Federal Democratic Republic of Ethiopia
Ministry of Health

Ethiopia Public Health Emergency Communication Guide

"Adapted version"

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Acronyms/Abbreviations

AWD	Acute Watery Diarrhea
FMOH	Federal Ministry of Health
HEW	Health Extension Workers
HW	Health Workers
HAD	Health Development Army
IEC	Information Education and Communication
PSA	Public Services Announcement
RHB	Regional Health Bureau
RRT	Rapid Response Team
SAM	Severe Acute Malnutrition
SARS	Severe Acute Respiratory Syndrome
SBCC	Social and Behavior Change Communication
SMS	Short Message service
SNNPR	Southern Nation's Nationalities People
WDA	Women Development Army

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Ethiopia Public Health Association

Integrated Family Health Program (IFHP)

Jhpiego

Johns Hopkins University Center for Communication Programs (JHU-CCP)

Save the Children

United Nations Children's Fund (UNICEF)

World Health Organization (WHO)

Foreword

Ethiopia has made remarkable progresses in improving the health of its population in the last two decades. Guided by the health policy, reaching the population with preventive and curative health services has been possible through developmental health efforts. Nevertheless natural and man-made public health emergencies as in any other part of the world continue to reverse gains made in the improvement of health of people by devastating of social, economic systems, infrastructures and endangering the lives of the people.

Despite commendable progresses made in public health, communicable and non-communicable diseases continue to be a challenge. At times, the situation is exacerbated by the occurrence of emergencies. The unpredictable nature of such events increase extra burden on the already stretched public health system. The impact of emergencies especially in times of ill-preparedness is grave, usually leading to shift of attention and diversion of scarce resources.

Since 2015, Ethiopia has been greatly affected by climate change induced drought conditions leaving millions of people food unsecured, malnourished, and flooded which in turn resulted in disease outbreaks whose impacts have been continued challenging the response throughout the country. The role of public health emergency communication was vital to inform and engage the public and organizations in the responses. Through risk communication, critical information of national concern related to drought, its consequences, illnesses and disease outbreaks were passed on

to the general public using various communication strategies and channels.

The public health emergency communication activities have been implemented to support public health emergency responses of Acute Watery Diarrhea (ADW) outbreaks, sever or moderate acute malnutrition, other disease outbreaks –such as Dengue Fever, Measles, Yellow Fever, Meningitis, and Scabies– which had occurred in various parts of the country. The re-emergence of such disease outbreaks and others anticipated or unforeseen emergencies will certainly occur in the future. Public health emergencies of international concern attract huge attention because of the growing international trades, travels, cross border population movements and climate change among others.

Strengthening of existing communication capacity at all levels to better plan preparedness is imperative to be able to respond to emergencies before they strike. It is vital to remain alert, as well as collect and analyze information and to prepare strategies to inform and mobilize the general public to take self-protective actions which help to minimize the human and property losses when emergencies occur. For this reason, a national guide is an important tool. The emergency situation at large, the level and pace of the communication response to the ongoing emergency situation demands better coordination, design and implementation, monitoring and evaluation of the national and regional specific effective communication strategies. In this regard, efforts made to adapt this Public Health Emergency Communication Guide to help improve national, regional and sub-regional capacity are commendable.

The purpose of this guide is therefore to help program managers, health promotion and communication professionals to plan and

implement effective and pertinent interventions to reach out to the affected communities, the media and those involved in the response.

I believe this guide will be useful by putting in place communication structures and systems as well as skilled health promotion and communication officers to help us deal with emergencies. Communication during public health emergencies will be enriched with the experiences and lessons from previous responses. Future communication intervention in emergencies will be improved in quality for effective and positive impact on disease out breaks.

I reiterate the commitment of the Federal Ministry of Health to provide the needed support and guidance. I also urge and encourage partners with the experience to strengthen their contribution and participation.

H.E. Professor Yifru Birhan

Minister

Federal Ministry of Health Ethiopia

Executive Summary

The occurrence of natural and manmade disasters result in catastrophic consequences remain a challenge for humankind. Therefore, it is important to be prepared for an effective response to contain and minimize loss of lives and economic destruction. The scale of response and support to be mobilized within the country and from international partners depend on the nature of the risks posed by the emergencies. Emerging and re-emerging public health problems, such as, malnutrition, acute watery diarrhea, scabies, measles, dengue fever, meningitis etc are identified as a priority concerns.

Communication situations may be further complicated by insufficient information, misinformation or disinformation that usually exist during emergencies which may incapacitate us to inform people the right thing to do at the right time and get the needed support. Well guided communication patterns play an important facilitative role to the emergency response with access to relevant, factual and timely information, coordination and resources mobilization.

During emergencies, change in communication patterns, the way we interact and share information with the public, families, affected individuals, partners and international communities will have critical influences on the outcomes. Communication strategies should support informing and guiding the public, stakeholders, partners, decision makers and the media among others to take appropriate actions to prevent hazards, prevent loss of lives and economic

destruction through risk communication based on the guiding principles. The rise of fear and irrational thinking and actions are commonly occurring in times of different phases of emergencies and the aspects of communication that we used under normal circumstances do not work well to respond effectively at the pace required to avoid further costs.

To better understand the situations like risk behaviors and underlining factors, emergency communication requires evidence generating activities like systematic assessment, analysis and also problem specific message development to respond to disease outbreaks through public health emergency communication and social and behavior change communication (SBCC) using behavior change communication, social mobilization, advocacy and capacity building strategies.

This guide aims to provide conceptual pathways and planning steps for responders dealing with public health emergency communication to support the emergency response through Risk Communication and Social and Behavior Change Communication (SBCC) including behavior change communication, social mobilization and advocacy. The guide highlights the communication of each at different (i.e. preparedness, alert/initial, response and evaluation) phase of the emergencies.

Accordingly, the guide is organized in the four chapters:

Chapter 1 provides introductory information mainly focusing on situational analysis of most common public health agencies in Ethiopia and the justification and rationale of the importance of having a national public health emergency communication guide.

Chapter 2 contains the operational definition of public health emergency communication and its two major components; emergency risk communication and SBCC –behavior change communication, social mobilization and advocacy). This chapter provides an operational definition for public health emergency communication, what emergency risk communication is and its principles.

Chapter 3 deals with social and behavioral change communication (SBCC) its principles and planning steps, the Communication Lifecycle and communication needs for each phase of the emergency. This chapter is built on key steps of health communication strategy development process including audience segmentation, message development, communication approaches and domains of communication approaches.

Chapter 4 encompasses planning steps of social and behavioral change communication and Key Elements for Effective Public Health Emergency Communication Response

Important tool kits including tools for rapid assessment are annexed for further reference and use.

1.0 Introduction

Emergencies, disasters, and crises remain one of the challenges to humankind worldwide. They lead to loss of lives and disrupt the economic, political and social structures causing public health problems of national and international concerns. Major causes of complex emergencies include civil conflicts and wars, earthquakes, flooding, terrorism, diseases outbreaks, drought and hunger. These events are unpredictable and unexpected leading to a verity of health problems which could expose societies to enormous challenges. Usually, there is anxiety and fear driving people into irrational actions such as spontaneous movements that may expose them and their communities to even greater risks.

In emergency situations, uncertainties are high; as such, getting adequate and timely information for decision making may be impossible. At times, the incident may shatter social and community communication networks used to understand and cope with what is occurring.

During emergencies, communication patterns and the way we interact and share information with the public, families and individuals have critical influences on the outcomes. The situation may be complicated further by insufficient information, misinformation or disinformation that usually exist during emergencies or facilitated by access to relevant, factual and timely information.

The communication responses during emergencies require a different mindset. The speed of the communication response is an

important factor in reducing further spread of the outbreak or crises. During emergency situation people acquire, process, and act on information very differently from the way they normally would in a non-emergency situation. In the absence of timely communication and information, people begin to speculate and fill in the gaps. People may also begin to use information from different sources that can often time results in rumors, confusion and chaos. Such information may exaggerate the situation or undermine the response.

Public demand for up-to-date information increases and may lead to violence due to frustration. It is therefore critical to communicate about the public health emergency nature of the threat and risk level; its magnitude; and keep the public aware of preventive measures and about what the government and partners are doing to address the emergency.

