

**BANGLADESH**

**NATIONAL COMMUNICATION STRATEGY AND ACTION PLAN FOR**

**AVIAN INFLUENZA AND**

**HUMAN PANDEMIC INFLUENZA**

**2007-2008**



*Bangladesh*  
*National Communication Strategy and Action Plan*  
*for*  
*Avian Influenza and Human Pandemic Influenza*  
*2007-2008*

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# *introduction*

## *Developing the Strategy*

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In order to be ready for an incursion of HPAI/H5N1, the government has prepared a National Avian Influenza and Human Pandemic Influenza Preparedness and Response Plan 2006-2008. This Plan has recognized the need to develop a risk communication strategy on avian influenza and human pandemic influenza. The National Avian and Human Pandemic Risk Communication Wing is taking the lead in this area with the support of UNICEF, FAO, WHO and other stakeholders and is working collaboratively to develop and implement the risk communication activities outlined in this Plan.

The preparation of this strategy has been exhaustive and inclusive with participation from a wide variety of stakeholders. All those involved were committed to improving communication in raising awareness and empowering communities to take positive action on prevention and control of avian and human influenza, taking into account socio-behavioural, cultural and economic factors.

A National Message Development Workshop was held in Dhaka on 13th & 14th September 2006 to distil the main messages down to specific actions people could take to limit or stop transmission of the virus. The workshop involved a wide array of stakeholders from health inspectors to a cook from a local restaurant, from veterinary experts to a poultry hauler (Appendix 1).

Subsequently a National Workshop on Avian and Human Pandemic Influenza Communication was held in Dhaka on 18-19 September, 2006, to discuss and develop the content of such a strategy. This workshop brought together communication, avian influenza, wildlife, poultry and public health experts from the Government, the UN, NGOs and others (Appendix 5).

The results of these workshops, together with the outcomes of a rapid assessment of behaviours related to avian and human pandemic influenza preparedness, global and regional technical materials from the United Nations, input from the National Avian and Pandemic Influenza Communication Technical Working Group (TWG), and research and information from the Government, have contributed to the development of this communication strategy.

The TWG has a broad cross-section of representation with UNICEF (chair), FAO, WHO, Department of Livestock Services, Directorate General of Health Services, Institute of Epidemiology Disease Control and Research, Bureau of Health Education, Forest Department, Ministry of Information, and the Bangladesh Centre for Communication Programmes (Appendix 7). All representatives have experience in communication; both mass media and behavioural change.

The first draft of this strategy was reviewed by the TWG and the final draft has been shared with the Ministry of Fisheries and Livestock, development partners such as the Government of Japan, the World Bank and USAID, members of the Commercial Poultry Association and the health sector. This final strategy has been endorsed by the Communication Wing and approved by the Multi-sectoral Taskforce after incorporating all agreed changes.

It should be mentioned here that the National Communication Strategy and Action Plan for Avian Influenza and Human Pandemic Influenza will be a living document. It should be updated as the situation changes, and as more information regarding knowledge, attitude and practices of the general public and poultry farmers and the effects of communication campaigns become known.

## *Background to Avian Influenza*

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Avian influenza has become endemic in poultry populations across East and South-East Asia. Since late December 2003 the virus, HPAI/H5N1, has spread steadily westward and now reaches from China throughout South-East Asia to Central Asia, Africa, Turkey, Eastern Europe and Greece. Migratory birds are believed to be carrying the disease across continents and the movement of domestic poultry has also been spreading the virus. The virus has caused the death and destruction of over 220 million poultry and there have been 272 confirmed human cases, tragically including 166 deaths, in Asia, Europe and Africa, as of 15 February, 2007

So far the spread of the H5N1 virus from animal to human has been rare and it appears not to have been transmitted from one person to many. Nevertheless the virus is of great concern for two reasons. Firstly, H5N1 causes widespread death in domestic poultry which particularly devastates subsistence farmers in developing countries. This virus can also severely affect humans, often causing death. Secondly, scientists believe there is a very real risk that the H5N1 virus – given opportunities such as combining with seasonal human flu – could develop the characteristics needed to transmit from human to human and start a deadly global influenza pandemic.

As yet, there have not been any reported cases of avian influenza in Bangladesh but a number of factors place it at risk of an outbreak. The country shares highly porous borders with infected countries: Birds are imported, poultry is smuggled and current farming practices are likely to encourage the spread of the highly contagious virus. Migratory birds visit Bangladesh during the winter season (October to March) of which approximately 21 species are potential carriers of the avian influenza virus. The country's dense human and animal population is also a risk factor, greatly increasing chances of contagion.

# *Avian Influenza and Bangladesh*

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The global spread of HPAI/H5N1 poses a serious social, economic, health, and security threat to Bangladesh. Recognising this, the Government has developed a comprehensive and well-coordinated national preparedness and response plan to manage an outbreak should it arrive in the country.

The aim of National Avian Influenza and Human Pandemic Influenza Preparedness and Response Plan 2006-2008 is to facilitate a co-coordinated and effective national response in the event of incursion of HPAI/H5N1 in domestic poultry, and to minimize the risk of human pandemic influenza (HPI). It provides specific strategies and activities to be conducted within each sector as well as between sectors at the national level. This plan will facilitate adequate mobilization of financial, human and material resources. Besides these, the implementation of the plan will ensure long-term capacity building and multidisciplinary collaboration for prevention and response to any disease outbreaks in animals and/or humans in future.

The details of the plan have been published and do not need to be repeated here, but there are a number of important facts from the plan and from other materials referred to above which are particularly relevant to the development of this communication strategy. These include:

## *About the avian influenza virus:*

- ▶ At the present time avian influenza is essentially an animal disease with some of the avian influenza virus types, like H5N1, having the capability to infect humans
- ▶ Scientific information about the spread of the virus in birds and the specific risk factors that have led to human infection is limited
- ▶ Poultry is the primary source for the virus transmitting to humans
- ▶ The role migratory birds can play in the transmission of the disease is primarily through transmission to ducks and other poultry
- ▶ But a great deal is known about the spread of human influenza and how to stop its transmission
- ▶ No-one knows exactly what form the virus would take if a human epidemic broke out (e.g. how contagious, how deadly, how quickly a vaccine could be produced)

## *About the raising of poultry in Bangladesh:*

- ▶ Fifty per cent of poultry in Bangladesh are kept by small backyard farmers with low levels of income and education
- ▶ Families are dependent on the meat and eggs as a food source and a source of livelihood

- ▶ Migratory birds share some of the same water bodies as poultry, particularly during migratory bird season
- ▶ Chickens roam free because they have to forage for food
- ▶ Frequently chickens and ducks are raised together
- ▶ Children often care for the poultry and play with the birds
- ▶ Over 100 NGOs are involved in promoting poultry for reducing poverty as well as a tool for women's empowerment through micro-credit schemes
- ▶ Small-scale livestock farming particularly poultry has provided self-employment to approximately three million women during 1993-2000

*What people are doing now and what they know about avian influenza (based on the rapid assessment):*

- ▶ Almost every rural household has backyard poultry, and small scale commercial farms are very prevalent.
- ▶ Correct biosecurity practices are poorly followed in backyard and small commercial poultry farms
- ▶ People buy chicken and eggs from shops and wet markets where sanitary measures are not properly maintained
- ▶ The majority of consumers reported to have heard about 'bird flu'
- ▶ They believe they can catch it by eating chickens
- ▶ Washing their hands will protect them from catching avian influenza ( not a common response as a method of prevention)
- ▶ The best way reported to get health information to most people is through television and radio
- ▶ At the poultry markets protective clothing is not generally worn and there is no enforcement of cleaning programmes

This information gives an indication of what we need to target in a communication strategy though further research is obviously needed. It shows that although many people have heard about avian influenza, they are largely ignorant of how to protect their birds and themselves from contagion.

Immediate communication campaigns should therefore focus on raising knowledge of the disease in both animals and humans, including its spread and prevention practices, with the communication objectives being adapted as more research becomes available.

# Risk Communication

Communication is a critical part of any successful response to the risk posed by both avian and pandemic influenza. Globally, avian influenza has already spread in epidemic proportions in poultry, and consequently has caused enormous loss to the poultry industry which is directly related to the livelihoods of people. Through sharing knowledge widely and changing farming and hygiene practices, we can reduce the risk of the spread of the H5N1 virus between animal-to-animal and animal-to-human, and hopefully avert a human pandemic. If contained it will also help to prevent the disease in poultry and reduce the threat to livelihoods and incomes. But should a pandemic arise, communication will be vital in both providing information, preventing panic and saving lives. It should be noted here that this communication strategy is designed to reduce "risk" of transmission of avian flu or pandemic flu at all stages. Hence "risk communication" and "communication" are interchangeable for the purposes of this strategy.

That a pandemic virus would cause a terrible human tragedy through widespread illness and death is widely agreed. And of course a high fatality rate around the world would seriously affect our lives and economies. But what must also be anticipated is the extensive economic and social disruption which could be caused by the spread of fear and panic irrespective of the phase of the pandemic. Communication in a crisis is essential. In a major outbreak, people will be demanding information and will need it quickly. The messages must be clear, consistent and calm. They must provide clear details on managing illness and death and avoiding contagion, while at the same time encourage calm and reduce panic. To ensure messages match the need (the right messages at the right time) and remain consistent and calm, coordination is critical.

Currently of course we are not in a pandemic and the communication challenges at this stage are quite different. In Bangladesh, where there is no case of avian influenza, the need is for information on the virus, particularly on animal to animal transmission. As the disease is not reported in animals, a major focus of the communication strategy will be to make people aware of the possible risks of incursion and potential subsequent transmission to humans and what practices need to be improved and changed. This would include improving farm biosecurity, preventing illegal trade, mixing ducks and chickens with wild and migratory birds, improving general hygiene, and strengthening disease reporting and health-seeking practices. Changing current practices and behaviours to prevent transmission to both poultry as well as humans will be the greatest challenge.

The major difficulty at the moment is to inform people about avian influenza without causing them to panic. They need to be persuaded to change their behaviour to protect themselves and their animals from the possibility of catching avian influenza, should it arrive in Bangladesh. Efforts to do this will be hampered by a number of factors: People do not know much about avian influenza and how it is spread and do not understand its real dangers. As a result they will not see the benefits of changing their current farming or personal hygiene practices. But these behaviours need to change if Bangladesh is to reduce the risk of avian influenza taking hold in

this country. Therefore communication strategies at this stage must look closely at what will persuade people to change their current behaviour, without panicking. As noted in the National Plan, such changes can also benefit the future control of any other life-threatening viruses or diseases and promote the implementation of best farming and health practices, even if the country escapes avian influenza.

The difference between a pandemic and the current situation surrounding avian influenza is worth noting here: In a crisis people will demand information and will more quickly change their behaviour in order to manage widespread human illness and death. Currently they need to be persuaded that a change in behaviour will actually improve their lives by better health and more productive farms.

# *coordination*

The success of any communication strategy depends heavily not only on the quality of the message but also on the effectiveness of the coordination. To address the critical need of strong coordination, the National Avian Influenza and Human Pandemic Influenza Preparedness and Response Plan 2006-2008 recommended the setting up of a communication wing under the National Multi-Sectoral Task Force. This Communication Wing draws members from Ministries of Fisheries and Livestock, Health and Family Welfare, Environment and Forest, and Information, UNICEF, FAO, WHO, representatives from NGOs working in the field of poultry, health and communication, private electronic and print media, and the private sector. The objectives of the Communication Wing are:

- ▶ To establish and ensure an integrated communication strategy responsive to public concerns
- ▶ To ensure coordination among technical and communications staff regarding key messages
- ▶ To ensure media training for key technical and communications spokespeople

A technical committee will recommend actions and advise the Wing. This committee, the National Avian and Human Influenza Communication Technical Working Group, have the following terms of reference:

1. Review the draft risk communication template and support development of the final communication plan
2. Work on risk communication message development – identify audiences, messages and possible delivery methods
3. Identify and propose appropriate stakeholders for the National Risk Communication Wing
4. Develop a workplan for long term risk communication
5. Offer technical expertise to the Wing as required

The Avian and Human Influenza Communication Wing will be responsible for endorsing/scanning messages and passing them onto the Multi-Sectoral Taskforce for approval.

# strategy

The overall aim of this communication strategy is to inform the public about avian influenza in order to reduce the risk of incursion of the disease in the country and its transmission should it arrive in Bangladesh. If entirely successful, this would prevent the spread of the virus in poultry in Bangladesh and contribute towards preventing the development of a pandemic caused by the virus having the capacity for human-to-human transmission. But in order to be prepared for a possible pandemic, the strategy also outlines plans for informing the public about containing the spread of disease in a pandemic and caring for the sick; and using the mass media in a crisis for sharing information and minimising panic.

## Objectives

The strategy covers three different phases of the epidemiologic situation as outlined by WHO - pre-pandemic, pandemic alert and pandemic - under which there are five objectives:

### *Pre-Pandemic (Avian influenza control)*

- 1) Reduce the risk of animal to animal transmission

### *Pandemic Alert (Intensive hygiene and containment)*

- 2) Reduce the risk of animal to human transmission
- 3) Improve hygiene to limit spread of seasonal human influenza

### *Pandemic (Containment and survival)*

- 4) Contain an emerging human (pandemic) virus
- 5) Survive a pandemic

In order to implement these objectives we must draw on our existing knowledge of how the spread of both avian and human influenza can be prevented and of what people can do to change their behaviours to influence this outcome.

Details of the implementation of these objectives are mapped out in the matrixes in Appendix 1.

# *Guiding Principles of the Communication Strategy*

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A framework of fundamental guiding principles by which this strategy has been developed and will be sustained has been developed using both local and international experiences. All actors involved are urged to maintain these guiding principles at the fore of any communication activities.

## *Coordination and Partnership*

This Communication Strategy is developed as part of the National Avian Influenza and Human Pandemic Influenza Preparedness and Response Plan 2006 – 2008. This National Plan outlines the multi-sectoral and coordinated framework and mechanism under which all avian influenza and human pandemic influenza related activities will be conducted in the country, including communication activities. Overall activities in this area are led and overseen by the National Advisory Committee. However, specific activities related to communication are conducted under the leadership of the National Communication Wing. As with the other governing bodies for avian and human pandemic influenza, the National Communication Wing is a multi-sectoral body comprising representatives from all the relevant government Ministries, United Nations agencies, NGOs, civil society organisations, and the private sector and is responsible for coordinating all activities related to avian influenza and human pandemic influenza communication. It is therefore imperative that all actors in Bangladesh producing any communication materials, of any form, work in partnership and collaborate with and work through the National Communication Wing and National Multi-Sectoral Taskforce to get their materials endorsed and approved for dissemination respectively. This will guarantee consistency and help avoid confusion that can undermine public trust, raise fear and anxiety, and impede appropriate response measures.

## *Trust*

The most imperative element necessary for effective and efficient communication is public confidence and trust. To build, maintain and restore confidence and trust, the public, partners and the international community must perceive credibility, competence, objectivity, fairness, consistency, and good will in all the communication they receive on avian influenza and human pandemic influenza. The consequences of loss of trust in the communication sources can be destructive, as extensive research has indicated, the less people trust those expected to protect them, the more they become afraid and the less likely they are to follow their guidance and recommendations.

## *Transparency*

A requirement for ensuring trust is transparency, i.e., communication that is honest, candid, open, comprehensive, timely, easily understood, factually accurate, and containing clear guidance. In relation to an outbreak, this also entails ensuring that the outbreak is announced early to avoid speculation, misinformation and the deterioration into mistrust and loss of credibility. Potential risks of transparent and prompt communication do indeed exist. However, by acknowledging uncertainty, being willing to speculate responsibly, empathising with the public's beliefs and fears, and acknowledging that early information may change as further information is obtained and verified, the short and long-term benefits will far out weight the risks.

## *Dynamic Communication in Response to Concerns*

As communication is a two-way-street, those responsible for communicating messages to the audiences must actively engage with and listen to them to adapt and target the messages according to the specific, genuine and legitimate concerns of the various audience groups. As knowledge and behavioural changes improve and as the situation of the virus evolves, concerns and communication needs will vary. Furthermore, messages and communication must be equitably disseminated, in appropriate form and language to ensure all target and demographic audiences' concerns are met.

Concerns also include those of the media; the needs of the media must therefore also be met. Due to their critical role in transmitting information, it is essential to strengthen the partnership with media sources, be promoting accessibility to them and providing them with appropriately-adapted information to meet their needs to further facilitate responsible reporting.

## *Sustainability*

The behaviour change and system-oriented change results sought through this communication strategy requires sustainable interventions. Sustained communication is vital to secure vigilance against avian influenza and any other emerging and re-emerging diseases. The short and long-term benefits of improved behaviour, e.g., personal hygiene, farm biosecurity, halting of illegal poaching and trade of wild birds, etc., are immense not only for protecting livestock and humans from contracting avian and human pandemic influenza, but also to guarantee sustained improved health, farm productivity and ecological protection. Critical to ensuring sustainability and providing effective communication during a pandemic is the need for building communication capacity. Appointed spokespersons, senior officials, relevant technical personnel, field workers, and the media will need to be further equipped to communicate effectively in response to the sudden, intensified and/or sustained demand for information.

# Priority Behaviours

Persuading people to change their behaviour requires addressing important socio-economic and cultural factors and identifying the keys to motivating people to do things differently. This is where discussions with targeted groups are critical. Communities need to be involved in working out the solutions to reducing the spread of disease in their own farms and towns. The active participation of communities in studying and solving their own problems produces highly effective behaviour change. Given that, they need the latest information on avian influenza so that their solutions are based on sound facts for protecting themselves and their birds from the spread of the virus should it arrive in Bangladesh.

