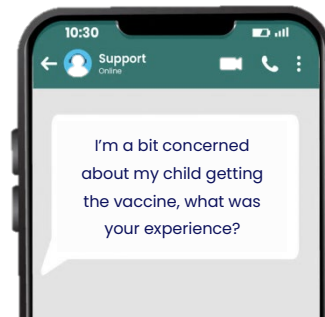


## VaxSocial Evaluation and Learning: Learning Summary #3

### Online/Offline Integration

This Learning Summary is the **third** in a **five-part learning series** from the VaxSocial project. The series explores key high-impact themes emerging from social and behaviour change (SBC) campaigns that seek to drive vaccine confidence and uptake, particularly through innovative digital and tech-enabled approaches. The findings draw on experiences from VaxSocial grantees and insights from wider literature.



This summary centres on **integration of online** (e.g. social media, chatbots, etc.) **and offline** (e.g. community outreach, in-person counselling, etc.) approaches. As part of the programme, VaxSocial grantees have been innovating on how to bridge online and offline approaches in ways that extend beyond broadcasting messaging, into signposting resources and facilitating support across both modalities. In this brief, we will explore these bridged online-offline approaches and examine how both digital and community-based interventions can strengthen one another when grounded in trust, authenticity, and shared ownership.

Across the VaxSocial grantees, we identified six crucial ingredients of successful online/offline integration. This paper builds on the initial Quarterly Learning Seminar #2, providing an overview of all six items.

1	Trust
2	Motivation
3	Community Bridges

Covered in Quarterly Learning Seminar #2  
(access [here](#))

4	Agility
5	Authenticity
6	Shifting Power

#### 1 Trust Is Established through People, Not Platforms

Trust is the foundation of integrating online and offline approaches, and it moves through people, not platforms. Digital campaigns work best when anchored in the credibility of offline ambassadors, such as Community Health Workers (CHWs), pharmacists, etc. who already hold community trust. However, trust alone does not guarantee action – it enables receptivity that must be paired with accessible services and practical support to convert intention into behaviour change. Critically, trusted voices must be equipped with accurate knowledge before being activated online, as credibility without competence can erode the very trust campaigns seek to leverage.

## How to do it:

- Leverage trusted voices as the link between online and offline engagement. These figures should be visible and active in both spaces so that people experience consistent, credible information wherever they interact.
- Amplify trusted voices online through authentic storytelling that extends their community credibility.
- Involve trusted voices in content creation – frontline workers should help shape messages and materials, not just share them, to help ensure authenticity and relevance. However, always invest in foundational preparation before activation to ensure message accuracy.
- Treat trust as an ongoing investment, not a one-time achievement – even very high trust levels can erode rapidly without consistent reinforcement. In Indonesia, VaxSocial grantee, Global Health Strategies (GHS), saw a control area with 96.5% positive attitudes experience a 34-point collapse within six months when active engagement stopped.

**GHS, Indonesia** Parents trusted WhatsApp facilitators because they also met them offline in their community, making online engagement feel personal and reliable.

**Upswell, Nigeria** Pharmacists' offline conversations revealed misinformation themes that weren't showing up in online comments. Feeding those insights back into content closed authenticity gaps and improved reach.

**Wider Literature** Willingness to vaccinate is based on three dimensions of trust: vaccine safety, institutions and health care professionals (*Adhikari et al. 2022*). Integrated campaigns must share communications online and offline that address all three points of concern to build and reinforce trust. Barriers also exist around trust towards digital tools being able to provide quality care, reinforcing the importance of offline ambassadors (*Good Things Foundation, 2025*).

## 2

## Motivation Requires Constant Replenishment

Maintaining motivation among frontline workers (CHWs, pharmacists, etc.) to both continue engaging with, and help deliver, interventions is critical to success. It's also one of the most commonly reported challenges across VaxSocial grantees. Different actors are motivated by different things (incentives, recognition, support, etc.), and motivation can fade if not replenished. When the right combination of knowledge, confidence, and support is in place, however, frontline workers can evolve beyond their assigned roles – from trained messengers into autonomous mobilisers who take initiative in their communities.



**How to do it:**

- Build confidence and access by equipping frontline workers with digital tools and regular training and support.
- Blend incentives based on role, curating a balance of financial, social and purpose-driven recognition tailored to the frontline worker and their needs.
- Validate online recognition offline, going beyond digital visibility to real-world spaces through ceremonies, supervisor praise, etc.
- Create conditions for organic role expansion – when frontline workers internalise the cause and feel confident in their knowledge, some will naturally expand beyond their assigned role.

**CISDI, Indonesia** CHWs were motivated with small content-based top-ups and ready-made monthly content packages, making it easier to share content.

**Group M, India** In addition to encouraging peer learning among Frontline workers, Group M also improved recognition of their efforts through an Asha-Of-The-Month programme.

**Upswell, Nigeria** Combining monthly stipends for CHWs with continuous refresher training and support facilitated prolonged motivation. When some pharmacies exhausted the pool of reachable caregivers in their immediate areas, several pharmacists took it upon themselves to go out into their communities – talking to people about vaccination at neighborhood markets and community gatherings.

