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Results and Lessons Learned from UK Department for International Development (DfID) Grant

Support for national integration of pandemic preparedness
communication plans with community-based prevention and response
to emerging infectious diseases

A c r o n y m s

ACF	Action Contre La Faim	EID	Emerging Infectious Diseases
API	Avian and Pandemic Influenza	EPI	Expanded Programme on Immunization
ARRCI	Asian Regional Risk Communication Initiative	ESARO	Eastern and Southern Africa Regional Office
ARSIP	Alliance of Religious Leaders of Cote d'Ivoire	FAO	Food and Agriculture Organization of the United Nations
C4D	Communication for Development	HPAI	H5N1 Highly Pathogenic Avian Influenza
CBOs	Community-Based Organizations	ICS	Institute for Social Communication
CEE-CIS	Central and Eastern Europe and the Commonwealth of Independent States Regional Office	IEC	Information, Education, Communication
CHWs	Community Health Workers	IHR	International Health Regulations
CIEH	Centre for Information and Education on Health	KFP	Key Family Practices
COMBI	Communication for Behavioral Impact	MSF	Médecins Sans Frontières
DfID	UK Department for International Development	NGOs	Non-Governmental Organizations
EAPRO	East Asia and Pacific Regional Office	PCA	Partnership Cooperation Agreement
EBF	Exclusive Breastfeeding	UNICEF	United Nations Children's Fund
		WCARO	West and Central Africa Regional Office
		WFP	World Food Programme
		WHO	World Health Organization



Table of Contents

	4	Background
6		Global Level Interventions
8		Regional Level Interventions
10		Country Level Interventions
	10	Angola
	11	Bangladesh
	13	Botswana
	14	Cote d'Ivoire
14		Democratic Republic of Congo
	16	Lao PDR
	17	Mali
	17	Mozambique
	19	Sierra Leone
	19	Swaziland
	20	Uganda
21		Other country interventions
	22	Conclusion
	23	Contributions



Background

The H5N1 highly pathogenic avian influenza (HPAI) virus, endemic in several regions since 2003, remains entrenched in several countries.¹ The threats persist – of further outbreaks in poultry and humans and of significant socio-economic losses. In April 2009 a new influenza A virus, pandemic (H1N1) 2009, was detected in North America before it rapidly spread to over 125 countries within 6 weeks. Other influenza viruses of animals (sub-types H2, H5, H6, H7 and H9) currently circulating in different parts of the world have sporadically infected humans and are considered to have pandemic potential.

Since 2006 the United Nations Children's Fund (UNICEF) has led UN organizations and other partners to work with national governments to develop communication interventions; these interventions are aimed at building community resilience and prevention and response capabilities among individuals and communities in the face of emerging pandemic threats. UNICEF works with development partners to improve communication abilities of governments. The overall objective is to strengthen their capacity to manage outbreaks and undertake community-based, participatory communication interventions. The latter are aimed at promoting the adoption of protective behaviors within the integrated "One Health" approach.²

UNICEF's strengths in communication and social mobilization, its support for action at the community level and the capacities acquired while supporting countries' avian pandemic preparedness strategies allowed a rapid and effective response to the emergence of the Pandemic (H1N1) in 2009.

The pandemic (H1N1) 2009 illustrated that countries that invested in communication preparedness to enhance public understanding and community engagement were able to build public trust and promote compliance with prevention and control efforts.³

In July 2010 UNICEF received a grant from the UK Department for International Development (DfID) to support countries to develop and integrate H1N1 communications and develop required capacities to respond to emerging and re-emerging diseases; this would reduce the risks for children and families. Given the evolving epidemiology of the disease and the lessons learned from the pandemic (H1N1) 2009 organizational response at the time, UNICEF directed these funds primarily to sustain the national Communication for Development (C4D) capacities for emergency responses to a variety of outbreak scenarios. These included emerging infections such as avian and pandemic influenza, cholera, yellow fever and viral hemorrhagic fevers like Ebola and Marburg.

¹Bangladesh, China, Egypt, India, Indonesia and Vietnam.

²"One Health" calls for ensuring adequate international, regional and national capacities to diminish risks and minimize the global impact of epidemics and pandemics due to emerging infectious diseases. It seeks to enhance disease intelligence, surveillance and emergency response systems at national, regional and international levels. It calls for effective national communication strategies to promote the adoption of recommended behaviours and of protective practices at the grassroots level. *Contributing to One World, One Health A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystems Interface.* (http://un-influenza.org/files/OWOH_14Oct08.pdf)

³AED PREVENT Project Towards a Safer World (2011) "Communication in a Pandemic: Lessons from the H5N1 and H1N1 Experiences", Washington DC, May 2011.

Global Level Interventions



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At the global level, UNICEF provided continuous technical and strategic guidance to four regional offices and 19 country offices to improve their health communications systems and be better able to develop, deliver and evaluate the effectiveness of health interventions messages. Country offices also used these funds to strengthen their communication interventions for polio eradication, routine immunization and the introduction of new vaccines (See Table 1).

An inter-agency website (www.influenzaresources.org) was revamped to include specific guidance on protective behaviors against H1N1 and other essential family practices. The pandemic influenza intranet site at UNICEF was also continuously updated to provide country offices the latest guidance and communication resources available.

