AI.COMM

End of Project Report
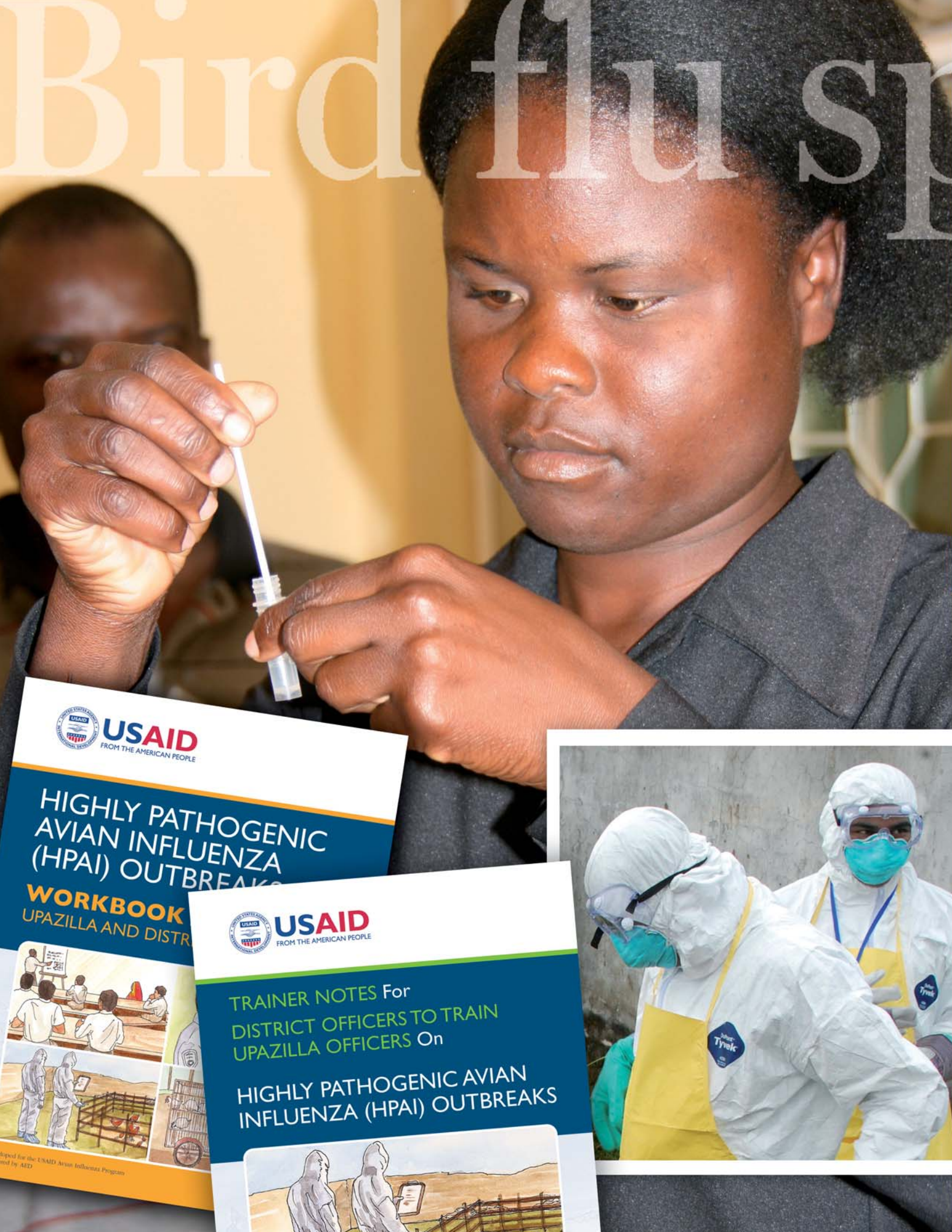
MAY 2006 - NOVEMBER 2009

USAID FROM THE AMERICAN PEOPLE

AI.COMM

Bird flu s

HIGHLY PATHOGENIC
AVIAN INFLUENZA
(HPAI) OUTBREAKS
WORKBOOK
UPAZILLA AND DISTR

oped for the USAID Avian Influenza Program
ed by AED

TRAINER NOTES For
DISTRICT OFFICERS TO TRAIN
UPAZILLA OFFICERS On

HIGHLY PATHOGENIC AVIAN
INFLUENZA (HPAI) OUTBREAKS

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A LETTER FROM
THE CHIEF OF PARTY

In 2005 when AED was awarded its first contract by USAID to provide technical assistance in behavior change and communication to prevent and contain the H5N1 virus in Southeast Asia, the idea of a pandemic becoming a reality was seen by many as unlikely and alarmist. But four years later, the pandemic struck, caused not by an avian virus originating in Southeast Asia, but by an altogether different virus in our own hemisphere.

For the last 5 years, AED has been involved as a key partner in the U.S. government's efforts to plan for and respond to pandemics, providing leadership in behavior change and communication for non-pharmaceutical interventions and in promoting, training, and mobilizing at-risk audiences for the deployment of H1N1 pandemic influenza vaccines.

AI.COMM has embodied the concept of rapid response in a quickly changing environment – fielding emergency communication experts to help respond to outbreaks and quickly designing and producing communication and training materials and techniques. But the fundamental shift in our communication response took place as more and more epidemiologic information

became available and we had to quickly adjust communication content and strategy. Using a variety of research methods, the project moved rapidly from very little knowledge and capacity on avian and pandemic influenza in those first few months, to an integrated behavior change and communication program that responded to both short-term outbreaks and longer-term, capacity-strengthening needs.

From the initial Knowledge, Attitudes, and Practices surveys we conducted, to supply chain assessments and values research, AI.COMM was able to constantly adjust its approaches and messages to create different opportunities for learning, skill building and achieving results. Vast numbers of materials were developed quickly, pretested, and then adapted on a country level – and in some cases a community level – to reflect local concerns, sensitivities and realities. Countless partner organizations, with their different areas of expertise and enthusiasm, were brought into the fold to help co-create, implement, and reinforce communication outreach.

In the end, more than 40 countries profited from AI.COMM's contributions. The Project helped build solid foundations of well-trained public and veterinary health workers and communication professionals, in both public and private sectors. Journalists and other media organizations were provided with the tools to report responsibly on outbreaks. NGO networks were nurtured to address future challenges, providing leadership and guidance on prevention as well as response to outbreaks including the first pandemic of the 21st century.

Indeed, the infrastructure that was constructed in the early years of AI.COMM demonstrated its value during the H1N1 influenza outbreak. Countries where there had been capacity building and awareness-raising fared much better in transitioning from H5N1 response to H1N1 pandemic response. Government officials, NGOs, rural leaders, private sector organizations, and the media were prepared to come together and work to fight the pandemic. We hope that these same networks and relationships will live beyond AI.COMM and the current pandemic, and endure to stave off outbreaks of other established and emerging infectious diseases.

The road to the creation of this network was not without its obstacles. Especially at the beginning of the project, it was difficult to convince governments and other decision-makers that it was worth focusing on avian influenza and pandemic preparedness in light of the countless other challenges they faced on a daily basis. Ministries of Health and Ministries

of Agriculture were not used to working together. But AI.COMM and our many partners (UNICEF, FAO, WHO, and others) were able to help mobilize action and harmonize their efforts through a variety of means. We worked through national-level government IEC and Communication Task Forces to share ideas and encourage ownership of activities at the country level rather than perpetuating the idea that AI prevention and control interventions were the province of any one single government ministry or donor organization.

This book captures our accomplishments and lessons learned under AI.COMM – from formative research and monitoring and evaluation, to implementation of integrated communication programs, to capacity building to forging and maintaining partnerships. All of these accomplishments would not have been possible without the support provided by USAID staff. Due to the rapid response nature of the work, both AED and USAID staff had to adjust to doing things a bit differently than usual – expediting activities to respond to outbreaks while at the same time adhering to contractual and other requirements. We are especially grateful for the guidance and support of Dr. Dennis Carroll, Dr. Murray Trostle, and Ms. Kama Garrison.

Mark Rasmuson
AI.COMM Chief of Party
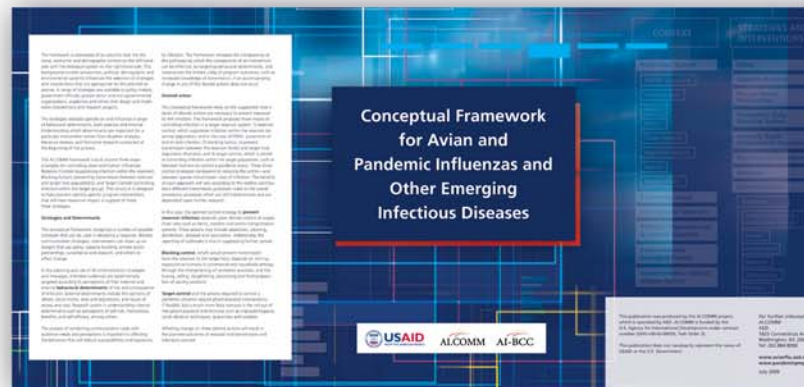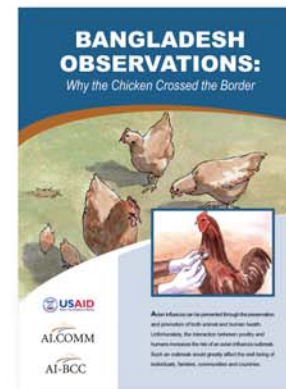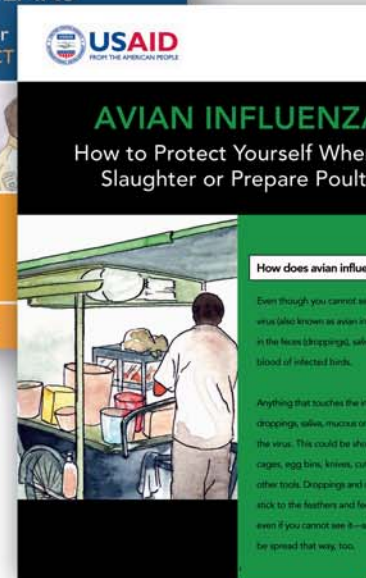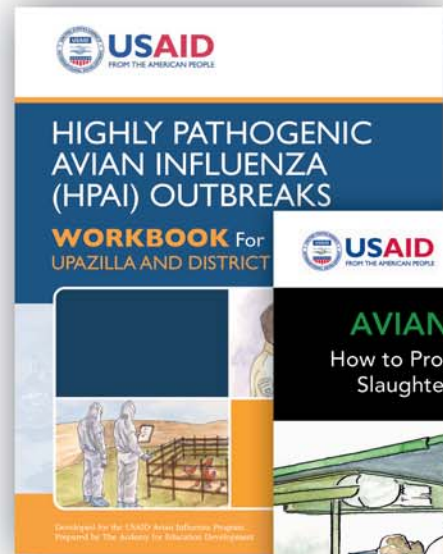
TO BE DONE BEFORE LEAVING FOR OUTBREAK SITE/LOCATION:

Open box with small sharp object.

USAID
FROM THE AMERICAN PEOPLE

HANDOUT 9

PANDEMIC INFLU
MESSAGE G

TRAINER NOTES For
NATIONAL OFFICERS TO TRAIN
DISTRICT OFFICERS On

HIGHLY PATHOGENIC AVIAN
INFLUENZA (HPAI) OUTBREAKS

Keep chickens fenced or caged and away
from other animals.

AI.COMM   AI-BCC

BIRD FLU IS VERY DANGEROUS! PREVENT IT!

What you need to do on Bird Flu

Wash your hands with soap when you touch or get into contact with your birds or chickens

Don't sleep with poultry in the same house

Do not allow birds (poultry) to drink from the water meant for drinking and other uses at home

Protect your family by following the above instructions
For more information consult your nearest veterinary office
or call 01 753 036

USAID

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AVIAN INFLUENZA COMMODITIES
TRAINING GUIDE

MODULE I - CASCADE TRAINING IN THE VILLAGE/COMMUNITY
USING PERSONAL PROTECTIVE EQUIPMENT
NOTES FOR THE TRAINER

Module I Notes for the Trainer/Using Personal Protective Equipmeant   September 2007

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FROM THE AMERICAN PEOPLE

H2P
HUMANITARIAN PANDEMIC
PREPAREDNESS

PREVENTING
AVIAN INFLUENZA
IN **PAKISTAN**

Take **care** of yourself!

USAID AI.COMM unicef

Drawing Attention
to Pandemic Influenza through Advocacy

Drawing Attention to Pandemic Influenza through Advocacy

HOW TO
WHO GET STARTED
HOW DOES **WHY**
ADVOCACY WORK?

USAID
FROM THE AMERICAN PEOPLE

AVIAN INFLUENZA:
How to Protect Yourself When You
Slaughter or Prepare Poultry at Home

How does avian influenza spread?

Even though you cannot see it, the H5N1
virus (also known as avian influenza) can live
in the feces (droppings), saliva, mucous, and
blood of infected birds.

Anything that touches the infected poultry's
droppings, saliva, mucous or blood can carry
the virus. This could be shoes, clothing,

H1N1 Vaccine
VACCINATION GUIDE

Novartis   CSL   Sanofi US   GlaxoSmithKline

**PETUNJUK PENCEGAHAN
FLU BURUNG (H5N1)
UNTUK UNGGAS DAN MANUSIA**

LEAD TRAINER NOTES

**LET'S TALK ABOUT
AVIAN INFLUENZA**

WHAT WE ALL NEED TO KNOW AND DO
TO PREVENT AND CONTROL BIRD FLU

USAID
FROM THE AMERICAN PEOPLE

Developed for the USAID Avian Influenza Program

5

OVERVIEW

During almost four years of work in more than 40 countries, the AI.COMM Project has worked with USAID to achieve a number of significant results in controlling avian influenza and preparing for and responding to the H1N1 pandemic.

With our partners, we have helped to create a multi-sectoral preparedness and response infrastructure that operates at national, provincial, and district levels and that reaches across borders. This network of well-trained and organized government and community leaders, NGOs and, in some cases, private sector entities is now empowered and organized to address pandemic and disaster challenges – by providing prompt planning, leadership and communication responses to pandemic threats as well as preventing active outbreaks. From the upper levels of decision-makers down to the responders on the ground, an infrastructure that did not exist or was not operational prior to USAID investment on avian flu is now in place, and is functional.

The utility of this network was demonstrated in the real-life laboratory of the H1N1 pandemic outbreak, when countries that had been building their capacity for avian influenza easily shifted from H5N1 response to H1N1 response. The networks of NGOs, local communities, health workers, private

sector organizations and government officials that had been nurtured over the four years of AI.COMM were prepared and quickly sprang to action, disseminating information and materials to their constituents and helping to mitigate the negative effects of the first pandemic of the century. Government officials who had worked together to fend off avian influenza outbreaks reunited to determine the best response to the 2009 H1N1 virus in their communities, each feeling comfortable in their roles and responsibilities.

The numbers also tell the story, and reinforce the importance of using an integrated approach to behavior change and communication. See side bar, AI.COMM by the Numbers.

From a purely operational standpoint, AI.COMM was a monumental undertaking. Contracts with over 180 contractors and up to 100 consultants representing and working in 24 countries usually had to be processed in an expedited fashion to rapidly respond to outbreaks. Indeed, it required a new type of commitment by USAID and AI.COMM's implementer, AED, to work together to adhere to government and financial rules and regulations, while at the same time being responsive to the urgent demands of Missions, communities, and emerging viral pathogens.

Much of the experience under AI.COMM represented a sea-change in how USAID did business with a contracting agency, mostly due to the rapid response nature of the emerging H5N1 virus. It has now formed a foundation for future pandemic threats and global health activities.

AI.COMM by the Numbers

Note: The following figures are low-end estimates

37 countries where programs were implemented

20 different languages in which materials were available

150 communication and training materials designed and developed

85 training events held

3,000 people trained or participated at events

150 partners from public and private sector and civil society

180 contracts signed

100 professionals in research, training, communication, advocacy, social mobilization used as consultants in **24** different countries

INTRODUCTION

When the AI.COMM project was created, funded and launched in 2006, the situation with avian influenza (AI) in Asia was dire.

Outbreaks fanned out across Asia and threatened in Africa, leaving behind a trail of dead poultry, frustrated farmers, overwhelmed governments, and an alternately skeptical and apprehensive public. Over the past three years, the situation with avian influenza, known more precisely as H5N1 virus, has evolved in myriad ways. The epidemiology and basic knowledge about the whys and hows of transmission have gone from broad assumptions to specific facts, and audiences and populations targeted as most-at-risk also have been adjusted accordingly.

As with any emerging infectious disease there are new findings about the virus and its nature which AI.COMM applied to its behavior change and communication strategies and messages to reflect this new understanding about the virus. Because of these findings –

and our experiences in the field – AI.COMM has evolved from emergency response to longer-term capacity building and behavior change activities. The project has employed a flexible, social marketing approach that builds on evidence and research and has allowed for the modification of information and strategy based on the rapidly changing situation and information environment. Throughout the project, the intent was to deploy an integrated communication strategy as the best hope for changing behaviors to prevent and control disease outbreaks. Posters and brochures alone cannot change behaviors, but when they are combined with advocacy efforts, mass media, interpersonal communication, social mobilization and social networks, messages are reinforced and more likely to make a difference. AI.COMM employed a seasoned staff of behavior change and communication

specialists and social marketing professionals who had developed these integrated systems in the past to take aim at a variety of other public health challenges from HIV/AIDS and family planning to malaria and tuberculosis. They understood how to augment various behavior change and communication approaches, and knew when to expect bumps along the road.

