planning call for a workshop that was happening in northwest Syria. And they were saying they wanted to talk more about the components in nurturing care. So we shared that video with them again, the one in Arabic. When it's first launched, people remember to use it but then it fades in the background.

Because there are resources out there that, if they're not in your everyday toolkit, it's very easy to forget that these things exist. So my job in a way is to keep track of what's available, whatever is out there. And so when people say oh, we're doing such and such, I can say 'don't forget to use that' or you know, 'bring this animation into it' or 'we have this, you might want to find a way to use it'. It's about getting on people's radar that these resources are out there".

2.3 Differences in reach between topics and across language groups

Variations in dissemination between the four animation accounts significantly for the differences in reach. The PMNCH team successfully co-ordinated with key partners such as UNICEF HQ, WHO HQ, WHO Regions and WHO Country offices to ensure the Breastfeeding animation was disseminated extremely widely and effectively. UNICEF pushed the animation through its Global Communications Hub, whilst WHO Global Communications facilitated connections with WHO Technical and Regional Focal Points at AFRO/EURO/EMRO/PAHO/SEARO to assist with translation and dissemination to national offices. There was particular interest in some countries in promoting continued exclusive breastfeeding throughout the pandemic where the initial guidance had been to separate mothers with suspected COVID-19 from their newborns. This led to translating the animation in 12 national languages for use by WHO national offices.

However, the PMNCH team found it hard to get a strategic buy-in around all 4 films from all partners. The dissemination of the Adolescent Mental Health animation was limited to the

Twitter platforms of WHO, UNICEF and Voice of Youth (UNICEF youth platform) and to AYC networks. This evaluation was unable to gather the perspectives of key partner staff on this aspect, but key informants suggested possible reasons. This included

- young people not finding the style of the animation engaging
- the animation not conveying any new information to stand out from other mental health videos
- momentum was lost due to the long delay in production
- the topic was not a priority for partners at that time
- busy schedules means that partner staff have to prioritise the dissemination of their own products
- To what extent the topics would resonate with partners' core audiences

The Responsive Caregiving animation had more traction with partners to some extent and so was disseminated additionally via the WHO and UNICEF Facebook posts. Most recently the dissemination of Mitigating Violence animation aligned with the International day of non-violence on 2nd October and the International day for the elimination of violence against women on 25th November, with the 16 days of activism against gender-based violence.

Internal reflection within the team also recognised the impact of each animation being launched at different stages of the pandemic. Context plays a big role in what people choose to disseminate at certain times and how the public reacts to that content. The Breastfeeding animation was launched at the start of the pandemic when less was known about the virus and when many countries were under lockdown. This meant that many people were spending more time communicating through social media and also looking for information about COVID-19. In contrast, the Adolescent Mental Health animation was launched when more was known about preventing the spread of the virus and the first vaccines had been made available - and countries were starting to open up more permanently after a couple of lockdowns. The Mitigating Violence animation was launched at the same time as the emergence of the Omicron variant which has dominated WHO/UNICEF communications since and left less space for a focus on gender-based violence during the 16 days of activism.

The dissemination of language versions has been a significant challenge across all language versions. The main global social media platforms are entirely in English and other language platforms are consequently less widely known and accessible. Dissemination of language versions often requires support from staff with specific language skills. However, given PMNCH's commitment to equity and targeting efforts to where there is greatest need, disseminating language versions more widely may require greater strategizing and planning.

2.4 Gaps in reaching intended audiences and possible reasons for any gaps

The lower dissemination figures for the Adolescent Mental Health animation point to a gap in reaching young people with self-care information. As one key informant highlighted, "*young people wouldn't naturally follow the social media platforms of WHO and UNICEF*". People under 21 prefer emerging platforms, such as TikTok, rather than traditional platforms, such as Facebook and Twitter. As two young key informants highlighted,

"PMNCH should disseminate its animations through TikTok as that is where you will reach young people".

"For example, in southern Africa, adolescents and young people don't really use Twitter. It's usually for politicians and the old, the older people. So I think that Twitter doesn't really work in our context."

Another key informant suggested that using social media ads to promote animations could be targeted at young people to increase engagement.

Although many emerging social media platforms are dominated by people under 21, it is possible there are not so many social media accounts that specifically aim to support young people. It takes a level of resourcing to establish and maintain a quality global social media presence that could be beyond genuinely youth-led and youth-focused organisations. It is important not to make the assumption that young people are adequately served by the online community, particularly when accessing quality health information.

3. Findings - engagement

3.1 If, how and to what extent intended audiences referred, shared and referenced the animations

The value of 'reach' figures, such as views and impressions, can be further illuminated by reaction analytics such as shares/retweets, quote tweets, likes and comments. Table 8 outlines the numbers of likes, shares/retweets/quote tweets and comments in comparison to views for each of the animations across all the social media platforms. The number of likes includes hearts, claps and hugs emojis. The results show that there were 1.6 likes for every 100 views over all the animations; the Mitigating Violence had the largest ratio of likes to views at 4.8 per 100 views, followed by Responsive Care at 4.5, Adolescent Mental Health at 2.1 and Breastfeeding at 1.3. The difference in these ratios could be affected by higher Instagram engagement where reaction using emojis is likely to be more prolific among younger people.

Table 8: Engagement analytics by animation

Animation	Views	Likes	Shares/RT	QuoteTweet	Comments
Breastfeeding	104,977,912	1,364,909	428,860	107	33,147
Mental Health	78,453	1,696	281	26	32
Responsive care	9,634,505	428,939	3,948	40	5,622
Mitigating Violence	702,115	33,653	2,687	37	680
TOTAL	115,388,715	1,829,197	435,776	210	39,481

It is interesting to note that a high number of views do not always tally with a high number of likes. On the UNICEF Facebook platform, the Breastfeeding animation had the fifth highest number of likes of any video over the past 18 months (the highest number of likes for an educational video), even though it came 10th in the highest number of views (see Appendix Ai). It could be argued that a higher proportion of likes is a better 'engagement' indicator than overall views, because it indicates a positive emotional reaction by the viewer, which is usually a greater predictor of some form of action or potential change in behaviour than the intake of information.

The figures also show that the animations were shared/ retweeted or quote tweeted⁴ 435,986 times. Shares of the Breastfeeding animation accounted for 98% of these shares. Current data shows that overall the animations were shared 4 times for every 1,000 views. (Please note that the number of shares is likely to be higher than current figures because Facebook does not provide tallies of share rates). With the current data, all the animations had between 3.5 - 4 shares per 1,000 views.

13 out of 26 online survey respondents indicated that they had shared the animations in some way. Table 9 shows how these respondents shared them.