Such local solutions should always be taken into account when refining communication plans but from the existing limited research and current knowledge of best communication practice we can already identify some priority behaviours. These are the behaviours people must adopt, or actions they must take, to reduce the risks around avian influenza in the home, on the farm, in the markets and in health facilities. These behaviours, many of which were identified by the National Message Development Workshop and the National Workshop on AHI Communication Strategy, should be promoted through all communication activities.

The priority behaviours include:

## *Priority Behaviours/Actions - Pre-Pandemic and Pandemic Alert*

- ▶ Stop hunting, catching and eating migratory and wild birds
- ▶ Report hunting of wild birds immediately
- ▶ Obtain birds from reliable and disease-free sources
- ▶ Buy commercial chicks from hatcheries, not from other commercial farms
- ▶ Stop buying laying hens from other farms
- ▶ Do not visit farms where birds have had disease problems
- ▶ Segregate ducks and geese from chickens
- ▶ Wash hands frequently with soap or ash and water
- ▶ Wash hands and feet with soap before entering and immediately after leaving poultry houses
- ▶ Report sick birds immediately
- ▶ Separate poultry from wild birds and human living areas
- ▶ Burn or bury dead birds

- ▶ Handle, prepare and eat poultry safely
- ▶ Do not spit in public
- ▶ Cover mouth and nose when coughing and sneezing
- ▶ Ensure that children's hands and clothes are washed with soap or ash immediately after contact with poultry and eggs
- ▶ Prevent children playing with birds

In the longer term, in the case of a pandemic, the focus would be redirected to home-based care of the sick, limiting transmission, averting panic and safe burial.

### *Priority Behaviours/Actions - Pandemic*

- ▶ Wash hands frequently with soap or ash and water, adopt strict personal hygiene
- ▶ Stay home if sick (hospitals will be quickly overwhelmed in a pandemic)
- ▶ Stay away from crowds/ social distancing
- ▶ Minimise contact with patients to carer(s) only
- ▶ Report high fever or illness immediately, if possible
- ▶ Ensure safe burial
- ▶ Seek information from the media and local officials
- ▶ Stay calm

These are the broad outlines of the priority behaviours for the pandemic alert stages. The strategy tables in Appendix 1 list in full all proposed actions for each of the five communication objectives. These tables also identify the inhibiting behaviours (what is stopping people from adopting such behaviour) and outline ways these might be overcome through communication.

## *Messages*

The importance of the message in communication cannot be overstated. And the experts all agree: To communicate effectively you must use clear, concise and consistent messages. The same simple message should also be repeated often and through all available channels.

The quality of messages is critical at all phases and in order to ensure such quality every message should meet these three criteria:

- ▶ Is the information in the message correct using the latest WHO and FAO/OIE technical guidelines?
- ▶ Is the message clear and simple?

- ▶ Is the message consistent with the priority list? (i.e. does it promote one of the priority behaviours?)

Core messages should be designed to promote the priority behaviours which have been identified. And the content should be based on our most up-to-date knowledge of how to stop the spread of avian and human influenza.

The National Message Development Workshop outlined this background information to be shared during immediate message distribution:

Avian influenza is a highly contagious disease that affects poultry. Once infected, both domestic and wild birds can become sick and die. The disease is caused by a virus that spreads from bird to bird and can spread to humans who have close contact with poultry and wild birds. Avian influenza is preventable. Meat and eggs from poultry are safe to eat if cooked properly. You can take simple steps to avoid becoming sick.

And below is an outline of the content for the core messages targeting the priority behaviours based largely on the work of the Workshop:

### *Pre-Pandemic (to be continued through Pandemic Alert phase)*

#### **Core messages (for consumers):**

- ▶ Report illegal catching and hunting of wild and migratory birds to local administration, police or Forest Department personnel
- ▶ Do not slaughter or eat sick birds
- ▶ Report high fever to health worker if you have been around poultry in the last seven days
- ▶ Separate raw poultry meat and eggs from cooked or ready-to-eat foods
- ▶ Wash egg shells in soapy water before handling and cooking
- ▶ Wash all butchering and cooking knives and materials in soapy water immediately after use with poultry and eggs and before re-use
- ▶ Wash both hands with soap or ash frequently during and after preparation of poultry and eggs
- ▶ Ensure children wash their hands with soap or ash thoroughly immediately after contact with poultry or poultry products
- ▶ Cook all poultry and eggs thoroughly
- ▶ Keep children away from sick and dead birds
- ▶ Cover coughs and sneezes to stop the spread of human flu (it spreads through respiratory droplets)

#### **Core messages (for poultry farmers and market workers):**

- ▶ Separate sick birds from healthy birds and visit the healthy birds first followed by the sick birds

- ▶ Report any sick or dead birds immediately to upazila livestock officer, or ward member or ward commissioner
- ▶ Obtain birds from reliable and disease-free source
- ▶ Buy commercial chicks from hatcheries not from other commercial farms
- ▶ Do not buy laying hens from other farms
- ▶ Do not visit farms where birds have had disease problems
- ▶ Do not allow anybody on your farm who has visited poultry farms where there has been a disease outbreak
- ▶ Do not raise birds of different age group in the same shed
- ▶ Do not allow transport, including bicycles, rickshaws and non-motorised rickshaws, to enter the poultry premises
- ▶ Separate commercial poultry from wild birds, separate sick birds, separate birds from human living areas and separate ducks from chickens
- ▶ Put a foot bath in front of your farm and a bucket of water and soap in front of your poultry house
- ▶ Wash hands, feet and shoes or sandals with soap and water before entering and after leaving poultry farms
- ▶ Clean and disinfect poultry houses, equipment and protective clothing regularly
- ▶ Clean market place regularly and dispose safely of market wastes
- ▶ Burn or bury dead birds and wash hands with soap or ash immediately afterwards.
- ▶ Cover coughs and sneezes to stop the spread of human flu (it spreads through respiratory droplets)
- ▶ Consult a doctor if there is a high fever, cough, sore throat, runny nose and muscle aches.

## *Pandemic*

### **Core messages:**

- ▶ Wash hands often with soap or ash, continue correct personal hygiene practices
- ▶ Avoid social contact and crowded areas
- ▶ Stay at home as much as possible
- ▶ Immediately report high fever, cough, sore throat, runny nose and muscle aches – early treatment is critical
- ▶ Care for sick family members in a separate room if possible
- ▶ Limit the caring of sick family members to one carer as much as possible
- ▶ Wear a clean mask during care
- ▶ Cover mouth and nose when coughing or sneezing

- ▶ Seek information from mass media
- ▶ Stay calm

In order to change behaviour effectively in the pre-pandemic phase, messages must be clear and simple with an emphasis on 'doable' actions.

In a pandemic, where people will need the latest information on what is going on, messages must be clear and simple and above all calm and steady.

## Channels of Communication

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The mass media is widely acknowledged as the best channel to reach lots of people quickly with information and messages. In Bangladesh 41 per cent of the population has a television and more than 50 per cent of the population watch the state-owned station, BTV. Radio is also popular, particularly in rural areas and newspapers are read by 24 per cent of the population. In the recently conducted rapid assessment of behaviours related to avian and human pandemic influenza preparedness, a significant majority of respondents said the best way to reach them with health messages was through television and radio.

But while mass media is quick and has extensive reach, communication research shows that interpersonal communication (IPC) is often more effective at getting reluctant people to change their existing and long-standing behaviours. When information is being sought directly by the audience, mass media is the most effective. If behaviours are complex such as farming practices, IPC is most effective. With one flick of the switch the audience can get the latest information on a disaster, for example. But if they need to be persuaded to change a well-established practice, the health care worker, the local imam or teacher will have more influence and impact through a face-to-face discussion. The National Message Workshop in September identified those in the country who could effectively engage in interpersonal communication. The list includes teachers, imams, community health workers and doctors (traditional healers), wildlife scouts/foresters, medicine shop owners, veterinarians and para-veterinarians.

Choosing the right channel at the right time is critical for effective communication. And to spread the message as often and as far as possible, multiple channels should be used. This helps to reinforce the importance of the message and the behaviour change. In addition to mass media and interpersonal channels, mobile outreach (e.g. folk performances, theatre), mass organisations (e.g. Girl Guides, Boy Scouts, women's organizations, immunization volunteers, Bangladesh National Cadet Corps) and the wide distribution of printed materials (e.g. posters on buses, stations) should be used.

- ▶ **Strengthen interpersonal communication at the community level, by mobilizing existing networks.** Government, the UN and NGOs should train and use their resources

and networks to mobilize potential interpersonal networks – EPI volunteers, teachers, imams, local government authorities, community health workers and doctors, veterinarians, livestock field workers and others – making sure they have IEC materials which focus on clear and consistent messages about avian influenza. And the training capacity to equip frontline workers and volunteers to communicate effectively. The Government with the support of UNICEF, FAO, WHO, NGOs, and other stakeholders should reach these networks with simple communication materials and then mobilize each network to conduct as much community level discussion as possible.

- ▶ **Combine channels by sending messages about avian influenza through broadcast and print media and information, education and communication (IEC) materials while creating opportunities for local people to discuss the issue and develop their own solutions for improved poultry handling and human hygiene.** For example, an extensive campaign of radio and television spots could be timed to coincide with discussion groups involving local leaders, health workers, farmers, NGOs and Government Livestock Officers and a mass distribution of posters. This produces opportunities for both sharing information, developing local solutions and implementing effective behaviour change. All of which revolves around different channels of communication.
- ▶ **Combine channels by sending messages about avian influenza through broadcast and print media and information, education and communication (IEC) materials while creating opportunities for local people to discuss the issue and develop their own solutions for improved poultry handling and human hygiene.** deos, songs, theatre and folk performances on reducing transmission of avian influenza, designed for the general public, could be presented in villages and in schools, followed by discussion on local problems and solutions to the spread of avian influenza.
- ▶ **Use existing structures.** Administrative systems within government departments already exist at a district and upazilla level to coordinate and support service delivery. These systems should be utilised to both share information and work towards local solution for affecting behaviour change.

The widespread sharing of knowledge, through multiple channels, is also critical in preventing stigma and discrimination, which severely inhibit the adoption of safe behaviours. The more a subject is talked about in a community and the more knowledge is available and commonly shared, the less potential there is for discrimination.

## Audiences

Understanding the audience is obviously crucial to effective communication and messages must be adapted accordingly. Obviously the style of the message, and the channel you use, should change according to your target audience. A poultry farmer will need different information to a journalist, and the style of a message will be different for a six year old child than for an adult. Some audiences prefer television, others radio or newspapers.

The National Message Development Workshop addressed this issue and considered different messages for the following groups: Poultry market workers, medium scale commercial farmers, small scale farmers, vets and consumers.

To ensure that the right messages reach the right audience by the right method the following breakdown could be used to adapt the content and delivery of the core messages:

### *Primary audiences:*

- ▶ Small scale farmers/scavenging flocks (predominantly women)
- ▶ Medium-scale Commercial farmers ( 200-1000 birds)
- ▶ Large commercial poultry farms
- ▶ Live poultry market workers (butchers, handlers and haulers)
- ▶ Bird sellers/vendors/amateur hunters
- ▶ Individual consumers ( e.g. in rural households - low to middle income, urban with maids)
- ▶ Large scale consumers (e.g. restaurants, hotels)
- ▶ Children, including those in-school
- ▶ Garbage collectors/cleaners/sorters

### *Secondary audiences:*

- ▶ Veterinarians, livestock officers and poultry officers
- ▶ NGO staff (in direct contact with farmers and community, e.g. in micro-credit)
- ▶ Health care providers
- ▶ Wildlife staff
- ▶ Caged-bird owners
- ▶ Zoo workers

### *Tertiary audience:*

- ▶ Local government authorities e.g., members and chairmen of Union Council, Ward Commissioners of municipalities, etc.
- ▶ Poultry Industry Associations
- ▶ Hatchery agents
- ▶ Health sector/hospital staff
- ▶ National level policy makers, e.g., Department of Livestock Services, Directorate General of Health Services, Forest Department, Port Authorities, etc.

In some cases the content of the messages will vary only slightly, but the style and the channels used will often be different.

To help identify broad audience differences and understand the best channels of communication to reach them, generic charts are attached in Appendix 3. A.C. Nielsen Bangladesh has also produced a useful document for further information on viewing, reading and listening habits in the country: Bangladesh Media and Demographic Survey 2005.

# Research,

## *Monitoring and Evaluation*

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Research into knowledge, attitudes and practices (KAP) is critical in planning a communication campaign to change behaviour. A rapid assessment of behaviours related to avian and human pandemic influenza preparedness has recently been completed but further research is urgently needed. This assessment showed that awareness about avian influenza and common hygiene practices in dealing with poultry is low. The National Communication Workshop recommended that both formative and outcome research be undertaken on avian influenza to address this lack of understanding. As the communication strategy is implemented, further qualitative and quantitative research may be required.

It was suggested that formative research could consider the role of imams in communities to consider their potential effectiveness for interpersonal communication. Research could also be conducted on the practices around the hunting and cooking of wild birds and what people know about the spread of bird flu from such wild birds. For this an assessment should be done in roosting areas of migratory birds during October to March. The options facing farmers for separating ducks and chickens (in order to stop the spread of avian influenza) should also be researched.

In terms of outcome research the following indicators have been suggested: What is known about avian influenza and how to stop its spread, what is the quality of the news coverage of avian influenza, economic indicators to track the demand for chicken and research into one or two commercial farming practices: e.g. if cages are cleaned, are separate cages used, whether foot bath or buckets of water with soap, gates for restricted entry and transport cleaning facilities exist on farms and, how litter and dead birds are disposed of. For markets, indicators may include cleaning of cages, separation of species, cleaning of the premises, personal hygiene and personal protection.

The workshop also noted that such research takes time to plan and execute and given limited human resources the immediate focus should be on researching behaviours which contribute to the rapid spread of avian influenza. This will be further considered in the implementation chapter of this Plan.

Ideally research should be completed and analyzed before the development and implementation of communication activities to change behaviour but as time is short, and avian influenza is already well-established in surrounding countries, this Plan will suggest that both research and communication campaigns start concurrently, with the campaigns being modified as necessary when further research becomes available.

As far as an emergency outbreak or pandemic is concerned, monitoring and evaluation and research for communication are almost impossible – it simply takes too much time. An emergency communication strategy must depend on what is already known – the facts now- and use existing experience about communicating in a crisis.

# *implementation*

The details of the strategies for the implementation of this National Communication Plan are presented in the tables in Appendix 1. The purpose of this section is not to duplicate such details but to outline:

- ▶ Research to develop knowledge about practices surrounding poultry farming and personal hygiene practices which aggravate the transmission of avian influenza
- ▶ Communication campaigns to support implementation of objectives 1, 2 and 3
- ▶ Working with the mass media for the implementation of objectives 4 and 5 should a pandemic develop

Suggestions as to who should implement these campaigns are included but may be modified by the National Avian and Human Influenza Risk Communication Wing.

## *Research*

A KAP study should be undertaken immediately to establish a baseline, and an understanding of present practices relating to both avian and human influenza. This is needed in order to effectively target, in a communication campaign, the priority behaviours which could contribute to the increased risk of spreading avian influenza. Understanding the behaviours around human influenza will be critical should a pandemic break out. Of course, it would be too late once the crisis arrived, to study behaviours at that time.

A further KAP study should be conducted to assess the impact of the first communication campaigns on avian influenza and comparisons can be made at this stage against the baselines in the first KAP study.

# *National Communication Campaigns for Objectives 1, 2 and 3*

Four main campaigns were thought to be the most effective way forward:

- ▶ Basic education/information/ awareness raising on avian and human influenza
- ▶ Migratory Birds
- ▶ Hygiene –hand washing and cooking.
- ▶ Biosecurity

These campaigns may run concurrently. At the same time that people are being educated on the basics of avian influenza there will be a need to begin an awareness campaign on the migratory bird season which occurs annually between October – March. Hand-in-hand with this will be the beginning of a hygiene campaign to raise awareness. It is envisaged all these will be medium to long term campaigns.

Each campaign will incorporate elements of mass-media, Inter-personal Communication, training, traditional and folk media. Some campaigns such as the Migratory Birds will be short to coincide with specific timeframes while others will be long term and will have many phases such as the hygiene campaign.

## *Basic Education/Information/Awareness Raising*

Increasing knowledge about the disease and how it is transmitted is paramount. It was agreed that awareness raising was needed to highlight what the disease is, how it is transmitted and why people should be aware of sick poultry. This campaign will have a large IPC component particularly through the mobilization of EPI volunteers. The Ministry of Health has agreed to mobilize the 750,000 EPI volunteers to work on AHI campaigns and the National Avian and Human Pandemic Influenza Communication Wing will take the lead in coordinating the development of the communication tools and activities with the support of UNICEF, FAO, WHO and other partners. The Ministry of Health and Family Welfare and NGOs also have large numbers of front-line workers who could be mobilized for this campaign. Before the mass distribution of materials is undertaken, pretesting should be carried out.

## *Migratory Birds*

The annual migration of birds from China, Siberia and other regions, which are home to the majority of the world's ducks, geese and other migratory birds, occurs from October to March and Bangladesh is on the main route. It is estimated that approximately 244 species of migratory birds visit Bangladesh of which approximately 21 species may harbour the HPAI/H5N1 virus.