From the beginning, the intent was to cover pre-outbreak, outbreak, and post-outbreak communications, with the following activities assigned to each:

- Pre-outbreak: Planning, partnerships, message templates, build capacity of animal/human health workers, media, government officials

AI.COMM was created to develop and implement an effective, worldwide response to avian flu using behavior change and communication. The project was intended to address rapidly changing events, be quickly implemented and suited to the emergency nature of AI outbreaks and the specific needs of regions and countries in South Asia, Africa, Eurasia, Middle East, and Latin America and the Caribbean.

- Outbreak: Crisis/emergency risk communication – rapid assessment; simple, reassuring messages; communication plan of action; working with media.
- Post-outbreak: Reinforce prevention practices, evaluate outbreak communication

Later in the project, as USAID became involved more in pandemic preparedness, the Humanitarian Pandemic Preparedness (H2P) initiative was established, and aimed to create health and disaster management tools and practices to build capacity of in-country first responders, using community-level planning and other mechanisms to prepare and respond to pandemic in the areas of health, food security and livelihoods. Led by the International Federation of the Red Cross and Red Crescent Societies (IFRC), H2P also was intended to ensure coordination between global, national, district and community level stakeholders, including the UN system.

From its beginnings in a limited number of countries, AI.COMM expanded to reach almost 40 countries in nearly all continents of the world. A comprehensive list of countries is provided in Appendix A.

The materials and other resources on the www.avianflu.aed.org website reached even more countries than the ones where there was an official project presence, as illustrated by the diverse locations that downloaded materials from the site. These ranged from Korea to China to Nicaragua to Egypt.

AI.COMM's initial audiences identified by USAID were small backyard poultry farmers, otherwise known as Sector 4 under the Food and Agriculture Organization (FAO) poultry production system. Using bio-security as the primary criteria the four sectors are characterized as follows:

Sector 1: Industrial integrated poultry systems

Sector 2: Commercial poultry producers

Sector 3: Small-scale commercial poultry producers

Sector 4: Small village or backyard poultry producers

INTEGRATED COMMUNICATION APPROACH

Across the globe, AI.COMM has used an integrated communication approach that employed a variety of methods and channels to drive home information. Hearing the same messages from trusted sources and demonstrating basic but feasible healthy practices – sanitation and hygiene, separation and isolation of poultry, and reporting outbreaks immediately – can make a dangerous virus manageable and less threatening. In most countries where AI.COMM had or created a presence, a spectrum of strategies were used: mass media, social mobilization, advocacy, grassroots communication including community theater, interpersonal communications, public relations and social media channels were all used in the development and delivery of correct practices.

This integrated communication structure went into the at-risk audiences' homes and workplaces with guidance and practices couched in messages and materials that, based on our research findings, were deemed to resonate best with the people they were intended to reach. A case study on how this integrated communication approach was used in Bangladesh was compiled in a publication called *Connections. Partnerships. Values: USAID/Bangladesh's Highly Pathogenic Avian Influenza Activities.*

In many cases, AI.COMM worked first at the national level with each country's AI committee or related entity. Through participation on Task Forces or IEC Work Groups, AI.COMM could help direct and contribute to the planning, design and implementation of effective avian and pandemic influenza activities – even if other organizations were carrying out the activities.

A more involved approach transpired in Nigeria, where AI.COMM worked with the country's Public Enlightenment Committee and held workshops for local government AI communication desk officers to provide updates on the AI situation at the global and national levels, to strengthen participant skills in interpersonal communication and advocacy, identify gaps in the communication of AI prevention and control, identify and plan activities to be carried out in the States, pretest materials (posters and jingles) to be used, and gain the commitment and participation of key stakeholders.

Following the trainings, participants were divided into teams and visited media outlets and religious and traditional leaders to introduce them to the activities and ask for their support and participation in future activities. The stakeholders appreciated being involved in the initiative and lauded the respectful and transparent manner that the program was being implemented. Reports of these stakeholder meetings were on the national news.

AI.COMM also held message harmonization workshops in Nigeria, as well as media orientation sessions. Consensus meetings were held in several states with a variety of stakeholders such as the poultry farmer associations, transporters, media representatives, local government communication representatives, religious and other traditional leaders, veterinarians, and NGO representatives. These events enlisted the support of all of these organizations in community mobilization activities (such as road shows, press conferences, and training workshops on interpersonal communication skills) integrating AI prevention messages in their respective areas.

To determine which combination of approaches were most effective, AI.COMM held face-to-face interviews in 10 urban, semi-urban and rural market locations in the Ogun and Oyo States of Nigeria with 200 adult male and/or female poultry transporters, poultry and egg vendors, slaughterers, and poultry processors and poultry middlemen using structured questionnaires. Results showed that radio was the most effective channel of communication (75%), followed by the street theater (28%), and then posters (18%) among those surveyed. These findings were used to further hone activities so that they would be most resource-effective.

In Kenya, AI.COMM worked closely with the government's Avian Influenza Communications Task Force, and designed and produced low-literacy print materials and two 60-second radio spots on prevention of H5N1 virus for community-level human health workers, animal health workers, agriculture extension workers, community leaders, farmer households, market vendors of poultry, and the general population. Social mobilization and outreach activities were launched at the community level that incorporated these materials, and were bolstered by mass media.

AI.COMM assisted the Government of Pakistan to design an integrated program by participating in a three-day Communication Planning Meeting in Islamabad to design activities to effectively prepare for and respond to AI outbreaks. AI.COMM presented findings from its qualitative research among at-risk audiences to the 50 attendees, which represented nearly every type of organization imaginable: the Livestock Departments of the federal and provincial governments, Ministry of Health, Ministry of Information, poultry research institutes, agricultural and livestock universities, the Pakistan Poultry Association, wet market and slaughterers' associations, poultry transporters' associations, communication professionals from international donor agencies, international NGOs, private and state-run television and radio channels, poets and journalists. After digesting the research findings on the first day of the event, the participants worked together on the following two days to develop the components of the National AI Communication Plan to address audiences such as poultry farmers, transporters, sanitary workers, domestic and institutional consumers, opinion leaders and various types of vendors involved in the poultry supply-chain. Message development exercises targeting these audiences were conducted on the third day with the guidance of creative briefs.

USAID
FROM THE AMERICAN PEOPLE

TRAINER NOTES For
NATIONAL OFFICERS TO TRAIN
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HIGHLY PATHOGENIC AVIAN
INFLUENZA (HPAI) OUTBREAKS

Developed for the USAID Avian Influenza Program
Prepared by AED

USAID
FROM THE AMERICAN PEOPLE

LEAD TRAINER NOTES

LET S TALK ABOUT
AVIAN INFLUENZA

WHAT WE ALL NEED TO KNOW AND DO
TO PREVENT AND CONTROL BIRD FLU

Developed for the USAID Avian Influenza Program
Prepared by The Academy for Education Development

In Bangladesh, evidence-based message and material development using epidemiologic data and findings from research were designed and translated into flyers, songs, bunting and banners, radio ads, community theater performances and social mobilization activities at markets and other public venues. Civil society members and animal health volunteers also visited markets to distribute flyers and posters, dispense information, answer questions and encourage correct behaviors to reduce the risk of spreading AI.

To coordinate myriad activities and ensure that they meshed well with other initiatives, AI.COMM spearheaded an effort to establish a social network that would bring together most stakeholders to pool their resources and ensure that messages going out to the public were consistent. The network – consisting of NGO workers, rural backyard poultry farmers, smallholder commercial farmers, consumers of poultry, poultry-related business officials, religious leaders and health and veterinary staff – worked to establish an AI resource center to provide updated information and materials to NGOs and other stake-holders. A network orientation for over 100 NGOs was held to develop a common understanding and to help coordinate efforts. The network also provided training on IPC skills in four-high-risk districts and instructed over 500 field resource staff on creating AI awareness at the grassroots level.

2

RESEARCH, MONITORING AND EVALUATION

Even prior to AI.COMM, AED had been selected by USAID to provide technical support in behavior change under an earlier, separate task order, the AI-BCC Project, which focused on behavior change and communication in Southeast Asia including Vietnam, Cambodia, and Lao PDR. The work in Southeast Asia began with conducting Knowledge, Attitudes and Practices (KAP) studies among rural backyard poultry farmers (Sector 4) in Cambodia, Lao PDR, and Vietnam in late 2005 and into 2006. The purpose of the KAP was to obtain an initial snapshot of the awareness levels and general practices that might help or hinder the prevention and control of avian influenza outbreaks. Combined with the general epidemiology data and pre-testing of messages, the project developed a core set of messages that aimed to change (individual) practices so that they would ultimately become best practices (in other words, something done as a social norm, habitually or customarily).

These messages were adjusted over the life of the project based on continuous streams of data from research, monitoring and evaluation activities, as well as the evolving epidemiological findings. Since those initial KAP studies in Southeast Asia, AI.COMM has conducted over 50 qualitative and quantitative research activities in more than 25 countries. In addition to KAP surveys, the project also has employed Values and Lifestyles instruments, pre-testing surveys, focus group discussions, participatory action research (PAR), and supply chain analyses. The research has transcended the country level and has examined regional dynamics such as those in the Gangetic Plain of India, Nepal, Bangladesh and in the Greater Mekong Region. Some of these studies were documented in a 30-page booklet designed by AI.COMM called *Making the Magic: Turning Research Findings into Memorable Communications.*

Qualitative research – which usually focuses on the whys and hows of decision making rather than the what, where and when of quantitative evaluations – were undertaken to help identify the barriers that prevent target audiences from adopting the behaviors that prevent the spread of H5N1 as well as the beliefs and values of target audiences, including backyard (rural and urban dense) small poultry farmers; supply chain actors in the poultry industry including market vendors, middlemen, transporters, and suppliers; and national and district government stakeholders (e.g., local government officials, private and commercial sector poultry producers, animal and human health care providers, and officials and leaders in civil society). Reports on some of this qualitative research can be found at **www.avianflu.aed.org/ research.htm**

AI.COMM also participated in an omnibus survey in six countries in South and Southeast Asia that provides a snapshot glimpse into levels of recognition and awareness among general populations and target audiences related to pandemic and avian influenza. The omnibus survey used predominantly face-to-face inter-views to gather the information in the Philippines, Indonesia, Vietnam, Thailand, Bangladesh and India, and included questions for the general public on their awareness and ability to take precautions related to avian and pandemic influenza. An additional set of questions was targeted to urban and peri-urban poultry farmers to gauge their awareness of practices that can limit the spread of the virus, and surveys in Vietnam and the Philippines also inquired specifically about avian flu-related communication activities.

PARTICIPATORY ACTION RESEARCH

Participatory Action Research (PAR) was used early in the project to examine the food security, livelihood and socio-cultural implications of avian influenza in Burkina Faso and two states in Nigeria. In collaboration with UNICEF, AI.COMM engaged two communities, one rural and one peri-urban, in each location, with community members being directly involved in the research effort. PAR methods used included community mapping, seasonal calendars, transect walks, causal flow mapping, matrix ranking, focus group discussions and in-depth interviews.

The goal of the PAR was to tease out how avian influenza fit into the social fabric of those communities, particularly how policies on culling, compensation, vaccination and trade played into health, nutrition, well-being, religious workshop, education, and social mobility. It also delved into economic issues such as commerce, investment and income. Later in the project, PAR techniques were used in an eight-month PAR study with farmers, village authorities and district officials in four villages in Lao PDR's provinces of Vientiane and Champassack to determine the feasibility of changing behaviors related to biosecurity in preventing and controlling avian influenza. Use of a PAR, rather than other types of research, was deemed crucial in helping to change the behaviors of an entire community – and not just households or individuals.

The study included participant observation, individual interviews, focus groups, meetings with authorities, and PAR methods such as mapping, transect walks, matrix ranking, chappati pies and seasonal calendars. There were in-depth interviews with village authorities and elders; and four focus group discussions with village women and men (in separate focus groups). Perhaps even more important than collecting the information, the results were presented by the villagers themselves to community and village authorities – along with a presentation by each village chief on the main problems and possible future actions – and project technical advisors assisted the villagers and their local leadership to formalize prevention action plans.
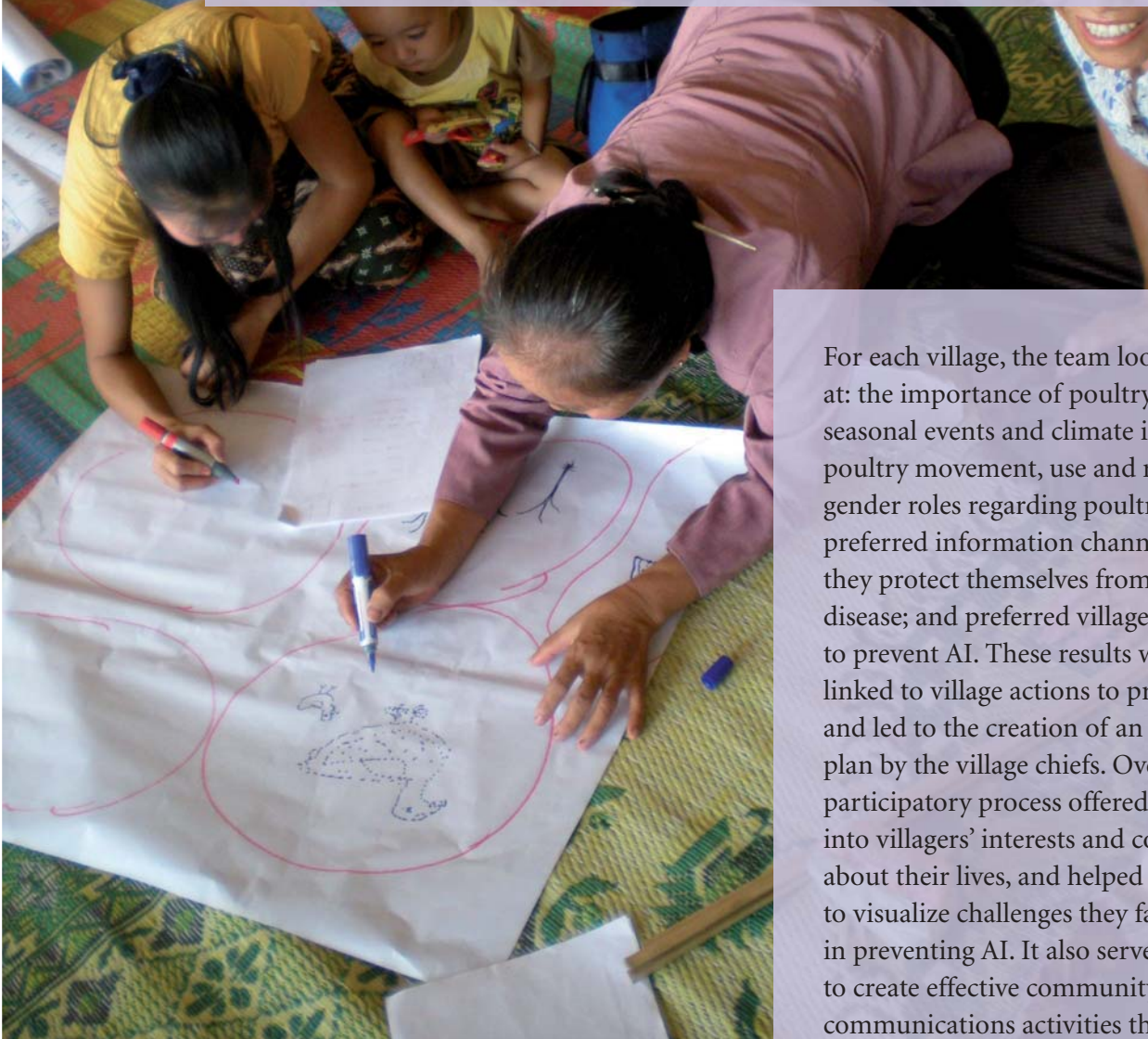
For each village, the team looked at: the importance of poultry; how seasonal events and climate influence poultry movement, use and roles; gender roles regarding poultry; preferred information channels; how they protect themselves from poultry disease; and preferred village actions to prevent AI. These results were linked to village actions to prevent AI, and led to the creation of an action plan by the village chiefs. Overall, the participatory process offered insight into villagers' interests and concerns about their lives, and helped them to visualize challenges they face in preventing AI. It also served to create effective community communications activities that are realistic and achievable, a crucial factor with a multi-faceted issue such as AI that has implications on livelihoods and health.

To ensure that the target interventions were making a difference, AI.COMM systematically assessed many of the project's materials and activities. In Bangladesh, for example, AI.COMM conducted an assessment of the effect of education and skills trainings among multiple stakeholders. A total of 69 in-depth interviews were conducted among the trainers, livestock officers and people involved in poultry business that participated in AI.COMM training and outreach activities. Fourteen focus group discussions were held among the community leaders and poultry retailers that were also part of AI.COMM trainings. The majority of the respondents (73%) cited a substantial increase in their knowledge on avian influenza, and 80% of those noted that they are now more aware than other people. Almost all of the respondents (98%) tried to apply the knowledge of the training through one-to-one contact with poultry farmers (64%), group discussion with community leaders (54%), and training to front line workers (50%). Recommendations for the future include arranging small group discussions with trainers at the central level and with participants at the district and the upazilla level, and to include border security forces, law enforcement agencies, and other government administrative officers in future trainings.

