

**Strategic Communication Framework  
and Plan for the Prevention and Control  
of Avian and Pandemic Influenza in Turkey**



GOVERNMENT  
OF TURKEY

Cover: *Prompt medical attention helped save four-year-old Selami Bař from a bout of avian influenza in January*

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# Background and Context

Turkey has experienced the 'first wave' of H5N1 in both animals as well as humans. As of 1 March 2006, the following is the epidemiological situation:

- **Human Infections:** No new cases of human infection have been reported since 13 Jan 2006. To date, out of a total of 21 cases of human infections (animal-to-human transmission) 12 are confirmed by WHO Reference Laboratory as H5N1 infections. The number of deaths due to the infections is 4, and is included in the 12 confirmed cases. All others cases were treated successfully. All 12 cases involved direct close contact with poultry. No human-to-human transmission has been observed.
- **Animal Infections:** Between 15 December 2005 and 23 March 2006, a total of 191 outbreaks across 48 provinces were confirmed and dealt with. All outbreaks were reported from backyard poultry premises, except for one which involved a small-scale poultry farm. A total of 2,304,445 poultry have been culled as part of the national response. To date, 33 individual cases of avian flu have been found in wild birds. No cases have been detected in industrial poultry farms.

With no new human cases being reported after the last case of 13 Jan 2006, Turkey has moved from 'crisis response' to 'risk management' mode. Per WHO guidelines, Turkey is currently maintaining avian flu pandemic alert Phase – 3.

*Four-year-old Selami Baş, pictured here with his family, survived bird flu thanks to the quick thinking of his father, Mehmet, who sought medical treatment at the first sign of symptoms*

# Communication Challenges and Approaches

Following the national response to the 'first wave' of H5N1 infections in both animals as well as humans, from a communication perspective, at least three categories of 'audiences' now exist in Turkey:

- 1** The thousands of rural families who have directly experienced their poultry flocks being culled, and with it, at least temporarily, perhaps their source of livelihood and nutritional security.
- 2** The millions of viewers who 'experienced' the effect of H5N1 outbreak prevention and containment operations through the media and information channels, without necessarily developing a full understanding of the reasoning and science behind the response.
- 3** An unknown number of people who neither experienced the outbreak response directly nor received it through the media.

The current and future behavioural intent of all these 'audiences' in future outbreak responses is largely unknown. This unknown element constitutes a significant concern with regard to national 'preparedness', and falls squarely in the communication domain.

Field visits and some rapid small-scale surveys in urban and rural areas reveal that though most people have heard of avian flu, there is enormous confusion, lack of clarity, and a feeling of dismay among people with regard to the disease, its mode of transmission, its symptoms and treatment, and compensation for the loss of live-stock. There have also been instances of families hiding poultry from culling teams in outbreak areas, and reports of stigmatisation of families who underwent treatment for symptoms.

Towards development of a comprehensive communication strategy, an inter-agency, inter-sectoral, UNICEF-supported workshop on AI communications was held under the leadership of the Child-Intersectoral Board (CIB) in Ankara on 9-10 February 2006, to reflect on emerging lessons and planning for future responses.

# Communication Challenges and Approaches

## Key findings and recommendations from the workshop

- Review all current communication materials, including strategy documents and plans of various agencies working on Avian Flu, to ensure that messages and plans are harmonised, to minimise duplication, improve coordination, and enhance the impact of interventions.
- Establish an inter-sectoral Strategic Communication Working Group on Avian Flu to coordinate all communication interventions, under the leadership of the Child Inter-sectoral Board (CIB), Government of Turkey.
- Fill information gaps with regard to community perceptions of risk and behavioural intent. Conduct of rapid, participatory KAPB studies and the involvement of communities in decision-making and planning are critical for long-term solutions especially since backyard poultry-keeping is a wide-spread cultural practice in rural Turkey.
- In parallel to clear and improved messaging through the mass media, implement a strong inter-personal communication component to ensure outreach to rural populations, with comprehensive and relevant information on bird flu. The mass media is currently providing information in a fragmented manner, and has not been responsive to community concerns. Additionally, frontline workers and community leaders need to be sensitised and comprehensively trained to carry out information and behaviour change outreach work, especially in hard-to-reach areas and populations.
- Much of the 'preparedness' can and should be done in advance. Establishing a closer and more engaged partnership with the media, and developing and pre-testing messages and products for the full spectrum of epidemiological scenarios, should be done as soon as possible.

In short, the national response calls for the implementation of an integrated communication strategy which addresses the social/political domain through advocacy; strengthens BCC communication capacities and skills of the AI service delivery system; and promotes adoption of AI preventive behaviours among communities and individuals through social mobilisation and inter-personal communication interventions. Messages and interventions need to be harmonised across all implementing partners (i.e. 'one voice, one message' policy).

# Strategic Goals and Objectives

## Programmatic Goals

The programme goals of Turkey's national contingency plan for Avian Influenza are articulated in two key documents:

- 1 Contingency Plan for Avian Influenza (April 2005), Ministry of Agriculture and Rural Affairs (MARA), General Directorate of Protection and Control, Republic of Turkey.

**Goal:** Maintain disease response preparedness, and implement rapid control measures in the event of suspicion or an outbreak of disease, to contain virus transmission.

- 2 Pandemic Influenza National Action Plan (Oct 2005), Ministry of Health (MOH), Directorate General of Primary Health Care, Republic of Turkey.