Many people hunt migratory birds, although it is illegal, and it is seen as a sport. They are regarded as a delicacy and are in demand at markets. They are often placed in the market with domestic birds and thus the risk of spreading the disease is very high.

A mass media campaign should run for the 6 months of the migration season. This will educate people not only about the risks of avian influenza but will also reinforce the illegality of hunting and eating migratory birds.

This campaign should run every year.

## *Hygiene*

Although Objectives 1, 2 and 3 target a number of different priority actions, they do have hand washing and personal hygiene in common. These actions were identified by the National Workshop on AHI Communication as top of the list in terms of feasibility and importance for reducing the risk of transmission of both avian and human influenza. The rapid assessment also indicated that most people did not understand that personal hygiene could protect against the transmission of avian or human influenza. Although it would be ideal to have the KAP study completed and baseline data collected before this campaign got underway, the urgency of moving ahead on avian influenza prevention dictates that this campaign should start immediately. In any case, the promotion of these behaviours will enhance animal and human health generally.

Again IPC will be instrumental in this campaign and EPI volunteers should be used to spread the message about hand washing and personal hygiene to the general public which should include health workers, mothers and teachers.

It has been long observed by studies of behaviour change that most people are reluctant to change long-held beliefs and practices. Information and education both help to persuade people that they must change existing practices. They can be persuaded that it will be to their benefit perhaps economically or in terms of protecting their lives from illness or death. But together with information and education, communities need to be involved in developing their own solutions to emerging threats such as avian influenza. This type of communication activity obviously takes more time to plan and organize but should be considered in longer term communication planning.

## *Bio-security*

This campaign will target the bio-security practices of backyard, small/medium commercial farm workers and wet market workers through a mixture of IPC, community mobilization, and mass media activities. One objective of such a campaign is that more farmers/farm and market workers would use bio-security measures (which include personal protection and hygiene) correctly to help in the prevention of animal to animal and animal to human transmission of the virus. This objective can be achieved only if the emphasis of the campaign is on problem-solving with stakeholders and farmers to arrive at feasible and sustainable bio-security practices. Building the capacity of the network of NGOs and GoB (including youth development centers) involved in poultry production and micro-credit to communicate with farmers, market workers and secondary audiences (such as feed sellers, wet market committees) and other stakeholders, and supporting field activities with communication materials will be a focal point of the bio-security.

These on-the-ground activities will be supported with mass media (round tables, posters) and training of journalists. Messages are outlined in later sections of this strategy document.

### *Components of the campaign*

In order to effectively implement these campaigns, a number of activities and tools will be needed. But the most important of these are: Training; and the production of a fact sheets or booklets.

#### **Training**

An integral part of these campaigns is training. At this stage training should focus on four groups:

1. EPI volunteers and other interpersonal communicators – training on the messages to be conveyed, with background information on the spread of avian and human influenza. A proposal has been developed for this training which includes training manuals, training at all levels of government and production of materials so the volunteers can begin disseminating appropriate information.
2. Training for para-veterinarians and NGO workers working with microcredit and poultry packages. These professionals could strongly influence behaviour change in both farming and wet market practices.
3. The Media – journalists: Sensitisation and education of media personnel on avian influenza will ensure accurate information for the public in all phases. Large scale training of journalists is planned throughout the country.
4. Spokespeople (government and UN and other technical experts): Media training for national spokespersons is planned for 2007.

#### **Fact Booklets**

What emerges clearly from the research, the advice of experts and the discussion at the National Workshop is that even when people have heard of avian influenza, they do not understand the real nature of its risks. They know it exists but do not widely understand how it is spread or how to prevent its spread. This lack of understanding will prevent people from adopting the key actions of separating poultry, preparing and cooking poultry and poultry products safely, burning or burying dead birds and reporting sick and dead birds and sick humans immediately.

To communicate effectively and consistently on avian and human influenza at this stage one or two communication tools should be produced. (Further material can and should be produced as other needs are identified). Short, fact booklets with clear, concise facts on the transmission of avian and human influenza, and how to stop its spread can be used by everyone – from community health workers and veterinarians and livestock field workers, to EPI volunteers, to journalists. The fact booklets should list the priority behaviours and explain briefly why they are important. Explanations should be based on what we already understand are the motivating factors (see strategy tables). As more research becomes available as to why people are not adopting the priority behaviours, the facts can be updated.

The fact booklets should include information on what avian influenza is, how it is spread and how to stop its spread. It should also include similar information on human influenza. The form and style of this tool could be based on Facts for Life – in particular the supplements on issues such as HIV/AIDS. It is suggested a Chapter on Avian and Human Influenza could be added.

**Suggested booklets:**

1. General information in one booklet for journalists and other general public audiences
2. Specific booklet for senior health personnel
3. Specific booklets for veterinarians and livestock field workers

These are examples of the "facts" which should be in the booklets:

- ▶ Bird flu is a deadly virus and is killing large numbers of birds in many parts of the world and neighbouring countries
- ▶ Biosecurity on farms is the first line of defence and biosecurity includes restricted entry of humans and transport, regular cleaning, personal protection, safe disposal of wastes, rodent and pest control etc.
- ▶ Rearing different bird species and different ages of birds in different houses reduces the risk of transmission
- ▶ Report sick and dead birds immediately, as this will help control the spread of the disease which is killing your flocks
- ▶ Clean cages and premises where birds are sold regularly and dispose of droppings and waste in a concealed pit
- ▶ Human influenza spreads from human to human through respiratory droplets that can be breathed in by people in close contact with an infected person
- ▶ Washing hands with soap or ash and water destroys both the bird and human flu viruses
- ▶ Washing clothes and food preparation surfaces with soap and water destroys the bird flu virus
- ▶ Wash your hands with soap or ash often because dirty hands can spread diseases such as bird flu to yourself, your family and your children
- ▶ To protect your flocks from bird flu separate poultry from wild birds and newly-arrived birds – these may be infected and could spread the disease to your flocks, causing widespread death
- ▶ To protect your flocks from bird flu, cage your backyard poultry to prevent mixing with wild birds
- ▶ Humans can catch bird flu from sick and dead poultry and poultry faeces and the disease is often fatal
- ▶ Keep your children away from sick and dead birds

The fact booklets can be used as follows:

- ▶ To form the basis for all messages on avian influenza and for the production of all IEC materials – radio and television spots, posters, print materials, short videos
- ▶ As a communication tools, printed and widely used in training those who can work on interpersonal communication to change behaviour throughout the community: EPI volunteers, community health workers and doctors, vets, imams, government officials, teachers, etc so that they can spread the information, either through one-to-one contact in the course of their work, or by organizing discussion groups at community level on avian influenza
- ▶ To provide the basis for the training of government and health spokespeople and journalists

### *Longer term activities*

To implement these longer term activities, the National Avian and Human Pandemic Influenza Risk Communication Wing could take the lead to ensure consistency but other partners should be identified (e.g. particularly those with strong contacts with television and radio broadcasters).

#### **Same messages and products – different channels**

Using the same materials and messages, planning should begin now to involve the additional communication channels which have been identified as critical to effective campaigns: Television and radio programmes and talk shows, schools, local problem-solving groups, folk performers and mass organizations. Preparation and organization needed for working with these channels can take months so planning should begin immediately. This will ensure that these channels come into action after three months when the immediate term channels are finishing their campaigns. The messages will thus keep rolling out, repeating over and over again the importance of acting to prevent the transmission bird and human flu.

The longer-term channels include:

- ▶ **Television and radio shows:** It was noted earlier in this plan that 41 per cent of the population own a television and more than 50 per cent of the population watch the state-owned station, BTV. Radio was also noted as popular, particularly in rural areas. Obviously then these channels should be used in the campaign against avian influenza. Getting messages into game and talk shows, cooking and comedy shows and other popular programmes could be effective ways of reaching the target audiences. As planning for these programmes is developed 3-12 months in advance this will take some time to implement. Work should begin now to select 3-4 popular programmes on national broadcasters with the greatest audience reach and to speak with their producers about developing messages which can be included in the programmes. Efforts should also be made to get high-profile television presenters to "champion" the cause and to promote biosecurity practices, hand washing and protection from avian influenza on air. Existing biosecurity, hand washing and personal hygiene messages together with the fact sheet on influenza should provide the content for the messages and for the discussions with producers and presenters in the mass media. TV and radio shows such as Alam SimSim (Egyptian) could perhaps include bird flu messages in Bangla.
- ▶ **Schools:** Again using the same messages and materials as the basis for information, the Government with support from the UN, NGOs and other groups should roll-out a campaign in schools about keeping sick bird separate, reporting sick birds, hand-washing and

protection from bird flu. Songs or games for children incorporating messages such as staying away from sick and dead birds could be developed.

- ▶ **Micro-credit NGOs working with poultry packages:** These could be mobilized to reach both small scale and commercial farmers with messages and discussion groups about bio-security and personal hygiene practices.
- ▶ **Mass organizations:** Training should be organized for leaders of mass organizations, particularly Girl Guides, Boy Scouts and the women's organizations, as identified by the National Communication Workshop, to provide information on avian and human influenza and to stimulate interest in developing solutions to prevent the spread of the disease. Training on a large scale of EPI volunteers, NGO field staff, poultry workers. These organizations can help to spread understanding of the disease through the community through their members.

In all these campaigns, there should be an emphasis on how avian and human influenza spreads – and how people can act to prevent and contain this spread. Repetition of the clear, consistent messages is critical. So too is the coordination among those organizing the distribution of tools and materials and the planning of the campaigns. All those involved in implementing these campaigns should be sharing information on what they are doing so that all channels can be covered and continuity maintained. Once again the National Avian and Human Influenza Risk Communication Wing should play a major role in this coordination.

## *Communication Campaigns for Objectives 4 and 5*

As mentioned earlier, the focus of communication in a crisis is quite different to that in an everyday situation where there is no perceived risk. Calm and precise information on surviving the crisis is needed immediately. And the fastest, most effective channels for this are the mass media. Therefore this section focuses largely on working with the mass media.

### *Preparation for and Communication in the early stages of a pandemic*

To implement, the Communication Wing could start work now on preparing generic television and radio spots, and producing posters with one or two key messages. The Communication Wing could also provide training on handling the media in crisis situations and training for journalists. The Technical Working Group should also identify other partners who can contribute to such preparation, particularly in developing contacts with journalists. The National Workshop on AHI Communication Strategy also recommended holding a one-day workshop on outbreak communication which, if needed, could focus on the style and content of messages in the Bangladesh context.

## Outbreak Communication

A critical component of disease risk communication is outbreak communication. The structures and mechanisms related to outbreak management – within the wildlife, livestock, and human health sectors – must also be defined for the purpose of outbreak communication. The roles and responsibilities of all actors within the country, the channels of communication between sectors, the responsible parties for declaring disease presence and reporting to the relevant international authorities (OIE and WHO), and the framework for responsible reporting by the media are a few of the paramount issues that need to be outlined within the context of national multi-sectoral preparedness and response. To achieve this, a national workshop on outbreak communication will be held in the near future to develop the framework for outbreak communication. The decisions and recommendations arising from this workshop will be governed under the overarching structure of this National Communication Strategy, upon approval by the National Communication Wing.

- a) **Messages** - In the early stages of a pandemic, when the disease is emerging, the hand-washing and personal hygiene campaigns outlined above should be intensified in the mass media. By this stage too, people will be looking for information, as they see people in their village falling seriously ill, and dying, and access to the mass media is relatively easy. The messages at this stage must be not only simple and clear, but convey a sense of calm. They must stress the importance of taking positive actions to stay safe, without invoking fear and panic.

Core messages should include:

- ▶ The influenza virus spreads easily from person to person through the respiratory droplets created by talking, coughing, sneezing and spitting
- ▶ Good respiratory habits (covering coughs and sneezes) and good personal hygiene practices will reduce the spread of the disease
- ▶ Wash hands frequently with soap or ash
- ▶ Avoid crowded places, wear a mask
- ▶ Children are particularly vulnerable, so make certain to keep them safe from contagion with above practices

For those suspected of having influenza:

- ▶ Influenza-like symptoms include a fever above 38°C, cough, sore throat, runny nose and muscle aches
- ▶ Seek treatment immediately as this could save your life
- ▶ Isolate yourself, stay in bed
- ▶ Wear a mask to protect others (including with carers and close family)

b) **Channels** – particular emphasis should be placed on the broadcast mass media, as this will reach the most people, quickly. Radio and television spots (and possibly one or two posters) for this phase could be developed and stockpiled now. They should focus on the messages outlined above. Newspapers are also critical sources of information and the journalists who have been trained earlier should be contacted with the latest facts.

**c) Spokespeople** – Spokespeople for a pandemic should be identified now. Obviously a government spokesperson at the highest level will be needed for a major crisis. But in an emerging pandemic, a number of health experts should be trained and ready to speak to the media about what is happening, and what needs to be done to stay safe. These spokespeople should be senior in the government (and possibly the medical profession) and be supported by WHO (for technical content) and UNICEF (for communication style and delivery). The National Avian and Human Influenza Communication Wing (see next section) could identify such spokespeople now and organize their training for working with the media in a crisis, with the support of UNICEF.

**d) Journalists** – Develop relationships with key journalists now so that the channels of communication to these journalists are already open before an outbreak or pandemic emerges. Members of the Communication Wing should do this across all levels and channels: International, national and local media in television, radio and newspapers. The training of journalists on avian and human influenza will also provide a strong background for journalists not only to cover a crisis but to convey the right information about the prevention and control of avian influenza in the pre-pandemic phases.

**e) Internet** – an agreed website (e.g. UNICEF's, FAO's, WHO's) should carry the latest technical information (written in clear and easily understood language and based on the fact booklet) on avian influenza for the audiences in Bangladesh such as journalists and government officials.

### *Communication in a pandemic*

Should a pandemic occur, there will be no time for medium or long term planning of communication campaigns, for media training, or for producing complicated IEC materials. The Government must be ready simply to manage the critical short-term communication need - to use the mass media to get the latest information across in a calm and steady manner.

This is where the National Avian and Human Influenza Communication Wing will play an important role. It should:

- ▶ Provide the identified spokespeople with key messages, based on the latest technical information, about the disease and how to control its spread
- ▶ Assist the government in designing messages which will calm fears (and thus avert widespread panic)
- ▶ Reach media gatekeepers and journalists at national and divisional levels to provide the latest technical messages and encourage calm reporting of the pandemic – many of these media people should be the ones with which a relationship has already been established
- ▶ Update the internet site with the latest information on surviving the pandemic

Emphasis must be placed on getting the latest information out quickly through all channels, particularly through the broadcast, internet and print media. Contact with journalists in an emergency is critical as they are the ones who can send the information quickly and reach the largest numbers of people. All levels of society will be getting their information from the media – from government officials to the community health workers, to the general public. In this situation coordination is important to ensure that the latest technical information from WHO reaches journalists as soon as possible, through senior government spokespeople trained in working with the media.

# *Funding*

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The National Avian Influenza and Human Pandemic Influenza Preparedness and Response Plan 2006-2008 has already prepared activities and budget matrixes which include information on risk communication during the three stages. These can be updated with information from The National Avian and Human Influenza Communication Wing once this Strategy is approved and activities are further planned and implemented. It should be noted here that the Government of Japan has generously provided funding to UNICEF for the implementation of communication activities on avian and human pandemic influenza in Bangladesh.

# notes on appendices

## ***Appendix 1: Strategy Tables***

The strategy tables outline details for the implementation of the five communication objectives of this National Communication Strategy. They are based on information from experts in the Government, the UN, NGOs, civil society groups and community-level research. They draw on well-known and widely-used communication methodologies and behaviour change expertise available throughout the UN, particularly in UNICEF, WHO and FAO. As with the Plan itself, these tables are living documents, and details should be updated and changed as new information becomes available. The indicators in particular should be reviewed for each communication campaign.

## ***Appendix 2: Toolbox outline***

This is a working document. It could be used by the Technical Working Group on Avian and Human Influenza Communication – both as a resource from which to "borrow" existing communication materials (rather than simply produce more of the same) and as a way to keep track of communication materials to ensure consistency and to avoid duplication.

The toolbox could be placed on a website, and updated regularly.

## ***Appendix 3: Audience profiles***

This appendix contains generic profiles on different audiences, which will be useful when developing materials and planning campaigns for different audiences.

## ***Appendix 4: Terms of References***

This appendix contains the Terms of Reference for the National Avian and Human Pandemic Influenza Communication Technical Working Group, the National Avian and Human Pandemic Influenza Communication Wing, and the Multi-Sectoral Taskforce.

## ***Appendix 5: Report on National Workshop on Avian and Human Influenza Communication***

This appendix contains a final report on the Workshop with a detailed list of discussions and worksheets.

### ***Appendix 6: List of participants from two national workshops***

This appendix contains the list of participants to the National Message development Workshop and the National Workshop on Avian and Human Influenza Communication which collectively informed the basis for the communication strategy.

### ***Appendix 7: List of Technical Working Group***

This appendix provides a list of the members of the Technical Working Group at the time of developing the Communication Strategy.