Similar evaluations were undertaken in most of the countries where capacity-building and communication activities took place.
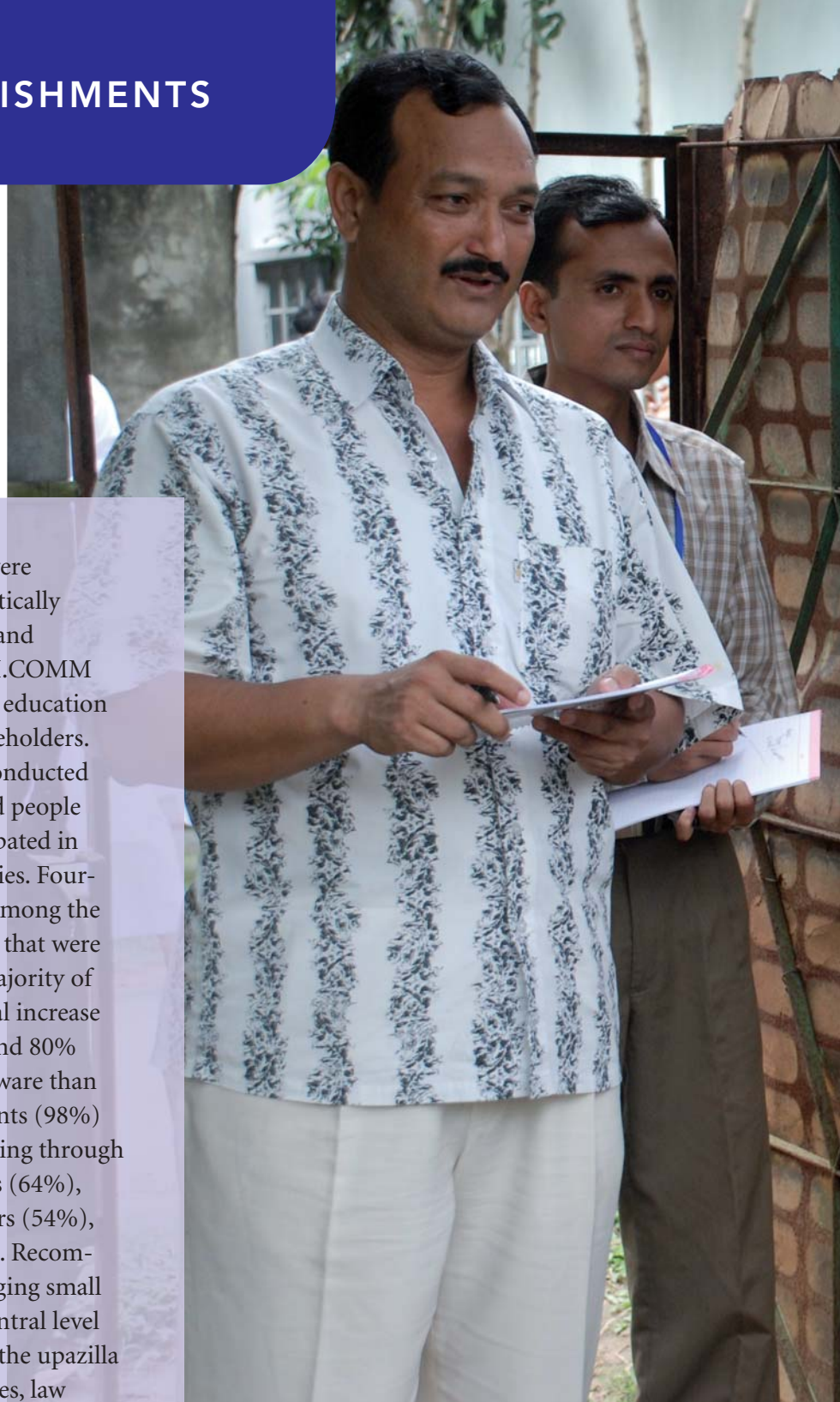
Another series of surveys was launched in Bangladesh, India and Nepal among target audiences to determine whether there was an increase in understanding on how to prevent the spread of the H5N1 virus as a result of community-based communication such as street theatre, songs and entertainment and social mobilization. The project visited two live bird markets in each border community in the three countries, and interviewed 780 individuals (360 in Bangladesh, 300 in India, and 120 in Nepal). Results of these surveys can be viewed at **www.avianflu.aed.org.**

SUPPLY CHAIN ANALYSIS – TRACKING POULTRY FROM FARM TO FORK

Risk mapping exercises were a large part of AI.COMM's research toward the end of the project, and attempted to track the actors involved in the formal poultry market, as well as the informal market that moves within the country and to or across regional borders. The goal of supply chain analysis is to ascertain where an infection might be introduced into the supply chain and thus pinpoint opportunities for interventions. After initial supply chain studies in Bangladesh, West Bengal, India, and Nepal were deemed helpful, a supply chain analysis was also undertaken in the North West Frontier Province of Pakistan to follow actors in the poultry supply chain from "farm to fork."

Semi-structured interviews were conducted with farmers of scavenging chickens and commercial farmers, and with informants along the commercial and backyard market chains, including poultry feed producers, wholesalers, retailers, and transporters. This work provided insights on health and hygiene issues related to current poultry-rearing practices, and channels through which poultry diseases, especially AI, could threaten bird and human populations. It also identified the stage(s) at which precautionary intervention(s) would be most effective.
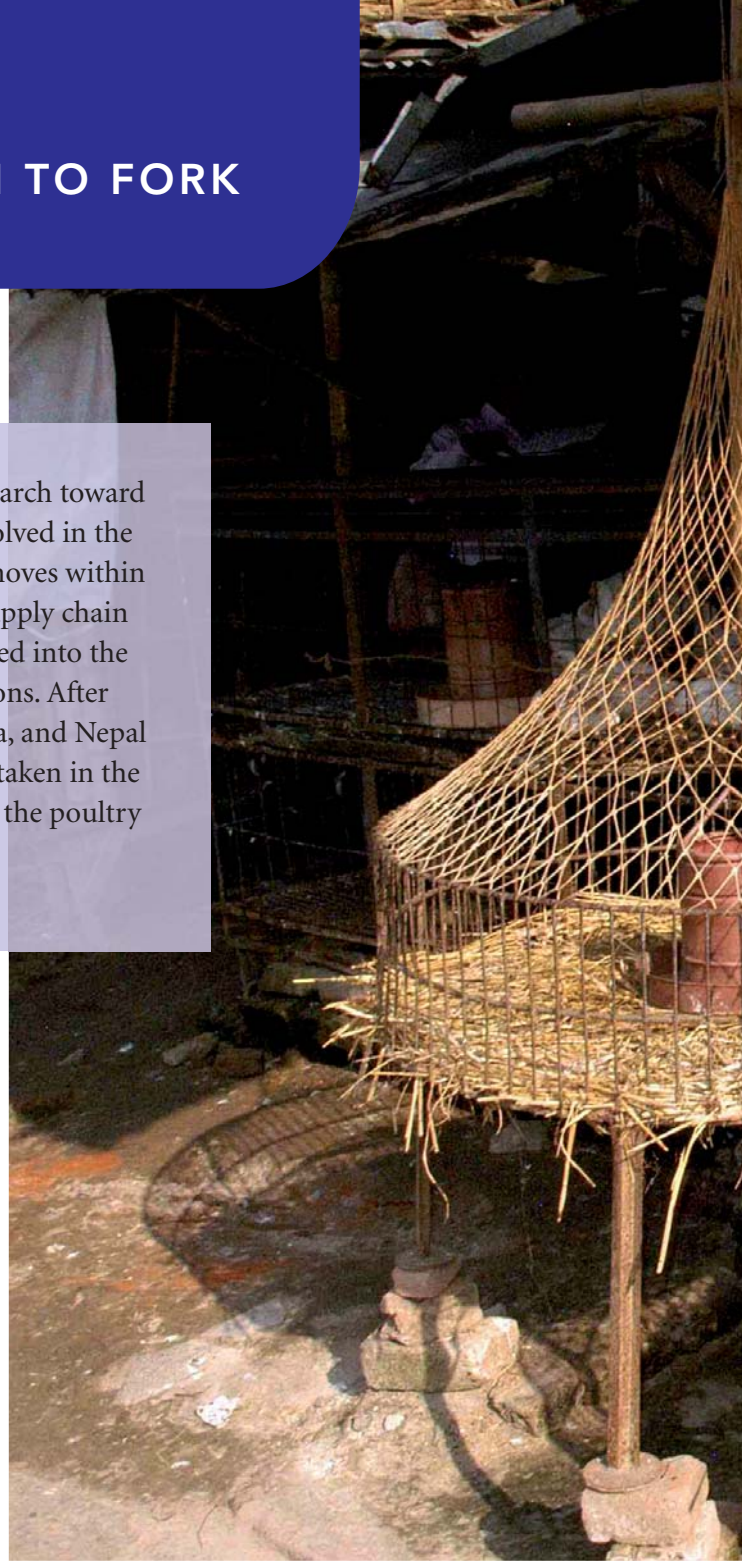
AI.COMM researchers also examined marketing channels and participants; costs, margins and profits; and the process of price formation. Divisional markets in Chittagong and Dhaka were visited to survey market operators on supplier intermediaries, and follow-up surveys were done with poultry farmers/households and feed producers on costs, margins and profits. Focus groups and open interviews were conducted with backyard and commercial farmers on income-related issues, and with government representatives.

The findings led to identification of audiences most at risk and most likely to transmit AI in animals and humans, and to designing a micro-targeted communication campaign to introduce best practices to prevent outbreaks among poultry vendors, transporters, and middlemen.

3

MESSAGE AND MATERIAL DEVELOPMENT

The vast quantity of materials produced under AI.COMM is notable. Overall there have been over 150 products developed and they have been translated and otherwise adapted into 15 languages, ranging from French to Spanish to Arabic to Russian to Azerbaijani to Swahili to Hmong. This process transcended mere translation of materials, and also focused on ensuring that everything from illustrations to layout reflected the country-specific realities, cultures, and sensitivities. These materials were developed so they could be used as part of an integrated communication process.

The messages used have evolved from emergency response directives based on the best available epidemiologic data, to longer-term capacity-building materials that emphasize actions that not only help to prevent and control avian and pandemic influenza, but a variety of other infectious diseases. The evolution of messages during the three years of the project is chronicled in a white paper produced by AI.COMM, called *The Evolution of Avian Influenza Messages: Observations from Three Years of Outbreak Response.*

The Evolution of Avian Influenza Messages:
Observations from Three Years of Outbreak Response

INTRODUCTION

Over the past three years, the situation with avian influenza, known more precisely as H5N1, has evolved in myriad ways. The epidemiology and basic knowledge about the whys and hows of transmission have gone from broad assumptions to specific facts, and audiences and populations targeted as most-at-risk also have been adjusted accordingly.

As with any emerging infectious disease there are new findings about the virus and its nature which AI.COMM applied to its behavior change and communication messages to reflect this new understanding about the virus. Because of these findings - and our experiences in the field—AI.COMM has refined its messages from multiple broad statements to specific realistic practices. This paper follows the evolution of message development and refinement by the AI.COMM project, a global behavior change and communication project funded by USAID and led by AED.

BACKGROUND

The message development process began in late 2005, when USAID/Global Health provided funding to AED to support behavior change and communication activities to prevent and contain the H5N1 virus in Southeast Asia. The SE Asia project, called AI-BCC, continued and a second, global project, AI.COMM, began in 2006 that included rapid response in emergency situations in Africa and South Asia and longer-term programs in South Asia. AED, which has been a leader in BCC in the human health arena—especially in emerging infectious diseases, child survival and maternal health-based many of its initial technical decisions on H5N1 on learned lessons and challenges from previous public health experiences. Indeed, the project began operations in 2005 with limited epidemiologic data on H5N1 and even less information on many of the target audiences. The project proceeded thereafter with a flexible approach that allowed for the modification of information and strategy based on the rapidly changing situation and information environment.

AED's initial AI work in Southeast Asia began with conducting Knowledge, Attitudes and Practices (KAP) studies among rural backyard poultry farmers (Sector 4) in Cambodia, Lao PDR, and Vietnam in late 2005 and into 2006. The purpose of the KAP was to obtain an initial snapshot of the awareness levels and general practices that might help or hinder the prevention and control of avian influenza outbreaks. Combined with the general epidemiology data and pre-testing of messages, the project developed a core set of messages that aimed to change (individual) practices so that they would ultimately become best practices (in other words, something done habitually or customarily).

The Evolution of Avian Influenza Messages: Observations from Three Years of Outbreak Response   July 2009   1

Although the initial target audiences for AI.COMM were small backyard poultry farmers (Sector 4), this limited pool was soon expanded to include a variety of related and non-related stakeholders, such as poultry associations and vendors, poultry consumers, veterinary staff, animal and human health officials and workers, small commercial poultry (Sector 3) farms, government officials, journalists and private sector entities. Indeed, as with any comprehensive BCC program, messages and materials need to come from a variety of sources and stakeholders – people who influence and interact with the target audience. These diverse audiences ranged from transporters of poultry in Malawi, to people who use kärcher machines (pressurized washers used to clean wet market stalls) in Bangladesh.

In most cases, messages and materials were created after formative research was conducted. In other cases, such as the West African countries of Burkina Faso, Niger, Nigeria, and Côte d'Ivoire, rapid communication assessments were undertaken to determine communication capacity and identify gaps in relating information on avian influenza during outbreaks. The assessments revealed myriad hindrances: advocacy challenges (e.g., uneven funding and implementation, difficulty sustaining attention on AI given the competing priorities of key stakeholders), management challenges (e.g., a lack of coordination within governments and among partners), and technical challenges (e.g., uneven risk perception of AI, misunderstanding of motivations for desirable disease prevention and control behaviors). All of these fed into the design of messages and materials that could address some of these obstacles, such as making the case for taking avian influenza outbreaks seriously and providing easy-to-understand, "do-able" actions that the target audiences would not be discouraged by.

To evaluate the effectiveness of messages and materials, AI.COMM created a question guide for communication materials pretesting, and a separate questionnaire for pretesting of messages.

To reach these varying audiences, messages and materials needed to flow through a variety of channels, from mass media (television and radio spots) to printed publications, to video training materials, to electronic hubs of communication, such as websites, listservs and blogs. One online discussion group, ePlume, an interactive AI listserv in French and English, was launched to bring together people working on avian influenza in Francophone West Africa to share up-to-date information, knowledge, and experiences on AI in their region. AI.COMM also created a presence on Facebook and Twitter, and during 2007-2008 sent dispatches from the world of AI via an electronic newsletter – the AI.COMMuniqué – disseminated by the Communication Initiative to its tens of thousands of readers.
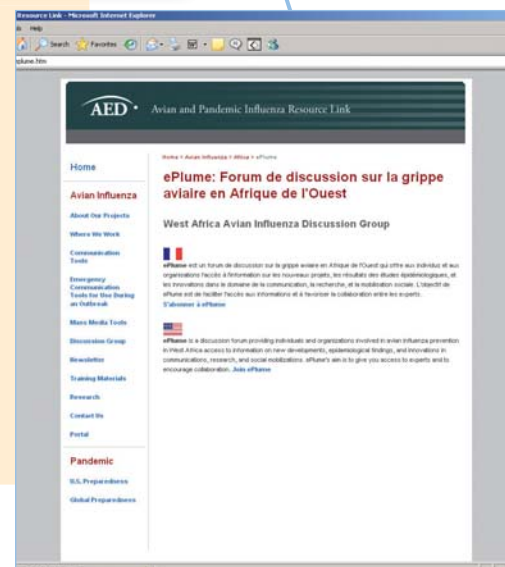
The hub of electronic communications was, of course,
the AI.COMM website – **www.avianflu.aed.org** –
and later on the H2P website – **www.pandemicpreparedness.org.**

The AI.COMM website initially was populated with basic informational job aids and
booklets for farmers, animal health workers, human health workers, and people who cull
poultry, as well as emergency response materials such as risk communication guides,
outbreak response posters, and live-read scripts for radio, TV and loudspeaker. A set
of training materials and visual aids on how to use personal protective equipment,
decontamination supplies, and diagnostic tests were also developed as part of
the emergency response "tool kit" made available on the web.

After supply chain and other research honed in on those in the poultry supply chain as primary targets for communication, guides were created for individuals who slaughter or prepare poultry at home; sell poultry, birds, or eggs in the market; or transport birds between farms, markets and countries to educate them about the importance of separation, selling healthy birds, and proper plucking and slaughtering techniques. Posters, flyers and community theater scripts for many of these same audiences (poultry transporters, vendors, and restaurant workers) were designed in Bangladesh.
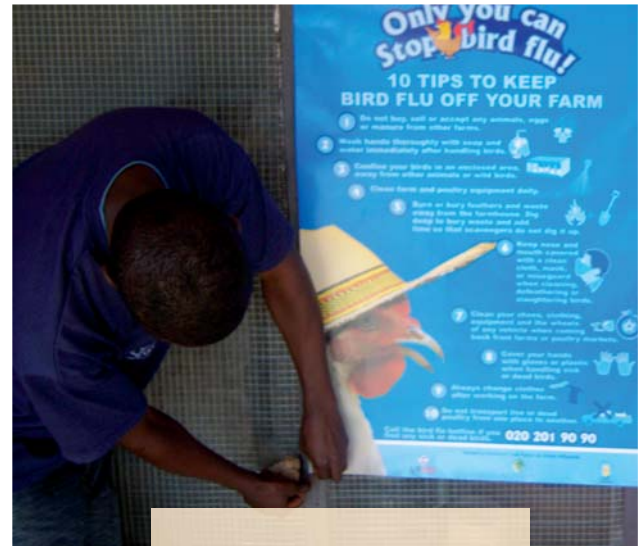
Some products were specific to certain events, such as radio spots in Ghana (in English, Twi, and Ewe) that focused on safe poultry handling during the holidays.

As the project matured, capacity building materials took center stage, and over 25 different training guides were developed for various purposes ranging from interpersonal communication skills, to setting up an emergency hotline, to educating the media on AI, to learning how to correctly use personal protective equipment.

All of the training materials usually offered a facilitators' manual and participant handouts, and many offered the option of holding a more detailed training over several days, or convening an abbreviated version of the training over one day.

