

Social and Behavior Change Communication for Emergency Preparedness



Implementation Kit



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Suggested Citation: Health Communication Capacity Collaborative HC3 (2016). Social and Behavior Change Communication for Emergency Preparedness Implementation Kit.

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ACKNOWLEDGEMENTS

The USAID-funded Health Communication Capacity Collaborative (HC3) – based at the Johns Hopkins Center for Communication Programs (CCP) – would like to acknowledge the work of the Emergency Preparedness Team Lead Amrita Gill-Bailey and valuable contributions from Kathryn Bertram, Uttara Bharath, Jvani Cabiness, Tilly Gurman, Diarra Kamara, Najmeh Modarres, Alessia Radice, Elizabeth Serlemitsos, Claudia Vondrasek, with design and copyediting support from Mark Beisser, Anna Ellis, Kathi Fox and Kim Martin.

We would also like to acknowledge the substantive review and useful input from the World Health Organization (WHO), UNICEF, CDC-Washington and partners working in and from the governments of the Republic of Guinea-Conakry, the Republic of Guinea-Bissau, the Republic of Sierra Leone and the United Republic of Tanzania.

Thanks as well to all the other supporters and champions without whom the development of this Implementation Kit would not have been possible.

This report was made possible by the support of the American People through the United States Agency for International Development (USAID). HC3 is supported by USAID's Office of Population and Reproductive Health, Bureau for Global Health, under Cooperative Agreement #AID-OAA-A-12-00058.

ACRONYMS

BCC	Behavior Change Communication
CBO	Community-based Organization
CCP	Johns Hopkins Center for Communication Programs
CHW	Community Health Workers
DHS	Demographic Health Surveys
FBO	Faith-based Organization
FGDs	Focus Group Discussions
GBV	Gender-based Violence
HC3	Health Communication Capacity Collaborative
I-Kit	Implementation Kit
IPC	Interpersonal Communication
IRB	Institutional Review Board
KAP	Knowledge, Attitudes and Practices
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Surveys
NGO	Non-Governmental Organization
PLA	Participatory Learning & Action
SBCC	Social and Behavior Change Communication
SMART	Specific, Measurable, Attainable, Realistic and Time-bound
SOP	Standard Operating Procedure
TOR	Terms of Reference
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Emergency Fund
UNOCHA	United Nations Office of the Coordination of Humanitarian Affairs
WHO	World Health Organization

ABOUT THIS IMPLEMENTATION KIT

In the wake of Ebola and in the throes of the Zika outbreak, more focus than ever is on the importance of strong and resilient¹ health systems that serve and promote the well-being of individuals, households and communities. Engaging in social and behavior change communication (SBCC) preparedness efforts as part of strengthening a health system, and certainly prior to a critical incident, can bolster a health system's ability to respond to an emergency public health crisis. SBCC ensures that relevant stakeholders from different institutions are identified, understand their roles and can quickly engage together to solve a problem. They ensure that structures among various agencies and feedback loops – from communities to policymakers, managers and service providers – are established in advance to allow for a successful coordination of effort. These and other initiatives can contribute to an overall transformation of health systems, allowing them to function well and respond to emergencies when necessary.

What Is the Purpose of This I-Kit?

The purpose of the **Social and Behavior Change Communication for Emergency Preparedness Implementation Kit** (hereafter referred to as “the I-Kit”) is to provide a set of key considerations for SBCC activities in emergency situations.

During emergencies, coordinated, clear and credible communication aids in minimizing resulting health, social and economic costs. However, the uncertainty that characterizes emergencies typically fuels fear and panic among communities, and spreads misconceptions and rumors that affect people's ability to appropriately respond to the emergency.

Communication is crucial to addressing the behavioral and social aspects of health risks that precede and follow an emergency, and as such must be integrated into the response agenda from the outset. It is critical to ensure that communication efforts are harmonized, relevant, timely, financially supported and aligned among all of the preparedness technical teams. A strong and united voice heard through various sources can determine whether an emergency spirals out of control or is brought into check as soon as possible.

A well-coordinated, timely and strategic communication strategy and implementation plan can manage people's

A Word on Terminology

There are several terms related to emergency planning and communication used throughout this kit that are important to understand.

Emergency Preparedness: a continuous process of planning, organizing, training, equipping, exercising, evaluating and taking corrective action to ensure effective coordination during a response.

Emergency Response Plan: specifies the actions taken in the initial hours and days of an emergency to reduce human and economic losses. A communication plan is a crucial component of the overall response plan.

SBCC Implementation Plan: specifies critical steps and procedures for responding to an emergency to ensure communication through the proper channels to reduce anxiety, fear, panic and spread of rumors.

SBCC Strategy: the guidance document that defines key program components for communication activities prior to, during and after an emergency.

The following terms are all used to refer to an acute and dangerous situation that happens suddenly, and/or unexpectedly, and needs fast action in order to avoid harmful consequences:

- Emergency
- Outbreak
- Crisis

The following terms are used interchangeably to refer to communication related activities and messages that support the response to an emergency:

- Communication response
- SBCC strategy

The following terms are used to describe work with communities to achieve individual and/or collective change and the broad spectrum of activities undertaken to support communities in determining and improving their own health and well-being.

- Social mobilization
- Community mobilization
- Community engagement

For definitions of technical terms, see the **Glossary**.

¹ Kruk, M. E., Myers, M., Varpilah, S. T., & Dahn, B. T. (2015). What is a resilient health system? Lessons from Ebola. *The Lancet*, 385 (9980), 1910-1912.

expectations during an emergency and assist response efforts. Affected communities can be engaged and supported to make the required changes, rumors can be detected early and barriers to desired behaviors can be identified and addressed promptly.

It is our hope that by completing the exercises presented in this I-Kit, national governments will be better prepared to manage serious public health events. In completing this I-Kit, users will gain an understanding of the key considerations for an SBCC emergency preparedness plan and the foundation of an SBCC strategy, one of the key documents for an emergency communication response.

What Is an SBCC Strategy and Why Is It Important?

An SBCC strategy is the document that defines key program components for communication activities prior to, during and after the emergency. The following important elements are established by the strategy:

- **Intended Audiences:** The audiences being targeted by the communication activities.
- **Behavioral Communication Objectives:** The changes that the intended audiences are expected to make in their behaviors and the expected changes in the factors that influence behaviors such as knowledge, attitudes and perceptions.
- **Indicators:** The amount of change expected in the intended audiences in a given period of time.
- **Key Messages:** Information that needs to be provided to the intended audiences to persuade them to make the desired changes.
- **Communication Channels:** The media used to reach the intended audiences with the key messages.
- **Implementation Plan:** A description of planned activities and when they are to be implemented.
- **Monitoring and Evaluation Plan:** A separate document that details how to monitor the progress of SBCC activities and to evaluate their outcome.

This I-Kit provides a framework for emergency communication planning. In preparing for potential emergencies, technical teams should use these tools and resources to ensure that the elements necessary for a communication response are firmly in place well in advance.

What Does This I-Kit Contain?

This I-Kit provides essential information and tools for responding to an outbreak using an SBCC approach. It presents a series of nine units, each accompanied by exercise worksheets to help link the SBCC theory to practice.

Each unit builds on the one prior, and they all combine to provide key information for developing an SBCC strategy. It is not essential, however, to work through the I-Kit from start to finish. Users can choose to focus on specific aspects for which they need support in their emergency communication response. The nine units and corresponding worksheets are outlined in the I-Kit Site Navigator.

The worksheets in each section are typically followed by a completed example. The completed examples will likely include information about an emergency that, during an actual event, might not be immediately available. This was done to illustrate the full range of information to inform a strategic communication response.

When to Use This I-Kit

Emergencies are acute events that characteristically take populations by surprise and, most likely, spread fear and anxiety. Examples of emergencies that this I-Kit can be used for include:

- **Outbreaks of diseases** such as Ebola, Zika, polio, measles, cholera, avian influenza and severe acute respiratory syndrome (SARS).
- **Public health problems that follow natural disasters** such as earthquakes, floods, droughts, hurricanes and tsunamis – for example, lack of hygiene and sanitation, cholera, measles and malnutrition.

This I-Kit should ideally be used during the preparedness phase of a public health emergency. Countries and locations considered prone to emergencies could use this I-Kit to ensure that communication is integrated into the overall preparedness strategy. Other countries can use this I-Kit as part of a risk assessment and preparedness plan for possible emergencies. Some of the guidance in the I-Kit (e.g., **Unit 3: Communication Mobilization**) can be adapted for a country-level plan, where appropriate.

Please also consider that many of these tools are designed for the preparedness phase but some should be used at the onset of an emergency. For instance, the I-Kit includes tools to assess a community mobilization response at the community-level as the emergency is unfolding. Consider adapting and including these and other tools in country-level emergency preparedness plans.

Finally, this I-Kit is flexible enough to allow for changes as the emergency evolves, and can help build a plan of action during an outbreak and recovery stages. It should be used even once an emergency occurs to support the communication response through all phases of the crisis.

SBCC recognizes that emergencies evolve, and therefore the guidance provided here is intended to inform iterative and responsive implementation. Although the I-Kit supports planning and preparedness, it should also be referred to during and following the emergency. It is flexible enough to allow for changes as the emergency evolves, and can help build a plan of action during an outbreak and recovery stages. It should therefore be used even once an emergency occurs to support the communication response through all phases of the crisis.

Who Is the Audience for This I-Kit?

This I-Kit may be used by a variety of local, national and international stakeholders and actors who are involved in the development, execution and/or review of the communication preparedness and response to an emergency. This I-Kit advocates for partnerships and stakeholder collaboration to maximize efficiency and minimize waste. It should be used in a coordinated fashion with relevant partners to harmonize emergency response efforts. Examples of people and organizations who could benefit from this I-Kit include:

- **Officials, policy makers and leaders in ministries and other government entities whose countries are affected (or are likely to be affected) by an emergency.** The I-Kit can help them identify their country's communication needs for responding to an emergency and develop preparedness and response plans that integrate SBCC.
- **Health communication experts**, such as people working in health promotion and communication for development, in Ministries and national or international organizations, who have to respond to an actual or anticipated emergency.
- **Designated national emergency communication and social mobilization personnel** can use this I-Kit to support the development of an effective communication preparedness and response plan.
- **Communication and media stakeholders in government, and in national or international organizations**, who wish to understand how their efforts can support the overall emergency preparedness and response.
- **National and international health communication trainers and consultants** who need to develop inclusive and participatory national communication strategies, orient stakeholders on developing strategies and/or train stakeholders on how to develop and implement strategies for communication preparedness and response in emergencies.

How Should This I-Kit Be Used?

This I-Kit can be used in a couple of different ways, depending on the needs of each country.

- **If there is already an emergency preparedness communication plan drafted or in place**, countries can use the I-Kit guide and tools, including checklists, to perform a quality check, fill in content gaps, and focus on the sections and tools that are most relevant to their emergency communication needs, in any stage of the emergency preparedness, onset and so on.
- **If countries have not started developing an emergency preparedness communication plan yet**, they can go through this guide, section by section, and use the guidance and tools to develop a solid framework for a plan

When using the I-Kit, it is highly recommended that the majority of the worksheets be filled out through a participatory process involving a variety of national and local level stakeholders in emergency health communication. These stakeholders can include some of those identified in the Stakeholder Identification worksheet in **Unit 1**.

What Is Social and Behavior Change Communication?

Previously known as behavior change communication (BCC), SBCC is the strategic use of communication approaches to promote changes in knowledge, attitudes, norms, beliefs and behaviors. The terms BCC and SBCC are **interchangeable**, and they both refer to the coordination of messages and activities across a variety of channels to reach multiple levels of society, including the individual, the community, services and policy.

SBCC is grounded in theory and is evidence-based. Programs are designed on the basis of existing data and they follow a systematic process, analyzing the problem in order to define barriers and motivators to change, and design a comprehensive set of tailored interventions that promote the desired behaviors. An SBCC strategy is the document that guides the design of interventions, establishing intended audiences, setting behavioral communication objectives and determining consistent messages, materials and activities across channels.

Influences on Behavior

Behavior is a complex phenomenon, influenced by factors within the individual and beyond. The Social Ecological Model (**Figure 1**), informed by Bronfenbrenner's 1979 seminal work, recognizes four levels of influence that interact to affect behavior: individual, family and peer networks, community and social/structural (Glanz & Rimer, 2005; Glanz & Bishop, 2010; HC3, 2014).

Individual: At this level behavior is affected by factors within the individual. Examples include knowledge, attitudes, skills, emotions and beliefs.

Example: During an outbreak, for individuals to practice the desired behaviors, they need to know the risks of transmission and how to prevent it, they need to feel that they are at risk of transmission, and they need the skills to practice protective behaviors.

Family and peer networks: At this level, individual behavior is affected by a person's close social and family circle. This includes influence from peers, spouse, partner, family and social support.

Example: During an outbreak, individuals will be more likely to practice desired behaviors if their family and friends believe these are important, are supportive of the desired behaviors and vulnerable populations, have knowledge and skills, and are already practicing them.

Community: This refers to influences from the situational context in which the individual lives and in which social relationships are nested. The characteristics of the context are associated with risk and protective factors and include leadership, access to information, service provision, social capital and collective efficacy.

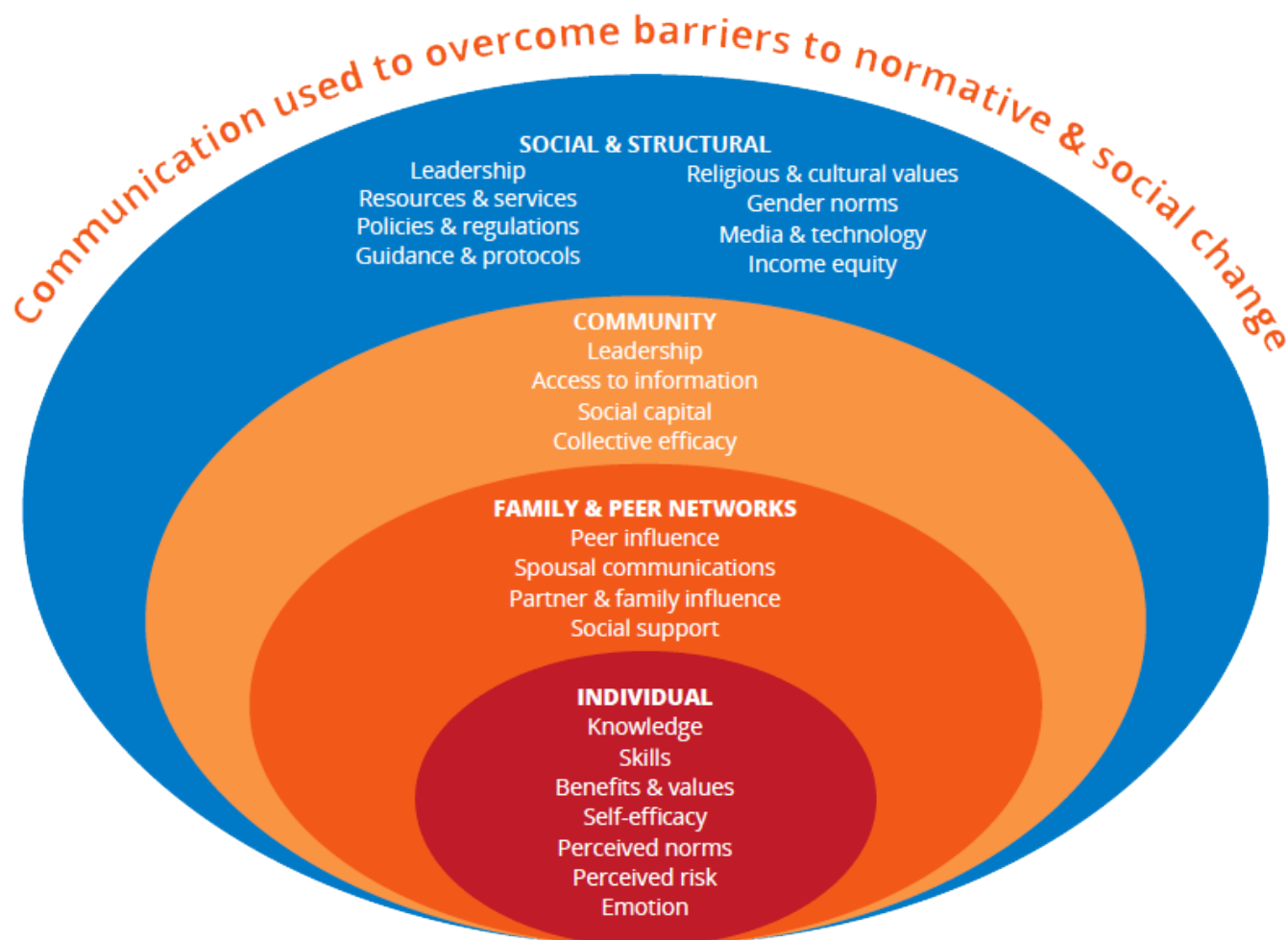
Example: Individuals are more likely to practice desired behaviors if leaders promote them, the whole community believes in their importance and if proper information and support are available and accessible.

Social/Structural: This refers to the larger, macro-level environment which can either promote or deter behaviors. Examples include leadership, health systems, resources and services, policies, guidance and protocols, religious and cultural values, media and technology, gender norms and income equity.

Example: During an outbreak, individuals are more likely to engage in desired behaviors if facilities exist that support those behaviors, if coordination mechanisms are in place, and if bylaws and policies are introduced to promote supportive norms around the desired behaviors.

As the field of BCC evolved, it placed greater emphasis on the socio-ecological context that grounds individual behaviors, and thus the preference for using SBCC as opposed to BCC.

Figure 1: The Social Ecological Model



At each of these four levels of influence there are factors that affect behavior in positive ways (facilitators) and factors that affect behavior in negative ways (barriers). Effective SBCC interventions should aim to develop messages and activities that influence all four levels of the Social-Ecological Model, maximizing the facilitators and limiting the barriers.

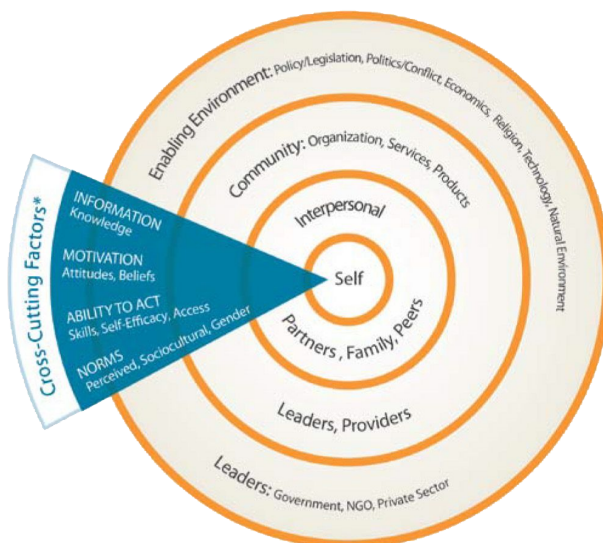
It is important to recognize, however, that it is unlikely for one single organization to be able to operate at all four levels, as these often require different skills, strategies and approaches. Coordination and partnerships with institutions and organization that operate at different levels are therefore necessary for a comprehensive SBCC approach.

The social ecological model has been incorporated into the “Model for Change” developed by C-Change, which outlines the levels at which SBCC programs can be developed. This model (**Figure 2**) – originally adapted from McKee, Manoncourt, Chin and Carnegie – can be used in analysis, planning and implementation (C-Change, 2012).

Why Is SBCC Important in Emergencies?

During disease outbreaks and emergencies, specific actions are required of affected communities for prevention, containment and control. Communities need to be informed, motivated and equipped to practice the necessary protective behaviors, and this can be achieved through effective SBCC programming.

Figure 2: Socio-Ecological Model for Change
Socio-Ecological Model for Change



*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

Social and behavior change communication plays a critical role in addressing all the behavioral and social aspects of disease prevention and control. In particular, SBCC can:

- Provide accurate, clear, relevant and timely information to the public on how to contain the emergency and protect themselves
- Identify and address myths and misconceptions that may lead to detrimental practices
- Maintain public trust
- Prepare communities for emergency response actions
- Reassure the public
- Support communities and countries to recover and rebuild themselves after an emergency

If an emergency response does not include strategically applied communication activities, it is unlikely to succeed as desired. This is demonstrated by the tragic Ebola virus outbreak in West Africa in 2014, when lack of adequate and appropriate communication early on in the response fueled fear, panic and denial; spread misconceptions and rumors; and contributed to the further spread of the disease.

SBCC has therefore been acknowledged as a key element of any crisis or emergency preparedness plan, and should be integrated in all stages of an emergency response – from prevention and preparedness through to crisis response and recovery.

At the beginning of an emergency, the role of SBCC is to engage the public, support them in making informed decisions about their risks and encourage them to respond effectively to those risks. The communication and related pillars will ensure that response activities are accompanied by appropriate communication interventions. Key areas in which the emergency communication pillar may intervene include:

- Coordination
- Community mobilization and action
- Message development and dissemination
- Capacity development
- Monitoring and Evaluation (M&E)

What Is Unique about SBCC in Emergencies?

Emergency communication preparedness through an SBCC approach focuses on:

- Identification of mitigation measures at the individual, community and societal levels
- Participatory design of communication and policy interventions which are theory-driven, evidence-based and locally contextualized
- Promotion of social and behavioral approaches to reduce risk and impact of the health emergency

Although the principles and key steps of SBCC interventions are the same in emergencies as in other situations, there are some distinctions about communication during emergencies that are worth noting.

For example, during emergencies, the imperative is to act quickly to bring the outbreak under control and minimize loss of life. As such, there is less time to prepare and execute activities, which are generally built on stakeholder collaboration and guided by rapid needs assessments. Ideally, preparatory activities, such as setting up coordination systems and social mobilizer networks, or identifying important epidemiological and social information, should already be in place as part of a preparedness plan to inform a rapid response.

Preparatory activities may include putting into place knowledge management tools and techniques that can be utilized quickly and relatively easily such as Net-Mapping, card sorting, communities of practice (both online via social media and traditional), peer assists and after-action reviews.

Further, although continuous monitoring is an integral part of any SBCC intervention, during an emergency this needs to be done more frequently to assess how the situation is evolving and adjust activities and messages promptly as needed.

Emergency communication strategies tend to cover shorter timeframes and need to be reviewed and adjusted regularly.

Finally, emergencies are characterized by five different phases:

- Pre-crisis
- Initial phase
- Maintenance
- Resolution
- Evaluation

Each of these phases has specific communication requirements. **Table 1** below (continued on subsequent pages) describes each of these five stages, highlighting their corresponding communication needs.

Table 1: Emergency Phases and Corresponding Communication Needs

Emergency Phase	Description	Communication Activities
Pre-crisis	Acknowledges that many disasters can be anticipated and some activities can be prepared in advance. Some locations are prone to known disasters and specific actions can be implemented for preparedness. Even in areas where disasters are less predictable, preparatory activities can be undertaken and systems can be put in place to support a rapid and effective response should an emergency occur.	• Conduct mapping exercises to identify partners and stakeholders. • Set up a social mobilization and communication coordination mechanism. • Create trust among stakeholders. • Collect social and epidemiological data to produce a summary of key household behaviors and practices to use for the development of key messages. • In areas prone to known disasters, prepare culturally and contextually appropriate key messages that can be rapidly disseminated. • Develop communication protocols and an action plan. • Set up a system for an emergency helpline, including location, protocol and staffing structure.

Emergency Phase	Description	Communication Activities
Initial Phase	Emergency is confirmed. Anxiety, panic and rumors are likely to spread among affected communities and, if not addressed properly, can lead to denial or the adoption of unhealthy practices.	• Confirm outbreak/emergency through appropriate channels. • Identify media focal person. • Mobilize partners, leaders, social mobilizers and other stakeholders (identified in pre-crisis phase) to disseminate information quickly. • Activate feedback loops and two-way communication mechanisms between national coordination system and communities. • Conduct rapid needs assessment to determine key barriers and inform messages. • Develop key messages and provide accurate information using credible and trusted sources. • Develop SBCC strategy with key activities. • Develop and begin implementing M&E plan to ensure ongoing monitoring of activities.
Maintenance	Emergency is stable or progressing at a slower rate. Flare-ups and aggravations are still possible, especially because affected communities may get complacent or be discouraged by the slow resolution. Feedback from stakeholders and communities is essential to inform communication activities and messages in line with contextual realities and respond to need.	• Develop emergency communication plans with all stakeholders (including health partners and the incident management team) that clearly explain key recommendations and how to make decisions based on risks and benefits. • Monitor information from social mobilizers, spokespeople and audiences to detect new behaviors and rumors. • Review/adjust key messages and activities to respond to needs identified through regular monitoring of information from social mobilizers and other partners. • Reinforce positive behaviors that are being adopted.
Resolution	During this phase, the emergency is under control and its progression is slowing down. Communication is key in ensuring members of affected communities do not become complacent, thinking that they are no longer at risk.	• Reinforce positive behaviors and highlight the continued risk. • Conduct process evaluation to assess the effects of SBCC activities and use the information to review the approach as necessary. • Continue liaising regularly with social mobilizers, spokespeople and partners to gather information about how communication activities are being received and about any new factors that needs to be addressed. • Develop communication campaigns to promote understanding of the need for new desired behaviors to end the current emergency and prevent future ones. • Consider the communication and psychosocial support needs related to survivors of an emergency or outbreak. • Assess the landscape to determine issues that need to be addressed as a result of the emergency or outbreak (e.g., health system failures, mistrust in health systems and effects on livelihoods) and consider the roles that communication needs to play in recovery plans that may be developed.

Emergency Phase	Description	Communication Activities
Evaluation	This phase indicates the emergency has ended and provides the opportunity to carefully review how the communication strategy was implemented during the emergency. It is important to identify successes and lessons learned to shape future preparedness and response. These efforts are essential to monitoring and evaluation efforts described later in this document (Unit 9).	• Gather, examine and record promising practices, successes, challenges and lessons learned from all partners. • Share findings with partners and stakeholders, including affected communities. • Make recommendations and implement changes as needed to address issues more effectively should a similar crisis occur in the future. • If recovery plans are developed, work with stakeholders to coordinate communication efforts related to recovery and health systems strengthening.

Strategic SBCC Design for Emergencies

A number of models are available to guide the planning of SBCC programs, most of which are founded on a set of shared principles. One of these models is the P-Process™ (Figure 3) which provides a step-by-step roadmap to guide the user from a loosely defined concept about changing behavior to a strategic and participatory program that is grounded in theory and has measurable impact (CCP, 2014).

Figure 3: The P-Process

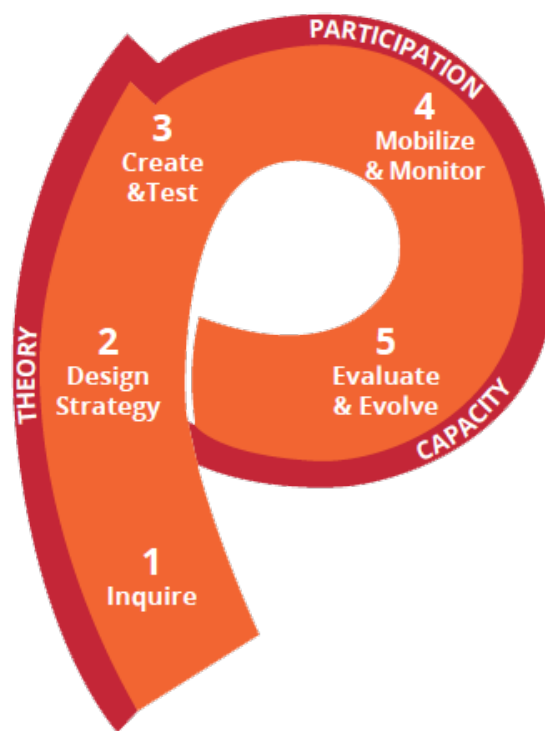
The P-Process has the following five steps:

- Step 1: Inquire
- Step 2: Design the Strategy
- Step 3: Create and Test
- Step 4: Mobilize and Monitor
- Step 5: Evaluate and Evolve

Four cross-cutting concepts are embedded in the P-Process, which, when integrated in each step of the strategic process, ensure that SBCC approaches are most effective:

1. SBCC theory
2. Stakeholder participation
3. Continuous capacity strengthening
4. Iterative research and evaluation

Although emergencies require the rapid development and implementation of SBCC activities, the P-Process can nonetheless help inform emergency SBCC interventions and serve as a guide for implementers.



Communication Theories for Emergency Situations

Behavior change theories can help us understand why people act the way they do and how their behaviors can change. They are therefore useful tools to inform SBCC program design and to highlight areas on which to focus. Several commonly used theories exist; however, this section describes six that are most pertinent to an emergency setting. These are:

- Extended Parallel Process Model
- Social Mediated Crisis Communication Model
- Elaboration Likelihood Model
- Theory of Planned Behavior
- Social Cognitive Theory
- Diffusion of Innovations Theory

Each theory is described on the subsequent pages.

Find out more about these and other behavior change theories at http://www.thehealthcompass.org/healthcompass?decision_tree=sbcc_tools

Extended Parallel Process Model

Although all theories are helpful in informing SBCC activities, not all are suitable for an emergency setting. In most cases, the extended parallel process model is recommended because it acknowledges the increased risk perception populations are likely to experience as a result of the emergency.

The extended parallel process model stipulates that, for individuals to take protective action, they must (1) feel threatened by the consequences of a particular behavior and, at the same time, (2) feel able to take the necessary action to avoid that threat and believe that the action will be effective in mitigating the threat.

The degree to which people feel threatened by an issue will determine motivation to act. Action will not occur unless people's confidence in their ability to take protective measures is high, and they believe that those actions will actually be effective in reducing risk. As illustrated in **Table 2** below, the model identifies four outcomes of behavior depending on perceived threat (a combination of perceived susceptibility and perceived severity) and perceived efficacy (a combination of self-efficacy and response efficacy) (Witte, 1998; Popova, 2012).

Table 2: Matrix of Efficacy and Threat Based on the Extended Parallel Process Model

	HIGH EFFICACY Belief in effectiveness of solutions and confidence to practice them	LOW EFFICACY Doubts about effectiveness of solutions and one's ability to practice
HIGH THREAT Belief that the threat is harmful and that one is at-risk	Danger control People take protective action to avoid or reduce the threat. <i>Strategy: Provide calls to action</i>	Fear control People are too afraid to act and just try to reduce their fear (deny existence of threat) to make themselves feel psychologically better. <i>Strategy: Educate about solutions</i>
LOW THREAT Belief that the threat is trivial and that one is not at-risk	Lesser amount of danger control People know what to do but are not motivated to take action. <i>Strategy: Educate about risk</i>	No response People do not feel at risk and do not know what to do about it anyway. <i>Strategy: Educate about risk and about solutions</i>

This model tells us that SBCC activities and messages need to create a balance between perceived threat and perceived efficacy. In emergencies, developing activities that increase both response efficacy and self-efficacy is especially important because perceived threat is already likely to be high – it is critical that people understand what to do to reduce the threat. In particular, this theory tells us that interventions should:

- Provide clear, accurate, believable, humane and respectful information about risk-reduction behaviors and their effectiveness – without escalating fear and panic – to increase efficacy
- Provide tools, skills and services that support people’s engagement in risk reduction behaviors, thus increasing efficacy
- Maintain a certain level of risk perception when emergencies start to subside and people no longer sense the danger even when it still exists

As the emergency evolves from the initial and maintenance phases into resolution and evaluation, other theories can begin to inform activities. In the resolution stage, the focus is likely to be on reinforcing new behaviors that have not been promoted by the emergency response. In the evaluation phase, SBCC can start to address the long-term, sustainable behavior changes to prevent further emergencies. In the latter stages of an emergency, other theories can be used to inform activities.