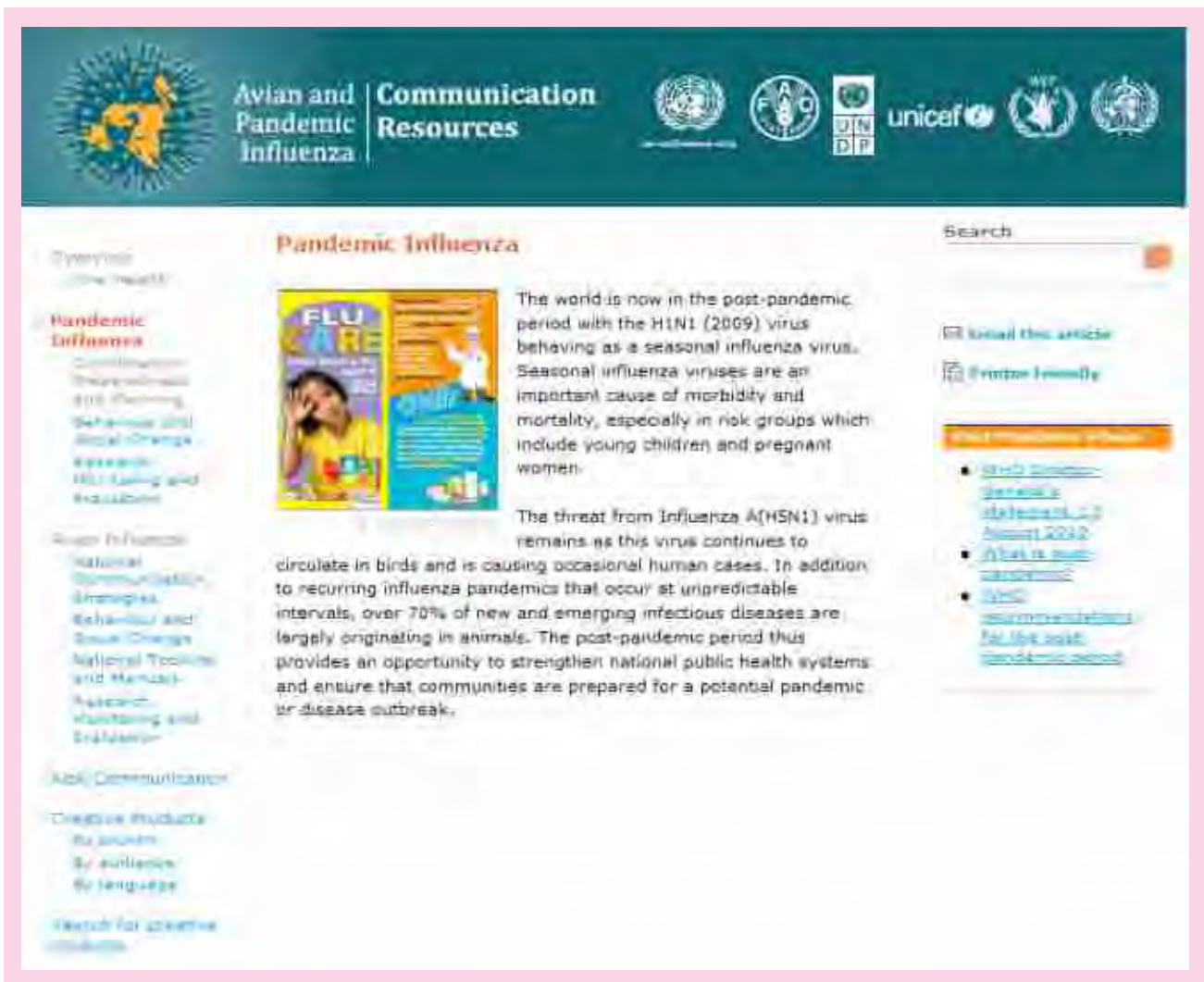
On an average the website received more than 100 visits per day from January 2011 to October 2012, day.

UNICEF HQ supported and participated in several global and regional inter-agency initiatives:

- ▶ *UN System Workshop on Animal and Pandemic Influenza*, where a number of key concepts – including communication and advocacy – were identified to assess progress in the avian and pandemic influenza inter-agency work.
- ▶ *The Asia Regional Risk Communication Initiative Forum* brought together UN and UN-partner agency communication practitioners from across the Asia and Pacific regions. The objective was to showcase communication and behavior change strategies vis-a-vis outbreaks and emerging

Table1: UNICEF offices receiving support the DfID grant

UNICEF Regional Offices	UNICEF Country Offices	
▶ Central and Eastern Europe and the Commonwealth of Independent States Regional Office (CEE-CIS)	Afghanistan	Malawi
▶ East Asia and Pacific Regional Office (EAPRO)	Angola	Mali
▶ Eastern and Southern Africa Regional Office (ESARO)	Bangladesh	Mozambique
▶ West and Central Africa Regional Office (WCARO)	Botswana	Nepal
	Central African Republic	Northern Sudan
	Chad	Sierra Leone
	Congo	Swaziland
	Cote d' Ivoire	Tanzania
	Democratic Republic of the Congo	Uganda
	Lao People's Democratic Republic	



Inter-agency website (www.influenzaresources.org)

infectious diseases. Participants agreed on mechanisms to improve regional and country team inter-agency collaboration for better communication responses and outcomes.

- ▶ *The International Health Regulations (IHR) Risk Communication & Capacity Building Working Group* defined key priorities for capacity-building strategies and associated guidance needed to support countries' response. The new Communication for Behavioral Impact (COMBI) toolkit for behavioral and social communication in outbreak response represents an example of such guidance.
- ▶ UNICEF collaborated in public health measures and pandemic preparedness with *WHO Influenza*

Training Network to develop the Influenza Training Library. This is a cross-cutting tool which facilitates the global implementation of influenza pandemic preparedness measures for animal and seasonal influenza.