Many of these training guides were intended to be used on the district or community level, such as in Bangladesh: separate AI trainings were developed for national, district and local levels (e.g., Trainer Notes for National Officers to Train District Officers on Avian Influenza (HPAI) Outbreaks, Trainer Notes for District Officials to Train Upazilla Officers on Avian Influenza (HPAI) Outbreaks, and Workbook for Upazilla and District Officers).

Other community training guides included Community Preparation and Response to Avian Influenza: A Participatory Guide, and various peer educator training materials specific to audiences in Yemen.

Bringing the Community Together was a step-by-step guide created by AI.COMM to help local leaders and community organizers work with communities to plan for disease outbreaks and other emergencies. The guide uses lessons learned from other outbreaks to prompt and encourage discussions among community members and effectively garner their insight. Using this tool, community organizers are able to learn to build support within their communities, invite participants and select tools, schedule activities, implement community-based activities, analyze findings, create an action plan, and track the success of their programs.
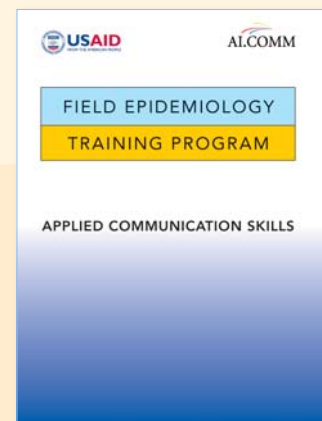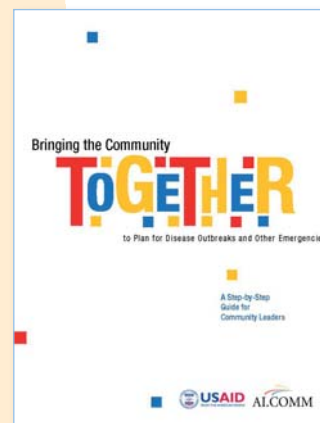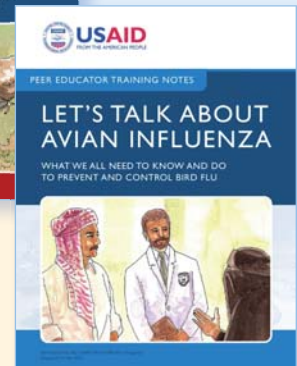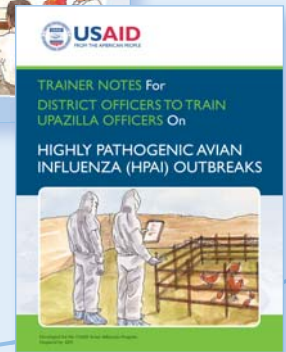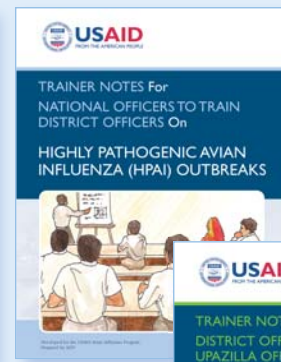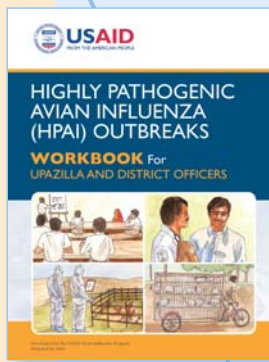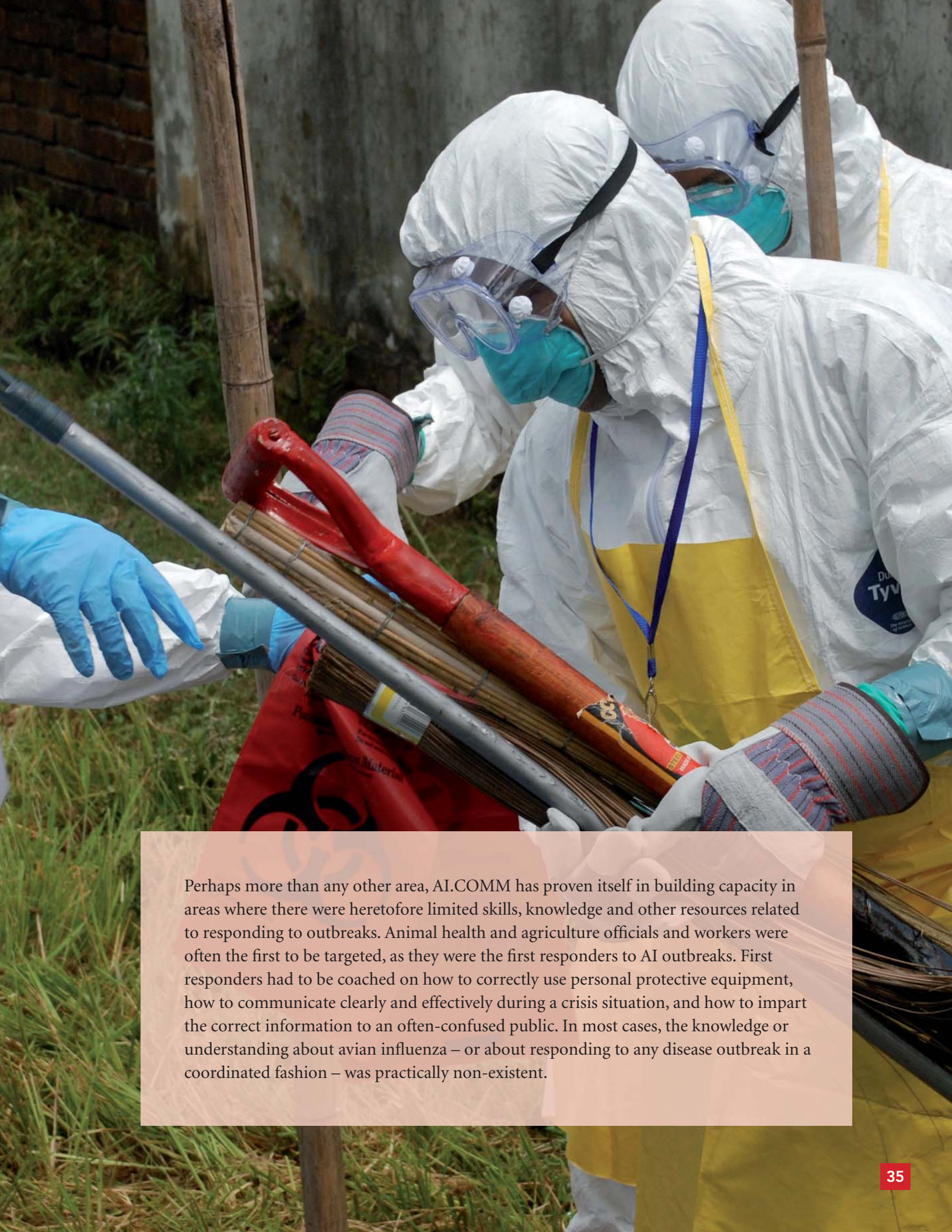
Various media orientation guides have been developed, as have materials for field epidemiologists.

4

CAPACITY BUILDING
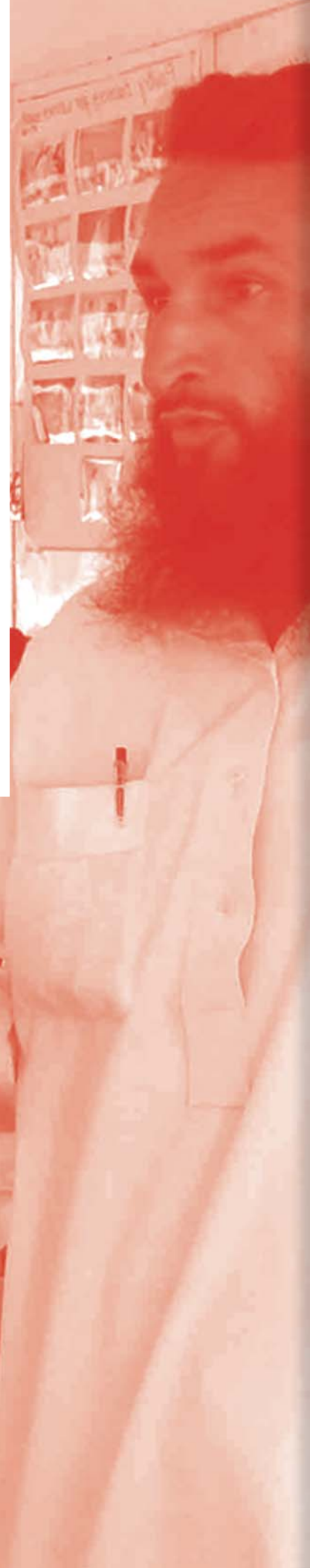
Perhaps more than any other area, AI.COMM has proven itself in building capacity in areas where there were heretofore limited skills, knowledge and other resources related to responding to outbreaks. Animal health and agriculture officials and workers were often the first to be targeted, as they were the first responders to AI outbreaks. First responders had to be coached on how to correctly use personal protective equipment, how to communicate clearly and effectively during a crisis situation, and how to impart the correct information to an often-confused public. In most cases, the knowledge or understanding about avian influenza – or about responding to any disease outbreak in a coordinated fashion – was practically non-existent.

This led to the development of training materials that addressed the full cycle of preparedness and response needs, as illustrated by Bangladesh's *Trainer Notes for District Officials to Train Upazilla Officers on Avian Influenza (HPAI) Outbreaks, and Workbook for Upazilla and District Officers.* These materials provided guidance on the full "job cycle" of these officers, from educating people about avian influenza, to watching and reporting findings, to collecting samples for testing, to sending samples to laboratories and receiving results, to taking action during an outbreak, to taking action after an outbreak, including restocking.

On many occasions, AI.COMM training modules were adapted so they could be conducted in a shorter timeframe if schedules and other constraints did not allow for the full training. For example, media orientations were provided in one-day or two-day versions, and interpersonal communication trainings were offered in one-day or half-day sessions to accommodate each community's needs.
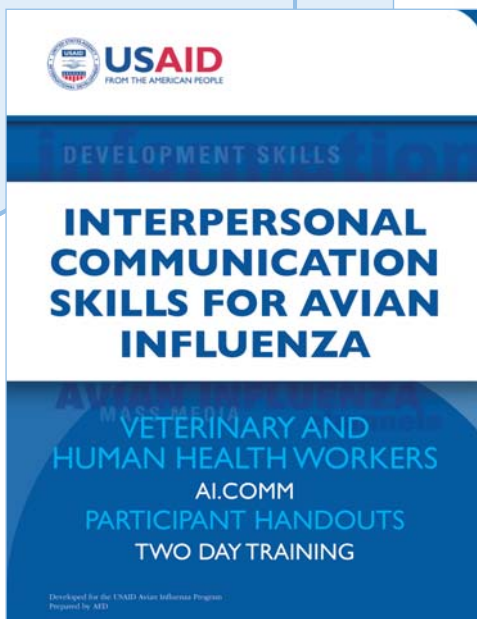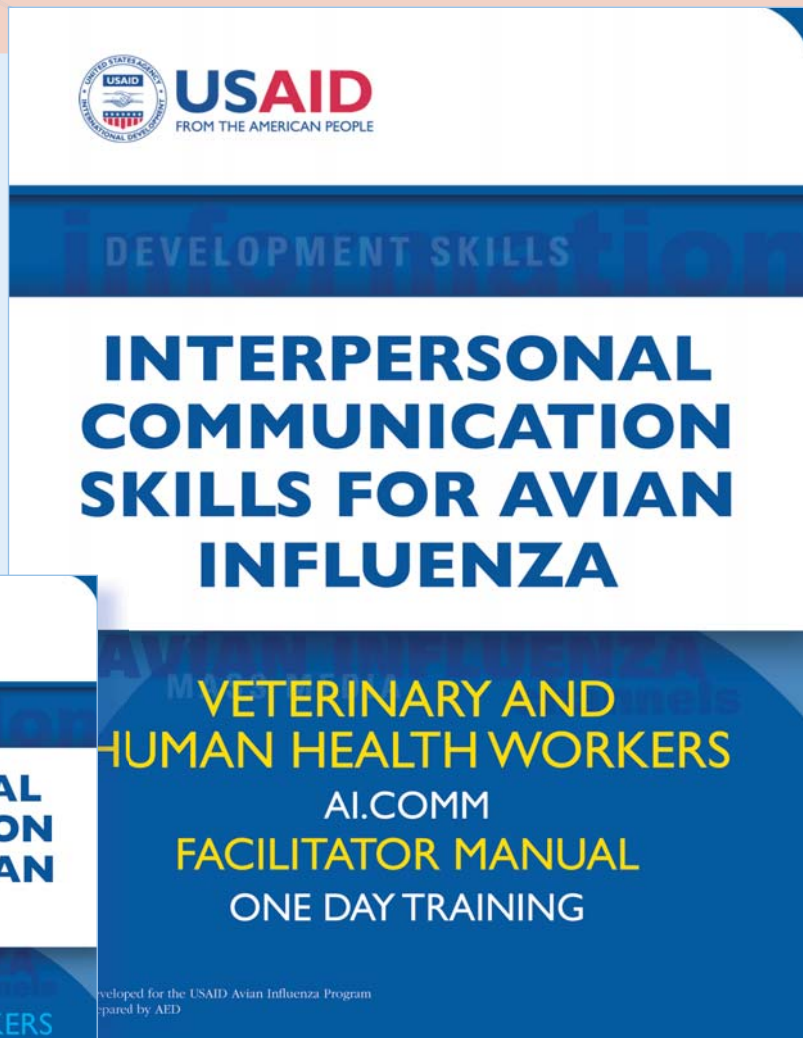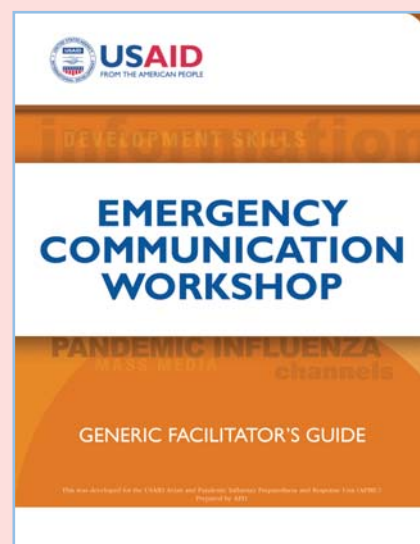
RISK COMMUNICATION

In addition to basic outbreak response skills, many countries and situations required support in risk communication, a delicate balancing act for government officials and other stakeholders attempting to reassure an often-apprehensive and confused public.

In countries such as Togo and Benin, AI.COMM provided technical assistance to in-country U.S. government staff and host government officials within days of AI outbreaks. In Togo, for example, project staff traveled to the capital, Lome, at the request of the U.S. Ambassador to hold an orientation on AI for radio broadcasters and television and newspaper journalists to help them better report the facts of the outbreaks accurately and effectively. The curriculum for this mini-workshop was developed quickly – in just a few days – and led to the development of additional communication trainings for other audiences, as well as messages and materials in local languages. Counseling cards were developed in French on what to do when working with, handling or eating poultry or eggs. These counseling cards eventually became the prototype for similar counseling cards that were developed on the use of non-pharmaceutical interventions during a pandemic.

AI.COMM also developed an *Avian Influenza Emergency Risk Communication* guide that offered a variety of guidelines for organizations and officials preparing for, or responding to, an outbreak. Pieces of the guide were used in several countries in Africa and South Asia as part of their planning process, and the second part of the guide – *Taking Action and Effectively Communicating During an Outbreak* – was adapted and used as a basis for emergency risk communication for a pandemic outbreak

USAID
FROM THE AMERICAN PEOPLE

DEVELOPMENT SKILLS

EMERGENCY COMMUNICATION WORKSHOP

PANDEMIC INFLUENZA
MASS MEDIA   channels

GENERIC FACILITATOR'S GUIDE

Hand in hand with educating stakeholders on risk communication principles was the use of effective interpersonal communication (IPC) skills. This was particularly crucial in light of the fact that messages could not be delivered in a vacuum to be effective. The messengers of this information had to understand how best to convey the facts in a simple, understandable and calm manner. IPC trainings were held for a variety of players, from government officials at all levels, to animal health workers, to human health workers across various regions including South Asia, Africa, and Eurasia.

In partnership with the Government of Georgia's National Center for Disease Control, for example, AI.COMM conducted a three-day training of trainers seminars in Tbilisi for veterinary and human health workers on using interpersonal communication skills for avian influenza, using basic emergency communication maxims. The 18 participants worked in small groups to develop emergency communication plans based on case studies. Similar seminars were held in Azerbaijan and Nepal and focused on increasing the knowledge of veterinary and human health personnel on how to use behavior change tactics to prevent and control AI, and how to understand and accurately deliver key messages to the community using available materials.

In Nepal, attendees included 28 human health and veterinary health workers from 10 districts representing the Regional Health Training Centre; the Regional Directorate; the Epidemiology Centre; the National Health Education, Information and Communication Centre; and District Livestock Offices who practiced their IPC skills through role plays and mock meetings with community members. At the end, master trainers were given complete "AI Kits" that were also distributed to the newly formed AI Committees in the most-at-risk village development committees bordering India.