Find more on the Extended Parallel Process Model at <http://healthcommcapacity.org/hc3resources/extended-parallel-processing-model-hc3-research-primer/>

Social Mediated Crisis Communication Model

The Social Mediated Crisis Communication (SMCC) model plays an important role in recent crisis communication theory. This model holds that in the context of a crisis, multiple “publics” or “audiences” exist in the world of social media, including:

- **Influentials:** These individuals create information that others access
- **Followers:** These individuals follow the influentials and access the information they disseminate
- **Inactive Members:** Those individuals who do not directly access information from social media and rather seek information from other sources or are exposed to information from social media indirectly

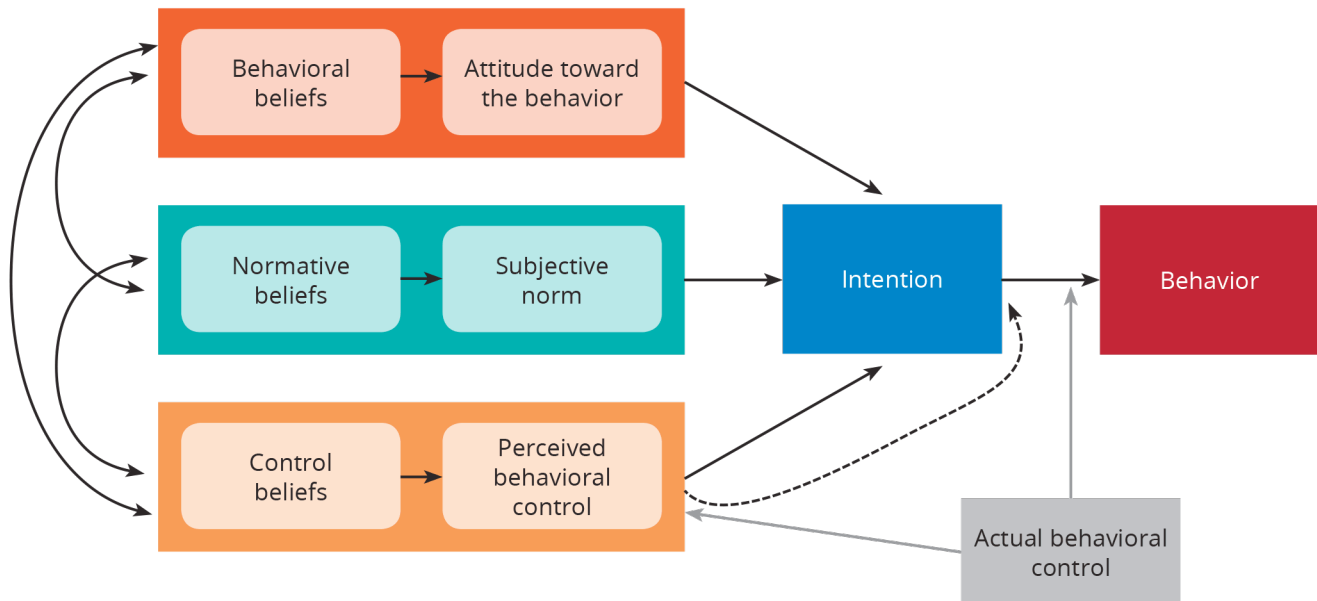
Essential to this model is both the direct and indirect dissemination of information across social media, as well as between traditional and social media (Austin, Liu & Jin, 2012). As a result, this model is useful for communication efforts in emergency situations when defining the at-risk population and how best to reach them. In a world increasingly connected via social media, information exchanged on this platform during emergencies has the potential to engage with multiple types of public audiences. Although inactive members may be connected to social media indirectly through other members or traditional media, these individuals may require different messaging channels than influentials and followers. This theory provides a model that identifies characteristics of audiences that can help to refine communication strategies and components.

Elaboration Likelihood Model

The Elaboration Likelihood model posits that there are two pathways through which messages are processed. One pathway is characterized by fast judgments made by individuals that are based on simple associations that they have (positive or negative). Here, peripheral cues, such as persuasive communication messages, may often lead to temporary changes in attitudes or beliefs. The other pathway demands more scrutiny (or elaboration) and time to process the information. Although this pathway takes longer and more effort, the change in attitudes or beliefs tends to last longer (Petty & Cacioppo, 1986, 1981).

In emergency situations, where the limited timeframe may affect an individuals’ motivation to think deliberately and critically about a message, the elaboration likelihood model can be used to identify topics where persuasive communication could be most effective.

Theory of Planned Behavior



According to the Theory of Planned Behavior, behavior is influenced by three factors:

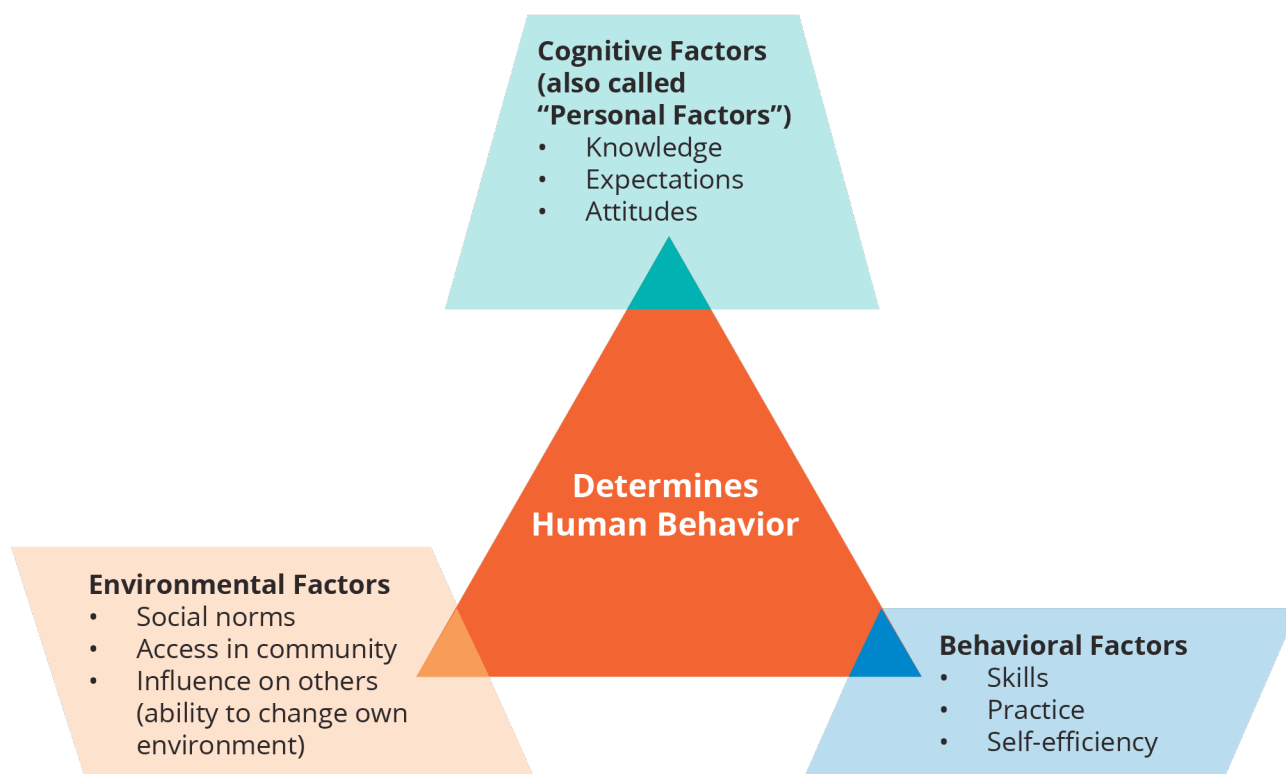
- **Attitude toward the desired behavior:** This is determined by the individual's belief that a beneficial outcome will occur if a particular behavior (the desired behavior) is practiced.
- **Subjective norms:** These relate to the individual's belief about what people in their reference groups (peers, family or social networks) think about the desired behavior as well as their motivation to comply with these norms.
- **Perceived behavioral control:** This refers to the individual's belief about his or her capacity to practice the desired behavior.

The theory of planned behavior acknowledges the individual's role in changing a behavior (attitude and perceived ability), as well as the influence of significant others (subjective norms) (Ajzen, 1991; Glanz & Rimer, 2005). In particular, this theory tells us that interventions should:

- **Highlight the short-term benefits** of the desired behavior as this improves attitude toward that behavior
- **Target close social networks** to promote a desired behavior and improve the individual's perceived norms

Find more on the Theory of Planned Behavior at http://www.healthcommcapacity.org/wp-content/uploads/2014/03/theory_of_planned_behavior.pdf.

Social Cognitive Learning Theory



The Social Cognitive Learning Theory acknowledges the constant interaction that exists between the individual and his or her environment, both structural and social, to shape behavior. Three personal cognitive factors that are affected by the environment influence behavior:

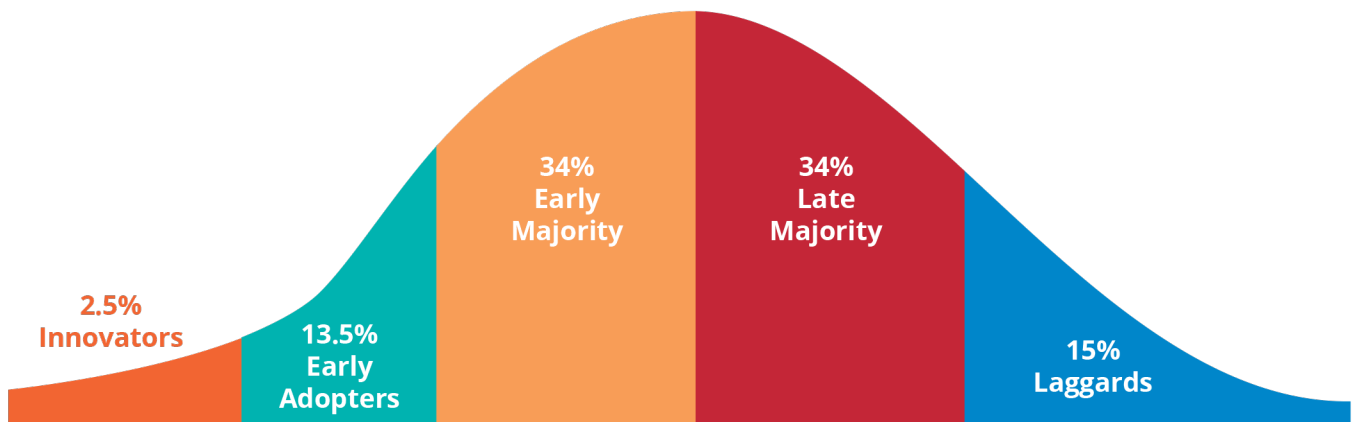
- **Observational learning:** Individuals are more likely to perform a desired behavior if they observe others modeling that behavior and experiencing the subsequent positive rewards.
- **Outcome expectations:** Individuals are more likely to practice a desired behavior if they believe the benefits of performing that behavior and outweigh the costs.
- **Self-efficacy:** Individuals are more likely to practice a desired behavior if they perceive that they have the necessary skills and capacity to do so (Bandura, 2001; Glanz & Rimer, 2005).

This theory may be more appropriate for the evaluation phase of an emergency or post-emergency, as it highlights the importance of creating an enabling structural and social environment. In particular, according to this theory, SBCC interventions should:

- **Promote role models who practice the desired behaviors** and experience resulting benefits. This can be done through entertainment education activities such as radio and TV dramas, and through community events in which people performing the desired behaviors are celebrated.
- **Promote the rewards and benefits** that can be expected from engaging in the desired behaviors.
- **Provide information, tools and skills** to increase people's perceived ability to engage in the desired behaviors.

Find more on the Social Cognitive Learning Theory at <http://www.healthcommcapacity.org/wp-content/uploads/2014/09/SocialLearningTheory.pdf>.

Diffusion of Innovations



This theory describes the process by which new ideas (innovations) are spread through a community or social structure (Glanz & Rimer, 2005). It sees innovations as being adopted initially by a minority of individuals who are more receptive to new ideas. Important to this theory is how certain ideas are spread throughout communities or societies through particular channels over time (Glanz & Rimer, 2005). Gradually, as more people pick up the new behavior, others follow. It stipulates that once a critical mass of approximately 20 percent of the population has adopted the new behavior, the vast majority (approximately 70 percent) of those remaining will do the same (Rogers, 2003). The theory also acknowledges that some people within society will adopt new behaviors very slowly, while others still will never change (Rogers, 2003; Glanz & Rimer, 2003).

Multiple factors can affect how quickly a certain idea spread, including:

- Its advantage
- Whether it is concordance with community/society
- How complex it is
- How easily it can be attempted
- Whether the change can be witnessed with observable effects (Glanz & Rimer, 2005, p. 28)

This theory can be helpful in situations where changes in ideas or behaviors in communities can make significant inroads into crisis situations. For example, changes in burial practices during an Ebola outbreak could be diffused throughout a community to address the spread of Ebola. Importantly, SBCC interventions in crisis situations should acknowledge how such diffusion happens and the factors that affect it in order to identify those behaviors or practices that are most amenable to change during emergency situations. In particular, this theory tells us that SBCC interventions should:

- Assess how, why and how quickly populations respond to the introduction of new ideas. Then, use these findings to inform activities.
- Work with leaders and other influential individuals in target communities to encourage them to adopt the new desired behaviors and promote them to the rest of the community.
- Use agents of change to “diffuse” the new behavior.
- Identify changes in ideas or behaviors that can be diffused by looking at the important factors that affect how quickly they can spread throughout communities.

Find more on the Diffusion of Innovations at http://www.healthcommcapacity.org/wp-content/uploads/2014/03/diffusion_of_innovations_kim.pdf

Using SBCC and Communication Theories in Emergencies

These SBCC and communication theories provide researchers and practitioners with frameworks for understanding human behavior, potential for change and how changes in behavior may happen over time. These theories also define structures and systems for understanding influences on behavior and communication, including reasoning, motivations, barriers and efficacy, etc. Importantly, they identify (1) the multilevel social influences on human behaviors and practices, and (2) the fact that changes in behavior often take place through a series of processes and over time (Glanz & Bishop, 2010).

In emergency situations, time is often a limitation. Drawing on established theories about human behavior – particularly human behavior, communication and information seeking in emergency situations – can provide a preliminary step forward in the design and development of SBCC strategies. Importantly, theory can be used both in the planning and evaluation stages of a program. For example, major components of each of the theories defined in the previous section can be used to inform:

- Issues to address in communication materials
- Which communication channels to target
- Particular at risk populations
- Indicators to include in M&E plans

Prior to choosing a theory to apply, it is important to start with a problem and then work iteratively to identify relevant theories and research to inform the SBCC strategy. To apply and adapt theories effectively, it is best to understand (1) how the theories were defined and (2) how they have been used in other situations. Often, this requires some investigation into other programs that have used the theory to inform their SBCC strategy.

While SBCC and communication theory can be applied to multiple populations and communities in different situations, it is also important for researchers and program developers to have an established, complex understanding of:

- Population characteristics
- Community/societal context and history
- Community/societal dynamics (Glanz & Rimer, 2005)

Emergency SBCC Challenges and Strategies

In the table below are some challenges that may be encountered during an emergency communication response, accompanied by some possible solutions for addressing them. The challenges and solutions presented are not exhaustive and may not be relevant or appropriate for every context. However, this information is included in an attempt to help you anticipate and prepare for potential difficulties.

Emergency Communication Response Challenges and Possible Solutions

Challenge	Possible Solutions
Accessing Marginalized Groups An important consideration during an emergency response is to ensure that even marginalized groups are reached. People may be marginalized due to a number of reasons: profession, ethnicity, race, religion, location and economic means. Individuals who are marginalized are not only less likely to be reached by the general emergency response, but they are also less likely to be involved in decisions that affect their wellbeing. During an emergency, the priority is often that of getting messages out to the general public as quickly as possible, and this may lead to the exclusion of marginalized groups.	- During preparedness, work with the government and relevant agencies to map known marginalized groups in the country and advocate that they be included and reached in an emergency response. Identify and create partnerships with humanitarian organizations that can reach or are already reaching these groups. Examples of possible partners include the International Committee of the Red Cross, Medecins Sans Frontières, United Nations humanitarian agencies and local organizations. These organizations can be a vehicle for disseminating information, materials and activities to hard-to-reach communities. Discuss with local leaders who the marginalized groups are and how they can best be reached. - Where possible, involve representatives of marginalized groups in the rapid needs assessment and as part of social mobilization teams.
Reaching Mobile Populations Like with marginalized groups, mobile populations are difficult to reach and they are unlikely to reap the benefits of many of the planned behavior change activities. Nonetheless, mobile populations are an important target group as they too may be affected by the emergency, and could be responsible for spreading it to other areas.	Choose media channels that can be accessed from different locations, such as mobile phones or radio, and having established hotlines. Ensure, however, that the mobile populations concerned have access to and use such channels. - When delivering mid-media activities, or other activities where large groups of people participate, supplement the activity with simple print media for low literate populations that can be taken away. If people who are mobile attend these events, they will have a reminder of the key messages to take away and share with family and friends. - If you are able to access some mobile populations for a short time, provide them with some basic information and training that can enable them to disseminate key messages to their communities.
Lack of Trust The fear and anxiety that accompany emergencies can lead to a lack of trust in the information provided, in service provision and in other community members. Lack of trust can therefore affect the way in which individuals respond to messages and activities.	Ensure a harmonized approach to messaging. Develop clear, factual messages and share them with all partners so that communities hear the same messages from all sources. Engage mobilizers to serve as liaisons between community members and the emergency response teams so that there is a feedback loop between them Involve respected community members, such as leaders, in your strategy. Work with them so that they understand the problem, contribute to the development of solutions and trust the emergency response. If leaders trust the emergency response and accompanying messages, which they contributed to develop, this will also support trust among their community members.

Challenge	Possible Solutions
Stigma Some emergencies are caused by diseases that become stigmatized. An example is Ebola. During emergencies, stigmatization can increase fear, rumors and distrust, affecting the way in which people react to response activities. After emergencies, stigmatization reduces the ability of communities to rebuild themselves. Supporting communities to welcome survivors should be a key consideration in emergency responses as this promotes community cohesion and reduces the likely spread of rumors and distrust.	• Include survivors in your community outreach activities. Although initially people may be fearful of survivors, seeing them as recognized and helpful members of their community can help reduce fear and stigma. • Promote testimonials of survivors as a way of showing that the disease is not necessarily deadly if treated promptly and effectively. • Take extra precautions to support survivors. Stigma can have unexpected negative effects including the rejection of survivors by their communities and families.
Weak Health Systems In some case, fragile governments and health systems, lack of adequate structures, personnel and coordination, leave countries unable to respond effectively to an outbreak.	• Map all relevant partners and stakeholders as part of the preparedness phase to determine where strength and weaknesses lie. Having a clear idea of which partners do what and where allows for a better understanding of the strengths and weaknesses within the system and for the development of strategies to address those weaknesses. • Use current coordination mechanisms within countries, if they exist, to coordinate response related activities. Some countries may not have established effective national coordination systems, but some form of coordination mechanism may still exist through UN agencies and international partners. Assess how these function and capitalize on their existence to support a more coordinated approach to the emergency response. • Conduct a knowledge management assessment and set up a knowledge management mechanism for sharing research finding, best practices, and program materials among partners.
Physical and Mental Effect of the Crisis Situation Emergencies inevitably change the way communities live. They spread fear and may cause personal trauma to many. Further, some emergencies will cause people to become displaced and live in crowded settings such as transit centers or refugee camps, and affect livelihoods. The numerous repercussions from an emergency include: mental health, violence and gender-based violence (GBV), illness outbreaks, increased poverty. Although not apparent at the start of an emergency, these possible ramifications must be taken into consideration by a detailed preparedness and response plan.	• Identify and establish a collaboration mechanism with existing organizations that already operate in the problem areas, which are likely to evolve from the crisis. This includes organizations that work with microfinance, survivors of violence and of GBV, with people and communities affected by mental health, and with particular health problems that can spread in crowded settings. Although the role of these organizations may not be relevant in the initial response phase, as the emergency evolves and its consequences on the lives of people and communities emerge, these organizations can provide invaluable support to the overall emergency response. • Establish referral systems between partners to ensure that all those affected by the sequels of the emergency can be referred to and assisted promptly by the most appropriate services. • Identify a roster of partners and the types of assistance they provide to pinpoint requests for assistance.

Challenge	Possible Solutions
Inability or Reluctance to Declare a State of Emergency at the Proper Time Some emergencies may have severe consequences on the country's economic and social landscape. Government may therefore be reluctant to accept and declare the emergency, which will delay and hamper any response effort.	• Ensure government partners are included in the development of a preparedness plan. Although they may still be reluctant to declare a state of emergency once an outbreak occurs, involving governments from the start increases their understanding of the importance of a prompt response and may allow partner organizations to identify allies within the government. • Meet with relevant government representatives to discuss the advantages and disadvantages of declaring an emergency. Repeated meetings with decision makers can be a way of highlighting how denying the emergency will be more detrimental to the country than taking immediate action. • Use alternative channels to reach communities and support them in taking protective action. Although the government may not officially announce the state of emergency, communities and individuals are likely to be already aware of the risks they are facing. Working with partners who are present on the ground, setting up networks of social mobilizers, and passing through local leaders can help to promote risk reduction behaviors among affected populations even without an official government announcement.
Misinformation and Rumors Fear and inconsistent messaging provided by authority figures are just a couple of reasons rumors and misinformation can start, and spread, in communities and beyond. It will be critical to put systems in place to monitor rumors and misinformation and to address them rapidly.	• Conduct media monitoring to understand what information is out there, including monitoring social media. • Set up rumor logs at health facilities and/or use mobile technology to monitor rumors and misinformation at the community level. • Ensure national and community level spokespeople are clearly identified and trained to communicate effectively; ensure that others are not acting as spokespeople on behalf of the government. • Ensure a mechanism is in place for consistent messages to address rumors and misinformation are communicated at all levels.

Unit 1 describes the first step to ensuring that SBCC is an integral part of an emergency preparedness and response plan: coordination and mapping.

The focus of this unit highlights important considerations regarding communication. It can therefore assist you in making the best use of available information on stakeholders and coordination mechanisms for the purpose of a communication response; identifying missing stakeholders and areas for improvement; and in obtaining necessary information, should none be available in country.

Having completed this unit, you will have the following tools to assist in setting up appropriate coordination mechanisms for SBCC. These make up the foundation for effective emergency response communication:

- **Worksheet 1.1: Identifying Stakeholders**
- **Worksheet 1.2: Mapping Partners**
- **Worksheet 1.3: Checklist of Key Considerations for an Emergency Communication Subcommittee**
- **Worksheet 1.4: Emergency Response Plan – First 72 Hours**

What Are Coordination and Mapping?

Coordination and mapping involve having knowledge of the structures, systems and actors that can support the entire communication effort during an emergency, and organizing them in a way that ensures activities, information and operations are delivered more efficiently across the country or affected areas.

Why Are Coordination and Mapping Important?

Through appropriate mapping, described later in this section, you can identify the stakeholders to engage with during an emergency and ensure a coordinated approach to communication activities. This is important because it allows governments to quickly mobilize stakeholders, favors information sharing, harmonizes messages and actions and helps capitalize on existing structures to minimize the duplication of efforts and support sustainability.

Key Steps for Effective Coordination and Mapping

1. Identify Current and Potential Stakeholders
2. Map Stakeholders and Agree on Roles and Responsibilities
3. Set Up and Operationalize a Coordination System
4. Review Information Flows and National Coordination Systems
5. Prepare an Emergency Response Plan for the First 72 Hours

Identifying Current and Potential Stakeholders

Stakeholders are the people, groups, organizations and institutions that are affected by, have an interest in or are somehow involved in the issue being addressed. In an emergency, a wide range of stakeholders needs to be involved. The precise nature of these may vary depending on the type of emergency; however, regarding communication, there are some key categories of organizations and institutions that will need to be engaged, regardless of the type of outbreak.

Wherever possible, identification of existing and potential stakeholders should occur in the preparedness phase of an emergency. In this way, existing structures and coordination mechanisms can be mobilized quickly at the onset of an outbreak. Capitalizing on existing structures also supports the development of activities that are more likely to be accepted, owned and sustained by governments and communities.

During an outbreak, it is common to assemble structures quickly to deal with the emergency. Time constraints rarely allow for a review of existing structures and mechanisms on which to capitalize. As a key step in the preparedness phase, it is therefore important to identify stakeholders in advance and define how each can assist in the emergency response. Identification of coordination mechanisms, technical working groups and other relevant structures in advance allows for quick and early mobilization through these existing structures.

Frequently, lists and maps of potential stakeholders are already available in-country. Approach the relevant coordination agencies, such as United Nations Office of the Coordination of Humanitarian Affairs (UNOCHA) and ministries, to obtain existing lists and identify the most appropriate partners for SBCC.

The list below can be used as guidance. It provides a brief description of the different categories of stakeholders that can support the communication effort and explains why each is important. The list is followed by a simple worksheet that will help you to start thinking about the partners that need to be implicated in an emergency communication response.

Government Institutions

Buy-in and support from government and policy makers are essential if the communication effort is to succeed. Engaging with the government ensures that activities and strategies are aligned with national priorities, and it allows for a more coordinated approach nationally. It is important to understand the coordination mechanisms that exist at and between the national and local levels (including communities). Understanding the leadership structures is crucial to ensuring buy-in and/or participation for all communication interventions.

Ultimately, close collaboration with the government will support the transformation of the country's health system to deal with emergencies.

Service Delivery

Within the service delivery system, numerous personnel are involved in providing or supporting the emergency communication response, including service providers and their managers, among others. Service providers and frontline health workers treat and support those affected by the emergency and can include both paid staff and volunteers, depending on the country context. They can therefore be key in delivering messages and supporting communities to take appropriate protective action. Frequently, health facilities operate at different levels – national, sub-national and local – and a range of different types of services exist. For example, government, private and faith-based facilities. Mapping out the different types of facilities, the levels at which they operate and knowing who is involved in the delivery of emergency services and what they do, will allow for a coordinated approach nationally and for the harmonization of practice, procedures and messages.

United Nations Agencies and Bilateral Organizations

In some countries, United Nations (UN) agencies partner with government ministries to strengthen capacity. Knowing the UN agencies that are most active in responding to the emergency, in communication and social mobilization, and in related areas, will sustain government support, help harmonize activities and avoid duplication. Similarly, bilateral organizations should also be considered, as they too contribute to building the capacity of government in specific domains that may relate to the emergency and to communication.

Non-Governmental and Local Organizations

International and local non-governmental organizations (NGOs), such as community-based organizations (CBOs) and faith-based organizations (FBOs), often work in the community and have earned the trust of community members. These organizations may therefore provide an effective entry point into communities. They may be more influence on the community due to their reputation and are likely to have resources and infrastructure on the ground to support the communication response.

Media and Communication Agencies

These may be government, private or not-for-profit organizations. They include all those agencies in mass communication, such as radio, television, social media and advertising organizations, as well as individuals such as artists, graphic designers, bloggers, journalists and public relations (PR) professionals, who can help with

materials development and message dissemination. Of particular importance are community radio stations that can disseminate information in remote areas and can broadcast programs that engage communities with walking microphones, public debates and question and answer sessions. NGOs that work with national and local media may exist in-country, and may assist with your identification and coordination of media actors.

Research Institutions and Universities

These institutions can prove invaluable in sharing and obtaining the epidemiological and social data necessary to develop appropriate communication strategies and to continually reassess and revise interventions.

Private Sector

In some settings, the private sector may have an interest in the emergency and related issues. As an example, soap producers might donate soap to build brand awareness for their products. Some private organizations may support the emergency response thanks to their logistics or operational infrastructure and thus become instrumental partners in communication activities.

Individuals and Community Members

Just as important as obtaining government buy-in and support, is getting buy-in and support from community-level actors. Understanding the governance, management and oversight of health services at the local level, knowing the traditional and religious leadership systems and identifying established community groups (e.g., women's groups and youth groups) is important for working effectively with communities and conducting SBCC activities that are accepted by community members and supported by local leaders and champions. Ultimately, individual community members are the beneficiaries of a communication response, and hearing their views and concerns is vital to developing appropriate messages and activities. Identifying trusted representatives of a community and creating a constant, two-way communication process with them will help inform interventions according to community perceptions and needs. More information about the identification of trusted community representatives can be found in **Unit 3: Community Mobilization**.

When thinking of stakeholders, it is recommended that you build partnerships with organizations and institutions that operate at different levels of the social ecological model (refer to the "SBCC and Communication Theories for Emergency Situations" section of this I-Kit) as this can allow for a more comprehensive approach to SBCC.

Although lists of emergency stakeholders are probably available in-country, below you will find a worksheet that helps identify those stakeholders that may be more appropriate for SBCC activities. This initial brainstorming exercise will assist you in thinking broadly about the range of actors that can support the communication response in diverse ways.

Map Stakeholders and Agree on Roles and Responsibilities

Once the different stakeholders have been identified, it is important to map them geographically and thematically based on their intervention areas, key activities and/or roles and responsibilities. As social mobilization is an essential component of SBCC, and even more so in the context of an emergency, it is worthwhile highlighting which of the identified stakeholders use community mobilizers or peer educator networks, as these will greatly enhance the reach of activities and messages. Knowing which stakeholders and services are present where, will allow you to:

- Obtain an overview of service coverage nationwide and highlight areas of greatest need
- Identify training and capacity building needs
- Select and organize the members of the emergency communication subcommittee (more information about setting up a communication subcommittee can be found later in this section)

We recommend that you **do the mapping at government-run meetings** to ensure you gather information that is representative of the local context.

Exercise: Mapping Identified Stakeholders

Worksheets 1.1 and 1.2 will guide you in identifying and mapping stakeholders geographically and thematically to gain an understanding of which organizations and services are present where. It is advisable to share the resulting maps with partners to obtain consensus and to keep them updated as needed.

Please note that the worksheets in this section are followed by completed examples in the Appendix. The completed examples will likely include information about an emergency that during an actual event might not be immediately available. This was done to illustrate the full range of information to inform a strategic communication response. As more data becomes available, update this worksheet.

WORKSHEET 1.1: IDENTIFYING STAKEHOLDERS

Purpose: These worksheets will help you think broadly of the different stakeholders who may need to be involved for an effective communication response. It is an initial list that can then be refined later, through subsequent worksheets.

Directions: With colleagues and partners, brainstorm on all possible stakeholders and their areas of expertise. This will help you define how each can support the communication response.

Please note that these worksheets are followed by a completed example that you can use as reference, if necessary.

Stakeholder	Core area of expertise (where relevant)	Primary Contact			
		Title	Name	Mobile Phone	Emails
Organization	Area				
<i>Government Institutions/Ministries/Policy Makers</i>					
<i>International Organizations</i>					
<i>NGOs/CBOs/FBOs</i>					
<i>Media and Communication Agencies</i>					

Worksheet 1.1: Identifying Stakeholders (Continued)

Stakeholder	Core area of expertise (where relevant)	Primary Contact			
Organization	Area	Title	Name	Mobile Phone	Emails
<i>Research Agencies/University</i>					
<i>Private Sector</i>					
<i>Community Leaders/Key Stakeholders</i>					
<i>Individuals/Champions</i>					
<i>Other</i>					

WORKSHEET 1.2: MAPPING PARTNERS

Purpose: This Worksheet will help you map the stakeholders and services identified through Worksheet 1.1, according to their geographical coverage and domains of intervention to understand how best they can contribute to risk communication activities

Directions: Adapt the worksheet below to your country context and needs. If you have completed Worksheets 1.1, refer to them. Work through this worksheet with other partners, agencies and civil society, especially to obtain up-to-date contact information, representative of national context.