**Goal:** To ensure that all persons, facilities and institutions are prepared to recognise and manage an influenza pandemic, and plans are in place to reduce the transmission of the pandemic virus strain; decrease cases, hospitalisations and deaths; maintain essential services; and reduce the economic social impact of a pandemic.

The documents are the cornerstone of the national preparedness and response plans for the prevention and rapid containment of outbreaks (animal-to-animal, animal-to-human, and human-to-human transmission). The communication interventions envisage the dissemination of key messages to the public through the mass media and frontline workers, to promote hygiene and prevention behaviours, across the various epidemic phases.

# Strategic Goals and Objectives

## Communication Goals and Objectives

The overarching goals for 2006 of the communication strategy are :

- 1** All service providers use the knowledge, recommend healthy practices and reach at least 80% of the population with adequate and accurate information and knowledge.
- 2** Policy-makers and community leaders use the knowledge and information to prevent and contain avian/pandemic flu, to ensure full systemic and institutional preparedness for rapid roll-out of appropriate interventions to control localised outbreaks, or the emergence of a pandemic.

## Specific Communication Objectives

Through the implementation of a comprehensive and coordinated public education, behaviour change and policy advocacy campaign, the following will be achieved by end of 2006 :

- 1** At least 80% of the population correctly recall the negative health effects of Avian/Pandemic Influenza, know the correct methods of AI prevention.
- 2** At least 80% of those who keep backyard poultry, or are involved in commercial winged animal farming and trading, know how to use safe practices and AI prevention behaviours.
- 3** At least 80% of community leaders such as teachers, imams and muhtars have a comprehensive knowledge of AI prevention measures and actively disseminate the knowledge.

To establish baselines, a comprehensive KAPB study will be conducted on a priority basis by mid May 2006.

# Domains for Strategic Communication Interventions

This communication strategy will be implemented to simultaneously influence the following three domains:

- 1 **Social/Political Domain:** The primary objective in this domain is to use advocacy methods and tools for the establishment of a supportive and enabling socio-political environment for avian influenza prevention/containment.

Strategic coordination mechanisms and advocacy activities are planned to place AI prevention high on the political, social and development agenda; and to foster political will, and increase financial and other resources to ensure full 'preparedness'.

Policy advocacy activities will include strategic use of data and approaches to advocate to parliamentarians, provincial governors and administrators about the impact of the issue at the national level. At the local level, advocacy will be used to convince opinion and community leaders about the need for local action and preparedness. Media advocacy will be conducted to improve quality of reporting, and to ensure that the public receives information of relevance and society remain strongly committed to implementing national AI prevention and containment policies.

Target audiences and communication ways include: inclusion of avian flu issues in parliamentary debates and other political events; press conferences; news coverage; technical conferences and symposia; celebrity spokespersons; and meetings between various government agencies and civil society organisations, community and religious organisations, municipalities, service providers, associations of physicians, and the private sector.

- 2 **AI Service Delivery Domain:** The objective in this domain is to bring together all feasible and practical inter-sectoral allies, and increase their communication capacities to raise people's knowledge and awareness, and influence their attitudes and practices, for prevention and containment of avian flu.

MOH and MOA personnel will be key resource group in giving information and strengthening communication skills of allies in order to raise people's knowledge and awareness on AI.

Allies include: Frontline development workers, community leaders, non-governmental organisations, municipalities, muhtars, imams and local media.

An appropriate mix of interpersonal, group and mass-media channels, including participatory methods will be used in the implementation of these activities. The range of activities include group and community meetings, school-based activities, traditional media, road shows, leaflets, posters, pamphlets, videos, and home visits.

The focus will be on communicating a series of messages about AI transmission and prevention (e.g. 'AI is transmitted through contact with infected poultry' or 'regular hand-washing with soap after contact with poultry prevents infection'), and informing the public about what services are available and where (e.g. disease diagnosis, AI treatment, etc), and encouraging reporting of dead/sick birds/poultry.

# Domains for Strategic Communication Interventions

**3** Community and Individual Domain: The objective in this domain is to establish community norms and safe practices related to poultry-keeping, for the prevention of avian flu.

Community mobilisation techniques can help create an environment through which communities, particularly affected and 'at-risk' communities, can discuss, organise, build consensus and communicate their own perspectives on AI.

Primary audiences include women and children, families involved in backyard poultry-keeping, small-scale commercial poultry-farmers and dealers, transporters of poultry products, and community leaders.

In summary, the strategy envisions the following:

- Implementation of a coordinated and comprehensive country-wide Public Education and BCC campaign, directed at stimulating greater public dialogue on Avian/Pandemic Influenza within wider society, and adoption of 'safe practices' by 'at-risk' population to reduce risk of virus transmission.
- Implementation and monitoring of policy and media advocacy interventions that facilitate the creation of robust policy implementation mechanisms and a proactive media environment.
- Increasing of communication capacities and competencies of key partners to implement, manage and monitor prevention/containment strategies, at national and sub-national levels.

The campaign will use an evidence-based mix of mass media and ground-level inter-personal communication interventions to achieve the strategic goals and objectives elaborated earlier.

