Support Programme to Integrated National Action Plans For Avian and Human Influenza

SPINAP-AHI

A PROTOTYPE COMMUNICATION STRATEGY FOR AVIAN INFLUENZA

June, 2009
Nairobi, Kenya
African Union’s Interafrican Bureau for Animal Resources (AU/IBAR)

Support Programme to Integrated National Action Plans
For Avian and Human Influenza (SPINAP-AHI)

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FOR AVIAN AND HUMAN INFLUENZA

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### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACP</td>
<td>Avian and Human Influenza</td>
</tr>
<tr>
<td>AI</td>
<td>Avian influenza</td>
</tr>
<tr>
<td>AU/IBAR</td>
<td>African Union’s Interafrican Bureau for Animal Resources</td>
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<tr>
<td>BCC</td>
<td>Behaviour Change Communication</td>
</tr>
<tr>
<td>CBO</td>
<td>Community based organization</td>
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<tr>
<td>FBO</td>
<td>Faith based organization</td>
</tr>
<tr>
<td>HPAI</td>
<td>Highly Pathogenic Avian Influenza</td>
</tr>
<tr>
<td>IBAR</td>
<td>Interafrican Bureau for Animal Resources</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communication Technology</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and communication</td>
</tr>
<tr>
<td>INAPs</td>
<td>Integrated National Action Plans</td>
</tr>
<tr>
<td>KAP</td>
<td>Knowledge, Attitude and Practice</td>
</tr>
<tr>
<td>KAPB</td>
<td>Knowledge, Attitude, Practice and Behaviour</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<tr>
<td>PCU</td>
<td>Programme Coordination Unit</td>
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<tr>
<td>SMART</td>
<td>Specific, Measurable, Attainable, Reasonable and Time-bound</td>
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<tr>
<td>SPINAP-AHI</td>
<td>Support Programme to Integrated National Plans for Avian and Human Influenza</td>
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<tr>
<td>TOR</td>
<td>Terms of Reference</td>
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<tr>
<td>TOT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>TV</td>
<td>Television</td>
</tr>
<tr>
<td>VIPP</td>
<td>Visualization in Participatory Programmes</td>
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</table>
Acknowledgement

Many individuals contributed to the development of this document. Nicholas Nehemiah Dondi, the Behaviour Change Communication Consultant identified by IBAR, had the primary responsibility for developing the document, and we thank him on the successful completion of the work.

The consultant’s initial draft was field tested through use during the four SPINAP regional communication workshops held in Nairobi, Gaborone, Bamako and Dakar between August 3 and September 4, 2009. The workshops were attended by a total of 116 Country Coordinators and Communication Officers from 42 countries. We thank all the participants for the comments they made to improve the document.

We thank DRs Oumou Sangare and Baboucarr Jaw, IBAR Regional Coordinators in Gaborone and Bamako, for their support. SPINAP Coordinators for Eastern, Western and Southern Africa, Drs Nesru Hussein, Zacharie Compaore and Gift Wanda, provided excellent support to the entire process that culminated in this document. Dr Samuel Muriuki, the SPINAP Continental Coordinator, provided most able oversight to the process. We acknowledge the contribution of Eric Kimani, who ably coordinated all the inputs and activities day to day, and provided ICT support. We acknowledge the following, who provide logistical support to ensure the success of the workshops: Shadra Zaid, Nthapeleng Shai, Mariam Kanouté, Damaris Muthee, Benjamin Lungu, Dianguine Konate.
Foreword

The African Union’s Interafrican Bureau for Animal Resources (AU/IBAR) has been implementing the Support Programme to Integrated National Action Plans for Avian and Human Influenza (SPINAP-AHI) since May 2007. The goal of the programme is to reduce the socio-economic impact of avian influenza in African, Caribbean and Pacific (ACP) countries by strengthening the capacities of these countries to plan and implement effective interventions to prevent and contain avian human influenza. The programme advocates integrating H1N1 concerns with those of avian influenza as feasible. Forty-seven countries in the region are receiving support from SPINAP.

The SPINAP programme is built on three pillars – supporting countries to build strong surveillance systems, enhancing the capacity of laboratory to carry out investigations and collaboration with other laboratories worldwide, developing capacity for planning and implementing communication interventions that promote practice of appropriate behaviours to prevent and contain animal and human influenza. This document contributes to the development of the communication component.

The capacity for planning and implementing effective behaviour change communication (BCC) interventions is relatively weak in the Africa Region. It is even weaker in the animal health sector. The factors responsible for this situation include lack of appropriately trained personnel to lead communication activities, inadequate communication planning and lack of quality communication materials and tools. The Prototype Communication Framework for Avian and Human Influenza seeks to fill the communication planning gap.

The document is provided to help countries implementing SPINAP activities to fine tune their communication strategies and fast track implementation of behaviour change communication activities. The framework may also be modified to meet the needs of other interventions that need community participation and action. It is the hope of IBAR that people working in animal health and production will acquaint themselves with the framework and adapt it to strengthen other aspects of animal and health and animal production.

This document is issued together with asset of SPINAP-AHI print materials and Avian and Human Influenza Communication Training Manual. These materials should help country programmes to fast-track implementation of H5N1 and H1N1 communication interventions. On request, AU/IBAR will endeavour to make available technical assistance to help countries receiving SPINAP funding to customize and utilize these materials.

Prof Ahmed El-Sawalhy
Director, AU/IBAR
Executive Summary

The African Union’s Interafrican Bureau of Animal Resources (AU/IBAR) has been implementing the Support Programme to Integrated National Plans for Avian and Human Influenza (SPINAP-AHI) since May 2007. The goal of the programme is to support African Caribbean and Pacific (ACP) countries to strengthen their capacity to prevent and control avian influenza in animals and prepare to deal with a possible human influenza pandemic in the event that it occurs. Communication is a key component of this and other disease prevention and control initiatives, and is receiving priority attention in this programme.

However, communication activities have been lagging behind on many SPINAP country programmes. Many of the countries lack appropriately trained communication personnel and tools such as suitable communication strategies and materials. This document presents a framework for an Avian and human influenza communication strategy designed to provide a resource for use during the development of country communication strategies. Availability of the resource should accelerate country efforts to fine tune their communication plans.

The document presents a detailed framework that can be used by country with minimum modifications, in a modified format or as a resource during preparation of national strategies. The framework includes:

- The background that puts the H5N1 and H1N1 in a global context and identifies the need for communication
- A review of the poultry industry in Africa with emphasis on behaviours and practices
- Technical interventions for prevention and control of H5N1 and H1N1
- Behaviours to promote
- Behaviour analysis
- Target audiences and where they can be reached with behaviour change communication (BCC) interventions
- Communication objectives
- Country strategies and activities at the various levels – national, provincial and community
- Strategies for regional collaboration and coordination
- An avian and human influenza message framework
- Training and capacity building strategies
- Country level coordination and collaboration
- Monitoring and utilization of monitoring information
- A template for developing a communication plan of action
- Annexes that include a sample supportive supervision checklist and monitoring templates.

It is hoped that availability of this guide will help countries to fast-track development of quality country communication strategies and implementation of communication activities on SPINAP country programmes. The document should prove valuable during development of communication strategies in other technical areas as well.
01.0 Background

The African Union's Interafrican Bureau for Animal Resources (AU/IBAR) is implementing the Support Programme to Integrated National Action Plans for Avian and Human Influenza (SPINAP-AHI). The goal of the programme is to contribute to the reduction of the socio-economic impact of avian influenza and the potential loss of human lives that would result from the incursion of the disease. The programme supports the African Caribbean and Pacific (ACP) countries to develop capacity to prevent and control avian influenza in animals and prepare to deal with a possible human influenza pandemic in the event that it occurs. The programme supports countries to achieve:

- Strengthened capacity for prevention and control of AHI at the national level
- Enhanced information and communication activities for the creation of awareness about avian and human influenza
- Enhanced coordination and implementation of Integrated National Action Plans (INAPs)

The programme is funded by the European Commission and supports 47 ACP countries.

Communication has been identified as a key area to strengthen in order to achieve the programme and country goals. Although the programme was originally designed to address prevention and control of the highly pathogenic avian influenza (HPAI) caused by the H5N1 viruses, it recognizes the concerns that have emerged as a result of the recent outbreak of the H1N1 influenza and addresses them to the extent that they can be accommodated within the programme framework.

01.1 AVIAN INFLUENZA

Avian influenza, or “bird flu”, is a contagious disease caused by Influenza A viruses that normally infect birds. But the viruses can also infect mammals, including humans. The highly pathogenic avian influenza (HPAI) currently circulating in the world is caused by the H5N1 viruses. Infected birds shed influenza viruses in their saliva, nasal secretions, and faeces. Susceptible poultry become infected through contact with the secretions of sick birds and pass on the infection to humans.

The majority of cases of human infection have been linked to close contact with infected domestic birds. However, the viruses can also be transmitted during slaughter and preparation of infected poultry for cooking and during consumption of inadequately cooked poultry and poultry products.

Since the first case of the H5N1 virus was identified in Asia in 2003, it has spread across Asia, Europe, the Middle East and Africa. Outbreaks have been reported in Nigeria, Egypt, Niger, Cameroon, Djibouti, Cote d'Ivoire, Burkina Faso and Southern Sudan. Although human-to-human infection of HPAI remains limited, human flu viruses have been known to spread rapidly among people, and it is feared that the H5N1 virus could acquire the ability to spread easily and cause widespread mortality before humans acquire immunity against it.
01.2 H1N1

The H1N1 influenza, commonly referred to as “swine flu”, is a contagious respiratory disease usually transmitted from person to person through the normal routes of flu transmission. Flu is transmitted from one person to another through droplets released from an infected person during spitting, coughing, sneezing, and talking. The droplets can go as far as one metre away. The viruses in the droplets remain alive for several hours on hard surfaces, such as tables, door handles, telephones, clothing, paper and computer key boards. People pick up these viruses when they come in contact with the contaminated surfaces, and the viruses get into their bodies when they touch their noses, mouths and eyes. Flu viruses also get into the body through breathing in air contaminated with flu viruses.