Table 9: How survey respondents shared the animations

I shared it with family and friends	6
I shared it with colleagues and associates	7
I shared it with members of the community I serve	6
I shared it with government or civil society partners	4
I/My organisation disseminated the animation through our channels and contacts	5

In terms of responses to individuals who watched the animations via PMNCH platforms or e-blast, the evaluation was unable to capture any significant evidence of many PMNCH partners sharing the content in an official way, although the social media analysis indicates that some partner staff did share on personal social media accounts^{5,6}. Five out of 26 online survey respondents indicated that their organisation had shared at least one of the animations - these respondents were either academics or healthcare professionals.

Other forms of engagement include media 'mentions'. This would usually take the form of promotion in newsletters, inclusion in COVID-19 resource toolkits and uploads onto/ links on partner websites. It is not possible to identify and quantify all 'media' mentions of the animations as individual films or as a series. However, known examples include mentions in the self-care Trailblazers and Nurturing Care e-blasts and the Early Childhood Development Action Networks (ECDAN) newsletter.

⁴ this report will use the generic term 'share' to denote shares on Facebook and retweets/quote tweets on Twitter

⁵ As evidenced by Twitter retweets, FaceBook comments and survey respondents who identified as belonging to one of the secondary audiences.

⁶ It is likely that the animations were more widely shared than this evaluation was able to identify.

Figure 4: Nurturing Care E-blast May 2021 (left) and ECDAN Newsletter July 2021(right)

Other New Resources



Video series: self-care during COVID-19 — The Partnership for Maternal, Newborn & Child Health, in collaboration with the World Health Organization and UNICEF have developed a [series of short animated videos](#) to promote healthy behaviors during the pandemic. The three videos are breastfeeding, adolescent mental health, and responsive caregiving. A fourth video on violence mitigation is forthcoming. The videos, based on WHO guidance, are available in Arabic, English, French, Mandarin, Russian and Spanish. Have you shared the videos or used the videos in your work? Tell us how [here](#).



[Responsive caregiving during COVID-19](#)

(English, French, Mandarin, Spanish, and Russian. Arabic forthcoming). This short animated film provides quick practical examples to encourage caregivers to take care of themselves and provide responsive care for their children. The film is the third in a series of videos being developed by PMNCH with WHO and UNICEF on the topic of self-care during COVID-19 for women, children and adolescents.

3.2 Constituencies most or least likely to engage with the series

It was clear from the analytics that healthcare professionals were most likely to engage with the series because of the Breastfeeding animation. However, engagement levels are always linked to the level of effort put into dissemination by the key actors. The low level of engagement around the adolescent mental health animation was primarily due to the low level of dissemination by WHO and UNICEF, in comparison to the other three animations. Nevertheless, there was some evidence from KIIs and the online survey that individuals thought young people would be less likely to engage with the adolescent mental health animation. Two informants felt that the style was not sufficiently engaging for a youth audience. Other informants felt the style was more suited to older advocates or parents. (This is further analysed in point 3.4)

In respect of the Responsive Caregiving animation, one key informant highlighted that as far as they knew, the responsive caregiving animation was the first animation on that topic in relation to COVID-19. They suggested this might be a reason for the high level of engagement by this constituency. *“What was coming through the chat was that people were really excited. They really liked the simplicity of the animation. They thought it was very to the point. They were excited to use it.”*

3.3 Different levels of engagement between topics and possible reasons for this

In addition to the effects of the different levels of dissemination between animations, there was significant consensus between key informants as to reasons why the Breastfeeding animation was so popular. This animation provided a simple answer to a pressing question for many new mothers and pregnant women around - do I breastfeed if I think I have COVID-19? In contrast, key informants considered the other animations to have more nuanced and complex messages. They also felt that much of the information in the other three animations would

have been relevant during non-COVID times so there was nothing especially new in terms of their content.

The advice given in the Breastfeeding animation was also considered simple for audiences to follow (with the exception of using hand sanitizer - see more detail in point 3.4 below). This was also true of the Responsive Caregiving animation. Analysis of social media comments and key informant interviews for both the Adolescent Mental Health and Mitigating Violence animations indicated that some viewers thought the advice was either difficult or not possible to implement in specific contexts.

"I've grown up in a community where, especially due to the low socioeconomic status, I could not access mental health services at all. So this is something that is exclusive for other young people in low income settings who cannot access health care, especially mental health at all"

"Unfortunately over here we don't have that kind of help! Even the police won't help"

Others thought that the animation would not be effective *"this makes it sound so easy"* or that the advice was very basic and therefore irrelevant because this is already generally implemented in their contexts *"this has already been said, sadly it's not enough"*.

The timing of animation launches was also considered to have had an effect upon engagement levels. The Breastfeeding animation was launched at a time when many countries were in lockdown and there was a surge of online communication. People in general had more time to spend on social media or online platforms and in many instances had no option but to communicate more via social media. Similarly, the Mitigating Violence animation was launched on international days addressing gender-based violence and at a time of heightened awareness of increasing GBV during COVID-19 and increased activism and global focus in many HIC and some MIC populations.

Finally, both social media analytic and content analysis indicate there was more positive and relevant engagement in general across UNICEF social media platforms in comparison to WHO platforms for all the animations. For example with the Breastfeeding animation, the UNICEF Facebook site had 72% of shares compared to 26% for the WHO. Through content analysis there was also a sense that comments on the WHO sites were generally less relevant/more hostile⁷, which chimes with WHO having a more general audience than UNICEF.

3.4 Initial reactions to the animations

The initial reactions to the animations were overwhelmingly positive across all evidence sources, with a minority of less positive responses to the Adolescent Mental Health animation.

The analysis of social media comments across all platforms (having screened out the anti-COVID, anti-mask, anti-breastfeeding promotion, anti-WHO/UNICEF, general political/religious and irrelevant comments) powerfully demonstrates that viewers found the animations beautiful, engaging, informative and helpful. Many individuals expressed their gratitude for creating and sharing these animations. A good number expressed an emotional response to the animation, such as crying (positive), love and feeling amazed, particularly for the Breastfeeding animation. *"This just made me cry. The world is going thru so much right now."*

⁷ The evaluation was not able to gather information about demographics of the various partner platforms

Thank you for the advice." Survey responses that ranked the animations over a range of criteria as excellent or good indicated that 95% thought the animations were easy to follow, 84% thought they were engaging, 89% thought they were informative and 79% thought they were relatable.

Breastfeeding animation

As highlighted above, the overwhelming response to this animation was positive. The following illustrates the types of positive response captured from all social media platforms, key informant interviews and the online survey.

"Out of all who videos that you⁸ created for cv-19 this was most educational"

"My first "like" on unicef!"

"Wow 🤔🤔🤔 this is an amazing to feeding your child, Precaution is much needed WHO thanks for your support for this type of educational video".