- ▶ With the World Food Program (WFP), the World Health Organization (WHO) and the Food and Agriculture Organization of the United Nations (FAO), UNICEF contributed in the integration of lessons learned from the H1N1 pandemic for the *Towards a Safer World Initiative*. The goal of this initiative is to build a more effective whole-of-society preparedness to lessen the economic, social and humanitarian impact of pandemics.



Inter-agency resources

Regional Level Interventions



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UNICEF's *East Asia and Pacific Regional Office* (EAPRO) conducted regional advocacy on C4D for emerging infectious diseases (EID) along with partners and through the Asian Regional Risk Communication Initiative (ARRCI). It also provided technical assistance to country offices to promote preparedness and early warning systems as part of managing EID risks.

50 C4D countries and program staff from 17 countries⁴ received training on the use of strategic communication to achieve child health outcomes, including response to emerging and ongoing

infectious disease outbreaks. The overall objective was to support countries in the revision of ongoing and planned communication activities related to Child Survival and Development, WASH and emergencies.

The Central and Eastern Europe and the Commonwealth of Independent States Regional Office (CEE-CIS) focused its efforts on strengthening the capacities of Ministries of Health to communicate effectively on priority maternal and child health areas including communicable diseases.

The funds supported a regional workshop for 12 countries⁵ to enhance their capacity in health promotion, health communication and risk

⁴Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Lao PDR, Malaysia, Mongolia, Nepal, Pacific Fiji, Philippines, Papua New Guinea, Sri Lanka, Thailand, Timor Leste and Vietnam.

⁵Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kosovo, Moldova, Serbia, Tajikistan, Turkmenistan and Ukraine.



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communication. This workshop used systematic assessments of existing health promotion capacity and formulated draft plans for strengthening country capacities.

As a result, institutional capacity was strengthened through the endorsement (Turkmenistan) and development of national cross-sectoral strategies (Belarus, Moldova and Kazakhstan). Health Promotion units were consolidated in Armenia and Georgia. Funds were leveraged in Ukraine and Georgia and institutional mechanisms for staff capacity building were established in Azerbaijan.

The *Eastern and Southern Africa Regional Office (ESARO)* developed an outbreak communication framework and a toolkit for emerging infectious diseases. The former includes a mapping of disasters and infectious diseases and a C4D capacity assessment in the region. ESARO validated and pre-tested the framework and toolkit with the countries in the region.

Both documents are now being printed and have been shared with country offices to help them to develop their outbreak communication plans and strategies. The toolkit was used during the Ebola outbreak in Kibaali region in Uganda in July-August 2012

In 2012, ESARO conducted training of trainers workshops for Ministry of Health professionals in Swaziland and Kenya. The training was intended to provide basic knowledge and skills on how to use outbreak communication tools to develop,

implement, monitor and evaluate communication strategies and plans for outbreaks of epidemic and pandemic diseases.

Trainees used the acquired knowledge and skills to strengthen outbreak communication capacities at the sub-national level. In Swaziland the National Emergency Communication Plan was revisited, revised and updated. In Kenya, as recommended by the national outbreak communication workshop, UNICEF and the government have been working to replicate the outbreak communication training in two high risk counties – Garisa and Kisumu. This will lead to developing and implementing sub-national outbreak communication plans for the two counties.

The *West and Central Africa Regional Office (WCARO)* developed a framework for C4D emergency and response planning; guidelines to facilitate workshops for planning C4D strategies for water-borne diseases in an emergency and a handbook for community based approaches for social and behavior change.

WCARO supported the development of C4D emergency preparedness and response plans in Chad, Guinea Conakry and Liberia. In Chad the national plan has been used as the basis for designing operational plans that have been rolled out in 6 at risk districts. In Guinea Conakry a national plan is currently being rolled. In Liberia a comprehensive National strategy for prevention and fighting against cholera was developed and is currently under implementation.

Country Level Interventions



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DfID funds helped enhance the communication capacities of country offices to respond to emerging infectious diseases in Afghanistan, Angola, Bangladesh, Botswana, Central African Republic, Chad, Congo, Cote d'Ivoire, DR Congo, Lao PDR, Malawi, Mali, Mozambique, Nepal, Northern Sudan, Sierra Leone, Swaziland, Tanzania, and Uganda.

The depth of implementation of projects varied from country to country depending on the level of engagement and risk perception of national authorities, the local epidemiological situation and the capacities of the country offices to support their government counterparts. Some of the experiences and relevant interventions are highlighted below.

Angola

The Angola country office utilized DFID funds primarily to strengthen the promotion of the Family Competencies program.

In January 2011, an alliance in Family Competencies was signed between UNICEF and 10 Angolan churches (Catholic, Methodist, Baptist, Adventist and 6 Evangelic churches) in the presence of Anthony Lake, UNICEF Executive Director.

The objective of the alliance is to create demand for quality social services and to promote household practices that support child survival, well-being and protection. The alliance has delivered messages on family competencies to about 18 million citizens,

trained approximately 85,000 religious leaders and activists and established 18 provincial committees for the promotion of these key behaviors.

In September 2011, the Ministry of Family and UNICEF launched the Happiness Recipe program at the national level with extensive media coverage and the participation of more than 100 church leaders and activists.