The H1N1 flu is a mild flu which usually cures on its own without treatment. But the flu can also become serious and cause complications, even death, especially among people with other health conditions and weaker immune systems. These include old people, children, pregnant women and people with other health conditions. The flu started in Mexico in March 2009 but has since been identified in many countries, including some countries in Africa. The disease spreads easily, but it can also be readily treated.

01.3 GLOBAL AND NATIONAL RESPONSE

FAO, OIE, WHO and other international development agencies are providing global leadership in the fight against H5N1 and H1N1 and have advised counties to develop Integrated National Action Plans (INAPs) to guide interventions to address the H5N1 threat. INAPs focus on strengthening surveillance, laboratory investigations and communication designed to promote behaviours that can prevent the incursion of H5N1 and contain it in the event that it occurs. Most countries have their INAPs in place already and are in the process of implementing them.

Many countries have also developed plans to address the H1N1 threat. These include

- Giving priority to the population most at risk of infection such as old people, children, people with pre-existing health conditions, pregnant women and people living in and near areas where the disease has been identified.
- Reducing death by promptly treating acute respiratory illnesses and pneumonia
- Reducing the spread of the disease through providing education on what people can do to protect themselves, care for the sick and reduce the impact of the disease
- Reviewing and upgrading plans to address emerging issues
- Strengthening coordination and integrating interventions in the regular health management system to improve sustainability

But because of the concerted response mounted worldwide, the N5H1 flu and H1N1 have not spread as fast as pandemics flus of the past. The world has, however, been warned, and the slow spread has provided an opportunity for action to stop the flus and avert the effects of these flus. We should, therefore use this time to plan and implement pre-emptive action.
01.4 THE NEED FOR COMMUNICATION

Whether the goal of preventing and containing these flus is achieved or not depends on the people’s behaviours. The disease will be prevented if the people adhere to the recommended behaviours and practices, while practice of contrary behaviours may only help to spread the disease. All countries need to strengthen communication to promote practice of behaviours that can prevent the flus and contain them in the event that they occur.
02.0 Communication Assessment

02.1 POULTRY INDUSTRY IN AFRICA

The H5N1 viruses that cause avian influenza originate from wild birds and domestic poultry, and, therefore, efforts to prevent and control the disease should start with a review of the poultry industry. Following are the main features of the poultry industry in Africa:

- Most African countries are in the path of migratory birds. Some of the birds come from countries which have already had an outbreak of the HPAI
- Most of the countries have large poultry populations
- The Majority of the poultry (up to 99% in some countries) are free range poultry which roam about scavenging for food. In free range poultry keeping systems, poultry of different species and age are mixed and the domestic birds mix freely with wild birds and people. In most instances, the birds share sleeping quarters with people, they are kept under poor hygienic conditions, are poorly nourished and typically go unimmunized against common poultry diseases.
- The commercial farms with confined poultry are often located near big urban centres which provide markets. The high concentration of the poultry population side by side with high concentrations of human populations provide a potential risk for outbreaks of zoonotic diseases.
- Research finds that most poultry farms in the region (commercial and free range) have significant biosecurity challenges. Sector 3 farms have been found to pose the greatest biosecurity risks.
- Hygiene challenges exist throughout the poultry value chain – on the farm, in collecting and selling centres, in poultry holding grounds, transportation, poultry markets, slaughter, and during disposal of leftovers and waste.
- Most inputs into commercial poultry farms (hatching eggs, point of lay pullets, day old chicks, concentrates for poultry feeds, finished poultry feeds) are imported from neighbouring or far off countries.
- There is considerable importation of live poultry, eggs and poultry products between African countries and from abroad. Much of the trade is illegal and poultry and their products often cross borders without inspection.
- Virtually all the countries of the region have weak early disease detection systems.
- Most of the people in these countries do not believe that human beings can get diseases from birds and are inadequately informed about the risk of exposure to such diseases.

Strategies need to be developed to address these issues. The following analysis from Nigeria, a country that has had several HPAI outbreaks, shows how the factors may be prioritized for action.
### Nigeria HPAI Risk Analysis

<table>
<thead>
<tr>
<th>High</th>
<th>Moderate</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor that can promote HPAI incursion</strong></td>
<td><strong>The present expansion of infected zone of AI due to globalization and relative ease of movement and transportation</strong></td>
<td><strong>The presence of AI in South East Asia, East and West Europe and increased trade and human traffic with Nigeria</strong></td>
</tr>
<tr>
<td>- Long porous border and informal livestock movement/trading across borders, especially at border markets</td>
<td>- Smuggling/illegal movement of poultry and poultry products into Nigeria from infected countries</td>
<td>- Migratory birds</td>
</tr>
<tr>
<td>- Inadequate veterinary quarantine facilities and manpower</td>
<td>- Presence of ducks (silent reservoirs) in close contact with free range poultry; free range poultry mingling freely with wild birds</td>
<td></td>
</tr>
</tbody>
</table>

### Factors that may lead to endemcity

<table>
<thead>
<tr>
<th>High</th>
<th>Moderate</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Predominantly backyard poultry system</td>
<td>- Mixing of poultry species and age</td>
<td>- Presence of ducks (silent reservoirs) in close contact with free range poultry; free range poultry mingling freely with wild birds</td>
</tr>
<tr>
<td>- Uncontrolled poultry and livestock movement in the country</td>
<td>- Inadequate early warming and early reaction capacity, including lack of capacity to recognize and diagnose HPAI among health workers</td>
<td></td>
</tr>
<tr>
<td>- High contact between poultry and humans</td>
<td>- Poor animal health delivery system</td>
<td></td>
</tr>
<tr>
<td>- Lack of organized poultry marketing and open air poultry markets – mixing of poultry species, poor sanitary conditions</td>
<td>- Poor facilities for disseminating messages on HPAI</td>
<td></td>
</tr>
<tr>
<td>- Lack of registration and licensing of poultry farms</td>
<td>- Sale and consumption of sick and dead birds</td>
<td></td>
</tr>
<tr>
<td>- Inadequate compensation &amp; delay in making compensation discourages farmers to report, leading to late detection and response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Inadequate disposal facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Lack of efficient quarantine and movement control of birds from infected and non-infected areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Inadequate publicity and motivation of the public to report the disease early</td>
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</tbody>
</table>

**Overall assessment:** The assessment found the risk of introducing H5N1 in Nigeria moderate. But once introduced, the risk of the disease becoming endemic was high.
03.0 Interventions to Prevent and Contain H5n1 and H1N1

03.1 H5N1

Animal and human health authorities recommend implementation of the following interventions to prevent and control HPAI:

**Separate**
- Keep poultry in its own cages or houses, away from houses in which people live
- Keep new poultry separate for 2 weeks to observe and be sure that it is not sick before mixing with other poultry
- Keep poultry of different species and ages separate
- Keep children away from handling poultry, eggs and other poultry products
- Burn to ashes or bury dead birds, poultry that has died of unknown causes and left over poultry parts
- Composite poultry droppings before you use it as manure
- Wear protective clothing when handling poultry
- Transport poultry in cages on vehicle racks, and not in the passenger cabin

**Report**
- Report to a veterinary officer or government official when you encounter sick poultry or poultry that has died of unknown causes
- Train children to report to an adult if they encounter sick poultry or poultry that has died of unknown causes
- Report to veterinary authorities or a government officer poultry deaths which occur during transportation

**Wash**
- Wash hands with water and soap after handling poultry or birds, slaughtering or preparing poultry for cooking
- Slaughter and prepare poultry in a clean place, on clean surfaces, using clean knives and utensils
- Wash items used to prepare poultry thoroughly with soap and water
- Wash and disinfect shoes, vehicle or bicycle wheels, after visiting a poultry farm, a poultry market or transporting poultry
- Avoid sharing poultry farm equipment with neighbours
- On the farm, place disinfectant wheel/foot dips at the entrance of the poultry farm and poultry houses
**Cook**
- Sell, buy and eat only healthy poultry
- Buy only poultry meat which is inspected by a veterinary officer and stamped
- Do not eat sick poultry or poultry which has died of unknown causes
- Cook poultry products thoroughly until the meat turns brown in colour and has no traces of blood
- Avoid mixing raw poultry meat products with cooked foods or foods that are eaten raw

**Stop the disease**
- Practice high standards of biosecurity
- Immunize your poultry flock regularly
- Maintain adequate surveillance and preventive action at border points
- Enforce movement control as necessary

**Find the disease**
- Intensify surveillance
- Give compensation to encourage poultry owner to cooperate during culling
- Trace and disinfect possible sources of infection and spread

**Kill the disease quickly**
- Cull poultry on infected and surrounding farms.

**Care and treatment**
- Seek treatment at a health facility immediately if you get a fever after contact with sick or dead poultry or birds
- Undergo a medical examination regularly if you work with poultry (on the farm, in poultry trade and eating places)
- Cover your mouth when sneezing and wash hands after using them to cover the mouth when sneezing and coughing
- Isolate family members suspected to be infected with HPAI and get only one family member to serve the patient
- Avoid gatherings in an area which has been declared to have HPAI
- Stay home if you are sick with a flu
- Avoid shaking hands if you are sick with flu
03.2 H1N1

The following interventions are recommended to prevent H1N1:

Wash hands with soap and water frequently especially when:
- Coughing and sneezing
- Shaking hands with people who have flu-like symptoms
- Handling poultry and poultry products
- Cleaning the poultry house or touching poultry droppings
- Slaughtering and preparing poultry for cooking

Maintain high standards of hygiene
- Avoid touching your eyes, nose and mouth. Your hands could be carrying flu viruses
- Clean common items used in the house with water and soap or wipe with a household disinfectant. (The objects to clean may include tables, telephones, key boards, door handles, clothing, bedside tables, kitchen counters and baby toys)

Keep your distance
- Avoid crowded areas, such as markets, public meetings and entertainment places
- Keep away from people with flu-like symptoms, especially if you have other health problems or you are pregnant. Flu can complicate your condition.
- Keep at least one metre away from a person with flu-like symptoms
- Stay home if you are sick with flu-like symptoms to avoid infecting other people

Cover your mouth and nose when coughing and sneezing
- Sneez in your sleeves or in a tissue and throw the tissue in the waste basket.