In Pakistan, AI.COMM conducted seven training of trainers sessions in partnership with the National Program for Control and Prevention of Avian Influenza of the Ministry of Livestock and Dairy Development that targeted veterinary doctors, medical doctors and poultry farmers from 12 poultry-concentration districts in Pakistan. The participants were trained in inter-personal communication skills, how to use job aids, how best to impart the latest knowledge on the H5N1 virus, and how to plan product and information dissemination events among the poultry farmers and human and animal health professionals in their districts. In the unstable North West Frontier Province in Pakistan, AI.COMM engaged a master trainer who used her position as a community facilitator with the EU-funded Support to Livestock Services Project (an initiative that promotes poultry farming among women in over 200 households) to educate local women on best practices to prevent the virus and raise health poultry. Dissemination sessions were also held there in conjunction with AI.COMM partner organization SUNGI Development Foundation to engage community facilitators from SUNGI's poultry/livelihood program (which gives each household in the community 30-35 chickens to raise) to help provide materials and messaging on best practices to prevent the virus and raising health poultry.
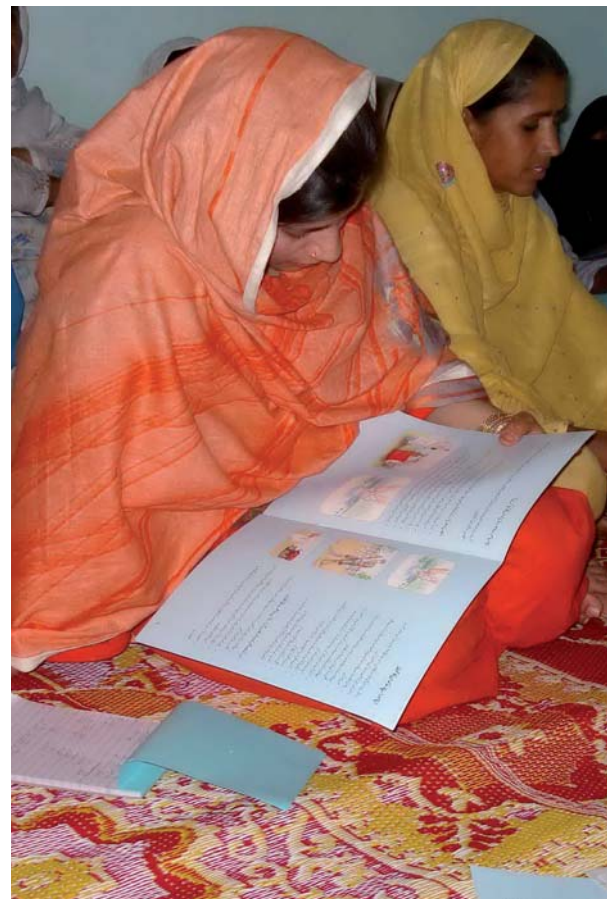
AI.COMM was often called upon to provide expertise and build capacity on a variety of issues, as needed. Less than a year into the project, USAID asked AI.COMM to develop training modules on the correct use of personal protective equipment; decontamination and supplies; and sampling, rapid testing and packaging supplies and processes. AI.COMM was then quickly dispatched to countries including Mali, Niger, Côte d'Ivoire, Jordan and Bangladesh to implement these three-day instructional sessions. Another example of AI.COMM being brought in to provide technical assistance was a request to help condense the U.S. Government's communication plan for pandemic influenza mitigation into an operational document that stressed the non-pharmaceutical interventions to be observed in the event of an influenza pandemic.

In response to findings that field epidemiologists were in need of basic information on communicating during outbreaks in general, USAID asked AI.COMM to design a curriculum on applied communication skills for epidemiology professionals. The training consisted of three lessons that provided the field staff with key communication skills they will need, especially when conducting and reporting on outbreak investigations, and employed discussions, 'hands-on' learning activities and feedback sessions, as well as 'on-camera' interview role plays to hone skills in listening and asking questions, developing talking points and key messages, and message delivery. A pretest workshop was held with the University of Mahidol's Field Epidemiology Training Program (FETP) in Bangkok in September 2009 and moderated by a professional researcher who conducted feedback sessions following each of the three sessions and an overall evaluation at the end of the day.

AI.COMM staff then held a field epidemiology training workshop in Uganda with the African Field Epidemiology Network (AFENET) that highlighted the importance of this applied communication skills training for field epidemiologists.

The project also had been working with AFENET to establish an Office of Public Affairs for the network to have technical skills in public affairs and communication to better respond to emergencies or the day-to-day operations of AFENET. Based in Uganda and with representation in over nine countries throughout Africa, AFENET investigates outbreaks and responds to other emerging medical situations. All told, AI.COMM assisted AFENET with creating a communications framework/roadmap; and developing work plans and content for the local public affairs office, key messages, media Q&A, and a press kit.

DEVELOPMENT OF A COMMUNICATION FRAMEWORK FOR EMERGING INFECTIOUS DISEASES
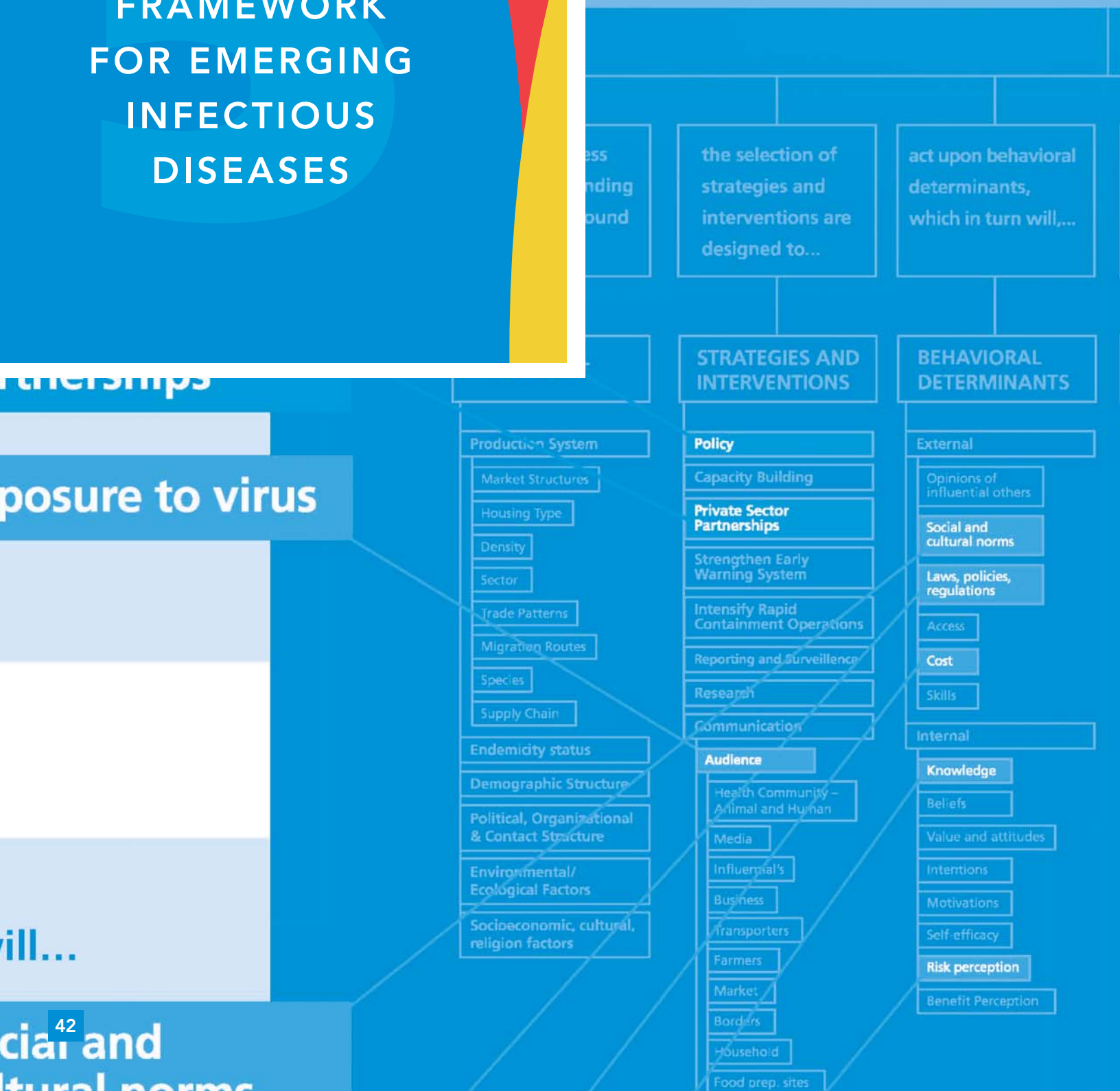
T&M Associates©

The approach applied to AI.COMM was a basic social marketing approach. Using evidence gathered from secondary and primary research, the project team designed a plan that integrated a variety of strategies – community-based communication, advocacy, public relations, training and capacity building, mass media, materials and message development, segmentation – that would be results-oriented and targeted to the at risk audiences. As the program expanded to new countries and new partners, AI.COMM developed a new conceptual framework to guide planning for effective communication specifically for avian and human influenza and other emerging infectious diseases.

The Conceptual Framework for AHI and Other Emerging Infectious Diseases is based on a six-part premise that: 1) With awareness and understanding of the background context, 2) the selection of strategies and interventions are designed to [[3) act upon behavioral determinants,]] which in turn will, 4) influence specific behaviors and activities, 5) that can affect viral transmission, thus 6) preventing new infections.

FROM FRAMEWORK TO PROGRAM DESIGN

The Framework is just that....a structure to design a program. And one component – like Communication or Reporting and Surveillance - does not stand alone but fits into a bigger picture that is integrated and connected.

This section will demonstrate how to use the Framework to design and implement a program and how to measure its success. Using ducks in Vietnam as the example, let's design a plan.

Step 1. Biological Determinants

Epidemiology shows that ducks can be carriers of the H5N1 virus – however, ducks may be infected without manifesting signs of illness nor do they die rapidly.

Exposure to the virus can cause sudden and rapid death of poultry

Once we know the issue we need to know more about the situation or context in Vietnam....

Step 2. With awareness and understanding of the background context (economic, socio-cultural context)...

Duck flocks are important to the ecosystems of Vietnam and duck herders move their flocks through the countryside to eat leftover rice, insects, snails and weeds that damage rice crops. This movement–if the ducks are infected–carries the virus from one place to another and can infect domestic poultry. During these movements the ducks may come into contact with high pathogen concentrations from other flocks or from infected wild birds, and the virus can survive and spread in the soils and water in the path of the moving flocks.
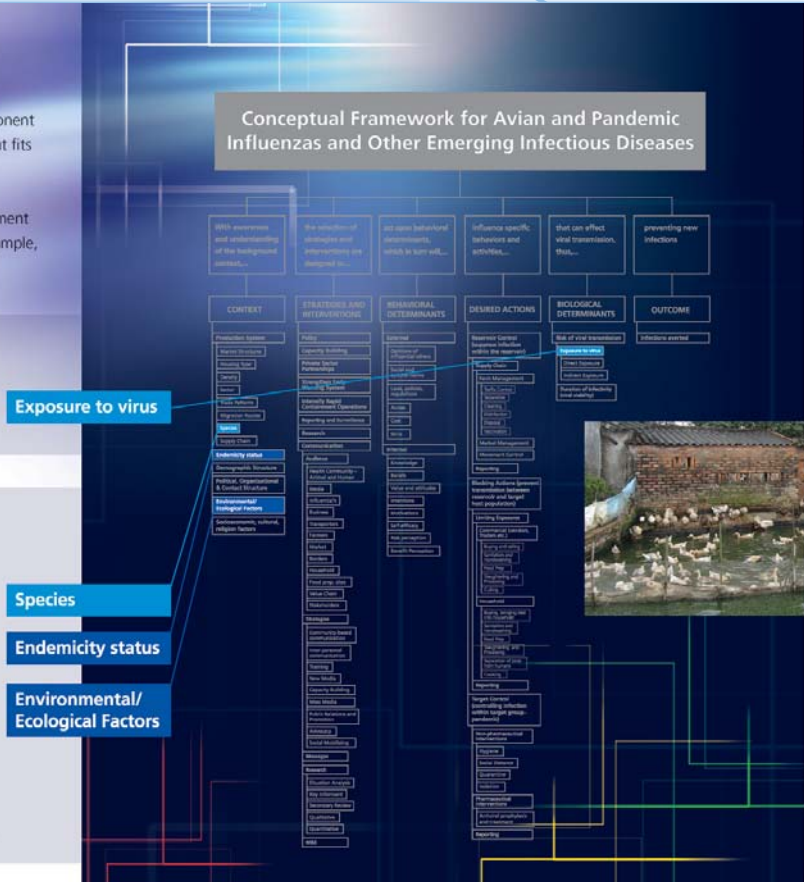
Added to its positive contribution to rice production, traditional free-ranging is economically advantageous for duck farmers. With the increased cost of feed, free-ranging saves up to 50% the cost of feed in the south and 20% the cost of feed in the north.

The government of Vietnam embarked on a mass vaccination policy to protect poultry from catching HPAI which causes avian flu. Vaccination for ducks, unlike for chickens, requires two doses of the vaccine 28 days apart. Research shows that many duck farmers are unaware of the required two doses. Ducks also should be vaccinated from 15 days or older. However, many duck farmers think that vaccination is harmful to young ducks resulting in their reducing the vaccine dosage.

Species – Ducks

Endemicity status – Systemic in ducks

Environmental/Ecological factors – Ducks are critical part of ecology balance and healthy rice production

Conceptual Framework for Avian and Pandemic Influenzas and Other Emerging Infectious Diseases

Exposure to virus

Species

Endemicity status

Environmental/Ecological Factors

In each step, users of the framework can select an array of choices for the context (e.g., production systems, political and organizational structure, endemicity, socioeconomic factors); strategies and interventions (e.g., communication, policy, capacity building, private sector partnerships, reporting and surveillance); behavioral determinants (e.g., external or internal); desired actions (e.g., reservoir control, blocking actions, preventing infection within the target group); biological determinants (e.g., risk of viral transmission); and outcomes (e.g., infections averted).
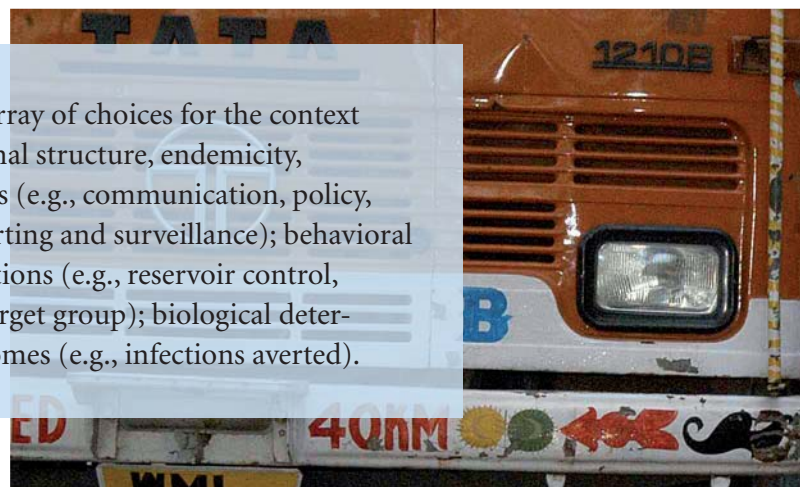
Based on the user's input, the interactive framework assists in identifying effective and results-oriented communication activities that target high-risk populations to increase awareness and change behaviors and practices and that minimize the spread of the virus. This framework can be used in a variety of settings – urban and rural, developing and industry settings – and applied to avian and human influenzas as well as other emerging infectious diseases.

Conceptual Framework for Avian and Pandemic Influenzas and Other Emerging Infectious Diseases

Step 3. Selection of strategies and interventions are designed to...

Policy – Vietnam has instituted policy to vaccination poultry which has expanded to include ducks.

Public-Private Partnerships – Work with the Vietnam Poultry Association and Duck Herders to assure implementation of the policy

Communication

Audience – Farmer/Duck Herders

Stakeholders

Policy

Private Sector Partnerships

Exposure to virus

Step 4. ...act upon behavioral determinants, which in turn will...

External

Laws, policies, regulations – Duck vaccination is new policy
Cost – income and expenditures to enact the policy
Social and Cultural Norms – Duck herders moving ducks through rice farms of Vietnam has been the practice for centuries

Internal

Knowledge - about the virus and how it is transmitted is low
Risk perception is low because this is how they have done it for years and ducks die but doesn't infect them

Social and cultural norms

Laws, policies, regulations

Cost

Knowledge

Risk perception

Step 5. Influence specific behaviors and activities (desired actions)

Movement Control

Limiting Exposures

Movement Control – Realistically will ducks not move? No, so emphasis on **Blocking Actions**

Because of its economic benefits both to rice producers and duck raisers, the control of free-ranging has been unsuccessful. A more realistic action is to ensure that ducks which are vaccinated correctly. Many provinces, for example, require that duck farmers show a certificate of vaccination before their flocks can be allowed to free-range.

Limiting Exposures

Step 6. Back to Strategies and Interventions

What do we do to reach our **Audience**

Messages

Spokespeople

Social Mobilizing

Messages – what resonates with farmers
Materials – low-literacy guides of
Spokespeople – Who do they believe or trust for information

Strategies – Interpersonal communication via duck herders, agriculture workers and veterinarian volunteers to increase knowledge and explain risk and introduce the vaccination policy

Social mobilization

Monitoring and Evaluation to measure awareness and number of vaccination and the effectiveness of the campaign

An interactive webpage on the Communication Conceptual Framework for AHI and Other Emerging Infectious Diseases has been developed and can be accessed at **http://avianflu.aed.org/framework.htm**

45

PANDEMIC PREPAREDNESS

After conducting initial research on home-based care during pandemics and the role of community health workers, AI.COMM was poised to take on additional pandemic preparedness communications activities, at the request of USAID. In October 2007, a number of UN agencies and international NGOs including AED signed a global declaration at the IFRC in Geneva to prepare for an influenza pandemic. This declaration formally launched the Humanitarian Pandemic Preparedness (H2P) Initiative, created through a three-year USAID-funded program intended to build a chain of health and disaster management tools and practices that could be used to enhance the capacity of community first-responders during an influenza pandemic. H2P set off on three main tracks of activity: to support countries in the development of influenza pandemic preparedness plans and protocols in the areas of health, food security and livelihoods; to strengthen the capacities of humanitarian and civil society organizations to carry out these plans and protocols; and to facilitate coordination between global, national, district and community level stakeholders, including the UN system.