The Happiness Recipe program promotes the following 12 key behaviors:

➤ Individual skills at home:

1. Immediate and exclusive breastfeeding
2. Re-hydration with oral saline treatment water
3. Hand-washing with soap and water
4. Home treatment of water
5. Defecation in a safe place
6. Use of mosquito nets treated with insecticide
7. Early stimulation
8. Care and positive education

➤ Promoting demand for basic services:

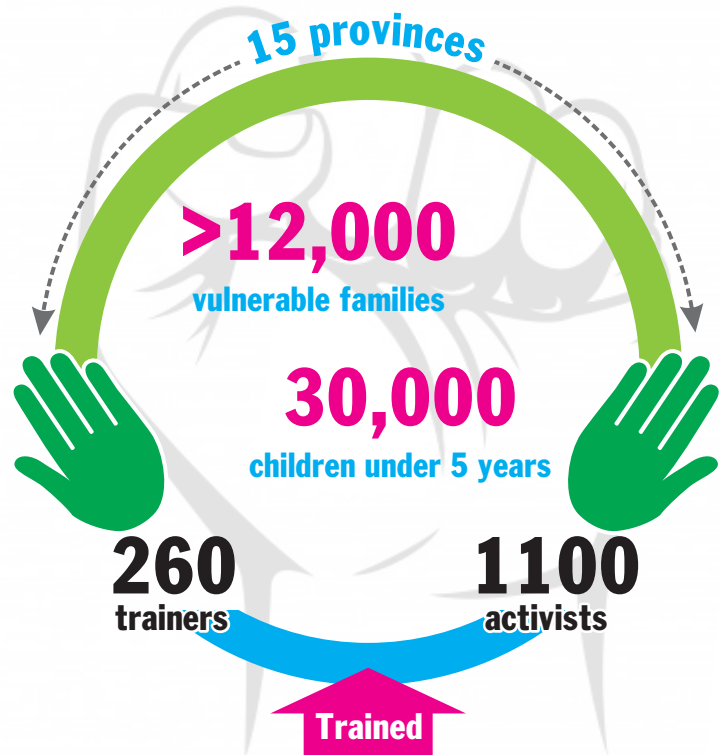
9. Pregnancy and prenatal
10. Delivery in health facility
11. Birth registration
12. Routine immunization of children



© UNICEF/Angola
Booklet "Happiness Recipe" Advise for Families



© UNICEF/Angola
Manual "Happiness Recipe" Handbook for Activist of Promotion of Family Competences



The communication packages contain simple booklets for families (10,000 printed by the end of 2011), manuals for activists and mobilizers, a music album with 12 specific thematic songs and a set of 8 radio mini dramas in Portuguese and four national languages.

The UNICEF country office developed a Training of Trainers' curriculum and manuals. The first course of trainings in communications, including social micro-planning and mapping, started in the second half of 2011, with 360 activists from various churches of Luanda, Bié, Samba, Ingombotas and Maianga provinces.

An additional 260 trainers and 1,100 activists were trained to support more than 12,000 most vulnerable families and 30,000 children under 5 years in 15 provinces. This was done through a UNICEF agreement with the Catholic Faith-based Organization "Pastoral da Criança".

Bangladesh

The objective of the Bangladesh country office was to support the national government in the development of an Emerging Infectious Diseases (EID) Communication strategy. This initiative seeks to improve the national preparedness capacities. It also promoted key and safe avian and pandemic influenza (API) practices among vulnerable and most at-risk population.

UNICEF actively supported a consultative workshop to develop the communication strategy, an action plan, and a communication package using One World-One Health approach.

The following activities were carried out to improve preparedness:

- ▶ 100,000 leaflets on highly pathogenic avian and pandemic influenza preventive behaviors and



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Around 100 monks participated in an orientation session on Avian and Human Influenza preventive practices, "Facts for life" and Disaster preparedness in Rangamati district, 2011



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Capacity strengthening of local Imams, organized by Islamic Foundation in Cox's Bazar district, 2011

home management of patients were printed reaching 3 million at-risk populations in 91 wards of Dhaka city.

- ▶ 7 master TV and radio spots, 200,000 leaflets, 50,000 posters, and 150 large size banners were given to Department of Mass Communication for its use during an emergency.
- ▶ 7 District Information Officers in Kurigram, Gaibandha, Bogra, Pabna, Sirajganj, Tangail and Jamalpur and 80 journalists were oriented to EID including avian and pandemic influenza.
- ▶ 10 groups of personnel from the Department of Mass Communication in 6 vulnerable districts of Kurigram, Gaibandha, Bogra, Pabna, Sirajganj and Jamalpur were trained on the avian and pandemic influenza situation and preventive behaviors. The 10 groups are estimated to reach 15 million people.
- ▶ The Department of Mass Communication had 348 film screenings in the community and 174 screenings in schools in Kurigram, Gaibandha, Bogra, Pabna, Sirajganj, Tangail and Jamalpur. Five hundred and twenty-two audio sessions were aired in 7 avian and pandemic influenza vulnerable districts.

The country office formed a partnership with faith-based organizations and religious networks to link the child-survival and development recommended behaviors to the values and tenets of the Islamic and Buddhist religions.

As a strategic initiative, UNICEF joined hands with the Islamic Foundation, an organization with 40,000 officials working exclusively with Islamic religious leaders in Muslim-majority Bangladesh.