**Wider Literature** Many frontline workers have likely experienced similar campaigns in the past, driving fatigue and loss of motivation (*Neel et al. 2021*). Making an active visible effort to offer support and helping ensure reasonable workloads can help mitigate this.

### 3 WhatsApp, SMS & Chatbots Are Community Bridges To Offline Care

WhatsApp and Short Message Service (SMS) are digital touchpoints that fill gaps in access to care when offline services may be more inaccessible or daunting. These touchpoints can bridge online and offline, as they are already connected to daily life through family chats and community conversations. Online chats thrive when they are more than just a broadcasting tool, becoming spaces for conversation, recognition, questions and support.

**How to do it:**

- Design groups for interaction and recognition, creating space for questions, peer exchange, and celebrating frontline workers.
- Set responsiveness standards for group facilitation – the quality of moderation determines whether groups build or erode trust.
- Use SMS and WhatsApp to sustain engagement and provide continuity of care, sending reminders, follow-ups, and nudges that turn offline intent into continued action.

- Anchor digital groups in offline trust, activating visible community facilitators as consistent touch points across both spaces.

**CISDI, Indonesia** WhatsApp groups worked like “personal care teams”, with parents answering each other’s vaccine worries before facilitators even stepped in.

**Upswell, Nigeria** The “Sign Up to Get Notified” SMS feature achieved share rates approaching 1% and cost per click of just \$0.05 during vaccination strikes in Abuja. The team also used an AI tool (Napoleon Cat) to auto-hide spam and respond to common questions, with human review of all actions.

**Wider Literature** Not all members of a community may be digitally literate, so a core component of leveraging the powerful capacity of online groups is providing engagement support where possible, such as smartphone training or in-person community events to reinforce engagement for online communities (*Lu et al. 2024*).

#### 4

### Integration Requires Agile Online/Offline Feedback Loops

When offline monitoring and online agility work in tandem, campaigns can avoid blind spots. By using online monitoring and offline feedback to continuously optimise both digital and real-world approaches, integration becomes a two-way mirror and an ongoing learning system, beyond just a coordination effort. Online and offline channels reveal different dimensions of community sentiment – digital listening surfaces rumour patterns and logistical questions, while in-person conversations uncover localised fears, cultural beliefs, and practical barriers that rarely appear online. Neither channel alone provides a complete picture, and campaigns should treat them as complementary sensing systems.

#### How to do it:

- Design real-time data systems where online and offline insights can be collated and used to optimise integrated approaches.
- Embed rapid iteration into the campaign, allowing for rapid course-correction and improvement of approaches, as communities share feedback online and offline.
- Monitor for message saturation – more exposure is not always better. Optimise exposure frequency rather than simply maximising it.

**Upswell, Nigeria** Offline monitoring showed fixed clinics were underperforming while outreach events thrived, so online campaigns pivoted in real-time to drive demand to outreach events.

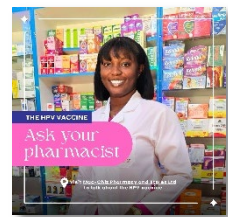
**GHS, Indonesia** Online surveys revealed parental concerns in real-time, which CHWs could then address during offline home visits. But monitoring should also track exposure intensity, not just content. An exposure index tracking message visibility, frequency, platform use, and WhatsApp Group participation found a ceiling effect: practice rates peaked at 67.6% at moderate exposure (around the 60th percentile) but dropped to 42% at the highest levels – even as knowledge reached 98.9%.

**Wider Literature** Ongoing rapid testing of communications and other interventions with target audiences before implementation has effectively improved the impact of vaccination campaigns (Gaysynsky et al. 2022). An agile approach overall also becomes crucial in the case of unexpected disruptions, such as in the case of COVID-19, allowing campaigns to remain relevant, in light of any changes to institutions, priorities of audiences and broader social shifts (Pritchard et al. 2022).

## 5

## Authenticity Outperforms Aesthetics Every Time

Communities respond to content that reflects their own offline realities and cultural rhythms. Localised content (pharmacists in local attire, ASHAs telling family-centred stories) can carry more weight than polished celebrity campaigns, due to increased credibility and relatability among audiences. So far, across VaxSocial grantees, hope-based and aspirational messaging consistently outperformed fear-based approaches, and video content dramatically outperformed static formats – not because of high production values, but because authentic, familiar faces on camera feel like content worth stopping for rather than ads to scroll past.



## How to do it:

- Prioritise local languages, imagery and relatable cultural reference points over polished branding.
- Turn offline stories and voices into localised digital content for greater resonance.
- Encourage community co-creation of content over outsourced production.
- Lead with entertainment, follow with trust, then open the conversation. Plan a deliberate content sequence using three complementary formats – (1) high-reach “blockbuster” entertainment content to normalise the behaviour and build awareness; (2) trusted voice content (e.g. pharmacist videos) to validate the decision and build confidence; (3) conversational content (e.g. Q&A posts) to create space for individual questions.