**Note:** see the summary table of suggested activities, products and milestones, pages 12 and 13

# Domains for Strategic Communication Interventions

## Notes on Suggested Activities and Products

- 1** Currently the MOH and MoA are hosting a web site on Avian Flu. It would be useful to establish a web-page dedicated to communication, on the same site. The purpose of the campaign web-page will be to strengthen the AI prevention partnership and act as a one-stop-shop source of reliable technical, programmatic and communication-related information, data, analyses, case-studies, good practices, photographs and downloadable communication materials, for all the partners.
- 2** The objective of the newsletter is to provide regular information updates and inputs to front-line workers and local opinion leaders. The low-cost newsletter should be produced in newspaper-style, and include messages from high-level political leadership, compelling stories from the field, new and relevant technical information, and news (global/national/regional/local) on the Avian Flu epidemic.
- 3** Currently a number of organisations are disseminating TV spots, posters, flyers etc. Several new products have also been recently developed (animated AI video by MONE, a psycho-social support and education package by UNICEF and MONE, new videos and posters by MoA and MOH). Priority will be given to harmonise messages and coordinate dissemination. At the same time, to respond immediately to any serious large-scale outbreaks (in animals or humans), selected IEC materials need to be prepared and kept in 'print-ready' form for immediate production and distribution.

# Domains for Strategic Communication Interventions

# Domains for Strategic Communication Interventions

Suggested Activities and Products	Key Partners		Month					
	Technical Support	Implementation	1	2	3	4	5	6
<b>Social and Political Domain</b>								
Create a supportive and enabling socio-political environment for avian influenza prevention and containment.								
<b>Strategic Coordination</b>								
Endorsement of Communication Strategy by the Child Intersectoral Board (CIB)	Inter-agency	CIB	X					
Establishment of an inter-agency Strategic Communication Working Group (SCWG) under the leadership of the CIB, to provide technical guidance and oversight to communication interventions.	Inter-agency	CIB	X					
Review and update communication components of the National AI Contingency Plan and work-plans of key partners (MOH, MOA, MOI, MONE etc) to reflect the approved communication strategy.	SCWG	MOH, MOA, MOI, MONE	X	X				
Review all current and planned communication products of key partners to harmonise message design and concepts as per agreed common messages (see Annex 1)	SCWG	Inter-agency	X					
Develop and finalise a joint, inter-agency AI communication work-plan based on the joint strategy.	SCWG	Inter-agency	X	X				
Finalise and implement a comprehensive research plan including: conduct of a participatory KAPB study; establishment of social-behavioural baselines; and pre-testing of key communication materials.	SCWG		X	X	X			
Establish a monitoring and evaluation mechanism to track progress/change	SCWG	SCWG		X				
Finalise and implement an expanded media training and partnership-building plan which will involve local journalists as well as senior media professionals of public and private media institutions. (Note: UNICEF has already conducted a number of journalist sensitisation workshops)	Inter-agency	UNICEF	X	X	X			
Conduct planned communication activities under the coordination of Provincial Governorates	Inter-agency	MOH, MOA, MOI, MONE	X	X	X	X	X	X
Establish and disseminate a grassroots-level AI newsletter which is published bi-monthly, and which provides regular updates and information to provincial-level managers and front-line staff.	Inter-agency	MOH, MOA, MOI, MONE	X		X		X	
<b>Policy, Media and Partnership Advocacy</b>								
Advocate for inclusion of Avian Flu Contingency Plans into the National Emergency Preparedness Plan	CIB	MOH, MOA		X	X			
Support the development and communication of policy on the future of backyard poultry-keeping and alternative livelihoods.	MOA, FAO	MOA	X	X	X			
Develop and disseminate an AI advocacy material targeted at parliamentarians and provincial leaders	UNICEF	Inter-agency		X	X			
Advocate with and provide essential media training on AI to editors and journalists (national and provincial) to facilitate accurate and responsive reporting and analysis in the media.	UNICEF	UNICEF		X	X	X		
Establish a monthly, high-level (ministerial-level) press briefing event for the media on avian flu	inter-agency	MOH, MOA	X	X	X	X	X	X
Advocate with relevant institutions and development projects to mainstream public education on AI prevention.	CIB	CIB	X	X	X			
Advocate with national and local NGOs through workshops and seminars to incorporate AI prevention programming in their projects and project areas.	Inter-agency	Inter-agency		X	X			
<b>AI Service Delivery Domain</b>								
Strengthen communication skills of inter-sectoral allies, at all levels, to raise people's knowledge and awareness of avian influenza								
Refine and coordinate the roll-out of all inter-agency communication products as a comprehensive, country-wide, public education campaign through mass and community media. Products to include TV/Radio PSAs, inserts and articles in the print media, posters and leaflets.	SCWG	Inter-agency	X	X	X	X	X	X
Provide master training of trainers in all relevant sectors and levels, to strengthen skills of front-line workers to implement inter-personal communication activities on AI.	UNICEF	MONE		X	X			
Disseminate a comprehensive package of AI education materials for use by all government frontline workers, community leaders and NGOs in targeted settings, to promote AI preventive behaviours. (Note: a comprehensive AI educational package by MONE, including a special package for primary school-children is in the final stages of development)	UNICEF	MONE, MOH, MOA, MOI		X	X	X	X	X
<b>Individual/Community Domain</b>								
Establish community safe practices related to poultry-keeping and handling, for the prevention of avian flu								
Conduct a comprehensive KAPB survey to generate baseline data on knowledge levels, current practices, risk perception, and behavioural intent among the general population, households involved in backyard poultry-keeping, small-scale commercial poultry-farmers/traders, and local/provincial leadership.	SCWG		X	X	X			
Implement targeted and audience-specific BCC interventions using pre-tested communication materials, to facilitate normative and behavioural change among 'at-risk' groups.	UNICEF, MONE	MOH, MOA, MONE		X	X	X	X	X
Implement a psycho-social support package for use in areas where large-scale outbreak operations (e.g. culling) have taken place in the recent past or are imminent. (Note: a MONE-developed package for use in schools is ready for deployment)	UNICEF, MONE	MONE	X	X				