Individuals, families and communities are at the center of any emergency response. In fact, they are the primary responders to any emergency. Therefore, the success of the response to any public health emergency depends largely on how the people behave to prevent and protect themselves through adoption of recommended practices and behaviors.

Serious attention should thus be paid to crafting communication plans that will contribute to risk reduction and create a sense of order and understanding to an uncertain situations in which people may perceived their lives to have been turned upside down.

To effectively reduce the risk level in public health emergencies, communication plans should identify and analyze risky behaviors, negative perceptions, practices and barriers for adoption of recommended behaviors. The plans should then be to promote positive behaviors that help to deal with the drivers leading to emergency.

1.1 Situational analysis

Ethiopia has experienced deadly natural and man-made calamities for a long time. The most common natural disasters are drought, famine and flooding. Heavy rainfall and floods lead to destruction of community livelihoods, properties and infrastructures. They threaten the lives of many with consequent diseases such as diarrhea.

Disease outbreaks occur at different times and cause loss of life in different parts of the country. The location, intensity and frequency of vector-borne diseases such as malaria, Leishmaniasis, dengue fever and yellow fever have increased in different parts of the country as a result of increased temperature, weather and climate variations.

During February to April 2015, El Niño-related drought resulted into serious food shortages resulting in the rise of moderate and severs acute malnutrition and disease outbreaks (such as acute watery diarrhea, measles, dengue fever, meningitis, etc.) in different parts of the country. The most affected regions were Somali, Afar, Oromiya, Tigray, Amhara and SNNPR. By January 2016, the number of people affected by the drought reached a peak of 10,000,000 mainly children pregnant and lactating mothers (National Situational Assessment 2016).

In addition to the El Nino climate change, food shortages and malnutrition induced other health problems such as AWD, Scabies, Measles, Malaria, Dengue fever, Meningitis, Yellow fever, Rift valley fever in different parts of the country. The description of each of the illnesses related to food shortages due to drought situation and [1]disease outbreaks are presented below.

[1] WHO - http://www.who.int/en/

I. Malnutrition

Malnutrition or malnourishment is a condition that results from eating a diet in which nutrients are either not enough or are too much such that the diet causes health problems. It may involve calories, protein, carbohydrates, vitamins or minerals. Events such as drought cause failure of crop production and resultant effect of food insecurity place the population affected and in particular children, pregnant and lactating mothers to experience various health forms of illnesses as their immunity level weakened.

II. Acute Watery Diarrhoea (AWD)

AWD is acute, watery diarrhea, characterized by an explosive outpouring of fluid and electrolytes within hours of infection that, if not treated appropriately, resulting in extreme dehydration and death within hours. It is caused by a bacterium (gram-negative rod), Vibrio cholerae (VC). If a case is suspected when in an area where the disease is not known to be present, a patient aged 5 years or more develops severe dehydration or dies from acute watery diarrhea; or, in an area where there is a AWD epidemic, a patient aged 5 years or more develops acute watery diarrhea, with or without vomiting. The disease most commonly occurs in areas characterized by use of unsafe drinking water, poor hygienic and sanitary conditions.

III. Scabies

Scabies disease outbreak occurred during 2015-2016 affecting hundreds of thousands of people in the drought affected regions of Amhara, Oromiya and SNNPR. The disease causes itching. It gets complicated by bacterial infection, leading to the development of skin sores that, in turn, can cause more serious consequences such as septicemia, heart disease and chronic kidney disease.

Human scabies is a parasitic infestation caused by Sarcoptes scabiei var hominis. The mite, barely visible to the naked eye, burrows into the epidermis and lays eggs, triggering a host immune response that leads to intense itching in response to just a few mites. Scabies infestation is frequently complicated.

IV. Measles

Measles is a highly contagious, serious disease caused by a virus and it is normally passed through direct contact and through the air. The disease remains one of the leading causes of death among young children globally, despite the availability of a safe and effective vaccine.

The virus infects the respiratory tract, and then spreads throughout the body. Measles is a human disease and is not known to occur in animals. The first sign of measles is usually a high fever, which begins about 10 to 12 days after exposure to the virus, and lasts 4 to 7 days. A runny nose, a cough, red and watery eyes, and small white spots inside the cheeks can develop in the initial stage. After several days, a rash erupts, usually on the face and upper neck. Over about 3 days, the rash spreads, eventually reaching the hands and feet. The rash lasts for 5 to 6 days, and then fades. On average, the rash occurs 14 days after exposure to the virus (within a range of 7 to 18 days).

Measles diseases outbreak is commonly occurring in areas where routine EPI vaccination coverage is low. Mobilizing communities to get children vaccine at the age of 9 months helps to prevent the deadly disease.

V) Dengue fever

Dengue is a mosquito-borne viral infection causing a severe flu-like illness and, sometimes causing a potentially lethal complication called severe dengue. Once infected, humans become the main carriers and multipliers of the virus, serving as a source of the virus for uninfected mosquitoes. The virus circulates in the blood of an infected person for 2-7 days, at approximately the same time that the person develops a fever. Patients who are already infected with the dengue virus can transmit the infection (via *Aedes Aegypti* mosquitoes) after the first symptoms appear.

Individuals should suspect dengue when a high fever (40°C/ 104°F) is accompanied by two of the following symptoms: Severe headache, pain behind the eyes, nausea, vomiting, swollen glands, muscle/joint pains and rash.

Symptoms usually last for 2-7 days, after an incubation period of 4-10 days after the bite from an infected mosquito.

Prevention and control is possible through vector control is implemented using integrated vector management, which is a rational decision-making process for the optimal use of resources for vector control: Proper solid waste disposal and improved water storage practices, including covering containers to prevent access by egg-laying female mosquitoes are among methods that are encouraged through community-based programmes.

VI) Meningitis

Meningitis disease is an infection of the meninges, the membrane covering the brain. Bacterial meningitis is very serious because its onset is rapid and the infection is associated with a significant risk of

death; it may also result in mental retardation, deafness, epilepsy, etc. It can be treated with appropriate antibiotics that also prevent spread.

The most common symptoms are a stiff neck, high fever, sensitivity to light, confusion, headaches and vomiting. Even when the disease is diagnosed early and adequate treatment is started, 5% to 10% of patients die, typically within 24 to 48 hours after the onset of symptoms. Bacterial meningitis may result in brain damage, hearing loss or a learning disability in 10% to 20% of survivors. A less common but even more severe (often fatal) form of meningococcal disease is meningococcal septicemia, which is characterized by a hemorrhagic rash and rapid circulatory collapse.

Vaccination is available to prevent and control the disease.

VII) Chikungunya virus fever

Chikungunya is a mosquito-borne viral disease. The virus is transmitted from human to human by the bites of infected female mosquitoes. Most commonly, the mosquitoes involved are *Aedes aegypti* and *Aedes albopictus*, two species which can also transmit other mosquito-borne viruses, including dengue. These mosquitoes can be found biting throughout daylight hours, though there may be peaks of activity in the early morning and late afternoon.

The disease is characterized by an abrupt onset of fever frequently accompanied by joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash. The joint pain is often very debilitating, but usually lasts for a few days or may be prolonged to weeks. Hence the virus can cause acute, sub-acute or chronic disease.

Prevention and control requires mobilization of affected communities. During outbreaks, insecticides may be sprayed to kill flying mosquitoes, applied to surfaces in and around containers where the mosquitoes land, and used to treat water in containers to kill the immature larvae. In addition, use of repellents, wearing long sleeves and pants and ensuring rooms fitted with screens to prevent mosquitoes from entering help for prevention are important.

VIII) Rota Virus Diarrhea

Rotaviruses are the most common cause of severe diarrhoeal disease in young children throughout the world. Vaccination is available for prevention and control with public health measures to prevent dehydration, keep houses and environment clean and hygienic, and protect food and water safe.

In conclusion, given the growing international trade, and Addis Ababa city increasingly becoming a hub for international travelers, warrants the need to be well prepared for any disease threats and other public health risks such as Ebola, SARS, H1N1 (Swine flu), etc. make this need even more urgent.