Separate people who are sick with flu-like symptoms
- Keep a person sick with flu-like symptoms away from other people if you can.
- Keep open the windows in the room with a person with flu-like symptoms
- Remind the sick person to cover his/her mouth and nose when coughing and sneezing

Follow government advice
- Follow the advice given by the government and health officials on how to prevent the H1N1 flu
04.0 Communication Analysis

04.1 BEHAVIOURS TO PROMOTE
Section 3 above discusses the interventions recommended for implementation to prevent and contain H5N1 and H1N1. The interventions allude to the behaviours to promote.

04.2 BEHAVIOUR ANALYSIS
Research shows that many people in Africa have heard of bird flu, but the knowledge they have about the disease is superficial or erroneous, and not enough to empower them to take the action needed to prevent and control the disease. The table below analyzes the status of knowledge and practices relating to the disease and the factors that promote and hinder the practice of the recommended behaviours. The analysis is based on research materials from a number of countries in Africa. Country programmes are advised to conduct their local research to identify the factors are relevant in their situation.

<table>
<thead>
<tr>
<th>CURRENT BEHAVIOURS/PRACTICES</th>
<th>BARRIERS TO CHANGE FACTORS THAT</th>
<th>CAN FACILITATE CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate</td>
<td>-Traditional practices</td>
<td>-Some people keep poultry in cages outside living houses</td>
</tr>
<tr>
<td></td>
<td>-Lack of information</td>
<td>-People know the value of separating sick from healthy poultry and are doing it</td>
</tr>
<tr>
<td></td>
<td>-Lack of isolation space</td>
<td>-There are a number of initiatives on the continent to promote improved poultry keeping, production and housing that Sector 4 people can afford</td>
</tr>
<tr>
<td></td>
<td>-It is inconvenient to separate</td>
<td>- Improve production and profits should provide the funds and encouragement to improve practices and biosecurity practices</td>
</tr>
<tr>
<td></td>
<td>-Belief that poultry diseases cannot affect humans</td>
<td>-Some traders and transporters know that they are not allowed to carry poultry in the passenger cabin</td>
</tr>
<tr>
<td></td>
<td>-Fear that if birds are kept on their own, they will be stolen</td>
<td>-Many traders are already using cages to transport poultry on vehicle racks</td>
</tr>
<tr>
<td></td>
<td>-People are poor and poultry returns are low, so there is no money or interest to invest in poultry housing and improved biosecurity</td>
<td>A few people report sick poultry to agricultural or veterinary officers reported</td>
</tr>
</tbody>
</table>

- Poultry live in the same space with human beings
- People mix different poultry species and ages
- Poultry mix freely with wild birds and other animals
- Sick poultry is placed even closer to the family sleeping area to get warmth
- New birds are not isolated from others for 2 weeks
- People sell poultry and day old chicks on the streets
- Unsold poultry is returned to the farm/home and not isolated
- Enclosed poultry is reared alongside free range poultry (Sector 3)
- Poultry is often kept in semi-enclosed space which allows contact with wild birds (Sector 3)
- Human traffic is uncontrolled on poultry farms and slaughter areas
- Poultry is transported in the same cabin with passengers

- People do not report sick and dead birds to authorities
- Instead of reporting, people use traditional remedies and purchase drugs from the pharmacy to treat sick poultry
- There is no reporting tradition in many areas
- People do not know that they are required to report
- Belief that poultry sickness & death are small things which should not be
### CURRENT BEHAVIOURS/ PRACTICES

People do not believe that bird diseases can affect humans
- People do not know the value of reporting
- People feel that poultry keeping is a private affair that should not involve authorities
- There are no incentives to promote reporting
- There is a perception that no action will be taken even if you report
- Perception that authorities will laugh and ridicule one for reporting
- Belief that people are capable of treating their own poultry (using traditional & home remedies) and there is no need to involve the authorities

### BARRIERS TO CHANGE FACTORS THAT

- Many people keep low standards of personal and home hygiene
- Frequent hand washing is not considered as important and people in poultry trade do not wash hands after contact with poultry
- Many people wash hands without soap
- It is common for many people to wash in one basin instead of under running water
- People work in poultry trade dressed in clothes for daily use, which they wash infrequently
- People keep low levels of hygiene on poultry farms and in poultry transport and markets and slaughter areas

### CAN FACILITATE CHANGE

- Lack of information
- Belief that bird diseases cannot infect humans
- Poultry traders believe that they deal in healthy disease-free poultry only
- No culture of frequent hand washing
- People wash infrequently to save water and soap
- People are working all the time and some claim they have no time to wash and keep clean

### Hand washing and hygiene

- Some poultry traders and slaughterers clean their clothes often “to remove blood and poultry smell”
- A few traders change into different clothes after work and clean work clothes daily
- Some use aprons at work

### Cover your mouth and nose when coughing and sneezing

- Many people already use handkerchiefs and an increasing number are turning to use of handkerchiefs and tissue, especially in urban areas

<table>
<thead>
<tr>
<th>PEOPLE</th>
<th>FACTORS</th>
<th>CAN FACILITATE CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many people</td>
<td>Low standards of personal and home hygiene</td>
<td>Lack of information</td>
</tr>
<tr>
<td>Frequent hand washing is not considered important and people in poultry trade do not wash hands after contact with poultry</td>
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<tr>
<td>People work in poultry trade dressed in clothes for daily use, which they wash infrequently</td>
<td>People wash infrequently to save water and soap</td>
<td></td>
</tr>
<tr>
<td>People keep low levels of hygiene on poultry farms and in poultry transport and markets and slaughter areas</td>
<td>People are working all the time and some claim they have no time to wash and keep clean</td>
<td></td>
</tr>
</tbody>
</table>

- Many people keep low standards of personal and home hygiene
- Frequent hand washing is not considered as important and people in poultry trade do not wash hands after contact with poultry
- Many people wash hands without soap
- It is common for many people to wash in one basin instead of under running water
- People work in poultry trade dressed in clothes for daily use, which they wash infrequently
- People keep low levels of hygiene on poultry farms and in poultry transport and markets and slaughter areas

### Hand washing and hygiene

- Lack of information
- Belief that bird diseases cannot infect humans
- Poultry traders believe that they deal in healthy disease-free poultry only
- No culture of frequent hand washing
- People wash infrequently to save water and soap
- People are working all the time and some claim they have no time to wash and keep clean

### Cover your mouth and nose when coughing and sneezing

- Many people already use handkerchiefs and an increasing number are turning to use of handkerchiefs and tissue, especially in urban areas

- Many people keep low standards of personal and home hygiene
- Frequent hand washing is not considered as important and people in poultry trade do not wash hands after contact with poultry
- Many people wash hands without soap
- It is common for many people to wash in one basin instead of under running water
- People work in poultry trade dressed in clothes for daily use, which they wash infrequently
- People keep low levels of hygiene on poultry farms and in poultry transport and markets and slaughter areas

### Hand washing and hygiene

- Lack of information
- Belief that bird diseases cannot infect humans
- Poultry traders believe that they deal in healthy disease-free poultry only
- No culture of frequent hand washing
- People wash infrequently to save water and soap
- People are working all the time and some claim they have no time to wash and keep clean

### Cover your mouth and nose when coughing and sneezing

- Many people already use handkerchiefs and an increasing number are turning to use of handkerchiefs and tissue, especially in urban areas
<table>
<thead>
<tr>
<th>CURRENT BEHAVIOURS/PRACTICES</th>
<th>BARRIERS TO CHANGE FACTORS THAT</th>
<th>CAN FACILITATE CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cook</strong></td>
<td>-People do not believe that poultry diseases can infect humans</td>
<td>-There are many people who believe that it is wrong to eat animals which are sick or have died of unknown causes (including poultry)</td>
</tr>
<tr>
<td>-People eat raw eggs and give it as medicine especially to children</td>
<td>-Culture of eating sick poultry is established in some areas</td>
<td></td>
</tr>
<tr>
<td>-People sell and eat sick poultry</td>
<td>-People sell and eat sick poultry to cut down on their losses</td>
<td></td>
</tr>
<tr>
<td><strong>Disposal of waste &amp; leftovers</strong></td>
<td>-Lack of information</td>
<td>-A few poultry producers bury poultry droppings</td>
</tr>
<tr>
<td>-Poultry keepers sell or use raw poultry droppings as manure</td>
<td>-Profit motive – the desire to make money on all items without loss or waste</td>
<td></td>
</tr>
<tr>
<td>-Leftovers and dead birds are deposited in the bush, rivers bins and in dumpsites for normal garbage</td>
<td>-Pressure from those who want manure and leftover parts</td>
<td></td>
</tr>
<tr>
<td>-Offals and leftovers are given to pigs and other animals to eat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Raw poultry droppings are given to dairy cows</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Keeping social distance</strong></td>
<td>-People believe that it is wrong to avoid people because they are sick</td>
<td>-People know that when you move near a person with a cold or cough, you can catch the cold or cough</td>
</tr>
<tr>
<td>-Hand shaking is a common practice in most cultures and difficult to avoid</td>
<td>-Instead, people move closer to them as a show of love and care</td>
<td></td>
</tr>
<tr>
<td>-People feel compelled to go to markets and other crowded areas to meet their essential needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Avoiding sick people is culturally unacceptable</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Care and treatment/separating people with flu</strong></td>
<td>-People consider flu-like symptoms to be minor illnesses that do not warrant a trip to the health facility</td>
<td>-Many people seek help for various diseases from the health facility</td>
</tr>
<tr>
<td>-People like being close to their sick members as an expression of care and love &amp; it would be difficult to keep away from them</td>
<td>-The culture of treating diseases at home is well established</td>
<td>-People know that when a disease is serious or is not getting better, the patient should go to the health facility for help. This means that they recognize the value of the health services available at health facilities</td>
</tr>
<tr>
<td>-People live in small houses and have no space in which to separate the sick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-People do self-medication and go to the health facility only when they perceive the condition to be serious or not getting better</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Following government instructions</strong></td>
<td>-It might be difficult for individuals to follow the instructions because of the strong cultural practices</td>
<td>-Many people trust government and tend to follow government instructions</td>
</tr>
<tr>
<td>-Some people believe that government gives advice/instructions without regard to whether they can be implemented or not, and without consideration of the effect of such advice on the people</td>
<td>-It may be expensive to implement the practices</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-The facilities and supplies needed to implement the advice (such money to buy handkerchiefs may not be available</td>
<td></td>
</tr>
</tbody>
</table>
04.3 Target Audiences, Points of Contact and Media

The table below identifies the key communication target audiences to address, the venues and settings where the audiences can be reached, the media that can be used to reach the various audiences.