The social media content analysis detected two themes that were not positive reactions in a minority of reactions. Firstly, the animation did not convince a small minority of individuals that COVID-19 could not be transmitted through breastfeeding. This advice seemed to be considered counter-intuitive. However, the comments were often countered by individuals who either 'corrected' the individual or tried to explain why breastmilk would not transmit the virus. This raises the question as to whether the animation could have reinforced this point. *"I don't think people believe you, maybe if you explained WHY and HOW it's safe you'd have a better response."*

"I feel if I tested positive'. Their is no way I am going to take a chance and breast feed my baby'. I don't care what no body say'. They have been wrong so many times before' how can you be sure you won't pass it on to your child" 🙏🙏"

"If you have coronavirus, wouldn't it be in the breast milk too? Wouldn't it be better to pump, label, and freeze milk to have a stash for if you contract coronavirus?"

"Seems dangerous. If I'm infected doesn't that affect the breastmilk. If so then why feed affected breast milk to the baby."

"If the mother is confirmed to be positive n she breast feeds the baby wouldn't get it from the mothers milk?"

"Can you not pass the virus through breast milk when the mother is already infected? Just curious."

"Surprised that breast milk does not carry the virus"

"They mentioned that benefits of breastfeeding outweigh the risk. For a 1 min video I think they did good".

The second theme focused around the use of hand sanitizer to clean toys. Individuals expressed their concern around the effects of this upon children who then might lick/ put the toys in their mouth. The concerns focused upon sanitizer containing harmful chemicals, not

⁸ Referring to WHO

being natural and also stopping children from being exposed to germs and thereby developing immunity.

"The problem with this video is that they show the lady using hand sanitizers to clean the babies play things. That is very unhealthy."

"Doesn't the hand sanitizer consist of alcohol. I wouldn't be giving my kids any chemicals."

"What a lot of garbage, you are supposed to build your babies immune system by exposing them to Germs"

"Honey, a dangerous virus isn't a normal germ. Besides, babies need a few months to build up their immune system. That's why you can't vaccinate against many illnesses right after birth."

Adolescent mental health animation

As with the Breastfeeding animation, there were many positive comments about this animation on social media and from key informants. Many thought the animation was 'really beautiful' and that 'the content was very relatable'. Feedback from both key informants and survey respondents indicated they thought the information provided in the animation was sufficient and covered a lot in a short time.

Yeah, I think the message is the content was very relatable and basically, information was clearly explained

I felt that a lot of information was provided. I actually felt that it was much longer. Then when I watched it again, it was not that long. So I felt that a lot of information was put into a very short clip.

I liked it a lot. I really like the style of the animation. You know the figures and colours, everything it's quite nice.

"I thought it was appropriate in terms of the timing. Because it was it was published in the, in the midst of when we were starting to realise that youth mental health was really impacted by the pandemic"

However, reaction to this animation was more mixed than for the other three animations. A good number of key informants felt that the style would not engage young people. A couple of youth informants felt that young people would relate to content that related to their specific context rather than a global context; also that the animation '*didn't reflect the realities in our communities in Africa*'. One youth informant highlighted that he shared the animation with other youth advocates but did not share with his peers or community as he did not feel it would engage them.

A number of respondents remarked on the animation narration, saying that it sounded '*funny*' or they '*didn't like it*' or didn't feel this was a voice that would engage young people. One comment suggested that the narration could have been more dynamic – it felt too much like an inner voice and '*young people, their inner voice is not always like that*'.

"especially the adolescent mental health video, this needs to have a younger person's perspective and be designed by young people".

Responsive Caregiving

As with the previous two animations, there were many positive responses that indicated how much people liked the animation and expressed their gratitude for posting it.

"Powerful post world! love it."

"Thank you so much. As a single father, this whole thing has been such an adjustment. Much love to all the other parents out there."

"This video is also good parenting advice for any time or season. Be present. Be loving. Love your children. When you feel like it's all too much, try to give yourself a time out."

The animation generated a sense of everyone facing challenges and of 'all being in it together', with some people posting supportive messages.

"Parenting a child or children is not easy - love and thanks to all parents"

"It's a challenging time for everyone"

"If you can get through this you can get through anything".

A couple of comments however expressed the feeling that the animation was not relevant to the poorest communities.

"is really nice what you said but what happens with the families that have no home. No job. No food?"

"If you live in Abject Poverty and cannot afford to feed your children or yourself. Just keep taking those deep breaths.. 😞"

Mitigating Violence

Similarly to the Responsive Caregiving animation, social media comments were primarily positive and sometimes offered support and additional advice.

"What an effective video"

"Waw this is very good, this pandemic is becoming the dangerous situation for us" "always feel free to ask for help... and Do help others without waiting to get asked."

"it doesnt have to be physical violence to be abusive - manipulation, threats, financial abuse are all types of violence".

Positive reactions were echoed in the key informant interviews.

"I think the animation was fabulous. The quality and how smoothly it all went, you know? It was beautifully drawn. It was very moving. And the length is nice. It's in depth, but it's also concise"

"I think the end product is really lovely and beautifully done, and you know, I sort of, I think, even the simple message that it gives out is powerful."

One key informant felt that the point about violence not being the victim's fault could have been given more emphasis. *"I sort of felt it should keep saying this is not your fault. It's almost like that should have been said the whole way through. And it's just said once and for me, that's sort of not enough."*

4. Findings - usefulness

4.1 Perceived usefulness of the information provided by the animations

The vast majority of key informants and survey respondents felt that the animations included all the information that was essential for the intended audiences. There was only one suggestion from a couple of key informants that highlighted the need for the Adolescent Mental Health animation to suggest more trusted adults young people could talk to beyond mental health professionals.

"So it will be great for us to also include some other options that are available for young people to see when they do not mean when they cannot just have like a personal therapist like other people in the Western world can have".

"I also wanted to say that the animation gives only one option like starting with a friend and then directly jumping to the mental health professional, right? I think there are lots of other options ... like people who can be involved in this process, like a teacher, which maybe is more, you know, accessible in a way for many of us living in developing countries or maybe like peer educators or I don't know it can be also a religious leader."

One key informant also felt that the animation should have addressed the issue of stigma around mental health.

4.2 Did audiences find characters, contexts and imagery relatable and engaging?

Overall, evidence from the key informants, reach and engagement analytics and responses from the online survey indicates that audiences did find the characters, context and imagery relatable and engaging, *"I love how they inc. different cultures!"*, although responses from African key informants point towards finding the animations less relatable than individuals from other regions. One young key informant suggested that there needed to be greater inclusivity in the depiction of characters, *"taking into account cultural, religious, and sexual diversities"*. There were additional points raised about each animation.