# *appendices*

## *Appendix 1*

### *Strategy Tables*

# Pandemic Threshold

## PRE-PANDEMIC

### ANIMAL TO ANIMAL

#### 1) REDUCE THE RISK OF ANIMAL TO ANIMAL TRANSMISSION

1. Separate your poultry from wild birds, new birds, sick birds, other domestic animals and chickens from ducks
2. Stop hunting, catching and eating wild birds
3. Stop non-formal border trade of poultry
4. Burn or bury dead birds correctly
5. Wash hands, clothes and feet after contact with poultry & poultry products.
6. Leave footwear, vehicles and bicycles outside farm gate.
7. Wash cages with soap or disinfectant regularly.
8. Report all animal sickness (flu-like symptoms) immediately to upazila livestock office, ward member or ward commissioner for communication with upazila livestock office

## PANDEMIC ALERT

### ANIMAL TO HUMAN

#### FEW CASES

#### COMMUNICATION CAMPAIGNS 1 and 2

#### 2) REDUCE THE RISK OF ANIMAL TO HUMAN TRANSMISSION

1. Separate your poultry from wild birds and new birds
2. Burn or bury dead birds
3. Wash hands, clean clothes, footwear, vehicles and cages with soap or disinfectant
4. If suffering from influenza after recent contact with sick or dead poultry, report to the nearest health facility immediately
5. Handle sick and dead birds with appropriate equipment and clothing.
6. Cover mouth/ nose especially during slaughtering and poultry preparation process
7. Keep birds out of living rooms/living areas

#### 3) IMPROVE HYGIENE TO LIMIT SPREAD OF HUMAN FLU

1. Cover coughs and sneezes with handkerchief, clean cloth, tissue, or hands
2. Avoid spitting in public
3. Wash hands frequently with soap and water or ash, especially when you or one of your family members is ill
4. Report persistent flu-like illness immediately to the nearest health facility

## PREVENTIVE

## PROACTIVE CAMPAIGNS

# PANDEMIC

## HUMAN TO HUMAN

SOME CASES

MANY CASES

### CRISIS / EMERGENCY MEDIA PLAN

When hospitals overwhelmed

Prepare smooth transition

#### 4) CONTAIN AN EMERGING HUMAN (PANDEMIC) VIRUS

1. Avoid unnecessary social contact
2. Avoid crowded places
3. Avoid visiting sick relatives and friends
4. Avoid coughing and sneezing people
5. Avoid shaking hands
5. Wear masks
6. Stay at home
7. Report flu-like illness and deaths from flu immediately to the nearest health facility
8. Wash hands frequently with soap and water or ash, especially when you or one of your family members is ill
9. Try not to panic

#### 5) SURVIVE A PANDEMIC

1. Care for sick at home
2. Isolate patients as far as possible
3. Restrict to one carer of sick person
4. Both sick person and carer to wear mask
5. Wash hands with soap or ash after every contact with a sick person
6. Wash clothes of the patient, carer and other family members regularly
7. Stay away from crowded places

EMERGENCY PREPAREDNESS and RESPONSE

## Objective 1: Reduce the Risk Of Animal to Animal Transmission

PROPOSED ACTION	CURRENT BEHAVIOUR	REASONS FOR CURRENT BEHAVIOUR	STRATEGY – ‘Keys’ for CHANGE
			MOTIVATION Activities and messages
<p>Separate your poultry from wild birds, new birds, sick birds, other domestic animals and chickens from ducks</p> <p>Stop hunting, catching and eating wild birds</p> <p>Stop non-formal border trade of poultry</p>	<p>Raise free-ranging birds with poor hygiene</p> <p>Eat and hunt wild birds</p> <p>Trade birds</p>	<p>Tradition, custom, low maintenance, inexpensive</p> <p>Wild birds are delicious</p> <p>Essential to livelihood</p>	<p>Provide technical assistance and training, materials and start up costs for feed; local demonstration project to show increased yield and improved productivity; organise community groups for developing local solutions. Raising chickens this way keeps them healthier and raises your income.</p> <p>Ducks can carry the virus without appearing sick.</p> <p>Will infect your own birds and maybe infect humans with deadly bird flu</p>
<p>Burn or bury dead birds correctly</p>	<p>Lack of care over proper disposal – sometimes thrown into water sources; carcasses eaten by people or fed to other animals</p>	<p>Threat of income loss – sell or eat rather than bury to minimise loss; no perceived risk; valuable protein source for people and animals</p>	<p>Provide incentives for burying (consider compensation)</p> <p>Education and guidance from local authorities, especially vets, para-vets and NGO workers</p> <p>Dead and dying birds can cause sickness in people. Protect yourself, protect others, protect your animals.</p>
<p>Wash hands, clothes and feet after contact with poultry &amp; poultry products.</p> <p>Leave footwear, vehicles and bicycles outside farm gate.</p> <p>Wash cages with soap or disinfectant regularly.</p>	<p>Do not wash thoroughly or as frequently as needed (especially between and in farms and markets); insufficient, infrequent cleaning of areas where birds are kept</p>	<p>Lack of time, availability of water and soap; people don't perceive the risks; just not practical; unpleasant task; part of nature</p>	<p>Help stop the spread of bird flu in your community with intensive hygiene; keep yourself, your family and your poultry healthy with good hygiene; provision of clear information on importance of personal hygiene in preventing illness and death among poultry and people.</p> <p>Biosecurity measures on the farm will improve income and protect family.</p>
<p>Report all animal sickness (flu-like symptoms) immediately to upazila livestock office, ward member or ward commissioner for communication with upazila livestock office</p>	<p>Ignore, Hide animal sickness and deaths, don't report or report late</p>	<p>Limited awareness of diagnosing poultry sickness; Fear culling and loss of income, don't know where or what to report</p>	<p>Compensate farmers or give practical incentives</p> <p>The virus is deadly and highly contagious. If you don't report it quickly it will spread to your friends and neighbours farms</p> <p>The virus can also be transmitted to humans. Your family (especially your children) are at risk and may result in death.</p>

ADVOCATES		PROPOSED CHANNELS	AUDIENCE	SUGGESTED INDICATORS
MF&L, FAO, ward officials. Vets, para-vets, sanitary inspectors, NGOs running micro-credit for poultry	Community meetings IPC – EPI volunteers, Vets, para-vets and mass organizations (e.g. women’s organizations, farmer’s groups) Radio & TV news, PSAs, talk shows Newspaper articles  Radio and TV spots Training VCD with testimonies from successful adopters  Fact sheet on bird flu Posters in strategic places, flyers for IPC	Backyard farmers; sm scale commercial farmers; wet market workers; GP who live near wild/migratory bird habitats	Proportion of farms with domestic birds separated by physical barriers from contact with wild birds and their faeces % of observed markets with separate caging.  Reported stop to hunting of wild birds	
MF&L, FAO, ward officials. Vets and para-vets, NGOs running micro-credit for poultry		Backyard farmers; sm scale commercial farmers; wet market workers; consumers of poultry	Reported safe disposal Physical evidence of disposal sites	
MF&L, FAO, ward officials. Vets, para-vets, sanitary inspectors, NGOs running micro-credit for poultry	As above and radio phone ins/talk shows, discussion programmes IPC – Vets, ward officials  Community meetings; posters and leaflets; Fact sheet on bird flu	Vets and livestock extension workers (NGO and GOB); backyard farmers; sm scale commercial farmers; GP in rural areas	Reported proper washing of hands, clothes/footwear/vehicles and cages; demonstrated washing practice	
Minister of Fisheries and Livestock Country rep of FAO Media celebrity Community leaders Religious Leaders	Radio/TV PSAs and talk shows, IPC – Vets , para-vets, community meetings, fact sheet, posters and leaflets in strategic places	All audience groups, especially in rural areas.	% of people who know who to report to: Increased reporting of hunting wild birds	

## Objective 2: Reduce the Risk of Animal to Human Transmission

PROPOSED BEHAVIOUR	COMMON BEHAVIOUR	REASONS FOR CURRENT BEHAVIOUR	STRATEGY – ‘Keys’ for CHANGE
			MOTIVATION Activities and messages
Avoid touching all sick poultry, wild birds or their droppings with bare hands - ESPECIALLY CHILDREN	<ul style="list-style-type: none"> <li>- Unsafe handling of both live and sick and dead birds:</li> <li>- Do not usually take protection in touching poultry, wild birds or their droppings</li> <li>- Children play with sick birds as easier to catch</li> </ul>	<ul style="list-style-type: none"> <li>- Not a common practice</li> <li>- Lack of awareness regarding risk of such practice</li> <li>- Lack of knowledge on PPE and its availability</li> <li>- Cost of PPE</li> <li>- Children are considered as free labour for backyard and small scale poultry farming</li> <li>- Children play with birds as a game/entertainment</li> </ul>	<ul style="list-style-type: none"> <li>- Touching sick or dead birds or their droppings may put you and your children at risk of catching a severe and potentially lethal illness. Proper use of protective clothing and equipment when handling birds or their droppings can save your life.</li> </ul>
Handle, prepare and consume poultry and eggs safely	Unsafe preparation and cooking of poultry and poultry products	<ul style="list-style-type: none"> <li>- Lack of knowledge of correct preparation;</li> <li>- Lack of understanding of risks;</li> <li>- Lack of appropriate PPE</li> </ul>	<ul style="list-style-type: none"> <li>- Bird flu can be transmitted to humans during preparation of apparently health poultry and eggs.</li> <li>- To protect you and those you love, you need to prepare and cook poultry and eggs safely and properly</li> <li>- Always wash your hands with soap and water or ash after touching poultry or eggs to keep yourself and your family safe.</li> </ul>
Wash hands frequently with soap and water or ash	Insufficient and infrequent hand washing with soap or ash	<ul style="list-style-type: none"> <li>- Inconvenient; washing facilities not conveniently located;</li> <li>- Lack of perceived risk</li> <li>- Water and soap not readily available</li> </ul>	<ul style="list-style-type: none"> <li>- Improving your hand hygiene can save you and your loved ones from catching bird flu and many other diseases.</li> </ul> <p>Markets (both for staff and customers), restaurants (both for clients and staff), schools (both for teachers and students), health facilities (both for patients and staff) to make adequate washing facilities easily available and accessible.</p>

	ADVOCATES	PROPOSED CHANNELS	AUDIENCE GROUP	SUGGESTED INDICATORS
	<ul style="list-style-type: none"> <li>- Community leaders specially UP members/chairmen</li> <li>- Teachers, Imams; Health professionals; EPI volunteers; Community doctors; NGO community staff</li> <li>- Veterinarians, para-vets, NGO personnel working in the poultry sector</li> </ul>	<ul style="list-style-type: none"> <li>- Community meetings</li> <li>- School program</li> <li>- Through Imams, during Friday prayer</li> <li>- Home visit of EPI volunteers; NGO community staff</li> </ul>	General public; Children; Small, medium and large-scale commercial farmers; Vet; Para-vets;	% of parents, backyard and small scale poultry farmers who have correct knowledge of risk perception with regard to unprotected handling of poultry and their droppings
	<ul style="list-style-type: none"> <li>- Celebrities</li> <li>- Community leaders specially UP members/chairmen</li> <li>- Teachers, Imams; Health professionals; EPI volunteers; Community doctors; NGO community staff</li> </ul>	<ul style="list-style-type: none"> <li>- Radio spots</li> <li>- TV spots</li> <li>- TV and radio cooking programmes;</li> <li>- Fact sheet on bird and human flu</li> <li>- Short public information videos</li> <li>- Posters and Leaflets in strategic locations</li> <li>- Home visit of EPI volunteers; NGO community staff</li> </ul>	Commercial food handlers (restaurants); women; domestic staff	<p>% of parents who have correct knowledge of risk perception in relation to poultry and egg preparation</p> <p>Observed food preparation practices of target commercial food handlers in restaurants</p>
	<ul style="list-style-type: none"> <li>- Parents</li> <li>- Celebrities</li> <li>- Community leaders specially the UP members/chairmen</li> <li>- Teachers, Imams; Health professionals; EPI volunteers; Community doctors; NGO community staff</li> </ul>	<ul style="list-style-type: none"> <li>- Radio spots</li> <li>- TV spots</li> <li>- Fact sheet on bird and human flu</li> <li>- Short public information videos</li> <li>- Posters and Leaflets in strategic locations</li> <li>- IPC with vets, para-vets, health workers, community doctors, NGO workers, ward leaders, Girl Guides, Boy Scouts, women's organizations, etc</li> <li>- School programmes</li> <li>- Badges</li> <li>- Billboard</li> </ul>	General public; School children; Teachers and school personnel; Food handlers (restaurants); Health care providers; Veterinary personnel	<p>Observed availability and accessibility of adequate hand washing facilities in: select schools, health facilities, restaurants, and markets.</p> <p>Observed hand washing technique of a select few in each of the following: select schools, health facilities, restaurants, and markets.</p>

### Objective 3: Improve Hygiene and Health-seeking Practices to Limit the Spread of Seasonal Influenza

PROPOSED ACTION	CURRENT BEHAVIOUR	REASONS FOR CURRENT BEHAVIOUR	STRATEGY – ‘Keys’ for CHANGE
			MOTIVATION Activities and messages
1. Cover coughs and sneezes with handkerchief, clean cloth, tissue, or hands	Do not usually cover coughs and sneezes	Not common practice. Tissues, handkerchiefs not readily available. Do not perceive the risk.	<p>Coughing and sneezing spreads the flu. You can greatly reduce the spread of the disease to those around you and particularly your family, by covering your nose and mouth with a tissue, handkerchief or other piece of cloth when you sneeze or cough. If you do not have a tissue or cloth available even use your hand, but be sure to wash your hands with soap and water, or ash afterwards. Tissues should be disposed of appropriately, and handkerchiefs/cloths washed with soap frequently.</p> <p>Protect those you love – poor hygiene spreads flu and other diseases</p>
2. Avoid spitting in public	Spitting in public	Common practice. High prevalence of chewing pan. Do not perceive the risk.	<p>Spitting in public spreads the flu and other diseases. You can greatly reduce the spread of the disease by avoiding spitting in public. If you cannot resist, try and spit in a toilet or sink, or in the dirt and use your foot to cover the spit with some dirt, or spit in an isolated corner not frequented by people.</p> <p>Protect those you love – spitting and poor hygiene spreads flu and other diseases</p>
3. Wash hands frequently with soap and water or ash, especially when you or one of your family members is ill	Do not wash hands often especially after coughing and sneezing. Often wash just one hand. Often do not use soap or ash when washing.	Washing facilities not conveniently located or readily available. Do not perceive the risk. Cost of soap relatively high. Water not always readily available.	<p>Washing hands frequently with soap and water or ash is one of the most effective ways to stop the spread of coughs, colds and flu and to protect you and your family from flu and many other diseases.</p> <p>Markets (both for staff and customers), restaurants (both for clients and staff), schools (both for teachers and students), health facilities (both for patients and staff) to make adequate washing facilities easily available and accessible.</p>
4. Report persistent flu-like illness Immediately to the nearest health facility	Do not seek medical treatment for seasonal influenza. Not considered a serious illness. Health care costly. Health professionals do not consistently report seasonal influenza.	Think they will recover on their own without treatment. Do not think it is necessary to obtain medical care or report the illness. Health professionals not aware of the importance of regular reporting (even zero reporting) of seasonal influenza.	<p>Early reporting of severe or prolonged influenza could prevent you from spreading it to your family and others; ensure accurate diagnosis and treatment; and could help stop an outbreak which could cause widespread illness and death and threaten your life and that of your family members.</p>

	ADVOCATES	PROPOSED CHANNELS	AUDIENCE GROUP(S)	SUGGESTED INDICATORS
	Parents (mothers); Teachers; Peers (self image); Ward leaders; Imams; Health professionals; EPI volunteers; Community doctors; NGO community staff.	Education through schools and the media – TV and radio spots; Hygiene campaign; Mobile outreach; Posters; Stickers; EPI volunteers; Mass organizations – Girl Guides, Boy Scouts, women’s organizations, etc.	General public; School children; Teachers and school personnel; Food handlers (restaurants); Health care providers.	% of relevant target groups who have correct knowledge of cough etiquette practices.
	Parents (mothers); Teachers; Peers (self image); Ward leaders; Imams; Health professionals; EPI volunteers; Community doctors; NGO community staff.	Education through schools and the media – TV and radio spots; Hygiene campaign; Posters; EPI volunteers; Campaign through community pharmacists and doctors.	General public; School children; Teachers and school personnel; Food handlers (restaurants); Health care providers.	% of relevant target groups who have correct knowledge of spitting etiquette practices.
	Parents (mothers); Teachers; Imams; Media celebrities; Community doctors; Health professionals; EPI volunteers; Market committee members; Restaurant owners; Commercial food handlers; Ward leaders; NGO community staff.	Education through schools and the media – TV and radio spots; Hygiene campaign; Posters; Badges; EPI volunteers; Mobile outreach; Mass organizations – Girl Guides, Boy Scouts, women’s organizations, etc.	General public; School children; Teachers and school personnel; Food handlers (restaurants); Health care providers.	Observed availability and accessibility of adequate hand washing facilities in: select schools, health facilities, restaurants, and markets.  Observed hand washing technique of a select few in each of the following: select schools, health facilities, restaurants, and markets.
	Health professionals; EPI volunteers; Community doctors; Pharmacists; Teachers; Imams; Ward leaders; NGO community staff.	Education through schools and the media – TV and radio spots; Posters; EPI volunteers; Mobile outreach; Mass organizations – Girl Guides, Boy Scouts, women’s organizations, etc.	Small-scale farmers; Large-scale farmers; Commercial farmers; Live poultry market workers; Veterinarians; Para-vets; Health care providers; General public; School children; Teachers and school personnel; Food handlers (restaurants).	No. of health facilities in the country reporting influenza case statistics (even zero reporting) on a monthly basis.