1.2 Rational for Public Health Emergency Communication

Natural and man-made disasters or emergencies cause public health threat that put the public at risk of serious health problems. Often times, emergencies cause fear and anxiety among the public and impede the public from taking appropriate behaviours and measures, due to irrational thinking. The importance of communication in this scenario will be to avoid panic and thereby minimize exposure to risks. This can be achieved through risk communication, by raising public awareness of the threat and risks underpinning the spread of the disease. Public engagement to participate and act in ways according to the desired behaviours and actions is critical to halt the impact of emergencies. Thus the need for a thoughtful public health communication plan that addresses both risks and threats, individual and social behaviours to inform the public on appropriate behaviours and measures during an emergency is critical.

1.3 Purpose of the guide

The purpose of this guide is to help all level emergency response team to plan, coordinate, implement, monitor and evaluate activities and document best practices as a lesson learned for future preparedness and response for effective public health emergency communication interventions during any emergency that may occur in Ethiopia.

This guide is intended for emergency response team to use social and behavior change communication intervention before, during and after public health emergencies which will also help the team to remain focused and refrain from instinctive fight-or-flight approach.

2.0 Operational definition

Public Health Emergency Communication defined as the process of generating and using evidences pertaining to the emergency situation in order to coordinate and design effective communication interventions to help minimize health risks and adapt desired behavior and practice by the affected and at risk population as well advocate for enforcement of necessary measures.

2.1. Key elements or components in the definition

2.1.1 Emergency risk communication

2.1.2 Social and behavior change communication

Emergency risk communication aims to reduce risks through effective and timely communication messages; it intends also to convey the right information at the right time in ways that reduce public anxiety, build, maintain or restore trust on what is happening. Communication strategies are designed to reach out to the public with information that ensures that contradicting messages, misinformation and misconceptions are corrected on time. The design of communication interventions thus should be based on key risk communication principles such as trust building, announcing early, transparency, etc. all throughout emergency phases.

For effective risk communication, well-structured information processing and channeling that reach to the public, media and

stakeholders. Risk communication seeks to put into practice the following best practices or principles by people responsible for communication before, during and after an emergency.

Principles

2.2.1 Trust building

The consequences of losing the public's trust related to emergency health response can be severe in health, economic and political terms. Abundant research and prominent public health examples support the evidence that the less people trust the message delivered and health workers delivering the emergency health related massages the more at risk panicked and less likely to conform their choices and behavior to outbreak management..

Building trust internally between public health emergency communicators and policy-makers is critical. Trust is essential between communicators and technical outbreak response staff who may not see the need of communicating with the public especially if it means diverting them from other tasks.

For instance during the 2016 AWD disease outbreak response, the practice of sharing information among various response teams such as the surveillance, Case management , WASH, Social Mobilization (public health emergency communication), logistics, and with Officials of the National Command Post about disease outbreaks in focus and their responses were made using through various communication platforms and channels which eventually contributed to building up of internal trust and relationships.

Trust in communicating with the public is critical in both communicators with public directions vice versa. But the extent to which outbreak

response team trust the public's ability to tolerate incomplete and sometimes alarming information influences communication decision-making and effectiveness. Mechanisms of accountability, involvement and transparency are important to establish and maintain trust, and they are especially important to slowly rebuild trust when it is low.

2.2.2 Announcing Early

The parameters of trust are established in the outbreak's first official announcement. In today's globalized and wired world, information about outbreaks is almost impossible to keep hidden from the public. Therefore, to prevent rumors and misinformation and to frame the event, it is best to announce as early as possible.

People are more likely to overestimate the risk if information is withheld. Evidence shows that the longer information about and outbreak is kept un announced the more frightening the information will seem when it is revealed, especially if it is revealed by an outside source.

An announcement must be made when public behavior might increase risk or contribute to the containment of the outbreak. The small size of an outbreak alone or lack of information is insufficient arguments to delay an announcement. There are times when even one case, such as an (for example AWD report, can justify early announcements. Rapid announcements may surprise partners who might disagree with the initial assessment. This can be minimized by having well-established communication pathways in place among key and predictable stakeholders. These systems should be tested during routine exchanges or through desktop exercises.

Early announcements are often based on incomplete and sometimes erroneous information. It is critical to publicly acknowledge that early information may change as further information is developed or verified.

The benefits of early warning outweigh the risks, and even those risks (such as providing inaccurate information) can be minimized with appropriate outbreak communication messages.

2.2.3 Transparency

Maintaining the public's trust throughout an outbreak requires transparency (i.e. communication that is candid, easily understood, complete and accurate). Transparency characterizes the relationship between the outbreak managers and the public. It allows the public to "view" the information-gathering, risk-assessing and decision-making processes associated with outbreak control. Transparency provides many benefits, including demonstrating how even at a time of uncertainty and confronting unknowns, outbreak managers are systematically seeking answers.

Since transparency can also expose weaknesses in outbreak management structures and operations, it provides a strong incentive for deliberative and accountable decision-making. Total candor should be the operational goal consistent with generally accepted individual rights, such as patient privacy. The key is to balance the rights of the individual against information directly pertinent to the public good and the public's need and desire for reliable information.

During public health emergency responses transparency could be limited due to public interest but those limits needs to be explained. Announcing the limits of transparency publicly, and explaining why those limits are being set, is usually well tolerated provided the limits are justified. But if limits to transparency become excuses for unnecessary secretiveness, the likely result will be a loss of public trust.

Barriers that block transparency:

Economic arguments are often raised, but public health officials' first concern has to be human health. There is, however, an increasing body of evidence showing that recovery from the economic impact of an outbreak is faster when governments are transparent and have developed a track record of effective outbreak management.

Media preparation should be an essential component of professional development for public officials involved in emergency response. Whenever possible, such preparation should precede each media interaction. Spokespersons or public officials may not feel confident in delivering bad news or discussing uncertainty. There might be a fear of revealing weaknesses in infrastructure. Pride, embarrassment, and fear of being blamed can also lead to lack of openness. Although these factors are very difficult to manage in an acute situation, culture change among decision-makers and senior technical officers leading to greater transparency should be one of the strategies in preparedness planning for outbreaks.

Thought transparency, by itself, cannot ensure trust, in general, greater transparency results in greater trust. The public must see that competent decisions are being made.

The strategic use of mass media in risk communication during public health emergency is critical to effectively meet the objectives of risk communication.

This requires taking measures to understand the media landscape, (language, coverage, credibility, etc.) build networks and engage the media as part of the response to enhance and influence their participation.

3.0 Social and behavioral change communication (SBCC)

Successful public health emergency response ultimately rests on individuals, groups or organizations taking immediate action to prevent or reduce further impacts (infection, potential loss of life and loss of income). The need to consciously influence, promote and coordinate specific behaviors is critical for every response activities. In emergencies such as earth quakes, flooding, terrorism, etc. major interventions focus on avoiding the risk through voluntary and mandatory evacuations, availing shelters, meals, etc. but in disease outbreaks, the risks of exposure to disease causing organisms depend on the behavior of individuals and communities.

In the contemporary world, there are various natural and man-made disasters that cause diseases outbreaks. The fact that community's perception of disease transmission and responses are complex, context-dependent and culturally mediated make it challenging and require causality and behavioral analysis at different levels (immediate, intermediate and basic) to design evidence based emergency communication strategies.

This necessitates making use of socio-ecological models to better understand facilitating and barrier factors and employing methodological tools to determine bench marks such as rapid assessment.

3.1 Principles of social and behavioral change communication *(these principles are key for public health emergency communication coordination and response –chapter* **4)**

1. Be process oriented and coordinate efforts
2. Conduct rapid assessment
3. Recognize that diverse audiences with different needs exist
4. Use multiple communication channels
5. Develop specific messages for specific groups that are adjusted according to the phase of the emergency
6. Target action
7. Promote timeliness, consistency and accuracy
8. Ensure target messages and behaviors are linked to and supported by service delivery
9. Monitor media for rumors
10. Work with and through communities
11. Build dialogue and accountability
12. Advocate to change policy and legislation
13. Establish feedback loops
14. Evaluate and learn

3.2 The Communication Lifecycle

Understanding the pattern of an emergency helps emergency response team anticipate problems and to appropriately respond. For emergency response team, it's vital to know that the emergency, disaster, or crisis happening evolve in phases and understand the peculiar characteristics in consultation with respective bodies. The communication, too, must evolve through these changes. By dividing the emergency into the following phases, the emergency response team can anticipate the information needs of the media, agencies, organizations, and the general public. For each of these phases, specific types of information (simple, credible, accurate, and consistent) need to be created and delivered to the audience on time through proper channel of communication and by the responsible bodies.