You will need to create as many rows in this worksheet as you need. Update the worksheet regularly to ensure its relevance. Share the completed worksheet widely with partners for feedback and input.

Please note that this worksheet is followed by a completed example that you can refer to as guidance if necessary.

Worksheet 1.2: Mapping Partners						
Name of Partner	Type of Organization	Geographical Coverage (adapt terminology as necessary)	Key Areas of Intervention	Key SBCC Related Activities	Community Mobilizers / Peer Educator Networks	Contact Details
	☐ Government ☐ UN ☐ INGO ☐ CBO ☐ FBO ☐ Media ☐ Youth group ☐ Women group ☐ Religious group ☐ Other local group ☐ Private ☐ Other	☐ District 1 ☐ District 2 ☐ District 3 ☐ District 4 ☐ District 5	☐ Health ☐ GBV ☐ Nutrition ☐ Agriculture ☐ WATSAN/WASH ☐ Shelter ☐ Education ☐ Emergency ☐ Other: _____	☐ Coordination ☐ Qualitative research Baseline, formative research Message development Produce IEC materials Community mobilization Radio programming ☐ Train Community Health Workers ☐ Teaching community leaders about health ☐ Women's literacy and health training	☐ Yes ☐ No	Name: _____ Tel: _____ Email: _____ Name: _____ Tel: _____ Email: _____ Name: _____ Tel: _____ Email: _____

Set Up and Operationalize a Coordination System

To ensure communication is integrated into the overall national response mechanism, and SBCC activities are coordinated effectively, it is advisable to set up a communication response committee made up of the stakeholders identified through the identification and mapping exercises (**Worksheets 1.1 and 1.2**).

Wherever possible, this committee should result from existing communication technical working group (TWG) structures, as these represent a network of relevant stakeholders. This coordination body would be involved in all communication preparedness activities such as mapping, formative research, community mobilization and message development. You can find out more about these steps in **Units 2, 3 and 8** of this I-Kit respectively. Should you identify the need to set up a communication TWG prior to forming a communication response committee, you can find sample terms of references to guide the process at: <http://mptf.undp.org/ebola>.

Recommendations for Setting Up and Coordinating a Communication Response Pillar

Below is a series of recommendations to help you form and coordinate a communication response pillar. The tips are divided into three areas: (1) composition of the communication pillar, (2) role of the communication pillar and (3) effective functioning of the communication pillar. **Worksheet 1.3**, which follows this section, provides a checklist that will help you ensure that key procedural considerations are addressed when setting up and managing a communication pillar.

The communication pillar is the central coordinating body for the risk communication and emergency communication response at the national level. It liaises and coordinates closely with the national emergency response mechanism. Importantly, it maintains continuous contact with both the national response mechanism and the systems at district/local level for ongoing monitoring of the emergency response and feedback from the communities.

Composition of the Communication Pillar

The composition of the communication pillar can vary depending on the context; however, the points below provide some guidance as to the roles and representation within a communication pillar.

- Identify an organization to chair the subcommittee. The communication pillar should be co-chaired by an international agency and a government partner.
- Select any number of organizations that deal with communication, social mobilization, health promotion, health advocacy, civil society/peacebuilding and SBCC, or that are concerned with communication-related issues affecting the emergency.
- Include local media.
- Include representatives from the community, such as selected spokespeople and religious or local leaders.

For more information about the types of organizations to include, refer to the previous section “Identifying Current and Potential Stakeholder” and to your completed **Worksheet 1.1**.

Role of the Communication Pillar

The roles of the communication pillar are likely to be diverse, to vary depending on the context, and to evolve as the emergency progresses. The list below highlights some key areas that the emergency communication pillar may address with sample activities:

Coordination

- Assess and identify relevant stakeholders regularly. After the initial group has been formed, continually assess whether other stakeholders should be engaged to enhance SBCC efforts.

- Identify and select credible spokespeople from the community to ensure a continuous two-way communication process with the beneficiaries. More about selecting credible spokespeople can be found in **Unit 3: Community Mobilization**.
- Appoint media focal persons to monitor press and to disseminate agreed upon talking points.
- Coordinate and share research and rapid assessments that address culture, practices and behaviors that affect the emergency.
- Coordinate all SBCC initiatives to maximize reach and rapid dissemination of accurate information.
- Setup and coordinate a telephone emergency helpline.

Community Mobilization and Action

- Advocate for changes in policy and procedures, if necessary, to support the outbreak response.
- Develop a social mobilization and communication strategy with an action plan, and share responsibility for its implementation among partners.
- Engage individuals and communities through champions, door-to-door campaigns, dissemination of materials, discussions within community groups, and other community mobilization initiatives. More about this can be found in **Unit 3: Community Mobilization**.
- Use local and national spokespersons and a wide range of media such as print, radio and other relevant broadcasts.

Message Development and Dissemination

- Develop, pretest and disseminate messages and communication materials.
- Develop guides with key messages for different audience groups.
- Authorize any materials developed by other partners to ensure proper coordination, message harmonization and that information is in line with agreed practice.
- Distribute educational materials or message guides.
- Capacity Development
- Assess SBCC training needs of relevant partners (spokespeople, community mobilizer networks, media, NGOs and volunteers).
- Organize and deliver SBCC training as per identified need. Monitor and respond to ongoing developments relating to the emergency response, including rumors, new situations and additional outbreaks.

Monitoring and Evaluation

- Develop, implement and coordinate an M&E plan, containing specific behavioral indicators and objectives.
- Constantly reassess activities, communicating regularly with the beneficiaries, and revise action plan as necessary.

An area that is not often included in the communication pillar but is essential to the communication response is media monitoring.

Media Monitoring

- Monitor and respond to ongoing developments relating to the emergency response, including rumors, new situations and additional outbreaks.
- Periodically review the content on air, and the current messages being disseminated by the media.

Effective Functioning of the Emergency Communication Pillar

Once the communication pillar has been formed, it is necessary that its members meet regularly, are able to share information and take appropriate action. The following tips are provided to support effective functioning of the communication pillar:

- Ensure that each agency has a focal point and keep their contact details up-to-date. **Worksheet 1.2**, which you have just completed, can help you gather this information.
- Update the contact information of pillar members regularly as there can be high staff turnover during emergencies.
- Develop Terms of Reference (TOR) and Standard Operating Procedures (SOP) to guide the functioning of the communication pillar. Sample TORs and SOPs can be found at the end of this section, under references.
- Assign responsibilities clearly to each pillar member and ensure that reporting lines are clear for each activity.
- Organize regular meetings, but keep them to a minimum, as organizations are likely to be busy with the emergency response and may not attend if meetings are too frequent.
- Where possible, establish an alternative system for sharing information, such as through email, to keep all members up-to-date with key developments. It is helpful to create an email listserv of communication pillar members and update that regularly.
- Ensure regular communication with the national emergency response mechanism.
- Have at least one person from the national emergency response mechanism be part of the communication pillar too as this will allow for a coordinated approach. For the same reason, assign focal persons to represent the pillar in related pillars and report back.

Exercise: Key Considerations for an Emergency Communication Pillar

Once the stakeholders have been identified, and a pillar has been formed, there are some key procedural considerations for its effective functioning. **Worksheet 1.3** highlights some of the important first steps for the communication pillar that can lay the foundation for a solid SBCC response during an emergency.

WORKSHEET 1.3: CHECKLIST OF KEY CONSIDERATIONS FOR AN EMERGENCY COMMUNICATION PILLAR

Purpose: This checklist aims to help you ensure that key procedural considerations are addressed when creating a communication pillar.

Directions: Review this list to check that key procedural considerations are taken into account when creating a communication pillar.

Use the actions section to note what remains to be done to accomplish the consideration. Use this tool together with “Recommendations for Setting up and Coordinating a Communication Response Pillar” and “Identifying Current and Potential Stakeholders” for help with coordination and functioning of the pillar.

Worksheet 1.3: Checklist of Key Considerations for an Emergency Communication Pillar		
	Key Consideration	Remaining Action to Accomplish
☐	Include the SBCC component in the national overarching preparedness and response plan, if one is available.	
☐	Develop and share Terms of Reference to guide the functioning of the communication pillar.	
☐	Develop and share Standard Operating Procedures to guide practice around SBCC activities.	
☐	Include national and international partners operating in all types SBCC, anthropological and social research, media and social mobilization activities.	
☐	Include relevant ministries relating to the outbreak and to communication/information/health promotion.	
☐	Link the communication pillar with the national response mechanism.	
☐	Link the communication pillar with other relevant pillars (e.g., via assigned focal persons).	
☐	Link the communication pillar with mechanisms and services at local level.	
☐	Create feedback loops with district level mechanisms and services for the quick dissemination of information and continuous assessment of how communities are responding to the emergency and to any SBCC intervention.	
☐	Create two-way communication between the pillar and communities through local partners and selected spokespersons.	

If necessary, consider additional subcommittees that can come under the communication pillar:		
☐	Message development subcommittee to coordinate message development, disseminate information, and help avoid confusion that can undermine public trust, raise fear and hinder response measures.	
☐	Media subcommittee to identify focal points to monitor the press, talk and share accurate information with the media and speak at press conferences.	
☐	Subcommittee for community action at the decentralized level to coordinate community activities at the community level through local organizations. This could include religious, sports, women, youth organizations and individuals such as local and traditional leaders, and actors from other development sectors such as education, agriculture, transport or fisheries.	
☐	Research, monitoring and evaluation subcommittee to coordinate and monitor research to inform all SBCC activities, to evaluate interventions and share findings among all relevant partners.	

Review Information Flows and National Coordination Systems

The communication pillar maintains continuous contact with both the national response mechanism and the systems at district/local level for ongoing monitoring of the emergency response and feedback from the communities. This feedback loop allows the communication pillar to obtain up-to-date information about how activities are being perceived by the beneficiaries, to identify rumors and misconceptions early and to monitor changing needs of communities so as to adjust messages and interventions as necessary.

These feedback loops between the national and local levels can take different forms; however, the communication pillar should always play a pivotal role in coordinating the regular two-way communication process between the national response mechanism and the beneficiaries. **Figure 4** below provides a diagrammatic representation of this. Knowing and capitalizing on existing coordination systems from national to subnational levels is essential. Aligning with established mechanisms will not only facilitate the two-way communication process necessary for appropriate SBCC interventions, it will also increase the likelihood of the feedback loop between local and national systems to be sustained.

The diagrams that follow, taken from the Ebola virus emergency in West Africa in 2014/2015, are examples of how a communication subcommittee can fit in the overall emergency response, and how it can be coordinated to ensure regular communication and feedback between national and local levels. At the district and county level, the subcommittee operates through government offices. Consider using these as reference for different coordination models and to help you select the most appropriate model for your context.

Figure 4 below is an example of two-way information flow between communication subcommittee, the national response mechanism and local communities, using the example of a fictional country divided into three districts.

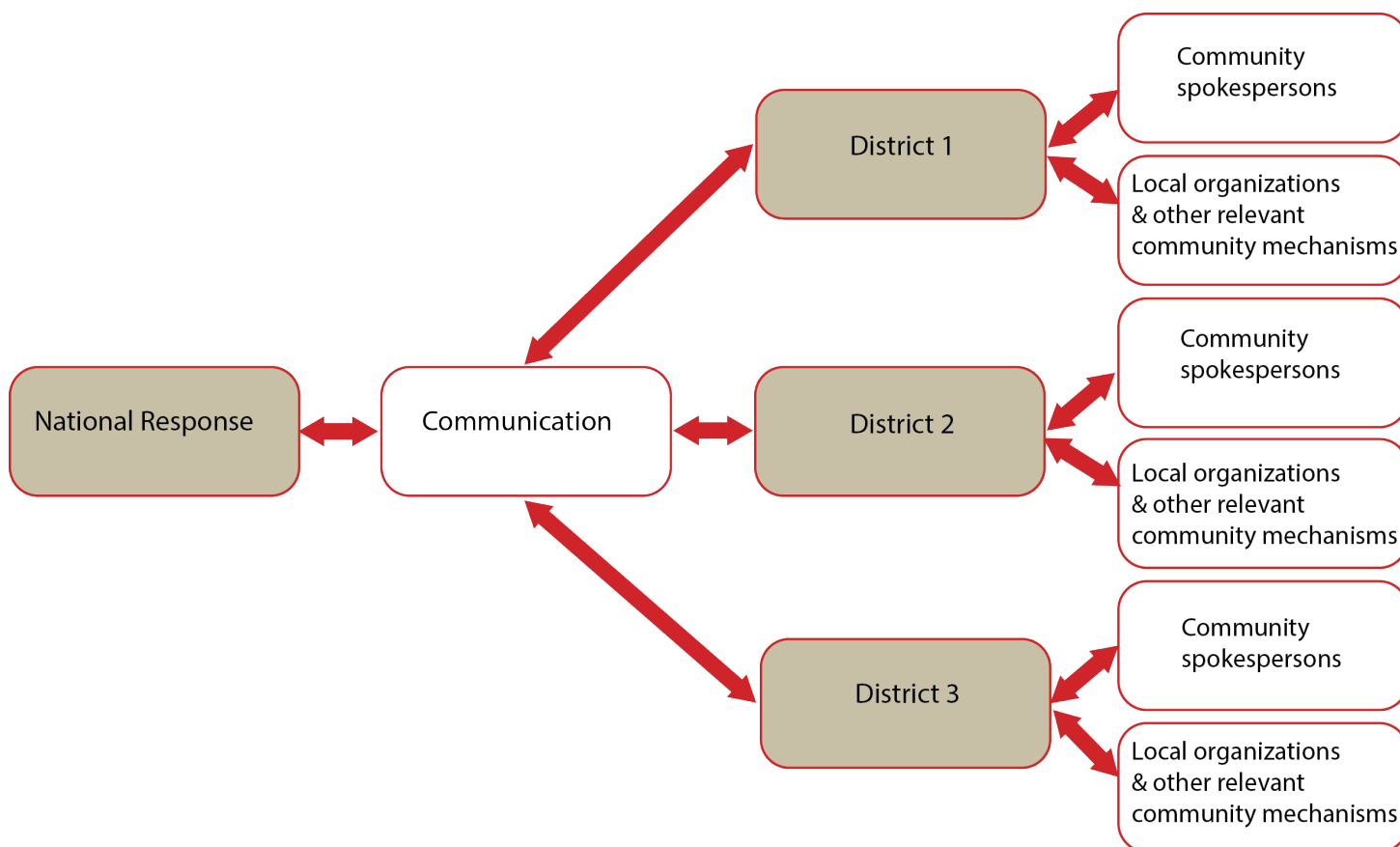
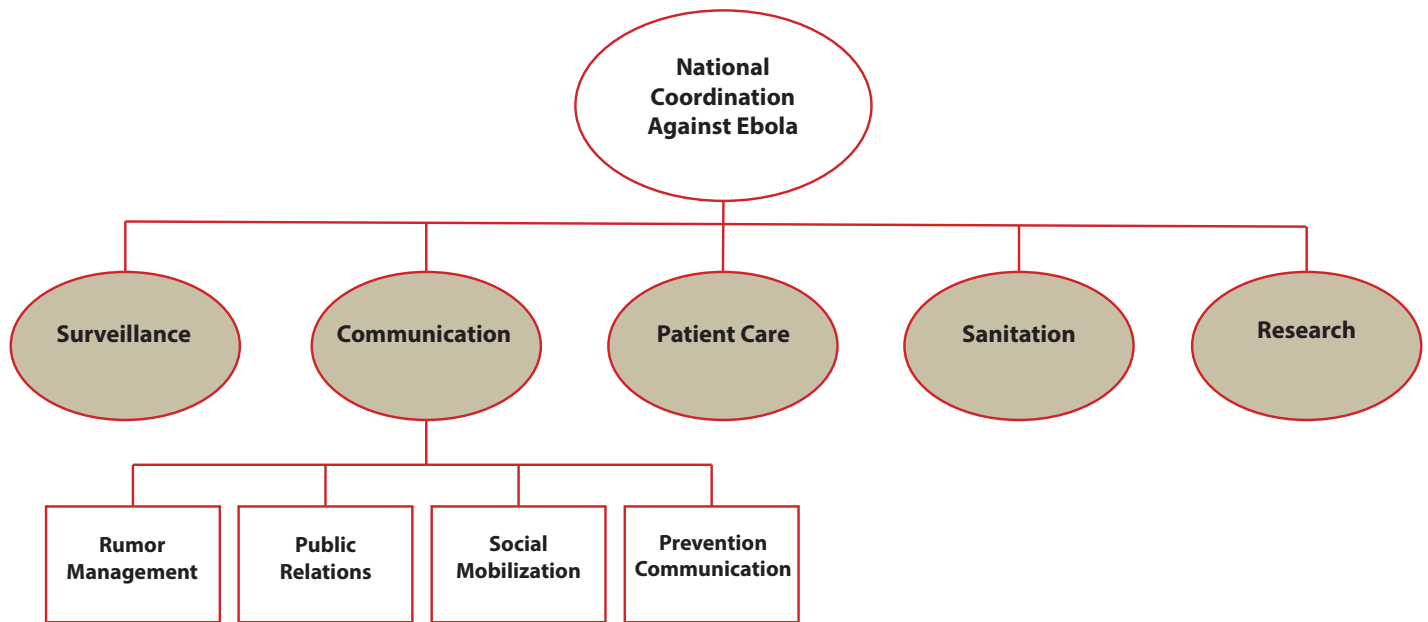


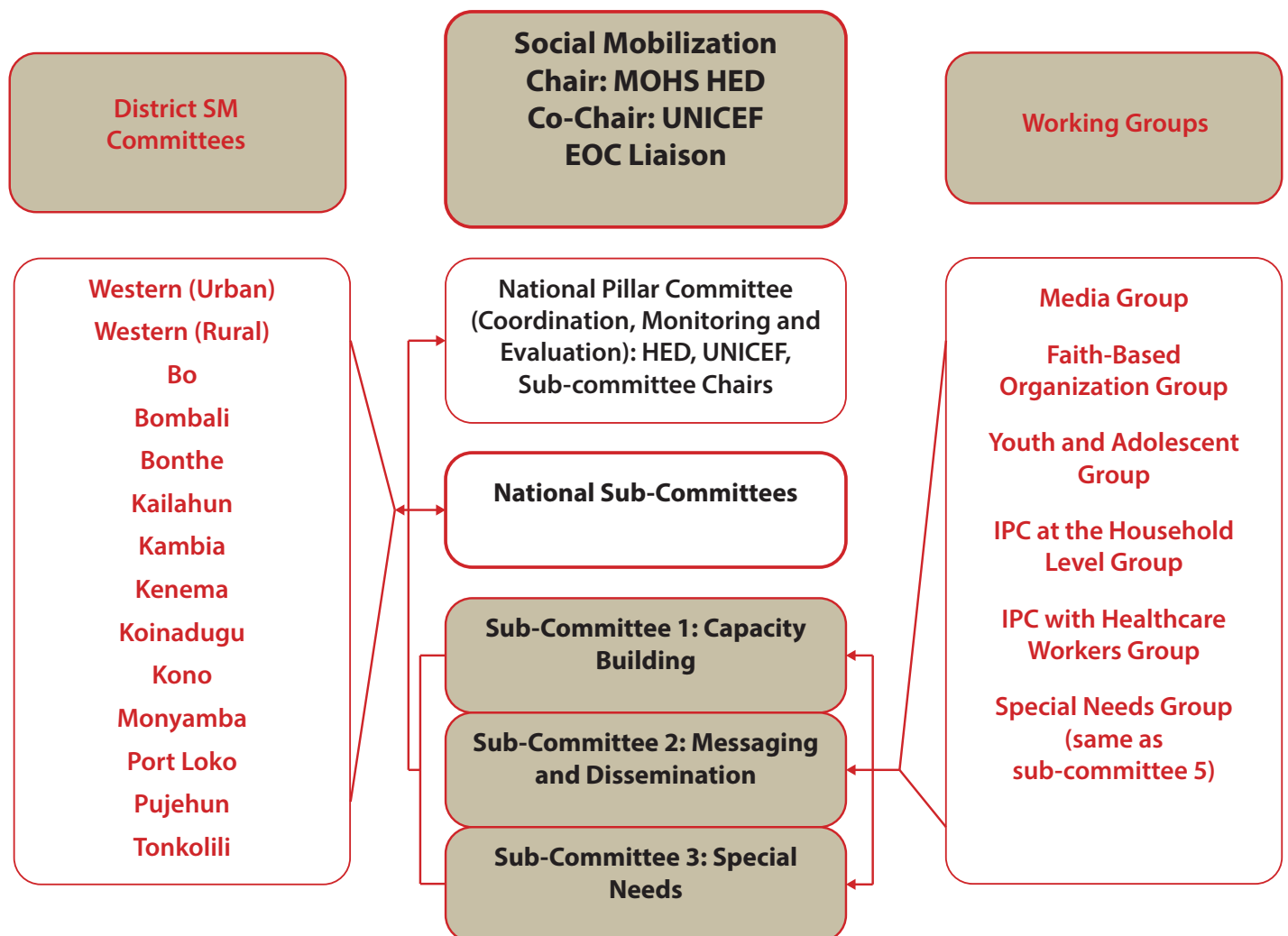
Figure 5: Examples of Communication Subcommittee's Relation with Larger Emergency Response

Guinea's Social Mobilization Pillar



Sierra Leone's Social Mobilization Pillar*

National Emergency Management System (Ebola) SM Pillar



*Communication/Media pillar was separate from the social Mobilization pillar.

Prepare an Emergency Communication Response Plan for the First 72 Hours

The first 72 hours are critical for containing an emergency that can quickly spread out of control. As mentioned above, the central coordinating mechanism for emergency communication – the communication pillar – will liaise and coordinate closely with the national emergency response mechanism and district/local level response teams throughout the response. However, it is imperative that a core group of stakeholders agree in advance to take the lead on executing key measures as soon as disaster strikes, and that their roles and responsibilities are clearly understood by the core team and all key stakeholders leading the response. It will be important to have a response plan in place that addresses actions in the first 72 hours, the roles and responsibilities of key stakeholders, and what needs to be in place before then to act quickly. This will help to mitigate any potential confusion with other response leads and national and district stakeholders about their roles, and help to avoid any duplication of efforts that could lead to confusing and uncoordinated messages to the public.

Some key considerations for an immediate communication response include:

- **Identifying and coaching spokespeople.** National and district level spokespeople should be identified in advance and know their roles and responsibilities should a disaster strike, which should include conveying agreed upon messages to the media, the community and the public. It will be important for early messages to be delivered by these spokespeople to avoid mixed messages getting out to the public – creating confusion, rumors and misconceptions. Therefore, it is equally important that the government ensure that only those selected and trained as spokespeople will serve as spokespeople in an emergency. Having clear mandates in place that limit the number of government officials providing information to the public in an emergency will be key to ensuring messages are clear and consistent, and will avoid public mistrust. Importantly, spokespeople and communication channels need to be trusted by the public and community members. To be effective, messages must be credible to their recipient audiences. They must express empathy and assurance that actions are underway. For more information on spokespeople, see the US Centers for Disease Control and Prevention's [website on risk communication](#). Additional information on spokespeople, including selecting community-level spokespeople, can also be found in **Unit 3: Community Mobilization** of this I-Kit.
- **Developing key main messages in advance that are easy to understand and follow.** Risk communication, especially in the first few days of an emergency, should provide clear and accurate information about signs and symptoms, what to do and where to go if they or someone they know has them, and simple and clear steps to take for prevention. Message preparation before the crisis is essential.

Vague communication about what is known and not known about an emergency affects communities' trust in government. It is important for spokespeople to acknowledge what they know and don't know about what is happening, while communicating that there are ongoing efforts to move quickly to understand and contain the emergency. Ethnicity, class, gender and other demographic characteristics of audiences must be adapted if risk communication messages are to be effective. Prepare people to accept that facts will change – because facts alone do not overcome fear.

Inform the public through press briefings and call centers. Ensure call centers have approved messages to provide to the public early on, and are staffed appropriately. It will also be important to develop press releases and hold media briefings, and update websites with accurate information and clear messages. Consider that the same risk perception factors that trigger fear in those who consume the news are of interest to the people who report it. For reporters, these "fear factors" are characteristics of a story that has a better chance of getting attention ([D., Ropeik, Neiman Reports](#)).

- **Coordinating with emergency response teams and key national and district level partners.** It is important to have updated contact lists with roles and responsibilities of all key partners and stakeholders in the emergency response so they can be reached quickly and easily. Coordinating social mobilization with other emergency response activities will help inform community members of the emergency response teams' jobs, and will help ensure a feedback loop between the community and the response.
- **Monitoring the information people are exposed to.** Monitoring the media (e.g., print, electronic and social media, such as Twitter and Facebook), call center reports and community-level rumor logs are key to understanding how to address what information and misinformation is already out there in the public.

Exercise: Emergency Response Plan for the First 72 Hours

It is highly recommended that countries have an Emergency Response Plan for the First 72 Hours in place for emergency preparedness (see **Worksheet 1.4**). Countries can develop this plan through a participatory process with key partners and emergency response stakeholders, and then test the plan with exercises that test different scenarios to see what works and what needs to be modified.

WORKSHEET 1.4: EMERGENCY RESPONSE PLAN – FIRST 72 HOURS

Purpose: These worksheets will help governments and partners think through the various communication actions that need to take place quickly to inform the public and contain the situation.

Directions: This exercise will need to be conducted with key stakeholders, including communication experts within the Ministry of Health and Ministry of Information as well as key stakeholders in the response, such as United Nations agencies, the World Health Organization, key partners and technical leads from various emergency response teams in the country (e.g., case management and surveillance, etc.).

1. Identify and gather key national, district and community level stakeholders for a participatory exercise.
2. Present on key considerations for an immediate emergency communication response (see section above).
3. Conduct a brainstorming exercise with key stakeholders to identify key actions that need to take place so that the public is properly informed of what to do.
4. Using that information, fill out the table below and present to the group for comments and discussion.
5. Brainstorm a list of what needs to be in place to make sure these actions can happen quickly (e.g., updated stakeholder contact sheets, etc.).
6. Pretest this information by conducting exercises with key stakeholders that test different emergency scenarios – adjust the table based on the pretest results.

First 12 Hours		
	Who is Responsible	Contact Information (Mobile and Email)
First 24 Hours		

First 36 Hours		
First 48 Hours		
First 60 Hours		
First 72 Hours		

This unit highlights the importance of conducting a rapid needs assessment to inform response efforts. Different approaches have been explored, with emphasis on trying to combine secondary data with primary research to obtain a snapshot of how the population is responding to the emergency in a specific point in time.

Importantly, needs assessments should occur in partnership with stakeholders to guarantee coordination and minimize duplication, and with community members to engage them and involve them in response activities. This Unit explores some of the ways in which communities can be engaged effectively.

Having completed this unit, you will have the following tools to assist in conducting a rapid needs assessment to inform communication activities.

- [Worksheet 2.1: Gathering Existing Data Sources to Inform the Needs Assessment](#)
- [Worksheet 2.2: Reviewing Secondary Research](#)
- [Worksheet 2.3: Rapid Needs Assessment Questions for Consideration in Emergencies](#)
- [Worksheet 2.4: Identifying Further Research Needs](#)

What Is a Rapid Needs Assessment?

Performing a scoping exercise and a desk review about key health behaviors, knowledge, beliefs and norms should be carried out as part of emergency preparedness. In this way, communication experts have quick access to important data that can guide a rapid communication response. Should this information not be available prior to the start of an emergency, **Worksheet 2.1** provides a checklist of some key information sources to consider in support of the communication response.

It is highly recommended that a scan of available information sources and an initial desk review be conducted every few years in the preparedness phase so as to access epidemiological and social data rapidly when required. Even once the emergency erupts, a systematic approach should be adopted when reviewing secondary research.

Building on the preliminary needs assessment conducted during the preparedness phase, due to time constraints in an emergency, secondary research – data that has already been collected by other researchers or organizations – is a good place to start for a rapid needs assessment.

A rapid needs assessment involves carrying out primary and secondary research quickly to gain an understanding of key information that can steer program design and implementation. Primary research is firsthand data, gathered through the direct investigation of a topic or situation of interest. Secondary research is information that is already available about an issue such as studies, reports, peer-reviewed journal articles, gray literature and other documents. Both are recommended in emergency situations. Although rapid, the needs assessment conducted during the emergency phase requires nonetheless a systematic approach to the collection and study of data, findings and contextual information to understand the issue being addressed.

Why a Rapid Needs Assessment Is Important

A rapid needs assessment can give insights and understanding about a range of factors that affect behaviors related to the emergency and about how to best support the population to reduce their risk. Dedicating even just a few days to a needs assessment is important to obtain information about how households and communities perceive a potential or existing emergency, what they know and do about it, what barriers and facilitators exist to the adoption of protective behaviors, and how cultural and social dynamics influence them. Equipped with this knowledge, program managers and implementers can develop targeted interventions to support the success of all response efforts.

Key Steps for Conducting a Rapid Needs Assessment

1. Gather Existing Data and Secondary Research
2. Identify Further Information Needs and Conduct Primary Research
3. Continuously Review Information

Gather Existing Data and Secondary Research

Insightful information may already exist about demographic, geographic, behavioral and social factors that affect how people respond to the emergency. Data reviewed may be available in country or elsewhere, and it should be as recent as possible, ideally within the past five years. Examples of useful secondary data include demographic health surveys (DHS), multiple indicator cluster surveys (MICS), knowledge, attitudes and practice surveys (KAP), media consumption studies and project reports from organizations working in the affected areas. Below is a list of sources that can be approached for identifying information for an initial desk review:

- National and regional government departments in the country that may have existing information about demographics and household behaviors. Examples of relevant ministries include the Ministry of Health, the Ministry of Transport to review movement between borders, and the Ministry of Agriculture and Animal Resources in the case of emergencies caused by zoonotic diseases.
- Relevant TWGs in the country.
- International, national and local NGOs that have implemented interventions or conducted assessments and evaluations of KAPs relating to the issue causing the emergency or other relevant areas.
- Global agencies such as the UN and bilateral institutions.
- Research organizations, universities and statistics offices, and associated anthropologists working in the field.
- Service delivery organizations that may have information about how populations access and perceive services.
- Media, telecom and Internet provider organizations that can provide data on media, telecom and internet habits and other formative research carried out to inform their products and services.
- Peer review journals addressing similar outbreaks in the country or elsewhere, or about relevant practices within the country.

Secondary research can provide both quantitative and qualitative information. Examples of the type of information to look out for when conducting a secondary review include:

Behavioral Information

- Information regarding health practices such as vaccination and health seeking behaviors that can affect how the population responds to the emergency.
- Household behaviors such as hygiene practices, nutrition, agricultural and animal rearing and hunting practices in the case of zoonotic diseases, and religious and cultural practices that may affect health outcomes.
- Additional information on KAP indicators related to the emergency.
- Barriers and facilitators for protective behaviors at the individual and household levels, and within the environmental and social contexts.
- Use of mass media (listening habits) and social media (connectivity and use as a credible information sources).