Breastfeeding Animation

There were a couple of survey respondents that commented on the dominance of the urban context. A couple of social media posts also asked why the animation did not include any depiction of fathers.

"The environment of housing does not represent global housing system"

"Visual context in breastfeeding vid is exclusively urban - can this be changed?"

"Great but we need to include DADS on the ad, there's single dad's out there AND mom's who want their husbands to help"

Adolescent Mental Health

A couple of key informants felt that the animation was not inclusive of their communities or backgrounds.

"I'm kind of struggling to relate coming from Southern Africa. I feel like this was kind of made for the Western world, but bearing in mind as well that we know it's only one video and it cannot include everyone but I think the content is quite good for someone who's been exposed. I guess that I'll say the content is quite good, but someone who's out there. I'm not too sure if they'll be able to engage"

"Also this other one where there were young people that were playing tennis, and I know it's not saying like every context has to fit into it - I'm just really explaining why I didn't say very much about the animation Like where I'm from, it's mostly, you know, any football dusty ground type of vibe. So, in a nutshell, there were some elements that just were not familiar; the content was familiar, but just the visuals just were not familiar".

Responsive Caregiving and Mitigating Violence animations

The evaluation did not find anything specific to highlight about these aspects of both these animations, other than positive feedback and one point about including images of LGBTQ+ parents.

"I think they did a really good job of creating that sort of worldview of responsive caregiving through the images."

"I think it's important for us to be inclusive, safe to LGBTQ parents as well not just you know, only showcase like a straight parents family, especially for LGBTQ adults and young people, for them to be represented as well."

4.3 Extent to which the project addressed PMNCH member/ constituency needs

It was difficult for the evaluation to identify advocates and constituencies who had used the animations and therefore could ask them this question. In general, key informants did not express any dissatisfaction with the animation topics as priority advocacy needs or suggest other topics they would have preferred. As highlighted above, there were also very few suggestions around adding more information to meet advocacy needs. One key informant raised the question about how the four topics had been selected, suggesting there might have been more partner buy-in and dissemination if there had been discussion with partners at the start of the process.

4.4 Acceptability of the format and dissemination mode

Several key informants felt the length of the animations was acceptable and appreciated the fact that although they were concise, they still managed to convey the messages. However, feedback from one regional body (PAHO) requested a shorter version of the Mitigating Violence animation which would be easier to share. In terms of how the animations were disseminated, one key informant suggested that content for young people should be disseminated via TikTok and another suggested that the animations should be downloadable and possibly chunked so that they could be disseminated via WhatsApp.

4.5 The perceived quality of animations and any shortcomings

Feedback from all evidence sources confirmed the view that the animations were very high quality and that this had contributed to the level of reaction and engagement. No critical comments could be identified that related to the animation's quality, although one key informant made a valid point about the lack of representation of people with disabilities.

"Not sure if I missed this, but I didn't see anyone with disabilities. I didn't see any character or something".

4.6 Aspects of the series that were considered especially useful

The evaluation did not detect any specific aspects of the series that were generally considered useful. The words 'helpful' and 'useful' were used to describe all the animations in social media comments.

"effective and useful information"

"This information is so helpful"

One key informant also requested more animation around self-care.

"I do hope you do make a few more around self-care, I think that that would be great. There's much more to say."

4.7 Audiences that perceived the most usefulness

To date, the Breastfeeding animation appears to have been most useful to women of reproductive age and to the healthcare professional constituency. *"This is amazing for mom's out there 💜 - thank you guys for sharing. It will be very helpful to women across the globe."* This is confirmed by social media posts and survey respondents - the majority of respondents who had used the animations were healthcare professionals, although one key informant felt that this animation needed to be updated as it had been created before the emergence of variants and vaccines.

In respect of the Mitigating Violence animation, there has probably not been sufficient time since its launch to determine how useful this could be for advocates, although key informants confirmed they thought it would be very useful. As one informant commented, *"It's not a video that's going to go out of date. You know, this is a really, really useful long term tool. And I think it has, it speaks to women particularly, but I think it also is a good advocacy tool. So I think it'll be useful in the long term"*.

5. Findings - use

5.1 How has the animation series been used by intended audiences and what were the results?

Only one key informant was able to share how they had used the animation, in this case to support training programmes and so it is challenging to talk about results in any concrete way. Social media content analysis confirmed that some women did learn that breastfeeding did not transmit the virus and that they could continue to breastfeed.

"That's a great vid. I am breastfeeding my 1 year old and my 4 year old tested positive after my mum babysat and then tested positive. I continued to breastfeed but wore a mask during the day and night."

"Thanks unicef. it is so helpful for protecting breastfeeding like me father also"

"I was really hoping that was the message. I got scared"

The survey also gave some indication of the different ways in which some respondents had used the animations, although detail around this use was very limited. This includes awareness-raising and health promotion with communities, professional development, training and development guidelines and protocols.

Table 10: survey question - did you use this animation in your work?



The survey provided a couple of snapshots that illustrate how the animations have been used.

One respondent aged 25 - 29 and based in Germany, had received the Breastfeeding animation through One Voice Initiative. Through watching the animation they learned that it was ok to breastfeed while being infected. As a result of this, they advised friends who are nursing to continue breastfeeding.

Another respondent aged 18 - 24 and based in Nigeria, has received the Adolescent Mental Health animation through WhatsApp. They learned about preventative measures to take around mental health during COVID-19 and as a result they were communicating and interacting more with family and friends.

I'm very pleased to know that mothers with Covid are able to breastfeed their babies 🥰. Breastfeeding is a great asset for mothers. It gives mothers self-esteem, or self-reliance, which is necessary for child-rearing for a coming long time. I'm one of those who benefited from this! Thanks for this wonderful news in this self-distancing period all over the world. 🍀

6. Discussion

The evaluation set out to explore whether animations are useful advocacy tools for the promotion of self-care interventions. This involves understanding both i) the effects of providing self-care information through social media to women, children and adolescents and ii) the perceived acceptability, utility and feasibility of the animations among primary audiences and PMNCH constituencies.

Overall the animation series can be considered largely successful in both these aspects, notably the Breastfeeding animation, as evidenced by reach and engagement analytics and confirmed through key informant interviews and survey results. Even though the Adolescent Mental Health animation had less reach and lower engagement rates than the other animations, it was considered a quality product in many ways by the majority of key informants and survey respondents.

The first point to acknowledge is that having a significant level of engagement via social media in these times is a major achievement in itself. Individuals across the world are bombarded on a daily basis by waves of social media content, both socially and professionally. The quality of all the animations in both production and content made them stand out - all four cut across high levels of social media traffic to capture the attention of women, young people and caregivers and the constituencies that support them.