3.2.1 Preparedness Phase

This is the phase when there are no emergency events but are expected and is when the planning and preparation work is done. All communication materials should be ready waiting for mass production and activation when the outbreak or emergencies occur.

This phase is determined or initiated by an authorized department of public health emergency in the Federal Ministry of Health. Various sources are used to declare that a public health emergency is imminent. Emergency response team during the preparedness phase focus on informing the public about the likely occurrence of an event through communication and education campaigns. The following activities should be done:

- Monitor and recognize emerging risks using check list (*See annex I (Page 53) annex 2 (Page 54)*
- Educate the general public about the risks.

- Prepare the public for the possibility of an adverse event.
- Increase self-efficacy by suggesting actions that reduce the likelihood of harm.
- Provide alert messages regarding an imminent threat.
- Collaborate and cooperate by developing alliances with agencies, organizations, and groups.
- Map emergency partners and roles
- Create messages and test them for use in later stages.
- Identify spokespersons, resources, and resource mechanisms well ahead of time.
- Foster alliances and partnerships to ensure that experts are speaking in a coordinated manner (using one voice).
- Develop and test communication systems and networks at all levels.

3.2.2. Alert or initial phase

This phase marks the beginning of an emergency is declared and information about the public health emergency from the Federal Ministry of Health or Regional Health Bureau in conjunction with WHO as necessary is released regarding the nature of the emergency is, the people or part of the country affected, likely consequences, measures the government is doing and what individuals, the public and organizations should to take to minimize the impact.

This phase is characterized by incomplete information, confusion and intense media interest. It is to be noted that at times when information is withheld to inform the public waiting for real facts sound to be reasonable, it is better to keep the public informed

with the information at hand recognizing that the information is incomplete, that more updates will be provided as evidences are gathered to the extent of detailing what are known and what are not known. This will contribute to the trust building, transparency and integrity of the responders and prevent misinformation and rumors that will likely start circulation to fill the information vacuum (created as a result of holding information or releasing limited information) from various, unreliable sources of information.

One of the best ways to limit public anxiety in a crisis is to provide useful information about the event and tell the public what they can do, what they should not do according to the educational messages provided from the Ministry of Health or Regional Health Bureau

It is important for the FMoH, RHBs and response organizations to establish or maintain their credibility. It is preferable and safe that all information about the emergency must be cleared by the appropriate government authorities or FMoH before it's offered to the media.

Even when there is little information to offer, it is still advisable to communicate how the FMoH or RHB is handling the event and when more information will be available. It is important to express commitment to the public that you will continue to provide new information as it becomes available.

At the very least, messages to the public should demonstrate that the FMoH, RHBs or Partners collectively are engaged and addressing the issues directly. This means that approaches are reasonable, caring, and timely, and all available information is being provided. During this phase the emergency response team, should do the following:

- Provide accurate and useful information while recognizing that not all facts about the event are available and tell the public what they should do.

- Convey empathy and reassurance. Reduce emotional turmoil.
- Designate crisis or agency spokespersons, and identify formal channels and methods of communication.
- Establish general and broad-based understanding of the crisis circumstances, consequences, and anticipated outcomes based on available information.
- Reduce crisis-related uncertainty as much as possible.
- Help the public understand the responsibilities of the various organizations involved in the emergency response.
- Ensure that the public is updated, understands ongoing risks, and knows how to mitigate these risks.
- Encourage broad-based support and cooperation with response and recovery efforts.
- Gather feedback from the affected community through public—listening, learn, and assess.
- Correct misunderstandings or unclear facts and investigate rumors.
- Empower the people to take steps to protect themselves, their families, and their community and continue to explain those steps.
- Support informed decision-making by the public based on their understanding of risks and benefits.
- Explain ongoing cleanup, remediation, recovery, and rebuilding efforts to target audiences. Motivate them to take action if needed.

- Facilitate broad-based, honest, and open discussion about causes, blame, responsibility, resolutions, and adequacy of the response.
- Improve individual understanding of new risks.
- Promote behaviors that avoid risks.
- Promote personal preparedness.
- Promote the activities and capabilities of agencies and organizations by reinforcing positive identities and images.
- Persuade the public to support public policy and resource allocation to the problem.

3.2.3 Response Phase

This is the phase under which responses to mitigate the impact of the emergency are growing (interventions are drawn with clarity on the cause, risk factors, size of population affected and those who are at risk), coordination structural arrangement put in place, more engagement of stakeholders and partners than in the initial phase, resources mobilized, high intensity communication and social mobilization, etc.), facts about further risk factors continue surfacing, etc.

As the emergency evolves, in a fashion either steadily growing to it speak or sudden spiking to its peak, it is important to continuously assess the event, generate or use evidences from surveillance, design messages , intensify public awareness and community engagement interventions. Unexpected developments, rumors, or misinformation may place further information needs on the Emergency Response Team to strengthen media relations, sustain media and monitoring and its interest. Media monitoring is critical to intercept and dispel when information or news released contradicting or misinterpreting

response messages. Criticism about the response is inevitable and to be expected.

Staying on top of the information flow and needs requires close coordination with media and others is essential to maintain the momentum. Processes for tracking communication activities and audiences become increasingly important to modify messages as the workload increases. It is critical to consider the following during this phase:

- Use evidences and facts from surveillance to modify messages
- Understand public perception and comments about the response
- Ensure that the public is updated, understands ongoing risks, and knows how to mitigate these risks.
- Provide background and supportive information to those who need it.
- Encourage broad-based support and cooperation with response and recovery efforts.
- Gather feedback from the affected public-listen, learn, and assess.
- Correct misunderstandings, rumors, or unclear facts.
- Continue to help people believe they can take steps to protect themselves, their families, and their c---Community. Continue to explain those steps.
- Support informed decision-making by the public based on their understanding of risks and benefits.

When the situation start get declining and that recovery towards normality appear to be reachable, this means when surveillance data shows such trends is approaching, attention should be given to the following actions:

- Continue to preventive communications activities to promote compliance to desired behaviors that avoid risks and complacency highlighting the scenarios for resurgence may revert;
- People should be told to maintain their newly adopted preventative and protective behaviors.
- Promote the activities and capabilities of agencies and organizations by reinforcing positive identities and images;
- Inform the public that while the health emergency/outbreak is controlled, it is critical to remain vigilant particularly by identifying and reporting any possible new cases.
- Undertake an assessment of any problems and devise solutions based on best practices that were effective during the emergency.
- Give communities feedback on the response and work with them to prepare for future emergencies or outbreaks.
- Explain ongoing cleanup, remediation, recovery, and rebuilding efforts to your audience. Motivate them to take action if needed;
- -Improve individual understanding of new risks and promote personal preparedness;
- Persuade the public to support public policy and resource allocation to the problem;
- Evaluate and refine the risk and emergency communication strategy to be ready for any future emergencies;
- Document and share best practices.

3.6 Evaluation Phase

The objectives during this phase include evaluating and assessing the effectiveness of the communication intervention and should focus on the following:

- Discussing, documenting and sharing of lessons learnt.
- Determining specific actions to improve crisis communication and rapid response capability.
- Evaluating the performance of the communication plan.
- Implementing links to preparedness activities.

After-action report, sometimes called a "hot wash" or "lessons learned," should be generated through reviewing of records and consulting the key stakeholders involved. No response is ever perfect, and there is always something to learn.

4.0 Public Health Emergency Communication Coordination and Response

For any emergency situation, the primary responsibility to respond and protect the population rests on national governments. Emergency situations attract many players ranging from UN agencies to international and local NGOs. Given the large number of participating organisations, confusion, duplication of efforts or contradictory messaging are bound to occur. Creating enabling environment to bring actors (national and international) and involve will enable to make use of technical, financial, logistical capability they have. The recent national response to the AWD Disease Outbreak showed that a high level national command post led by the deputy prime Minster of the FDRE and similar command posts with sub committees for surveillance, public health emergency communication, WASH, logistics, etc. were formed at various administrative levels to coordinate planning and implementing response.