## Objective 4: Contain an Emerging Human (Pandemic) Virus

PROPOSED ACTION	CURRENT BEHAVIOUR	REASONS FOR CURRENT BEHAVIOUR	STRATEGY – ‘Keys’ for CHANGE
			MOTIVATION Activities and messages
1. Avoid unnecessary social contact	Visit markets, shops, friends, relatives, cinema, mosque, go to school, travel on public transport, etc., as part of normal life	Part of normal life and livelihoods - Need to get food; Need to go to work; Need to go to school; Need to go to the mosque; Need to visit relatives and friends.  Social contact becomes even more important in a crisis or emergency situation.	This is an emergency, but it is a temporary situation. There is a deadly influenza virus circulating. The best way to protect yourself and your family is for everyone to stay at home. Keep your children safe. If you absolutely must be in contact with other people, wear a mask as the virus spreads through the air and you can get infected by breathing in the virus.  Keep patients at home and try to maintain only one carer as much as possible.
2. Avoid crowded places	Visit markets, shops, friends, relatives, cinema, mosque, go to school, travel on public transport, etc., as part of normal life	Part of normal life and livelihoods - Need to get food; Need to go to work; Need to go to school; Need to go to the mosque; Need to visit relatives and friends.  Social contact becomes even more important in a crisis or emergency situation.	This is an emergency, but it is a temporary situation. There is a deadly influenza virus circulating. The best way to protect yourself and your family is to avoid unnecessary social contact and crowded places and for everyone to stay at home. Keep your children safe. If you absolutely must go out, wear a mask as the virus spreads through the air and you can get infected by breathing in the virus.
3. Avoid visiting sick relatives and friends	Visit and offer support to sick relatives and friends	Social contact becomes even more important when loved ones are ill or dying and during a crisis or emergency situation.	This is an emergency, but it is a temporary situation. There is a deadly influenza virus circulating. The best way to protect yourself and your family is for everyone to stay at home. Keep your children safe. Keep patients at home and try to maintain only one carer as much as possible. If you absolutely must be in contact with other people, wear a mask as the virus spreads through the air and you can get infected by breathing in the virus.
4. Avoid coughing and sneezing people	Not practiced.	Not noticed.  Do not perceive the risk.	There is a deadly influenza virus circulating and it spreads through the air and you can get infected by breathing in the virus. Large numbers of viruses are spread by sick people who sneeze, cough and spit. The best way to protect yourself and your family is to avoid unnecessary social contact and crowded places and for everyone to stay at home. Keep your children safe. If you absolutely must go out, wear a mask and quickly walk away from anyone who is coughing and sneezing.

ADVOCATES		PROPOSED CHANNELS	AUDIENCE GROUP(S)	SUGGESTED INDICATORS
Honourable Prime Minister; Imams; Pre-identified and trained spokesperson; Health professionals; Pharmacists; Community leaders; Media celebrities; WHO.		Media – regular press briefings, press releases, radio and TV announcements, Phone-ins; Mobile announcements using loudspeakers, e.g., from the mosques; Internet	Whole population.	<p>Analysis of accuracy and appropriateness of media content.</p> <p>Analysis of diversity of media outlets carrying up-to-date information and precautions/recommendations for the public.</p> <p>Analysis of advocates engaged by the media to convey messages to the public.</p> <p>Number of inflammatory and panic-rousing media pieces aired/published.</p>
Honourable Prime Minister; Imams; Pre-identified and trained spokesperson; Health professionals; Pharmacists; Community leaders; Media celebrities; WHO.		Media – regular press briefings, press releases, radio and TV announcements, Phone-ins; Mobile announcements using loudspeakers, e.g., from the mosques; Internet.	Whole population.	
Honourable Prime Minister; Imams; Pre-identified and trained spokesperson; Health professionals; Pharmacists; Community leaders; Media celebrities; WHO.		Media – regular press briefings, press releases, radio and TV announcements, Phone-ins; Mobile announcements using loudspeakers, e.g., from the mosques; Internet.	Whole population.	
Imams; Pre-identified and trained spokesperson; Health professionals; Pharmacists; Community leaders; WHO.		Media – regular press briefings, press releases, radio and TV announcements, Phone-ins; Mobile announcements using loudspeakers, e.g., from the mosques; Internet.	Whole population.	

PROPOSED ACTION	CURRENT BEHAVIOUR	REASONS FOR CURRENT BEHAVIOUR	STRATEGY – ‘Keys’ for CHANGE
			MOTIVATION Activities and messages
5. Avoid shaking hands	Part of greeting people	Part of normal life.  Do not perceive the risk.	There is a deadly influenza virus circulating. The virus is spread and you and your family members can get infected from contact with dirty and contaminated. The best way to protect yourself and your family is to avoid shaking hands with other people. Wash your hands frequently with soap and water or ash frequently and especially after contact with others. Keep your children safe, remind them to avoid shaking hands, to wash their hands frequently with soap and water or ash, and help younger children to wash their hands.
6. Wear masks	Not practiced.  Only used to cover (mainly nose) by some as protection against exhaust fumes and pollution.	No perceived need to protect against diseases.  Covering of nose against exhaust fumes and pollution is perceived to protect one's health.	Wear a mask and cover both your nose and mouth, as the virus spreads through the air and you can get infected by breathing in the virus. Help protect children by showing them and helping them to wear their masks correctly.  Make everyone aware of the need to cover their nose and mouth.  Wear a mask – help protect, yourself, your family, and your nation from the spread of disease!
7. Stay at home	Visit markets, shops, friends, relatives, cinema, mosque, go to school, travel on public transport, etc., as part of normal life	Part of normal life and livelihoods - Need to get food; Need to go to work; Need to go to school; Need to go to the mosque; Need to visit relatives and friends.  Social contact becomes even more important in a crisis or emergency situation.	This is an emergency, but it is a temporary situation. There is a deadly influenza virus circulating. The best way to protect yourself and your family is for everyone to stay at home. Keep your children safe. If you absolutely must be in contact with other people, wear a mask as the virus spreads through the air and you can get infected by breathing in the virus.  Minimise your movement away from home to protect yourself from catching the virus. It will help keep your family safe.  Keep patients at home and try to maintain only one carer if possible.
8. Report flu-like illness and deaths from flu immediately to the nearest health facility	Do not seek medical treatment for influenza. Not considered a serious illness. Health care costly. Deaths not reported.	Think patient will recover on their own without treatment. Do not think it is necessary to obtain medical care or report the illness. If illness is thought to cause death, why waste the time and expense to obtain health care which may not help?	Early reporting of any influenza could ensure that you get appropriate treatment early. Treatment is most effective when it is received early on in the illness. Treatment will help prevent you from spreading it to your family and others and possibly save their lives; Early treatment could help stop an outbreak which could cause widespread illness and death and threaten your life and that of your family members.

**Objective 4: Contain an Emerging Human (Pandemic) Virus**

ADVOCATES		PROPOSED CHANNELS	AUDIENCE GROUP(S)	SUGGESTED INDICATORS
Honourable Prime Minister; Imams; Pre-identified and trained spokespersons; Health professionals; Pharmacists; Community leaders; Media celebrities; WHO.		Media – regular press briefings, press releases, radio and TV announcements, Phone-ins; Mobile announcements using loudspeakers, e.g., from the mosques; Internet.	Whole population.	
Honourable Prime Minister; Imams; Pre-identified and trained spokespersons; Health professionals; Pharmacists; Community leaders; Media celebrities; WHO.		Media – regular press briefings, press releases, radio and TV announcements, Phone-ins; Mobile announcements using loudspeakers, e.g., from the mosques; Internet.	Whole population.	
Honourable Prime Minister; Imams; Pre-identified and trained spokespersons; Health professionals; Pharmacists; Community leaders; Media celebrities; WHO.		Media – regular press briefings, press releases, radio and TV announcements, Phone-ins; Mobile announcements using loudspeakers, e.g., from the mosques; Internet.	Whole population.	
Honourable Prime Minister; Imams; Pre-identified and trained spokespersons; Health professionals; Pharmacists; Community leaders; Media celebrities; WHO.		Media – regular press briefings, press releases, radio and TV announcements, Phone-ins; Mobile announcements using loudspeakers, e.g., from the mosques; Internet.	Whole population.	

PROPOSED ACTION	CURRENT BEHAVIOUR	REASONS FOR CURRENT BEHAVIOUR	STRATEGY – ‘Keys’ for CHANGE
			MOTIVATION Activities and messages
9. Wash hands frequently with soap and water or ash, especially when you or one of your family members is ill	Do not wash hands often especially after coughing and sneezing. Often wash just one hand. Often do not use soap or ash when washing.	Washing facilities not conveniently located or readily available. Do not perceive the risk. Cost of soap relatively high. Water not always readily available.	Washing hands frequently with soap and water or ash is one of the most effective ways to stop the spread of the influenza virus and to protect you and your family from getting infected with the virus.
10. Try not to panic	Panic in emergency situations.	Human nature to panic when confronted with the unknown and the risk of death to yourself and your loved ones.	<p>Keep calm – we will get through this together.</p> <p>The government, UN agencies, NGOs, and international community are doing everything they can possible to protect everyone from getting sick.</p> <p>Please follow the media carefully and follow the precautions and recommendations being provided. If we all follow the precautions and recommendations given, we will together defeat this virus and protect ourselves and our country.</p> <p>Such influenza pandemics happen across the world every 30 – 40 years. It has happened before and we made it, and we can get through it again.</p>

**Objective 4: Contain an Emerging Human (Pandemic) Virus**

		AUDIENCE GROUP(S)	SUGGESTED INDICATORS
ADVOCATES	PROPOSED CHANNELS		
Honourable Prime Minister; Imams; Pre-identified and trained spokespeople; Health professionals; Pharmacists; Community leaders; Media celebrities; WHO.	Media – regular press briefings, press releases, radio and TV announcements, Phone-ins; Mobile announcements using loudspeakers, e.g., from the mosques; Internet.	Whole population.	
Honourable Prime Minister; Imams; Pre-identified and trained spokespeople; Health professionals; Pharmacists; Community leaders; Media celebrities; WHO.	Media – regular press briefings, press releases, radio and TV announcements, Phone-ins; Mobile announcements using loudspeakers, e.g., from the mosques; Internet.	Whole population.  Whole population.	

## Objective 5: Survive A Pandemic

PROPOSED BEHAVIOUR	COMMON BEHAVIOUR	REASONS FOR CURRENT BEHAVIOUR	STRATEGY – ‘Keys’ for CHANGE
			MOTIVATION Activities and messages
<p>Care for sick at home</p> <p>Isolate patients as far as possible</p> <p>Restrict to one carer of sick person</p> <p>Both sick person and carer to wear mask</p>	<p>Likely to seek medical treatment (but facilities likely to be overwhelmed)</p> <p>Houses are small, everyone in one room; Health facilities. do not have individual rooms.</p> <p>Usual for several family members to share care</p> <p>No-one ever wears masks when sick</p>	<p>If seriously sick need medical help</p> <p>House design, low income</p> <p>Family would share the care</p> <p>Uncomfortable, hot</p> <p>Would cause stigma, not aware of importance</p>	<p>Keep calm. Many people are sick and the hospitals and health centres are full. Now best to care for the sick at home. Here are some simple instructions for you to follow.</p> <p>Patients are highly infectious. If possible keep other family members away. Try to protect other family members as much as possible</p> <p>This virus is very infectious. If the patient wears a mask it will help protect the carer and other family members. The carer and other family members should wear a mask to give them extra protection. Wash masks with soap often</p>
<p>Wash hands with soap or ash after every contact with a sick person</p> <p>Wash clothes of the patient, carer and other family members regularly</p>	<p>Do not wash hands or clothes often enough</p>	<p>Not aware of seriousness of risk and benefit of washing hands</p>	<p>Washing hands with soap very frequently is good protection. Keep water and soap nearby and wash often.</p> <p>Washing hands frequently with soap and water or ash is one of the most effective ways to stop the spread of the virus and to help protect you and your family from influenza.</p>
<p>Stay away from crowded places</p> <p>Do not travel</p> <p>Seek up-to-date information and stay calm</p>	<p>Need food and medicine</p> <p>Will seek information but may be sick, caring for sick or panicking</p>	<p>Have not stockpiled any food</p> <p>Fear</p>	<p>Risk of infection increases in crowded places. If you have to go to the market, wear a mask. Don't travel as you could spread the disease, or you could catch it</p> <p>To be based on latest technical information and current situation: Must convey a sense of calm, emphasising the need to stay clear-headed in order to increase your family's chance of survival</p>

ADVOCATES		PROPOSED CHANNELS	AUDIENCE GROUP	SUGGESTED INDICATORS
Honourable Prime Minister, Minister of Health, WHO, Well known doctors, community health workers, imams Other government ministries, NGOs		Mass media, including international, national, community and local television and radio and newspapers, internet	GP, with adapted messages for urban (near hosp) and rural. Local miking esp in rural areas	Medical surveillance sys. to pick up people with flu symptoms NOT SURE WHAT THIS MEANS?
Honourable Prime Minister, Minister of Health and other previously identified spokespeople for the pandemic		Mass media, including international, national, community and local television and radio and newspapers, internet		Media content— proportion of correct messages; proportion of inflammatory messages. Analysis of diversity of media outlets carrying up-to-date information and precautions/ recommendations for the public.  Analysis of advocates engaged by the media to convey messages to the public.

# Appendix 2

## *The communication "Toolbox"*

*Library of communication resources,  
essentials and IEC tools*

To be updated regularly, particularly with information  
shared in the Technical Working Group on Avian and  
Human Influenza Communication

CODE	DESCRIPTION	AUDIENCE	TOOL	STATUS TYPE
<b>1. ADVOCACY and POLICY</b>				
1-1	National Avian Influenza And Human Pandemic Influenza Preparedness And Response Plan Bangladesh	Government	National Plan	Done
1-2	National Communication Strategy and Action Plan for Avian Influenza and Human Pandemic Influenza	Government	Strategy	Draft
1-3	Policies and technical guidelines on various aspects (e.g. bio-security from FAO, home-based care from WHO, etc)	Government	Guidelines	
1-4	Operational Manuals of different Government agencies (e.g. operational manual of DLS, Operational manual of DG Health)	Government	Strategy	Draft
<b>2. PRESS AND MEDIA</b>				
2-1	Press kit – Background information, Q&As, B-Roll, Stock images, fact booklet on AI	Journalists	Kit	
2-2	Press releases and statements on regular basis	Journalists	Statements	
2-3	Newspaper adverts	General Public	Adverts	
2-4	Educational supplement for insert	General Public		
<b>3. TRAINING GUIDES / MODULES</b>				
3-1.	WHO Outbreak Communication Guidelines	Communication Staff	Manual	Done
3-2.	Crisis and emergency risk communication – CDC	Communication Staff	Manual	
3-3.	Guidelines for Para-veterinarians	Para-veterinarians	Manual	
<b>4. MULTIMEDIA IEC MATERIALS</b>				
4-1	TV PSAs	Community (Health/Centres/ Union Parishad Complex)	Poster	
4-2	Radio PSAs x 5 (- 10) (jingles)	Community	Poster	
4-3	Radio phone in shows	Community	Flip chart	
4-4	Inserted messages in existing TV programmes	Community	Radio Spot	
4-5	Children's songs	Children		
4-6	Leaflets	Literate community		
4-7	Leaflets for biosecurity of poultry			
4-8	Posters on separating poultry	Community		
4-9	Poster for illegal trade of chicks			
4-10	Booklet on Personal protection of Vets and Para-vets			
4-11	Poster on covering mouth when coughing/sneezing			
4-12	Poster on washing hands			
4-13	Poster on keeping children away from sick and dead birds			
4-14	Billboard posters	Community	Radio Spot	
4-15	Messages for quiz/game shows, soap operas, cooking shows	Community		
4-16	Branding package (for stickers, t-shirts, caps, masks)	MOH and community		
4-17	School flu package (info for teachers and training activities)	Schools		
4-18	Messages for well-known television presenters	Comedians, TV presenters		
4-19	TV PSA – 2 or 3 – similar, but more serious, more direct			
4-20	Radio PSA – as above			
4-21	SMS messages			
4-22	Strapline for TV			
4-23	Pandemic leaflet (home-based care, reducing transmission)			
4-24	Infomercial short films on reducing transmission, home-based care, dealing with dead etc.			
4-25	Internet site with updated information in Bangla (Ministry of Health)			
4-26	Newspaper supplements (for 1st and 2nd week)			
4-27	Stickers for soap packages			
4-28	Fact sheet			
<b>5. RESOURCE CENTRE</b>				
5-1	Bird Flu: Communicating the Risk (WHO Paho)	Communication staff		
5-2	ECTAD, FAO	Ministry Staff		
5-3	OIE			

*Appendix* 3

*Understanding  
our audiences*

*Examples of generic audience profiles*

<b>INTERNATIONAL DONORS, PARTNERS, and PROGRAMME OFFICERS</b>	Description	High level decision makers in international agencies, donors, partners
	Gender	Mixed
	Age	35 - 55+
	Literacy & Educational profile	Literate, High level professional education
	General profile	Highly knowledgeable, likely to have specialist public health or development expertise, extensive experience in low-income countries; action orientated and most likely influenced by strong evidence based argument
	Most influential media	International television & radio news, international newspapers & magazines (e.g. NY Times, Washington Post, Economist, Newsweek, Times etc) professional journals, including peer-review scientific and development journals, sophisticated but focused advocacy materials, internet, email forums
	Most influential peers	Peer professionals, national government officials, heads of international agencies and major donors
	Key messages	
	Most influential argument	Personal and family safety (individual comfort zone), Social & Economic Impact, burden of disease and disability; potential effectiveness and cost effectiveness of proposed interventions, measurable achievements; limits impact to existing programmes, assists them achieve their strategic aims