In the southern coastal district of Cox's Bazar, the Islamic Foundation in collaboration with UNICEF conducted several training sessions where around 5,000 Imams took training on hygiene. All the Imams were trained in avian influenza preventive practices and given tips on how to handle sick poultry.

Seven deputy directors of the Islamic Foundation were trained as master trainers to intensively engage with 5,876 Imams on the threat of API to people and their livelihood. The teachings are mosque-based and home-based counseling during Akika (the occasion of naming a child) and Milad (religious congregations offering special prayers organized mainly by families and groups).

In 2011, the Islamic Foundation's network of Imams reached 11.5 million devotees with information on avian and human influenza preventive practices in seven districts – Kurigram, Gaibandha, Bogra, Pabna, Sirajganj, Tangail, Jamalpur, Gazipur, Rangamati and Cox's Bazar.

In the Chittagong Hill Tracts, a region dominated by several ethnic groups, largely followers of Buddhism, local Buddhist networks were roped in. They reached around 100,000 people living in three sub-provinces of Chittagong Hill Tracts and increased their knowledge on avian and pandemic influenza key and safe practices.

Botswana

The Botswana country office used the funds to strengthen hygiene and hand washing strategies directed at school children. It also integrated information on H1N1 to Child Health Day celebrations.

UNICEF supported the Ministries of Education and of Health to develop and implement a media plan to disseminate hygiene and hand washing messages to school children.

A situation analysis on hand washing conducted in schools found that students' knowledge and practice of hand washing for disease prevention was inadequate. Based on the survey, and using the feedback from a pilot test, UNICEF in partnership with Ministries of Education and of Health supported the production and publication of a Hand Washing Resource Book for Pre and Primary schools and Hand Washing Kits for schools. The resource book reached about 300,000 pupils and teachers.

The resource book includes a teacher guide, teaching aids, lesson plans, a school health club manual and illustrative posters on key hand washing messages. The kit covers hygiene and hand washing materials for both classroom use and by school health clubs, including various age-specific education materials. It also provides both learner materials and guidance



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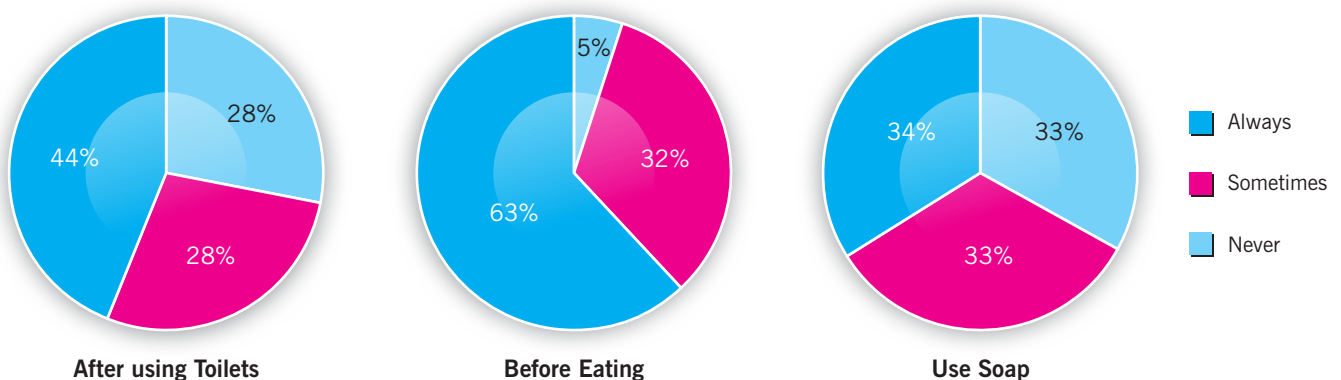
for the teacher/ school club on the use of the materials. Specific reference to H1N1 is included.

The country office produced and distributed to public schools 3,500 copies of Hand Washing Resource Book; 2,000 copies of School Health Clubs Manual; 1,600 copies of School Sanitation & Hand Washing Survey Report; and 40,000 copies of Hand Washing posters.

Other activities included:

- ▶ A workshop in October 2011 to train 45 field education officers in the use of the Hand Washing Kit for Pre- and Primary schools.
- ▶ Hand washing messages were broadcast in 7 local newspapers, 4 local radio stations and a TV advert for children on Botswana television.
- ▶ Intensive dissemination of key messages through radio, print media and television.

Fig 2: Percentage of participants who responded to hand washing at critical time and use soap





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Declaration of the children of Tiasale to their parents to protect their health



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The Imam Treichville playing in a theatre promoting exclusive breastfeeding

Cote d'Ivoire

UNICEF interventions were organized around the following strategies:

i) Advocacy with government authorities to develop a communication strategy to reduce or minimize the impact of epidemics.

UNICEF collaborated with the Ministry of Health to update its integrated communication plan to respond to a cholera emergency.

ii) Forging partnerships between religious leaders and NGOs to influence the behavior of communities in the promotion of hygiene.

UNICEF developed a partnership with the Alliance of Religious Leaders of Cote d'Ivoire (ARSIP) and trained around 300 religious leaders in the use of participatory communication techniques.

iii) Development and production of messages to support the promotion of hygiene practices.

Learning and education materials were produced including 2,500 counseling cards, 5,000 posters, 2,500 booklets and 2,500 guides adapted for both Muslims and Christians; 1,500 facts-for-life cartoons for children, 14 radio micro-programs, 14 radio

stories for children and 6 radio spots were broadcast on 91 local radios

iv) Partnership with community radio stations for broadcast of messages.