The lessons from the AWD communication response showed that brining partners together with clear terms of reference helped to increase synergy and wisely coordinate partners to optimally use their expertise and mobilize resources. The outputs from the such a coordinated body from the Federal level in particular provided good outputs that help design effective responses, lifted up public awareness and increased community engagement.

It is therefore crucial l for the FMoH and RHBs to set up a PHEC permanent committee that report to the health promotion and communication TWG and to the emergency response coordination team at all levels.

4.1 Roles and Responsibilities of the National PHEC Committee

- Some of the roles and responsibilities should include:
- Provide overall guidance to planning and implementation of communication and social mobilization activities at the national level.
- Facilitate the development of national guidelines, strategies, SOPs, training packages and plans for communication and health promotion.
- Support the regions to plan and implement communication and health promotion.
- Coordinate, monitor and evaluate all communication and health promotion interventions and activities implemented by the all implementers, partners and stakeholders.
- Train implementing partners, community mobilizers and other stakeholders on effective planning, implementation and monitoring of health promotion interventions at all levels.
- Develop, pre-test, print, disseminate and share with regions evidence-based messages and communication materials
- Prepare and verifying information released to the press by the designated spokesperson and other authorities.

- Undertake and KAP on the outbreak to inform the communication/ health promotion to inform and guide the response activities and development of messages.
- Prepare proposals and budgets to raise funds for the communication/health promotion response activities.
- Provide supportive supervision to the regions

4.2 Planning, implementation, supervision, monitoring and evaluation

The signal to initiate the planning process depends on the instructions or information provided from the authorized public health emergency department of the FMoH. Such information is generated from emergency assessment initiatives by different government sector ministries, public health research institutes; such as surveillance reports, risk assessment by FMOH/RHB, Belg assessments, and communications on health risks arising from diseases of international and regional (cluster of countries). Actual planning of PHEC should start during preparedness phase using instructions and based on findings from rapid assessment of the emergency situation, threat or risks and continue updating depending on the progress of the emergency in each phase. The planning process should include consideration of the nature of the risks that will likely drive associated with the emergency or threat and how it affects the people in danger. In case of public health emergencies, the nature of the disease or crises, how it spreads and the behaviors of the people (do's and don'ts) should be looked into seriously.

The team needs to work out clear implementation plan for development of communication guidelines, tool kits, message and materials development, resource mobilization, direct support and

facilitations of training and advocacy workshops, etc. including the who, how and when to implement activities. The principles set out for emergency risk communication (Page 18) and social and behavior change communication (Page 22) need to be adhered for design of effective public health emergency communication strategy.

The importance of supervision and monitoring to ensure the standards of implementation is indispensable to improve the skills of frontline responders in particular frontline responders and take corrective actions to enhance speedy implementation.

Effectiveness of the PHEC interventions needs to continuously be evaluated in each phase and more in depth at the last phase of the response.

4.2 Planning steps

The following planning process therefore takes in to account of the key elements of risk communication, social and behavioral change communication and key activities at various phases of the emergency. Based on the phase and intensity of the emergency and its progression planned activities at each phase should be regularly revised and updated.

4.1.1 Step 1: Situational Analysis

Based on the public health emergency problem declared by FMoH, communication situational analysis of the disease outbreak or of an emergency should be conducted and described in a clear statement. The statement should include the behaviors and practices (what they are doing or not doing). This will clarify that the aspect of the emergency communication response seeks addresses.

The analysis should describe the geographical distribution and settlement patterns of the affected people, the diversity in cultures, traditions, ways of living, values, etc. that could influence their perception and behaviour. These have tremendous impact on the effectiveness of the communication response. In addition, information from multiple sources, with varying degrees of credibility may influence public opinion, causing confusion and rumours to evolve and may create mistrust.

4.1.2 Step 2: Audience analysis

Epidemiological information provided by the surveillance and case management team is critical for emergency communication team to understand about the demographics, geography, knowledge, values, aspirations, and beliefs, and attitudes, sources of information and emotions of those affected by the crises. It will also inform the design of emergency communication materials and strategies of SBCC.

4.1.3 Step 3: Audience segmentation

Every communication strategy aims to work with key participant groups. In order to develop effective strategy, it has to be relevant to the needs of the target audiences. Therefore, it is important to analyze the needs and characteristics of each of the targeted audiences to tailor-made the strategy and help them practice the desired behaviors. Different communication approaches, messages and content for dialogue should be developed for each targeted audiences. The following target audiences and their relationship depicted below are examples for responses at lower level in districts and communities:

Participant groups and their Relationship

1. Primary Audience

These are the people who are directly affected or at risk of getting the diseases/ condition and whom the actual change is envisaged. They may include children, women, parents, food and water vendors, disabled peoples, etc.

2. Secondary Audience

Depending on the nature of the emergency and level of coordination of the response, these are people who influence the behavior of primary participants.

- Teachers
- Health Extension Workers,
- Nurses,
- Doctors
- Community, religious and traditional leaders
- Paramount chiefs,
- Clan chiefs
- Women's groups
- Trader's associations
- Video club / parlor/ salon owners/ barbers

3. Tertiary Participants:

These are groups, with whom advocacy is carried out to create a favorable structural and social environment. They may include:

- Community leaders, religious leaders, opinion leaders, etc.
- District administrators, sector bureaus heads, cabinet members, social standing cabinet members, regulatory officials, religious leaders, health officials, etc.

- Zonal administrators, sector bureaus heads, cabinet members, social standing cabinet members, religious leaders, health officials, Regulatory authorities, etc.
- National Level- Parliamentarians, Legislators, Ministers, Directors from Health, Media, Association, religious leaders, Football stars, Celebrities, etc.

4.1.4 Step 4: Behavioral Analysis

- Document existing behaviors, organize desired behaviors and recommended practices essential to prevent risks or disease and curb the spread or hazards.
- Identify barriers and facilitating factors for the adoption of recommended behaviors
- Conduct rapid assessment related to the emergency or outbreak

Table 1: Example of Behavioral Analysis

Emergency health conditions/ Disease outbreak/	Problem behaviors	Recommended behaviors
Malnutrition	Evidence showed that mothers of severely malnourished children don't come for early screening and seek medical assistance very late when they see their children conditions are deteriorating. This has made the effectiveness of therapeutic feeding centres challenging.	• Promotion of exclusive breast feeding • Provide complementary feeding for babies from 6m to 1 year while on breast feeding • Educate mothers on what and how to feed babies from 1-2 years of age while continuing breast feeding • Promote more frequent breast feeding if the baby under 6mths of age got sick • Promote more frequent feeding of the baby from 6months and above with recommended feeds while continuing breast feeding until 2yrs.

Emergency health conditions/ Disease outbreak/	Problem behaviors	Recommended behaviors
Acute Watery Diarrhea (AWD)	• Risk assessments indicated evidences of drinking unsafe water, shortages of safe drinking water, poor hand washing, poor hygiene and sanitation practices, poor health seeking behaviours, population movements, and inadequate access to water purification services among affected communities. • Indiscriminate open defecation and poor refuse disposal, contaminated water sources poor compliance to correctly treat household water, misinformation on water treatment procedures, poor sanitation coverage	• Know the signs and symptoms of AWD • Take person with signs and symptoms of AWD immediately to Health Facility s while giving Oral Rehydration Solution(ORS) or homemade solutions • Disinfect cloths, linen and surfaces wet with vomitus and diarrhea of the sick person • Discard vomitus and diarrhea with plastics and dump in latrines or bury outside and away from water sources • Regularly wash hand with clean water and soap during critical times • Always use of latrines and avoidance of open defecation • Boil or treat water for household consumption with water treatment sachets or tablets • Adopt safer food preparation practices • Protect water sources from contamination and keep environment clean.