<table>
<thead>
<tr>
<th>AUDIENCE</th>
<th>POINT OF CONTACT</th>
<th>MEDIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary target audiences</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General public</td>
<td>In their homes, communities, places of work</td>
<td>Radio, TV, folk media (community theatre, road shows, etc)</td>
</tr>
<tr>
<td>Border point staff (veterinary, human health, immigration, customs, police)</td>
<td>In the workplace Staff meetings Seminars and workshops</td>
<td>Training events and on-the-job discussions and demonstrations</td>
</tr>
<tr>
<td>International travelers</td>
<td>Airports, bus/train stations, sea ports)</td>
<td>General information through posters and flyers, One-on-one information dissemination and counselling by border point staff</td>
</tr>
<tr>
<td>Rapid response teams</td>
<td>In the workplace, Staff meetings Seminars and workshops</td>
<td>Information dissemination during staff meetings and workshops</td>
</tr>
<tr>
<td>Community members and free range poultry keepers</td>
<td>Homes Community meetings Places of gathering, e.g. markets in community groups</td>
<td>Radio, folk media (community theatre, road shows, etc), radio listenership groups, film shows/ discussion</td>
</tr>
<tr>
<td>Poultry farmers &amp; farm workers</td>
<td>Farms Seminars and workshops</td>
<td>Radio/TV Message dissemination through extension workers seminars and workshops Field trips and demonstrations</td>
</tr>
<tr>
<td>Poultry traders &amp; workers in the poultry trade (traders, vendors, slaughterers and poultry market managers)</td>
<td>Markets Association meetings</td>
<td>Market meetings Trader’s association meetings Seminars and workshops</td>
</tr>
<tr>
<td>Poultry associations and farmer’s union leaders and members</td>
<td>Association general &amp; committee meetings</td>
<td>Presentations during general and committee meetings, Seminars and workshops</td>
</tr>
<tr>
<td>Poultry transporters (transport owners and drivers)</td>
<td>Transport association meetings</td>
<td>Presentations during general and committee meetings Seminars and workshops</td>
</tr>
<tr>
<td>Children</td>
<td>Schools</td>
<td>School educational events &amp; competitions. Special programmes on radio and TV</td>
</tr>
<tr>
<td>Restaurant owners</td>
<td>During restaurant association meetings At restaurants</td>
<td>Workplace discussions and demonstrations Seminars and workshops</td>
</tr>
<tr>
<td>AUDIENCE</td>
<td>POINT OF CONTACT</td>
<td>MEDIA</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Secondary target audiences</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High level leaders and policy makers</td>
<td>In their offices</td>
<td>One-on-one advocacy visits</td>
</tr>
<tr>
<td></td>
<td>During meetings, seminars and workshop</td>
<td>Presentations during seminars organized by the programme or for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>other purposes</td>
</tr>
<tr>
<td>Media workers</td>
<td>Work place</td>
<td>Advocacy visits to interest media</td>
</tr>
<tr>
<td></td>
<td>Seminars and workshops</td>
<td>Seminars and workshops</td>
</tr>
<tr>
<td></td>
<td>During Press briefings</td>
<td>Information dissemination (through information packs, &amp; Press</td>
</tr>
<tr>
<td>Regulators of the poultry trade (local government officers)</td>
<td>In their offices</td>
<td>releases)</td>
</tr>
<tr>
<td></td>
<td>In their routine meetings</td>
<td>Presentations during routine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>meetings</td>
</tr>
<tr>
<td>Community leaders</td>
<td>In their homes/offices</td>
<td>One-on-one advocacy visits as necessary</td>
</tr>
<tr>
<td></td>
<td>In their routine meetings</td>
<td>Seminars and workshops</td>
</tr>
<tr>
<td>Animal and human health officers</td>
<td>Places of work</td>
<td>Making materials available to them</td>
</tr>
<tr>
<td></td>
<td>Professional meetings</td>
<td>(guidelines, protocols, etc)</td>
</tr>
<tr>
<td></td>
<td>Staff meetings</td>
<td>Presentations during staff meetings</td>
</tr>
<tr>
<td></td>
<td>Seminars and workshops for other purposes</td>
<td>Seminars and workshops</td>
</tr>
<tr>
<td>Animal and human health extension workers</td>
<td>Places of work</td>
<td>Making materials available to them</td>
</tr>
<tr>
<td></td>
<td>Professional meetings</td>
<td>(guidelines, IEC/BCC materials)</td>
</tr>
<tr>
<td></td>
<td>Staff meetings</td>
<td>Presentations during staff meetings</td>
</tr>
<tr>
<td></td>
<td>Seminars and workshops for other purposes</td>
<td>Seminars and workshops</td>
</tr>
<tr>
<td>Facility based health workers</td>
<td>Places of work</td>
<td>Making materials available to them</td>
</tr>
<tr>
<td></td>
<td>Professional meetings</td>
<td>(guidelines, protocols, IEC/BCC materials, etc)</td>
</tr>
<tr>
<td></td>
<td>Staff meetings</td>
<td>Presentations during staff meetings</td>
</tr>
<tr>
<td></td>
<td>Seminars and workshops for other purposes</td>
<td>Seminars and workshops</td>
</tr>
<tr>
<td>Teachers</td>
<td>In schools</td>
<td>Presentations during staff meetings, seminars and workshops</td>
</tr>
<tr>
<td></td>
<td>During staff meetings</td>
<td>Making IEC/BCC materials (especially for young people) available to</td>
</tr>
<tr>
<td></td>
<td>During seminars and workshops</td>
<td>them</td>
</tr>
<tr>
<td>National and regional communication trainers and mentors</td>
<td>During Taskforce/ committee/ facilitators’ meetings</td>
<td>Discussions during taskforce/ committee/facilitators’ meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>During seminars and workshops</td>
</tr>
<tr>
<td>Partners and inter-sectoral committees</td>
<td>Taskforce/committee meetings</td>
<td>Presentations and sharing during meetings</td>
</tr>
</tbody>
</table>
04.4 Communication Objectives

Country programmes will seek to achieve the following objectives:

**Knowledge**

Increase the proportion of the people who:

- Have heard of bird flu and H1N1
- Know how bird flu and H1N1 can be transmitted to human beings
- Know that humans can get bird flu from poultry and wild birds
- Know at least three ways of preventing and controlling bird flu
- Know at least three ways of preventing and controlling H1N1

**Attitudes**

Increase the proportion of the population which believes that:

- Bird flu can come to the country
- Humans can get bird flu from poultry and wild birds
- Bird flu can be prevented and contained if people practice recommended behaviours
- Believe that H1N1 can be a serious disease

**Behaviours and practices**

Increase the proportion of:

- Households that keep poultry separate from human living quarters
- Households and farms that dispose of poultry droppings and leftover parts safely
- Farms that keep poultry according to recommended guidelines
- Poultry workers and traders who use dedicated clothes and wash them regularly
- Practice at least five behaviours that will provide protection against bird flu and H1N1
- People who wash hands with soap and water in a way that will provide protection from bird flu and H1N1

**Participation and capacity building**

- Train national and regional trainers (TOTs) to provide cascade communication training and mentor lower level workers
- Increase the number of communities, farmers’ associations, poultry keepers’ associations and poultry traders’ association who have leaders trained in bird flu and H1N1 control and can disseminate messages to their constituencies
- Increase the number of animal and human health extension and community workers trained
and involved in dissemination of bird flu and H1N1 messages

- Identify, train and mentor a core national team dedicated to managing bird flu and H1N1 communication in the country
- Identify working space for the core communication team and make the necessary ICT equipment available for the use of the team

**Management, coordination and collaboration**

- Intensify bird flu and H1N1 IEC/BCC activities on poultry farms, at border points, among poultry traders, in poultry markets, in schools, in the work place and in the community
- Increase the number of media houses, NGOs, CBOs, FBOs, leaders involved in disseminating bird flu and H1N1 messages
- Increase the number of organizations with bird flu and H1N1 education programmes in the workplaces
- Carry out effective monitoring and use monitoring information to improve programme strategies and approaches

**NOTE:** Programmes are urged to carry out knowledge attitudes, practice and behaviour studies to enable them formulate objectives that are SMART (Specific, Measurable, Attainable, Reasonable and Time bound).
05.0 Prototype Communication Strategies and Activities

05.1 KEY COMMUNICATION STRATEGIES

The following strategies are recommended for implementation to achieve the objectives above.