<b>HIGH LEVEL GOVERNMENT OFFICIALS</b>	Description	High level government officials in Ministry of Fisheries and Livestock , Ministry of Health, Ministry of Environment and Forest or other Ministries
	Gender	Mixed, though majority male in most countries
	Age	45 - 55+
	Literacy & Educational profile	Literate, High level professional education
	General profile	May or may not have specialist public health expertise
	Most influential media	National and international television, radio, internet, newspapers, focused advocacy materials, official letters and faxes
	Most influential peers	Political leaders, colleagues, peers
	Key messages	
	Most influential argument	Personal and family safety (individual comfort zone), Political interests or gain, Cost effectiveness; burden of disease and disability; measurable achievements

<b>DIRECTORS AND NATIONAL PROGRAMME MANAGERS</b>	<b>Description</b>	Key government officials at the programmatic level
	<b>Gender</b>	Mixed
	<b>Age</b>	40 - 55+
	<b>Literacy &amp; Educational profile</b>	Literate, High level professional education
	<b>General profile</b>	Some will have veterinary, medical, public health and/or health economics expertise; day to day management of govt. programmes
	<b>Most influential media</b>	National and some international television, radio, newspapers, professional journals, concept paper, proposals, internet, email forums, email, impressive advocacy materials
	<b>Most influential peers</b>	High level government officials; peer professionals, friends and family
	<b>Key messages</b>	
	<b>Most influential argument</b>	Personal and family safety (individual comfort zone), Showing results to their bosses; Cost effectiveness; burden of disease and disability; measurable achievements; practicality and feasibility

<b>INTERNATIONAL MEDIA</b>	<b>Description</b>	Professional journalists and broadcasters in international media organizations
	<b>Gender</b>	Mixed
	<b>Age</b>	20 - 55+
	<b>Literacy &amp; Educational profile</b>	Highly literate, skilled, university education
	<b>General profile</b>	Interested and enquiring media professionals, looking for strong human interest stories of national or local importance
	<b>Most influential media</b>	International and national television, radio, newspapers, journals, press releases, internet, email forums
	<b>Most influential peers</b>	Peer professionals, politicians, friends and family
	<b>Key messages</b>	
	<b>Most influential argument</b>	In the public interest, opportunity to 'crusade' on important issues, Exposure in the media could make a difference and alleviate suffering, increase equality and make better use of international resources, some drawn to sensation, good story could advance career

<b>NATIONAL AND LOCAL MEDIA</b>	<b>Description</b>	Professional journalists and broadcasters in national and local media organizations
	<b>Gender</b>	Mixed
	<b>Age</b>	20 - 55+
	<b>Literacy &amp; Educational profile</b>	Literate, mostly university education
	<b>General profile</b>	Interested and enquiring media professionals, looking for strong human interest stories of national or local importance
	<b>Most influential media</b>	International and national television, radio, newspapers, journals, press releases, internet, email forums
	<b>Most influential peers</b>	Peer professionals, politicians, friends and family
	<b>Key messages</b>	
	<b>Most influential argument</b>	In the national interest, exposure in the media could make a difference and alleviate suffering, increase equality and make better use of national resources, good story could further career.

<b>SUPERVISORS AND DISTRICT HEALTH MANAGERS</b>	<b>Description</b>	Working to the national programme manager, those with direct supervisory and managerial authority for health staff at district or facility level
	<b>Gender</b>	Mixed
	<b>Age</b>	35 - 55+
	<b>Literacy &amp; Educational profile</b>	Professional education
	<b>General profile</b>	Considerable work experience, likely to have been promoted from an operational position
	<b>Most influential media</b>	National television, radio, newspapers, magazines, professional mailings, training materials targeted IEC materials
	<b>Most influential peers</b>	Programme managers, Regional or district medical officers; peer professionals; friends & family
	<b>Key messages</b>	
	<b>Most influential argument</b>	Practicality and feasibility, professional responsibility

<b>CLINICIANS - Private and public sector</b>	<b>Description</b>	Professional medical doctors in general or specialized position in public or private sector
	<b>Gender</b>	Mixed
	<b>Age</b>	30 - 55+
	<b>Literacy &amp; Educational profile</b>	Literate, High level professional education
	<b>General profile</b>	Medical training, highly respected in most communities, confident of abilities
	<b>Most influential media</b>	Television, radio, newspapers, professional journals, internet, email forums, email, short sophisticated advocacy materials
	<b>Most influential peers</b>	Peer professionals, politicians, friends and family, patients; in private sector - accountant
	<b>Key messages</b>	
	<b>Most influential argument</b>	Professional responsibility, patient benefit, cost effectiveness, effectiveness; private sector clinicians may be more customer and financially orientated

<b>VETERINARIANS – Public and private sector</b>	<b>Description</b>	Professional veterinarians in general or specialized position in private sector
	<b>Gender</b>	Mixed
	<b>Age</b>	30 - 55+
	<b>Literacy &amp; Educational profile</b>	Literate, High level professional education
	<b>General profile</b>	Vet training, highly respected in farming communities, confident of abilities
	<b>Most influential media</b>	National television, radio, newspapers, professional journals, internet, email forums, email, short sophisticated advocacy materials
	<b>Most influential peers</b>	Peer professionals, politicians, friends and family, influential commercial farmers - accountant
	<b>Key messages</b>	
	<b>Most influential argument</b>	Professional responsibility, commercial vs consumer benefit, cost effectiveness, effectiveness; financial benefit

<b>PARA-VETERINARIANS AND NGO WORKERS</b>	<b>Description</b>	Para-veterinarians and NGO workers at community level
	<b>Gender</b>	Mixed
	<b>Age</b>	20 – 55+
	<b>Literacy &amp; Educational profile</b>	Varying levels of professional training, range of moderate to higher education
	<b>General profile</b>	Veterinary worker training and training or exposure in NGO work experience, practical, sometimes valued in the community, sometimes not.
	<b>Most influential media</b>	Television, radio, newspapers, professional mailings, magazines, attractive training and IEC materials
	<b>Most influential peers</b>	Peer professionals, Veterinarians & supervisors, friends and family, patients, celebrities
	<b>Key messages</b>	
	<b>Most influential argument</b>	Personal safety, professional responsibility, response to report , practicality and ease, financial and emotive

<b>HEALTH WORKERS</b>	<b>Description</b>	Health workers at community level
	<b>Gender</b>	Mixed
	<b>Age</b>	20 – 55+
	<b>Literacy &amp; Educational profile</b>	Varying levels of professional training, range of moderate to higher education
	<b>General profile</b>	Health worker training and experience, practical, sometimes valued in the community, sometimes not.
	<b>Most influential media</b>	Television, radio, newspapers, professional mailings, magazines, attractive training and IEC materials
	<b>Most influential peers</b>	Peer professionals, doctors & supervisors, friends and family, patients, celebrities
	<b>Key messages</b>	
	<b>Most influential argument</b>	Personal safety, professional responsibility, concern for patients, practicality and ease, financial and emotive

<b>AUXILIARY, SKILLED AND UNSKILLED HEALTH WORKERS</b>	<b>Description</b>	Support staff to nurses and other medical staff
	<b>Gender</b>	Mixed
	<b>Age</b>	20 - 55
	<b>Literacy &amp; Educational profile</b>	Literate and non literate; Basic to moderate education, may have some practical professional training
	<b>General profile</b>	Practical, down to earth, sometimes lacking in confidence
	<b>Most influential media</b>	Television, radio, newspapers, magazines, attractive and easily understood training and IEC materials
	<b>Most influential peers</b>	Supervisors, friends and family, celebrities
	<b>Key messages</b>	
<b>Most influential argument</b>	Personal safety, will earn respect of supervisors, practicality and ease	

<b>COMMUNITY LEADERS (Educated)</b>	<b>Description</b>	Highly influential community leaders and opinion formers
	<b>Gender</b>	Mixed
	<b>Age</b>	35 - 55+
	<b>Literacy &amp; Educational profile</b>	Moderate to high level education
	<b>General profile</b>	Charismatic, good communicators with political power base in specific urban or rural community
	<b>Most influential media</b>	National and local television, radio, newspapers, magazines, focused and attractive advocacy materials
	<b>Most influential peers</b>	Politicians, community members friends and family
	<b>Key messages</b>	
	<b>Most influential argument</b>	Personal safety, Collective good and political gain; expert opinion; financial

<b>COMMUNITY LEADERS (Un-Educated)</b>	<b>Description</b>	Highly influential elected or non-elected leaders particularly in rural areas
	<b>Gender</b>	Usually male
	<b>Age</b>	45 - 55+
	<b>Literacy &amp; Educational profile</b>	Basic or no education
	<b>General profile</b>	Charismatic, good communicators with political or family power base
	<b>Most influential media</b>	National and local television, radio, one-to-one meetings
	<b>Most influential peers</b>	Politicians, community members friends and family,
	<b>Key messages</b>	
	<b>Most influential argument</b>	Collective good and political gain; emotive arguments and common sense

<b>RELIGIOUS LEADERS</b>	<b>Description</b>	Highly influential religious leader
	<b>Gender</b>	Male
	<b>Age</b>	35 - 65+
	<b>Literacy &amp; Educational profile</b>	Basic to high level, post-graduate university education. Teachers (from village to professorial levels)
	<b>General profile</b>	Charismatic, good communicators with high religious and social influence in specific urban or rural community
	<b>Most influential media</b>	National and local television, radio, newspapers, focused and attractive advocacy materials
	<b>Most influential peers</b>	Higher religious leaders
	<b>Key messages</b>	
	<b>Most influential argument</b>	Conforms to religious teaching, relieves poverty or suffering

<b>TEACHERS</b>	<b>Description</b>	Well respected teachers in community
	<b>Gender</b>	Mixed
	<b>Age</b>	25 - 55+
	<b>Literacy &amp; Educational profile</b>	College or university education.
	<b>General profile</b>	Community spirited, sometimes charismatic, good communicators with social influence in specific urban or rural community
	<b>Most influential media</b>	National and local television, radio, newspapers, focused and attractive advocacy materials
	<b>Most influential peers</b>	Supervisors and peer professionals, parents
	<b>Key messages</b>	
	<b>Most influential argument</b>	Personal safety and safety of children (families) in their care, common sense, emotive risk-based arguments with practical, feasible proposed actions

<b>FAMILIES WITH BIRDS / ANIMALS</b>	<b>Description</b>	Families with backyard birds and animals, or smallholdings
	<b>Gender</b>	Mixed
	<b>Age</b>	Mixed
	<b>Literacy &amp; Educational profile</b>	Wide range
	<b>General profile</b>	
	<b>Most influential media</b>	National and local television, radio, newspapers, attractive and educational IEC materials
	<b>Most influential peers</b>	Friends and family, community leaders
	<b>Key messages</b>	
	<b>Most influential argument</b>	Availability of compensation, personal safety including safety of young children, Health or wealth benefit, enforced requirement of authorities, social pressure

<b>FAMILIES WITH SMALL AND MEDIUM SCALE FARMS</b>	<b>Description</b>	Well respected teachers in community
	<b>Gender</b>	Mixed
	<b>Age</b>	25 - 55+
	<b>Literacy &amp; Educational profile</b>	College or university education.
	<b>General profile</b>	Community spirited, sometimes charismatic, good communicators with social influence in specific urban or rural community
	<b>Most influential media</b>	National and local television, radio, newspapers, focused and attractive advocacy materials
	<b>Most influential peers</b>	Supervisors and peer professionals, parents
	<b>Key messages</b>	
	<b>Most influential argument</b>	Personal safety and safety of children (families) in their care, common sense, emotive risk-based arguments with practical, feasible proposed actions

<b>FAMILIES WITH BIRDS / ANIMALS</b>	<b>Description</b>	Families with small and medium scale farms
	<b>Gender</b>	Mixed
	<b>Age</b>	Mixed
	<b>Literacy &amp; Educational profile</b>	Wide range
	<b>General profile</b>	
	<b>Most influential media</b>	National and local television, radio, newspapers, attractive and educational IEC materials, veterinarians
	<b>Most influential peers</b>	Friends and family, community leaders
	<b>Key messages</b>	
	<b>Most influential argument</b>	Availability of compensation, personal safety – including safety of young children, Health or wealth benefit, enforced requirement of authorities, social pressure

<b>FAMILIES WITH SMALL AND MEDIUM SCALE FARMS</b>	<b>Description</b>	Families with small and medium scale farms
	<b>Gender</b>	Mixed
	<b>Age</b>	Mixed
	<b>Literacy &amp; Educational profile</b>	Wide range
	<b>General profile</b>	
	<b>Most influential media</b>	National and local television, radio, newspapers, attractive and educational IEC materials, veterinarians
	<b>Most influential peers</b>	Friends and family, community leaders
	<b>Key messages</b>	
<b>Most influential argument</b>	Availability of compensation, personal safety – including safety of young children, Health or wealth benefit, enforced requirement of authorities, social pressure	

<b>FAMILY DECISION MAKERS</b>	<b>Description</b>	Individual within family unit that makes key decisions regarding health
	<b>Gender</b>	Male or female depending on social culture
	<b>Age</b>	25 - 55+
	<b>Literacy &amp; Educational profile</b>	Wide range
	<b>General profile</b>	Often the husband, but can be another key individual such as wife or the mother-in-law
	<b>Most influential media</b>	National and local television, radio, newspapers, attractive and educational IEC materials
	<b>Most influential peers</b>	Friends and family, community leader
	<b>Key messages</b>	
	<b>Most influential argument</b>	children's or own personal safety, Health or wealth benefit, will earn respect of peers

<b>MEN</b>	<b>Description</b>	Father or other (usually male) relative who takes day to day family responsibilities
	<b>Gender</b>	Male
	<b>Age</b>	15 - 35
	<b>Literacy &amp; Educational profile</b>	Wide range
	<b>General profile</b>	If feasible takes responsibility for household income
	<b>Most influential media</b>	Work interactions, interpersonal contact with friends, radio and possibly TV (if available) attractive and educational IEC materials,
	<b>Most influential peers</b>	Mother, Boss, close peers, community leader
	<b>Key messages</b>	
	<b>Most influential argument</b>	Economic stability, personal and family risk, mother's approval, common sense; obvious health or wealth benefit; socially accepted behaviour, will earn respect of peers

<b>MOTHERS</b>	<b>Description</b>	Mother or other (usually female) relative who takes day to day maternal responsibilities
	<b>Gender</b>	Female
	<b>Age</b>	15 - 35
	<b>Literacy &amp; Educational profile</b>	Wide range
	<b>General profile</b>	Takes practical responsibility for looking after young children
	<b>Most influential media</b>	Health worker interactions, interpersonal contact with friends, radio and possibly TV (if available) attractive and educational IEC materials
	<b>Most influential peers</b>	Husband, mother-in-law, health worker, friends
	<b>Key messages</b>	
	<b>Most influential argument</b>	Children's health and welfare, husband's approval, common sense; obvious health or wealth benefit; socially accepted behaviour, will earn respect of peers

<b>ADOLESCENTS</b>	<b>Description</b>	Young people
	<b>Gender</b>	Mixed (Gender sensitivity may be required)
	<b>Age</b>	14 - 19
	<b>Literacy &amp; Educational profile</b>	Wide range
	<b>General profile</b>	Young people who are beginning to make their own choices
	<b>Most influential media</b>	Interpersonal contact with friends, attractive giveaways, In urban areas - National and local television, radio, internet
	<b>Most influential peers</b>	Parents, friends, teachers, celebrities
	<b>Key messages</b>	
	<b>Most influential argument</b>	Cool, fun, exciting, aspirational, shows wisdom and adult responsibility, safe, will earn respect of peers

<b>IN - SCHOOL CHILDREN</b>	<b>Description</b>	Young people
	<b>Gender</b>	Mixed
	<b>Age</b>	8 - 15
	<b>Literacy &amp; Educational profile</b>	Wide range
	<b>General profile</b>	Children with access to formal education,
	<b>Most influential media</b>	Interpersonal contact with friends, attractive giveaways, VCD and TV if available
	<b>Most influential peers</b>	Parents, friends, teachers, celebrities
	<b>Key messages</b>	
	<b>Most influential argument</b>	Cool, fun, exciting, easily understood, safe, will earn respect of peers

*Appendix* 4

*Terms of Reference*

### ***Terms of Reference for National Avian and Human Influenza Communication Technical Working Group***

1. Review the draft risk communication template and support development of the final communication plan
2. Work on risk communication message development – identify audiences, messages and possible delivery methods
3. Identify and propose some appropriate stakeholders for the national taskforce
4. Develop a workplan for long term risk communication
5. Offer technical experience to the wing as required

### ***Terms of Reference for National Avian and Human Influenza Communication Wing***

1. To establish and ensure an integrated communication strategy responsive to public concerns
2. To ensure coordination among technical and communications staff regarding key messages
3. To ensure media training for key technical and communications spokespeople

### ***Terms of Reference for National Avian and Human Influenza Multi-Sectoral Taskforce***

1. Support the implementation of the National Multi-Sectoral Avian Influenza and Human Influenza Preparedness and Response Plan
2. propose and adopt revisions of the National Multi-Sectoral Avian Influenza and Human Pandemic Influenza preparedness and Response Plan, if necessary
3. Allocate and approve budgets for the different components of the plan
4. review, adopt and implement proposals from National Sector Technical Committees
5. Monitor and evaluate the activities within the different stages of the plan implementation
6. Coordinate activities of National Sector Technical Committees
7. Meet at monthly, or more frequently if and when the country situation requires
8. Co-opt any additional personnel to support the operation of the Task Force

*Appendix* 5

*Workshop Report*

*National Workshop on Avian and Human  
Influenza Communication*

*National Workshop on  
Avian and Human Influenza  
Communication  
Dhaka, September 2006*

## 1. *Background*

Avian influenza has been spreading steadily westwards since December 2003, when it first emerged in East and South-East Asia. The virus now reaches from China throughout South-East Asia, to Central Asia, Turkey, Eastern Europe and Greece. Migratory birds are believed to be carrying the disease, HPAI/H5N1, across and between continents and the movement of domestic poultry has also been spreading the virus. About 244 migratory birds visit Bangladesh during the winter season (October to March) of which approximately 21 species may carry the avian influenza virus.