Emergency health conditions/ Disease outbreak/	Problem behaviors	Recommended behaviors
Scabies	Poor hand washing, hygiene and environmental sanitation are the major problem behaviours underlying this disease. There is also shortage of water and people are discouraged from using it for cleanliness.	• Increase knowledge on what causes scabies and how to prevent it. • Promote basic hygiene practices • Dispel rumors and misconception on the treatment and use of hygiene supplies
Dengue fever	• Poor awareness on the disease e.g., causes, transmission and prevention • Non or inconsistent use of bed nets • Poor practice of environmental management and practices	• Mobilize communities to identify and keep the environment free from mosquito breeding • Promote u correct and consistent use of mosquito bed nets. -Engage communities in information sharing with health authorities so that they take immediate action

Emergency health conditions/ Disease outbreak/	Problem behaviors	Recommended behaviors
Malaria	• Low level of awareness of disease transmission and prevention, poor access to and inconsistent use of bed nets, poor engagement of communities to manage environmental factors and to get rid of mosquito breeding sites.	• Mobilize communities to identify and keep the environment free from mosquito breeding sites • Promote correct and consistent use of mosquito bed nets.- Engage communities in information sharing with health authorities so that they take immediate action - Spraying od houses sprayed and avoid plastering • Treatment of those with signs and symptoms within 24 hours
Meningitis	• In poor crowded families and settings, the disease transmits through air droplet • There is low level of awareness of importance of vaccination	• Promote benefits of vaccination • Mobilize families and communities to get children vaccinated against all vaccine preventable diseases • Create/increase knowledge of vaccine preventable diseases and importance of vaccination • Increase awareness on signs and symptoms of meningitis and the importance of taking the sick to health facilities immediately and to report any cases. • Engage schools and other settings such as prisons, etc. to immediately report when a person with signs and symptoms is found.

Emergency health conditions/ Disease outbreak/	Problem behaviors	Recommended behaviors
Measles	Common in catchment areas where routine immunization coverage is low Transmits through air droplets Low level of awareness of importance of vaccination	• Create/increase knowledge on vaccine preventable diseases and importance of vaccination • Mobilize families and communities to get their children vaccinated against all vaccine preventable diseases • Increase awareness on signs and symptoms for measles and importance of taking a case to health facility for treat immediately and to report cases • Inform families, students, teachers and in general the public about the importance of early treatment in case they see anyone with signs and symptoms
Chikungunya virus fever	• Poor awareness on the disease i.e. causes, transmissions and prevention • Non or inconsistent use of bed net use • Poor environmental management and practices.	• Mobilize communities to identify and keep the environment free from mosquito breeding • Promote correct and consistent use of mosquito bed nets. • Engage communities in information sharing with health authorities so that they take immediate action

4.1.5 Step 5: Setting Goal and Objectives

On the basis of the outbreak situation and analysis of the driving risk factors, it is critical to anticipate behavioral and social changes at individual, community and societal levels to helps design effective strategies and remain focused. The following goal and objectives are generic examples that can be adapted to specific emergences or disease outbreaks.

Goal

The overall goal of public health emergency communication is to reduce hazards, health risks and ensure that affected and at risk families and communities adopt the recommended behaviors related to specific crises or emergencies and to engage stakeholders in the response.

Communication Objectives:

1. Increase in the percentage of families and communities that practice use of positive behaviors for diseases/risks of national and international emergencies ;
2. Increase the number of stakeholders (government ministries/ departments, development partners, media and civil society organizations) engaged in inter sectoral collaboration activities to control emergency events at all levels;
3. Increase in the number of communities actively participating in the management of risk factors of the emergency conditions (they may be working on access to safe water, sanitation and hygiene, distribution of water purification chemicals, participation in contact tracing and reporting, distribution of LLNIs, nutrition screening, etc.);
4. Increase the number of key actors directly influencing the primary audiences.

4.1.6 Step 6: Determining domain of communications

The effectiveness of communication messages to influence social and behavior change that eventually lead to containment of the disease outbreak or other emergencies is determined by the target group for which the communication messages are intended for impact.

1. The media, partners, leaders should communicate, alert and update the general public about risks and give guidance on appropriate measures
2. Families and communities affected should promote social and behavioral change and ensure community participation and ownership
3. Political Leaders and decision makers at all levels should communicate and create a positive and conducive policy environment.

It is not essential that these domains are carried out in a sequential manner. There would be substantial overlap in the implementation of these segments. Each of these domains would have some key interventions mentioned below.

I) Domain 1: Communicating about risks for the general public including the media, partners, leaders

The role of communication in all phases of emergency situation is to assess risks, communicate relevant and accurate information to stabilize the situation and get the public involved in taking rational measures. The following communication activities targeting the public, partners and leaders are very essential:

- Give public updates of the outbreak situation regularly through press release, press conference and other platforms such as public gatherings

- Gather public perception and provide facts
- Sustain release of regular updates to the public, the media and stakeholders
- Strengthen linkages between public health services, private practitioners and communities.
- Continue engaging decision makers to gain their full support and remove potential barriers
- Strengthen multi-sectoral involvement (education, transportation, immigration, etc.) for information sharing and promote control measures in respective sector settings

The media is the most powerful communication network with the capacity to disseminate outbreak information quickly, reach wider population, hard to reach areas and everyone. It is important to make use of and strengthen media communication through:

- Establishing a strong links and mechanisms to ensure sharing of timely and accurate information rapidly between the media, the technical and social mobilization teams.
- Continuing media monitoring to dispel rumors and misinformation and communicate information and stories that clearly explain outbreak control measures
- Sharing with the media key preventive messages, timely up-to-date information through press releases, regular meetings and other means of communication during all phases of the epidemic
- Sharing with the media with key messages focusing on promoting health seeking behaviors, taking care of persons with symptoms and signs, prevention and control of the outbreak

II) Domain 2: Families and communities

This domain should focus on using various means or channels of communication to reach families and communities both directly through interpersonal / social contact and indirectly through mass media in order to help change knowledge, attitudes, beliefs, mind sets, perceptions and practices. Some of the key interventions in this segment should be:

- Reaching individuals and families through Health Extension Workers and Health Development Armies: The health extension program in Ethiopia is an excellent and accessible, can reach and provide health information and key messages up to individual level.
- Developing and airing radio and television spots (Public Service Announcements-PSAs) with a positive, motivational feel aiming to address both knowledge gaps as well enhance self-efficacy among listeners.
- Working with mobile telephone service providers for Push SMSs/ Voice SMSs with key messages, co-branded TV/Radio spots and outdoor activities.
- Developing and using outdoor media e.g. hoardings and wall paintings and IEC materials to support interpersonal communication and give credibility to community level communicators as well create an enabling environment.
- Using entertaining, engaging dramas followed by a facilitated discussion, would help promote deeper understanding and positive attitudes in the audiences.
- Using Town Criers to provide key information / messages to the community.
- Using gospel musicians / popular singers with songs on specific messages to promote desired behaviors

- Communication through community heath agents, health extension workers, health promoters and animators trained on Inter Personal Communication skills and provided toolkits to help them counsel, motivate and follow-up with families and communities.
- Communicating through Nurses, Physician Attendants, Environmental Health Technicians and Doctors to provide advice and materials clients.
- Communication through teachers after orienting and motivating them promote positive behavior and habits among students.
- Working with Children on a range of activities such as formation of 'Peer Counselors", 'Buddy Pairs', School Health Clubs and special classroom/community activities to promote and inculcate positive behavior among them.
- Working with Community Influencers, opinion makers and Religious leaders to motivate and mobilize their communities and followers.
- Showcasing positive behaviors and practices at the community level by identifying families practicing recommended behaviors and given due recognition for motivation to themselves as well as other families to follow their example.

Communities need to be involved and engaged in identifying their problems and to propose solutions. Solutions from outside will not be sustainable unless communities engage in the process to ensure ownership. Some of the key interventions in this segment should be:

- Rapport building with the community with care taken to understand the diverse needs, structures and power relations of the concerned communities to build trust and rapport before initiating work.

- Participatory community Needs Assessment by involving communities and engaging them to identify their problems as solutions. This is important as communities understand their issues best and only solutions identified by the community are ultimately sustainable because they are needs-based and community-owned.
- Development of a Community Work Plan with clearly identified tasks, timelines, responsibility, external support required and risks, supported by a monitoring and evaluation system. The external support component should be kept as low as practicable.
- Capacity building needs to be identified by the facilitators and addressed
- Formation of a Community Level Committee to oversee and manage the implementation of the plan. The committee should comprise of community leaders and representatives from all sections of the community.
- Ensuring Community Participation in the rollout to ensure that people contribute to the rollout of the plan through financial, material or human resources, however small it may be.
- Creating new social norms to implement certain checks and balances to ensure that people do not revert back to their old behavior and are fully engaged in the program.