See page 14: Notes on Suggested Activities and Products

# Management and Coordination Mechanisms for Implementation

The strategy will be implemented, both, at national and sub-national levels, by a range of institutions and partners including the Ministry of Health, the Ministry of Agriculture, Ministry of National Education, Ministry of Interior, UN and international organisations, the provincial Governorates, the Media, non-governmental and community-based organisations, and the private sector. To coordinate and effectively manage the implementation of the communication interventions, the following is envisioned:

- 1** Establishment of a formal, inter-sectoral Strategic Communication Working Group (SCWG) on AI Prevention/Containment, which will provide overall technical guidance and oversight in the planning and implementation of the interventions. The SCWG will be comprised of communication and technical specialists, drawn from among the various partners, and will include senior representation from the Government of Turkey. Additionally, the SCWG may establish need-based, task-oriented sub-groups to take responsibility for specific activities (e.g. conduct of KAPB study, pre-testing of IEC materials, development of media training workshops etc).
- 2** The Provincial Governorates, in collaboration with national counterparts, will provide leadership in coordinating and managing the implementation of activities at the provincial level including the preparation of micro-plans and training of key front-line workers (teachers, health workers, muhtars, imams, youth groups, and local NGOs). The primary focus at the provincial level will be the coordination of community-level social mobilisation, inter-personal communication activities, and rapid reporting of any outbreaks.

Ensuring a shared and common understanding of the communication strategy and plan among all the key stakeholders will be crucial for effective coordination and implementation.

# Performance Monitoring and Evaluation

Following reports of dead/sick birds in December '05 — Jan'06, the Government of Turkey rolled out a fast 'outbreak' response during the 'first wave' of avian and human infections in an emergency mode, with little time to either conduct formative research or pre-test communication materials.

While some of the materials, as well as the media interventions helped create public awareness and compliance, several field visits and anecdotal evidence suggests the need for a more comprehensive KAPB study to establish baselines as well as ensure a good public response in future outbreaks. To date, no systematic studies have been conducted to assess the reach, behavioural response, and impact of the communication interventions or messages. Participatory KAPB research, including Risk Perception studies are essential for refining messages and roll-out of effective interventions.

To ensure an effective behavioural response, and to measure change, baselines will be established through a comprehensive formative KAPB research, and a monitoring mechanism established to assess Outcomes/Impact as well as Process/Implementation. Findings from the KAPB study as well as monitoring data will be analysed and widely disseminated to key stakeholders and also used to advocate for specific actions.

## Formative and Baseline Research (KAPB/Audience research)

The aim of this qualitative study is to get a better understanding of individual and collective knowledge, attitudes, practices and behaviours, as those related to poultry-keeping and handling, and the public's perception of risk with regard to the Avian Influenza threat. Currently, only fragmented and largely anecdotal information exists in these areas. Findings from the study will directly facilitate the design and planning of delivery of communication products and messages. A mix of focus-group discussions and in-depth interviews with key informants will be used to conduct the study. Additionally, the opportunity will be used to pre-test communication materials and messages, and identify best means and channels for reaching particular audiences. Baselines, for monitoring and evaluation will be established on the basis of these findings.

## Monitoring

A mix of participatory monitoring techniques, surveys, and media tracking services are proposed to be used to monitor process as well as impact. A detailed plan will be developed, following endorsement of the strategy.

# Performance Monitoring and Evaluation

## Impact and Process Monitoring and Evaluation Matrix

Note: Targets and indicators to be confirmed through inter-agency discussions; Baselines to be established through a KAPB research study, by May 2006

### Impact Monitoring and Evaluation

Expected Outcome by September 2006 (i.e. within the next 6 months):

- All stakeholders make use of the knowledge and recommended healthy practices to reduce the risk of AI virus transmission by ensuring that at least 80% of the population is aware of AI and, that at least 80% of the 'most-at-risk' population adopts preventive behaviours.
- Policy-makers and opinion-leaders use the knowledge and information needed to prevent and contain avian and pandemic flu, to ensure full systemic and institutional preparedness for rapid roll-out of appropriate interventions to control localised outbreaks or the emergence of a pandemic.

Indicator	Target
● % of the population in Turkey who can correctly recall the (negative) health effects of Avian/Pandemic Flu, know that AI is preventable, and know the correct methods of AI prevention.	At least 80% of total population
● % of those who keep backyard poultry, or are involved in commercial winged animal farming/trading, having knowledge on safe practices for AI prevention	At least 80% of all 'at-risk' population
● % of community leaders (teachers, imams and muhtars) having comprehensive knowledge of AI prevention and actively disseminating the messages.	At least 80% of community leaders

### Process Monitoring and Evaluation

Strategic Communication Framework and Plan approved and endorsed by all partners	March 2006
Strategic Communication Working Group established	March 2006
Social-behavioural baselines and benchmarks established	May 2006
Analysis of communication capacities and competencies completed.	April 2006
National communication work-plan, including training plans, prepared and disseminated	April 2006
Province-level implementation/coordination plans prepared	April 2006
Training sessions, including media training, conducted.	April – June 2006
All IEC materials pre-tested with intended audiences	May 2006
Key staff briefed on communication indicators and benchmarks	April 2006
Mechanisms in place to collect data and track change	May 2006
Evaluation of interventions completed, and findings disseminated	January 2007



# Annex: Message Design and Delivery Notes

*Family, Şanlıurfa, Winter 2006*

# Risk Perception and Behavioural Analysis Framework

The key to prevention and containment of Avian/Human Pandemic Influenza lies in understanding the perception of risk and behavioural intent of various target audiences. A comprehensive KAPB study, across various target audiences is critical for refining the communication strategy and messages, and must be conducted on priority.