As yet, there have not been any reported cases of avian influenza in Bangladesh but in order to be prepared for an incursion of HPAI/H5N1, the government has prepared a National Avian Influenza and Human Pandemic Influenza Preparedness and Response Plan 2006-2008. This Plan has recognized the need to develop a communication strategy on AHI and the National Workshop was set up to discuss and develop the content of such a strategy.

## 2. *Objectives of the Workshop*

1. To increase participants understanding of avian/human/pandemic influenza particularly how to stop its spread
2. To draft a National Communication Strategy and action plan for avian/human/pandemic influenza

## 3. *Outcomes*

### 3.1 *Objective 1: Avian and Human Influenza Updates*

The participants were updated on the latest situation of AI influenza, with a particular focus on transmission, presented by the Joint-Secretary, Ministry of Fisheries and Livestock, Mr. Iqbal Mahmood. In addition, the workshop saw presentations of the National Avian Influenza and Human Pandemic Influenza Preparedness and Response Plan 2006-2008, and the outcomes of the National Message Development Workshop, Dhaka, 13-14 September, 2006. These updates and presentations provided essential information for the development of strategy and action plan for avian/human pandemic influenza later in the workshop.

### 3.2 *Objective 2: Strategy and Plan*

The participants agreed on the four most important behavioral groups to prevent animal to animal transmission of AI, animal to human transmission of AI, transmission of normal human flu and transmission of pandemic influenza:

- **Bio-security** including actions to protect poultry from AI
- **Hygiene** including actions to protect humans from AI
- **Food safety** including actions to make food safe
- **Surveillance:** encourage reporting of suspected animal and human cases

These actions were prioritized into short and medium/long terms, depending on its importance and feasibility:

	Animal to Animal Transmission	Animal to human transmission	Normal human flu	Pandemic flu
<b>Short term</b> (more important and more feasible)	Separate sick chicken Separate new flocks Keep/disinfect the yard clean Wash/disinfect hands, shoes, clothes and vehicle	Wash hands with soap Cook poultry meat well to high temperature Bury dead chickens Dispose of waste safely	Cover your mouth when you cough/sneeze Wash hands with soap Avoid close contact	Wash hands with soap Close borders Wear mask Isolate sick people in your house Stockpile food and water Quarantine Seek information
<b>Medium and long term</b> (more important but less feasible)	Fence chickens Inform veterinarian worker Do not slaughter/eat sick chicken Bury dead poultry Control entry/exit to farm Do not move/sell sick poultry Do not import chicken and poultry from infected countries	Do not eat raw eggs Don't use the same tools for cooked and uncooked poultry Fence or enclose poultry types separately Report dead birds to veterinarian Don't buy, sell, eat or transport sick birds Don't allow children to play or touch sick poultry Don't sell sick chicken	Stay away from crowded places Consult a doctor	Get vaccine when available Take precautions against other illness Collect emergency numbers Seek medical help as needed

The following media channels and networks were identified to disseminate the information on these behaviors:

Print materials	Audio visual materials	Other creative forms	Networks
Posters (on buses, stations) Flipcharts Brochures Booklets Manual	Radio spots TV spots Video (showing in the community) Using existing TV programmes for messages	Folk performances Drama	Mass organizations Health workers, village doctors Vets Girl guides/ Boy Scouts Women's Organization Teachers/Students

In order to implement these communication interventions, the participants proposed the following key elements for the action plan:

- **Coordination** between concerned ministries and organizations is crucial. The Technical Working Group on Avian and Human Influenza Communication has already been established and has been tasked with developing a workplan for long term risk communication. It is also preparing a National AHI Communication Strategy.
- **Research** is strongly needed to focus efforts on the most effective behaviors, help form evidence-based communication strategy as well as guide the development of the materials. The potential research topics include poultry raising and handling practices in both urban and rural areas using qualitative and quantitative methods such as observation, walkabout, key informant interview, focus

group discussions and questionnaires. Outcome research should be conducted into knowledge and farming practices.

- **Implementation of public awareness and behavior change campaigns.** Specific communication strategies for campaigns should be developed, and a media strategy developed making sure that behavioural objectives are clearly outlined. The following activities should be undertaken:
  - Development and pre-testing of communications materials, including posters, booklet, brochures, billboards and TV spots, radio spots. These materials will be adapted for different socio-economic groups as appropriate.
  - Reproduction and distribution of print materials.
  - Airing of radio and TV spots at national, provincial and community levels.
  - Social mobilization, including community outreach by frontline workers such as mass organizations, teachers and students, health workers, village doctors and animal health workers.
- **Monitoring and evaluation.** Both progress and changes in knowledge, attitude and behavior (behavior surveillance) must be monitored. The data will also help evaluate the effectiveness of media campaigns and refine the communication strategy. For Avian Influenza, it is envisaged that the public's knowledge, attitude and behaviors may change very fast, if it is detected in the country.
- **Capacity building for implementing partners.** Communication in an emergency is very different from that of a normal situation. It is important to prepare in advance. Therefore, it is crucial to build the capacity of all the parties involved in order to respond quickly and appropriately to a crisis. The workshop suggested the following capacity building activities:
  - Training in interpersonal communication skills and use of materials for frontline workers
  - Training for mass media
  - Provisions of supplies of equipment essential for producing materials (scanners, digital camera, color printers, and printers) and for outreach communications (vehicles, audio visual equipment).
  - A workshop focussing solely on communication in a pandemic

#### 4. *Follow-up actions*

The workshop proposed the following actions for next steps:

- Meeting report to be drafted and circulated
- Outcomes of the workshop to feed into National Communication Strategy on AHI
- Consider holding a special 'pandemic risk communications' workshop
- National Communication Strategy to be drafted and shared

## Summary of Proceedings

Welcome remarks were made by Mr. Louis-Georges Arsenault, UNICEF Representative, and opening remarks were delivered by the Honourable Secretary-in-Charge, Ministry of Fisheries and Livestock, Mr. Kamrul Hasan. The livestock secretary said that Bangladesh still remains free of the disease. But the government takes the threat of outbreak of the disease very seriously as it has already been detected in neighbouring India and Myanmar. An effective communication strategy, he said will help the country prevent an outbreak and allow us to prepare in case of any outbreak. In his inaugural speech UNICEF Bangladesh Representative Mr. Louis-Georges Arsenault also stressed the need for the country's preparedness to fight against any invasion as the outbreak has already taken place in the region and the migratory bird season is about to start. He urged all to be united and act quickly to stop spread transmission of the flue if it even does appear.

### Session 1:

#### *AI preparedness: What is the latest situation?*

**Presentation on by Mr. Iqbal Mahmood, Joint-Secretary, Ministry of Fisheries and Livestock. The session was chaired by chaired by Ms. Amimo Agola, WHO, Dr. Saleh Md. Rafique CDC, DGHS and Dr Abul Kalam, FAO**

Joint-Secretary, Ministry of Fisheries and Livestock, Mr. Iqbal Mahmood, gave the presentation. In his paper Dr. Mahmood explained what is Avian Influenza, how does it spread and key prevention and control strategies. He pointed out that the disease is spreading fast among the poultry and so far has affected over 60 countries. He said that there are about 200 million poultry in Bangladesh, 30 million being ducks. Millions of people in the country rely on commercial and backyard poultry for their livelihood and their lives will be at risk in case of any outbreak. Key points of his presentation are given below:

- AI is usually spread by wild and migratory birds, especially water fowl, many of them are carriers of the virus, but do not appear or get sick
- Humans can be infected by coming into contact with infectious birds or contaminated environments
- The virus has already crossed the species barrier and has so far caused limited human disease with significant fatal casualties.
- The disease is spreading quickly amongst poultry, affecting over 60 countries so far
- The disease hs resulted in death and culling of over 200 milllion poultry across the world
- Humans have begun contacting AI with 246 confirmed cases and 144 deaths

#### Bangladesh Situation

- AI has not been detected in either birds or human in Bangladesh, however the threat looms large
- About 244 species of migratory birds visit Bangladesh every winter
- Of then 21 species are potential carriers of the HPAI/H5NI virus
- Bio-security on farms is very poor and can significantly result in rapid spread of potential AI in Bangladesh

**Discussion:** The overall gamut of the country's health situation, especially in livestock sector, came up in the discussion. UNICEF consultant Emily Booker initiated the discussion asking whether there is any surveillance or monitoring of any outbreak or poultry health situation and how does it perform. Dr. Mahmood said that at present there are two types of surveillance – clinical surveillance and sero-surveillance. In clinical surveillance, livestock people at district and Upazila level visit small holding and backyard poultry farms, some times commercial ones and physically monitor the situation. In case of confusion, they send serum to livestock central laboratory for further investigation. But the activities are hampered due to shortage of manpower and lack of necessary technical support.

Question regarding animal surveillance and estimation of total cost in case of culling of birds, Dr. Mahmood said that the country is not in such a position. The government is yet to make any estimation of the cost of culling. However, he said that it will depend on intensity of the disease and agreed that if any outbreak happens it would be a massive disaster.

Participants at the meeting informed that people would not come to report any sick/dead cases unless they are compensated, Mahmood said that the issue of compensation has both social and political connotation. Once compensation started everyday people will come with dead birds although the real situation is different. So it needs further discussion and study to find some mechanism and have a political decision. They also discussed about the risk of miscommunication and stressed the need for taking proper measures. Unicef consultant Emily Booker, BMA executive Syed Md. Akram, WHO official Amimo Agola and FAO consultant Abul Kalam took part in the discussion.

#### **Presentation on National Avian Influenza and Human Pandemic Influenza Preparedness and Response Plan 2006-2008 by Professor Mahmudur Rahman, Director IEDCR**

The government has recently prepared the National Avian Influenza and Human Pandemic Influenza Preparedness and Response Plan 2006-2008. A National Multi-sectoral Planning Team prepared the plan with supports from Food and Agricultural Organisation (FAO) and the World Health Organisation. Prime Minister Begum Khaleda ZIA approved the plan on April 17, 2006. The plan provides a strategic framework for coordinating activities within and between various sectors and stakeholders for preparedness and response to Avian and Human Pandemic Influenza in Bangladesh. Sectoral operational plans will be developed to translate these strategic directions into action. In his paper Prof. Mahmudur Rahman discussed various aspects of the plan, its aim and objectives and strategies how to fight against the virus. He also discussed the country's present situation, its preparedness and strengths and gaps. The salient feature of his presentation is given below:

Strengths and Gaps.....

- Passive clinical surveillance for HPAI/H5NI based on trigger points
- But ... No influenza surveillance in Humans
- Few laboratories having serious shortage of supplies and manpower
- No facilities to carry out HPAI/H5NI virus isolation and identification

## Objectives

- Develop an integrated, multi-sectoral collaborative approach to AI/H5NI and Human pandemic influenza
- Strengthen institutional capacities
  - Infrastructure
  - Active surveillance
  - Monitoring
  - Laboratory services
  - Clinical management and
  - Human resources
- Conduct Effective Risk Communication

## Strategies

- Planning and coordination
- Surveillance and early warning
- Prevention and control
- Health System response
- Risk communication

**Discussion:** Some pertinent questions came up in this session for discussion which included among others: the impact of wrong vaccinations, who is to declare the disease, which species of migratory birds are responsible for the flue and rule of home ministry to check control of poaching. Dr. Alamgir pointed that in China and India wrong vaccination was blamed for introduction of the disease. So, utmost caution should be taken to select the appropriate vaccine. Most of the speakers said that the government will declare the disease, especially the outbreak. But it is the responsibility of the ministry of livestock and health to look after the issue. Wildlife expert Shirin Khatun said that some certain species of migratory birds like Bar Headed Goose, are responsible for spread of the disease. She suggested identifying the species and taking measures to contain the spread. Dr. Akram of BMA said that during winter hawkers are seen on city streets crying for sale of migratory birds, even in front of law enforcing agency people. City dwellers buy the birds, mostly responsible for spread of the disease, and handle those carelessly which he might spread the disease. To check spread of the disease, speakers highlighted the urgency for strict enforcement of law so that none can hunt, poach and sell the migratory birds.

**Presentation on Draft Messages from National Message Workshop -- by Ms. Judith Graeff, Programme Communication Officer, UNICEF.**

UNICEF Programme Communication Officer Ms. Judith Graeff presented the outcomes of the National Message Development Workshop held in Dhaka on September 13-14, 2006.

She identified huge scavenging backyard chickens; free ranging duck flock, wet markets, small scale and commercial farms with lack of bio-diversity and free movement of poultry as risk factors for transmission of HPAI. Surveillance by animal health worker is essential to prevent the spread, but it is very difficult to implement in backyard farms. She, however, pointed out that proper reporting, practicing good hygiene, isolation of sick/dead birds, proper disposal dead birds/litters, avoid mixing new and old flock, avoid mixing domestic poultry with migratory birds, children not allowed to rear poultry, covering nose and mouth, avoid close contact and flue patients, stay away from work places and prepare and consume poultry safely would help control spread of the disease. She also pointed out messages for consumers and some key behavioural interventions to prevent and check spread transmission of the AI.

#### Messages for AHI – Pre-Alert Phase

- Avian Influenza is a highly contagious disease that affects poultry
- Once infected, both domestic and wild birds can become sick and die
- The disease is caused by a virus that spreads from bird to bird and can spread to humans who have close contact with poultry and wild birds
- Avian Influenza is preventable
- Meat and eggs from poultry are safe to eat if cooked properly

#### Pandemic phases

- Avoid unnecessary social contact and crowded areas
- Stay at home as much as possible
- Care for sick family members in a separate room if possible
- Wear a clean mask during care
- Continue personal hygiene practices

#### Steps to avoid becoming sick (Report-Separate-Wash-Cook)

1. Report sick/dead birds to concerned authorities
2. Report high fever to health worker if you have been around poultry in the last seven days
3. Separate raw meat from cooked or ready to eat foods
4. Wash egg shells on soapy water before handling and cooking
5. Wash all cooking knives and materials in soapy water after use
6. Wash your hands frequently during operation of poultry and eggs
7. Cook all poultry and eggs thoroughly

A threadbare discussion on the issue was held on the earlier workshop.

## *Session 2:*

### *What are we trying to achieve? – chaired by Ms. Emily Booker UNICEF consultant*

#### **Group work: Looking at the big picture**

Participants divided into four groups with each group discussing and prioritizing important and feasible actions under the following stages: Group 1 (prevent animal to animal spread of AI); Group 2 (prevent animal to human spread of AI); Group 3 (prevent the spread of normal human flu); Group 4 (prevent spread of AI in pandemic).

Participants at the meeting discussed the issues in details and came up with a set of suggestions to prevent, contain and check spread of the disease. They observed that migratory wild birds play an important role in transporting the HPAI virus over long distances and spread it through domestic poultry. The AI is a new and tricky disease. People know very little about the disease. As a result they are practicing all existing behaviours which are very much detrimental to preventive measures. Their habits, existing custom and traditions accompanied by poverty and lack of knowledge are identified as some major barriers to improve the situation. More community research is needed for better understanding how different people behave and how they might change. Participants agreed that education and communication are crucial in changing their behaviors that will help prevent the spread of normal as well as AI. In this regard mass media can play a vital role. The use of media could be supplemented by education, sermon and advice by teachers, imams, community leaders and parents. To prevent spread of the virus they also stressed the need for early and proper reporting, practicing good hygiene, void mixing domestic poultry with migratory fowl, bio-security for backyard and commercial farmers, trade control and improvement of live bird markets. Seasonal human influenza and pandemic influenza are transmitted through spread in respiratory droplets from coughing, sneezing, spitting and sometimes by touching something with flue virus on it. The prevention measures suggested include avoiding close contact with people who are coughing and sneezing, washing hands regularly, covering mouth and nose while coughing and sneezing and practicing personal hygiene.

## *Session 3:*

### *Charting the way forward – chaired by Ms. Emily Booker, UNICEF consultant*

#### **Group work: Behaviour Change Feasibility Analysis**

Participants at the meeting discussed various strategic points on outbreak of the disease and its various stages, risk communication, advocacy, media relations, social mobilization and behavior change. They discussed various prevention activities and prioritize actions for behaviour changes. The actions are divided into two categories – (1) more important/more feasible and (2) important but less feasible. The actions which are more important for prevention of the virus and also feasible to implement belong to category (1) while those which are equally important but difficult to implement fall on category (2).