III) Domain 3: Communication to create a positive and conducive environment

Advocacy plays a key role in ensuring that there is a positive environment in which the emergency response is effectively implemented. The thrust of Advocacy will be to establish the context and relevance of the cause. An effective advocacy campaign can also

get support from media and can keep the issue alive for a longer period in the public domain. Some of the key interventions in this segment should be undertaking advocacy through:

- The media by holding and conducting workshops, media visits, fellowships, awards and special programmes for the media to help promote and push the issue agenda.
- Celebrities and public figures to help highlight the issue at various forums and give visibility and relevance to the cause. They can also help influence policy matters.
- Policy makers such as members of peoples' representative / parliament and Legislators carried out through workshops and meetings to ensure that the issue is given importance and both policy and program issues are addressed.
- District/kebele Administration and relevant authorities in meetings and workshops to help address implementation bottlenecks and also help give priority to the identified activities.
- Partners for coalition building with partners such as INGOs, NGOs, community networks, religious organizations (like the all faith association), and occupational groups etc. to help with social mobilization through their networks.
- Sensitization and training of District Level staff to on roles and responsibilities in relation to the issue to ensure smooth rollout of the program.
- Municipal authorities /market owners associations / vendor associations so that they give priority to maintaining standards. Setting up and strengthening coordination mechanisms for health promotion at national, regional zonal, woreda and district levels to coordinate , plan and monitor communication activities to ensure quality implementation.

4.1.7 Step 7: Designing messages with an appealing tone

The messages to various audience groups are determined on what behavioral outcomes are expected to ensure that affected groups of people (primary) are protected from exposure to risks factors. The messages are also influenced by the facilitating support offered by the secondary and tertiary audiences such as families, communities and decision makers to the primary audience.

Table 2 below is a guide messages development. Once the message areas are worked out, it is important to make messages attractive with an appropriate tone to the target audience.

Designing the right message and the tone of the message need to be based on sound use of appropriate theoretical models such as the health belief model, the steps of change, interpersonal health behavior, community level health behavior, etc. depending on the problem behavior and health issue to influence social and behavior change. Whether to use authoritarian, emotional, fearful, and educational (rational) and entertaining messaging depends on the severity of crises, the motivation and esteem of the people to adopt recommended practices, etc. For example, if the emergency is of a catastrophic nature such as biochemical terrorism or flooding, eating raw vegetables, environmental cleanliness, the tone of the message could be authoritarian.

Table 2: Example of Message Designing Process

Target audience	Behaviors to promote	Factors influencing adoption	Message areas/ concepts	Appeal/tone
• Affected people • e.g. target group for AWD in Addis Ababa, 2016 • People of all ages in slum areas of Kolfe Keranyo Sub City	• Treating water for household consumption using recommended chemicals • Cook food very well and eat while still warm etc.	• Availing water treatment chemicals • Demonstrate use of water treatment chemicals	• Benefits of treating water to prevent AWD • Safety of water treating chemicals • Location of health facilities to access treatment	• Focus on Positive, on health outcomes • Authoritarian • Rational messaging to correct messages of emotional nature (rumors, misconceptions, etc.)

4.1.8 Step 8: Identifying effective channel of communications

How and where to reach the targeted audience with the designed messages requires an understanding of not only the location of the people but also the appropriate time when they can pay attention. The selection of the channel of communication to reach specific target audiences is critical to ensure that self-initiated actions are done by the individual.

Selection of the channel of communication for specific audiences should be based on their location, accessibility and credibility of the channel of communication. There is no rule of thumb to determine the appeal and tone of messages and the channel of communication. It is wise to use a combination of channels of communication and effective tones.

Design of promotional materials

In times of emergencies, the need to respond with speed is crucial. The situation demands to communicate the available information without wasting time and to develop materials quickly. One of the strategies to meet the pressing need for quick public information and awareness promotional materials in proper language is prepositioning. This means getting materials such as brochures, posters, audio-visual, etc. used in similar situation ready for use all the time. It is advisable to adapt these materials well ahead of time or use them directly if the language and visuals don't destruct comprehension by users.

Table 3: Example of Determining Channel of Communication

Target audience	Messages	Channel of communication	Notes
Residents in slum and crowded areas of Addis Ababa in times of AWD, 2016	Preventive messages	Radio Tele Vision Audio-Visual Van (AV Van) Posters Banners Brochures Cell phone text messages	The AV Van social mobilization was instrumental in reaching busy residents who have little time to sit and watch TV or listen to the radio

4.1.9 Step 9: Determining use of Communication Approaches

Evidence shows that the most effective means of promoting change is to work at all levels and includes use of multiple channels of communication that are suited to the particular audiences. The main communication approaches suggested for the different levels to help achieve the communication objectives are advocacy, interpersonal communication/behavioral change communication, and Social or community mobilization, supported and reinforced by the mass media.

I) Advocacy

This is intended to get the support of influential organizations, individuals and people in positions of power. Advocacy would help influence and get commitment of policy makers and raise critical

issues related to the success of the outbreak/crisis response. For example, during an emergency response, financial resources, issue of water, sanitation and hygiene supposed to be higher in the policy agenda and in the minds of the people.

II) Social or Community mobilization

Social mobilization is a process of engaging and motivating partners and stakeholders at various levels to raise awareness on emergency situations and create demand for particular responses.

Community mobilization should be carried out to strengthen dialogue among community members on issues of water, sanitation, hygiene and others. It provides a platform for increased community participation and ownership.

III) Social and Behavior Change communication/Interpersonal Communication

Behavioral Change Communication is an evidence based process to address knowledge, attitude, believes, practices and provide relevant information and motivation through multiple media channels. It focuses on individual and social behavior changes addressing social factors influencing communication patterns, values, power, norms and harmful traditional practices among others.

Interpersonal communication is the process of sharing information or messages between one to one or more individuals. It is useful in counseling and in sensitizing community members and different key actors. Its biggest advantage is that people can express their feeling, thoughts, attitude, perceptions and get immediate feedback. It should be one of the key approaches of this guide in order to increase knowledge on the importance of water, sanitation and hygiene as well to promote behavioral change among families and communities.

V) Capacity Building

This will focus on enhancing the skills of key actors (such as, Health Extension Workers, Health Development Army/Women Development Army, Teachers, Religious leaders, Sector Organizations, the Youth and Volunteer Association, Religious Organizations) on interpersonal communication and maximizing use of communication skills and materials. This will be coordinated and integrated with any sectoral training and orientation efforts.

In addition to the above communication approaches, the followings are supporting communication methods:

I) Mass media, outdoor media, participatory drama and folk media

These are useful in raising mass awareness, bringing the issue into the limelight and helping to promote critical behaviors and program information. They provide support and credibility to the interpersonal and community mobilization efforts simultaneously. Participatory drama could be used in particular during preparedness and recovery or maintenance phases.

II) Entertainment education

This helps to disseminate messages through means which are educational in substance, entertaining in structure and popular in the community. For instance, a radio drama on water sanitation and hygiene made in a format that is locally popular will be effective.

III) Social marketing

This used marketing principles such as 'product, price, positioning and promotion' (4Ps) to encourage the use of a product or practice that has a social value e.g. hand washing with soap and use of water

treatment products. It helps to promote adoption of behaviors and to create a demand for services and supplies that help practice that behavior.

IV) Health care facility based interventions

These help to:

- strengthen community – health facility linkages;
- raise awareness among health care workers to strengthen health education;
- provide psychological support for family members;
- strengthen point of service delivery for education; and
- engage community health workers to inform them of the disease and risks and to build capacity.

4.1.10 Step 10: Implementation, Supervision, Monitoring and Evaluation

The National Social Mobilization Team which coordinates the public health emergency communication as part of the main Emergency Response Team or Command Post oversees implementation of the communication and social mobilization activities. Depending on the grade level of the emergency and continued assessment of the situations, risk factors are diagnosed and appropriate measures with corresponding messages, channels of communication and approaches are taken.