**Upswell, Nigeria** Authentic hyper-local content, such as local pharmacists in real clinics wearing traditional attire, outperformed polished health celebrity content.

**Group M, India** Content in regional dialects, reflecting local customs, idioms and storytelling traditions bridged cultural gaps, making health messages more accessible.

**Wider Literature** Authentic health care communication puts audiences at the centre of the narrative, acknowledging their perspectives and realities through relatable and trusted messengers (Berkman et al. 2011). Showing this empathy across integrated approaches is more effective than impersonal information alone (Rubinelli, 2025).

Integration of online and offline approaches can only be sustained by shifting ownership to those embedded in the system, for example ASHAs as WhatsApp admins, pharmacists as event organizers, etc. Sustainability is rooted in local realities, and campaigns need to be aware of those power dynamics to help ensure long-term impact once focused funding ends. This means planning for handover from the start – building content banks, embedding training materials in national systems, and investing the majority of resources in human infrastructure rather than paid media.

**How to do it:**

- Shift ownership of digital spaces to frontline workers, for example, as WhatsApp group administrators, social media content creators, or community moderators, so that channels continue to function when programme funding ends.
- Anchor online and offline campaign approaches in local authorities, driving local accountability.
- Create concrete handover tools from the outset – build content banks that local teams can draw from post-programme, upload training materials to government platforms for nationwide access, and integrate community facilitators into existing national coordination structures.

**GHS, Indonesia**

After the programme, health care workers serving as WhatsApp group admins were invited to join the national *Ibu Pandai* group coordination, where the Ministry of Health's health promotion team shares content for ongoing distribution. A content bank was provided to each social media administrator, and four training module videos were uploaded to the Ministry of Health's *AyoSehat* YouTube channel for nationwide access.

**Nivi, Nigeria**

CHWs were embedded in both health facilities and digital campaigns, building localised ownership that could outlive the campaign.

**Wider Literature**

Local ownership does not have to be limited to frontline workers alone. Digital health tools have been shown to have an empowering effect on patients when they are given ownership over it, providing them with more voice and agency, improving willingness to engage with health care (*Nassehi et al. 2024*).

## Bibliography:

- Adhikari, B., Cheah, P. Y., & von Seidlein, L. (2022). Trust is the common denominator for COVID-19 vaccine acceptance: A literature review. *Vaccine*, *X*, 12, 100213. <https://doi.org/10.1016/j.jvacx.2022.100213>
- Good Things Foundation. (2025). Belief and trust barriers to using digital health services: Learning from a research and co-design project. Good Things Foundation (Research report). <https://www.goodthingsfoundation.org/policy-and-research/research-and-evidence/research-2025/beliefs-and-trust-barriers-to-using-digital-health-services#:~:text=,be%20stored%20and%20protected%20digitally>
- Neel, A. H., Closser, S., Villanueva, C., Majumdar, P., Gupta, S. D., Krugman, D., ... & Alonge, O. (2021). 30 years of polio campaigns in Ethiopia, India and Nigeria: the impacts of campaign design on vaccine hesitancy and health worker motivation. *BMJ Global Health*, *6*(8). <https://doi.org/10.1136/bmjgh-2021-006002>
- Lu, S. Y., Yoon, S., Yee, W. Q., Ngiam, N. H. W., Ng, K. Y. Y., & Low, L. L. (2024). Experiences of a community-based digital intervention among older people living in a low-income neighborhood: A qualitative study. *JMIR Aging*, *7*, e52292. <https://doi.org/10.2196/52292>
- Gaysynsky, A., Heley, K., & Chou, W. S. (2022). An overview of innovative approaches to support timely and agile health communication research and practice. *International Journal of Environmental Research and Public Health*, *19*(22), 15073. <https://doi.org/10.3390/ijerph192215073>
- Pritchard, R., Bhavsar, S., & Williams, P. (2022). Lessons from the field: The role of agility in a coproduction project encompassing the COVID-19 pandemic. *Health Expectations*, *25*(2), 587–594. <https://doi.org/10.1111/hex.13465>
- Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., Crotty, K. (2011). Low Health Literacy and Health Outcomes: An Updated Systematic Review. *Annals of Internal Medicine*, *155*(2), 97–107. <https://doi.org/10.7326/0003-4819-155-2-201107190-00005>
- Rubinelli, S. (2025). Why health institutions must learn from social media influencers: A paradigm shift in health communication. *Journal of Health Communication*, *30*(6), 1–4. <https://doi.org/10.1080/10810730.2025.2517385>
- Nassehi, D., Gripsrud, B. H., & Ramvi, E. (2024). Theoretical perspectives underpinning research on the physician–patient relationship in a digital health practice: Scoping review. *Interactive Journal of Medical Research*, *13*(1), e46885. <https://doi.org/10.2196/46885>

## About VaxSocial

The VaxSocial Initiative is a \$12 million initiative focused on demonstrating how social media can help build vaccine confidence funded by Gavi the Vaccine Alliance and Advancing Health Online (AHO) – a fiscally sponsored project of Global Impact.

<https://www.vaxsocial.com/>



**VaxSocial**



**M&CSAATCHI**