Epidemiological Information

- Epidemiological data regarding the health issue linked to the emergency.
- Inter-border exchanges that may affect how the disease spreads.

Contextual Information

- Literacy levels and media habits.
- Social, cultural and religious beliefs, norms and practices.
- An analysis of the market and supply chain in the case of zoonotic diseases.

Exercise: Gathering Existing Data Sources to Inform the Needs Assessment

Worksheet 2.1 will help you identify where to start your search of relevant documents for the desk review. At the onset of an emergency, time will be limited to conduct a detailed needs assessment; however, the importance of having robust and reliable data to inform the communication response cannot be underestimated.

Worksheet 2.2 provides a template to support you in reviewing secondary data in a systematic way and to highlight important information that can guide the communication response. The first part of the worksheet provides a template to summarize the data obtained through a desk review. The second part aims to help you make sense of that data and asks some key questions that relate to behaviors, perceptions, knowledge and attitudes that impact how the affected populations perceive and respond to the emergency.

Please note that the worksheets in this section are followed by completed examples in the Appendix. The completed examples will likely include information about an emergency that during an actual event might not be immediately available. This was done to illustrate the full range of information to inform a strategic communication response. As more data becomes available, update this worksheet.

WORKSHEET 2.1: GATHERING EXISTING DATA SOURCES TO INFORM NEEDS ASSESSMENT

Purpose: This worksheet is a checklist that aims to help you identify any information that is easily and quickly available to commence your rapid needs assessment.

Directions: Complete this checklist together with other stakeholders. This will allow for a broader view of what has already been done and exists in country. Discuss with stakeholders which of the information sources are available and the actions required to obtain and review the source. Please note that this list is not exhaustive and you may find in your discussions with stakeholders that other relevant information sources exist and should be considered.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Possible data source	Available (Yes/No)	Description / Comments	Action	Responsible
Demographic & Health Surveys (within the last five years, if possible)				
UNICEF's MICS (most recent publication)				
Reports from National Statistics Offices				
Reports from Ministry of Health				
Reports from Ministry of Education				
Reports from Ministry of Transport				
Reports from Ministry of Agriculture and Animal Resources				
Qualitative studies from Academia, Anthropologists and others				
Baseline studies from relevant interventions by IPs				
Mid-term & final evaluations from relevant interventions by IPs				
Media consumption studies				
Telecom and internet reports or consumption studies				
Other				

WORKSHEET 2.2: REVIEWING SECONDARY RESEARCH

Purpose: This worksheet will help you adopt a systematic approach to reviewing secondary data and highlight important findings that can inform the communication response.

Directions: Using existing data, determine which populations are most at-risk of an emergency and then gather data on knowledge, attitudes and practices related to the emergency, including cultural and religious practices and gender disparities that may affect an emergency response. Complete questions one to four with the information obtained. If an emergency has already started, fill out the table with the data from the documents that have been reviewed. Whenever possible, note the citation(s) for the secondary research and where the document(s) or data source(s) can be found.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Date: _____

1. What is the emergency?
2. Which populations are more vulnerable and at risk of being affected by the emergency?
3. If the emergency is already underway, which populations/individuals appear to be most affected by the problem? (insert percentages if known)
4. Describe the demographics (age, gender and education level) of those most affected by the problem?
 - Age:
 - Gender:
 - Education:

Type of Secondary Research	Location	Target Group Addressed by the Secondary Research	Relevant Key Findings	Barriers & Facilitators	Implications for Emergency Response	Citation and Date

WORKSHEET 2.3: RAPID ASSESSMENT QUESTIONS FOR CONSIDERATION IN EMERGENCIES

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.

If you are unfamiliar with any of the terms listed in the table below, you can find definitions in the **Glossary** section at the end of this I-Kit.

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.

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:	

Identify Further Information Needs and Carry Out Primary Research

Although secondary research is likely to provide a good overview about knowledge, attitudes, practices, norms and demographics relating to the emergency, you may find that some important questions remain unanswered. Additionally, during emergencies communities may deviate from their habitual practices and behaviors, making it hard for secondary research alone to fulfill the information requirements of a communication response. It is recommended, therefore, to accompany the desk review with primary research to obtain data that can help inform a targeted SBCC intervention. As a preparation step, countries can begin identifying types of information they would want survey questions to address for a particular emergency.

Primary research involves gathering firsthand information about the problem being explored. A range of data collection methods exist, and some examples are provided below. It is important to note that a combination of several methods is recommended to obtain a more complete perspective of the situation. The methods listed below are further described in the **Table 3** on the next page.

Qualitative

- Observation (with possible quantitative components)
- Ethnographic studies
- In-depth interviews
- Key informant interviews
- Focus group discussions (FGD)
- Participatory learning and action
- Stakeholder meetings
- Content analysis of existing mass media, including social media

Quantitative

- Surveys, including phone surveys using calls or SMS
- Content analysis of existing mass media, including social media

Participatory learning and action is an approach to research that can be incorporated into many of the methods, both qualitative and quantitative, listed above.

Find more information on participatory learning and action at <http://pubs.iied.org/6021IIED/>.

Data Collection Methods

These methods, including further information on participatory learning and action, with details of how each can best be used are described in **Table 3** on the next page.

If primary research is to be conducted using any of the methods described above, it is necessary to obtain approval from the nationally recognized Institutional Review Board (IRB), that ensure that required ethical procedures are followed. Obtaining approval from the IRB may be a lengthy process, which is not suitable for an emergency communication response. It is therefore recommended to highlight the fact that the research is necessary to guide response effort in the IRB approval request, which may support a more expeditious approval process.

Table 3: Data Collection Methods

Method	Goal	Description	Key Considerations	Use
Observation	Collect information on naturally occurring behaviors in their usual context.	The researcher goes to the location of interest and stays among the people whose behaviors he or she wants to observe, taking note of what happens. Data gathered can include information on individual behaviors, relationships and dynamics within the household and in the community. Even one or two days of observation can provide helpful insights into what people do and how, and into some of the norms governing their practices.	- Requires observers who know and understand the culture of the community being observed. - People being observed may not act as they usually do because they are aware of being observed. - There is a risk that during an emergency people may be more distrusting and observation can become harder.	To obtain insights into the physical, social, cultural and economic environment where people live, while exploring their behaviors, relationships and activities.
In-depth Interviews	Elicit individual perspectives on the issue being investigated.	The person being interviewed is the expert on the subject matter and the interviewer is the student, learning from what the respondent has to say. Open-ended questions need to be asked in a neutral manner and the interviewer needs to listen carefully to the responses, asking follow-up questions based on the answers received. The interview can be recorded so as to allow for a natural feel to the conversation.	- Interviews need to be conducted in local language and translation may be expensive. Requires proper training of interviewers. - Can be time-consuming to transcribe the data for analysis.	To collect data on individuals' personal stories, perspectives and experiences, which are particularly useful when exploring sensitive or personal topics.
Key Informant Interviews	Elicit information from a wide range of people who have firsthand knowledge of the community and/or of the issue being explored.	Qualitative, in-depth interviews with people who have firsthand knowledge about the topic of interest. This can include relevant professionals, service providers, leaders or residents. The interviews tend to be loosely structured, relying on a list of issues to be discussed rather than on standardized questions. Key informant interviews resemble a free flowing conversation with the interviewer framing questions spontaneously, probing for further information where necessary and taking notes or recording what is being discussed.	- Requires careful selection of key informant to ensure representative information is gathered. - Can be a quick way of obtain key information during an emergency.	To obtain an understanding of the motivations, behaviors, attitudes and perspectives of the community of interest. They can provide insights into general practices, behaviors, norms, culture and expectations within the community.

Method	Goal	Description	Key Considerations	Use
FGDs	Elicit group perspectives on an issue or topic.	They involve working with small groups of individuals (8 to 12 people) and asking open questions to the group. The group dynamics stimulate conversations and reactions. FGDs are not a method used to conduct multiple in-depth interviews in a group setting.	- Requires significant planning and introduction of the activity to the community and leaders beforehand. - Can be more expensive for fewer participants. - Can be time-consuming to transcribe data for analysis.	To elicit data on cultural norms of a group and generate a broad overview of issues of concern. FGDs are particularly useful to explore normative beliefs and attitudes and to discover a variety of perspectives within the population.
Participatory Learning and Action (PLA)	Facilitate learning about communities by actively engaging with them.	This approach to research involves community ownership of the research process and can be incorporated into both qualitative and quantitative research designs. Often, it combines the use of visual approaches created by the participants with group discussions. An example could be asking participants to draw a map of the community and then discussing it as a group both qualitatively and quantitatively. The process facilitates collective analysis and learning, and as such engages participants more actively in defining and resolving the issue being addressed.	- Requires trained facilitator. - Requires planning and introduction of the activity to the community and leaders beforehand.	To learn about and engage with communities. PLA is intended to facilitate the process of collective analysis, learning and ownership.
Stakeholder Meetings	Gather knowledge and ideas from relevant stakeholders and keep them engaged.	They consist of engaging with those who are involved with or have an interest in the issue. Stakeholders (discussed in Unit 1) are brought together in a meeting to discuss the issue being explored, share findings, and exchange knowledge, ideas and strategies.	- Provides limited perspective and should be combined with another method. - Can be useful during an emergency to gain trust of community members and identify how best to enter communities with a communication response.	To support stakeholder ownership and engagement and to assist with coordination and harmonization of activities, messages and approaches.
Surveys	Obtain information about what most people think/do/ know about the issue through a questionnaire that can be conducted in person, online or over the phone.	Using questionnaires with a large number of respondents. Surveys are generally time-consuming and therefore not always an appropriate method in an emergency. In Liberia, SBCC practitioners initially used GeoPoll to gather data as folks were not allowed into the field because of the virus.	- Allow for larger sample size but do not provide qualitative data. - Household based surveys can be time-consuming and expensive to conduct and analyze and may therefore not be appropriate for an emergency. - Telephone or SMS surveys exclude people without access to a phone (typically women or older people).	To gather quantitative information about the population being surveyed, such a sociodemographic characteristics, knowledge, attitudes and practices.

Primary Research Beneficiaries

Remember that much of the primary research you conduct will require close collaboration with the affected communities in order to know how the emergency is affecting them and their behaviors. Involving the communities from the early stages of your communication response can also increase their engagement and support for your activities. Beware of “survey fatigue,” or “participation fatigue,” where affected communities are repeatedly surveyed by multiple organizations who come to deliver response activities. As communities see more and more actors approaching them but no concrete changes, they can become frustrated, disillusioned, disengaged and even resistant.

What’s more, having been asked the same questions multiple times, interviewees might repeat answers they believe are “correct.” One way to avoid this issue is to ensure coordination of studies with the government and other organizations. The tips in the box below should help you address some of the common challenges associated with carrying out primary research in an emergency.



Tips for Conducting Primary Research

- **Be mindful of ethical considerations**, including in-country requirements. IRB approval is required in most countries to carry out research; although some review boards have special procedures for emergency situations, obtaining ethical approval can take a long time and may not be possible during an outbreak. You must ensure that you respect ethical requirements for whatever primary research you plan to conduct. Discuss these with the IRB in the country and other relevant institutions (such as universities and research institutes).
- **Look for partners who may have strong research expertise** and can support the primary research that needs to be conducted.
- **Involve the community** and its members in the research process. They can contribute to developing the approach and the questions, recruiting participants and conducting the research.
- **Train data collectors and enumerators** in the research methodology and ethical considerations (e.g., confidentiality and informed consent).
- **Ensure confidentiality** and put systems in place that protect the confidentiality of any data collected.
- **Obtain informed consent**, ensuring that participants know exactly the purpose of the research, how the information will be used, and that they may opt out of the process at any stage with no consequences.

Continuously Review Information

Once further needs assessment questions have been addressed, it is important to continuously monitor how the emergency is evolving and how the population is reacting to the outbreak and to response activities. This will allow for consistently appropriately tailored interventions and messages.

Making use of existing communication structures (discussed in **Unit 1**) and of community networks on the ground (see **Unit 3**), will allow for the regular monitoring and flow of information about behaviors, beliefs, attitudes and perceptions of the communities affected by the emergency. Below are some tips of how regular monitoring can occur to ensure that your communication response remains on target. As previously mentioned, involving communities from the early stages of your communication response can also increase their engagement and support for your activities.



Tips for Continuous Monitoring of Data to Inform the Communication Response

- **Consider community surveillance applications.** For example, an SMS-based system might allow community members to report and speak out on what is happening in their communities. It can be used to report observations, program activities and ideas about the issue being addressed, and it can be developed so that important information relating to the emergency and response activities is solicited from members of affected communities. Some examples include RapidPro, UReport, Geopoll, mHero and others.
- **Develop a reporting template for implementing partners** to complete regularly. The template can identify any evolution of the emergency; how communities are responding; any response activities that have been conducted; the reach and community reactions; dominant behaviors and practices linked to the emergency; and any other relevant information that can guide response efforts.
- **Establish a system that allows regular information sharing** between the communication pillar and the communities affected by the emergency. This can be done by setting up focal points and sub-committees at the community level. More information about these can be obtained in **Unit 1** and **Unit 3** of this I-Kit. Once the system is in place, ways in which information will be shared can be defined.
- **Agree on how and when information is shared.** This can be done through face-to-face meetings, regular phone exchanges or email, if reliable connections exist. It is recommended to have a pre-defined schedule on when these information sharing sessions will take place to ensure that they occur as planned.

Exercise: Identifying Further Research Needs

Worksheet 2.4 will help you identify if and what further research you may require to develop adequate communication interventions to respond to the emergency. It asks questions to help you identify further information needs that can be investigated through primary research. When completing the worksheet, consider the methodologies described in **Table 3** to decide on the most appropriate approach to answer the remaining questions.

WORKSHEET 2.4: IDENTIFYING FURTHER RESEARCH NEEDS

Purpose: This worksheet will help you identify if and what further research you may require to develop adequate communication interventions to respond to the emergency.

Directions: Complete this worksheet referring to the information that you collected from the desk review. Consider the primary research methodologies described earlier in this unit to determine the most suitable approach for answering further information needs.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

	Yes/No	Notes
Is there anything else you would like to know about the behaviors, attitudes, knowledge or perceptions of how the population is responding to the emergency?	☐ Yes ☐ No	
Do you need to know more about the barriers and facilitators of behaviors related to the emergency?	☐ Yes ☐ No	
Do you need to know more about the culture, norms and traditions that govern behaviors related to the emergency?	☐ Yes ☐ No	
Are there vulnerable and at-risk groups that have been omitted by the secondary research you reviewed?	☐ Yes ☐ No	
Do you need to know more about the people of influence in the lives of the affected populations?	☐ Yes ☐ No	
Do you need to know more about the programs and organizations operating in the affected areas?	☐ Yes ☐ No	
Have you identified any contradictory information from your secondary research that	☐ Yes	

requires further investigation?	☐ No	
Do you think that the information you collected from the secondary research may be biased in any way?	☐ Yes ☐ No	
Are there any questions that could help you design your emergency response that remain unanswered from the secondary research?	☐ Yes ☐ No	

This Unit describes how to initiate community mobilization, which is essential to the success of an emergency response plan.

The key to everything discussed thus far is the active participation of community members and leaders. Unit 3 provides a series of community mobilization tools and tips on how to do this, and highlights how the community needs to be involved from the very initial stages of the emergency response.

Having completed this Unit, you should will have the following tools to assist you in engaging communities to support your communication efforts during an emergency.

- **Worksheet 3.1: Analyzing the Problem**
- **Worksheet 3.2: Selecting Mobilizers and Spokespeople**
- **Exercise 3.1: Community Mapping**
- **Exercise 3.2: Mapping an Information Flow for Community Mobilization**
- **Exercise 3.3: Venn Diagram**
- **Exercise 3.4: Top-of-the-Mind Exercise**
- **Sample Job Description**
- **Ethical Principles for Consideration**
- **List of Community Mobilization Activities**
- **Channels for Community Mobilization**

What Is Community Mobilization?

Community mobilization is a process that aims to engage all sectors of the community to prompt individual, family and community action. It uses a variety of community engagement approaches to raise awareness and empower individuals and groups toward those actions, creating an enabling environment and effecting positive change. Community mobilization can include activities such as door-to-door outreach, public meetings, health fairs, participatory theatre and other activities. Importantly, mobilization efforts are community driven, and community members are active participants in defining the problem, generating solutions and evaluating the outcomes of those solutions.

Why Community Mobilization Is Important

Community mobilization increases the capacity of a community to identify and address its own needs while generating local solutions to problems. For instance, because of its participatory approach, community mobilization ultimately strengthens and enhances the ability of a community to work together towards a common goal. Through its emphasis on prompting reflection and dialogue about current barriers and facilitators, coupled with actions individuals and communities can take to achieve their goals for improved health and wellness, it also contributes to the sustainability of any given action.

Understanding how communities perceive and comprehend a problem is necessary to design adequate interventions. Engaging with community members is crucial to building trust and credibility so messages are accepted, and protective actions more likely to be taken.

Community engagement is the one factor that underlies the success of all other control measures – *Abramowitz et al, 2015*

Working with localized community groups, using existing structures, is highly recommended as the emergency efforts will build on an established network and trusted relationships and better ensures sustainability of emergency preparedness efforts. In Sierra Leone, during the Ebola response, emergency communication teams worked with the Village Development Committee, Family Member Committees and many youth groups.

Especially in the cases of contagious diseases, such as Ebola, integrating community mobilization into the emergency response allows for mobilizers to provide information regularly about what is happening in the community, the roles of emergency responders and, importantly, feedback information to the community about the status of the emergency and of loved ones who have been affected by the consequences of the emergency.

Key Steps for Effective Community Mobilization

1. Identify and Access Communities
2. Select and Train Community Spokespeople and Mobilizers
3. Establish a Formal Structure for Effective Information Flow
4. Identify and Implement Community Mobilization Activities

Identify and Access Communities

As indicated in the rapid needs assessment (Unit 2), communities most affected by the emergency may be found in some geographical areas only, or spread across the country.

In either case, when entering a community, it is essential to know the national and subnational protocols, both official and traditional. This knowledge will provide insight into who should be approached first in each community. This will likely be the local authorities and the traditional and religious leaders; however, ensure that you explore the government and the traditional systems accurately so as to follow the expected procedures when entering a community.

General guidelines for entering a community are listed below. Please note that these are general and you must verify expectations within your particular setting:

- Follow established protocol for working in communities. The Government plays a significant role in working with communities. You usually have to seek approval at the district, regional or county levels to enter communities. You might need to establish a service level agreement or memorandum of understanding prior to entering or beginning work in a community.
- Approach the key leaders, the gatekeepers of that community who have the ability to hamper or support your communication activities.
- In consultation with these key leaders and gatekeepers, identify the other important stakeholders who need to be brought on board for community mobilization. Consider local authorities, the health sector and related services, local associations and NGOs, as well as other influential individuals. These may be popular figures and charismatic personalities.
- Invite all identified stakeholders to an agreed location in the community and discuss the emergency, key facts that relate to the spread of the outbreak, important protective behaviors and the consequences of not being engaged in the emergency response.
- Explore with stakeholders how to move forward to stop the outbreak. Ensure that all discussions are participatory, that all members feel comfortable to ask questions and share ideas.
- As part of your discussion on how to move forward, identify community members who can act as spokespeople and mobilizers. Be sure to consider existing networks of mobilizers that are attached to local or international organizations and to health centers.

Exercise: Analyzing the Problem

Worksheet 3.1 provides some questions that can guide discussion during your initial meetings with the community. It aims to highlight how the problem is perceived by the community and the barriers and facilitators that exist to adopting protective behaviors. The resulting information will help inform community mobilization and behavior change activities.

Participatory approaches are helpful to gain an understanding of how the community perceives the issue, the barriers and facilitators that exist, and how and where community members can be reached. A **Sample Job Description**, **Ethical Principles** and **List of Community Mobilization Activities** in the Appendix provide other tools that can guide participatory discussions to inform your interventions, and references for further resources can be found at the end of this I-Kit.

Please note that the worksheets in this section are followed by a completed examples in the Appendix. The completed examples will likely include information about an emergency that during an actual event might not be immediately available. This was done to illustrate the full range of information to inform a strategic communication response. As more data becomes available, update this worksheet.

WORKSHEET 3.1: ANALYZING THE PROBLEM

Purpose: This worksheet is designed to be conducted at the community level should an emergency occur. It will help you analyze the problem related to the emergency and how it affects the community. The resulting information can be used to inform activities and objectives. It should give you a general overview of the problem and factors related to it.

Directions: Complete the worksheet together with key stakeholders and community members.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Problem being addressed by the emergency communication response: _____

What factors put community members at risk of the problem?	
What factors (behavioral and environmental) protect people from the problem?	
What behaviors (if any) caused or exasperated the problem?	
What behavior (or lack of behavior) caused or exasperated the problem (if any)?	
What behavior (or lack of behavior) maintains the problem?	
Who is most affected by the problem?	
Where are these people?	
What are the negative consequences of the problem for individuals affected by it?	
What are the negative consequences of the problem for the community?	
Who should share the responsibility for solving the problem?	
What key behaviors need to change to solve the problem?	
What conditions in the community need to change to solve the problem?	

Adapted from Designing Community Interventions, Community Tool Box: <http://ctb.ku.edu/en/table-of-contents/analyze/where-to-start/design-community-interventions/tools>

Select and Train Community Spokespeople and Social Mobilizers

Part of the discussion with stakeholders in your introductory meeting with the community will explore potential avenues for supporting individuals and families to engage in protective behaviors that can manage the health emergency or eventually stop the outbreak. One effective way of doing this is to have a pool of trained spokespeople and mobilizers.

Spokespeople

A spokesperson should be a trusted individual of authority who acts as a point of reference and announces accurate and timely information about the emergency. Spokespeople generally conduct correspondence with the media, such as radio stations and the press, and communicate with the public about the emergency. They liaise regularly with the national and subnational communication mechanism to provide feedback on what is happening on the ground and to obtain information to share with the public.

Acting on behalf of others, spokespeople should be loyal to the issue being addressed and act as role models for what is being promoted. Often, spokespeople are admired leaders, members of respected authorities and institutions or popular national figures.

Mobilizers

A mobilizer is a person who can act as a catalyst. Mobilizers tend to work more directly with the community than spokespeople, providing information and support, engaging with community members in dialogue, monitoring how they respond to the outbreak and messages, and corresponding with the communication cells so as to continuously revise activities based on need. Mobilizers should be trusted members of the community.



Tips for Selecting Mobilizers and Spokespeople

- **Know the protocol** for selecting spokespeople and mobilizers within the community of interest. For example, selection may occur through an open election process where all community members are invited to vote, or it may be done through community leaders only.
- **Link with existing associations, civil society and NGO networks** that already utilize spokespeople and mobilizers, and assess how they are perceived by the community.
- **Consider networks both within the health sector, such as CHWs, and outside of the health sector.** Examples may include religious and traditional leaders, hygiene promoters in water sanitation programs, community mobilizers for gender equality, agricultural extension workers, microcredit groups and educational networks such as teachers, peer educators and village development committees.
- **Identify the trusted sources of information within the community** and include them in your mobilizer and spokespeople network.
- **Assess what the main characteristics of trusted sources of information are,** and use the information to help guide the process of selecting your spokespeople and mobilizers.
- **Include members of minority and marginalized groups and gender parity** in your network of spokespeople and mobilizers as this will help reach vulnerable individuals. If you are unable to access members of these groups, try to identify and select people who are credible and trusted by them.

Identifying and Selecting Spokespeople and Mobilizers

When identifying mobilizers and spokespeople, consult with local, religious and traditional leaders, and consider existing networks of community mobilizers, such as Community Health Workers (CHWs) or community mobilizers associated with local, national or international organizations. Individuals acting as spokespeople and mobilizers for existing structures are likely to have already earned the trust of community members and can be effective in imparting messages and delivering activities relating to the outbreak.

Utilizing existing spokespeople and networks of community mobilizers who have already earned the community's trust may save you time and grant a trustworthy entry point into the community. Ensure, however, that you always liaise with gatekeepers and important stakeholders to follow community protocol when selecting your spokespeople and mobilizers.

The Qualities of Spokespeople and Mobilizers

Spokespeople and mobilizers need to have similar qualities to implement their work effectively. Some of these qualities are intrinsic, while others can be acquired through training. When selecting spokespeople and mobilizers it is crucial to ensure that the person is a trusted and influential source of information in the community and that he or she is able to act as a role model for the issue and the behaviors being promoted.

For more information about the qualities and characteristics of a mobilizer, see the **Sample Job Description** in the Appendix.

Exercise: Selecting Mobilizers and Spokespeople

Worksheet 3.2 has been developed to support you in the process of identifying appropriate spokespeople and mobilizers. It presents a list of desired characteristics for spokespeople and mobilizers, including skills, attitudes, knowledge and possible roles they can play in the community. The worksheet, completed in partnership with leaders and stakeholders in the community, can then be used to guide the process of identifying spokespeople and mobilizers as per community protocol.

WORKSHEET 3.2: SELECTING MOBILIZERS & SPOKESPEOPLE

Purpose: This worksheet provides a checklist highlighting some important characteristics of mobilizers and spokespeople. The list is not exhaustive and not all qualities may be relevant to all situations, but they can provide guidance in the process of selecting mobilizers. The worksheet should help you and the community identify the most important qualities you are looking for in your spokespeople and mobilizers.

Directions: Review and complete this checklist in partnership with community leaders and stakeholders from your community of intervention. Identify the relevance for each characteristic to the situation you are addressing and grade it from one to five (one being least relevant and five being most relevant).

Select those characteristics that have been noted as most important and use those to initiate a selection process with community members to elect mobilizers as per community protocol.

Role of a Community Mobilizer						
		Relevance				
☐	Create trust	1	2	3	4	5
☐	Bring people together	1	2	3	4	5
☐	Create awareness by disseminating correct information and educating community members, liaising with services	1	2	3	4	5
☐	Encourage participation of all community members, including marginalized and vulnerable groups	1	2	3	4	5
☐	Work in partnership with community members and other stakeholders	1	2	3	4	5
☐	Engage in an ongoing dialogue through the relevant communication mechanisms at local, subnational and national levels to provide information on the needs of communities and how are reacting to the emergency and response activities.	1	2	3	4	5
☐	Encourage individuals to identify the needs of their community and support them in developing creative solutions to address those needs	1	2	3	4	5
☐	Support emergency responders by facilitating the community entry process and providing feedback to community members	1	2	3	4	5
☐	Commit the time to work with and engage their community	1	2	3	4	5
☐	Conduct community surveillance	1	2	3	4	5
☐	Monitor communication activities	1	2	3	4	5

WORKSHEET 3.2: SELECTING MOBILIZERS AND SPOKESPEOPLE (Continued)

Attributes, Attitudes and Values of a Community Mobilizer						
		Relevance				
☐	Desire to examine and challenge one's own assumptions, opinions and beliefs	1	2	3	4	5
☐	Respect for all community members and a non-judgmental attitude	1	2	3	4	5
☐	Understanding and respect for the fact that different people have different views and perspectives	1	2	3	4	5
☐	Belief that the community and its members are best placed to solve their problems	1	2	3	4	5
☐	Trusted source of information for community members (e.g., be part of and known by the community)	1	2	3	4	5
☐	Honesty	1	2	3	4	5
☐	Respect for local cultural, traditional and social values	1	2	3	4	5
☐	Dedicated commitment to the issue being addressed	1	2	3	4	5

WORKSHEET 3.2: SELECTING MOBILIZERS AND SPOKESPEOPLE (Continued)

Skills of a Community Mobilizer						
		Relevance				
☐	Oral communication skills and the ability to translate complex scientific information into simple language that is easily understood by the general public	1	2	3	4	5
☐	Facilitation skills to support communities to reflect on an issue and challenge dominant norms	1	2	3	4	5
☐	Active listening skills	1	2	3	4	5
☐	Decision making skills	1	2	3	4	5
☐	Negotiation skills	1	2	3	4	5
☐	Ability to help communities mobilize resources	1	2	3	4	5
☐	Ability to link needs with local services.	1	2	3	4	5
☐	Program management and planning skills	1	2	3	4	5
☐	Basic advocacy skills	1	2	3	4	5

WORKSHEET 3.2: SELECTING MOBILIZERS AND SPOKESPEOPLE (Continued)

Knowledge of a Community Mobilizer					
	Relevance				
Knowledge of the community structure and organization	1	2	3	4	5
Knowledge of the community mobilization process	1	2	3	4	5
Knowledge of the facts relating to the issue being addressed	1	2	3	4	5
Knowledge of the cultural belief systems, beliefs and practices	1	2	3	4	5
Knowledge of ethical principles relating to working with individuals and communities	1	2	3	4	5

Most Relevant Skills for Mobilizers & Spokespeople in Our Community	
Roles	
Attributes, Attitudes & Values	
Knowledge	

Spokesperson and Mobilizer Training

Once the spokespeople and mobilizers have been selected, you will need to consider their training needs. Below is a list of areas to consider for capacity building; however, we acknowledge that specific training needs have to be assessed for individual situations.

- Training on **the issue that is causing the emergency**. This should contain correct, factual information on the issue and protective behaviors to halt the spread of the outbreak. Attention should be given to how to convey potentially complex information in simple, understandable language, using illustrations where appropriate.
- Training in behavior change **communication, facilitation and listening skills** to promote dialogue and exchange, rather than one-way communication.
- Training in **public speaking and talking to the media** to make official announcements or raise awareness among large groups.
- **Community mobilization skills** that may include community entry activities, recruiting community members and getting them engaged and involved.
- **Project management training** that may also include managing time, planning, surveillance and monitoring of activities.
- Training in **ethical principles and guidelines** when working with communities. This should include the principles of respect, impartiality, confidentiality, accuracy and do no harm. For more information about each of these five principles, see **Ethical Principles for Community Spokespeople and Social Mobilizers** in the Appendix.

Mobilizers and spokespeople who are trained in essential areas can then deliver activities and share messages in consultation with the communication cells. Some basic recommendations that can guide their work are summarized in **Table 4** below.