A partnership cooperation agreement (PCA) with the local Radio Network was signed and a business plan developed. UNICEF and the Alliance of Religious Leaders launched a three-month campaign on 30 November 2011 to promote child survival in emergency situations by promoting essential family practices. The campaign reached over 500,000 people.

Democratic Republic of Congo

In the Democratic Republic of Congo, UNICEF led the design of a national communication for development (C4D) strategy to support the implementation of the African Child Survival and Development Strategy to promote Key Family Practices (KFP). More than 6,200 religious community workers were trained to promote key family practices in the provinces of Kinshasa, Katanga and Nord Kivu, potentially reaching about 36 million people.



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Signature of memorandum of understanding between UNICEF and leaders of religious denominations



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School mural to promote hand washing at critical moments

▶ The key family practices are:

- ▶ Exclusive breastfeeding
- ▶ Full vaccination before the first anniversary
- ▶ Hand washing
- ▶ Home treatment of diarrhoea with Zinc and Oral Rehydration Solution
- ▶ Utilization of Long-Lasting Insecticide Treated Mosquito Nets

In March 2010, 5 major religious denominations (the Catholic Church, the Church of Christ in Congo, the Islamic Community in Congo, the Kimbanguist Church and the Church Revival of Congo) signed a Memorandum of Understanding with UNICEF. The aim was the promotion of 5 key family practices at household level through their community and religious networks and communication structures.

Under this partnership UNICEF conducted interventions aimed at integration and ownership of key family practices in schools. Particular emphasis was placed on hand washing.

Several activities were conducted in 50 primary schools in these five denominations. The Academy of Fine Arts created murals on five critical moments of hand washing, the Institut National des Arts performed plays on five key family practices. A study conducted to assess the impact of the promotional campaign in these schools showed a significant increase – from 30 per cent to 67 per cent – in the number of students who are aware of two key moments of hand washing after sensitization.

Four provincial communication plans and one district level communication plan were developed with the participation of community based organizations and health partners. More than 3,000 people were trained in the promotion of key family practices in 4 provinces and 1 district.

Community participation was taught during the training of community based animators on the 5 key family practices. As a result, at least 10,000 primary school children and 20,000 households were sensitized in 5 provinces.



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Lao PDR

In 2011 UNICEF shifted its focus from influenza related interventions to complementing and sustaining evidence-based interventions on hygiene and nutrition.

Ongoing activities were strengthened, capacity building was launched for the government and participatory methods addressing specific community needs were designed and tested in localized strategy planning.

In late 2009, the Ministry of Health, supported by UNICEF, launched a high profile Exclusive Breastfeeding (EBF) campaign. DfID grant contributions in 2010-11 allowed for ongoing technical support to this campaign.

By 2011, the strategy had included trainings nationwide for more than 5,000 community volunteers and 1,300 health care workers. The efforts targeted approximately 72,000 pregnant or lactating women at the community level via inter-personal communication efforts reinforced by mass media advertising, print material distributions and wide-scale advocacy efforts.

Complementing this effort, in 2011, DfID grant funds allowed UNICEF to contribute with technical support to the research and planning of strategies for Infant and Young Child Feeding. This planning has helped to prioritize messages aimed at impacting nutrition and WASH outcomes for pregnant women, new mothers, infants and young children.

This work will continue into 2013 and result in a complete package of training and Information,

Education, Communication (IEC) materials that use community-based participatory approaches toward bringing about improvements in disease-prevention and related health behaviors.

New IEC materials on household water treatment were developed, printed and distributed in communities affected by Typhoon Haima in four central provinces.

UNICEF led the capacity building support to the Centre for Information and Education on Health (CIEH) under the Ministry of Health. Technical and coordinating leadership to conduct health promotion activities, research, and IEC materials production is recognized as an institutional weakness in this sector.

UNICEF has worked to increase CIEH's capacity to develop decentralized strategies that focus on strengthening district-level planning. Particular emphasis has been placed on community engagement and participation in exercises that seek to create holistic strategies around service demand and improvements in individual and family health behaviors.

Communication planning for Luangnamtha has focused on developing qualitative research and documentation tools that will assist in understanding the specific needs and thus the behavioral objectives of convergent programs, feeding into the types of decentralized, district-level planning activities described above.

Exercises that use participatory consultations within communities for local planning were tested in 2011 and are now being deliberated upon. These activities

focus on achieving deeper analysis of local level barriers to healthy behaviors and better addressing issues such as gender and ethnicity.

Efforts in Luangnamtha province were also focused on decentralized monitoring, and identification and removal of bottlenecks that prevent effective sub-national action for local health and social development needs.

In 2011, UNICEF also supported CIEH to develop the National Communication for Health Policy, which was finalized and approved by the Minister for Health. This should provide CIEH with a better foundation from which to operate within the Ministry of Health.

In 2011, technical assistance with support from a variety of funding partners, including DfID, helped CIEH to build and maintain a computer inventory system of all available IEC materials, training curricula, distribution plans and activity locations related to infectious diseases and other health issues.

This is the first effort of its kind toward ensuring that all health-related communication materials are properly stored, filed and retrievable in a user-friendly format. It also marks a significant step for emerging disease preparedness as this is listed as a benchmark achievement in the country's five-year plan on emerging infectious diseases. The challenge will be to maintain and sustain usage over time.

Mali

Mali's country office forged a partnership with the government to promote operationalization of the National Policy on Communication for Development. As a result, institutional efforts on communication for behavior change vis-a-vis key family practices have been strengthened.