**National level**

- Strengthen the efficient management of communication activities
- Enlist the support of high level managers and policy makers and leverage additional funding
- Mobilize and maintain inter-sectoral participation
- Enlist the support of the media and promote effective informed reporting on bird flu and H1N1
- Implement a bird flu/H1N1 campaign in the media and maintain a hotline to respond to callers’ concerns
- Build national capacity to train and manage bird flu and H1N1 communication activities
- Strengthen message dissemination at border points

**Provincial and district level**

- Facilitate planning and implementation of communication activities in the provinces and districts
- Develop provincial and district capacity to implement bird flu and H1N1 communication activities
- Provide continuous support for IEC/BCC activities, and promote coordination and experience sharing

**Community, farm and health facility level**

- Advocate with communities to plan and implement IEC/BCC activities
- Provide training to key community leaders in bird flu and H1N1 content and skills for message dissemination
- Carry out effective animal health IEC/BCC activities
- Carry out effective human health IEC/BCC activities
- Carry out bird flu and H1N1 BCC activities in schools
- Provide support for IEC/BCC activities and promote coordination and experience sharing

The table below presents the activities that may be implemented to operationalize these strategies. Countries are advised to review and customize the strategies to their country needs.
## 05.2 COUNTRY COMMUNICATION STRATEGY MATRIX

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Target audience</th>
<th>Activities</th>
<th>Action by</th>
<th>Monitoring indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NATIONAL LEVEL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthen the efficient management of communication activities</td>
<td>Bird flu/H1N1 Taskforce</td>
<td>Indentify a small communication core team (from vet and human health)</td>
<td>-Taskforce/IEC committee -Ministry of Agriculture and Livestock Ministry of Health</td>
<td>Communication core team named and allocated working space and equipment Name(s) of spoke persons announced</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify communication spokesperson(s)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Provide on-the-job orientation training for the team</td>
<td>-AI Taskforce/IEC committee -Partner agencies</td>
<td>Capacity building programme developed &amp; implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop TOR &amp; work procedures for communication core team</td>
<td>-Taskforce/IEC committee -Communication core team</td>
<td>TOR &amp; work procedures developed and shared</td>
</tr>
<tr>
<td>Enlist the support of high level managers and policy makers and leverage additional funding</td>
<td>Permanent secretaries/directors from collaborating ministries &amp; national institutions; MPs from pertinent parliamentary committees</td>
<td>Hold a meeting to discuss HPAI/H1N1 preparedness plans and funding needs &amp; agree on way forward</td>
<td>-Taskforce/IEC committee -Communication core team</td>
<td>Meeting report &amp; action points available and circulated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Circulate quarterly e-newsletter to participants &amp; other pertinent leaders</td>
<td>-Communication core team</td>
<td>Number of newsletters sent out</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hold half-yearly briefing meetings for managers and policy makers</td>
<td>-Taskforce/IEC committee -Communication core team</td>
<td>Number of meetings held &amp; minutes available</td>
</tr>
<tr>
<td>Mobilize and maintain inter-sectoral participation</td>
<td>Partner agencies</td>
<td>Hold a partners’ meeting to define roles, collaboration/coordination mechanisms</td>
<td>As above</td>
<td>Minutes developed and circulated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Encourage partners to collect and share quality monitoring information for decision making</td>
<td>As above</td>
<td>Monitoring information by various participating agencies shared regularly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hold regular meetings to share &amp; enhance coordination</td>
<td>As above</td>
<td>At least 4 IEC sub-committee meetings held a year</td>
</tr>
<tr>
<td>Strategy</td>
<td>Target audience</td>
<td>Activities</td>
<td>Action by</td>
<td>Monitoring indicators</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Enlist the support of media and promote informed, effective reporting on AI</td>
<td>Managers of media houses</td>
<td>Hold a meeting to brief media managers and agree on collaboration modalities</td>
<td>-Taskforce/IEC committee</td>
<td>Meeting held and minutes available</td>
</tr>
<tr>
<td>Electronic and print media Journalists</td>
<td>Provide training on bird flu/H1N1 facts and reporting skills</td>
<td>-National TOTs</td>
<td>Number of courses conducted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arrange regular Press briefings/releases as new developments occur</td>
<td>-Communication core team</td>
<td>Number of Press briefings and Press releases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Invite journalist to report on bird flu/H1N1, generate &amp; publish features</td>
<td>-Spokespersons</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assist journalists to gain timely access to AI information</td>
<td>-Communication core team</td>
<td>Number of articles/programmes on bird flu/H1N1 in print and electronic media</td>
<td></td>
</tr>
<tr>
<td>Implement an AI campaign in the media and maintain a hotline</td>
<td>General public</td>
<td>Disseminate messages on radio, TV, newspapers and magazines (see materials below for details)</td>
<td>-Communication core team</td>
<td>Number of radio/TV adverts and programmes; Number of articles in the press</td>
</tr>
<tr>
<td></td>
<td>Carry out regular media monitoring and respond to rumours and information needs</td>
<td>-Communication core team</td>
<td>Media monitoring reports</td>
<td>Turn round time for responding to rumours and information needs</td>
</tr>
<tr>
<td></td>
<td>Establish and maintain a hotline (during an outbreak)</td>
<td>-Communication core team</td>
<td>Quality of information and customer satisfaction</td>
<td></td>
</tr>
<tr>
<td>Build national capacity to train and manage bird flu/H1N1 communication</td>
<td>Identified trainers from government and partner agencies</td>
<td>Conduct a TOT for national trainers, facilitators and mentors</td>
<td>-Communication core team</td>
<td>Number of trainers trained</td>
</tr>
<tr>
<td></td>
<td>Provide communication training to officers manning border points</td>
<td>-IEC Committee -Consultant(s)</td>
<td>-National TOTs</td>
<td></td>
</tr>
<tr>
<td>Strengthen message dissemination at border points</td>
<td>Border point immigration, customs, police officers and international travelers</td>
<td>-Communication core team</td>
<td>Number of officers trained/border points with trained officers</td>
<td></td>
</tr>
<tr>
<td>Strategy</td>
<td>Target audience</td>
<td>Activities</td>
<td>Action by</td>
<td>Monitoring indicators</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>PROVINCIAL/DISTRICT LEVEL</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
| Facilitate planning and implementation of communication activities in the provinces/districts | Key national and Provincial/district veterinary/human health managers, NGO leaders, administrators and key community leaders | Hold a meeting with the key officers and leaders to agree on provincial/district implementation modalities | -Communication core team  
-Ministries of Health and Livestock  
-Provincial Administration | Meeting held and minutes made available |
| | Provincial/district veterinary/human health managers, NGO/community Administration community leaders | Hold a series of provincial/district information and planning meetings | -Communication core team  
-Some national TOTs | Meetings held and provincial/district planning documents developed |
| Develop provincial/district capacity to implement bird flu/H1N1 communication activities | As above | Mobilize partners and establish provincial/district and lower level bird flu/H1N1 committees | Provincial/district veterinary/human health managers, NGO/community leaders | Appropriate bird flu/H1N1 committees established |
| | Provincial/district TOTs and managers of bird flu/H1N1 activities | Hold provincial/district communication TOTs | National TOTs | Number of TOTs  
Number of course & participants |
| | | Establish teams/individuals to facilitate provincial/district communication activities | Provincial/district committees, partners & line ministries | Officers responsible for facilitating communication activities named & released/supported to do so |
| | | Develop work procedures and collaboration processes, including agency roles and responsibilities | -Provincial/district committees  
-Managers of bird flu/H1N1 activities | Written work procedures developed |
| | | Provide support for community planning and implementation of bird flu/H1N1 communication activities | -Officers facilitating communication activities  
-Provincial managers of bird flu activities and TOTs | Reports on lower level planning, training and supportive supervision |
<p>| | Monitor bird flu/H1N1 communication in the province/district, take action as necessary &amp; communicate with head office | Officers facilitating communication activities | Monitoring reports written |</p>
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Target audience</th>
<th>Activities</th>
<th>Action by</th>
<th>Monitoring indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide support to IEC/BCC activities and promote coordination and sharing</td>
<td>Extensions workers, community health workers, Community and group leaders</td>
<td>Carry out supervision and mentoring visits</td>
<td>Managers of bird flu/H1N1 activities in provinces/districts</td>
<td>Number of supportive supervision visits and reports</td>
</tr>
<tr>
<td></td>
<td>Partners and stakeholders</td>
<td>Prepare regular reports of activities carried out (based on reports from lower levels) and share with partners</td>
<td>Officers responsible for bird flu/H1N1 communication activities</td>
<td>Number of reports prepared</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Convene regular meetings of stakeholders to discuss reports, address issues and develop new strategies</td>
<td>Officers responsible for bird flu/H1N1 communication activities</td>
<td>Number of stakeholder meetings</td>
</tr>
<tr>
<td><strong>COMMUNITY, FARM AND HEALTH FACILITY LEVELS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocate with communities to plan and implement IEC and BCC activities</td>
<td>Administrators, key community leaders, animal and human health leaders, farmers’ and poultry associations</td>
<td>Convene meetings to inform leaders about bird flu/H1N1 and agree on the way forward</td>
<td>Officers managing bird flu/H1N1 in the provinces/districts and facilitators</td>
<td>Number of meetings held Number of leaders attending Consensus reached</td>
</tr>
<tr>
<td>Provide training to key community leaders in bird flu content and skills for message dissemination</td>
<td>Community leaders</td>
<td>Leaders' training workshops</td>
<td>Provincial/district TOTs</td>
<td>Number of training sessions and participants</td>
</tr>
<tr>
<td>Carry out effective animal health IEC/BCC activities</td>
<td>Officials of farmers’ and poultry associations</td>
<td>Hold workshops to provide training on bird flu content, IEC/BCC strategies and skills</td>
<td>National and provincial/district TOTs</td>
<td>Number of courses and officials trained</td>
</tr>
<tr>
<td></td>
<td>Veterinary, animal production &amp; agriculture extension workers</td>
<td>Hold workshops to train extension workers on AI content and skills for facilitating bird flu IEC/BCC activities among farmers</td>
<td>National and provincial/district TOTs</td>
<td>Number of courses and officials trained</td>
</tr>
<tr>
<td>Strategy</td>
<td>Target audience</td>
<td>Activities</td>
<td>Action by</td>
<td>Monitoring indicators</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Carry out effective human health IEC/BCC activities</td>
<td>District and facility based health workers responsible for IEC/BCC activities</td>
<td>Hold workshop to provide training on IEC/BCC skills in bird flu/H1N1</td>
<td>National and provincial/district TOTs</td>
<td>Number of courses and people trained</td>
</tr>
<tr>
<td></td>
<td>Various cadres of community health workers</td>
<td>As above</td>
<td>National and provincial/district TOTs</td>
<td>Number of courses and people trained</td>
</tr>
<tr>
<td></td>
<td>Health facility clients, community members, community groups, households</td>
<td>Carry out IEC/BCC at health facilities and in the community</td>
<td>Various cadres of community health workers</td>
<td>Number of people reached</td>
</tr>
<tr>
<td>Carry out bird flu/H1N1 IEC/BCC activities in schools</td>
<td>Head teachers and education officers</td>
<td>Hold meetings to provide briefing on bird flu/H1N1 and agree on how IEC/BCC activities will be carried out in schools</td>
<td>Officers managing bird flu in provinces/districts and facilitators</td>
<td>Number of meetings held, officials attending and consensus reached</td>
</tr>
<tr>
<td></td>
<td>Teachers identified to carry out IEC/BCC activities in schools</td>
<td>Hold workshops to provide training on bird flu/H1N1 content and how to provide IEC/BCC in schools</td>
<td>National and provincial/district TOTs</td>
<td>Number of courses and officials trained</td>
</tr>
<tr>
<td></td>
<td>School pupils and teachers</td>
<td>Carry out IEC/BCC activities in schools</td>
<td>Teachers identified to carry out IEC/BCC activities in schools</td>
<td>Number of schools carrying out AI IEC/BCC activities</td>
</tr>
<tr>
<td>Provide support to IEC/BCC activities and promote coordination and sharing</td>
<td>Stakeholders and programme managers</td>
<td>Prepare regular reports of activities carried out and share with supervisors (district or health facility)</td>
<td>Animal health extension workers, community health workers, teachers</td>
<td>Number of reports made</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Convene regular meetings of stakeholders to discuss reports and develop new strategies</td>
<td>Committees at the various levels</td>
<td>Number of stakeholder meetings</td>
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</tbody>
</table>
Human and animal health communication in Africa is weak and in need of strengthening. The sector lacks people with the appropriate skills, and production of materials and tools for use in programmes is expensive and beyond the capacity of many countries. Consideration should, therefore, be given to generating prototype tools and materials centrally for country programmes to pretest and adapt for use in their special circumstances. This should somewhat make up for the inadequate skills in the short term, give country programmes access to quality products in a relatively short time and reduce costs. Other important challenges in mounting effective behaviour change communication activities in the region include inadequate coordination, cross border cooperation, monitoring and use of monitoring information to improve interventions. The proposed regional coordination and communication support strategies below seek to address these and related challenges. The proposals also establish a platform upon which SPINAP and future disease control communication initiatives in the region can be built. The key strategies include the following:

- Develop regional prototype tools to fast-tracking planning and implementation of communication activities
- Train key national facilitators in communication processes and implementation of bird flu/H1N1 communication activities
- Provide in-country TA in communication
- Promote cross border and sub-regional communication collaboration
- Promote effective monitoring of communication activities, information sharing across countries and use of the information to improve strategies and activities

The table below proposes activities that may be implemented to operationalize these strategies above.

<table>
<thead>
<tr>
<th>Regional Coordination and Communication Support Programme</th>
<th>Target Audience</th>
<th>Activities</th>
<th>Action by</th>
<th>Monitoring Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop regional prototype tools to fast-track planning and implementation of communication activities</td>
<td>National coordinators, programme managers, communication core teams, key human and animal health managers</td>
<td>Develop a prototype national communication strategy</td>
<td>Consultant</td>
<td>A prototype communication strategy developed</td>
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</tbody>
</table>

The table below proposes activities that may be implemented to operationalize these strategies above.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Target audience</th>
<th>Activities</th>
<th>Action by</th>
<th>Monitoring indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revise the strategy prototype and work with a graphic artist to finalize the messages and materials</td>
<td>National coordinators, communication core teams, key human and animal health managers</td>
<td>PCU Consultant</td>
<td>Prototype communication strategy revised &amp; posted on IBAR website</td>
<td>Prototype materials made available</td>
</tr>
<tr>
<td>Develop a prototype communication &amp; training manual</td>
<td></td>
<td>PCU Consultant</td>
<td>Prototype training manual developed and made available</td>
<td></td>
</tr>
<tr>
<td>Field test the manual through TOT training (see training strategy below)</td>
<td></td>
<td>PCU Consultant</td>
<td>Gaps in training manual identified and filled</td>
<td></td>
</tr>
<tr>
<td>Revise the training manual based on feedback received during training</td>
<td></td>
<td>Consultant</td>
<td>Revised training manual posted on the IBAR website</td>
<td></td>
</tr>
<tr>
<td>Train key national facilitators in communication training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide in-country TA to fast track implementation of communication interventions</td>
<td>Country programmes managers and communication facilitators</td>
<td>PCU Consultant</td>
<td>Number of TOTs trained to rollout in-country communication training</td>
<td></td>
</tr>
<tr>
<td>Encourage cross border and sub-regional communication initiatives</td>
<td>Programme coordinators and higher level country officials</td>
<td>Arrive national, cross border and sub-regional simulations</td>
<td>Country Coordinators PCU Consultants</td>
<td>Number of simulations done - Revisions in strategies/materials done as a result of simulations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PCU</td>
<td>Number of countries collaborating in IEC/BCC at border points</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>to enhance IEC/BCC at common borders</td>
</tr>
<tr>
<td>Strategy</td>
<td>Target audience</td>
<td>Activities</td>
<td>Action by</td>
<td>Monitoring indicators</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
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<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Promote effective monitoring of communication activities, information sharing across countries and used of the information to improve programme strategies and activities</td>
<td>SPINAP Coordinator</td>
<td>Revise SPINAP reporting templates to give prominence to reporting on communication activities</td>
<td>PCU Consultant</td>
<td>Revised SPINAP reporting template giving prominence to communication</td>
</tr>
<tr>
<td></td>
<td>Country Coordinators</td>
<td>Establish effective communication reporting systems from the village to the national level Report on communication activities regularly</td>
<td>Country Coordinators and communication officers</td>
<td>Communication of revised template to country programmes</td>
</tr>
<tr>
<td></td>
<td>People doing AI work in the various countries</td>
<td>Synthesize country reports and include the communication component in reports posted on the IBAR website</td>
<td>PCU</td>
<td>Communication activities included in Taskforce reports</td>
</tr>
<tr>
<td></td>
<td>PCU Programme Coordinators Communication officers</td>
<td>Share communication reports and skills during SPINAP country meetings</td>
<td>PCU Programme Coordinators Communication officers</td>
<td>Communication regularly included in regional and sub-regional SPINAP meetings</td>
</tr>
</tbody>
</table>
06.0 Message Framework

The table below proposes a message framework for avian and human influenza, focusing on flus caused by the H5N1 and H1N1 viruses.

<table>
<thead>
<tr>
<th>MESSAGE FRAMEWORK FOR H5N1 AND H1N1 COMMUNICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. GENERAL MESSAGES FOR REVENTION AND CONTROL OF FLUS</td>
</tr>
</tbody>
</table>

These messages should treat influenza as a common illness with similar modes of transmission and prevention, and answer the following questions:

What is flu?
What are the signs and symptoms of flu?
How do people get flu?
Is flu a serious disease?
How can I know that the flu I have is ordinary or dangerous?
What is bird flu?
What is the H1N1 flu?
Can I get infected with the H1N1 flu if I eat pork?
How can I protect myself and other people from flu? (hand washing, sneezing and coughing etiquette, social distancing, care of the sick, general hygiene and following official/professional advice)

A write-up with the message content is at Annex One

<table>
<thead>
<tr>
<th>B. MESSAGES FOR CONTROL AND CONTAINMENT OF AVIAN INFLUENZA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audience</strong></td>
</tr>
<tr>
<td>General public and poultry consumers</td>
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<tr>
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<tr>
<td>Free range poultry keepers</td>
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</tbody>
</table>
## MESSAGES FOR CONTROL AND CONTAINMENT OF AVIAN INFLUENZA