Table 4: Do's and Don'ts of Mobilizers and Spokespeople

Do's	Don'ts
• Promote and sustain community engagement • Empower communities by engaging them in collective, constructive dialogue to develop action plans • Reinforce messages using multiple channels • Include a range of people, groups and institutions, as well as vulnerable and marginalized groups • Stimulate critical thinking and challenge dominant practices and norms that may be harmful • Adopt participatory, two-way communication with community members • Acknowledge the community's contribution to ending the outbreak • Address stigma and rumors • Inform the community regularly on how the outbreak is evolving • Provide factually correct information • Be compassionate, empathetic and trustworthy • Tell the truth • Offer follow-up on questions and issues that cannot be addressed immediately • Illustrate points with examples or stories • Respect cultural and traditional values • Dress appropriately according to the context	• Deliver one-off or ad hoc activities • Use power over others, in particular over vulnerable community members • Create divisions between people and groups • Exclude certain groups or individuals • Deliver top-down information • Lecture, preach or teach individuals and groups with one-way communication • Tell people what you think rather than what you know to be correct • Make up information you are unsure of • Judge, blame or shame any group or individual • Act in isolation • Go beyond the scope of your responsibilities and provide support or information that does not relate to your duties or expertise • Use jargon and complicated, scientific terms • Disregard cultural norms, practices and expectations • Address people in ways that are not considered appropriate for the context • Fail to update community members on how the outbreak is progressing

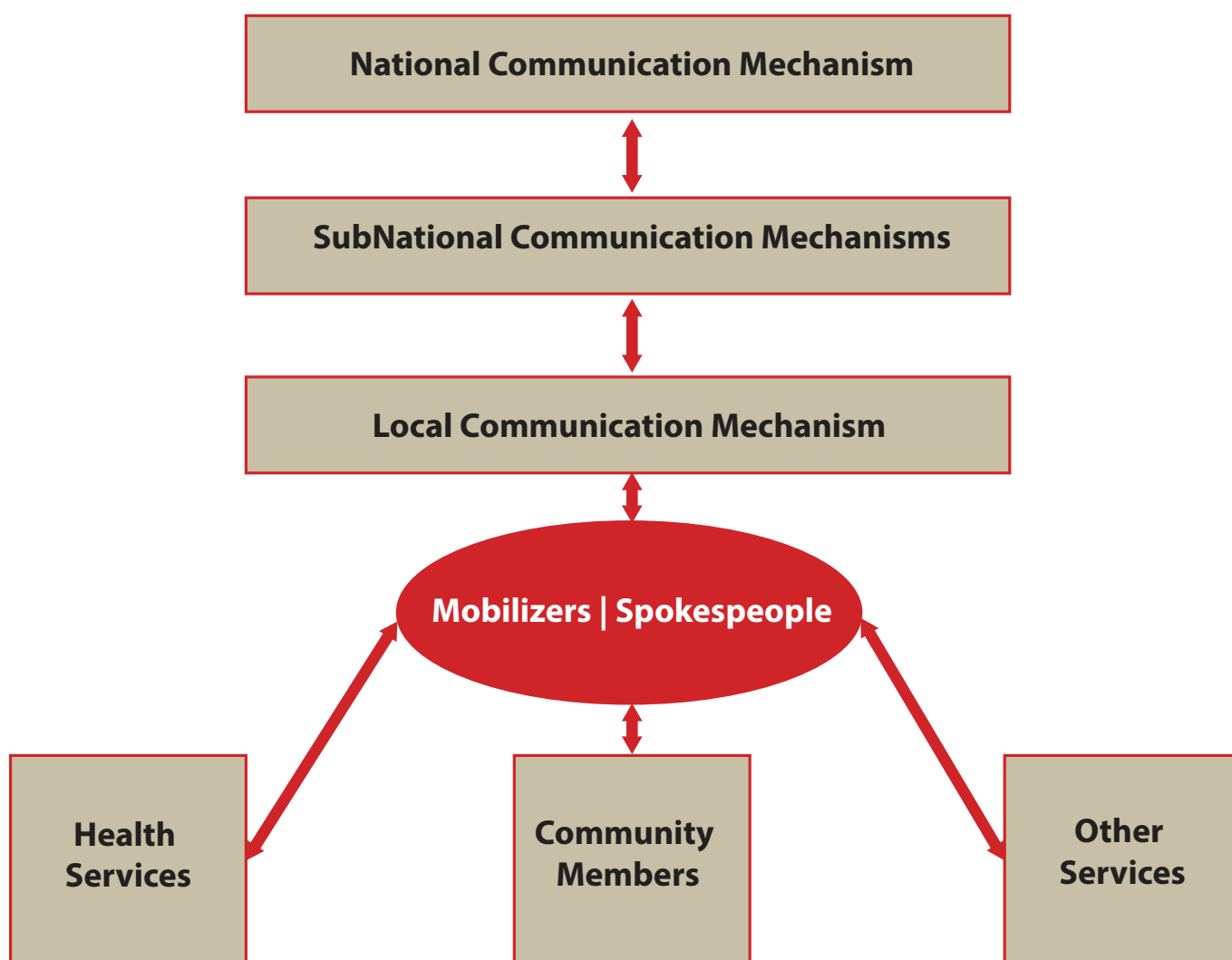
Establish a Formal Structure for an Effective Flow of Information

One of the strengths of using spokespeople and mobilizers is that they allow for continuous monitoring of how the community is responding both to the emergency and to the activities aimed at curbing it. For continuous monitoring to be effective, however, mobilizers and spokespeople need to liaise regularly with community members and services, as well as with the local, subnational and national communication systems. These issues have been explored in **Unit 1**.

The communication between the community, the mobilizers/spokespeople and the communication cells, needs to be a regular, two-way process. It is a feedback loop that allows mobilizers to provide vital information to service providers and to the communication cells on community perceptions of services and activities; how messages are being received; and social and cultural practices that can inhibit an individual's ability to engage in protective behaviors. This is particularly important for detecting rumors and arising barriers early, and thus addressing them promptly.

The **Figure 6** below provides a representation of how this feedback loop can look, placing the community spokespeople and mobilizers at the center of the process.

Figure 6: Information Flow between Mobilizers, the Community and Communication Cells



The information flow diagram can help determine the feedback loop between the community and the communication cells. It is likely, however, that every location will have its own systems and requirements for how this should look, and defining the flow of information should be done in consultation with the community and the country's structures.

Identify and Implement Community Mobilization Activities

Community mobilization involves engaging community members to participate actively in defining the problems that affect them and generating solutions. As discussed previously in this Unit, entering the community is the first step of community mobilization. Once initial contact has been made and key concerns have been explored, a range of community-based activities can be used to raise awareness, encourage reflection, improve self-efficacy and promote behavior change.

In this Unit we outline five channels linked to community mobilization and recommended when developing activities. These five channels are: radio, large-scale community-based activities, interpersonal communication, community-based surveillance and mobile phone technology.

Each of these channels is in the **Unit 7** Communication Channel Quick Reference. For each channel, the advantages and disadvantages are listed, as well as a series of tips on when and how to use it.

M&E and Continual Assessment

Once your team of mobilizers and spokespeople is in place, ensure you develop a plan on what messages they will need to deliver and how, as the emergency unfolds and how these should be delivered. This will not only ensure that mobilizers and spokespeople relay correct information, it will also allow your program to harmonize messages and to monitor if these are being delivered as planned.

See **Channels for Community Mobilization** in the Appendix for a detailed description of how the various communication channels can be used for community mobilization. You will find a list of different community mobilization activities under each of these five channels.

Any campaign needs to make use of a variety of communication channels to reinforce messages at multiple levels and increase the likelihood that messages are being heard and understood.

EXERCISE 3.1: COMMUNITY MAPPING

Objective: This participatory exercise identifies the areas and structures within a community that are of importance to community members.

In the case of an emergency, it can be used to highlight the facilities that support people affected by the emergency, areas where there is higher risk and locations that are important for community members.

Materials Required: Large flip chart paper and colored marker pens

Time Required: 20 to 30 minutes

Instructions:

Divide participants into groups of five to eight people, all living in the same neighborhood.

Tell them that they will need to think about where they live and draw a map of their neighborhood. The map should include major landmarks, important resources, roads and transport routes.

When drawing the map, ask participants to think in particular of the following issues related to the emergency (adjust according to your specific context and situation):

1. Where are the health facilities?
2. Where are other services that people would go to if affected by the emergency?
3. Where are the points that can increase the risk of being affected by the problem/outbreak? (for example latrines in the case of cholera, crowded spaces in the case of Ebola)
4. Where are the areas where people gather? (for example churches, markets)
5. Where are the schools?

Give the groups 15 minutes to draw the maps.

When the groups have completed their maps, ask them to place them on the wall in an exhibit.

Ask each group to describe their map.

Discuss in a plenary what these maps tell you about the problem being addressed. Areas of discussion can include:

1. Where are the places that people turn to if affected by the problem? Are there any important gaps?
2. What are the places where people are at greater risk of being affected by the problem? Do you see any patterns? Are there any ways that this can change?
3. Where can important information be shared with community members to reach many people at the same time?

EXERCISE 3.2: MAPPING AN INFORMATION FLOW FOR COMMUNITY MOBILIZATION

Objective: This participatory exercise identifies how information flows in a country (e.g., national and local level) and which stakeholders are the most influential to ensure information will be well-received by the appropriate audiences. Knowing this information will help countries avoid chaos while trying to rapidly communicate important health messages in the face of an emergency, which can lead to rumors and misinformation, and even more deaths.

Materials Required: large flip chart paper and colored marker pens.

Time Required: 2 to 2.5 hours

Instructions:

1. If possible, interview stakeholders who are knowledgeable about the systems in your country before you conduct the exercise.
2. Convene national and local level stakeholders familiar with how health communication flows among national and local level audiences. Include no more than 30 people.
3. Examine and explore the information flow among national and local stakeholders using the steps below.¹
4. When you have completed your stakeholder map, discuss the implications for your emergency communication plan.
5. Validate this information with authorities at the national and local levels, including within the Ministry of Information and the Ministry of Health.

Steps to Develop a Stakeholder Map Identifying an Information Flow:

Step 1: Who is involved? Write actor names on colored sticky notes, colored by groups (e.g., government offices, donors, civil society groups, and others who influence the flow of information at the local and national level).

Note: You can start with separate maps for national and local level stakeholders and then join them later.

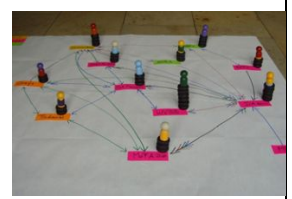


Step 2. How are they linked? Draw lines indicating how critical emergency response information (including messages) flows among these stakeholders. Include arrows and indicate one-way or two-way flows.



¹ Adapted from the Net-Map Toolbox: Influence Mapping of Social Networks, developed by Eva Schiffer, International Food Policy Research Institute, Washington, DC, USA, <http://netmap.wordpress.com>

Step 3. How influential are they? Indicate how strongly they influence the flow of information. Build towers or draw circles to indicate the size of their influence (e.g., small to large)



EXERCISE 3.3: VENN DIAGRAMS

Objective: Venn diagrams can be used to find out which people and organizations are important within a community.

In the case of an emergency, it can be used to identify who and what is believed to be important for the spread or curbing of an outbreak, to see what institutions operate together and how they interact with each other, or to illustrate the influence that people and institutions have on the life of the community.

Materials Required: Flipchart paper, colored papers, marker pens, scissors, tape or glue

Time Required: 60 to 75 minutes

Instructions:

Select the issue you want to address with the group depending on your needs. Examples relating to an emergency can include:

- The influential people and institutions that can contribute to bringing the emergency to an end
- The different factors perpetuating the outbreak (e.g., hygiene and sanitation)
- The people who are most affected by or at-risk of the problem
- The behaviors that contribute to perpetuating the outbreak

Divide participants into groups of four to eight people and tell them that they will describe visually the importance of the issue being addressed.

Explain that first they need to think of all the people/institutions/behaviors (depending on the factor being discussed) related to that issue.

Once they have identified these, tell participants they need to rank them in terms of importance. The importance of each factor will be presented visually by cutting a circle from the colored paper. The larger the circle, the more important the factor. All group members need to come to a consensus.

Ask participants to glue the different sized circles onto the flipchart paper and to place close together, overlapping those that are linked or connected, while those that are not linked or connected should be placed further apart. This will show the level of connection and interaction that exists between factors.

Once the groups have completed their Venn diagrams, ask them to place them on the wall in an exhibit.

Ask each group to describe their diagram.

Discuss as a group what these diagrams tell you about the problem being addressed. Areas of discussion can include:

- What are the most influential factors affecting the problem? Are they linked?

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- Who in the community is most affected by these factors?
- Who are what institutions have the most decision-making power and influence to help address the issue?
- How can this information be used to develop activities that can address the problem?

EXERCISE 3.4: TOP-OF-THE-MIND EXERCISE

Objective: This exercise allows you to explore people’s perceptions and immediate associations with a particular topic.

In an emergency this can be used to understand community perceptions about the issue causing the emergency, about activities being delivered, about services and providers and about control measures.

Materials Required: Flipchart papers and marker pens

Time Required: 15 to 20 minutes

Instructions:

1. Select the topic you want to explore with the group. For example, “isolation.”
2. Explain to the group (of approximately six people) that you will say a word and they will have to tell you what are the first associations with that word that come to their mind. Tell them they do not have to think too much and that they should say the first association that comes to their mind. Provide some examples to illustrate your point. For example:
“Isolation” —> “fear,” “loneliness” and “sick people”
3. Start by telling the chosen word to the group and ask them about the first thing that comes to their mind. Then ask them to say the second, the third and so on until no more associations come up.
4. Write the associations on the flipchart paper.
5. Once associations have been exhausted, discuss with the group what these results tell us about how the issue is being perceived.
6. Ask participants to explain the associations to further understand the group’s perceptions of them.
7. Look to see if there is consensus among the group or if there are areas of disagreement.
8. This exercise can also be done on a one-to-one during an interview or when meeting with people. It can provide a rapid insight into what people are thinking and feeling about the issue, highlight any major differences in perceptions, and help define behavioral objectives and activities.

Unit 4 provides guidance on how to analyze, select and segment priority and influencing audiences. Obtaining information about the demographics, geography, knowledge, values, aspirations, beliefs, media habits and emotions of the audience in relation to the emergency can help identify the most important groups of people to target for the communication response. This process also supports the design of messages and activities that resonate with the intended audiences and the selection of the most appropriate communication channels and approaches for a successful intervention.

Having completed this unit, you will have the following tools to assist you in developing messages and activities for the communication response.

- **Worksheet 4.1: Identifying Priority Audiences**
- **Worksheet 4.2: Exploring Ideational Factors, Barriers and Facilitators for Intended Audiences**

What are Audience Analysis and Segmentation?

Audience analysis is a process used to explore and identify the priority and influential audiences of an SBCC intervention.

Priority Audience

Priority audiences are those whose behavior the intervention aims to change. They are not necessarily those who are most affected by the problem. Rather, they are those whose change in behavior will most likely achieve the program goal. For example, children may be most affected by a cholera outbreak, but their caregivers' behaviors may be what needs to change to bring the outbreak under control.

Influential Audience

Influential audiences are the populations who interact with the priority audience to influence their behaviors. Influential audiences can therefore support the desired behavior change in the priority audience. Examples include religious and community leaders who can influence men in a community; mothers-in-law who can influence young mothers; health care providers whose attitude and behavior can influence those who attend their clinics. Both primary (i.e., priority) and secondary (i.e., influential) audiences are important for promoting behavior change.

Audience Segmentation

An important component of audience analysis is segmentation. This involves dividing a large audience population into smaller subgroups of individuals, based on a set of similarities such as needs, behaviors, values and other characteristics, in order to design tailored and thus more effective activities and messages.

Who Is the Primary Audience?

Primary audiences are those whose behavior change will be more likely to lead to the desired outcome of an SBCC intervention. Below are two fictional examples to illustrate this point.

Example 1: A situation analysis during an Ebola outbreak highlighted the fact that traditional leaders were promoting unsafe burial practices and encouraging communities to practice them as well, rejecting recommendations for safe burials. As a result, the unsafe burial practices led to the further spread of Ebola among community members. Although leaders were not the most affected by the virus, they constituted the primary audience of the communication response as changing their beliefs around burials practices to promote safe burials would considerably contribute to curbing the outbreak.

Example 2: Following a natural disaster, large populations of displaced people were provided with shelter in a refugee camp. Despite food distributions, children remained severely malnourished. A needs assessment revealed that mothers were unable to feed their children correctly because the husbands would take the food and sell it on the market to buy local beer. Although children were the most affected by malnutrition and mothers were the primary caregivers and fed the children, the communication response targeted men to encourage them to use the food from distribution correctly for the health of their children.

Find more information on **How to Do an Audience Analysis** at <http://www.thehealthcompass.org/how-to-guides/how-do-audience-analysis> and **How to Do an Audience Segmentation** at <http://www.thehealthcompass.org/how-to-guides/how-do-audience-segmentation>.

Why are Audience Analysis and Segmentation Important?

Audience analysis allows for an in-depth understanding of the characteristics, needs, values, aspirations and behaviors of the intended audience. As such, audience analysis supports the development of activities, materials, messages and the selection of communication channels that resonate with the audience and that are more likely to lead to the desired changes in behavior.

For this to be effective, large audiences sometimes need to be segmented. Although an audience can be defined with one word that encompasses all those belonging to that group, within that audience there are often subgroups of individuals with different characteristics and needs. Through audience segmentation these differences can be captured, appropriate strategies can be designed and the most critical subgroups for the success of the SBCC intervention can be targeted. To highlight the importance of audience segmentation, **Table 5** below provides an example of how one audience category can be subdivided into different groups with different communication needs.

Table 5: Examples of Audience Segments and Their Communication Needs

Audience: Men between the ages of 15 and 49	
Audience Segments	Examples of Different Communication Approaches
Living in an urban setting vs living in a rural setting	Available channels of communication and their popularity, lifestyles and literacy levels may be different in rural and urban areas.
Educated vs not educated	Communication materials and activities will need to be tailored differently depending on the literacy level of the audience.
Younger (ages 15 to 24) vs older (ages 24 to 49)	The types of activities, messages and communication channels that resonate with 15- to 24-year-olds are likely to differ from those that resonate with 25- to 49-year-olds.
Employed vs not employed	Activities to reach employed and unemployed men will differ, as will the type of messages that resonate with them.
Men who already practice the desired behavior vs men who do not	Those who already practice the desired behaviors may need reinforcing messages, while those who do not practice them may need incentives and factual information about why the desired behavior benefits them.

Key Steps for Effective Audience Analysis and Segmentation

1. Identify Priority Audiences
2. Identify Knowledge, Attitudes and Practices
3. Identify Barriers and Facilitators
4. Consider Audience Segmentation
5. Identify Influencing Audiences

Identify Priority Audiences

The information obtained from working through **Unit 2: Rapid Needs Assessment** will provide helpful insights into potential intended audiences for the communication response. Countries can start to identify all potential groups of individuals who may be affected by the problem or who have control over factors that cause or aggravate the emergency prior to it occurring. Countries can then expand and refine this information using additional data from primary and secondary research conducted during the emergency.

It is important to note that, for an SBCC strategy to be effective, it is not feasible to target all potential audiences, as this would likely reduce impact. Only the audience or audiences whose behaviors it is the most important to change in order to reduce the outbreak must be targeted. These audiences will be the focus of the interventions and are referred to as primary or priority audiences. The number of priority audiences will depend on the number of groups of people whose practice of specific behaviors significantly impacts the problem.

The priority audience may be a group of people who is directly affected by the problem, or it may be a group of people who has an influence over how the problem evolves. It is important to analyze the available data and take into consideration potential audiences at the different levels of the socio-ecological model (discussed in **Using SBCC and Communication Theories in Emergencies**). It is likely that, for a comprehensive strategy that addresses the emergency effectively, audiences along several levels of the social-ecological model will need to be targeted.



Tips for Selecting Intended Audiences

- Use available secondary and primary research data to explore potential audiences. This practice supports an evidence-based selection of priority and influencing audiences.
- Use epidemiological evidence to identify those most affected and most at risk of the issue causing the emergency.
- Consider audiences along the socio-ecological model who can greatly impact the problem. Individuals, community leaders and organizations, health providers, policy makers and authorities can all have an important part to play in bringing the emergency under control.
- Keep vulnerable groups in mind. Socially marginalized groups may be at greater risk of the problem due to their living conditions, fragile health and inadequate access to facilities and information.

Exercise: Identify Priority Audiences

Worksheet 4.1 has been designed to help with the selection of the priority audience or audiences. It provides a list of questions and considerations to apply to the available data and analyze it in ways that allow capturing important details about potential priority audiences. Once the audiences have been selected, it is important to understand the behaviors they currently practice and what they know and feel about the desired behaviors that will help curb the emergency.

Please note that some of the worksheets in this section are accompanied by a completed example. The completed example will likely include information about an emergency that during an actual event might not be immediately available. This was done to illustrate the full range of information to inform a strategic communication response. As more data becomes available, update this worksheet.

WORKSHEET 4.1: IDENTIFYING PRIORITY AUDIENCES

Purpose: This worksheet will help analyze data from the rapid needs assessment to identify the priority audiences for the communication response to the emergency.

Directions: Use data from the rapid needs assessment and secondary research (Unit 2) or other primary and secondary research to complete this worksheet, as this will support an evidence-based selection of priority audiences. Where possible, complete this worksheet in collaboration with key stakeholders to stimulate information sharing and obtain a more complete picture of potential priority audiences.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Problem causing the emergency: _____

1. During an emergency, which groups of people would be most affected by the emergency?				
2. Which of the identified audiences, if any, would be particularly vulnerable?				
3. Which groups of people have control over factors that would cause or aggravate the emergency?				
4. Out of the groups identified in Questions 1, 2 and 3, what behaviors do they need to change to impact the outbreak? How important is that change for the reduction of the emergency, and how likely are the audiences to change those behaviors? Rate each area from 1 (least) to 3 (most) importance.				
Audience	Behaviors that need to change to reduce outbreak	Importance of each behavior for the reduction of the outbreak		
Insert audience		1	2	3
		1	2	3
		1	2	3
		1	2	3

WORKSHEET 4.1 IDENTIFYING PRIORITY AUDIENCES (Continued)

<i>Insert audience</i>		1	2	3
		1	2	3
		1	2	3
		1	2	3
<i>Insert audience</i>		1	2	3
		1	2	3
		1	2	3
		1	2	3
<i>Insert audience</i>		1	2	3
		1	2	3
		1	2	3
		1	2	3

5. In which geographical areas are the audiences mostly located?				
<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>
6. How large is each audience group in the area of intervention? Use estimates if exact data is not available				
<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>
7. Who controls/influences the behaviors of each audience group or the resources required for behavior change?				
<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>

Adapted from How to Do an Audience Analysis: <http://thehealthcompass.org/how-to-guides/how-do-audience-analysis>

WORKSHEET 4.1 IDENTIFYING PRIORITY AUDIENCES (Continued)

Based on the information summarized in the table above, which are the audiences whose behavior change will impact the emergency the most? *These will constitute your priority audience or audiences.*

Based on the information summarized in the table, which audiences are the most vulnerable and at-risk of the issue causing the emergency? *These will also need to be considered as priority audiences to be targeted through separate interventions.*

Identify the Priority and Influential Audiences' Knowledge, Attitudes and Practices

Worksheet 4.1 provided you with an indication of who are the most important audience or audiences for the communication response. Once the audiences have been selected, it is important to understand the behaviors they currently practice and what they know and feel about the desired behaviors that will help curb the emergency.

Behavior is not always apparently rational. It is influenced by multiple factors that need to be taken into consideration for the design of an effective behavior change intervention. These factors that shape individual behaviors are known as **ideational factors**, and affecting those through SBCC activities can lead to behavior change. The **table** below provides a brief description of each ideational factor.

Ideational Factor	Description	BEHAVIOR
Knowledge	What the audience knows about the behaviors that cause or aggravate the emergency and about those that help curb it	
Beliefs	What the audience believes both about the behaviors causing the emergency and about risk reduction behaviors	
Attitudes	How the audience feels about the emergency and related behaviors	
Self-image	How the audience relates to the emergency and behaviors linked to it	
Perceived risk	How much the audience feels at risk of being affected by the problem causing the emergency	
Self-efficacy	How capable the audience feels about adopting protective behaviors that can prevent being affected by the problem	
Emotions	The emotions experienced by the audience in relation to the emergency	
Personal Advocacy	How capable the audience feels about supporting others to adopt risk-reduction behaviors	
Norms	Practices that are linked to social norms in the community that affect the spread of the emergency in either positive or negative ways	
Culture	Cultural practices that affect the spread of the outbreak in either positive or negative ways	
Social Influences	The influences from friends, family and other important individuals in the audience's lives that can support or hinder adoption of protective behaviors	

Exploring Ideational Factors

Worksheet 2.2 in Unit 2: Rapid Needs Assessment is an initial step in the analysis of ideational factors. In audience analysis, the exploration of these factors becomes focused on the priority audiences. Again, countries can start considering these factors prior to an emergency occurring, and then use additional data from primary and secondary research conducted during the emergency to expand and refine this information.

Knowledge of ideational factors for each audience group can inform the design of behavior change activities, and available data on audiences should be reviewed along different ideational factors. Some questions to ask about the audience that can provide insights into ideational factors are summarized in **Table 6** below.

Table 6: Questions to Explore Ideational Factors

Ideational Factor	Questions that Help Explore Ideational Factors
Knowledge	What does the audience know about the problem causing the emergency?
Beliefs	What beliefs does the audience have about the problem?
Attitudes	How does the audience feel about the problem?
Self-image	How does the audience see their role with respect to the emergency?
Perceived Risk	Does the audience feel at risk of being affected by the problem? How at risk does the audience feel?
Self-efficacy	Does the audience feel capable of engaging in risk reduction behaviors to avoid being affected by the problem? How capable do they feel?
Emotions	What emotional reactions does the audience have towards the problem?
Personal Advocacy	Does the audience feel capable to discuss the problem causing the emergency and advocate for protective behaviors? How capable do they feel?
Norms	What are the community's beliefs and attitudes towards the problem causing the emergency and how it is being addressed?
Culture	What cultural beliefs and norms influence how the audiences respond to the emergency and how the outbreak spreads?
Social Influences	What levels of support do the audience believe they can get from friends, families and community members to engage in risk reduction behaviors?

Identify Barriers and Facilitators

Once the behaviors of priority audiences have been explored and more is known about the ideational factors relating to current behaviors, it is important to know what can support or hinder the audiences from engaging in desired behaviors. These are known as **barriers and facilitators**, and having knowledge of those will help tailor activities in ways that reduce the barriers and maximize the facilitators. Examples of barriers and facilitators to consider for each audience are provided in **Table 7** below. This list serves as an example and is not exhaustive; it aims to promote thinking about how different factors can either encourage or prevent behavior change.

Table 7: Examples of Barriers and Facilitators of Behavior Change for Emergency Communication Response

Barriers	Facilitators
Habit: People feel comfortable doing things the way they always have done. It may be difficult for them to accept doing things differently.	Positive Deviants: Some individuals may already practice the desired behaviors, and can be used as role models to encourage others to adopt protective behaviors.
Lack of Self-efficacy: Emergencies take populations by surprise, and this can leave them scared or panicked and feeling powerless. This inability or lack of confidence to take protective action may lead to denial, making it harder for behavior change messages to be heard and actioned.	Desire to Stop the Emergency: It is likely that the audiences have a significant desire and personal interest to engage in protective behaviors that reduce the emergency.
Fear: In an emergency fear is a common reaction and this may affect the way the population responds to behavior change messages. It may lead to panic or denial of the situation, especially if self-efficacy is low.	Fear: Although fear can lead to denial, it can also be a motivating factor if accompanied by messages that advise people on what they can do to reduce their risk. As such, fear can be a facilitator if it supports individuals to reduce their susceptibility to the perceived threat. Risk communicators need to be aware, however, that using scary messages and fearful graphics can backfire and lead to individuals denying that they are at-risk. More about this can be found in the Introduction and in Unit 8 .
Rumors and Stigma: In an emergency, rumors tend to spread as people try to address questions and fears. This may also lead to stigma about the issue causing the emergency.	Communication Infrastructure: Availability of an extended, functioning and well-coordinated radio network or other communication services, including mobile phone networks, can significantly support the communication response. For example, to collect rumors and address them (and stigma) in real time.
Negative Experiences: Some individuals may have negative experiences of how the emergency is being addressed. This may lead to resistance to response efforts and/or rumors.	Positive: Individuals may exist who have recovered from the issue causing the emergency. This can be used to increase the feeling of self-efficacy among the intended audience and to reduce stigma.
Lack of Coordination: Response activities need to be coordinated as do communication messages. Lack of proper coordination, mixed messages or interventions that have had a negative response from the population may hinder response effort.	Community Leaders: Religious and traditional leaders can be key in promoting desired behaviors. If they see the importance of addressing the emergency, they can represent a valuable resource for the communication response.
Cultural Practices: Aspects of local cultural practices may contribute to the spread of the emergency or that that prevent protective actions to be taken.	Cultural Practices: Just as cultural practices can hinder risk reduction, they may also include aspects that can support protective behaviors.

Lack of Accessible Services: For an outbreak to be brought under control, adequate services need to be available and accessible to the affected population. If they are not, or they are poorly staffed or equipped, this can constitute a barrier to behavior change.	Support Services: Organizations and services may exist in the community to support individuals to engage in protective behaviors. These can be capitalized on to encourage behavior change.
Lack of Commodities and Stock Ruptures: During an emergency, it is harder than usual to keep health facilities stocked with the necessary treatments. Ruptures in medication and commodities can impede uptake of health seeking behaviors.	

Exercise: Exploring Ideational Factors, Barriers and Facilitators

Worksheet 4.2 was designed to help analyze the intended priority audiences (identified in **Worksheet 4.1**) according to ideational factors, barriers and facilitators.

WORKSHEET 4.2: EXPLORING IDEATIONAL FACTORS, BARRIERS AND FACILITATORS FOR INTENDED PRIORITY AUDIENCES

Purpose: This worksheet will help extract information from primary and secondary research about behaviors, ideational factors and barriers and facilitators for the intended priority audiences.

Directions: Use data from the rapid needs assessment (Unit 2) and other relevant data to complete this worksheet.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

List below the priority audiences identified in Worksheet 4.1:

Complete this table for each priority audience, summarizing the data from the research according to current behaviors, ideational factors and barriers and facilitators.

Intended Audience:					
Current Behaviors	Ideational Factors		Barriers	Facilitators	Sources
	Knowledge:				
	Beliefs:				
	Attitudes:				
	Self-image:				
	Perceived Risk				
	Self-efficacy:				
	Emotions:				
	Norms:				
	Culture:				
	Social Influences:				

WORKSHEET 4.2: EXPLORING IDEATIONAL FACTORS, BARRIERS AND FACILITATORS FOR INTENDED AUDIENCES (Continued)

Directions: Once you have completed the table for each separate audience group, summarize the most important things you have learned about each audience and the sources of that information in the table below.

Audience	Key Findings

Based on the information summarized in the table above, is there any information that you would still need to know about any of the intended audiences to help you inform your communication response? If so, write what you need to know about each audience group here:

What needs assessment methods can be used to answer those remaining questions? Consider the methodologies discussed in *Unit 2: Rapid Needs Assessment* and participatory approaches that involve the community as discussed in *Unit 3: Community Mobilization*.

Question	Possible Methods to Answer the Question

Consider Audience Segmentation

As discussed earlier in this Unit, large audiences may need to be segmented or subdivided into smaller groups. The reason for segmentation is because an audience group may be composed of different subgroups with their own set of issues that need to be addressed with different communication approaches.

For example, a priority audience group of pregnant women may be segmented into urban and rural subgroups as these audiences may differ in lifestyle, education, information access and other areas. Each priority audience should therefore be assessed to see whether its members are similar enough to be reached by the same communication channels, and to respond to the same messages and activities.

To decide whether an audience needs to be segmented, it can be analyzed along different criteria that allow for the detection of any significant differences within the group. A significant difference is one that requires a different message or approach.

Criteria that may be used to detect variations within an audience that warrant different communication approaches include:

- **Sociodemographics** such as sex, age, education, income, employment, marital status, ethnicity, religion and language
- **Geography** such as rural or urban areas, type of community, access to information and services
- **Knowledge** about the issue causing the emergency and about risk reduction behaviors
- **Behaviors** such as the practice of relevant behaviors, the frequency of practice, the stage of change and media habits
- **Psychographics** such as values, aspirations, or benefits sought from the behavior change, interests, attitudes, opinions, personality and preferences

If important differences along any of these criteria appear within an audience group, then it is advisable to segment into smaller groups. The criteria in which differences stand out will represent the segmentation criteria.



Tips for Selecting Key Audiences Segments

- Look at the size of each segment and assess whether behavior change within that segment will significantly impact the response to the emergency.
- Determine whether the segments can be reached adequately with available resources. If resources are unable to reach a segment, it may be necessary to discard that segment.
- Seek segments whose behavior is most likely to change. This will not only impact on the problem relatively quickly, but will also create a pool of agents of change that can be used to promote further behavior change.
- Ensure that each separate audience segment is different enough to warrant a different approach, and that each audience segment is homogenous enough to be targeted with the same messages and channels.