What you need to know about PANDEMIC INFLUENZA

A briefing paper for humanitarian staff

This paper seeks to provide busy humanitarian staff in the field with a few key facts of which they should be aware in the event of a pandemic, and with advice on where to go for more detailed information. It also advises on key planning actions that organizations should take to be ready to continue serving beneficiaries during a pandemic.

(Note: this paper was created by the informal inter-agency Humanitarians in Pandemic (HP) working group, with the collaboration of several UN agencies, international NGOs, the Red Cross / Red Crescent Movement, and USAID. For all enquiries, please contact OCHA's Pandemic Influenza Coordination team at PIC@un.org.)

Influenza pandemics are recurrent, global, deadly events that can have a devastating impact on vulnerable individuals, communities and the organizations that serve them. Experts warn that it is a question of *when*—and not *if*—the next pandemic will hit. Fortunately, there is much that humanitarians can do to prepare.

1. What is an influenza pandemic?

A pandemic is a worldwide epidemic. An influenza pandemic occurs when a new influenza virus appears against which the great majority of the human population has no immunity, resulting in several simultaneous epidemics worldwide with very substantial mortality and morbidity.

Influenza pandemics have happened before. There were three in the 20th century, including the 1918 "Spanish Flu" pandemic—known as the most devastating in history—that killed over 40 million people worldwide.

Pandemic influenza is not about birds or pigs. In contrast to avian influenza, or "bird flu" (which has devastated poultry populations across several continents since 2003, and occasionally infects and kills humans), an influenza pandemic will be propagated by *human-to-human transmission*, accelerated by commercial air travel in terms of international spread.

Pandemic influenza is unlike any other hazard. A severe influenza pandemic represents a grave threat to humanitarian organizations, potentially affecting the well-being of their staff and the continuity of their life-saving operations. In contrast to most natural and man-made hazards—which tend to be of limited time span or geographical spread—an influenza pandemic is likely to span the entire planet and last for up to several months, with possible recurrence known as 'waves' within a year of the start of the pandemic.

Medical Aspects of Pandemic Influenza

Pandemic influenza is much worse than seasonal flu because almost no one is immune. It can affect many people, causing severe disease and death.

The virus is easily passed from person to person when infected individuals cough or sneeze. It then takes from one to several days for an infected person to develop symptoms. Someone suffering from influenza can be infectious from the day before developing symptoms until seven days afterwards.

1

Led by the International Federation of Red Cross and Red Crescent Societies (IFRC), H2P included AI.COMM, the CORE Group, and InterAction. AI.COMM was tasked as the Behavior Change and Communication partner and participating member of the H2P Operations and Advisory Committees. Several UN Agencies worked with H2P in national level planning and guidance, including the UN Pandemic Influenza Contingency (PIC), the World Health Organization, and the World Food Programme (WFP).

AI.COMM initially led the working group on Food Security and Livelihoods, and participated actively in the Health Technical Working group to help develop training materials for community volunteers and district-level officials. The project effectively took the lead on developing most of the materials, including an Advocacy Kit for use in H2P country programs, key messages for various audiences for pre-pandemic and during a pandemic, and fact sheets on a variety of topics.

In addition, AI.COMM was part of the UN-PIC led Humanitarians in Pandemic (HiP) group. This brought together UN organizations, NGOs and civil society organizations to work together within the humanitarian community and UN cluster system to prepare and provide guidance for pandemic influenza to humanitarian organizations.

An Emergency Communication Workshop was developed and implemented in Ho, Ghana to help communities in the area develop an Emergency Communication Plan including an emergency communication tree/network for all emergencies/hazards. To test the plan, AI.COMM used a mock scenario and participants were asked to revise their plan accordingly.

In the food security area, AI.COMM and partner organizations developed a food security working document, and launched a Food Security Online Portal for sharing working documents and other information related to pandemic-related food security issues. AI.COMM coordinated a meeting in Rome with the World Food Programme to gain technical assistance, and also tapped into the expertise of the USAID-funded FANTA (Food and Nutrition Technical Assistance) Project to help coordinate a Food for Peace meeting and pandemic guidance for U.S. Title II Food Aid Programs. The Food Security Online Portal eventually became the H2P wide partners' portal, which allowed for better information exchange and coordination among partners.

In the area of research, AI.COMM examined community-level knowledge of influenza in Ethiopia, Nepal and Bangladesh in the hopes of identifying behaviors during emergencies that may apply to an influenza pandemic. Separately, AI.COMM coordinated with local resources in Ethiopia to conduct research dissemination and message harmonization workshops with local partners and develop pandemic outbreak materials. AI.COMM participated in H2P country visit assessments in Rwanda and Mali to determine what type of technical assistance would be needed. In addition, AI.COMM worked with communication partners and country stakeholders in Nepal to develop an advocacy and communication plan.

The importance of being prepared was dramatically demonstrated with the onset of the 2009 H1N1 influenza virus in late April 2009, initially in Mexico and the United States, when the immediate need for communication tools for community health workers arose. Since the first reports of the outbreak in Mexico and the U.S., AI.COMM quickly began adapting messages, information sheets, and other guidance. Most of these products – from posters, to fact sheets, to training modules – that were developed and adapted in response to the H1N1 pandemic have been adapted and translated in nearly 20 languages – including Spanish, French, Thai, Portuguese, Russian, Vietnamese, Arabic, Hindi, Bangla, Urdu, and Swahili – and have been introduced to many countries by local AI.COMM staff and H2P Partners.

The overarching goal of the materials was to provide simple, instructional messages in the hopes of minimizing panic and providing information on actions various audiences could take – especially non-pharmaceutical interventions – to help contain infections and prevent further spread of the influenza virus.

Among the products that have been often referred to or downloaded are informational sheets on home care of influenza and key symptoms, an orientation guide for media, a Pandemic Influenza Flip Chart, and a practical training for first responders titled *Back of the Jeep Training on Pandemic Influenza*. See appendix C for a more comprehensive list of products developed.

BACK OF THE JEEP®

FACILITATORY GUIDE

HALF-DAY TRAINING ON NOVEL H1N1 INFLUENZA VIRUS

USAID FROM THE AMERICAN PEOPLE   H2P HUMANITARIAN PANDEMIC PREPAREDNESS

PANDEMIC INFLUENZA

What People Should Know
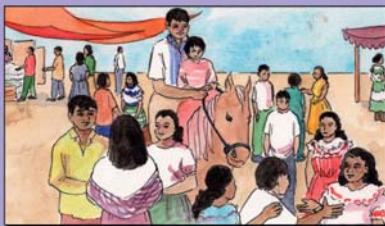
USAID FROM THE AMERICAN PEOPLE   H2P PREPAREDNESS   July 2009

This prompt communications support to USAID on non-pharmaceutical interventions evolved into AI.COMM assisting the World Health Organization in creating a communication plan and materials for when *pharmaceutical* interventions – the novel H1N1 vaccine – became available in late 2009. As part of the WHO efforts, AI.COMM helped WHO in ensuring that appropriate messages on the H1N1 vaccine were developed for different audiences (e.g., health care workers, pregnant women, people with pre-existing health conditions, stakeholders) by helping to perform rapid pre-tests on messages and materials. The project also advised on core messages and other WHO communication products on the vaccine, and developed fact sheets and posters for stakeholders, health care workers, pregnant women, and people with pre-existing health conditions. Training guides on the H1N1 vaccine were developed to orient the media, and to provide communication skills to health care workers who were tapped to administer the vaccine.
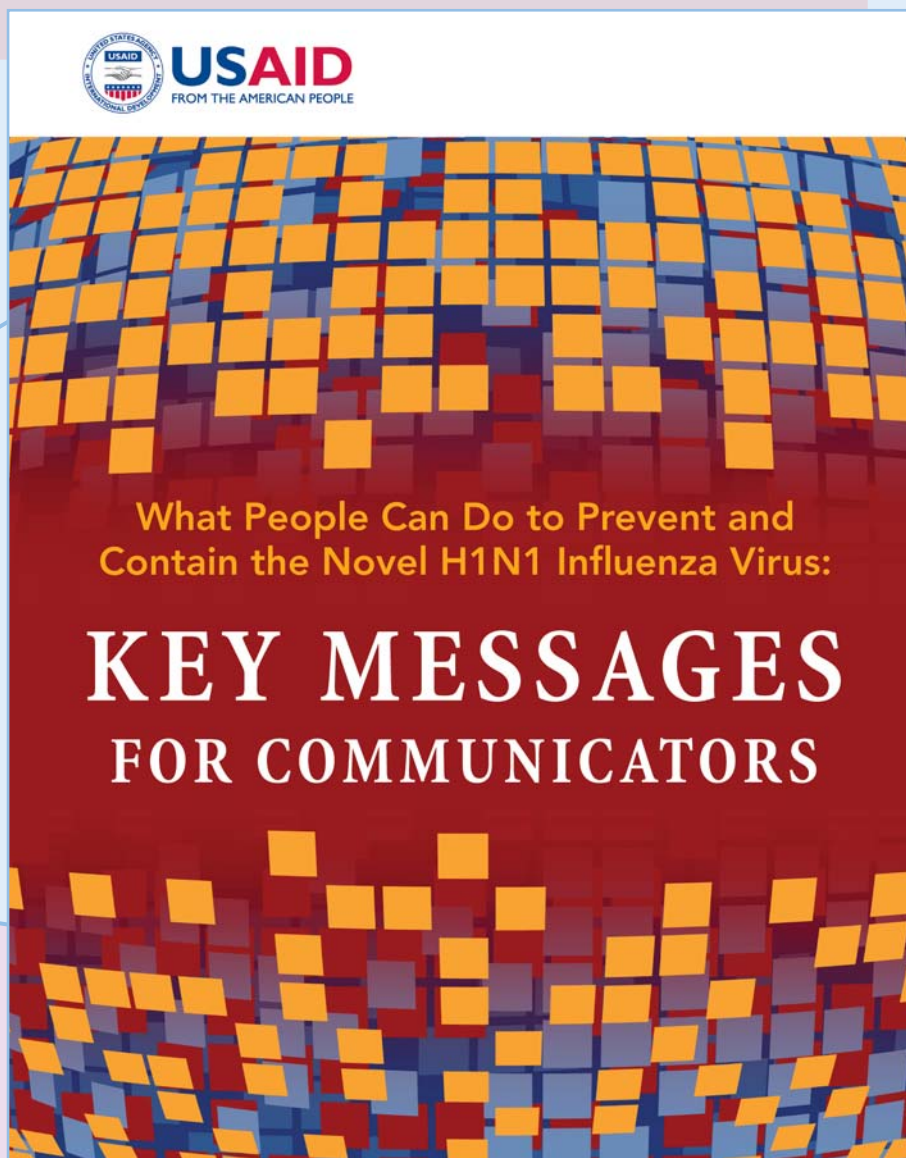
TALKING POINTS

ON

THE NOVEL H1N1 INFLUENZA VIRUS

Throughout the 2009 H1N1 pandemic and pre-pandemic period, AI.COMM continued to work with the H2P partners to ensure that information was responsive and accessible. As part of this effort, AI.COMM created, maintained and managed the H2P Website – **www.pandemicpreparedness.org** – a site that has been accessed by over 120 countries. The website continues to be linked and recommended by many experts in the influenza and humanitarian communities, and is one of the primary pandemic sites when searching online. AI.COMM also created and continues to manage the H2P presence on Twitter under the moniker: panfluprep. This account allows for AI.COMM to post messages pertaining to H2P and the current influenza outbreak to a wider community, highlighting key developments, events and materials.

AI.COMM staff also worked with UNICEF in developing a global communication strategy in response to pandemic influenza, *Social Mobilization and Behavior Change Communication for Pandemic Response: Planning Guidance.* Other outreach included a meeting on the H1N1 response in July 2009 that brought together several H2P partners and UN actors with USAID to discuss a strategic work plan in responding to H1N1, and AI.COMM participation in the InterAction H2P Regional Conferences in Addis Ababa, Ethiopia (May 2009), Pretoria, South Africa (July 2009) and Hanoi, Vietnam (September 2009) to provide communication support and get the word out on available H1N1 communication tools.

Emergencies take place all the time

AI.COMM created an Emergency Communication Training Video designed to visually show district and provincial governments how to develop the communication component of their emergency response plans. The video lays-out a four-step process to develop an effective emergency communication plan that can be used by various stakeholders from the national level down to the community. It provides examples of relevant issues including the recent 2009 H1N1 outbreak and other emergencies.

Under the Latin America and Caribbean portfolio, AI.COMM subcontractors Links Media and TANGO International worked to create and pre-test a LAC Pandemic Toolkit with other LAC partners in St. Lucia and Nicaragua. *Surviving a Flu Pandemic: A Toolkit for Municipal Level Governments* compiles key pandemic planning and response guidance related to health, food security and livelihoods, and targeting information for mayors and local leaders.

7

PARTNERSHIPS

As a relatively small project in terms of full-time core staff, AI.COMM cost-effectively and efficiently relied on consultants, contractors, and partner organizations to help develop and carry its messages and implement activities. Stakeholders ranging from local, district and national-level governments, to community-based organizations, to private sector organizations created an interconnected web of partners that worked symbiotically to prevent and control avian influenza outbreaks – and later, to respond to the outbreak of H1N1 influenza.

From the beginning, AI.COMM worked with all relevant partners: government departments and ministries on the national, district and community levels, professional associations (poultry sellers, farmers, feed manufacturers, health care workers, and journalists), faith-based organizations, UN partners including WHO, UNICEF, and FAO, and a wide scope of NGOs and community-based organizations. Some of the AI.COMM partners, such as design firms that helped to tailor materials to a specific language and local culture, participated in the project for a relatively short time, while others were long-lasting collaborations that endured throughout the AI.COMM project.

Many of the most notable partnerships, interestingly, were in areas that public health programs had heretofore not had much experience with – animal health officials, agriculture departments, and other non-health-related entities such as poultry traders and feed millers. Because many of these organizations had never worked as partners in the past, AI.COMM provided a lot of up-front facilitating and finding common ground to make these diverse groups work under one umbrella.

A list of the wide range of AI.COMM partners is provided in Appendix B.

CHALLENGES AND LESSONS LEARNED

8

After over three years working in prevention and control of avian and pandemic influenzas, the vantage point of the project is much different from when we started. We transitioned from avian influenza and pandemic influenza being frightening phrases in news reports, to becoming public health realities that had to be addressed promptly and diligently.

It was a new area for USAID's Global Health group and for the U.S. Government, where most of the critical decision makers and technical experts had extensive human public health experience, but little in the area of animal health. Applying human health expertise to veterinary science necessitated a shift in approach that took some time to stabilize.

Making matters more complicated was the fact that that we were fighting a virus that was still undergoing epidemiologic investigation and exploration. This placed technical assistance in communication, training, and response at a considerable disadvantage. What do we want people to do – or not do – when we are not sure how the virus is transmitted and who is most at risk? Overlaying H5N1 onto a public health/ infectious disease framework, however, allowed AI.COMM to develop initial research, behavior change and communication plans. As more epidemiologic data became available, the key behaviors initially promoted by AI.COMM – good hygiene and sanitation practices, separation and isolation (of animals), and reporting (of sick or dead birds) – were appropriate for the H5N1 virus and just needed to be fine-tuned, not overhauled. These maxims have since carried over to messages related to the H1N1 pandemic influenza virus.

PRIORITIZING THE H5N1 VIRUS IN A WORLD OF "REAL" PUBLIC HEALTH ISSUES

Perhaps one of the largest challenges was trying to engage governments, USAID Missions, and on-the-ground NGOs to plan for a looming pandemic when these stakeholders – and the average citizen – were more concerned with "real" diseases that affected their everyday lives, such as tuberculosis, HIV or diarrhea.
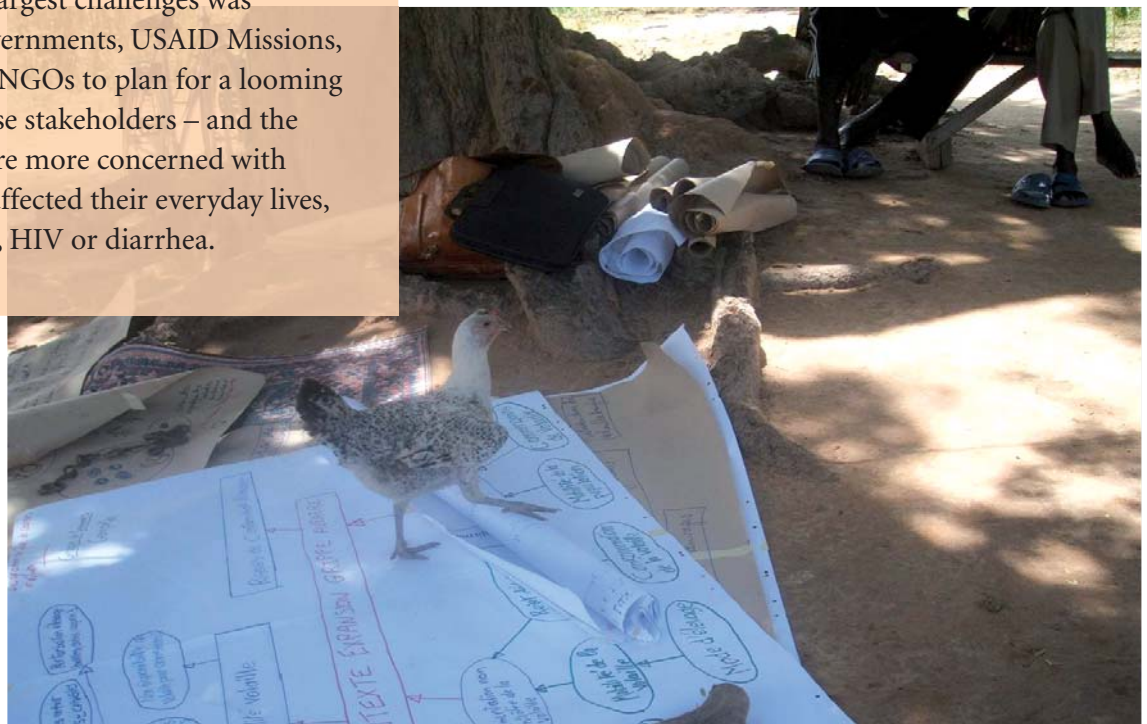
An additional obstacle was that avian and pandemic influenza activities were largely a global initiative, and not a priority of the USAID Missions or national governments that oftentimes had to be convinced that it was important to take action. AI.COMM and its partners put a substantial amount of effort into placing avian influenza on policy and development agendas, and had to maintain this advocacy among national, state/provincial, and district levels of government given the competing priorities of key stakeholders. This was particularly difficult with avian influenza, a cross-sector issue affecting many government units and social sectors (e.g., economy, finance, health, education, agriculture) with different perspectives and priorities.