DfID funds were used to support communication activities in the fight against a cholera epidemic and to support the Ministry of Health in implementing the communication plan for World Hand Washing Days. UNICEF provided technical support to the Ministry of Health in the revision, adaptation, production and



© UNICEF/Mali

distribution of communication tools related to hygiene practices in the fight against cholera.

UNICEF supported an intensive multimedia campaign in epidemic areas through:

- ▶ 112 TV broadcasts in five national languages.
- ▶ 112 broadcast commercials, firmware and other programs in national languages on five radio stations in the regions of Mopti, Segou, Timbuktu, Gao.
- ▶ 5,000 posters disseminated throughout the territory.

In order to improve immunization coverage, the country office supported campaigns on National Immunization Days, polio and measles. It also supported introduction of new vaccines against pneumococcal and meningococcal A in the immunization schedule. A training manual for vaccinators' interpersonal communication was also developed.

Mozambique

UNICEF supported the Ministry of Health in developing a National Communication Plan to prevent cholera and other infectious diseases. The plan's objective is to intensify communication activities related to water, sanitation and hygiene, especially on hand washing, water treatment and eradication of open defecation.

The communication plan envisages involving children and community members at every stage of the

communication activities undertaken to prevent or to respond to any outbreak. This plan contributes to mitigate cultural and social norms that are currently affecting the government's efficacy of cholera response, in particular in the Northern regions.

The need to strengthen the operational capacities of key actors has been highlighted in the communication plan particularly the Institute for Social Communication (ICS), a government organization working in communication for development with special emphasis on reaching rural communities and areas out of the media's reach with interpersonal communication interventions.

The ICS functions as a C4D service centre for all line ministries, thus harmonizing the government response to pandemic and other emerging infectious diseases.

UNICEF supported the ICS in the production of 8 locally produced and pre-tested Facts for Life audio-visuals in Portuguese and local languages. These materials are used in small-group community video shows, including specific videos on hand washing, sanitation and cholera prevention. Film shows are an entry point to engage communities in participatory debates.

Between November 2011 and May 2012, 146,327 people participated in ICS-led community debates and video sessions on hygiene promotion, cholera prevention, malaria, and breastfeeding and HIV prevention. The videos were shown in the cholera affected provinces of Cabo Delgado and Nampula.

In another intervention, between January and May 2012, ICS intensified hygiene promotion, cholera and malaria prevention by broadcasting radio spots in

Zambezia, Manica, Nampula and Cabo Delgado provinces.

In 2011 UNICEF working in partnership with the Ministry of Education pre-tested, developed, printed and distributed 185,000 copies of the booklet "Hygiene in your hands" and the poster "Prevent Cholera" to 1,500 primary schools and radio clubs in Nampula and Cabo Delgado provinces.

In 2011 UNICEF developed a flipchart on hygiene which Community Health Workers (CHWs) use in small group discussions in the community; 1,500 copies were printed and distributed in response to the floods caused by Tropical Depression Funso in January 2012



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A qualitative, formative research is being carried out in three provinces since 2012 to document existing knowledge, beliefs, attitudes and practices among mothers of children under five, family members, and community leaders. This will help compile The Facts for Life ideal behaviors.



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Health promotion activists using UNICEF IEC materials

Sierra Leone

In October 2011, UNICEF led institutional efforts to develop a National Cholera Preparedness Communication Strategy. The communication strategy builds the community's capacity to prevent, identify and secure proper treatment for cholera affected people.

A 2-day workshop was organised which brought together government members, Médecins Sans Frontières (MSF), Action Contre La Faim (ACF), Oxfam, Save the Children, GOAL, Concern, Medicos del Mundo, local NGOs and CBOs and the Inter-Religious Council.

Based on their experience of working in the WASH sector and involvement in previous cholera response efforts, workshop participants contributed to the development of the strategy document and elaboration of the communication channels menu.

The Communication Strategy was used during the recent cholera outbreak with national and community radio broadcasts and public announcements, community meetings with opinion leaders, orientation sessions with food handlers/vendors, mobilization of the school system, street-to-street announcements on public announcement systems, drama performances and development and distribution of IEC materials.

Cholera treatment and prevention posters have been developed and distributed through the health and education systems, civil society networks and partners. The video, "Story of Cholera" (http://www.youtube.com/watch?feature=player_embedded&v=j_BbiH-eyzw), was translated into 4 local languages (Krio, Temne, Limba and Mende) and



© UNICEF/Sierra Leone

"Story of cholera video available at http://www.youtube.com/watch?feature=player_embedded&v=j_BbiH-eyzw

broadcast on the national Sierra Leone Broadcasting Corporation TV station and on video billboards and mobile cinema across the country.

Swaziland

The DfID grant allowed UNICEF to provide technical support to the Ministry of Health for the development and dissemination of information, education and communication materials, and the review of pandemic influenza guidelines and protocols.



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Launch of the Healthy Swaziland 2011 Mass Campaign

One key initiative was the "Healthy Swaziland" 2011 mass campaign. This campaign exposed over 12,000 people to health education messages. Its objective was to boost the number of people utilizing health services and reinforce the importance of protective behaviors to prevent communicable diseases.

An emergency risk communication strategy for Influenza AH1N1 and other pandemic influenzas was developed to support institutional policies to diminish risk and minimize the impact of the epidemics.



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The Emergency Preparedness and Response Unit in collaboration with the Disaster Unit and UNICEF facilitated a 5-day training for government and civil society partners on Risk Communication.