Among others, the following framework, which is based on a model developed and tested by Johns Hopkins University, may be useful for campaign design and messaging strategy:

Perceptions	High Efficacy	Low Efficacy
	Believes that one is able to avert a threat and that the recommended response works in averting that threat	Believes that one cannot avert a threat, and even if s/he could, it wouldn't work anyway
<p><b>High Threat</b></p> <p>Believes that one is at-risk for a significantly harmful threat</p>	<p><b>Response:</b> Danger Control (i.e., taking protective action)</p> <p><b>Message Strategy:</b> Emphasise severity and susceptibility to the threat; reinforce response and self-efficacy beliefs</p>	<p><b>Response:</b> Fear Control (i.e., being in denial, defensive avoidance, reaction)</p> <p><b>Message Strategy:</b> Emphasise response and self-efficacy only (already motivated to act, given high threat perception)</p>
<p><b>Low Threat</b></p> <p>Believes that a threat is irrelevant and/or trivial</p>	<p><b>Response:</b> Lesser amount of Danger Control (i.e. some protective action taken but little motivation to act)</p> <p><b>Message Strategy:</b> Emphasise severity and susceptibility to the threat to motivate action; reinforce response and self-efficacy beliefs.</p>	<p><b>Response:</b> No Response (i.e., no threat perceived; no motivation to act)</p> <p><b>Message Strategy:</b> Emphasise response and self-efficacy first; then emphasise severity and susceptibility to the threat to motivate action.</p>

# Risk Perception and Behavioural Analysis Framework

Based on the Johns Hopkins model, and data from a KAPB study, the following framework may be used for refining messages

	Beliefs to INTRODUCE	Beliefs to CHANGE	Beliefs to REINFORCE
Perceived SUSCEPTIBILITY			
Perceived SEVERITY			
Perceived RESPONSE EFFICACY			
Perceived SELF-EFFICACY			

**Source:** *Managing Fear, Giving Hope*, Johns Hopkins University, PCS, 2001

In the next sections, which is adapted from a UNICEF strategy document for Avian Flu prevention in East Asia, a comprehensive set of suggested key messages, barriers to change, channels for message delivery, and generic profiles of key audiences are outlined.

# Message Design Matrix Overview

## Proposed Behavioural Actions

PRE-PANDEMIC Bird Flu Control		PANDEMIC ALERT Intensive Hygiene and Containment		PANDEMIC AND RECOVERY	
OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	OBJECTIVE 4	OBJECTIVE 5	OBJECTIVE 6
<b>REDUCE RISK OF ANIMAL TO ANIMAL TRANSMISSION</b>	<b>REDUCE RISK OF ANIMAL TO HUMAN TRANSMISSION</b>	<b>IMPROVE HYGIENE TO LIMIT SPREAD OF HUMAN FLU</b>	<b>CONTAIN AN EMERGING HUMAN (PANDEMIC) VIRUS</b>	<b>SURVIVE A PANDEMIC</b>	<b>RETURN TO NORMAL</b>
<p>Report sick or dead birds to authorities immediately</p> <p>Separate live-stock/poultry species and avoid their contact with wild birds (build compartmentalised coops)</p> <p>Do not transport birds without adequate disinfection of vehicles, cages, equipment and clothing</p>	<p>Keep children away from all birds</p> <p>Avoid all unnecessary contact with birds, their feathers, feces and other waste</p> <p>If you have to touch birds or their liquid wastes, wear personal protection equipment</p> <p>Wash hands thoroughly with soap and water after any contact</p> <p>Keep birds away from living areas</p> <p>Cook poultry products thoroughly at high heat</p> <p>Don't mix raw and cooked poultry</p> <p>If you fall sick with fever after close contact with birds, seek immediate treatment from nearest health centre</p>	<p>Cover coughs and sneezes with handkerchief or tissue, and dispose it carefully</p> <p>If sick, stay at home</p> <p>Wash hands after coughing and sneezing</p> <p>If symptomatic, wear a mask</p> <p>If symptomatic, avoid shaking hands</p>	<p>Take anti-viral medicines as prescribed</p> <p>Limit travel/movement</p> <p>Follow instructions from local authorities</p> <p>Minimise close contact with others</p> <p>Report suspect symptoms immediately</p>	<p>Intensify personal hygiene activities</p> <p>Stay at home if sick</p> <p>Limit movement and minimise close contact with others</p> <p>Don't share utensils and drinking glasses</p> <p>Don't shake hands</p> <p>Wear masks when with other people</p> <p>Follow home care guidelines (MOH/WHO)</p> <p>Avoid funerals of flu victims (take advice of religious authorities)</p> <p>Seek medical care for danger signs</p>	<p>Remain vigilant and alert</p> <p>Continue to practice good hygiene habits</p> <p>Try to return to normal as best as you can</p>