Building on pre-existing relationships in countries or on existing platforms, such as communication working groups that were chaired by UNICEF, AI.COMM was able to offer resources and technical support in the form of training, material development, social mobilization, and community outreach that benefited local government authorities and civil society. AI.COMM had to position avian and pandemic influenza so that it was relevant to the situation in each country and on the ground. Ultimately, convincing decision makers that they had a stake in avian and pandemic planning resulted in buy-in and ownership by partner organizations, and a heightened public awareness among at risk audiences on what were correct behaviors and how to adopt them.

As in all multi-sectoral and interagency programs, working in partnerships presented challenges that had to be addressed. The competing agendas of the many involved organizations including the UN agencies, as well as U.S., Japanese and other donors, were difficult to navigate despite their altruistic motivations. AI.COMM and other contracted agencies often seemed at cross-purposes with each other based on the priorities of their donors (e.g., USAID, JICA, UN) or projects. Finding new and innovative ways to involve and coordinate a wide spectrum of stakeholders was one of the most time-consuming tasks under the project.

From an operations standpoint, AI.COMM managed to identify and procure resources in 24 countries from a variety of contractors and consultants in research, media, communication, training, social mobilization, advocacy and planning in as timely and expedient a manner as allowed by USAID contracting parameters.

Unlike working with health ministries, many of which had received an abundance of technical support from international donors over the past few decades, animal health and agriculture ministries had received very little technical support in animal husbandry. In the majority of the countries where AI.COMM worked, government budgets to support veterinary professionals and extension workers at the district and community levels were almost non-existent, and the infrastructure for animal health services existed only on paper. Approaching these groups with technical assistance in communication, therefore, required a two-stage response: AI.COMM first updated the technical skills and knowledge of the workers in poultry management through involvement with poultry associations, farmers groups, seed and grain co-operatives, women's groups, and animal health NGOs, and then introduced the role and value of communication.
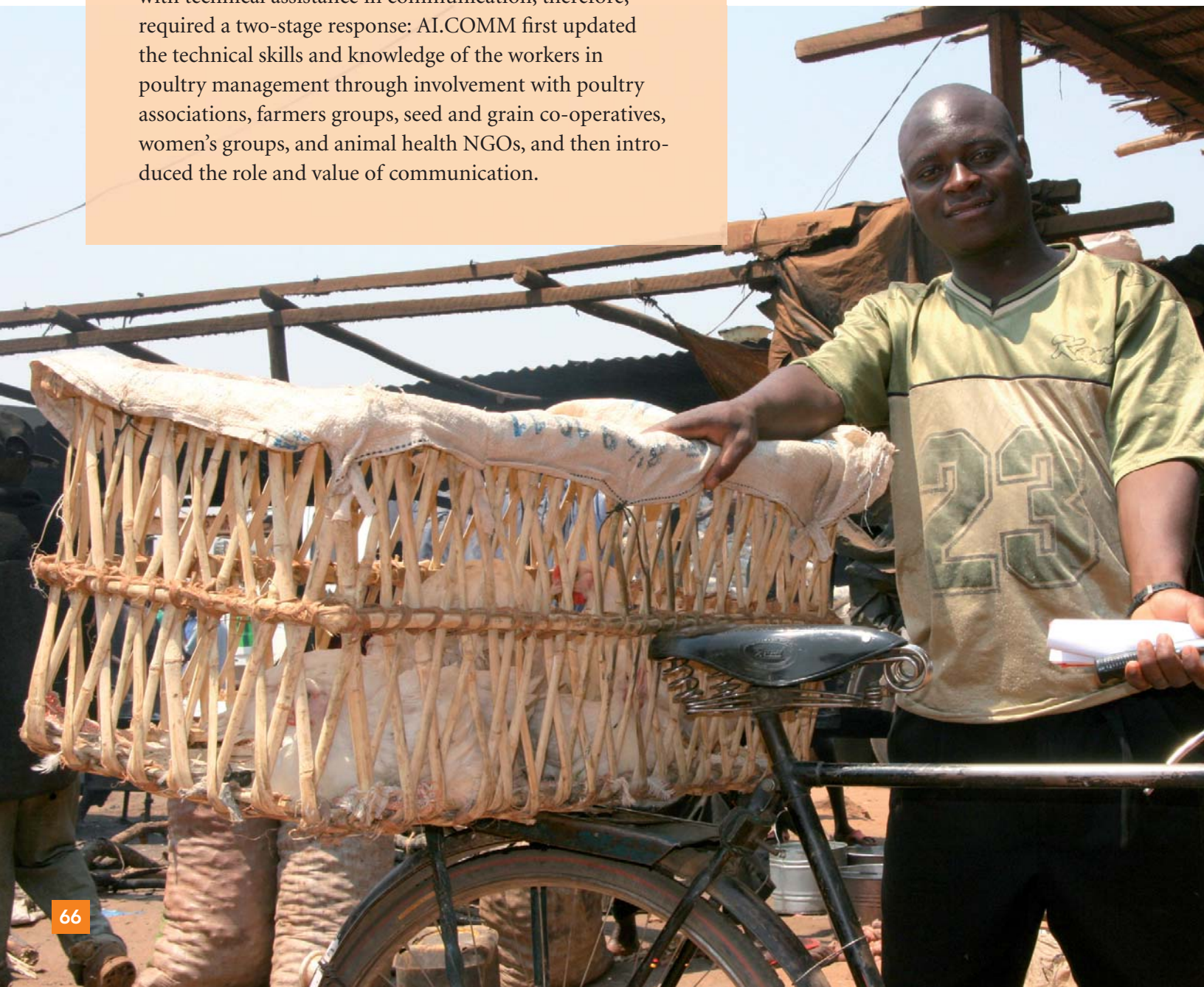
USAID Missions and other stakeholders often needed further orientation on the role of behavior change and communication before embarking on planning and other activities. This was not an event such as a meeting or workshop, but a continual mentoring process that included workshops, materials, on-site message and media development, and exposure to advocacy, social mobilization, and interpersonal communication strategies.

Collaborations with civil society organizations and private companies were useful in helping develop local capacity to undertake these activities, and provided the added benefit of reaching the population through face-to-face communication.

The result of this investment in resources has been the creation of an infrastructure – no matter how loose or how tightly organized – that can help to respond to a pandemic or other large-scale disease outbreaks. An indirect benefit has been the improvement in animal health practices and status overall: there are fewer deaths of poultry flocks and an overall improvement in the health of flocks that, in turn, commands a higher rate of return at the market.

The inclusion of behavior change and communication in the avian and pandemic influenza activities was masterful on the part of USAID. As all of the partners and donors became more engrossed in programming and implementation, however, it became apparent that there had been an over-estimation by governments and donors of what communication (not to mention behavior change) could accomplish without the proper systems in place. For the most part, health education or communication officers trained in behavior change and communication simply did not exist, and communication work plans and strategies were designed by government communication task forces with the assumption that the capacity and resources existed to implement them. Adding to this scenario was that governments and FAO had not set policies while the science was still incomplete, and this limited how far communication interventions could go in stopping the spread of the virus.

On the other hand, the role of communication interventions was reinforced and validated under the project by becoming involved in logistical and commodities (supply) side of public health. From initial creation and implementation of training curricula on the use of personal protective equipment, decontamination supplies, and diagnostic tests, to work at the end of the project on communications addressing the H1N1 pandemic vaccine, the flexibility of the integrated AI.COMM communication approach was critical in helping USAID and other stakeholders become informed on the many diverse facets of supplying equipment in rapid-response public health situations.

From the earliest days, risk perception was a vexing issue to contend with. Depending on the population and its geographic proximity to avian influenza outbreaks, perception of the dangers of AI – and consequent willingness to change behaviors to avert these dangers – varied widely.

The initial target audience of small back-yard poultry farmers was accustomed to a large proportion of their poultry flocks dying off, and were unfazed by yet another disease that felled their poultry. Many had been raising poultry for their entire lives, and were resistant to hearing about changes to their ingrained practices from "outsiders" – especially because these behaviors had been practiced for years without negative consequences (e.g., eating poultry that had recently died had never been harmful before). For countries or regions where the virus was not a threat or the virus had not turned into the anticipated pandemic, a combination of loss of credibility and low risk perception set in and culminated in bird flu fatigue.

Because it was so difficult to increase personal risk perception for avian influenza, AI.COMM relied on using other "entry points" for information that were identified through research. Research examined how communities viewed disease causation, and ascertained the complex uses of chickens and whether communities believed that there were alternatives to their use. This included considering livelihood issues such as whether poultry are the main source of income, and how that income is used (e.g., used for education and health expenses) as well as social roles of poultry, including rituals and religious or social occasions (e.g., weddings, funerals). In the case of subsistence farmers, poultry is used as the main source of protein in the family's diet, and its absence, therefore, could have a large impact on the family's nutritional status. These ties to poultry – from a livelihood to a cultural perspective – were more deep-seated than previously realized, and presented a challenge for changing behaviors related to raising poultry.

Almost a year in to the H1N1 Influenza Pandemic, risk perception remains the most notable issue and challenge associated with communicating about the H1N1 influenza pandemic. In many cases, the media and others have been focusing on the mildness of the pandemic and the lower-than-predicted tally of illnesses and deaths – without giving consideration to the role of non-pharmaceutical and other interventions that may have contributed to the relative mildness of the pandemic's impact. It has been difficult to create a balance between what could be dismissed as "fear mongering" with providing practical information that communities and individuals can take to protect themselves.

In the end, providing clear, straight forward information on simple actions the public could take (e.g., wash hands, cover coughs and sneezes, avoid crowded places during outbreaks) was the only approach that would help contain the spread of disease while also giving people the facts they need to be prepared, not scared.

Overall, the up-front preparedness work paid off. Preparing for a large scale emergency like a potential influenza pandemic was something the humanitarian community had never before accomplished. This created an opportunity for strengthening working relationships and creating new ones. When the 2009 H1N1 influenza outbreak started, coordination within the humanitarian community was facilitated by the connections made during the preparedness process. Weekly coordination calls occurred and partners were able to coordinate globally and within countries. This was one of the success stories of the H2P and HiP initiatives, and allowed for a more coordinated and effective response.

LOOKING TOWARD THE FUTURE

From its beginnings in a handful of countries that had experienced avian flu outbreaks, the AI.COMM project has evolved into a program that has built communication and technical capacity over the short- and long-term, for both outbreak and response, and for longer-term preparedness. The hope is that this technical assistance has been true capacity building whereby Ministry officials down to local partners and village leaders can use communication processes and materials effectively to respond to ongoing public health challenges on their own.

Looking toward the future, USAID and other funders will be transcending a one-disease approach to prevent and control outbreaks of a panoply of emerging infectious diseases under a "One World, One Health" orientation that merges animal and human health capacities, and that addresses emerging out-break situations as well as longer-term response and preparedness. To that end, AI.COMM has erected a solid foundation on which to move forward.
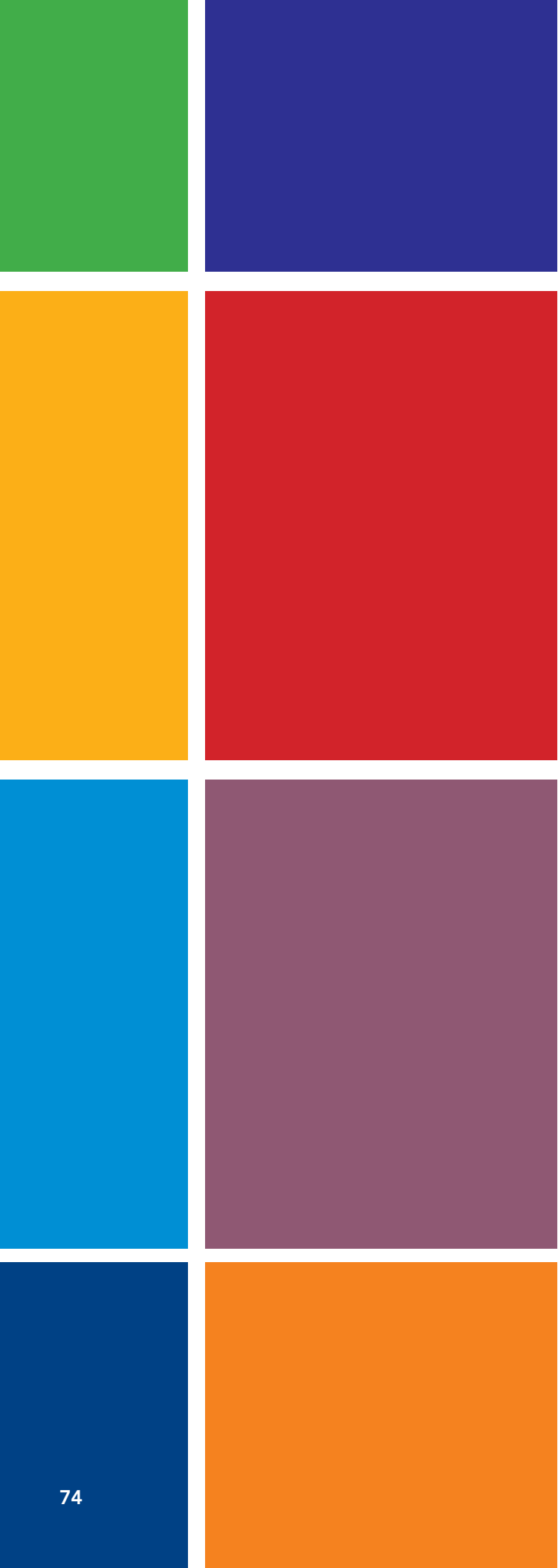
APPENDICES

LIST OF COUNTRIES WHERE AI.COMM WORKED

AZERBAIJAN
BANGLADESH
BENIN
BURKINA FASO
CAMBODIA
CAMEROON
CÔTE D'IVOIRE
DEMOCRATIC REPUBLIC OF
  THE CONGO
ETHIOPIA
INDIA
INDONESIA
JORDAN
KENYA
GEORGIA
GHANA
LAO PDR
MALAWI
MALI
NEPAL
NIGER
NIGERIA
PAKISTAN
PANAMA
PERU
PHILIPPINES
RWANDA
SENEGAL
SOUTHERN SUDAN
SOUTH AFRICA
THAILAND
TOGO
UGANDA
VIETNAM
YEMEN
ZAMBIA

We would like to acknowledge the cooperation and openness of the governments of these countries for their essential assistance and collaboration in AI.COMM activities.