6.1 What made this a successful project?

Attractive, informative and engaging animations

The animations were beautifully crafted and engaging, easy to follow and concise. Audiences enjoyed watching the animations, creating an emotional connection with the content - this engagement is an important first step towards stimulating change in attitude and practice.

Chip Heath, in his publication *Made to Stick: Why Some Ideas Survive and Others Die*, identifies criteria that makes ideas and messages work, or as he describes 'sticky'. 'Sticky' messages share six common traits: they are simple, unexpected, concrete, credible, emotional and are story-driven. It is clear that all the animations meet at least five of the criteria required to make the messages 'stick'. This may also explain partly why the Breastfeeding animation was particularly successful. The 'unexpected' element was the new, urgent and timely message that breastfeeding would not transmit the virus. The messages of the other animations could be considered less simple and less unexpected, especially in the case of the Adolescent Mental Health animation.

Partnership with WHO and UNICEF

The project partnership with the WHO, UNICEF and other partners/networks contributed in a major way to the success of the intervention, although it was challenging at times and required much effort. The partnership is a unique collaboration, providing expert technical review to ensure editorial accuracy and quality assurance of the content, along with alignment to the WHO guidelines, plus the benefit of accessing huge reach online. High levels of engagement around the animations also came from a synergy between the animations' intended audiences and the partners' social media constituencies, for example UNICEF sites were followed by

large numbers of mothers with babies, children and parents; (exceptions include the young people and to some extent the WHO constituency). Key informants also acknowledged the efforts of the project team to coordinate dissemination across UNICEF and WHO HQ, regional focal points and national offices, particularly given partner staff workloads and organisational priorities.

Technical co-operation and co-branding

The effectiveness of that technical review is demonstrated by wide acceptance of the messages across all four animations. The review group provided thoughtful and detailed technical inputs throughout the process, responding quickly when necessary. In addition, review members provided powerful routes for dissemination both online and offline. Key informants valued PMNCH's role in bringing key agencies together to promote one message. They applauded the fact that PMNCH's efforts had avoided duplication *"as organisations tend to go off and develop their own resources first"*. They confirmed the importance of co-branding that bestows credibility to both 'messenger' and 'message', citing experiences of co-branding dramatically elevating product acceptance. *"Because they have linked their logo with UNICEF and WHO, in all honesty, I think on a local level that gives it credibility."*

Content was deemed useful

The animations provided self-care information for women, young people and caregivers that could generally be easily applied. They were also perceived as useful advocacy tools, particularly as lockdowns accelerated the move to online communication. (A caveat to note - apart from a couple of exceptions, the evidence points to the tools being 'perceived' as useful rather than demonstrating their usefulness. This lack of 'hard' evidence is undoubtedly linked to the difficulty of researching the effects of social media communication at an individual level; nevertheless any future interventions should address this point in their design).

7. Conclusions and recommendations

The discussion highlights how self-care animation can be extremely impactful in certain instances by

- providing timely and new/different information
- simple messages
- engaging content
- based on strong partnerships with mutual thematic priorities
- targeted dissemination approaches and selection of partners

To build on the significant achievements of this first project, the following conclusions and recommendations should be considered by the PMNCH team and other stakeholders:

1. Enhance dissemination to constituency advocates, especially language versions

Based on the need to address the lack of 'hard' evidence of using the animations and the low reach and engagement analytics for most of the language versions, the team should consider ways to target more advocate networks and language platforms, identify dissemination champions, to frame and enhance the animation offer and grapple with the challenge of dissemination in low connectivity areas. This will require some strategic thinking and planning from the start.

• Targeting appropriate networks and identifying champions

The animations were unique for PMNCH in that they were health education products, as well as tools that could be used or shared by advocates in their work. The evaluation findings outline reaching large numbers of the primary audience (women and care-givers) with self-care information through the UNICEF and WHO social media platforms was more straightforward than reaching secondary audiences, such as health care professionals and youth and community activists. It is important not to assume many advocates are reached through UNICEF and WHO social media sites. It was possible to identify breastfeeding advocates/health care and child development professionals on the UNICEF platforms; it was less clear those advocates followed WHO social media. Professional membership sites for example might yield greater reach and engagement. Integration into online training programmes, such as those of the WHO Academy, is a further option.

Dissemination to PMNCH organisational members could be more targeted and intentional such as identifying key partners and constituencies with a vested interest in the themed content. For three of the animations, the team promoted the support packages created for each film with partners with messages on how to use the videos with links to other knowledge resources. It would be good to understand to what extent those support packages have been useful and their needs in terms of format, platforms and style (such as TikTok and WhatsApp). The team might also want to explore opportunities to establish 'dissemination champions' through mobilising support from PMNCH's members' networks, although it requires an investment of time to cultivate relationships.

• Framing and developing the series

Self-care cuts across a range of diverse sectors in the health sphere and engages a diverse pool of advocates - the four animations reflect that diversity. As a result there is less cohesion between the four topics. From the perspective of advocates, they are more likely to focus on one specific animation rather than the series as a whole and so there's less of an offering for them to promote or engage with. To increase advocates use of the series, it would be good to consider creating further assets from the original content - such as making content editable for local voiceovers, assets for posters, front cards/endorsement inserts to enhance local ownership and how to adapt for radio use. Clarifying details around a creative commons licence could be useful for the future.

And if the team moves forward with additional content creation, new topics should complement each other as well as align with partner priorities. There is much interest from the review group in creating further content and exploring links to WHO self-care guidelines provides a good basis for new work - before further discussion with the group around suggested topics, it would be good for the team to have a clear idea about which topics would help build depth to the current series rather than additional breadth. It is important to consider if content is aimed at a general audience or partners, and whether it will provide information or support advocacy, and how it supports the digital strategy and wider PMNCH work.

It is important to remember that existing animations may require some updating as the pandemic runs its course. One key informant suggested that updating the Breastfeeding animation to include information about vaccines could be timely.

- **Disseminating language versions**

Language translation work of this kind can be surprisingly resource intensive as it requires numerous checks for quality assurance, not just for translation but also for voice recording quality and alignment of voice to pictures. There were great benefits to being able to work with WHO contacts for translation and checking -language experts within WHO often provided excellent and swift inputs, and seemed very happy to be consulted and involved.

Dissemination is also resource intensive but an initial push to identify specific language platforms and networks, such as HIFA network, could be a useful investment.

- **Addressing the challenge of low connectivity**

It is easy to understate the challenge of ensuring communities with low connectivity even minimal access to digital content - there are no easy solutions. It is a choice for PMNCH whether to attempt to make even very small efforts both as commitment to a principle and as a longer-term strategy. Further ideation is required to identify possible ways forward if desired; identifying local dissemination champions and exploring the potential of dissemination through WhatsApp could be useful starting points, together with offering content in lower resolution for easy access in low connectivity settings.