Differences may be apparent along several criteria, meaning that multiple audience segments are identified. If resources are limited, it may be necessary to select only some of the segments identified. The following tips can help narrow down the list of audience segments.

Identify Influencing Audiences

So far in this unit you have worked on identifying priority audiences and assessing whether they need to be segmented into smaller subgroups. This should have supported you in coming up with the priority audience or audiences for the communication response.

For an SBCC intervention to be the most effective and for behavior change to be promoted among the priority audience or audiences, it is helpful to identify and target influencing audiences too. Influencing or secondary audiences are those individuals who exert influence on and can affect the knowledge, attitudes and practices of the priority audience.

For each priority audience, it is therefore necessary to consider who controls or influences their decisions and behaviors, or the resources required for behavior change. Depending on the priority audience, examples of influencing audiences could include family members, peers, community leaders, local associations and groups, services providers or local authorities.

Thinking of each intended priority audience, the following questions can support the identification and selection of influencing audiences:

- Who controls/influences the behaviors of each intended audience or the resources required for behavior change?
- How do the influencing audiences exert their influence on the priority audience?
- What are the current practices that these influencing audiences engage in with regards to the issue causing the emergency?
- What are the attitudes, beliefs and knowledge of the influencing audiences about the issue causing the emergency?
- What might be the barriers to involving these influencing audiences in the communication response?
- What are the benefits that the influencing audiences can gain from being an intermediary in the communication response?

Assessing who has influence over the decisions and behaviors of priority audiences and analyzing these according to the questions above can highlight the most important influencers. Activities and messages will therefore need to be developed for these influencing audiences too in order to support the behavior change of priority audiences. Examples of activities that can be developed for influencing audiences include:

- Trainings for local leaders about the issue causing the emergency so that they understand the risks and are motivated to support their communities in engaging in protective practices.
- Testimonials of individuals who have survived the disease causing the emergency to reassure community members of the importance of seeking rapid medical assistance at the onset of symptoms.
- Peer educators who can inform their friends and neighbors about the outbreak and discuss protective measures.

This Unit takes audience analysis and segmentation a step further. It provides a tool to examine audiences with respect to pertinent information that can support the design of an effective communication response. The audience profiles, developed and pretested, will guide the identification of communication objectives, the development of messages and selection of communication channels.

Having completed this Unit you should now have the following tools to assist you in determining what you want audiences to do and how to reach them.

- [Worksheet 5.1: Audience Profile](#)
- [Question to Help Analyze Data for Audience Profiling](#)

What Is Audience Profiling?

Audience profiling is the process of describing each audience segment to include information on demographics, current behaviors, knowledge, values, aspirations and emotions. Its purpose is to move beyond seeing the audience as a statistic and acknowledge that audience segments are made up of real people with real needs, feelings, motivations and desires.

Why Is Audience Profiling Important?

Knowing the behaviors, knowledge, aspirations and feelings of an audience can help identify messages and activities that resonate and motivate behavior change. It allows for the selection of approaches to which audiences are more likely to respond for the desired changes to occur.

Key Steps for Effective Audience Profiling

1. Profile Priority and Influencing Audiences
2. Pretest Audience Profiles

Profile Priority and Influencing Audiences

To develop evidence-based profiles, it is necessary to review existing data about each audience segment. It can be easy to make assumptions or generalizations about an audience, however, these can be incorrect and misleading. It is important, therefore, that audience profiling, like audience analysis and segmentation, be informed by evidence-based data from secondary and/or primary research.

Unit 4: Audience Analysis and Segmentation provides insights into the type of data about audiences that can inform a communication response and some tools to help use that data. For audience profiling, data can be organized into the following categories:

Categories for Organization of Audience Data		
Demographics • Age • Marital status • Family size • Education • Income • Language • Ethnicity	Current behaviors • Daily routines • Media use and habits • Practice of preventive behaviors • Practice of risky behaviors	Determinants of behaviors • Beliefs • Knowledge • Risk perception • Self-efficacy • Social norms
Family and social networks • Relationship with family and friends • Relationships with community leaders • Partners	Physical environment • Home and neighborhood • Services • Transport • Media availability	Psychographics • Beliefs • Values • Attitudes • Motivations • Aspirations
Perceived barriers and benefits of desired behaviors	Facilitators that can encourage the practice of desired behaviors	Cultural and Social Norms • Gender norms • Traditional practices and beliefs

Keep in mind that the profiles will need to describe the audience and how their behaviors, feelings and attitudes relate to the emergency. This may be slightly different than in regular circumstances as emergencies can increase a sense of fear among populations, leading them to deviate from habitual practices.

To make the audience come to life, it is recommended to use a photograph of an individual to represent each audience segment, and to accompany the photograph with a person's name. The audience profile will not describe a single person, however. Rather, that person will be representative of the whole audience group. Using a name and photograph is a reminder that audiences are real people, and not numbers or data. It is also helpful to include members of the audience segment when developing a profile as this can provide useful insights and create a participatory process. The completed **Worksheet 5.1** is an example of what an audience profile looks like.

Audience Profiles Make Your Audience Come Alive

They help guide all communication activities in ways that can really resonate with the intended audience. Including members of the audience segment when developing your audience profiles will help create a more realistic profile and identify points that are pertinent for your communication strategy.



Tips for Developing an Audience Profile for an Emergency

- Include information about barriers and facilitators to the desired behaviors.
- Include information about the audience that will help inform program design and implementation.
- Include members of the audience segment when developing the profile.
- Review and update the audience profiles regularly as new information becomes available and to ensure they are always representative of the audience.
- Be sure to capture and update the profiles with information about how the audience is reacting and responding to the emergency and the emotions that are associated with it. This may differ from their behaviors during regular circumstances.

Exercise: Profiling Audiences

Worksheet 5.1 provides a tool to summarize data about each audience into a comprehensive profile. The Appendix also includes **Question to Help Analyze Data for Audience Profiling** which can support capturing important information from the data to obtain an in-depth understanding of audiences and how best to reach them.

Please note that some of the worksheets in this section are accompanied by a completed example. The completed example will likely include information about an emergency that during an actual event might not be immediately available. This was done to illustrate the full range of information to inform a strategic communication response. As more data becomes available, update this worksheet.

WORKSHEET 5.1: AUDIENCE PROFILE

Purpose: This worksheet will review available data for the development of audience profiles. Repeat the exercises for every audience segment so that you have an audience profile for each.

Directions: Use data from the rapid needs assessment, primary and secondary research (Unit 2) and from audience analysis and segmentation (Unit 4) to complete this worksheet. Complete a separate profile table for each priority and influencing audience identified in *Unit 4: Audience Analysis & Segmentation*. If possible, include members of the audience segment when completing this worksheet.

Focus on behaviors, reactions, emotions and information about the audience in relation to the emergency. Refer the questions listed in the Appendix to help extract the necessary information from the data and research.

Once you've completed the tables, be sure to write a brief summary capturing the main characteristics of your audience.

Audience Profile Table	
Name: Give a name to the audience as this is a simple and effective way to make the audience come to life.	
Profile Summary: Provide a brief summary to capture the key characteristics of the audience. It is recommended that you write this summary after having completed the rest of this worksheet.	
Demographics: Describe the age, sex, living location and conditions, marital status, number of children, ethnicity, language and socioeconomic status, etc. of the audience. Describe these in relation to the emergency, where appropriate.	
Behaviors: List the behaviors the audience engages in that are related to the emergency. If known, include the frequency and the context in which these behaviors happen.	
Reaction to the Emergency: How is the audience responding to the emergency?	
Media Habits: List the preferred media for the audience, and where, when and how they access it.	
Determinants of Behavior: Explore why the audience behaves the way they do in relation to the emergency. Consider their knowledge, values, attitudes, emotions, social norms and self-efficacy.	
Perceived Barriers: List the factors that prevent audiences from engaging in the desired behaviors.	
Perceived Benefits: List benefits that the audience can experience by engaging in the desired behaviors	
Psychographics: Describe the personality of the audience, their values and beliefs.	

Lifestyle: Describe what the audience does on a typical day and where they go.		
Social Networks: Explore whom the audience spends time with and who influences them.		
Social and Cultural Norms: Describe how social, cultural and gender norms affect the audience's behavior and		
Stage of Behavior Change: Based on the information reflected in the table above, where is the audience situated along the behavior change process: unaware, knowledge, understanding, persuasion, intention or action? Explain your choice.		
Stage of Behavior Change	Reasons Supporting the Choice of Stage	

Pretest Audience Profiles

Involve Beneficiaries

Audience profiles are developed to identify how best to reach and motivate audiences to engage in protective behaviors. They therefore need to be representative of the audience segment being described. Although profiles should be developed using evidence-based data, and ideally with the participation of one or two members of the audience group, it is recommended that you pretest the profiles once they are complete to ensure they represent the audience they describe.

To do so, gather a group of people from the intended audience and go through the profile with them, and ask some key questions that will provide insights as to whether the pretest participants can relate to the profile or not. Make sure you focus the attention of the participants on the fact that the person is experiencing the emergency being addressed, and that all the aspects being described relate to how the person is reacting to the emergency.

Examples of questions to ask during the pretest include:

- Does the person being described sound like someone you know?
- Do you relate to the experiences being described in relation to the emergency?
- Can you relate to the person's knowledge, attitudes and practices described? What, if anything, is missing or should be improved?
- Does the person's lifestyle and typical day resemble your own? If so, in what way? Is there anything missing or incorrect? Is this representative of a typical day even during the emergency?
- Can you relate to the person's likes, dislikes and aspirations?
- Are the emotions being described about the person's response to the emergency realistic? Can you relate to these? Is there anything you would add or change?
- Is there anything about the description of the person that you think is incorrect, should be removed or changed? Keep in mind this person is being described in relation to the emergency.
- Is there anything else you think is missing that can be added to the description?

Once the audience profiles have been pretested and improved, as needed, you will have a precious tool that can inform behavioral objectives, communication activities and messages.

UNIT 6: DEVELOPING COMMUNICATION OBJECTIVES AND INDICATORS

This Unit highlights the importance of ensuring that communication response activities are accompanied by **S**pecific, **M**easurable, **A**ttainable, **R**ealistic and **T**ime-bound (SMART) communication objectives that are measured by appropriate SMART indicators.

Indicators are succinct measures that aim to describe how the program is performing. As such, they allow programmers to assess what is working and what needs to be improved. Importantly, communication objectives and indicators should be part of an M&E plan that supports the communication response.

Having completed this unit, you will have the following tools to assist you in establishing SMART communication objectives with appropriate indicators. These will support the development of your M&E plan.

- [Worksheet 6.1: Defining SMART Objectives](#)
- [Worksheet 6.2: Developing SMART Indicators](#)

What are Communication Objectives and Indicators?

Communication objectives are the desired results of an SBCC intervention, and are generally related to changes in the audiences' knowledge, thoughts, beliefs, feelings, skills or behaviors. Communication objectives are used to guide the development and direction of an SBCC intervention. The objectives should contribute to achieving the goal of bringing the emergency under control.

Indicators reflect how the SBCC interventions will be measured, and include variables that mark the change or progress toward achieving the objectives. For example, indicators can be used to measure factors such as the reach and quality of the intervention, and any influences on behavior such as knowledge, beliefs, feelings or practices. Indicators can therefore provide valuable information as to how the SBCC response is progressing, and they can highlight areas for improvement or change that need to be made to obtain the desired results. In an emergency, attention should be given to establishing indicators that can be collected easily.

Key Steps for Developing Communication Objectives and Indicators

1. Identify SMART Communication Objectives
2. Establish Appropriate SMART Indicators
3. Establish a Reference Point
4. Set Targets
5. Determine the Frequency of Data Collection and Sharing
6. Link Objectives and Indicators to the M&E Plan

Identify SMART Communication Objectives

Should an emergency occur, countries will need to develop a set of communication objectives. If countries have explored qualitative and quantitative studies about household behaviors, cultural and social norms that govern behaviors, traditional beliefs, health seeking practices, knowledge about key health information and media habits in advance, and expanded that information base with data about the emergency, then developing these objectives will be fairly straightforward. As indicated previously, communication objectives concisely describe desired changes in the audiences as a result of seeing, hearing, participating in or having heard about a specific SBCC intervention. Behavioral factors that influence these changes include (but are not limited to) knowledge, thoughts, beliefs, feelings or practices. Communication objectives should be developed according to the audiences' communication needs linked to the emergency and should address the factors most likely to contain the outbreak as determined by the program objectives. **Unit 2: Rapid Needs Assessment**, **Unit 4: Audience Analysis and Segmentation** and **Unit 5: Audience Profiling** can help you develop appropriate, evidence-based communication objectives.

Communication objectives need to be SMART. The acronym SMART, described below, is used to highlight some important criteria that help focus the objective and monitor progress.

Specific: The objective should clearly define the expected outcome and should answer questions such as who is involved what will be achieved and where. A specific objective will help define activities.

Measurable: The objective should include an indicator of progress and should answer questions such as how often or how much. This will determine whether the objective is achieved.

Attainable: The expected change defined in the objective should be realistic within the given timeframe and with the available resources.

Relevant: The objective should contribute to achieving the overall program goal. This will support developing activities that are important to the program.

Time-bound: The objective should include a timeframe for achieving the desired change.

An easy way of developing measurable communication objectives is to ask the following three questions:

- What do you want your audience to do?
- When do you want your audience to do it?
- What is the benefit to the audience if they do what you want them to do?

Examples of SMART objectives are listed in **Table 8** below, together with the behavioral factor each aims to influence. The third column of the table provides sample indicators to measure progress towards achieving the objective (discussed later in this Unit).

Table 8: SMART Communication Objectives with Behavioral Factors and Sample Indicators

Communication Objective	Behavioral Factors Being Addressed	Example Indicators
Within the next three months, all households in Community X will know the importance of washing hands with soap to stop the spread of cholera.	Knowledge	Percentage of households that know about the importance of washing their hands with soap
Within the next six months, handwashing with soap among households in Community X will have increased from 55% to 95%.	Behavior	Percentage of households washing their hands with soap
Within the next six months, all CHWs in Community X will counsel household members on the importance of handwashing with soap to prevent cholera.	Service provision	Number of CHWs trained to counsel household members to practice handwashing in Community X

To establish SMART objectives, keep the following in mind:

- Prioritize behaviors that will have the greatest impact in meeting emergency control and prevention objectives.
- Use only one action verb in each objective. Using several verbs implies that several activities and/or behaviors are being measured.
- Be specific about the target population and the behavior or issue being addressed by the objective.

- Consider that, during an emergency, the availability of products and services necessary to practice the behaviors promoted by the objectives may be affected.
- Remember that it may be necessary to develop different objectives for each phase of the emergency. Some objectives will therefore have a short timeframe, while others may have a longer one.

Exercise: Assessing Your Communication Objectives

Once you have developed communication objectives, you can use **Worksheet 6.1** to assess whether they are SMART and to identify how to improve them.

WORKSHEET 6.1: DEFINING SMART OBJECTIVES

Purpose: This worksheet will help you assess whether the communication objectives you have developed are SMART.

Directions: Write each communication objective you have developed and verify it is SMART using the check list. Use the checklist to identify the areas of the communication objective which need to be improved in order for it to be SMART

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Program Goal: _____

Communication Objective 1: _____

Review the above communication objective against the criteria below:

Criteria for Assessing the Objective	Yes	No
Is the communication objective SMART?		
Is the objective Specific ? (Is the target population, geographic location and the activity required of them clear?)		
Is the objective Measurable ? (Is the amount of expected change defined?)		
Is the objective Attainable ? (Can it be achieved within the timeframe stated and with the resources available?)		
Is the objective Relevant ? (Does it contribute to the overall program goal?)		
Is the objective Time-bound ? (Is the timeframe for achieving the objective stated?)		
Does the objective relate to a single result?		
Is the objective clearly written? (Are the desired action and outcome clear?)		

If you have answered “No” to any of the above question on the checklist, you should redefine the objective to ensure it fits all the above criteria.

Improved Communication Objective: _____

Establish Appropriate SMART Indicators

Once SMART communication objectives have been established, it is important to track their progress by identifying related indicators. Specifically, indicators contain succinct measures with numerical value so trends can be identified and comparisons can be made. Commonly, indicators are expressed in percentages, rates or ratios.

A program can use many indicators to assess different types and levels of change that result from the intervention. Generally speaking, indicators are used to measure different areas of program implementation and come in three types:

- **Input indicators:** These indicators are related to resources, contributions and investments that go into a program.
- **Output indicators:** This term refers to activities, services, events and product that reach the priority and influencing audiences.
- **Outcomes:** This term refers to changes in the priority and influencing audiences.

Input and output indicators provide information about the scope and quality of activities being implemented. They belong to the category of process indicators and used to monitor program implementation.

Outcome indicators measure changes towards progress of results. They belong to the category of performance indicators and are used to evaluate the outcome, effects and impact of an intervention. **Table 9** below summarizes the different types and categories of indicators.

Table 9: Program Indicators by Category and Type Including Examples

Indicator Category	Indicator Type	Examples
Process Indicators (Monitoring Indicators)	Input indicators	• Number of CHWs in the program • Funding for activities • Equipment
	Output indicators	• Number of trainings conducted • Number of leaflets distributed • Percentage of audience segment reached by radio spots • Number of individuals counseled
Outcome Indicators (Evaluation Indicators)	Outcome indicators	• Percentage of knowledge increase among target audience • Percentage of target audience practicing the desired behavior

Like with communication objectives, indicators also need to be SMART. **Worksheet 6.2** provides some guidance on how to develop SMART indicators.

WORKSHEET 6.2: DEVELOPING SMART INDICATORS

What is the communication objective that needs to be measured?	
What is the input/output/outcome being measured?	
What is the proposed indicator?	

Is the indicator:	Yes	No
Specific? (Is it clear what the indicator is setting out to measure, and among which audience?)		
Measurable? (Does data exist to measure the indicator and can it be accessed?)		
Attainable? (Can data to populate the indicator be collected, even during the emergency?)		
Relevant? (Does it contribute to the overall program goal?)		
Time-bound? (Is the timeframe for stated?)		

If you have answered “No” to any of the above question on the checklist, you should redefine the indicator to ensure it fits all the above criteria.

Improved indicator: _____

Establish a Reference Point

For indicators to show any change or progress towards the communication objectives, a reference point needs to be established. A reference point acts as a measure of comparison, a starting point or baseline, which allows a programmer to determine the amount of progress that is being made. The reference point is usually defined before or at the very beginning of an intervention. However, during an emergency, time pressures may not allow for in-depth baseline data collection. In such cases, reference points can be established once the communication response has started.

Table 10 below describes the different stages at which reference points can be determined and highlights specific considerations for gathering baseline data during each stage of the emergency.

Table 10: Stages at Which Reference Points Can Be Determined and Specific Considerations

Stage at Which Reference Points Can Be Established	Description	Considerations for an Emergency Setting
Prior to the communication response	Reference points are established just before the communication response begins. This is generally referred to as a baseline.	In an emergency, obtaining baseline data in advance should be part of the preparedness strategy. Obtain information from existing secondary sources such as KAP surveys or epidemiological statistics in order to establish a reference point should an outbreak occur. Review this data regularly to ensure it is up to date.
Once the communication response has begun	At this stage, scanning for any existing data relating to program indicators and targeting the intended audiences can help provide a reference point. Examples of such data sources include DHS, health statistics and UNICEF MICS.	If no comparable data exist, use the program indicators to start measuring the current state at the onset of the program and use that as the reference point.
When the communication response is over	Although not ideal, a reference point can also be established at the end of the intervention through a control group. This involves collecting data on program indicators among a sample group that was not exposed to the intervention and with similar characteristics to those targeted.	In emergency settings, this may not be a feasible option because the fear and risks that are associated with an outbreak are likely to warrant interventions that cover areas and populations beyond those directly affected by the emergency.

Set Targets

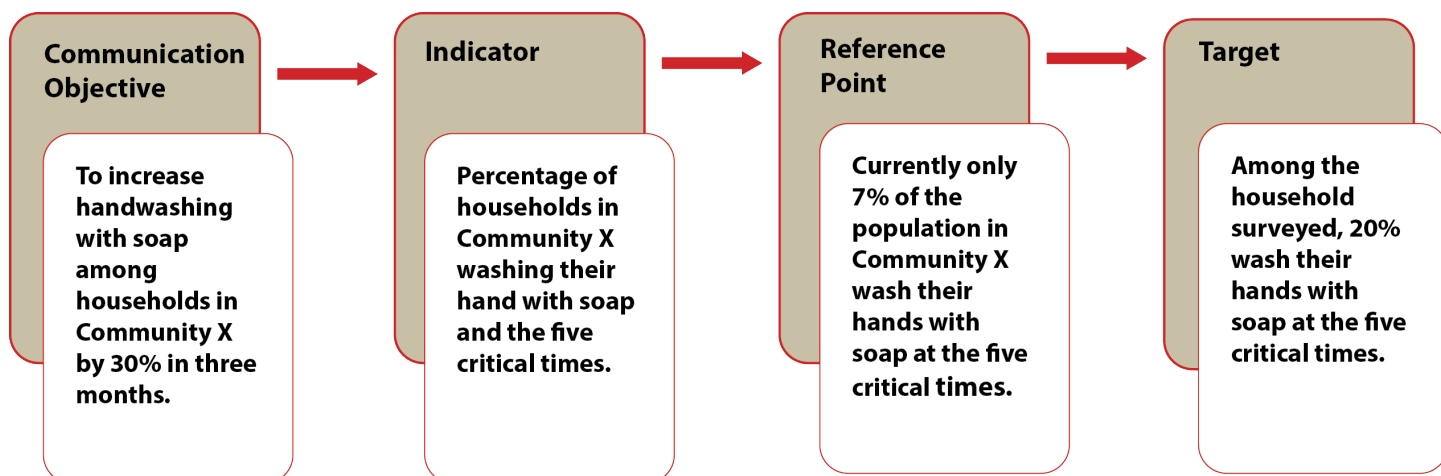
Based on the reference point and the communication objectives, targets can be established to determine whether the communication response is progressing as planned. Targets define the amount of change that should be seen in the program indicators to reflect progress towards the communication objective and the overall program goal of bringing the emergency under control.

Key considerations for setting targets:

- **Refer to the reference point.** Set the starting point against which to compare any progress.
- **Be aware of stakeholder expectations.** In emergencies, many important national and international stakeholders are likely to have pressing demands and expectations, which need to be taken into consideration when defining targets.
- **Relevant research findings.** Review literature on similar emergencies and interventions targeting similar problems in the area, if available, to have an understanding of what may be realistic expectations.

Figure 7 below provides a visual example of the link between communication objectives, indicators, the reference point and targets.

Figure 7: Link between Communication Objectives, Indicators, the Reference Point and Targets



Determine the Frequency of Data Collection and Sharing

Once indicators and targets are established, it is important to determine how often the data should be collected. In an emergency, data collection should occur frequently so as to monitor the evolution of the outbreak and how populations respond. It is recommended to review data on a daily or weekly basis.

As the emergency starts to subside, data collection can be less frequent. Data should be collected throughout the emergency response to monitor progress, and at the end of the intervention to evaluate outcomes.

For data collection to help monitor and inform implementation, it needs to be accompanied by data analysis and sharing. This is especially important during an emergency when all partners and stakeholders need to be informed of the evolution of the outbreak.

The two-way communication systems or feedback loops (discussed in **Unit 1: Coordination and Mapping** and in **Unit 3: Community Mobilization**) allow for regular monitoring of activities and information sharing. Information sharing can also occur at regular coordination meetings, through discussions with the response cell, surveillance officers, health workers,



Tips for Data Collection to Monitor Indicators

- Set up communication systems with all stakeholders at the start of the emergency response for regular monitoring of activities and information sharing. Such systems may include coordination meetings, supervision and regular feedback with stakeholders, forms for collecting data, relevant committees and community mobilizers, etc.
- Ensure that all those involved know and understand the importance of providing information and feedback to monitor communication objectives.
- Think of innovative ways of collecting data regularly such as mobile phones and other applications (see **Unit 3: Community Mobilization**).
- Refer to the messages distribution plan developed for mobilizers and spokespeople (see **Unit 3: Community Mobilization**) to verify that messages are being delivered as planned. This includes assessing that correct information is provided through the agreed channels, that radio spots are broadcast at the planned times and in the correct way, and that materials are distributed to the correct people/ organizations as planned.
- Coordinate with the government and other partner organizations for reporting outcomes/results of monitoring activities, and ensuring that data are shared at all levels (community, national, etc.).

For more information, see *How to Develop Monitoring Indicators* on the HC3 Health COMPass at <http://www.thehealthcompass.org/how-to-guides/how-develop-monitoring-indicators>.

spokespeople and community mobilizers. Importantly, these communication systems need to be decided and agreed upon early in the response, as highlighted in **Units 1 and 3**.

Link Objectives and Indicators to the M&E Plan

Ultimately, the communication objectives and their indicators need to be part of the M&E plan for the communication response. M&E plays a critical role in programming and has four important functions:

1. To support **understanding** of what is working or not working in a program or system
2. To support **monitoring** whether a program or system is performing as planned
3. To highlight areas for **improvement** in a program or system
4. To support **accountability**

M&E provides empirical, culturally relevant and contextual information that supports the above functions, allowing for the evaluation of immediate, intermediate and long-term effects of program activities. The communication objectives and indicators should therefore be part of an M&E plan that supports the communication strategy.

Unit 7 highlights the importance of selecting an appropriate channel mix for a communication response and describes **five categories of communication channels**: mass media, mid media, print media, social and digital media and interpersonal communication (IPC). For each of these channels, advantages and disadvantages have been listed, as well as situations in which different channels may be used.

Although this Unit has attempted to differentiate the channels and their uses for simplicity, there is recognition that channels frequently overlap and may be effective for achieving similar objectives. This is why the match between channel, audience and communication objective is important.

This unit provides some tools to help assess available and functioning channels during an emergency, as well as those that are more appropriate for reaching specific audience segments. Once you have completed this unit, you will have the following tools to support the development of your SBCC response:

- **Worksheet 7.1: Assessing Available Communication Channels**
- **Worksheet 7.2: Matching Communication Channels to Primary and Influencing Audiences**

What Is a Communication Channel?

A communication channel is a medium or method used to deliver a message to the intended audience. A variety of communication channels exist, and examples include:

- **Mass media** such as television, radio (including community radio) and newspapers
- **Mid media** activities, also known as traditional or folk media such as participatory theater, public talks, announcements through megaphones and community-based surveillance
- **Print media**, such as posters, flyers and leaflets
- **Social and digital media** such as mobile phones, applications and social media
- **IPC**, such as door-to-door visits, phone lines and discussion groups

Different channels are appropriate for different audiences, and the choice of channel will depend on the audience being targeted, the messages being delivered and the context of the emergency. Using a variety of channels or a channel mix, is recommended so that messages can be reinforced through multiple sources.

Find more information on communication channels can be found at <http://www.thehealthcompass.org/how-to-guides/how-develop-channel-mix-plan>.

Why are Communication Channels Important?

Communication channels are the means by which a program can reach its audiences with key messages during an emergency. They are therefore an essential component of SBCC programming; however, their effectiveness will depend on a careful selection process, based on the intended audiences' habits and preferences. Selecting a mix of appropriate and accessible channels will increase the likelihood of the audiences hearing and seeing the communication messages.

Key Steps for Effectively Choosing Communication Channels

1. Assess Available Channels
2. Match Available Channels with Intended Audiences

Assess Available Channels

The first step in selecting the channels for your communication response involves knowing what channels are available and accessible to the intended audience. A range of communication channels may exist, with some being more accessible than others depending on the context and situation. Broadly speaking, communication channels can be divided into the five main categories previously mentioned:

1. Mass Media
2. Mid Media (also known as “traditional” or “folk” media)
3. Print Media
4. Digital and Social Media
5. IPC

Each of these channel categories is described in detail later in this section, and a **Communication Channel Quick Reference** is included in the Appendix.

In addition, community mobilization (discussed in **Unit 3**) is an approach that can use several of the above communication channels, such as mid media and IPC, to engage all sectors of the community to prompt individual, family and community action. More information about the important role that community mobilization has in emergency communication, and about how it can be used, can be found in **Unit 3: Community Mobilization**.

Telephone Help Lines

A special mention needs to be made with regards to telephone lines, which, in this I-Kit, are considered a separate channel category due to their versatility and the peculiarities of their uses. Phone lines can be hotlines or “warm lines,” meaning that they can be used for emergency purposes to supply essential information (hotlines) or for more in-depth answers to general questions and for support (warm lines).

They have the advantage of being easily accessible in countries with a good phone infrastructure, and can replace the use of health facilities for issues that are stigmatized, such as Ebola. Phone lines can also be helpful tools for monitoring and surveillance, providing a source of public health surveillance data that can help detect epidemics and monitor the evolution of the outbreak.

In the Ebola outbreak in West Africa in 2014 and early 2015, phone lines proved to be useful tools for disease surveillance and the dissemination of essential information.

Table 11 on the next page provides information and key actions to consider in regards to phone lines and their different uses during the different phases of an emergency.

Table 11: Information and Key Actions to Consider In Regards to Phone Lines

Emergency Phase	Action	Phone Line Uses
Pre-crisis	Conduct an assessment of telephone services and relevant infrastructure within the country. This will allow the quick activation of the phone line at the onset of the emergency. Consider: • Telephone services • Infrastructure and equipment • Location and staffing • Partner engagement and roles • Guidelines on manning the phone lines • Monitoring of calls, data collection and questions received • For known and expected emergencies, develop a series of key messages with essential information (symptoms, treatment and prevention)	At this stage no operational phone line is likely to be needed.
Initial Phase	Activate the phone line immediately. Consider: • Bringing together partners • Reviewing/developing essential key messages • Training and deploying identified staff • Putting in place supervision and quality assurance mechanisms • Collecting and monitoring data from the calls • Communicating to the general public the existence and uses of the phone line	Hotlines provide essential, lifesaving information to callers either through trained callers or recorded messages. Monitoring the calls received is a surveillance tool that gives insights into the evolution of the emergency. Health service providers and community mobilizers can use the hotline to alert regional and national health services about emergency cases.
Maintenance	Continue manning the existing phone lines and review information provided by personnel to ensure it continues to respond to the needs of callers. Consider: • Reviewing messages if necessary • Assessing whether a support/counseling service is necessary • Conducting further training of staff • Reviewing surveillance data collected from calls	A hotline may still be necessary as there may be pockets in the country that are still severely affected by the emergency. However, there may also be a need to start introducing a warm line to provide more in-depth information to callers, as well as support and counseling, if required.
Resolution	Review the uses of the phone line and assess whether to turn it exclusively into a warm line or reduce the size of the team and phone lines. Consider: • Reviewing data from calls • Assessing staffing needs • Conduct training for staff on counseling • Providing support and supervision to staff	At this point, it is likely that, although the emergency is under control, individuals are still emotionally affected by what they have experienced. In this phase, a warm line providing support and counseling will be needed.
Evaluation	Review all areas of the phone line mechanism to assess its effectiveness and areas of improvement. Consider: • Speed at which it was activated • Staffing capacity and skills training • Trends in number of call and types of calls • Need for maintaining a smaller warm line to continue providing support to those who survived the emergency	A warm line to provide ongoing support to survivors of the emergency and to act as a surveillance tool to detect potential new outbreaks.