LIST OF AI.COMM PARTNERS

Acap Décor (Togo)
Access Leo Burnett
Addis Continental
African Field Epidemiology Network (AFENET)
Agence de Communication Le Pont
ADSolutions Advertising and PR Agency
Altimate Publications (Ghana)
Argo PR
Asiatic
Agronomes and Vétérinaires sans Frontières
  (AVSF)
Balmar Printing and Graphics
Bangladesh Institute of Development Studies
  (BIDS)
Bas Relief Productions
Bitopi
Bluegrass
CARE
CARE Bangladesh
Centre for Development and Intercultural
  Communication (CEDIC) (Ghana)
Center for Public Health Reform,
  Ministry of Health, Azerbaijan
Centrespread FCB (Nigeria)
Coalition of NGOs against Avian Influenza
  (Oyo)
CORE Group
Corporate Press
Centerspread FCB
Cenveo Printing
Coffee Communications
Colorcraft
Combert Impressions (Ghana)
Communications Initiative
Concept Studio
DELIVER Project (JSI)
Digipost
Double R Productions
Empowerment thru Creative Integration, Ltd.
  (ECI)
Espace Technologie
EXP Marketing Nigeria Limited
EXP Momentum

Expressions
Fair Printing Press
Fattani Offset Printers
Forethought PR
Fountain Georgia
Friends of Literacy and Mass Education
  (FLAME)
Gallup Encuestas & Estudios
Ghana Red Cross
Ghana Research Firm
GregBerger Design, Inc.
Group for Technical Assistance (GTA)
Human Development Research Centre
  (HDRC)i-land Informatics, Ltd.
IdeaDesign
InterAction
Interflow Communications (Pakistan)
International Federation of Red Cross and
  Red Crescent
J. Walter Thompson
Kaduna State NGO Coalition on
  Avian Influenza
Links Media
Litho Impressions, Inc.
Lowe Lintas
Midas Communication (Pakistan)
Magi Style
Mahidol University
Mastermind
Media Plus Design
Midas Communication (Pakistan)
MindShare
Multiple Frames (Ghana)
NADMO - National Disaster Management
  Organization of Ghana
Nepali Technical Assistance Group (NTAG)
Nielsen
Nouvelle Presse
Nyalu Communications
Ogilvy
Ogun State Network of NGOs & CBOs on
  Avian Influenza

Outreach
Pankham Jampa Printing
Planit, Inc.
Poyraz (Azerbaijan)
Plateau State NGO Coalition on
  Avian Influenza
Practical Sampling International
Practical Sampling International (Nigeria)
Prolink
Quantum Market Research
Rackspace
Radio Lome
Real Marketing Limited (Uganda)
Real Marketing Uganda
Rouge Communications
RTM International
Save the Children
Sharemind Nigeria
Sheehan and Associates
Sir Speedy
SIAR Research & Consulting
SRGB Bangladesh Limited
Steadman Research Group
SUNGI Development Foundation
Synovate
TANGO International
The Theater Company
Thompson
Taylor Nelson Sofres (TNS)
Top Shelf Design
T-Shirt Guys (South Africa)
Ukrdruk
United Nations Development Program
  (UNDP)
United Nations agencies (UN Food and
  Agriculture Organization, World Health
  Organization, UNICEF)
University of Zambia School of Veterinary
  Medicine (UNZA)
Valley Research Group (VaRG)

AI.COMM PRODUCTS

Following is a compilation of materials developed under AI.COMM by area of focus: first avian influenza (H5N1 virus) and then influenza pandemic. The latter includes materials specifically on the H1N1 virus. Within those two categories, the materials are organized by type (e.g., booklets, training materials, posters).)

AVIAN INFLUENZA PRODUCTS

Job Aids

Culling for Avian (Bird) Influenza Containment: A Planning Guide for Government Officials
(English, Arabic, French, Russian)

Culling for Avian (Bird) Influenza Containment: A Planning Guide for Poultry Culling Supervisors
(English, Arabic, French, Russian)

Avian (Bird) Influenza: A Guide for People Who Supervise Poultry Vaccination
(English, Arabic, French, Russian)

Avian (Bird) Influenza: A Guide for Health Care Workers (English, Arabic, French, Russian)

Avian (Bird) Influenza: A Guide for Health Care Administrators (English, Arabic, French, Russian)

Avian (Bird) Influenza - How to Protect Yourself and Your Animals: A Guide for Farmers
(Arabic, English, French, Russian)

Avian (Bird) Influenza - What to Do During an Outbreak: A Guide for Farmers
(Arabic, English, French, Russian)

Communicating about Avian Influenza: A Guide for People Who Work in the Community
(English, French, Portuguese)

Lower-literacy Booklets

Avian (Bird) Influenza – How to Protect Yourself and Your Animals: A Guide for Farmers
(Arabic, English, French, Russian)

Avian (Bird) Influenza – What to Do During an Outbreak: A Guide for Farmers
(Arabic, English, French, Russian)

Avian Influenza: How to Protect Yourself When You Slaughter or Prepare Poultry at Home

Avian Influenza: How to Protect Yourself and Prevent Outbreaks if You Sell Poultry, Other Birds, or Eggs at the Marketplace

Avian Influenza: How to Protect Yourself When You Slaughter or Prepare Poultry (for workers)

Avian Influenza: How to Protect Yourself and Prevent Outbreaks When You Transport Birds

Preventing Avian Influenza for Sustainable Poultry Raising (Vietnamese, English)

Radio and Television Advertisements (Mass Media)

Public Service Announcements / Live Read Scripts for Radio, TV, and Loudspeaker Use (English, French, Portuguese)

Radio ad – Avian Influenza Holiday Poultry Spot #1 (English, Twi, Ewe for Ghana)

Radio ad – Avian Influenza Holiday Poultry Spot #2 (English, Twi, Ewe for Ghana)

Caging and separating poultry TV spot (Bhasa Indonesia, Lao)

Safe Cooking TV spot (Bhasa Indonesia, Lao)

Hygiene and Safe Disposal TV spot (Bhasa Indonesia, Lao)

What is Avian Flu? TV spot (Bhasa Indonesia, Lao)

Street Theater Scripts

Bangladesh – Cock a doodle doo

India – Chicken News

India – Chronicle of Birds

How-to Guides and Other Communication Tools

Advocating for Change: Raising Awareness for Avian Influenza

Advocacy Kit: What is Avian Influenza? What You Need to Know and Do about Avian Influenza (English, French)

Avian Influenza Crisis Management and Communications: A Guide for USAID Staff

Avian Influenza Emergency Risk Communication Guide

Avian Influenza Hotline Protocol - Interpersonal Skills Curriculum Development
• Facilitator's Training Manual and Training of Trainer's Module: Information and Skills
• Operator's Training Manual: Information and Skills

Avian Influenza Workplace Guide for Managers

Conceptual Framework for Avian and Pandemic Influenzas and Other Emerging Infectious Diseases

Making the Magic: Turning Research Findings into Memorable Communications

Posters

Let's hear it from the chicken (English, for Ghana)

Report dead birds (English, for Ghana)

Cook poultry well (English, for Ghana)

Eat chicken, save economy (English, for Ghana)

Wash hands (English, for Ghana)

Wash hands with hotline number (English, for Ghana)

Road show banner (English, for Ghana)

Ten tips to keep bird flu off your farm (English, for Ghana)

Confine your birds (English, for Ghana)

Report sickness or death among birds (English, for Ghana)

AI and Poultry Transporters (Bengali)

AI and Poultry Vendors (Bengali)

AI and Consumers (Nepali)

Hoarding (Nepali)

AI and Vendors (Nepali)

Safe Food Preparation in the Home (Hindi)

AI and Vendors (Hindi)

Fact Sheets

Bird Flu: Basic Facts (English, for Ghana)

Bird Flu: Consumption Facts (English, for Ghana)

Bird Flu: Economic Impact (English, for Ghana)

Only you can stop bird flu (English, for Ghana)

Compensation rates (English, for Ghana)

Leaflets

How to Wear Personal Protective Equipment, How to Remove Personal Protective Equipment (English, French, Russian, Arabic)

AI and Poultry Transporters (Bengali)

AI and Poultry Vendors (Bengali)

AI and Consumers (Bengali)

AI and Home Slaughter (Bengali)

AI and Restaurant Slaughter (Bengali)

AI and Consumers (Nepali)

AI and Slaughterers at Home (Nepali)

AI and Slaughterers at Restaurant (Nepali)

AI and Transporters (Nepali)

AI and Vendors (Nepali)

AI and Sanitation Workers (Hindi)

AI and Safe Food Preparation at Home (Hindi)

AI and Slaughtering (Hindi)

AI and Vendors (Hindi)

AI and Transporters (Hindi)

Training Guides

Avian Influenza Commodities Two-Day Training Workshop (English, French, Russian)
- Module 1: Personal Protective Equipment (PPE): Training Module, Participant Handouts, Appendices
- Module 2: Decontamination: Training Module, Participant Handouts, Appendices
- Module 3: Sampling, Rapid Testing, and Packaging: Training Module, Participant Handouts, Appendices

A Guide for Preparing to Train Community Workers, Handouts for Participants (English, Urdu)

Bangladesh District and Upazilla Officers Training Guides
- Trainer Notes for National Officers to Train District Officers on Avian Influenza (HPAI) Outbreaks (Bengali, English)
- Trainer Notes for District Officials to Train Upazilla Officers on Avian Influenza (HPAI) Outbreaks (Bengali, English)
- Workbook for Upazilla and District Officers (Bengali, English)

Veterinary and Human Health Workers - Interpersonal Skills Curriculum Development
- Training of Trainers: Facilitator Manual and Participant Handouts - Three Day Training
- Facilitator Manual and Participant Handouts - One Day Training

Cambodia Training Video for Farmers
- Module 1: Protecting Your Family and Your Farm from Bird Flu (Khmer, with and without English subtitles)
- Module 2: Safety Tips for Preparing Your Poultry for Eating (Khmer, with and without English subtitles)
- Module 3: How to Stay Safe from Bird Flu When Handling Your Poultry (Khmer, with and without English subtitles)
- Module 4: The Best and Safest Ways to Keep Your Poultry (Khmer, with and without English subtitles)

Community Preparation and Response to Avian Influenza: A Participatory Guide for Yemeni Communities: Peer Educator Training Notes, Lead Trainer Notes, Participant Handouts

Field Epidemiology Training Program: Applied Communication Skills (English, French)

Media

Avian Influenza Media Orientation Workshop - Training Guide (For Southeast Asia and Nigeria)

Avian Influenza - Media Orientation Training Notes. Three Day Workshop (For Southeast Asia and Nigeria)

Research

(Note: the following is an illustrative but not comprehensive list)

Participatory Action Research (PAR) for the Development of a National Avian Influenza Communication Strategy: A Field Guide

Research Summary: Qualitative Study among Stakeholders and Sectors 2 and 3 Commercial Farmers in Azerbaijan

Bangladesh Border Study – Research summary

Perspectives on Avian Influenza in Bangladesh: Qualitative Research among Small Commercial Poultry Farmers, Small Backyard Farmers and Stakeholders – Research summary

Pandemic Qualitative Research in Bangladesh – Research summary

Supply Chain Analysis of Poultry in Bangladesh – Research summary and final report

A Topline Report for Understanding Barriers to Adopt Behaviors that Prevent Avian Influenza: Chittagong Semi-Urban (Sitakunda), Dhaka Urban (Savar), Gazipur Rural (Kaliakair), Jessore Rural (Manirampur)

Avian Influenza KAP II: Survey Presentation, Results Summary (Vietnam and Laos)

Tracking the Supply Chain of Poultry from "Farm to Fork" in West Bengal – Research summary and topline findings

Avian Influenza in Indonesia, 2008: Round Two KAP of Backyard Poultry Farmers, Indonesia – Research summary

Movement of Live Poultry Trade Through Jhapa District in Nepal

The Nepal Poultry Value Chain and Avian Influenza

Nigeria Qualitative Report – Research summary

Philippines – Project BIRD FLU Campaign

Participatory Action Research on Avian Flu Communication in West Africa: Summary Report and Recommendations

Ghana Research International – Monitoring and Evaluation of Social Mobilization Activities

Six-Country Omnibus Surveys – 2009 Report

Pre-testing of Field Epidemiology Training Program, Applied Communication Module – Thailand 2009 Report

Various products and reports related to pre-testing of messages and materials – Ghana, India, Bangladesh, Nepal, Kenya, Nigeria

White Papers and Case Studies

The Evolution of Avian Influenza Messages: Observations from Three Years of Outbreak Response

Nurturing a Social Network to Respond to Avian Influenza Outbreaks: AI-BCC and the Lao Women's Union

Beyond the Borders: AHI Communication in the Gangetic Plain - Bangladesh and Nepal

Avian Influenza Research – A Case Study

Case Study: Super Chicken® – Using an Icon in the Fight Against Avian Influenza

Snapshots from the Field

AI.COMM "Show Reel" video

PANDEMIC INFLUENZA PRODUCTS

Guides

Pandemic Influenza Message Guide

Bringing the Community Together to Plan for Disease Outbreaks and Other Emergencies: A Step-by-Step Guide for Community Leaders

Social Mobilization and Behavior Change Communication for Pandemic Influenza Response: Planning Guidance

Pandemic Advocacy Guide: Drawing Attention to Pandemic Influenza through Advocacy

Pandemic Influenza Advocacy Kit (English, French):
• Pandemic Influenza
• Humanitarian Pandemic Preparedness Initiative
• Role of National Leaders
• Role of Community Leaders
• Community Health Care
• Non-Pharmaceutical Interventions
• Food Security and Livelihoods
• Communication
• Essential Messages
• Frequently Asked Questions
• Resources

Pandemic Influenza: Food Security and Livelihoods Kit
- Session 1: Understanding Food Security in a Pandemic
- Session 2: Food Security - Risk Classification
- Session 3: Identifying Those Most At Risk
- Session 4: Household Food Security
- Session 5: Distributing Emergency Food
- Session 6: Volunteer Coordination
- Session 7: Recovery and Resilience

Pandemic Influenza Communications and Capacity-Building for Community Health Workers and Households: Results of Literature Review and Recommendations

Flyers, Fact Sheets and Posters

How Serious is the Current Pandemic Risk?
(English, English for Thailand, French, Portuguese, Spanish, Thai, Arabic, Lao, Swahili, Urdu, Vietnamese, Asamese, Bangla, Garo, Hindi, Khasi, Nepali)

How is Pandemic Influenza Different? The Facts
(English, English for Thailand, French, Portuguese, Spanish, Thai, Arabic, Lao, Swahili, Urdu, Vietnamese, Asamese, Bangla, Garo, Hindi, Khasi, Nepali)

What Can We Learn from Previous Pandemics?
(English, English for Thailand, French, Portuguese, Spanish, Thai, Arabic, Lao, Swahili, Urdu, Vietnamese, Asamese, Bangla, Garo, Hindi, Khasi, Nepali)

What Interventions Are Available?
(English, English for Thailand, French, Portuguese, Spanish, Thai, Arabic, Lao, Swahili, Urdu, Vietnamese, Asamese, Bangla, Garo, Hindi, Khasi, Nepali)

Five Useful Things to Know about the 2009 H1N1 Outbreak
(English, English for Thailand, French, Portuguese, Spanish, Thai, Arabic, Lao, Swahili, Urdu, Vietnamese, Asamese, Bangla, Garo, Hindi, Khasi, Nepali)

H1N1 Vaccine Fact Sheet for Stakeholders
(available in English for Africa, French for Africa, English for Europe, English for Latin America, English for India, English for Pakistan, Spanish)

H1N1 Vaccine Take-aways for Pregnant Women
(available in English for Africa, French for Africa, English for Europe, English for Latin America, English for India, English for Pakistan, Spanish)

H1N1 Vaccine Take-aways for People with Pre-existing Health Conditions
(available in English for Africa, French for Africa, English for Europe, English for Latin America, English for India, English for Pakistan, Spanish)

H1N1 Vaccine Posters
(available in English for Africa, French for Africa, English for Europe, English for Latin America, English for India, English for Pakistan, Spanish)

Flip Charts, Counseling Cards, Job Aids

Pandemic Influenza Flip chart (English, Spanish, Swahili, Thai, French)

H1N1 Counseling Cards for Health Workers and Volunteers
(English, English for Southeast Asia, Portuguese, Spanish, Thai, Arabic)

H1N1 Vaccine Job Aids for Health Care Workers
(available in English for Africa, French for Africa, English for Europe, English for Latin America,
English for India, English for Pakistan)

Trainings

Orientation Workshop for the Media: Reporting on Pandemic Influenza

Emergency Communication Workshop Facilitator's Guide: 3-Day Agenda and 2-Day Agenda

Orientation Workshop for the Media: Reporting on the 2009 H1N1 Pandemic Influenza

How to Communicate on the H1N1 Influenza Vaccine: Training Workshop Guide
(English, French, Spanish)

H1N1 Influenza Vaccination: Model Training for National Adaptation
(English, French, Spanish)

Emergency Pandemic Planning Training Video

Back of the Jeep Training for Novel H1N1 Influenza Virus Outbreaks
(English, Spanish, Hindi)

Ethiopia Materials

Pandemic Influenza: What Can I Do As a National Leader?

Effective Ways to Survive the New Flu: Pandemic Influenza Management for the Household

Pandemic Influenza Cue Cards

Pandemic Influenza Messages

Research

Assessment of Preparedness to Pandemic Influenza in Ethiopia – Research summary and final report

Rapid assessment of attitudes and understanding related to 2009 H1N1 pandemic influenza
immunization (Kenya, Mali, Vietnam, Bangladesh)

Rapid assessment of beliefs and understanding related to H1N1 influenza immunization (Mali)

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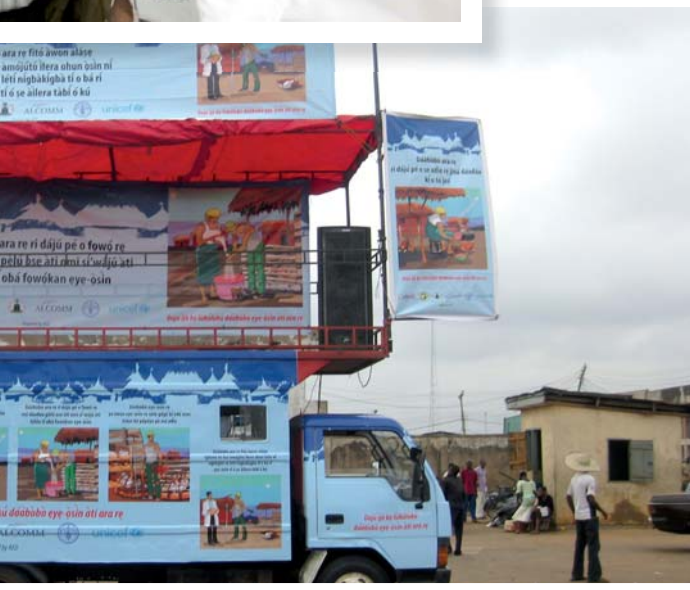
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H1N1 Vaccine
VACCINATION GUIDE

Novartis   CSL   Sanofi US   GlaxoSmithKline

Sanofi US   GlaxoSmithKline

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VACCINATION GUIDE

Novartis   CSL   Sanofi US   GlaxoSmithKline

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