# Message Design Matrix in Detail

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

PROPOSED ACTION	COMMON BEHAVIOUR	REASONS FOR CURRENT BEHAVIOUR	BARRIERS TO CHANGE	STRATEGY FOR CHANGE		
				MOTIVATION (Messages)	ADVOCATE	PROPOSED CHANNEL
<p>Report all animal sickness (flu-like symptoms) to the authorities</p> <p>Keep poultry and other live-stock separately</p> <p>Do not transport birds without adequate disinfection of vehicles, cages, equipment and clothing</p>	<p>Hide animal sickness and deaths</p> <p>Animals, birds roam freely</p>	<p>Fear culling and loss of income</p> <p>Space is limited</p> <p>Unaware of risks of cross-infection</p>	<p>Lack of compensation – devastating to their livelihoods</p> <p>No more space available</p> <p>Lack of education, knowledge, understanding of correct practices</p>	<p>Compensate poultry keepers/farmers</p> <p>The virus is deadly and highly contagious. If you don't report it quickly it will spread to many other farms throughout the country</p> <p>The virus can also be transmitted to humans. Your family (especially your children are at risk.) Get help. You may be compensated, you may also be given access to special medicine to protect your family.</p>	<p>Prime Minister</p> <p>MOH, MOA</p> <p>Country Rep of FAO</p> <p>Celebrity Ambassador</p> <p>Community leaders</p> <p>Religious Leaders</p>	<p>Radio &amp; TV news</p> <p>TV and Radio PSAs</p> <p>Radio phone ins, discussion programmes</p> <p>Newspaper articles</p> <p>IPC – Vets, animal health workers,</p> <p>Community meetings</p> <p>Posters and leaflets in strategic places</p>

# Message Design Matrix in Detail

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

PROPOSED ACTION	COMMON BEHAVIOUR	REASONS FOR CURRENT BEHAVIOUR	BARRIERS TO CHANGE	STRATEGY FOR CHANGE		
				MOTIVATION (Messages)	ADVOCATE	PROPOSED CHANNEL
<p>Avoid touching poultry, wild birds or their faeces –ESPECIALLY CHILDREN</p> <p>Do not eat uncooked or undercooked bird products</p> <p>Wash hands frequently with soap and water</p> <p>Separate raw and cooked meats. Do not use the same knives or chopping boards.</p> <p>Do not place raw meat back on the same plate as before it was cooked</p> <p>All meats, egg yolks, should be cooked at high temperature</p>	<p>Unsafe handling of both live and dead birds</p> <p>Unsafe handling of birds and bird products</p>	<p>Lack of knowledge on correct handling</p> <p>Close living conditions with birds, live-stock etc</p> <p>Lack of understanding of the risks</p>	<p>Poverty</p> <p>Lack of space</p> <p>Custom/Tradition</p> <p>“Way I’ve always done it”</p> <p>“We love our birds so handle them closely!”</p> <p>“That happens to other people not to me”</p> <p>“Low income so lack of hygienic facilities”</p> <p>“Previous bird sicknesses (like cholera have not caused sicknesses”</p> <p>“My birds have died but I cannot afford not to prepare and eat them because I’m on a very limited income”</p>	<p>There is a serious new disease affecting chickens, ducks, geese, pigeons, quail and other wild birds. It can be passed to humans. Some people have died from the disease so you must follow this important easy to follow advice to protect yourself.</p>	<p>Prime Minister</p> <p>MOH, MoA</p> <p>Country Rep of FAO</p> <p>Celebrity Ambassador</p> <p>Community leaders</p> <p>Religious Leaders</p>	<p>Radio spots</p> <p>TV spots</p> <p>Newspaper ads</p> <p>Short public information films (that can be repeated frequently)</p> <p>Posters and Leaflets in strategic locations</p> <p>IPC with Vets, health workers and Village animal health volunteers</p>

# Message Design Matrix in Detail

## Objective 3: Improve Hygiene to Limit the Spread of Normal Flu and Respiratory Disease

PROPOSED ACTION	COMMON BEHAVIOUR	REASONS FOR CURRENT BEHAVIOUR	BARRIERS TO CHANGE	STRATEGY FOR CHANGE		
				MOTIVATION (Messages)	ADVOCATE	PROPOSED CHANNEL
<p>Covering coughs and sneezes with handkerchief, or tissue</p> <p>Washing hands after coughing or sneezing</p> <p>Washing hands more frequently (after touching surfaces touched by others)</p> <p>Wearing mask if symptomatic</p>	<p>They cough and sneeze freely</p> <p>Don't wash hands after coughing and sneezing</p> <p>Don't wash hands frequently enough</p> <p>Don't wear masks if sick</p>	<p>Habit, Custom</p> <p>Easy, Lazy</p> <p>Don't know it's a problem</p> <p>Use cloth but don't wash it frequently enough</p> <p>Washing facilities not convenient or available</p> <p>Not used to wearing masks. Feels hot and uncomfortable. Looks strange</p>	<p>Habit</p> <p>"Just a change of climate – no problem"</p> <p>Lack of information</p> <p>"Not a serious problem"</p> <p>"Don't have a cloth or tissue"</p> <p>No information or motivation</p> <p>Water and soap for washing not available, no facility.</p> <p>Wearing masks not in the culture</p>	<p>It's polite to cover your mouth!</p> <p>It's not nice to cough and sneeze over people – it spreads diseases . You can greatly reduce the spread by covering your mouth with a tissue or kerchief.</p> <p>If you don't have a tissue, even use your hand, but be sure to wash afterwards.</p> <p>Tissues should be disposed of carefully, and kerchiefs washed frequently.</p> <p>Washing hands is one of the most effective ways to stop coughs, colds and flu</p> <p>Good shops, restaurants, schools, markets make washing facilities available (use public demand to make facilities available)</p>	<p>Parents (Mothers)</p> <p>Colleagues</p> <p>Teachers</p> <p>Peers</p> <p>Community leaders</p> <p>Imams</p> <p>Celebrities</p> <p>Doctors</p> <p>NGOs</p> <p>Ordinary people!</p>	<p>Interpersonal communication through doctors, health workers, teachers in schools, health volunteers, community meetings</p> <p>Radio/TV talk shows/PSAs and Newspaper, Pamphlets, leaflets, posters</p>