Advance Preparation

Knowing what channels exist and are currently functioning is essential in determining the channel mix of any SBCC campaign. During an emergency response, however, time constraints may limit the ability to assess what communication opportunities exist and how audiences wish to receive information. It is therefore recommended that such scoping work be carried out in advance.

Moreover, some approaches that are known to be effective in emergency settings, such as channels that garner trust and promote two-way communication between the community and service providers, require time to set up. Having knowledge of mobilizer networks in advance would greatly help the development of an effective and rapid communication response.

If an assessment of channels is done in advance, the programmer will then only need to focus on how the audience's media landscape and habits may have changed as a result of the emergency.



Tips for Assessing the Media Landscape

When conducting an initial assessment of the media landscape and available communication channels for the emergency response:

- Refer to the information you gathered through the rapid needs assessment and audience analysis (**Units 2, 4 and 5**) to **review the audiences' preferences and habits**.
- **Keep your intended audience(s) in mind** and obtain information about the channels that have been used to successfully reach them in the past. This should be based on past impact, audience needs and preferences, as well as channel availability.
- **Obtain information from national and international partners** working on emergency response as well as organizations and agencies working in media and communication. The worksheets in **Unit 1: Coordination and Mapping** should help you identify partners in the media and communication sector. Examples of sources of information on media and communication include local television, radio stations (both national and community radio), press offices, advertising agencies and published media analysis studies. Gather this information at government-run meetings so the information you gather is representative of the national context.
- Consider approaching local and international organizations working in the field to **obtain data about IPC channels**. Examples include program reports, clinic-based data and government statistics.
- **Verify that identified channels are functioning**. For example, radio may be an effective channel with a large listenership, but programming may only happen if and when fuel is available for the generator.
- **Consider channels both at the national and local level**. In some countries, regional differences in culture and lifestyles may warrant the use of different communication channels.
- **Consider that the emergency may have altered the availability of some communication channels** and obtain the most up-to-date information about each.
- **Conduct an assessment of telephone services, their coverage and uses**. This information will help determine whether mobile technology (for example for sending text messages with key messages), or phone lines are a viable communication channel. Use the preparation phase also to buy-in support from phone companies and set up working agreements on how to operate in the case of an emergency.

In summary, every communication channel has its advantages and disadvantages, and different channels are appropriate for different communication objectives. **Table 12** on the next page provides a general summary of which channels are more suitable to which situation. It is important to note however, that this table is provided for general guidance only and that there is always a degree of flexibility in how communication channels are used. They can therefore be versatile depending on the messages, context and approaches. Importantly, although some channels may be more appropriate for certain settings and information requirements, a mix of channels is necessary to achieve maximum impact, as discussed later in this Unit.

Table 12: Which Channel to Use in an Emergency Context

CHANNEL	IN AN EMERGENCY CONTEXT, THIS CHANNEL IS MOST APPROPRIATE FOR...
Mass Media	• Raising awareness across audiences (informing and educating) • Modeling behaviors • Reducing stigma and taboos • Communicating with low literacy audiences • Obtaining wide regional and national reach
Mid Media	• Engaging communities • Promoting discussion and reflection among communities about the issues being addressed by mid-media activities • Modeling behaviors
Print Media	• Supporting other communication channels • Providing more detailed information on a particular topic that individuals can look through at home • Providing information about personal and confidential issues • Engaging with policy and decision makers
Social & Digital Media	• Communicating with young people • Obtaining a large reach (if Internet is widely available and accessible) • Promoting discussions through chat rooms or email exchanges • Providing information about personal and confidential issues
Interpersonal Communication	• Creating a two-way communication process with the audience • Engaging community members and creating community action plans • Promoting discussion, reflection and challenging dominant norms • Informing and educating (increase knowledge) • Imparting skills • Discussing sensitive topics

Exercise: Assessing Available Communication Channels

Worksheet 7.1 provides a template that can be used to carry out an initial assessment of available communication channels in the context of an emergency. It allows for the recording of key information that will help with the selection of appropriate channels for reaching the intended audiences.

WORKSHEET 7.1: ASSESSING AVAILABLE COMMUNICATION CHANNELS
TEMPLATE FOR RECORDING INFORMATION ABOUT AVAILABLE COMMUNICATION CHANNELS

Purpose: This worksheet provides a template for recording key information about available channels in the emergency location. It can be used as reference when deciding on the most appropriate channels for your emergency communication.

Directions: Use the information provided earlier in this section to help you consider all potential channels. Write the formats of channels available in your area of intervention for each of the communication channel categories. Where possible, record the information requested for each channel. ***Please note that this worksheet is followed by a completed example that you can use as reference if necessary.***

Channel Category	Channel Format	Estimated Geographical Reach	Estimated Number of People Reached	Audiences Reached via Channel	Estimated Cost	Other Remarks including past or current use of channel	Foreseeable Challenges/ Disadvantages to Using this Channel	Contact Details
Mass Media								
Mid Media								
Print Media								
Digital & Social Media								
IPC								



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Match Available Channels with Intended Audiences

Once the media landscape has been assessed and available, functioning communication channels have been identified, it is important to match those that are most appropriate to the intended audiences.

Although different channel categories may be more appropriate for different situations and communication objectives, the choice of channels will depend on a range of factors. The list below highlights some important considerations that will determine the selection of the channel mix:

- **The preferences and habits of the intended audiences.**
- **Literacy levels of the intended audience.** Where levels of literacy are low, communication IPC, radio, television and highly visual print materials.
- **The type of information that needs to be conveyed.** Complex information, for example, will require longer and more interactive formats than simple messages.
- **The communication objective.** If the objective of the communication is to raise awareness and increase knowledge, appropriate communication channels could include public service announcements, posters and advertisements promoting the same key messages. In cases where the objective is to improve skills and self-efficacy, however, interactive and participatory communication channels such as small group activities may be more appropriate. It is important to note, however, that effective risk communication should use a mix of channels that can both increase knowledge as well as skills and self-efficacy to deal with the emergency. As people become aware of the risks, it is essential to provide them the information, tools and skills to protect themselves from that risk.
- **Budget availability.** Some communication channels, such as television, will be more expensive than others. Budget and funding may therefore limit the choice of channels.
- **Timeline.** Some formats of communication within each channel category can take longer to develop. A serial drama, for example, requires a certain amount of time to be developed, recorded and pretested and may therefore not be a feasible option at the start of an emergency when information needs to be disseminated quickly. Recorded debates or question and answer (Q&A) sessions can be produced relatively quickly and may be an appropriate alternative when there are time constraints.

Importantly, the channels selected for a communication response must resonate with and be accessible to the intended audience. They need to be the channels that the primary and influencing audiences will use, choose and trust for obtaining information relating to the emergency. The worksheet that follows, **Worksheet 7.2**, offers a series of questions to help reflect about the factors that influence the choice of communication channels and identify the most appropriate ones for each audience segment.

WORKSHEET 7.2: MATCHING CHANNELS TO THE PRIMARY AND INFLUENCING AUDIENCES

Purpose: This worksheet includes a list of questions to support the selection of an appropriate channel mix to communicate with the intended audiences about the emergency issue being addressed.

Directions: State who the intended audience is for this exercise and whether they are a primary or influencing audience. Complete one sheet for each audience segment you have identified. Worksheet 4.1 in *Unit 4: Audience Segmentation* can help you identify audiences if you have not done so yet.

Answer the questions asked about the audience. Use evidence-based data from sources such as media consumption studies, project reports, surveys, qualitative studies and government statistics.

Finally, summarize the key points as this will help you identify the most appropriate communication channels for each audience.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Audience: _____

☐ **Priority**

☐ **Influencing**

1. What channels does the audience use regularly for different communication needs? For example, radios and TV for receiving or accessing news or health information, mobile phones for communicating with others, etc.
2. What communication channels does the audience generally prefer?
3. Which channels does the audience consider credible and for what kinds of information? Consider both modern and traditional communication channels such as community leaders and influential members or society.
4. What is the audience's literacy level? If possible, specify whether there is a different between rural and urban populations.
5. What differences exist, if any, in access to communication channels between genders?
6. Which channels does the audience prefer for getting information about emergencies?
7. Whom does the audience trust and turn to for advice about health or about other topics similar to that causing the emergency? If known, highlight differences between rural and urban areas and between genders.
8. During the emergency, how does the audience spend a typical day? Where do they go and what communication opportunities exist throughout the day? Consider that during an emergency standard routines may be disrupted.

WORKSHEET 7.2: MATCHING CHANNELS TO THE PRIMARY AND INFLUENCING AUDIENCES (Continued)

Time of Day During the Emergency	Activity	Location for Each Activity	Potential Communication Channels
Early morning			
Midmorning			
Midday			
Early afternoon			
Mid afternoon			
Early evening			
Dinner			
Late evening			
Special Occasions/ Festivities			

Summarize the information obtained from this worksheet in the table below. This will highlight the principal channels for communicating with each audience segment.

Audience:	
1. Communication Channel Preferences	
2. Trusted Information Sources	
3. Literacy Level	
4. Possible Communication Channels	

This unit describes the steps involved in message development. It notes how initial messages that need to be rapidly disseminated at the onset of an emergency should evolve and be incorporated into the broader SBCC strategy to address specific communication objectives for intended audiences.

This unit brings together key elements from all previous units to ensure that messages are evidence-based and respond to relevant needs in contextually appropriate ways. The unit provides a range of tools, tips and recommendations for effective message design, and particular emphasis has been placed on pretesting.

Having completed this unit, you will have the following tools to assist in putting together your SBCC strategy for the emergency response:

- [Worksheet 8.1: Developing Message Maps](#)
- [Worksheet 8.2: Key Messages per Audience Segment in the SBCC Strategy](#)
- [Worksheet 8.3: Checklist for Reviewing Communication Materials Against the 7Cs of Communication](#)
- [Sample Template Message Map for Cholera](#)
- [Seven Steps to Developing Message Maps](#)

What Is Message Development?

Message development involves putting together the information that needs to be conveyed to the general public and to the intended audiences during an emergency. Messages are likely to change as the emergency evolves, with different phases of the emergency requiring a different focus. Messages can have a variety of purposes depending on the communication objective and on the audiences being targeted:

- Educate about the risks, how to assess risk and how to manage risk
- Inform about risk-reduction behaviors
- Promote risk-reduction behaviors and practices
- Increase the trust between the public and authorities or service providers
- Reduce and dispel rumors Reduce fear and stigma
- Nurture advocacy
- Promote social cohesion
- Resolve conflicts and controversies

Well-designed messages are specific to the audiences and should clearly describe both the desired behavior and the benefits that can be reaped by engaging in it.

Why Is Message Development Important?

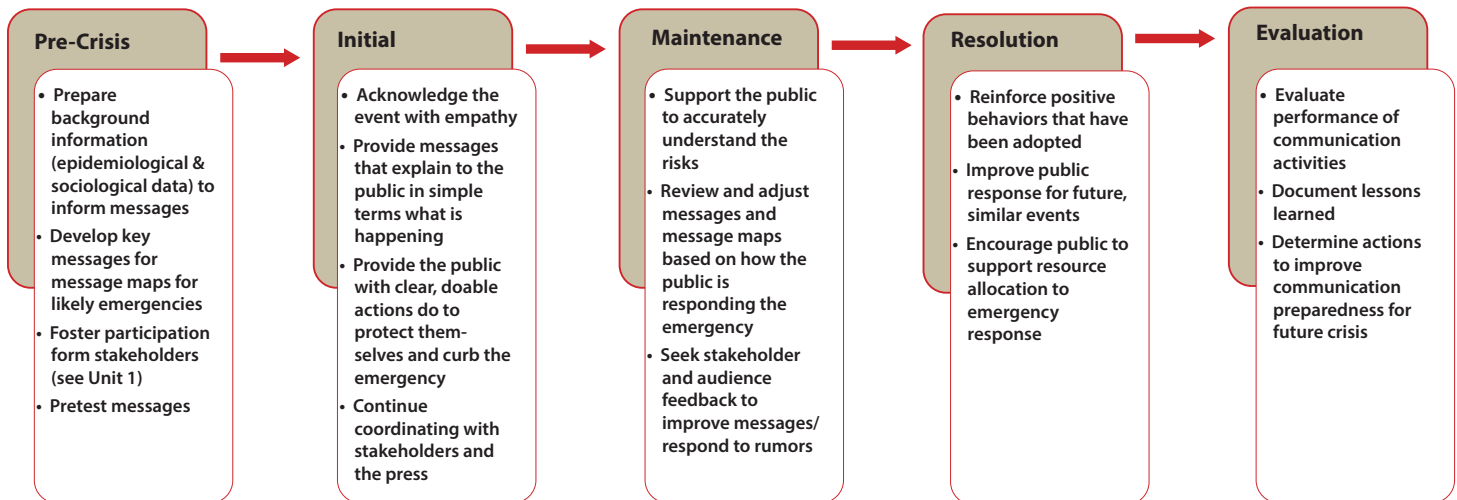
Messages are key in providing consistency to the communication response. This is particularly important during an emergency, when fear and anxiety can breed rumors and affect the ways in which people respond. Developing key messages allows multiple partners to speak with one voice, in a clear and concise way. As the same, consistent messages are disseminated across all channels of communication in a harmonized manner, they reinforce each other and increase the effectiveness of SBCC efforts.

Time constraints during an emergency may lead programmers and planners to develop quick, generic messages based on technical information and scientific evidence only. However, technical messages alone, even if formulated in simple, understandable language, are unlikely to be fully effective in promoting desired behaviors. Messages need to take into account the local context, traditions, culture and potential stigma associated with the emergency.

Messages, their content, the way they are formulated and the audiences they target, are likely to evolve as the emergency progresses. **In the initial phase** of an emergency, the focus needs to be on disseminating information to

the general public quickly and empathetically about simple, doable protective actions. **In the subsequent phases**, messages will likely need to be refined to reflect local perceptions associated with the emergency and the perceived consequences of performing the desired behaviors. As information about at-risk groups and behaviors that aggravate the emergency become better known, messaging would also become more tailored to address specific behaviors and target specific audiences.

Figure 8 below illustrates how messages should evolve during the phases of an emergency.



Taking into consideration that messages need to be reviewed, refined, added and even change throughout an emergency based on how it evolves, there are a series of steps that can be done before and during the crisis to support the development of effective SBCC messages.

Key Steps in Message Development

1. Review Data to Support Preparedness
2. Develop Message Maps
3. Review and Develop Messages
4. Link Messages to the SBCC Strategy
5. Link Messages to Materials
6. Pretest Messages and Materials

Review Data to Support Preparedness

Wherever possible, the pre-crisis phase should be characterized by background research of **epidemiological and social data** that can inform key messages should an emergency occur. The information can prove useful to provide reality-based communication and messages at the onset of an emergency. Examples of such information include:

- Statistics on the prevalence and geographical distribution of key household health practices (e.g., handwashing, hygiene, immunization and malnutrition)
- Traditional and cultural norms that influence behaviors and health seeking practices
- Media habits of the population across the country
- Distribution of at-risk and hard-to-reach populations

In areas prone to known emergencies (for example, cholera, measles, polio or natural disasters), such background information can be used during the pre-crisis phase to develop message maps that address the key protective behaviors for the expected emergency.

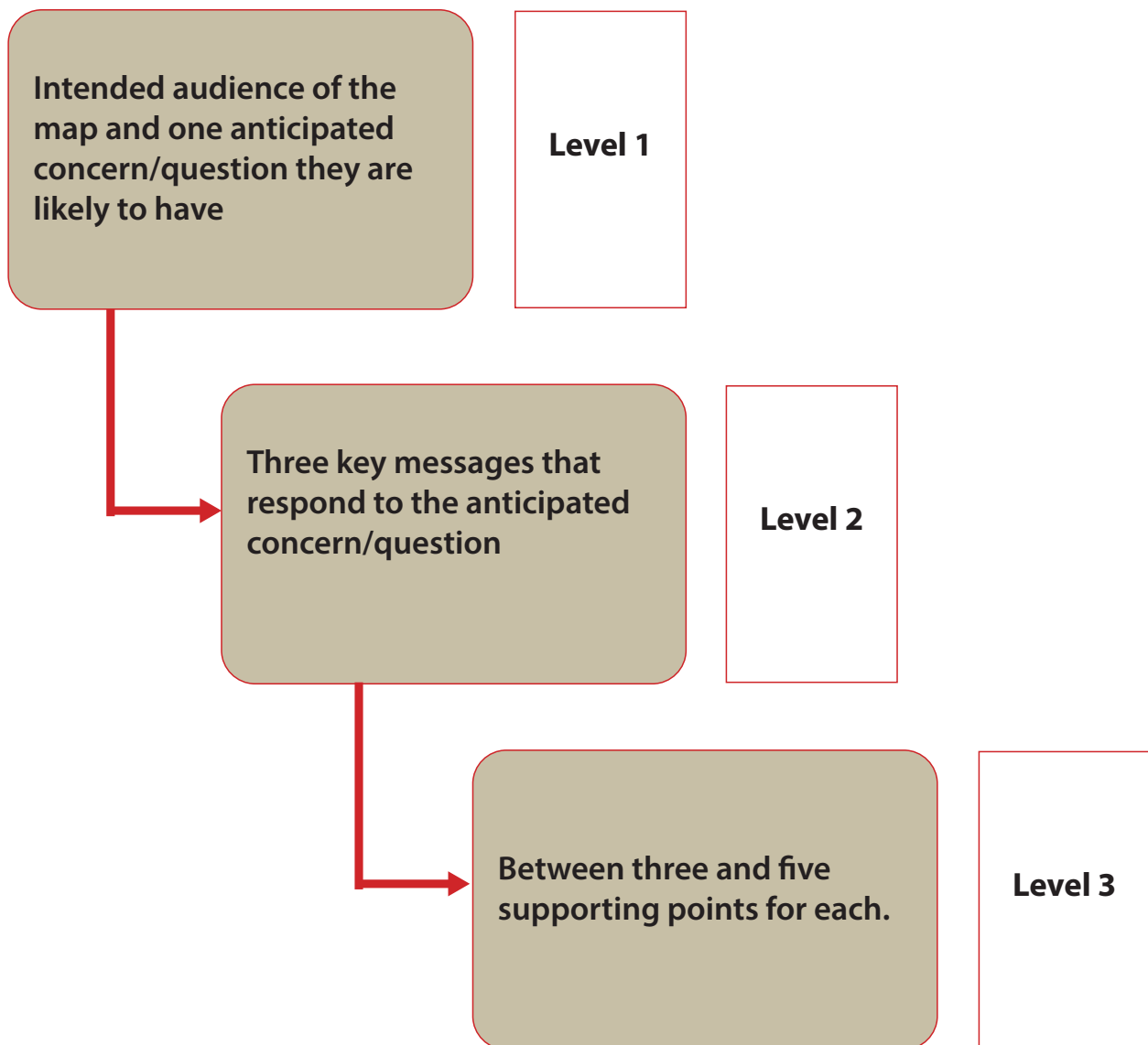
Develop Message Maps

Communication at the onset of an emergency is particularly challenging as fear and anxiety can affect the ways in which the public responds to messages, what information they retain and how they perceive it.

One method that is recognized and recommended for developing consistent messages during an emergency is the use of message maps. **Message maps** are a useful tool that provides factual information about the emergency that can be shared quickly with partners and the media to ensure that information is delivered in a consistent, clear and concise manner.

Message maps describe hierarchically organized information in three levels to anticipated or actual questions and concerns from audiences about the emergency. **Figure 9** below provides a brief description of each of the three levels of information in a message map.

Figure 9: Levels of Information In a Message Map



Audiences for message maps are generally wide-ranging and can include:

- The general public
- Individuals directly affected by the emergency
- Individuals who are indirectly affected by the emergency
- At-risk and vulnerable individuals
- Service providers (including health, emergency and law enforcement)
- Decision makers
- Authorities and government bodies
- Organizations involved in the response
- The media and the press

Each audience segment should have its own message map, with each map addressing one separate concern. **Table 13** below describes the information that makes up each level of the message map. See the **Sample Template of a Message Map for Cholera** in the Appendix.

Table 13: Information for Each Message Map Level

Audience:	<i>Insert the audience to whom this message map is addressed. It can be as broad as “the general public,” or more specific. For example, the media, decision makers or at-risk individuals. Each message map should target ONE audience only.</i>	
Concern or Question:	<i>Insert ONE anticipated concern or question that the audience is likely to have regarding the emergency. Examples include: “How is Ebola spread?”; “What is cholera?”; “What does one do to stop the outbreak?”; “What are the signs and symptoms of avian influenza?”</i>	
Key Message 1: <i>Insert one message that can help answer the selected concern/question.</i>	Key Message 2: <i>Insert a second message that can help answer the selected concern/question.</i>	Key Message 3: <i>Insert a third message that can help answer the selected concern/question.</i>
Supporting Points: <i>Write between two and five points with information that supports and clarifies the key message.</i>	Supporting Points: <i>Write between two and five points with information that supports and clarifies the key message.</i>	Supporting Points: <i>Write between two and five points with information that supports and clarifies the key message.</i>

Message maps can be developed for as many audiences as necessary, and to address as many questions/concerns as anticipated for each audience group. It is likely that, in the pre-crisis and initial phases of an emergency, message maps will mostly target the general public and the media.

In areas where known emergencies can occur, message maps should be developed during the pre-crisis phase so that they can be quickly accessed and distributed immediately at the onset of an emergency to support harmonized messaging. As the emergency evolves, message maps can be fine-tuned to respond more specifically to arising questions that populations and individuals may have.

Undoubtedly, the key messages are an essential component of message maps, and it is important that these are developed following some simple guidance. **Table 14** on the next page provides a list of Do’s and Don’ts of message development.

More on Message Maps

- [Message Mapping, Risk and Crisis Communication](#)
- [Message Map: Ebola – New Jersey’s Department of Health](#)
- [Effective Media Communication during Public Health Emergencies](#)
- [California Water Resources Control Board – Drinking Water Guidance](#)

Although message maps are typically developed following [seven recommended steps](#), the following worksheet provides some simple guidance on developing your own message maps for an emergency. It is advisable to complete this worksheet together with partners and stakeholders. When developing messages, consider indicators and communication objectives (**Unit 6**).

Table 14: Do's and Don'ts of Message Development

Do's	Don'ts
• Provide simple, doable actions that the public can perform to reduce risk. • Acknowledge the emotions (fear, anxiety and sadness) that people may be experiencing as a result of the emergency. • Keep key messages short and concise and limit the number of messages to the most important; only state relevant information that the audience needs and wants to know. • If there is uncertainty linked to the emergency and its evolution, acknowledge it. • Only provide known facts and avoid speculation. • Ensure that messages instill confidence. • Use simple language that can be understood by the intended audiences. • Develop messages taking into consideration the communication channels used to disseminate them. • Include messages for the media, and, in cases where emergencies can spread to other countries, include international media too. • Use evidence-based data to inform messages. • Link messages to available services and resources when appropriate.	• Fuel fear and anxiety, there are likely to be already elevated. • Provide background information as this may distract audiences from the key messages. • Develop long messages addressing more than one issue at once. • Deny uncertainty if it exists, as this affects credibility. • Speculate about any issue relating to the emergency. • Provide information that is dishonest or factually incorrect. • Use technical jargon and complex words. • Blame individuals, organizations or institutions for the emergency. • Use language that can be interpreted as judgmental or discriminatory. • Offer promises that cannot be guaranteed. • Use humor.

Review and Develop Messages

Message maps are used to inform all communication relating to the emergency, and are especially useful during the initial phases. As the emergency evolves, however, communication needs to become more strategic and focused to respond to the changing needs and context. Messages, therefore, become part of a broader SBCC strategy that identifies primary and influencing audiences, communication objectives and approaches to promote behavior change.

Key to an effective SBCC strategy is positioning. **Positioning** refers to the most compelling and unique benefit that the audience can experience by engaging in the desired behaviors communicated by the key messages. Effective positioning has an emotional appeal that “hooks” audiences and presents the desired behaviors in ways that are both persuasive and appealing.

Messages therefore need to tell people clearly what benefits they can reap if they engage in the desired behaviors. The key benefit, much like the messages, is also likely to evolve throughout the course of the emergency. At the beginning, people’s motivation to perform the desired behaviors is probably going to be survival and stopping the outbreak. In the subsequent phases, the key benefit may highlight the value in rebuilding communities and avoiding future outbreaks.

Importantly, the key benefit must go beyond standard program goals, such as “having a healthy community” or “contributing to the development of your country,” as these are unlikely to “hook” the audiences. Rather, key benefits need to consider what appeals to the audience, taking into consideration immediate, personal, social and economic rewards associated with stopping and preventing future emergencies.

The key benefit should frame the whole communication strategy and needs to be promoted across all communication channels and activities. It is crucial to capture the key benefit that would best resonate with the audiences. Reviewing relevant available data, such as ethnographic, sociological or other research studies can help identify the key benefit. If such information is not available, it is worth spending some time running focus group discussions with target communities to gain an understanding of what would most appeal to them and motivate action. Some ideas of how to run rapid needs assessments and focus group discussions are provided in **Units 2 and 3**.

Important Information for Message Design

Although during an emergency it is often necessary to have messages that target the general population, messages will also need to be tailored for individual audience segments. In both cases, it is important to review the following information about the audience in relation to the emergency and the issue causing the emergency:

- What is their level of knowledge?
- What are common beliefs and attitudes?
- What are their general risk perceptions?
- What is their general level of perceived self-efficacy?
- What are the dominant social and cultural norms around behaviors and practices linked to the emergency?
- What are their emotions associated with the emergency and related behaviors?
- What are the dominant current behaviors?
- What are key barriers to the desired behaviors?
- What are key facilitators for the desired behaviors?

Link Messages to the SBCC Strategy

The **key benefit** or benefits identified through **Worksheet 8.2** in this unit should be pretested with representatives of the audience groups to ensure that they resonate with and appeal to them. The most persuasive key benefit should be selected and used to summarize the essence of the whole SBCC strategy. All communication activities will be framed around the key benefit and therefore serve as a constant reminder of the advantages that can be reaped by engaging in the desired behaviors.

Key messages are important vehicles for promoting the key benefit while conveying essential information. Effective key messages should include two essential elements:

- **A call to action:** Explain the exact desired behavior that the audience should engage in.
- **The key benefit:** State the advantages that the audience can expect to reap if they perform the desired behavior.

The rapid needs assessment, audience analysis, segmentation and profiling, and the message-mapping exercises discussed throughout this I-Kit should help identify the content for key benefit messages. Messages need to be matched to specific audiences, taking into consideration the following questions:

- What are the audience's needs, motivations and barriers to change?
- What actions does the program want the audience to take?
- Why should the audience take the desired actions?

For each audience segment, the answers to the above questions need to be matched with the communication objectives, the key benefit, supporting information and the call to action in order to create the full message.

WORKSHEET 8.1: DEVELOPING MESSAGE MAPS

Purpose: This worksheet provides some guidance to identify key areas of a message map for an expected or existing emergency.

Directions: Complete this worksheet together with stakeholders to promote a broad exchange and analysis. Wherever possible, access evidence-based data to complete this worksheet. You can refer to the completed worksheets from *Unit 2: Needs Assessment*, *Unit 4: Audience Analysis & Segmentation* and *Unit 5: Audience Profiling* as these contain helpful information for completing this worksheet.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Brainstorm with your team to name all possible audiences that are in some way affected by the emergency. The table below provides categories of stakeholders to prompt thinking; however, you may wish to add other categories that are specific to your context.

Category	Stakeholders/Audiences
Individuals Directly Affected:	
Individuals Indirectly Affected:	
At-Risk and Vulnerable Individuals:	
Service providers:	
Influential Individuals/Decision Makers:	
Authorities and Government Bodies:	
Organizations Involved in the Response:	
Organizations Affected by the Emergency:	
The Media:	
Other:	

WORKSHEET 8.1: DEVELOPING MESSAGE MAPS (Continued)

Purpose: This worksheet provides guidance to identify key areas of a message map for an expected or existing emergency.

Directions: To help you identify possible concerns or questions an audience may have relating to the emergency, consider the various aspects that may be impacted by the emergency or impact the way an individual responds to the emergency. For each audience, list possible concerns or questions relating to the following areas:

- Access to information
- Ethnicity
- Gender
- Health
- Economics/Income Generating Activities
- Legal
- Religion
- Trust
- Safety/security
- Livestock

Audience	Concerns/Questions

- Review the questions/concerns in the table above and select the ones that you believe to be most pertinent. For each selected audience and question/concern develop:
 - Three key messages that answer that question/concern
 - Three supporting facts for each key message

Audience:		
Question:		
Key Message 1	Key Message 2	Key Message 3

Supporting Facts	Supporting Facts	Supporting Facts

WORKSHEET 8.2: KEY MESSAGES PER AUDIENCE SEGMENT IN THE SBCC STRATEGY

Purpose: This worksheet provides a template to record information that can guide and inform key messages for each audience segment that the SBCC strategy plans to target.

Directions: Refer to the worksheets completed in *Unit 2: Rapid Needs Assessment*, *Unit 4: Audience Analysis & Segmentation*, *Unit 5: Audience Profiling* and *Unit 6: Developing Communication Objectives & Indicators*. These contain useful information for this exercise and will ensure that messages are evidence-based.

Complete the table below with relevant information for each audience segment.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Audience:	<i>Insert the name of the audience segment.</i>				
Description:	<i>Insert a description and data regarding this audience (including their stage of behavior change) that has informed the communication objective.</i>				
Communication Objectives	Barriers	Facilitators	Key Benefit	Key Information	Key Message
<i>Insert the communication objectives identified in Unit 6.</i>	<i>Insert main barriers to performing the desired behaviors as identified in Unit 4.</i>	<i>Insert main facilitators to performing the desired behaviors as identified in Unit 4.</i>	<i>Insert the key benefit the audience can expect by performing the desired behaviors.</i>	<i>Insert key points of information that the audience needs to know in order to be motivated to perform the desired behavior.</i>	<i>Insert brief key messages that contain a call to action and the benefit reaped from performing it.</i>

Link Message to Materials

Once key information and key messages have been identified they need to be linked to communication channels and materials. The SBCC strategy should outline clearly the communication channels that will be used and how the messages will be conveyed. This is discussed in **Unit 7**, where the “pros and cons” of different communication channels are highlighted as well as how they can best be used during an emergency. Messages can be disseminated in a variety of ways, including:

- **Orally**, through interpersonal communication and radio
- **Visually**, through print media and mass media, including billboards, posters and television
- **In written form**, through channels such as bulletins, flyers, newsletters, articles and press releases

When key messages and materials are combined, they must reflect seven important characteristics that increase their effectiveness. These are known as the “7 Cs” of Communication:

C**ommand attention:** Attract and capture the audience’s attention. Make it memorable!

C**larify the message:** Ensure the message is clear and easily understood.

C**ommunicate the benefit:** State the advantages (key benefit) of adopting the desired behavior.

C**onsistency counts:** Repeat the same message consistently and across communication channels to avoid confusion and enhance the impact of the message.

C**reate trust:** Ensure you use factual information and credible channels. Credibility of the message is essential, as without it, the message will go unheeded.

C**ater for the heart and head:** People are persuaded by both facts and emotions. Use both to maximize the appeal and persuasiveness of the message.

C**all to action:** Include a clear call to action stating exactly what the audience should do.

It is recommended that you review key benefit messages against the 7 Cs of communication before pretesting them, and **Worksheet 8.3** on the following page is intended to help you do that.

WORKSHEET 8.3: REVIEWING KEY MESSAGES AGAINST THE 7 CS OF COMMUNICATION

Purpose: This worksheet is a checklist that outlines key questions to assess whether your key messages reflect the 7 Cs of Communication.