Field level supervision and visits and dialogue with the people at risk, survivors and responders at all levels are key to taking corrective actions and filling of the identified gaps timely.

As the response goes on, it is imperative to monitor activities to understand whether they are implemented as planned. The indicators relevant to monitor implementation of activities during the outbreak can be set from the KAP surveys or surveys done previously. The outcome of this will help communication practitioners to take remedial actions. For example, if community health promoters have ceased to go house to house or hold meetings with the community members, asking the factors that discouraged them from continuing their activities. Problems could be due to lack of megaphones batteries, IEC materials, resistance from a few community members, etc.

At the end of the emergency or disease outbreak, evaluation of the effectiveness of the response should be done. Evaluation will enable determine whether the interventions were delivered and help to document lessons and experiences to inform or enrich preparedness for future emergencies and disease outbreaks.

Table 4: Key Elements for Effective Public Health Emergency Communication Response

Level	PREPAREDNESS	ALERT/INITIAL	RESPONSE	EVALUATIION
Federal/ Regional	Set up the capacities and mechanisms for **public health emergency communication strategies**	Develop and implement **public health emergency communication strategies**	• Implement **public health emergency communication strategies**	Evaluate **public health emergency communication strategies**
	• Map partners and stakeholders and establish relations • Establish coordination mechanism • Establish networks (practitioners/professionals/ rapid assessment h/ response/specialist) • Develop/review communication plans • Set up Information sharing mechanism (regular meetings, email communication and debriefing sessions)	• Contribute and support risk assessment • Inform /alert stakeholders • Conduct rapid listening as part of outbreak investigation • Activate preliminary community communication strategy • Organize orientation and training on communication skills for frontline social mobilizers • Conduct rapid assessment to refine messaging	• Manage media • Conduct Interpersonal communication training (response teams, health workers, response partners, policy makers) • Conduct Risk assessment in neighbouring vicinities • Coordinate response teams • Mobilize resources • Conduct social mobilization • Implement psychosocial support (HWs, response teams, communities)	• Implement evaluation mechanism (interventions, reporting, information sharing, resource mobilization) • Carry out media relations • Document the whole process communication response, lessons learnt/best practices

Level	PREPAREDNESS	ALERT/INITIAL	RESPONSE	EVALUATIION
Federal/ Regional	Set up the capacities and mechanisms for **public health emergency communication strategies**	Develop and implement **public health emergency communication strategies**	• Implement **public health emergency communication strategies**	Evaluate **public health emergency communication strategies**
	• Collaborate with response team to map epidemic prone zones and hard to reach areas and populations • Map communication structures / media mapping • Conduct Media orientation • Develop tools, (protocols, guidelines, SOPs) • Advocate and mobilize resources • Establish mechanisms for public listening • Establish mechanisms to provide psychosocial communication and counselling • Establish monitoring and evaluation mechanisms • Establish reporting mechanisms • Collaborate with the response team to develop risk assessment protocols that includes risk communication • Intensify media communication	• Define the specific behavioural objectives and communication objectives • Identify and mobilize surge capacity for communication • Mobilize resources • Increase reporting frequency • Prepare for response phase • Develop messages and increase media coverage • Intensify information dissemination and education • Identify risk factors and target audiences (unreached, hard to reach, marginalized, etc. • Update messages • Intensify media communication • Intensify SBCC	• Develop communication materials • Carry out on-going rapid needs assessment (including communication) • Identify risk factors • Develop risk factor based communication messages and or update messages • Monitor interventions and carry out supervision • Write situation reports and updates • Harmonize messages • Intensify SBCC • Intensify media communication	• provide feedback to communities, partners, policy makers, politicians, donors • Continue and evaluate psychosocial support • Conduct social science research and disseminate results • -Intensify SBCC communication • Intensify media communication • Redesign PHEC using evaluation outcomes and lessons learnt documented.

Level	PREPAREDNESS	ALERT/INITIAL	RESPONSE	EVALUATIION
Zonal/ District	Set up the capacities and mechanisms for **public health emergency communication strategies**	Develop and implement **public health emergency communication strategies**	• Implement **public health emergency communication strategies**	Evaluate **public health emergency communication strategies**
	• Establish coordination mechanisms, networks • Map epidemic areas or population affected • Build capacity of community level responders (HEWs, etc) • Strengthen information sharing with RHB and Woo • Build partnerships • Distribute promotional materials • Mobilize politicians and communities • Strengthen health care delivery facilities • Identify unreached groups of people and means to reach them	• Engage health workers, relevant sectors and partners • Continue assessing gaps and take measures without delay • Ensure that Kebele level coordination and response are going smoothly • Identify risk factors, constraints and challenges to take corrective measures • Update messages	• Mobilize and organize a working group composed of key people like sectoral representatives, religious leaders and partners • Continue response, • Identify areas or groups of people unreached • Address risk factors • Update messages	• Involve concerned sectoral workers in the effort to undertake monitoring and evaluation process

Level	PREPAREDNESS	ALERT/INITIAL	RESPONSE	EVALUATIION
Kebele/ Community	Set up the capacities and mechanisms for **public health emergency communication strategies**	Develop and implement **public health emergency communication strategies**	• Implement **public health emergency communication strategies**	Evaluate **public health emergency communication strategies**
	• Establish coordination mechanisms, networks involving HEWs • Map communities affected, households or at risk Build capacity of community level responders • Build partnerships • Distribute promotional materials • Mobilize political and communities • Strengthen health care delivery facilities • Ensure community engagement • Reach the unreached groups	• -Engage the community and relevant people including Kebele leaders in planning and implementation • Orient HEWs, HDAs, community, religious leaders, etc. • Correct myths through responses that are both accurate and that resonate with the community. • Take advantage use of events to integrate awareness-raising activities	• During the response initiatives, involve the community including affected caregivers to participate in various interventions	• Involve the community in the monitoring and evaluation phase

Purpose: This worksheet will help you evaluate what the secondary research tells us about knowledge, attitudes and other important considerations for the population regarding the emergency issue. If you do not find information about some of the factors, note it down as this may indicate a need for further research.

Directions: With other stakeholders, brainstorm to determine the questions that primary research will need to include including on knowledge, behavior, attitudes and practices, and complete the table.

Topics	Questions
Knowledge:	
Attitudes & Beliefs:	
Risk Perception:	
Self-efficacy:	
Norms:	
Culture:	
Behaviors & Practices:	
Sources of Information & Media Habits (Including Telecom and Internet Use):	
Geographical Disparities:	
Other Observations:	

Annex 2-COMPLETED EXAMPLE – WORKSHEET RAPID ASSESSMENT CONSIDERATIONS IN EMERGENCIES

Knowledge:	• Knowledge of the signs and symptoms of cholera • Knowledge of actions to take to prevent the spread of cholera • Knowledge on giving salt/sugar solution or ORS to help treat symptoms of cholera • Knowledge about early treatment seeking in a health facility for signs and symptoms of cholera
Attitudes & Beliefs:	• Current misconceptions, myths about cholera signs and symptoms (e.g., diarrhea is a curse) • Current misconceptions around treatment (e.g., stop eating food) • Bylaws against funerals affecting people's reporting of cholera
Risk Perception:	• Complacency related to care-seeking for diarrhea
Self-efficacy:	• Confidence and skills in taking actions related to cholera prevention (e.g., hand washing with soap; waste disposal) • Confidence and skills in taking actions related to cholera treatment (e.g., treatment with salt/sugar water or ORS; care-seeking in facilities)

Norms:	• Social norms related to the spread of cholera (e.g., getting treatment early for diarrhea, waste disposal, hand washing) • Influence of family, peers, community leaders, religious leaders, and others on behaviors and practices
Culture:	• Religious/cultural practices that spread cholera (e.g., communal eating practices – consider disaggregation of cultural/religious practices and behaviors)
Behaviors & Practices:	• Hand washing practices and behaviors • Treatment practices for cholera signs and symptoms (e.g., do they treat for Malaria instead?) • Waste disposal practices and behaviors • Hygiene practices and behaviors • Food hygiene practices and behaviors) • Health-seeking practices and behaviors related to cholera (e.g., Herbal medicine?)

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