<table>
<thead>
<tr>
<th>Audience</th>
<th>Key messages</th>
<th>Materials</th>
</tr>
</thead>
</table>
| Commercial poultry farmers and workers | ✓ Separate poultry according to species and age  
✓ Restrict non-farm workers from entering the farm  
✓ Place footbaths at entry points to the farm and poultry houses  
✓ Wear protective materials when handling sick poultry  
✓ Clean and disinfect feeders and watering equipment after use  
✓ Wash hands with soap and water after touching poultry or poultry products  
✓ Report to veterinary authorities sick poultry or poultry which dies in your flock  
✓ Avoid treating sick poultry at home – seek the help of a veterinary officer instead  
✓ Sell only healthy poultry  
✓ Wear clean dedicated work clothing and gumboots when working with poultry  
✓ Clean and decontaminate poultry houses and equipment before bringing in new stock  
✓ Composite poultry droppings before you sell or use as manure  
✓ Sell only healthy poultry  
✓ Share information with neighbouring farms during a disease outbreak | -Booklets  
- Brochures |
| People in the poultry trade       | ✓ Wear clean dedicated clothing when working with or slaughtering poultry. Wash the clothes regularly  
✓ Buy, sell and slaughter only healthy poultry  
✓ Transport poultry in dedicated transport. If you have to use other transport, transport the poultry outside the passenger cabin  
✓ After the day’s work, wash the vehicles, bicycles and cages used to transport poultry with soap and water  
✓ Wash hands with water and soap after handling poultry and poultry products  
✓ Report to veterinary authorities sick poultry or poultry which dies in your flock | Brochures  
Poster for placement at work places |
| Transport owners and workers      | ✓ Transport poultry in dedicated transport.  
✓ If you have to use public transport, transport the poultry outside the passenger cabin  
✓ After the day’s work, wash the vehicles, bicycles and cages used to transport poultry with soap and water  
✓ Wash hands with water and soap after handling poultry and poultry products | Brochures  
Vehicle stickers |
| People working in poultry markets | ✓ Keep different species of birds in different cages and locations  
✓ Report to veterinary authorities sick poultry which dies in your flock  
✓ Wash hands with water and soap after handling poultry, slaughter and processing  
✓ Slaughter poultry in a designated area away from the point of sale  
✓ Slaughter and sell only healthy poultry  
✓ Keep the poultry market and poultry slaughter areas clean  
✓ Wear clean dedicated clothing when working with or slaughtering poultry and wash the clothes at least once a week  
✓ Wear protective clothing  
✓ Wash hands with water and soap after handling poultry and poultry products | -Brochures  
- Poster for placement at work places |
### Messages for Control and Containment of Avian Influenza

<table>
<thead>
<tr>
<th>Audience</th>
<th>Key messages</th>
<th>Materials</th>
</tr>
</thead>
</table>
| Restaurant owners & workers           | ✓ Buy poultry from licensed dealers only  
                                         ✓ Buy and slaughter only health poultry  
                                         ✓ When buying slaughtered poultry, ensure that it is inspected and stamped  
                                         ✓ Cook poultry and poultry products thoroughly before serving to guests                                                                   | Brochures                        |
| Children                              | - Avoid handling poultry  
                                         - Use a separate sleeping place away from the poultry sleeping area  
                                         - Avoid touching sick poultry or poultry which has died of unknown causes  
                                         - Report to your parent or teacher when you see a sick bird or poultry that is sick or has died of unknown causes  
                                         - Wash hands with water and soap after:  
                                             --- Handling, slaughtering or preparing poultry or wild birds for cooking  
                                             --- Cleaning the poultry house or touching poultry droppings  
                                             --- Handling eggs  
                                         - Cook/roast chicken and wild bird meat or parts thoroughly before eating                                                                 | - Story/comic books  
                                                                                                                                         - Booklets  
                                                                                                                                         - Skits  
                                                                                                                                         - Brochures |

**Message during an avian influenza outbreak in humans**

Communication initiative will emphasize the following messages during an outbreak in human beings:

✓ Stay away from poultry  
✓ Cook poultry, eggs and other poultry products well before eating  
✓ Stay away from people with flu-like symptoms, especially if they have been in contact with sick poultry  
✓ Stay at home if you can  
✓ Avoid crowded areas  
✓ Stay at least a metre away from somebody with colds and cough or is sneezing  
✓ Avoid touching the mouth and eyes  
✓ Close your mouth when sneezing  
✓ Wash hands with soap and water as often as possible, especially after:  
    ... Handling, slaughtering or preparing poultry or wild birds for cooking  
    ... Cleaning the poultry house or touching poultry droppings  
    ... Handling eggs  
✓ Seek care at health facility if you experienced flu-like symptoms after contact with sick poultry or birds

**C. Message for Control and Containment of H1N1**

**Wash hands with soap and water frequently especially when:**

✓ Coughing and sneezing  
✓ Shaking hands with people who have flu-like symptoms  
✓ Handling poultry and poultry products  
✓ Cleaning the poultry house or touching poultry droppings  
✓ Slaughtering and preparing poultry for cooking

**Maintain high standards of hygiene**

✓ Avoid touching your eyes, nose and mouth. Your hands could be carrying flu viruses  
✓ Clean common items used in the house with water and soap or wipe with a household disinfectant. (The objects to clean may include tables, telephones, key boards, door handles, clothing, bedside tables, kitchen counters and baby toys)

**Keep your distance**

✓ Avoid crowded areas, such as markets, public meetings and entertainment places
✓ Keep away from people with flu-like symptoms, especially if you have other health problems or you are pregnant. Flu can complicate your condition.
✓ Keep at least one metre away from a person with flu-like symptoms
✓ Stay home if you are sick with flu-like symptoms to avoid infecting other people

MESSAGE FOR CONTROL AND CONTAINMENT OF H1N1

<table>
<thead>
<tr>
<th>Audience</th>
<th>Key messages</th>
<th>Materials</th>
</tr>
</thead>
</table>

Cover your mouth and nose when coughing and sneezing
✓ Sneeze in your sleeves or in a tissue and throw the tissue in the waste basket.

Separate people who are sick with flu-like symptoms
✓ Keep a person sick with flu-like symptoms away from other people if you can.
✓ Keep open the windows in the room with a person with flu-like symptoms
✓ Remind the sick person to cover his/her mouth and nose when coughing and sneezing

Follow government advice
✓ Follow the advice given by the government and health officials on how to prevent the H1N1 flu
07.0 Training and Capacity Building

The following strategies are recommended to strengthen communication capacity:

- Strengthen communication delivery structures
- Involve key institutions and networks
- Train the key personnel in communication skills
- Provide effective supportive supervision

07.1 STRENGTHENING COMMUNICATION MANAGEMENT STRUCTURES

The following may be implemented to strengthen communication structures:

- Identify and equip a small team (from animal and human health departments) to manage communication activities and implement the decisions of the IEC/BCC committee
- Provide on-the-job orientation and training for the communication team
- Support the team to plan and implement communication activities and operationalize the decisions of the IEC/BCC committee.
- Establish communication focal persons and teams to facilitate activities in the provinces/districts

07.2 INVOLVING KEY INSTITUTIONS AND NETWORKS

Mobilize and empower the key institutions, including:

- Government departments
- NGOs, CBOs and FBOs
- Poultry and farmer’s associations
- Local and market authorities
- Transport associations
- Rapid response teams
- Media
- The private sector
- Community and interest groups
- Schools

The IEC/BCC committees and the communication implementation teams proposed above should develop training and team building programmes to give these institutions and networks the information and skills they need to educate and prepare their sub-sectors across the country.
07.3 TRAINING

The following cascade training is recommended to empower the institutions above for their work:

- Prove advocacy training to senior national managers from key institutions to support the process
- Train a team of national communication trainers (TOTs) from collaborating organizations
- Train provincial trainers, focal persons and trainers from collaborating institutions and groups
- Train farm, health facility and community level educators and motivators (including extension workers, community health workers and teachers)
- Carry out IEC/BCC activities in the community, at health facilities, in schools and among the various interest groups.

07.4 SUPPORTIVE SUPERVISION AND MENTORSHIP

Supportive supervision should be designed as a tool for continuing the capacity building process initiated during the training, and should include the following activities:

- Review programme plans and reports before going to the field
- In the field, observe activities that take place on the ground
- Conduct interviews with change agents communicating messages, groups and community members to understand the strengths and challenges on the ground
- After field observations, hold a meeting with the change agents to discuss your observations and their concerns
- During the meeting agree on how the findings and concerns will be addressed, the next steps and the responsibilities of the various parties in addressing the challenges
- Follow up to provide support and ensure that the next steps are implemented by the various people concerned
08.0 Collaboration And Coordination

08.1 COUNTRY COLLABORATION AND COORDINATION

Virtually all countries in the region have multi-sectoral task forces designed to facilitate coordination and collaboration in avian influenza activities. But such task forces typically start with enthusiasm and soon lose the zeal and become inactive. The communication implementation team proposed at 07.1 above should also lead the process of planning and implementing activities that can keep the partnership together and active. The activities that may be carried out to this end may include the following:

- Involve partners in the development of the national communication strategy
- In the strategy, defining the roles and responsibilities of the various partners in planning and implementation of communication activities
- Develop periodic communication work plans with the full participation of partners
- Build co-funding arrangements into communication plans
- Implement the communication plans with enthusiasm and at a good pace
- Convene regular meetings of IEC/BCC committees
- Agree on similar monitoring and reporting formats across agencies
- Require partners to report regularly on their programme components
- Share routine monitoring information among partners
- Organize high visibility activities (such as road shows/community theatre education activities and demonstrations) to increase the visibility of AI and energize the partnership
- Carry out assessment and evaluation activities involving all partners and use the outcome to plan programme improvement

08.2 REGIONAL COLLABORATION AND COORDINATION

Sharing communication plans, achievements and lessons learnt in the various countries on the IBAR website can be a potent tool for stimulating regional collaboration. Countries are encouraged to organize joint cross border events. In addition, the PCU should consider bringing together all implementing countries once a year to share communication experiences and generate ideas to improve both collaboration and communication strategies and approaches.
09.0 Monitoring And Evaluation

09.1 MONITORING

The success of a disease prevention and control programme depends on what people do or fail to do. Whether people act according to recommended behaviours depends on whether they know enough about the issues and believe that they can implement the recommended behaviours without sacrificing too much. The purpose of communication and accompanying community processes is to provide the needed information and support for change. But as there are no quick fix formulas to guarantee achievement of appropriate preventive and containment behaviours, communication interventions must be closely monitored to establish whether they are working or not, and to identify areas of improvement. Monitoring should collect information in the following areas:

- Planned and implemented activities
- Community participation
- Utilization of local and traditional media
- Distribution and utilization of educational materials
- Message comprehension and acceptance
- Interim effects of interventions
- Identification of the gaps that need to be filled

Annex Four provides templates that may be used to collect the necessary information.