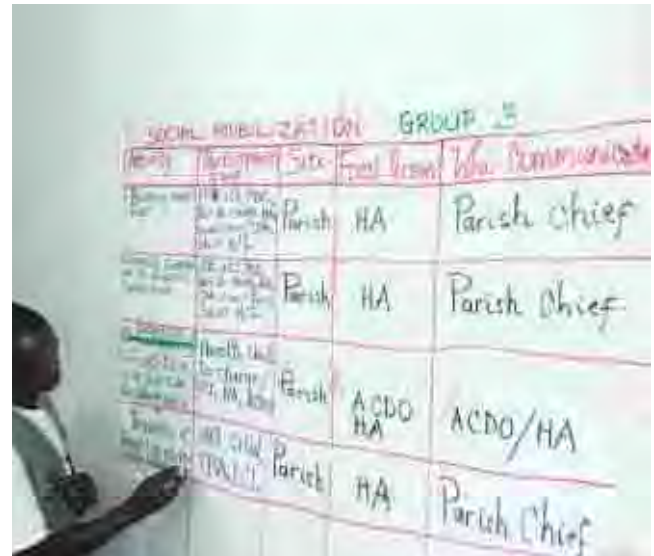
In 2011, the main focus of the C4D program was on creating demand for the Expanded Program on Immunization (EPI) services. Community dialogues were held in all regions to discuss religious and cultural barriers to child immunization.

Uganda

UNICEF responded effectively to various epidemic outbreaks including the polio, Ebola and yellow fever threats from neighboring countries providing technical assistance to the Ministry of Health. The support included developing strategy, behavioral guidance, messages, coordinated broadcasting of spots and talk shows and social mobilization.

An evidence-based National Disease Outbreak Communication Plan, with special focus on vaccine preventable diseases, was completed in June 2012 and is currently being implemented. The goal of this plan is to promote rapid uptake of vaccines during preventable disease outbreaks.

National disease outbreak communication capacities continued to be strengthened at district and sub-district levels in Northern and Western Uganda.



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A total of 621 front line workers have been trained in Disease Outbreak Communication between November 2010 and May 2012. The training provided them with the required skills and know-how to support Measles and Polio immunization campaigns as well as assist with outbreak response.

Advocacy for improved preparedness and evidence-based planning for EPI translated into a partnership with Communication for Development Foundation Uganda (CDFU), which conducted a participatory research study on immunization. The key findings and recommendations in the study were then used to inform the EPI Communication Strategy and Plan as well as the National Communication Plan for Vaccine Preventable Disease Outbreaks.



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A participant during the Disease Outbreak Communication training held in Kotido district



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A participant in the training presents the action plan developed during the training session



© UNICEF/Mozambique

Children and caregivers are invited to try the handwashing facilities known as tiptap in Chiaquelane accommodation center



© UNICEF/Botswana

Children demonstrating handwashing technique

Other Country Interventions

In Afghanistan, UNICEF working in partnership with the Public Health Institute of the Ministry of Public Health. UNICEF is currently developing a national communication plan for pandemic and other emerging infectious diseases interventions. Messages are being tested and developed for recommended protective behaviors directed to households, public places and also for use in schools.

In Central African Republic, UNICEF supported the government in the implementation of communication plans promoting Essential Family Practices.

In Chad, facing the worst cholera epidemic in the history of the country, UNICEF mobilized key stakeholders, including government partners, civil society, and religious groups to deploy targeted C4D strategies. Cholera materials were updated, produced and distributed in high-risk areas.

In Malawi, UNICEF designed an innovative IEC-Kit-In-A-Box to address emergencies. It also developed programs on hand washing and hygiene and

sanitation and shared them with mainstream and community radio stations.

In Nepal, UNICEF working in close collaboration with the government and other national partners developed and implemented a detailed social mobilization and communication plan to address human and avian influenza pandemics. UNICEF conducted capacity building exercises on risk communication in 8 high-risk districts which included 200 health, education, and livestock service providers.

In Northern Sudan, the WASH program focused in 2011 on a community-based approach to promote sanitation and hygiene; 115 communities in nine states participated in identifying problems and developed community action plans. Around 6 million emergency-affected and other vulnerable populations were outreached with key WASH messages using mass media and inter-personal communication.

In Tanzania, UNICEF supported the Ministry of Health and Social Welfare to train 150 district focal points from 16 high-risk districts in emergency and outbreak communication preparedness and response plans. The drafting and review of the national health promotion strategic framework is underway.

Conclusion

The DfID funds represented a unique opportunity for country offices to complement those received from other sources. Funds were catalytic to strengthen the national C4D capacity for the promotion of individual and community level protective behaviors.

These funds allowed country offices to undertake multi-sectoral interventions in health, education and WASH to work beyond pandemic risks. Across-the-board interventions aimed to promote the adoption of healthy behaviors were helpful to create and sustain prevention and response capacities against emerging and re-emerging diseases.

UNICEF experience has shown that sustained behavioral interventions and strong public engagement are critical for emergency readiness and containment efforts. In order to achieve them, a much longer-term investment is required in building

C4D capacity – the best way to be ready for an emergency. A shift from an emergency communication mode to a long-term integrated communication approach is needed, *harmonizing mass media interventions and community-based initiatives*.

The main challenges are to ensure that the most deprived children, those at higher risk of exposure, and with limited access to basic services are reached. Immediate challenges include insufficient funding to implement interventions foreseen in communication plans and limited funding for global coordination.



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