# Message Design Matrix in Detail

## Objective 4: Limit the Spread of Pandemic Flu

PROPOSED ACTION	COMMON BEHAVIOUR	REASONS FOR CURRENT BEHAVIOUR	BARRIERS TO CHANGE	STRATEGY FOR CHANGE		
				MOTIVATION (Messages)	ADVOCATE	PROPOSED CHANNEL
<p>Avoid unnecessary social contact</p> <p>Avoid crowded places</p> <p>Avoid shaking hands</p> <p>Stay at home</p> <p>Wear masks (everyone)</p> <p>Avoid coughing sneezing near/over people</p> <p>Washing hands</p> <p>Avoid visiting sick friends and family</p>	<p>Visit markets, shops, cinema, mosque, school, travel on public transport, etc as part of normal life</p>	<p>Normal part of life!</p> <p>Don't have masks</p> <p>Not aware of the problem</p> <p>Strong desire to see friends and family</p>	<p>Need to shop, get food, go to work, school</p> <p>Social contact is even more important in a crisis or emergency.</p> <p>Need essential services – a necessity</p> <p>Wear kerchief if masks not available</p>	<p>There is a serious flu virus circulating – people can have the virus before they show symptoms. The best way to protect yourself is to stay at home.</p> <p>Keep calm – we can get through this together. Such flu epidemics happen every 30–40 years. It has happened before – we can get through it. The worst will be over in a few weeks time</p> <p>This is an emergency, but it's a temporary situation. Avoiding contact is the MOST effective way to prevent yourself</p> <p>Children are very vulnerable – keep them at home. Wearing a mask is a good way to protect yourself. Make everyone aware of the need to cover nose and mouth.</p> <p>If sick go to hospital, or temporary clinic, or care for at home (follow instructions).</p>	<p>HIGH ALERT – DECLARATION OF EMERGENCY</p> <p>Prime Minister</p> <p>Celebrities</p> <p>Minister of Health</p> <p>Religious Head</p> <p>Important doctors (head of medical association)</p> <p>UN RC</p> <p>WHO Rep</p> <p>UNICEF Rep</p> <p>Red Cross Rep</p> <p>International and national stakeholders)</p> <p>Cell phones SMS messages to subscribers</p> <p>Ministry Hotline</p> <p>Community leaders</p>	<p>Press information session in advance – senior editors</p> <p>Regular press briefings</p> <p>Radio – announcements, phone in, talk shows</p> <p>TV – PSAs, programmes</p> <p>SMS messages to subscribers</p> <p>Strapline on TV</p> <p>Posters, banners</p> <p>Mobile announcements</p> <p>Loudspeakers</p> <p>Pamphlets</p> <p>Billboards</p> <p>Sides of buses</p> <p>Internet</p>

# Message Design Matrix in Detail

## Objective 5: Promote Home-based Care (once health facilities are overwhelmed)

PROPOSED ACTION	COMMON BEHAVIOUR	REASONS FOR CURRENT BEHAVIOUR	BARRIERS TO CHANGE	STRATEGY FOR CHANGE		
				MOTIVATION (Messages)	ADVOCATE	PROPOSED CHANNEL
<p>Care for the sick at home</p> <p>Isolate patients as far as possible</p> <p>Restrict to one care-giver</p> <p>Both sick person and care-giver to wear mask</p> <p>Wash after every contact</p> <p>Wash clothes regularly</p> <p>Give frequent liquids and food</p> <p>Sponge or towel with damp cloth to make more comfortable</p> <p>Keep well ventilated</p>	<p>Go to hospital (but hospitals are overwhelmed)</p> <p>Houses are small, everyone shares rooms</p> <p>Usual for several family members to share care-giving</p> <p>No-one wears masks when sick!</p> <p>Don't wash hands or clothes that often</p> <p>May give insufficient food and liquids</p> <p>May keep in a confined space</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>Not aware of seriousness of infection</p> <p>Not aware of seriousness of infection</p> <p>Patient very sick – not responding</p> <p>May not be familiar with homecare</p> <p>House design may not be good for ventilation</p>	<p>Fear, panic, love for patient want the very best care</p> <p>Houses designed that way in low income areas</p> <p>Custom</p> <p>Don't have masks</p> <p>Restricted access to water, soap – low income</p> <p>May have limited supplies available</p> <p>Water may not be freely available</p> <p>May want to keep patient warm, or protect others</p>	<p>Keep calm. Many people are sick and the hospitals and health centres are full. It's now best to care for your sick at home.</p> <p>Patients are highly infectious. If possible keep other family members away.</p> <p>Protect other family members as much as possible</p> <p>The virus is very infectious. If the patient wears a mask it will help protect the caregiver. The caregiver should wear a mask to give them extra protection.</p> <p>Washing hands very frequently is good protection.</p> <p>Patients must be given water regularly so they don't become dehydrated Also food as they need energy to recover</p> <p>Sponging, washing with a damp cloth keeps the patient more comfortable</p> <p>Try to ventilate the room to keep the patient comfortable, but also to avoid a build up of the virus in the room.</p>	<p>Parents (Mothers)</p> <p>Colleagues</p> <p>Teachers</p> <p>Peers</p> <p>Community leaders</p> <p>Imams</p> <p>Celebrities</p> <p>Doctors</p> <p>NGOs</p> <p>Ordinary people!</p>	<p>Interpersonal communication through doctors, health workers, teachers in schools, health volunteers, community meetings</p> <p>Radio/TV talk shows/PSAs and Newspaper, Pamphlets, leaflets, posters</p>