2. Moving forwards with future digital content production

There is overwhelming consensus between key informants and survey respondents that PMNCH should produce animations or other digital content as advocacy tools. Most thought there was value in PMNCH co-producing self-care animations, although a small minority felt PMNCH should *"stick to what it already does best - produce comms around their own political advocacy agendas"*.

If PMNCH continues to develop the self-care series, future content resource requirements would need careful consideration. The scope of the project from the outset was very ambitious involving all PMNCH teams. Whilst it was achievable to pull this off for the first video, it was harder to keep momentum overtime without putting pressure on the team internally.

- **Approach content aimed at adolescents as a distinct piece of work**

As mentioned above, Adolescent Mental Health was only animation where approval was not equivocal. When developing content for young people and youth advocates, it would be advisable to view any production as a distinct project, and not to use the same style of animation for both youth and adult audiences. Dissemination would also require a distinct approach, for example using different social media platforms. Exploring opportunities to co-create content with youth constituencies could also be interesting to explore.

- **Build on current partnerships**

There is a huge opportunity to exploit the partnership between PMNCH, WHO and UNICEF to maximise this opportunity. A strategic approach to content development and a content strategy could be developed alongside a realistic assessment of the resourcing required. Developing an understanding of key target audiences and prioritising topics based on audience need would be a good next step. Reflecting on this evaluation's findings and conclusions with partners could be one approach to move forward.

In future, bringing a review group together at the start of a project, possibly with a workshop, would be a good way to build buy-in and engagement. A slightly smaller group with selected key people would be easier to manage, clarifying expectations, timeframes/schedule from the start. Keeping the group as small and tight as possible would help the process move more quickly, and clarifying roles would build engagement and speed.

- **Be ready and poised for opportune advocacy moments**

A constant challenge around advocacy is how to strike the balance between responding to trends and events, whilst working to priorities that are part of long-term consultations and multi-year strategies. It is helpful to agree criteria that identify key opportunities that PMNCH and partners can seize. Consideration should always be given to timeframes, if there is a need to respond quickly and develop quick response driven content, or if there is the luxury of time for more creative work. Future work could focus on significantly shorter clips which can still have impact with one simple message, with the potential of frontloading the production schedule to develop two films at a time. The important internal review process and final senior level sign off can put pressure on timely delivery of films; setting some further parameters could be useful, i.e. who needs to sign off and when, keeping numbers to a minimum and those essential, would help to speed the process.

- **Consider regional or sub-regional approaches to content development**

Whilst key informants and survey respondents agreed the rationale for developing animations for global audiences, for specific topics they also thought it would be good to explore the potential for regional and even national co-production for those offices which are especially engaged on the issue. (This could also provide the opportunity to consult at the local level

during the development phase). Whilst a key informant from one region shared their experience that national offices generally want to create their own content (which might not be as accurate or as high quality) rather than share global or regional content, another regional focal point highlighted their small region appreciated and shared global tools that were applicable and relevant to their context. Whatever locality or type of partners, it would be good to explore involving more partners earlier on - useful for audience testing, shaping objectives and messages to local realities, and then for disseminating.

- Audience testing

There was a strong message from key informants about the importance of testing content on primary audiences. They felt this would have informed the range of depicted contexts, the advice given and in one case, the narration. Audience testing for a global audience is not straightforward; it requires resources and time if it is to be meaningful and have impact and even then this does not guarantee that every issue will be solved. Whilst it is ideal to test for every production, it might be prudent to take this approach for those topics which are more complex, nuanced and with distinct audiences such as young people.

- Invest in real-time monitoring to draw lessons

Traditional post-intervention evaluation tools are rather redundant in the fast-moving world of social media. This evaluation has provided the opportunity to explore real-time monitoring approaches with the Mitigating Violence animation. The learning from this approach is that on-going monitoring activities, both quantitative and qualitative, should be routinely built into launch and dissemination planning schedules, as it is vital to capture this learning in the weeks just after content release. For substantial projects, it might also be worth exploring Brand Lift Tests, social media marketing speak for measuring the reactions (and subsequent changes in attitude/behaviour) of targeted groups against control groups.

In conclusion, the Self-care in times of COVID-19 animation series has been PMNCH's most significant video-based knowledge work to date and has certainly reached more individuals and partners than any project so far. It has illustrated the potential for what digital communications can achieve, and addressed a gap in PMNCH work relating to self-care and community health education as necessary inputs to empowerment and equity.

There have been many successes and much learning. Relationships have been built with co-branded partners and there has been much effort across the team to provide valuable resources for audiences, partners and members. It is hoped that this evaluation provides an opportunity for all involved to draw lessons out for future planning efforts for the next stage of digital communication. It is timely to do so, as our world steers increasingly towards online working and living and as the need for organisations and networks to have compelling digital presence and engagement is ever more pressing.

APPENDICES

Appendix A: Comparison of video engagement metrics on WHO/UNICEF Facebook platforms

i) Views/Likes of Videos posted on UNICEF Facebook platform

	UNICEF videos posted between 1/5/20 and 7/12/21	Views (M)	Likes
1	It's World Breastfeeding week	162.1	784000
2	One love Reimagined in support of UNICEF	130.5	3,009,000
3	Muna's diary	108.6	48,000
4	Keya's home diary	67.1	290,000
5	What people are looking forward to once more people are vaccinated against COVID-19	56	23,000
6	The power of vaccines	36	6300
7	Ria's home diary	31.7	29,000
8	Poems for peace	27	25000
9	Camila's home diary	25.7	30,000
10	Breastfeeding in times of COVID-19	24	359,000
11	Beirut explosions	23.3	1,200,000
12	Help India breathe again	22.6	7400
13	India needs us	22.6	2,400,000
14	Yasmeen's poem for peace	22.6	285,000
15	Vijay's home diary	21.1	150,000
16	Abhijay's home diary	20	355,000
17	Pitch perfect Reunion	20.7	1,042,000
18	Raiza's home diary	19.5	71,000
19	Powerful spoken word on mental health	18.9	92,000
20	Hands, face , space	16.7	88,000



ii) Views of Videos posted on WHO Facebook platform

WHO FACEBOOK VIDEOS 1/5/20 - 7/12/21		Views (M)
1	We all have to play our part	155.9
2	We can outsmart the COVID-19 virus and the variants	132.5
3	In this together	111.5
4	Coping mechanisms to deal with grief during COVID-19	98.8
5	Protect yourself and others by reporting miss information	72.9
6	You can help stop COVID-19 by participating in contact tracing	66.1
7	Smokers are at a greater risk of developing a severe case and dying from COVID-19	63.4
8	How to wear a fabric mask safely during COVID-19 – don'ts	59.2
9	We can end the tragedy of COVID-19 by stopping the deaths	56.9
10	Alternatives to handshakes hugs and high-fives during COVID-19	55.9
11	The minions and grew are supporting WHO	52.3
12	There are ways to outsmart COVID-19	51.7
13	There is no better time to quit	50.3
14	Breastfeeding in times of COVID-19	37.1
15	World environment Day	35.4
16	51 weeks It's time to stand up for human rights	35.4
17	Be a superhero, wear a mask	34.4
18	Vaccines can't stop COVID-19 alone, but by doing it all we can make a difference	34.3
19	commit to quit tobacco today with the star method	33.5

APPENDIX B. Data Collection Tools

i) Mitigating Violence Twitter Poll

After watching our animation about mitigating violence against women and children, how did you respond?