The priority actions included among others isolation of sick/dead birds, report sickness/death to concerned authorities; proper disposal dead birds/litters, maintain personal hygiene, avoid mixing new and old flock and handle, prepare and consume poultry safely. Important but less feasible actions included among others:

maintaining bio-security, avoid mix farming, avoid mixing domestic poultry with migratory birds, culling poultry, vaccination, children not allowed to rear poultry, covering nose and mouth, avoid close contact and flue patients and stay away from work places. The meeting observed that among prioritised measures, many of the actions (like practicing personal hygiene) could be started right now which it observed might help prevent spread of the disease. The meeting advocated for early implementation of the actions.

Participants at the meeting observed that priority should be given to the situation of pre-pandemic stages and focus should be given to small-scale and backyard farms as about 80 per cent of poor and rural families raise backyard poultry. They observed that extended spread of the H5N1 virus among animals is of great concern and human behavior can reduce further dissemination of the virus. Therefore it needs to adjust behavioral interventions as an entry point for reducing the risk. They highlighted the urgency for making farmers and their families aware about dangers of high-risk behaviour and developing proper communication strategy how to change the practices. But the change, many of the participants observed, requires addressing important socio-cultural and economic factors, such as compensation for reporting sick/dead birds in their flocks.

### **Group work: Developing a framework for action**

Participants at the workshop discussed the Avian and Pandemic Influenza threat and developed a framework for action to prevent and check spread of the virus. The proposed action plan provides a common frame of reference for understanding the pandemic threat and summarizes key planning considerations for all public and private stakeholders. The frame of actions include strengthening capacity building, developing message strategy, enhancing influenza surveillance, increase public awareness and strengthen media partnership. The actions will be implemented through proper training and support to community workers, developing monitoring system and tools and comprehensive media strategy.

Participants at the meeting underscored the need for bringing together all feasible and practical inter-sectoral allies and increase their communication capacities to raise people's knowledge and awareness, influence their attitudes and practices, for prevention and containment of AI. Allies include relevant government organizations, frontline development workers, community leaders, Non-government organizations, municipalities, imam and local media. Partnership with media should be strengthened. Radio-TV spot coverage, News programmes, drama documents, comedy, songs, newspaper articles can be used to send messages. But all accuracy must be carefully checked and approval sought before materials are released to the community. An appropriate mix of interpersonal, group and mass media channels, including participatory methods will be used in implementing these activities. The focus will be on communicating a series of messages about AI transmission and prevention (like AI is transmitted through contact with infected poultry, Regular hand washing after contact with poultry prevents infection), informing public about available services and encouraging people reporting sick/dead birds. Suggestions were also came for implementation of educational and risk communications programs to increase awareness of the risks of avian influenza and appropriate behaviors to reduce these risks. Ensure that timely, accurate and credible information is provided by spokespeople at all levels of government during an outbreak.

Participants also strongly advocated for strengthening veterinary and public health capacity with a view to detect and contain animal and human outbreaks of avian influenza, including development and exercise of preparedness plans.

*Overview results of group discussion on Behaviour Change Feasibility Analysis*

	<b>Group 1: prevent animal to animal spread of AI</b>	<b>Group 2: prevent animal to human spread of AI</b>	<b>Group 3: prevent the spread of normal (human flu)</b>	<b>Group 4: prevent spread of AI in pandemic</b>
<b>More feasible/More Important</b>	<ul style="list-style-type: none"> <li>• Isolate sick/dead birds from healthy one</li> <li>• Proper disposal of dead birds, litter and refuges</li> <li>• Report sick/dead bodies to concerned authorities</li> <li>• Avoid mixing of new flock with old ones</li> <li>• Impose ban on import of poultry from affected countries</li> </ul>	<ul style="list-style-type: none"> <li>• Report high fever of poultry handler</li> <li>• Safe disposal of dead poultry</li> <li>• Cook poultry and egg properly</li> <li>• Restrict visit to infected farms</li> <li>• Report unusual sickness/deaths to proper authorities</li> <li>• Isolate sick poultry</li> <li>• Take protective measures during poultry related work (CF)</li> <li>• Wash hands after contact with poultry &amp; poultry products</li> <li>• Avoid mixing uncooked poultry with other food</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain personal hygiene</li> <li>• Sick children to remain at home (off school)</li> <li>• Seek immediate medical assistance, in case of high fever</li> <li>• Avoid crowded area</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation at home</li> <li>• Maintain strict personal hygiene, use PPE</li> <li>• Avoid contact with patient</li> <li>• Avoid social gathering</li> <li>• Restrict movement</li> <li>• Use supplementary drugs</li> <li>• Practice safe waste disposal</li> <li>• Don't be panic</li> </ul>
<b>Important but less feasible</b>	<ul style="list-style-type: none"> <li>• Maintain bio-security</li> <li>• Avoid mixing domestic poultry with migratory one</li> <li>• Follow wildlife rules and regulations</li> <li>• Follow Animal Disease Act</li> <li>• Avoid mix farming</li> <li>• Stop illegal trafficking of poultry</li> <li>• Cleaning and disinfectioning before entering a new farm</li> <li>• Disease surveillance</li> </ul>	<ul style="list-style-type: none"> <li>• Take protective measures during poultry related work (Hawker &amp; backward)</li> <li>• Don't keep poultry in human dwellings</li> <li>• Don't allow children to play/ rear poultry</li> <li>• Cull poultry</li> <li>• Avoid hunting and eating wild bird</li> </ul>	<ul style="list-style-type: none"> <li>• Vaccination</li> <li>• Cover nose and mouth and wash hand</li> <li>• Use tissue/clean cloth during blowing nose</li> <li>• Avoid close contact and flue patients</li> <li>• Stay away from work place</li> </ul>	<ul style="list-style-type: none"> <li>• Use antiviral</li> <li>• Emergency food stock</li> <li>• Vaccination</li> <li>• Mortuary management</li> </ul>

### Group Work: Developing a framework for action

Encouraging behaviour change. Proposed actions and developing strategies for change.

Group exercise – filling out a matrix.

Ideal Action	Current Behaviour	Barriers	Motivations	Activities	Tools
<b>GROUP 1: Separate</b>					
Isolate sick/dead birds	Negligence Delayed	Lack of knowledge and consequences	Impart proper knowledge Think of consequences	Mass Media	
Disposal of dead bodies	Indifferent attitude Lack of practice	Financial constraints	Compensation for culling birds	Animal and health professions and workers	
Avoid mixing domestic and migratory birds	Allowing mixing	Inadequate facilities	Community support Encouraging multi-sectoral collaboration	Mass media Development Organisations	
Keep away from sick/dead birds	Selling and slaughtering No Protective measures taken to deal with sick/dead poultry	Inappropriate knowledge Economic constraints Avoid financial loss	Awareness on consequences of prevailing practices	Mass media	
Don't allow children to play/rear poultry	Children play/rear poultry despite sickness of the birds	Lack of resources and manpower	Involvement of NGOs and private sector to motivate and raise public awareness		
<b>GROUP 2: Wash</b>					
Every time wash hand and cooking and slaughtering equipments with soap/ash	Sometimes wash hands	Supply constrains of soap/ash and water Lack of knowledge Inconveniences	Improve knowledge Identify cheapest source of cleaning products	Radio, TV, GOB/NGOs, front line workers to organise HH visit, group meeting Restaurant, hotel management meeting	Poster, leaflet from hotel management Radio, TV script IPC material for HH visit, GM
Wash hands after handling poultry and preparing chicken					
Wash hands after handling poultry and habitants each time Inconveniences (backyard farmers)	Wash but not always with soap	Lack of knowledge Supply shortage Inconveniences (Poor set up for hand washing nearby)	Improve knowledge Improve supply options Advices on house to set up convenient washing area Advice on how to have children wash	Micro-credit meetings of CHP-NGO, CHW etc HH visit courtyard meeting Demonstration of hand wash self and children Training of FLW and front line workers	

Ideal Action	Current Behaviour	Barriers	Motivations	Activities	Tools
<b>GROUP 3: Cook</b>					
Eat fully cooked meat and eggs. Don't eat raw, hard boiled, fried on both sides	Soft fried eggs Limited consumption of raw eggs	Easy preparation, less time consumption. Taste preference Misconception about nutrition value	Well cooked eggs are equally nutritious to half cooked eggs. You can get severely sick to bird flue by eating half cooked eggs. An added five minutes of cooking can save your and your family's life	Mess Media Mobile outreach Egg retailers Mass organizations Health and animal volunteers and workers Print media and IPC	TV spots, audio spots, TV + Radio discussions, leaflets, adverts, village courtyard meeting
Not eating wild birds	Wild birds largely consumed during migratory season	Taste preference Diversified diet, Free and exotic	You can get severely sick with bird flue by eating wild birds. Don't catch or eat wild bird Conserve your environment to conserve your life	Mess Media Mass organizations Health and animal volunteers and workers Print media and IPC	
Avoid mixing uncooked poultry, eggs and utensils used with other foods	Mixing of raw poultry and eggs and utensils used with other foods	Limited water/soap Limited time No awareness of dangers Limited utensils More work	You can get severely sick with bird flue by mixing uncooked poultry and eggs with other foods and not washing utensils with soap after contact with raw poultry and eggs Adding some more time in preparation and cooking of food can save you and your family life.	Mess Media Mass organizations Health and animal volunteers and workers Print media and IPC	
Wash egg with soap once bought or collected	Eggs not washed	Not aware of risk Limited water and soap No tome More work	You can get severely sick with bird flue by touching eggs which have not been washed with soap followed by washing hands with soap	Mess Media Mass organizations Health and animal volunteers and workers Print media and IPC	
<b>GROUP 4: Report</b>					
Report to ward member/ UZ vet (in case of birds )	No reporting system Weak/no reporting system	Lack of knowledge	Information on risk Health consideration Potential Economic loss	Imams Community leaders Teachers Folk performers	Pictorial poster Leaflets/films Radio and TV message Local miking Religious gathers
Report to local health workers (in case of Human )		Lack of knowledge	Deadliness of disease	Local HW, FWA Attending physicians, quacks, community medical officer Local drug store	Poster, leaflet, Folk media Local miking FGD by local health organization Training

## Session 4:

### Group Work: Developing an action plan

Groups look at questions of what needs to be done, how it will be done, who will do it, etc, based on Behaviour change matrix activities

	Group 1: Community outreach	Group 2: Research	Group 3: Mass Media	Group 4: Mass organizations	Group 5: Pandemic Emergency activities
<b>What needs to be done?</b>	Capacity building of community based workers, volunteers and leaders on prevention and control AI. Provide training and required supports to community workers, volunteers and leaders	Evaluate role of Imam Practices around hunting and cooking wild birds Options to separate decks from chicken Evaluation of communication messages Asses economic impact	Develop comprehensive message strategy Develop and pre-test message Determine and segment audience group Determine behavior objections and desired change Develop media materials/contents Select media outlets and channels	Training including development of modules Provide IEC materials Financial Support Technical equipments	Motivate providers who will be involved in the pandemic Preparation of infection control measures materials Motivate emergency service operators e.g electricity, water etc Reinforcement of awareness of general pu population Safe buried and Mortuary management
<b>How will it be done?</b>	Identify community based workers and leaders Develop training method Develop communication materials to be used by community workers Develop monitoring system and tools Assess impact of community intervention	Live demonstration of some practices like cage cleaning, hand washing set, disposal of dead birds etc Monitoring of media coverage, content and tone. Gather existing data, consolidate, analyse and plug holes	Meeting and discussions with all stakeholders including the experts Negotiate time and space with media Constant monitoring and evaluation of programmes and messages broadcast and published by news media Determine indicators, monitoring protocol and structure	Formation of core trainer group at district levels from relevant ministries like forest, health, livestock etc Develop module by national task group Organise training for girls guide, boy scout and woman association at district and UZ level Ensure financial, logistic and technical support for training Monitoring and supervision	Develop communication materials on importance of use of PPE All materials should be prepared beforehand Repeated enforcement through media, admin, development agencies and IPC Repeated broadcasting, circulation Inform people of safe burial
<b>Who will do it?</b>	GOB: DLS DGHS and DGFP Forest and Environment UN bodies: FAO, UNICEF and WHO Community workers and NGOs	National coordination committee Technical working group	National coordination committee Technical working group External research agencies	National Technical Committee Gov will organise training for core trainer group National committee will develop message/materials Gov/international development agencies will provide financial support for training/printing materials and motivational/ mobilization activities	Communication wing of multi-sectoral task force

	<b>Group 1: Community outreach</b>	<b>Group 2: Research</b>	<b>Group 3: Mass Media</b>	<b>Group 4: Mass organizations</b>	<b>Group 5: Pandemic Emergency activities</b>
<b>What might the challenges/ constraints be?</b>	Coordination between different organizations Experts and skilled manpower Financial Resources Persist priority of existing community workers	Lack of data and relevant information Lack of coordination Time constraint	Time Human resources Coordination Approval mechanism	Resources (financial/human) Organise countrywide huge training programme Execution of programme in time	Target group may not comply in some instances Materials may not be appropriate as they had not been field tested Panic may hamper distribution of materials Non compliance Accessing the population Availability of necessary materials for safe burial
<b>Give a timeline for activities (broken into ST, MT, LT)</b>	ST, MT, LT			All the activities have to be implemented for ST, MT and LT considering the phases of AI	

## *Conclusions and recommendations*

### *– chaired by Ms. Kirsty McIvor, Chair, Technical Working Group on Avian and Human Influenza Communication*

Kirsty presented the summary, conclusions and agreement on recommendations made at the workshop. Challenges have been identified as follows: lack of scientific evidence that will guide response; inadequate community research on how different people behave and how they might change; technical accuracy and approval of material before they are released; thorough pretesting of all materials to meet the needs of many different audience groups; assessment of whether messages are resulting in desired behaviour changes.

The communication strategy should prioritise actions to protect poultry (bio security) and humans (hygiene) from AI, make food safe and encourage reporting of any animal and human cases should they arise in Bangladesh (surveillance).

To reach target groups, mass media, community outreach and mass organizations should be utilized. Mass media can play strong role in prevention efforts so a strong collaboration is needed across many government departments involved and broadcasters. Coordination is needed to get the right messages across and personnel and funding needs must be addressed. Effectiveness must be evaluated.

Community outreach teams who are trained on AI and communication skills should be established at each level to build network. With limited government capacity, these should be implemented with NGOs. Small group communication, should be used to reach all areas and to cover all socio-economic groups.

Mass organizations should have clear understanding of their roles and responsibilities and adopt a common approach, train everyone on key messages and identify and coordinate groups needed to share information through regular provincial meetings.

The workshop recommended to consider holding a special 'pandemic risk communications' workshop and the national communication strategy is to be drafted and shared.

Ms. Kirsty McIvor, Chair Technical Working Group on Avian and Human Influenza Communication, closed the workshop, thanking all the participants for their excellent efforts.

*Appendix* 6

*List of  
Participants*

*List of Participants at National Workshop on Avian and Human Influenza  
Communication 18th & 19th September 2006*

1. Manuara Begum, BHE,DGHS
2. M .Hamid, NIMC/MOI
3. Dr. A S M Alamgir, IEDCR
4. Dr. Bidhan Chandra Das, DLS
5. Dr. Saleh Md. Rafique, DGHS
6. Kirsty Mclvor, UNICEF
7. Amimo Agola, WHO
8. Dr. Nazrul Haque, BCCP
9. Shamsuddin Ahmed, UNICEF
10. Shirina Khatun, Forest Dept.
11. Ziaur Rahman, Journalist
12. Shirin Hussain, UNICEF
13. Jaqmeet Upal, UNICEF
14. Dr. Ashek Ahmed, UNICEF
15. Farzana Yeasmin, IPSU-MoEF
16. Salma Siddique, UNICEF
17. Shilpi Paul, UNICEF
18. Prof. Mahmudur Rahman, IEDCR
19. Md. Sarwor Hossain Chowdhury, UNICEF
20. Sarat Kumar Sarkar, Dept of Mass Comm
21. Judith Graeff, UNICEF
22. Abul Kalam, FAO
23. Dr. Biswas MK Zaman, WHO
24. Dr. Sukumar Sarker, USAID
25. Louis-Georges Arsenault, UNICEF
26. Prof. Dr. SH Farida, IPHN
27. Khandoker Atiar Rahman, MoFL
28. Kamrul Hasan, GOB
29. Dr. Syed. Md. Akram Hossain, BMA
30. Qamar Munir, MoE
31. Zafrin Chowdhury, UNICEF
32. Md.Razzakul Islam, DLS
33. Iqbal Mahmood, MoF&L
34. Dr. Iqbal Kabir, WHO
35. D. Jahangir, CARE

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Development Workshop 13th &14th September 2006*

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21. Shirina Khatun, *Forest Dept.*
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29. Dr. Mizanur Rahman, *BRAC*
30. Dr. M.H. Haque, *UNICEF*
31. Dr. Md. Al Mamun, *IPH*

# Appendix 7

## List of Technical Working Group Members

### Members of Technical Working Group October 2006

1. Kirsty Mclvor, Chair, *United Nations Children's Fund*
2. Amimo Agola, *World Health Organization*
3. Dr. A.S.M. Alamgir, *IEDCR, Directorate General, Health Services*
4. Ms. Monuara Begum, *Directorate General, Health Services*
5. Dr. Sabbir Ahmed, *Department of Livestocks*
6. Monoz Kanti Roy, *Forest Department*
7. Dr. Md. Abul Kalam, *Food and Agricultural Organization*
8. Judith Graeff, *United Nations Children's Fund*
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11. Dr. Nazrul Haque, *Bangladesh Center for Communication*
12. Dr. Bidhan Chandra Das, *Department of Livestock*
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