# Message Design Matrix in Detail

## Objective 6: Dealing with the Dead (in the event of social disruption)

PROPOSED ACTION	COMMON BEHAVIOUR	REASONS FOR CURRENT BEHAVIOUR	BARRIERS TO CHANGE	STRATEGY FOR CHANGE		
				MOTIVATION (Messages)	ADVOCATE	PROPOSED CHANNEL
If possible avoid attending funerals of those who have died of the virus (others attending may already be infected).	Attend funerals of family and friends.	<p>Custom, mark of respect, part of grieving process</p> <p>Not aware of seriousness of infection</p>	<p>Love for the deceased.</p> <p>Important to respect customs and send them off properly.</p>	<p>To be developed according to the situation. But will need to be discussed with religious and social leaders/authorities in advance</p> <p>Message Example:</p> <p>This is a very difficult time. We want to respect those who have died but we also need to protect the living. Special arrangements have been made, and we will hold a ceremony to mark the passing of the deceased properly once the danger has passed.</p>	<p>Prime Minister</p> <p>Minister of Health</p> <p>Religious and social leaders</p>	<p>Pre-recorded message from religious leaders/authorities on radio and TV</p> <p>Short film showing correct procedures to follow.</p> <p>Guideline for community leaders</p>

# Examples of Generic Audience Profiles and Creative Briefs

## INTERNATIONAL DONORS, PARTNERS

<b>Description</b>	High level decision makers in international agencies, donors, partners
<b>Gender</b>	Mixed
<b>Age</b>	35 – 55+
<b>Literacy &amp; Educational profile</b>	Literate, High level professional education
<b>General profile</b>	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
<b>Most influential media</b>	International television & radio news, international newspapers & magazines, professional journals, including peer-review scientific and development journals, sophisticated but focused advocacy materials, internet, email forums
<b>Most influential peers</b>	Peer professionals, national government officials, heads of international agencies and major donors
<b>Most influential argument</b>	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.

## HIGH LEVEL GOVERNMENT OFFICIALS

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

# Examples of Generic Audience Profiles and Creative Briefs

## DIRECTORS AND NATIONAL PROGRAMME MANAGERS

<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 medical, public health and/or health economics expertise; day to day management of government. 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>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

## INTERNATIONAL MEDIA

<b>Description</b>	Professional journalists and broadcasters in international media organisations
<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

# Examples of Generic Audience Profiles and Creative Briefs

## NATIONAL AND LOCAL MEDIA

<b>Description</b>	Professional journalists and broadcasters in national and local media organisations
<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>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.

## SUPERVISORS AND DISTRICT HEALTH MANAGERS

<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>Most influential argument</b>	Practicality and feasibility, professional responsibility

# Examples of Generic Audience Profiles and Creative Briefs

## CLINICIANS – Private and public sector

<b>Description</b>	Professional medical doctors in general or specialised 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>Most influential argument</b>	Professional responsibility, patient benefit, cost effectiveness, effectiveness; private sector clinicians may be more customer and financially orientated

## VETERINARIANS – Private sector

<b>Description</b>	Professional veterinarians in general or specialised 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>Most influential argument</b>	Professional responsibility, commercial vs consumer benefit, cost effectiveness, effectiveness; financial benefit

# Examples of Generic Audience Profiles and Creative Briefs

## HEALTH WORKERS

<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>Most influential argument</b>	Personal safety, professional responsibility, concern for patients, practicality and ease, financial and emotive

## AUXILIARY, SKILLED AND UNSKILLED HEALTH WORKERS

<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>Most influential argument</b>	Personal safety, will earn respect of supervisors, practicality and ease

# Examples of Generic Audience Profiles and Creative Briefs

## COMMUNITY LEADERS – Educated

<b>Description</b>	Highly influential community leaders and opinion makers
<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

## COMMUNITY LEADERS – Not Educated

<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>Most influential argument</b>	Collective good and political gain; emotive arguments and common sense

# Examples of Generic Audience Profiles and Creative Briefs

## RELIGIOUS LEADERS

<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>Most influential argument</b>	Conforms to religious teaching, relieves poverty or suffering

## TEACHERS

<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, 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>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

# Examples of Generic Audience Profiles and Creative Briefs

## FAMILIES WITH BIRDS / ANIMALS

<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>Most influential argument</b>	Availability of compensation, personal safety – including safety of young children, Health or wealth benefit, enforced requirement of authorities, social pressure

## FAMILY DECISION MAKERS

<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>Most influential argument</b>	Children's or own personal safety, Health or wealth benefit, will earn respect of peers

# Examples of Generic Audience Profiles and Creative Briefs

## MEN

<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/TV, attractive and educational IEC materials,
<b>Most influential peers</b>	Mother, Boss, close peers, community leader
<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

## MOTHERS

<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



*Children, Van,  
Summer 2006*