1. Retweeted or shared it
2. Showed a friend/relative (I wonder if this can be the same as the above-sharing it with a friend or relative but perhaps for measuring use this specificity is useful?)
3. Sought help for yourself/ someone (should we add yourself in case it prompted someone to seek help for themselves.)
4. Other/None of the above

ii) Youth Poll questions

The animation was aimed at a global youth audience - do you think that the animation style, characters and settings were relevant to young people around the world?

- Yes, very much
- Yes, somewhat
- Not much
- Not at all

Do you think that the information in the animation is relevant or helpful to young people?

- Yes, very much
- Yes, somewhat
- Not much
- Not at all

Would you (or did you) share this animation with your friends/ peers on social media?

- Yes, I would (Yes I did)
- Yes, possibly
- Probably not
- No, I wouldn't (No I didn't)

Do you think PMNCH should produce digital content, such as animations, as part of its youth advocacy work?

- Yes, definitely
- Yes, but not too much/ only for really important issues
- Not sure
- No, I don't think this is a priority for PMNCH
- No because I don't think young people respond to information from organisations such as PMNCH
- Yes or No for other reasons

iii) Focus Group Discussion/Key Informant Interview Guide

Self-care COVID 19 animations evaluation Focus Group Discussion/ Key Informant Interview Guide

Introduction

Thank you for agreeing to participate in this interview. We are interviewing you to better understand how effective these films have been in promoting self-care among women, children and adolescents within the context of COVID-19 and how PMNCH can develop its support to its constituencies through the production of digital resources. So there are no right or wrong answers to any of our questions, we are interested in your own thoughts and experiences.

Participation in this interview is voluntary. You may decline to answer any question or stop the interview at any time and for any reason. The interview should take approximately 50 minutes depending on how much information you would like to share. With your permission, I would like to audio/video record the interview because I don't want to miss any of your comments. All responses will be kept confidential. This means that your de-identified interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent. Are there any questions about what I have just explained?

May I turn on the digital recorder?

Questions Draft

A. Intro questions

- What is your interest or specialism in Women's, Children's and Adolescent health?
- Can you tell me how you've been involved with PMNCH to date?
- In what region/country do you mainly live or work?
- How would you describe your occupation/job?
- Would you describe yourself as a young person (under 25)? What is your gender?

B. Content and style of the animations

These questions are about the content of the animations and the effectiveness of the animations in exploring these themes. If you are talking about a specific animation, please say which one

- Which of the animations (breastfeeding, adolescent mental health, responsive care) have you seen? What language versions did you watch/share/use?
- Did you watch the animation(s) for your own benefit or for those you work with or both?
- Can you remember where or how you have viewed the animation(s) (Prompt – Twitter/Facebook/Website/e-blast/directly from PMNCH staff)

- What was your first reaction when you watched this animation/s? (if you can remember)
- What are your thoughts on the quality of the animation(s)?
- What do you think about the style and characters of the animation(s)?
- What did you think of the way the animation(s) you watched presented key issues?
- In your opinion, do you think the information was clearly explained?
- In your opinion, do you think the animation(s) presented the most important information about that topic?
- Do you think the animation should have included additional information – if yes, what should have been included (being mindful that other points would need to be omitted to keep the animations shorter than two minutes)
- The animations were aimed at a global audience – do you feel that the depictions of character and context were relatable to your own environment/context? If not, why not?

C. Using the animations

The next series of questions will focus on how you may have used or shared any of the animations

- Did you share the animations in any way?

If yes:

- How did you share the animation(s)? With whom and how?
- Why did you share the animation(s)?
- Did anyone you shared the animation(s) with react to it/them? In what ways did they react?

If no:

- What were the reasons you did not share the animation(s)? Do you think those reasons are specific to you or common amongst your counterparts?
- Did you use the animation(s) in your work?

If yes:

- How did you use the animation(s)? (audience, purpose, format-device)
- What were the responses to you using the animation(s) in this way?
- Did using the animation(s) help you achieve what you wanted to? In what ways?
- Do you think the animation(s) could be designed differently to make them more useful to you or to those you were working with? What adaptations would you suggest to make them more useful? Or do you think the style was a major reason for their popularity?

If no:

- What were the reasons you did not use the animation(s)? Do you think those reasons are specific to you or common amongst your counterparts?
- Did you or a colleague use the social media toolkits – did you/they find them helpful? If not, what do you think could have facilitated your dissemination of the animations?

D. Effects upon knowledge, attitudes and behaviours

These questions will focus on understanding any effects or impact of the animations

- What did you or those you work with learn from the animations(s) you watched? Do you have any evidence of this learning (among those you work with)?

- How do you think the animation(s) have affected your knowledge/ knowledge of those you work with around breastfeeding/adolescent mental health/responsive care?
- How would you describe your knowledge/ knowledge of those you work with **prior to** watching the animation(s)?
- How would you describe your knowledge/ knowledge of those you work with **after** watching the animation(s)?
- How did the animation(s) impact your (or those you work with) awareness/opinions/concerns about these topics?
- Have the animation(s) impacted your behaviour or those you work with? (ie did any new knowledge or awareness/attitudes lead you/ those you work with to change your behaviour?)

If yes:

- o What are these changes?
- o Do you have any evidence of these changes (among those you work with)?
- o Why do you think the animation(s) may have provoked these changes?

If no:

- o What do you think are the reasons why the animation(s) may not have affected your behaviour or those you work with?

E. Use of digital animation to communication self-care information

Finally, we will explore your opinions around the use of animation to promote self-care information

- What do you think about PMNCH creating short animations to promote self-care information?
- What do you think about using digital communication, such as social media, to share self-care information? What are the advantages and disadvantages in your opinion?
- Do you think that short digital animations are a useful resource for PMNCH constituencies? If yes/no, what are your reasons?
- In your opinion, what individuals/ organisations do you think benefit the most/ can make the most use of digital animations?
- In your opinion, are there more effective ways that self-care information should be spread?
- Do you think PMNCH should invest more in creating and disseminating animations through social media and other platforms?
- What other issues, if any, do you think PMNCH should address by disseminating animations?