09.2 EVALUATION

It is recommended that countries carry out knowledge, attitudes, practice and behaviour (KAPB) studies to quantify the prevailing levels of KAPB and establish benchmarks against which to measure the changes that may occur as a result of communication interventions. The data collected should also facilitate development of SMART communication objectives that are Specific, Measurable, Attainable, Realistic and Time bound. Communication plans should also include time frames for periodic evaluation.
## 10.0 Plan of Action

The table below provides a sample template for a Plan of Action.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
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<td>NATIONAL</td>
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<td>REGIONAL/DISTRICT</td>
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<tr>
<td>COMMUNITY AND FARM LEVEL AND HEALTH FACILITY</td>
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<td>REGIONAL</td>
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</tbody>
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Annexes

ANNEX ONE

REVIEW OF COUNTRY PROJECT DOCUMENTS

Forty-seven ACP countries are taking advantage of SPINAP funding to address the gaps in their Integrated National Action Plans (INAPs), including the gaps in their communication initiatives. The information below was compiled from project SPINAP project documents available at the Programme Coordination Unit in Nairobi.

1 Goals and objectives

Countries seek to achieve the following communication goals:

- Strong HPAI/risk communication strategies
- Effective implementation of the communication strategies
- A public that is well informed about AHI, HPAI and related priority poultry diseases
- Enhanced capacity of the media to report on AHI, HPAI and related human and poultry diseases
- Increased reporting of sick and dead birds/poultry by members of the public
- Enhanced biosecurity awareness and practice
- Safe poultry consumption in spite of the HPAI threat
- Free HPAI status re-established in countries which have had outbreaks
- Improved capacity for early detection of HPAI
- Strengthened participatory surveillance
- Enhanced communication and ICT capacity

2 Audiences

Countries identify the following as the audiences to reach with avian and human influenza messages:

- International travelers
- Border point staff (aviation staff, immigration, customs)
- Community leaders and community members
- Rapid response teams
- Local government officials
- Media workers
- Farmers/farmers’ unions/poultry association officials and members
- Policy makers
- School community
- Field/extension workers
- Community health workers
- Frontline workers: veterinary and animal health officers and extension workers
- Communication trainers and workers
3 Country communication activities
The communication activities planned by the various countries include the following:

General activities
- Strengthen communication micro-planning
- Plan and implement awareness campaigns using multiple media and channels (radio, television, print and folk)
- Promote inter-agency, multi-sectoral partnerships to leverage resources from multiple sources and harmonize approaches
- Create a mechanism for sharing information within the animal health community and with human health professionals, leaders and other stakeholders
- Maintain telephone hotlines
- Carry out outbreak simulations

Mass media
- Dialogue with media managers to develop alliances and joint activities
- Train media personnel on reporting avian and human influenza issues
- Establish a network of journalists and media houses
- Hold Press conferences and media briefings regularly and whenever there is need
- Develop and disseminate materials for use in the various media (radio, television, print and folk)
- Improve media relations

Community
- Advocate with community leaders to support message dissemination in their communities
- Train the community on avian and human influenza protection practices, including use of protective gear

Training and capacity building
- Conduct cascade communication training for essential personnel, including frontline staff (veterinarians, extension workers, etc), community members and rapid response teams
- Train public and private sector veterinary workers on how to communicate AI messages to the public
- Involve the extension unit
ICT

- Procure ICT equipment to enhance public awareness campaigns (computers, LCD projectors, other audio-visual equipment)

**Monitoring and evaluation**
- Establish mechanisms to track implementation and progress
- Carry out an impact evaluation
- Mobilize community networks for AHI surveillance and reporting

**4  Training content**
The various countries would like to see their audiences trained in the following areas, with content tailored to the needs of individual training categories:

- Clinical recognition of disease
- Use of data collection forms
- Process of certifying animal and animal products by officials at port of entry
- Behaviour change communication
- Interpersonal communication
- Message dissemination
- Community surveillance
- Coordination

**5  Materials and media programmes**
Country would like to see the media and materials used in avian and human influenza communication initiatives:

- Radio and television phone-in programmes
- TV/radio discussion programmes
- School competitions
- Drama, community/market/road shows
- Community interactive dramas
- Community film shows
- Brochures, flyers, newspaper adverts, radio and TV spots, skits, fact sheets, press releases
- Training materials for trainers
- Bill boards, public notices, newspaper articles
- Stories and discussion gatherings and on the media
- Extension materials
- Outbreak communication guidelines
Annex Two

SAMPLE SUPPORTIVE SUPERVISION CHECKLIST

In the community
- Which organizations work in this community?
- Which organizations carry out avian and human influenza BCC activities?
- What activities do they carry out?

Discussion with organizations carrying out AI activities
- What activities do you carry out?
- Who are your main audiences?
- Which other organization carries out avian and human influenza activities in this community?
- How do you coordinate your activities with them?
- How do your activities link up with the activities of the district avian and human influenza committees?
- What have been your successes?
- What challenges do you face in your work?
- What additional support would help you become more effective in your work?

Discussion with community members
- Who does avian and human influenza BCC activities in this community?
- What activities do they carry out?
- Which activities do you like best? Why?
- What do you know about avian influenza?
- Do many people comply with the recommendations given by these groups? (e.g. hygiene, keeping poultry in their own place, reporting dead or sick poultry)?
- What can be done to help more people to comply?

On poultry farms, including households with poultry
- Do farmers and their workers wear protective clothing?
- Are poultry kept in their own houses away from human living houses?
- Are different kinds of poultry kept separate?
- Does the farmer keep new poultry separate from the rest for two weeks?
- Do the farmer and workers keep the right personal hygiene (hand washing, cloth change, etc)
- Do they wash hands with soap under running water?
- Do they wear protective clothing?
- Do farmers place tyre dips at the farm entry and foot dips at the entrance to every poultry house?
- Are the poultry vaccinated according to the recommended vaccination schedule?
- Do farmers dispose of poultry droppings safely?
Do farmers disinfect equipment used during caring for poultry?
Are children discouraged from having close contact with poultry?

**Poultry businesses and markets**
- Do people who work in the poultry trade wash hands with water and soap after contact with poultry?
- Do they wear protective clothing?
- Do they change and clean clothes daily?
- Do they transport chicken in cages and on the rack instead of passenger cabins?
- Do poultry transporters wash and disinfect the vehicle after transporting poultry?
- Are poultry stored in a clean place in the market?
- Does the market have a special place for poultry slaughter?
- Is the slaughter area clean?
- Is the area cleaned and disinfected daily?
- Is avian and human influenza education provided at the market?
- Are poultry associations involved in providing avian and human influenza education and support to improve compliance with the recommended practices?

**In households**
- Do members of the household reduce contact with poultry?
- Do they wash hands with soap and water after contact with poultry and poultry products?
- Are children discouraged from having close contact with poultry?
- Is proper hygiene observed during slaughter and preparation of poultry for slaughter?
- Are poultry and poultry products cooked adequately?
- Are chicken leftovers disposed of safely?
- Are dead poultry and poultry diseases reported to government officials?

**Schools**
- Does the school provide avian and human influenza education?
- Does the school encourage children to disseminate avian influenza education at home and in the neighbourhood?

**Hotels and eating houses**
- Does the hotel/restaurant buy only poultry meat that has been inspected by veterinary authorities and certified safe?
- Does the hotel/restaurant use licensed meat carriers?
- Does the hotel/restaurant observe the necessary hygiene standards?
- Does the hotel cook poultry and poultry products thoroughly?
- Does the hotel/restaurant ensure that food handlers are certified medically fit through regular routine examinations?
## Annex Three

### SAMPLE MONITORING TEMPLATES

#### Activity monitoring

**SPINAP PROGRAMME MONTHLY ACTIVITY MONITORING**

<table>
<thead>
<tr>
<th>Reporting period:</th>
<th>Planned activity</th>
<th>Planned impl date</th>
<th>Done/ not done</th>
<th>Attendance</th>
<th>Explanation/ comment</th>
<th>Recommendation/ next steps</th>
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<tbody>
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Comments

**Data source:** (1) Plan of Action (2) Activity records

Activities may be grouped in categories such as mass media, community activities & traditional/local media, poultry farmers and traders, border points, schools, place of work, advocacy, social mobilization (partnership building), management and coordination, training and capacity building.

**Community participation and local/traditional media**

**SPINAP PROGRAMME COMMUNITY PARTICIPATION AND LOCAL/TRADITIONAL MEDIA MONITORING**

<table>
<thead>
<tr>
<th>Reporting period:</th>
<th>Groups disseminating AI messages</th>
<th>Activities of groups</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Last report period</td>
<td>This report period</td>
<td>Description of the groups</td>
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</table>

**Data source:** Reports from the field. **NOTE:** This report is for use at all levels – national/provincial/village
Distribution of educational materials

<table>
<thead>
<tr>
<th>SPINAP PROGRAMME</th>
<th>DISTRIBUTION OF EDUCATIONAL MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reporting period:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Opening Quantities:</strong></td>
<td><strong>Additional received:</strong></td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td><strong>Station</strong></td>
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</table>

**Data source:** Records kept and reports made from all levels. **NOTE:** This for is to be used at all levels.

Interim effects

<table>
<thead>
<tr>
<th>SPINAP PROGRAMME</th>
<th>TRACKING INTERIM EFFECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key messages and materials</strong></td>
<td><strong>Activities/process used to distribute/disseminate</strong></td>
</tr>
</tbody>
</table>

**ACTIVITIES**

**MATERIALS**

**MESSAGES**

**OVERALL ASSESSMENT/COMMENTS**

**Data collection:** (1) Reports from the field (2) Observations in the field (3) Focus group discussions (4) Intercept interviews (5) Questions/discussions on hotline and phone-in media programmes (6) Questions/discussions during community meetings (7) Remarks/questions/discussions after folk media presentations. Taking advantage of these opportunities calls for interest and note taking

The information gathered should be used at source to improve local approaches, and shared up the ladder to continuously improve overall programme strategies.
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