F. Final question

Thank you so much for taking the time to answer these questions. Just to wrap up:

- Do you have any final thoughts to discuss/add that we haven't addressed so far?

iv) Online survey

PMNCH is conducting an independent evaluation that seeks to understand responses to its series of animated films promoting self-care practices during the COVID-19 pandemic - see [here](#) for more information and links to the animations. The series currently includes three animations about breastfeeding, adolescent mental health and responsive care-giving in times of COVID-19.

This survey should take between 5 - 10 minutes to complete and the information you provide will be confidential and anonymous. Your responses are essential to help us understand the effects of the animations and how we can improve them in the future. If you have any questions about the survey or issues raised in the film, please contact us at pmnch@who.int.

* 1. In which country are you currently based?

* 2. In what capacity are you answering this survey?

- ☐ General public
- ☐ Parent or care-giver
- ☐ Community-based worker or educator
- ☐ Health care professional
- ☐ Youth advocate
- ☐ Non-Governmental Organisation (NGO) worker
- ☐ Intergovernmental Organisation (IO) or United Nations Agency worker
- ☐ Government/Ministry worker
- ☐ Private Sector worker
- ☐ Academic/Researcher
- ☐ Policy Advisor
- ☐ Donor/ Foundation
- ☐ Other

3. What is your age group?

- ☐ 18-24
- ☐ 25-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60+

* 4. Which of the animations have you watched?

- ☐ Breastfeeding in times of COVID-19
- ☐ Adolescent mental health in times of COVID-19
- ☐ Responsive care-giving in times of COVID-19

* 5. Which of the animations have you watched, used or shared the most?

- ☐ Breastfeeding in times of COVID-19
- ☐ Adolescent mental health in times of COVID-19
- ☐ Responsive care-giving in times of COVID-19

The remaining questions will ask you about your response to the animation you selected for Question 4

* 6. What language version(s) of this animation did you watch?

- ☐ Arabic
- ☐ Chinese
- ☐ English
- ☐ French
- ☐ Russian
- ☐ Spanish
- ☐ Other (please specify)

* 7. How did you receive the animation?

- ☐ On Twitter
- ☐ On Facebook
- ☐ On Instagram
- ☐ Through the PMNCH e-newsletter
- ☐ Saw it on the PMNCH website
- ☐ Disseminated by a PMNCH partner or other organisation
- ☐ Not sure
- ☐ Other (please specify)

8. Through which Twitter account did you watch this animation?

- ☐ PMNCH
- ☐ WHO
- ☐ UNICEF
- ☐ Not sure
- ☐ Other (please specify)

9. Through which Facebook account did you watch this animation?

- ☐ PMNCH
- ☐ WHO
- ☐ UNICEF
- ☐ Not sure
- ☐ Other (please specify)

10. Please rate this animation against the following criteria

	Excellent	Good	Average	Needs improving
Easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relatable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 11. These animations were designed for a global audience. Do you think that the style of characters and settings were relevant across different geographical regions?

- ☐ Yes, very much
- ☐ Yes, somewhat
- ☐ Not much
- ☐ Not at all

12. Please tell us why you think the characters and settings were not appropriate for a global audience

* 13. Did you respond to this animation in any of the following ways?

- ☐ I liked or commented on it
- ☐ I shared it with friends and family
- ☐ I shared it with colleagues and associates
- ☐ I shared it with members of the community I serve
- ☐ I shared it with government or civil society partners
- ☐ I/My organisation disseminated the animation through our channels and contacts
- ☐ I'm not sure/ I can't remember
- ☐ Other (please specify)

* 14. Did you use this animation in your work?

- ☐ Yes, for awareness raising with the general public/ local communities
- ☐ Yes, to show to clients or patients
- ☐ Yes, for advocacy or campaigning
- ☐ Yes, for health promotion activities
- ☐ Yes, to support my colleagues/ organisation's professional development or practice
- ☐ Yes, as part of health worker training programmes
- ☐ Yes, to inform the development of guidelines and protocols
- ☐ No I did not use this animation
- ☐ Other (please specify)

15. If you have any interesting feedback or more information about how you used this animation for your work, we would love to get in touch to hear from you. Please provide your name and email address here

* 16. Did you gain any new knowledge or more awareness from watching this animation?

- ☐ Yes
- ☐ No
- ☐ Not sure/ can't remember

17. Please tell us what you learned from the animation

* 18. Did the film prompt you to do something differently after watching it?

- ☐ Yes
- ☐ No
- ☐ Not sure/ can't remember

19. Please tell us what you did differently

20. Please tell us what you liked about this animation and if there is anything you would change about the animation?

* 21. Please say whether you agree or strongly agree, or are not user, or disagree or strongly disagree with the following statements

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Using social media is an effective way of disseminating health information to the general public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disseminating short films is helpful for translating or summarising evidence and guidance material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animations developed for a global audience can be effective in multiple contexts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PMNCH adds value by producing high quality multimedia tools, such as animations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Please share any other comments here

Your responses are confidential and will be used in research analysis. Anonymised quotes may be used for marketing and promotional materials. By submitting this form, you agree to these terms.

v) Partner monitoring feedback form



Mitigating Violence during times of COVID-19 animation Partner monitoring and feedback template

PMNCH is keen to understand the reach and effectiveness of the Mitigation Violence during times of COVID-19 animation. Your answers to the four questions below will contribute significantly to this analysis and help paint a more accurate picture of how the animation has been shared and used.

On [XX December 2021 - date TBC] we are planning to present and discuss data and learning gathered through real-time monitoring activities with partners involved in disseminating the animation. Please tell us which staff member(s) in your organisation might be interested in attending the call – we will send them an invitation with more details.

If you have further questions or wish to discuss this further, please email kalninai@who.int and helen@medicalaidfilms.org. Thank you for your help in evaluating this animation.

Please tell us which organisations/partners/ groups you have shared the link to the animation

Please tell us if your organisation has shared the animation or disseminated it electronically through:

- ☐ Facebook
- ☐ Twitter
- ☐ Instagram
- ☐ WhatsApp
- ☐ TikTok
- ☐ Organisational website
- ☐ E-newsletter or email group
- ☐ Other social media

Add any comments on frequency/occasion etc:

Please indicate if and how you have screened or used the animation

- ☐ As part of a project
- ☐ As part of an event or workshop
- ☐ With your staff
- ☐ In another way

Add any comments:

Please tell us about any feedback you received or outcomes as a result of screening or using the animation

☐ Please tick here if you or another colleague would be willing to participate in a short call (10 minutes) to provide more details about your answers above. Name and email address _____