Directions: Review each individual key messages (and accompanying materials if available) against the checklist below. Through the checklist, identify if there are areas of improvement and reformulate messages if necessary

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Key Message: _____

7 Cs of Communication	Message Check	Yes	No	Suggestions for improving the message (if necessary)
Command Attention	Does the message stand out/capture the audience's attention?	☐	☐	
Clarify the Message	Is the message simple, direct and easy to understand by the audience?	☐	☐	
Communicate a Benefit	Is it clear what benefit the audience will reap by engaging in the desired action?	☐	☐	
Consistency Counts	Are all messages consistent?	☐	☐	
	Can they be conveyed across different communication channels?	☐	☐	
Create Trust	Is the message credible?	☐	☐	
	Is the channel used credible?	☐	☐	
Cater for Head and Heart	Does the message contain logical and factual information?	☐	☐	
	Does the message use emotion?	☐	☐	
Call to Action	Does the message clearly communicate what the audience should do?	☐	☐	

Pretest Messages and Materials

Messages and materials, however clear and eye catching they may appear, always need to be pretested. Pretesting involves measuring the reaction of a selected group of individuals representing the intended audience, to draft materials, concepts or messages before they are produced in final form and disseminated.

Unfortunately, the importance of pretesting is often ignored due to time or budget constraints, or due to the belief that the information and materials are suitable for serving their intended purpose. In emergencies, foregoing pretesting may be even more common as key information needs to be conveyed quickly and in a timely manner.

Pretesting, however, is an essential component of all communication messages and materials and ensures that what is designed is really suitable for the intended audiences. Even during the most critical of times, we recommend that programmers try to get hold of key audience members to ensure that messages serve the purpose for which they are intended. **Table 15** below highlights a range of important aspects that can be pretested, providing some sample questions of how to assess each one.

Table 15: Pretesting Concerns

Aspect to Be Pretested	Description	Sample Questions
Attractiveness	Whether the message/material commands attention	• What do you like about this message/materials? • What do you not like about this message/material? • What was the first thing that caught your eye?
Comprehension	Whether the information is understood as intended	• What does the message/material say? • Who do you think the message/material is speaking to? • What words/sentences/images are difficult to understand?
Acceptance	Whether the material is culturally and socially acceptable	• Is there anything about this message/material that you find offensive or inappropriate? • Is there anything about this message/material that someone in your community may find offensive or inappropriate?
Relevance	Whether the information is of interest to the intended audience	• What type of people do you think should read/watch this message/material? • In what way are those people different from you or the same as you?
Call to Action	Whether the audience understands the call to action	• What does the message/material ask the audience do to?
Persuasion	Whether the key benefit is persuasive and appealing to the intended audience	• Why do you think you should do what the message/material asks you to do? • How likely are you to do that and why?
Improvement	If and how the material needs to be improved	• What would you change in this material / message to make it more appealing to you? • What information do you think is missing? • What else, if anything, would you like to include in this message / material?

As demonstrated by the aspects in, pretesting serves to assess a range of important aspects that can maximize the effectiveness of messages and materials. Pretesting is therefore a crucial step in the development of a SBCC strategy, even in an emergency situation.

To support the effective pretesting, a list of useful tips is included below. Additional information on pretesting can be found at <http://www.thehealthcompass.org/how-to-guides/how-conduct-pretest>.



Tips for Effective Pretesting

- Always plan to pretest messages and materials.
- Conduct an initial pretest with technical experts and gatekeepers to ensure that the information is factually correct and acceptable.
- Conduct the second pretest with representative members of the audience intended for the messages/materials in question.
- Avoid providing background information and explaining the material at the start of the pretest.
- Use open questions (questions that cannot be answered with yes or no)
- Avoid leading questions.
- Ask the creative developers of the materials to pretest them as they may be biased and interpret answers incorrectly.

What Is Monitoring and Evaluation?

Monitoring and evaluation (M&E) involves setting up systems to consistently review how the emergency communication response is progressing, what needs to be improved and whether the program goals are being met.

Monitoring is a continuous process that entails the regular collection and analysis of data to assist timely decision making, check whether activities are being executed according to plan, ensure accountability and provide the basis for evaluation and learning.

Evaluation assesses the degree of success obtained and determines to what extent the anticipated outcomes are produced. It measures whether the behavioral communication objectives have been achieved through specific intervention activities. Evaluation also provides insights into lessons learned and promising practices.

Why Is M&E Important?

Through M&E it is possible to review how the intervention is progressing, recognize risks and challenges as they develop, and adjust the implementation strategy as necessary to achieve the program goal. In particular, M&E allows you to:

- Track progress of activities against indicators
- Adapt the strategy as needed against program goals and objectives
- Provide accountability to the audiences, partners and donors
- Assess the success of communication activities
- Identify lessons learned and best practices
- Inform future emergency communication response

In the initial phases of an emergency, M&E systems should remain light and dynamic due to time and resource constraints. As the emergency progresses, more formal M&E systems need to be established. **Table 16** below highlights some essential M&E steps in relation to each of the emergency phases.

Table 16: Key Steps to M&E in Emergency Communication

Pre-Crisis	Preparedness	• Engage partners and stakeholders • Define roles and responsibilities in case of an emergency • Define reporting structures and feedback loops • Determine basic output level indicators that can be used to monitor initial communication response • Establish basic preemptive M&E plan
Initial Crisis	Initial Monitoring	• Conduct systematic collection of output-level data • Conduct monitoring to check quality of communication response • Activate feedback loops • Hold regular review meetings • Communicate results • Make changes to activities as per monitoring results
Maintenance Resolution	Formal M&E System	• Develop formal M&E Plan • Conduct systematic collection of output-level data • Conduct monitoring activities to check quality of communication response • Review and adjust activities as per monitoring results • Hold regular review meetings • Communicate results and adjustments to activities
Evaluation	Evaluation	• Conduct post-emergency evaluation • Gather lessons learned and best practices • Share findings • Use findings to inform future activities to prevent future crisis

Based on the fact that M&E evolves through a communication response, the following steps are recommended to establish an effective system that allows for the monitoring of activities, informs changes where necessary and assesses progress towards the program goal at the end the emergency:

Key Steps for M&E in Emergency Communication

1. Establish Preparedness Systems for Rapid Activation
1. Activate Simple M&E Systems of Early Monitoring
2. Develop and Implement M&E Plan
3. Conduct a Post-Emergency Evaluation

Establish Preparedness Systems for Rapid Activation

Time constraints, limited resources and the panic that characterize emergencies affect the ability to respond rapidly and effectively. Wherever possible, preparatory activities should be conducted in the pre-crisis phase, and M&E is no exception.

In the pre-crisis phase, preparatory activities can support the creation of M&E systems that can be activated quickly should an emergency happen. Examples of such activities include:

- Identification of partners for M&E purposes and definition of coordination mechanisms
- Definition of roles and responsibilities for M&E should an emergency occur
- Definition of reporting structures and feedback loops to allow for regular communication between the national and subnational levels
- Development of simple output-level indicators and reporting forms to assist with initial monitoring, in areas where known emergencies are likely to happen

Activate Simple M&E Systems for Early Monitoring

Typically, at the onset of an emergency, resources are limited, personnel is burdened with multiple demands and time is of the essence. This does not mean, however, that monitoring the communication response activities should be forgone. The M&E component must be considered, planned and budgeted for from the onset of the communication response. In the initial phase, M&E should focus on developing simple, use-oriented and flexible systems that can be adjusted to the changing context.

Monitoring during the first phase of an emergency often involves the systematic collection of **quantitative**, output-level data that can strengthen accountability and inform progress. Examples of indicators that could be used to monitor communication activities in the initial phase include:

- Percent of households reached with messages/door-to-door activities
- Number of leaflets distributed
- Number of radio spots broadcast
- Percent of respondents recalling one message from radio spots
- Percent of respondents knowing that they can call a hotline for information
- Number of calls received by the hotline
- Number of mobilizers trained and deployed

For communication activities it is also important to monitor **qualitative** data that can help inform messages and activities. This type of monitoring allows you to identify bottlenecks early, such as rumors, misunderstandings and negative reactions. Examples of areas that can be assessed through qualitative data include:

- Fidelity in content of information provided by spokespeople, community mobilizers, media and press to the public
- Reaction of communities to the emergency and to the communication activities
- Rumors and misunderstandings
- Fears and concerns that develop among community members
- Reactions to SBCC messages and activities
- Unintended interpretations of communication products
- Barriers to adopting the desired behaviors
- New challenges that need to be addressed
- Information needs of community members and intended audiences
- Identification of vulnerable and at-risk groups
- Identification of most compelling approaches to reach target communities
- Behaviors that aggravate the emergency

Rapid and simple systems and tools should be put in place to collect the above data. **Table 17** below provide some methods that can be used to do so.

Table 17: Data Types and Collection Tools

Quantitative Data	Qualitative Data
Quantitative Data (i.e., numbers and percentages) is often used to answer “what,” “to what extent,” or “how many/much” questions. Examples of the tools used for collecting quantitate data include: • Forms completed by community mobilizers • Surveys (door-to-door and phone SMS) • Logs of phone calls to the hotline • Participants lists • Materials distribution lists	Qualitative data (i.e., types of questions received, reactions in the community and behaviors) is often used to answer “how” or “why” questions. Examples of tools used for qualitative data collection include: • Observation • In-depth interviews • Open-ended questions embedded in door-to-door surveys • Focus group discussions • Log of questions received by hotline • Case studies

Importantly, the data collection systems must be incorporated into regular communication between (1) field teams, (2) M&E teams and (3) communication teams. Communication needs to be ongoing, especially in the initial phases of the emergency when people’s reactions are likely to be unpredictable. Throughout the emergency response, this essential feedback loop can inform activities for improved success.

The box below provides tips for proper continuous and ongoing assessment of the emergency communication response to ensure that messages and communication activities are on track to bring the emergency to an end.



Tips for Setting Up an Effective System for Continuous, Ongoing Reassessment of the Communication Response

- Set-up and/or participate in regular meetings with the communication response team and the national emergency coordination cell.
- Agree with stakeholders and partners what indicators need to be reported on regularly and how.
- Develop data collection templates that can be used by all actors to facilitate data analysis.
- Consider access to and ability to use specific mobile technologies for rapid data collection/monitoring of activities.
- Develop a data information flow chart to share with partners and stakeholders so that they know exactly what information needs to go where and by when.
- Set up a feedback mechanism to liaise with field teams of social mobilizers, spokespeople, outreach personnel, health personnel, community surveillance officers and other relevant individuals on the ground (see Unit 3 for more information).
- Provide mobilizers, spokespeople and other relevant personnel with the necessary knowledge and sensitivity training to identify and report back on important information that can be used to guide the communication response. Examples include: detecting rumors, identifying vulnerable and at-risk groups, detecting barriers to desired behaviors, misinterpretation of messages and traditional or cultural practices that hinder the adoption of desired behaviors.
- Ensure you have systems in place to track if and how the intervention is reaching marginalized and vulnerable populations.
- Train program staff on how to quickly assess data findings to modify SBCC activities, messages, etc., and ensure a system is in place that encourages rapid data analysis and use in programs.

Develop and Implement M&E Plan

In the initial phase, although a basic M&E needs to be structured and guided by tools and a coordination system, it tends to remain flexible and simple to allow for the rapidly changing context. As the emergency stabilizes, M&E should start to become more rigorous and be guided by better defined tools.

One way of doing this is to develop a formal M&E Plan. An M&E plan is a document that defines what data will be collected, and when and how it will be collected. It establishes the system that will guide measurement of the immediate, intermediate and long-term effects of the intervention.

In the resolution phase, it becomes easier to consolidate data from information collected during the initial phase or from rapid needs assessments done to inform activities (see **Unit 2**). As part of the M&E plan, objectives and indicators are defined (see **Unit 6**) to track progress. More information on the development of an M&E plan can be found here.

The M&E plan should be developed in conjunction with the SBCC strategy, but remain a separate document. Generally, it is designed by staff with research or evaluation experience in partnership with program personnel. A complete M&E plan generally contains the seven following elements:

- Identification of the program goal and communication objectives
- Definition of indicators
- Definition of data collection methods and timeline
- Identification of roles and responsibilities
- Creation of a data analysis and reporting plan
- Creation of a dissemination plan

The **program goal** defines the desired outcome resulting from the SBCC program or strategy. In cases of emergencies and outbreaks, the goal is often to stop the emergency.

The **communication objectives** are the desired changes in behaviors or factors that affect behaviors that can contribute to achieving the program goal. Examples of factors that affect behavior include knowledge, attitudes and beliefs (e.g., self-efficacy, perceived susceptibility and perceived severity). Communication objectives should be established on the basis of the rapid needs assessment (see **Unit 2: Rapid Needs Assessment**) and the data collected in the initial phase of the emergency, and they should be SMART (see **Unit 6: Developing Communication Objectives and Indicators**). SMART objectives support the development of well-defined indicators that can be measured.

Indicators are the tools that measure any change and progress toward the behavioral communication objectives as a result of the intervention. Indicators can be used both to monitor and to evaluate the intervention, and they can be of four kinds: input, output, outcome and impact indicators. Process and output indicators are monitoring indicators that measure who the intervention is reaching and how, while outcome and impact indicators are evaluation indicators that provide information on the effects of the intervention. All four types of indicators should be included in the M&E plan. In order to develop these indicators, it is essential to have a clear operational definition. **Table 18** on the next page provides example indicators for each phase of emergency response.

More information on program goal, objectives and indicators, and how to formulate each, can be found in **Unit 6: Developing Communication Objectives and Indicators**.

Table 18: Example Indicators for Each Phase of Emergency Response

Indicator Phase:		Initial	Maintenance	Resolution	Evaluation
Monitoring	Input	- Number of community mobilizers in the program - Number of personnel manning the hotline - Number of radio stations airing messages			
	Output	- Number of community mobilizers trained - Number of radio spots aired - Number of materials distributed - Number of households visited - Number of participants in sensitization sessions - Percent of households visited			
Evaluation	Outcome	<i>Not applicable for Initial phase</i>	- Percent of respondents recalling three messages from the radio spots - Percent of respondents claiming to have adopted at least one new protective behavior - Percent of population demonstrating correct water usage and storage		
	Impact	<i>Not applicable to Initial, Maintenance or Resolution phases</i>			- Percent of households having adopted new behavior - Percent of health services having incorporated recommended practices - Introduction of new recommended policies

Data collection methods and timelines refer to how and when information will be gathered to measure each established indicator. The methods used will depend on the type of indicator being measured and on the source of the required information. Where available, multiple data sources can be used to collect information on indicators and construct a more complete picture of how the communication response is faring. A range of different data sources can be accessed depending on the information being sought. Examples of data sources include, but are not limited

to: program activity monitoring tools, health service statistics, facility logs, referral cards, focus group discussions with representatives from the intended audience groups, community-based or population-based surveys, in-depth interviews, media consumption studies, media ratings, listener-viewer discussion groups, meetings and discussions with emergency management personnel, surveillance officers, health workers and social mobilizers.

Qualitative data sources can be used to gather necessary information on the context and to help explain quantitative data found in other data sources. **Unit 2** includes **Worksheet 2.1: Gathering Existing Data Sources to Inform the Needs Assessment**, which can be used as a starting place for teams developing lists of relevant data sources.

Once a decision has been made on the data that needs to be collected and from which sources, it is necessary to determine the frequency at which it will be collected. This will be influenced by the accessibility of the data sources, the availability of resources and the timeline of the intervention. In an emergency, monitoring data should be collected and shared with partners as frequently as possible to identify and address new issues promptly, report on progress in a timely manner and shape the overall emergency response. Information about data sources and timing of data collection for each indicator should be inserted in a table to be included in the M&E plan. The table can be printed out and shared with all partners working on the communication response so that all are informed of the data required and when it needs to be collected.

Roles and responsibilities should be agreed upon from the early planning stages. Roles and responsibilities identify who is responsible for collecting data for which indicator. It is likely to involve a mix of M&E personnel, research staff and program staff. During an emergency, when multiple partners work together, determining clear roles and responsibilities becomes even more important to ensure effective collaboration and the sharing of accurate information in a coordinated and timely fashion to monitor and inform the emergency response. Importantly, assigning roles and responsibilities should be agreed upon with partners and stakeholders who are involved in the communication response.

The **data analysis and reporting plan** provides details on what data will be analyzed and how the results will be presented. This defines the methods that will be used and who will be responsible for performing the analysis. During an emergency certain indicators will need to be reported regularly and frequently, such as the number of cases affected by the emergency in different geographical areas. Key information can be presented in table format with statistics for each relevant indicator and shared among all partners in the emergency coordination cell. Graphs and charts can be used to present data in a visual way and quickly see trends over time. Qualitative information about possible rumors, misinformation and at-risk behaviors is also important for shaping the communication response, and careful attention must be given to preparing this information in culturally sensitive ways.

The dissemination plan describes how and to whom the data will be disseminated. Questions to consider when establishing a dissemination plan include:

- How often will the monitoring data be shared with partners, stakeholders and audiences?
- How will the M&E data be used to inform staff and stakeholders about the progress and success of the communication response?
- How will the M&E data be used to inform the necessary adjustments to stay on track of the program goal?
- How will the M&E data be used to improve program effectiveness?

The M&E plan should include a plan both for internal dissemination among partners and for external dissemination among other stakeholders and donors. The internal dissemination plan is particularly important during an emergency as this enables monitoring of how the situation is evolving and supports collaboration and coordination of activities among partners. Especially in the initial phases of an emergency, internal dissemination of M&E information among response partners should occur at least on a weekly basis.

Some information may need to be shared more frequently, and both the frequency and in what form it is shared should be agreed upon in partnership with relevant stakeholders from the onset. As the emergency stabilizes, the frequency of information sharing may reduce; however, it should still happen on a regular basis as this can also act as

an early warning system should the situation change. Post-emergency, evaluation data will be disseminated internally and externally among stakeholders and donors to highlight successes, lessons learned and promising practices.

For both internal and external dissemination, involving affected communities through a participatory approach is recommended. Keeping communities informed of progress and providing them with feedback on the successes, challenges and areas of improvement of the emergency response has several important functions, including:

- Increasing accountability and building trust among communities
- Promoting community ownership of activities and long-term changes
- Supporting community engagement
- Aiding the healing process and supporting communities to rebuild post-emergency

Once you have developed your M&E objectives, you can use the checklist in **Worksheet 9.1** to assess whether they are SMART and to identify how to improve them.

WORKSHEET 9.1: DEVELOPMENT OF AN M&E PLAN

Purpose: This worksheet provides a template that can be support the development of Steps 2 to 4 of the M&E plan (to insert the necessary information for the M&E plan (definition of indicators; definition of data collection methods and timeline; identification of roles and responsibilities)

Directions: Use the tables below to input the required data for your M&E plan

When completed, the first table can be shared with relevant partners to inform them of the data being collected, how and by whom.

When completed, the second table can be used to report regularly to the emergency response team and shape the intervention.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

On the table below, list all program indicators, how they will be measured, when and by whom. When completed share with all emergency communication response partners.

Indicator	Data Source(s) for Measuring Indicator	How Measured	Frequency of Data Collection	Person Responsible/ Data Manager

The table below can be used to update the emergency coordination cell on key indicators. It can be designed on an excel spreadsheet to allow inclusion of data over the course of the whole emergency, not just up until Week 5, as presented below. Graphs and charts can be used to represent information visually.

Key Indicator	Baseline	Week 1	Week 2	Week 3	Week 4	Week 5

More information on how to make graphs and charts in excel can be found at:

<https://support.office.com/en-us/article/Create-a-chart-0baf399e-dd61-4e18-8a73-b3fd5d5680c2>

Conduct a Post-Emergency Evaluation

Ongoing monitoring of relevant indicators is vital for early identification and correction of problems. The monitoring data however, is also important to generate information for evaluation, which must be carried out at the end of the emergency.

The aim of post-emergency evaluation is to assess the relevance, performance and success of the communication response. It should measure behavioral, organizational and social changes that contributed to ending the emergency as a result of SBCC activities. Key questions that post-emergency evaluation should attempt to answer include:

- Was the communication response timely and coordinated?
- Were the strategies adopted appropriate?
- Has the overall program goal been achieved?
- Have the behavioral communication objectives been achieved?
- Which desired behaviors were most important in curbing the emergency?
- What was successful about the intervention?
- How sustainable are the changes made?
- How did the communication response contribute to the overall emergency response?
- What were the strengths and weaknesses of the communication response?
- What are some of the lessons learned?
- What gaps, if any, exist and how should they be addressed?

Post-emergency evaluation should therefore aim to identify what worked effectively and why, what can be learned and improved, and how likely it is that a similar emergency can be prevented in the future.

Importantly, post-emergency evaluation should also gather information and lessons learned from partners and record these for future use. Perspectives from partners and stakeholders, including affected communities, should be captured. Including affected communities in the evaluation process and sharing the results with them can help the healing process and support communities to rebuild themselves from the aftermath of the emergency.

Post-emergency evaluation is likely to take time if carried out properly, and can provide valuable insights into how to respond effectively to similar crisis in the future. It should be conducted by experienced research and/or M&E personnel, and results should be shared with all national and international stakeholders to build global capacity to respond effectively to emergencies.

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Attitude: In SBCC programming, attitude generally refers to the way people think or feel about the behavior being addressed.

Audience: The population or group of people targeted by the intervention. Sometimes this is also referred to as the “intended audience.”

Audience Analysis: The process used to explore and identify the priority and influential audiences of an SBCC intervention.

Barriers: In SBCC, barriers are factors that stand in the way of adopting or sustaining a desired behavior. They can include social norms, cultural practices, societal structures and behaviors that hinder the ability of individuals to engage in the desired behaviors.

Communication Channel: The method or medium used to transmit a message to the intended audience.

Community Mobilization: *See Social Mobilization.*

Culture: The beliefs, customs, traditions and behaviors of a particular society or social group. Culture tends to be deeply entrenched and can therefore influence behaviors and the way particular messages and activities are received. In SBCC programming, being aware of culture and how it affects beliefs and behaviors is important for the development of effective interventions.

Emergency: An acute event that characteristically takes a population by surprise and, most likely, spreads fear and anxiety.

Emergency Preparedness: A continuous cycle of planning, organizing, training, equipping, exercising, evaluating and taking corrective action in an effort to ensure effective coordination during a response.

Facilitators: In SBCC, facilitators are factors that support the audience to engage in the desired behaviors. Like barriers, these can include social norms, societal structures and dominant beliefs and practices.

Grey literature: Literature (e.g., reports, research and studies) produced by academic institutions, government, businesses, non-governmental organizations or other organizations that are not been controlled by commercial publishers.

Indicator: A variable used to measure the current situation and any change or progress towards the objectives as a result of the intervention.

Influential Audience: The influential or “secondary” audience refers to the population or populations who interact with and exert influence on the priority audience.

Inputs: This term relates to resources, contributions and investments that go into a program. Input indicators are a type of process indicator that provides information about the scope and quality of the activities being implemented.

Interpersonal Communication (IPC): IPC involves a personal interaction with the intended audience that can be one-to-one, in small groups, large groups or in a forum. Examples include counseling, peer-education, phone lines, parent-child, teacher-student, spousal communication and support groups.

Key Benefit: A key benefit expresses how the audience will benefit from engaging in the desired behavior. It should be a benefit that resonates with the audience and hooks the audience into taking action.

Lead Channel: This is the main communication channel used in an SBCC intervention. It is the one that is likely to have the greatest reach and through which most of the information and messages are disseminated.

Mass Media: A communication channel that can reach a wide audience at the same time. Examples include television, radio, newspapers, movies, magazines and the Internet.

Mid Media: Sometimes referred to as folk or traditional media, mid media involves activities that gather large groups of people and that frequently have an entertainment component. Examples include participatory theater, sports or music events, public meetings or interactive storytelling.

Media Mix: The combination of channels used to maximize reach and effectiveness of an SBCC intervention.

Norms: These are informal guidelines about what is considered “normal” social behavior in a particular group or social unit. Norms form the basis of collective expectations that members of a community have of each other and they can play a key role in influencing behaviors by exerting pressure on individuals to conform, whether this is perceived or not.

Outcomes: The changes or results of the intervention experienced by the intended audiences. Outcome indicators are a type of performance indicator and they are used to measure progress towards results and evaluate the effects and impact of an intervention.

Outputs: The activities, services, events and products that reach the intended audiences. Output indicators are a type of process indicator that help determine the scope and quality of the activities being implemented.

Process Indicators: These are variables that provide information about the scope and quality of activities being implemented. They are used for monitoring and consist of inputs and outputs.

Priority Audience: Also known as the “primary” audience, this term refers to the population whose behavior the SBCC intervention aims to change. It is not always the most affected audience, but rather the audience whose behavior change is most likely to lead to the desired outcome.

Psychographics: These are the attributes that describe personality, attitudes, beliefs, values, emotions and opinions. Psychographic characteristics influence behaviors.

Qualitative Data: Descriptive data that tends to provide the reasons for quantitative findings. It helps explain an issue by emphasizing the what, why and how.

Quantitative Data: Data that provides numbers, such as information on how many, how often and what percentages. It is usually based on surveys with large, statistically representative groups of people.

Risk Perception: This term refers to the level of threat that an individual feels of being affected by the negative consequences of a particular behavior.

Segmentation: In SBCC this term refers to dividing a large population into smaller subgroups of audiences in order to design more effective programs and messages.

Self-efficacy: This refers to the individual’s perceived ability to engage in the desired behavior.

Social and Behavior Change Communication (SBCC): SBCC is the strategic use of communication approaches to promote changes in knowledge, attitudes, norms, beliefs and behaviors. The terms BCC and SBCC are interchangeable, and they both refer to the coordination of messages and activities across a variety of channels to reach multiple levels of society, including the individual, the community, services and policy.

Social Mobilization: Sometimes referred to as community mobilization, this term is used to describe work with communities to achieve individual and/or collective change and the broad spectrum of activities undertaken to support communities in determining and improving their own health and wellbeing.

Social Norms: These are the rules and standards of behaviors shared by members of a social group.

Stakeholders: Those who are involved in or affected by the issue being addressed. These can include public, private and non-governmental organization sector agencies, relevant Government Ministries, service delivery organizations, audience members and beneficiaries, advertising agencies, media and technical experts.

- Austin, L., Fisher Liu, B., & Jin, Y. (2012). How audiences seek out crisis information: Exploring the social-mediated crisis communication model. *Journal of Applied Communication Research*, 40(2), 188-207.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational behavior and human decision processes*, 50(2), 179-211.
- Bandura, A. (1999). *Social cognitive theory: An agentic perspective*. *Asian journal of social Psychology*, 2(1), 21-41.
- Bronfenbrenner, U., & Bronfenbrenner, U. (2009). *The ecology of human development: Experiments by nature and design*. Harvard university press.
- C-Change. (2012). *C-Modules: A Learning Package for Social and Behavior Change Communication (SBCC)*. Washington, DC: C-Change/FHI 360.
- California Department of Health Services (2006) Crisis & Emergency Risk Communication Toolkit. *Workbook for Use by Local Community Water Systems in California*. March 2006.
- Cohen, L., Baer, N., Satterwhite, P., & Wurzbach, M. E. (1994). *Developing effective coalitions: an eight step guide*. Contra Costa County Health Services Department, Prevention Program.
- Community Tool Box. Designing Community Interventions. <http://ctb.ku.edu/en/table-of-contents/analyze/where-to-start/design-community-interventions/tools>
- Covello, V. T. (2002, October). Message mapping, risk and crisis communication. *In Invited paper presented at the World Health Organization Conference on Bio-terrorism and Risk Communication*, Geneva, Switzerland.
- EPA United States Environmental Protection Agency (2007) Risk Communication in Action. *The tool of message mapping*. <http://nepis.epa.gov/Adobe/PDF/600001IOS.pdf>
- Glanz, K., & Bishop, D. B. (2010). The role of behavioral science theory in development and implementation of public health interventions. *Annual review of public health*, 31, 399-418.
- Global Polio Eradication Initiative (2015) Responding to a Poliovirus Outbreak. *Standard Operating Procedures for a New Polio Outbreak in a Polio-Free Country*. February 2015.
- Health Communication Capacity Collaborative (HC3) (2014). Demand Generation for 13 Life-Saving Commodities: A Synthesis of the Evidence. Baltimore: Johns Hopkins Bloomberg School of Public Health Center for Communication Programs.
- The Health Communication Collaborative (2015) Ebola Preparedness Implementation Kit. <http://sbccimplementationkits.org/ebola/courses/ebola-preparedness-i-kit/>
- The Health Communication Collaborative (2015) Urban Adolescent SRH SBCC Implementation Kit. <http://sbccimplementationkits.org/urban-youth/>
- The Health Compass (2015). Ebola Preparedness Implementation Kit. <http://sbccimplementationkits.org/ebola/courses/ebola-preparedness-i-kit/>
- The Health Compass (2015). How to Do an Audience Analysis. <http://www.thehealthcompass.org/how-to-guides/how-do-audience-analysis>

The Health Compass (2015). How to Conduct a Situation Analysis. <http://www.thehealthcompass.org/how-to-guides/how-conduct-situation-analysis>

The Health Compass (2015). How to Design SBCC Messages. <http://www.thehealthcompass.org/how-to-guides/how-design-sbcc-messages/>

The Health Compass (2015). How to Develop a Communication Strategy. <http://www.thehealthcompass.org/how-to-guides/how-develop-communication-strategy>

The Health Compass (2015). How to Develop a Logic Model. <http://www.thehealthcompass.org/how-to-guides/how-develop-logic-model-0>

The Health Compass (2015). How to Develop a Monitoring and Evaluation Plan. <http://www.thehealthcompass.org/how-to-guides/how-develop-monitoring-and-evaluation-plan>

The Health Compass (2015). How to Develop Monitoring Indicators. <http://www.thehealthcompass.org/how-to-guides/how-develop-monitoring-indicators>

Howard-Grabman, L., and Snetro, G. (2003). How to Mobilize Communities for Health and Social Change. Health Communication Partnership. <https://www.k4health.org/toolkits/leadershipmgmt/how-mobilize-communities-health-and-social-change>

Kittle, B. (2003). A Practical Guide to Conducting Barrier Analysis. Helen Keller International, New York.

Mercy Corps. Guide to Community Mobilization. <https://www.mercycorps.org/sites/default/files/CoMobProgrammingGd.pdf>

Ministry of Health and Family Welfare, Government of India (2012) Intensification of Routine Immunization. Communication Operational and Technical Guideline. http://UNICEF.in/Uploads/Publications/Resources/pub_doc24.pdf

O'Sullivan, G.A., Yonkler, J.A., Morgan, W., and Merrit, A.P. (2003). A Field Guide to Designing a Health Communication Strategy. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs.

PAHO (2009). Creating a Communication Strategy for Pandemic Influenza. PAHO/WHO, April 2009.

Petty, R. E., & Cacioppo, J. T. (1986). *Communication and persuasion: Central and peripheral routes to attitude change*. New York: Springer-Verlag.

Petty, R. E., & Cacioppo, J. T. (1981). *Attitudes and persuasion: Classic and contemporary approaches*. Dubuque, IA: W. M. C. Brown.

[Popova, L. \(2012\). The Extended Parallel Process Model Illuminating the Gaps in Research. *Health Education & Behavior*, 39\(4\), 455-473.](#)

Population Services Kenya (2013). IPC Survival Guide. *A Compilation of Best Practices for IPC Implementation by PSK*. Population Services Kenya, Nairobi, Kenya.

Siebert, S., Michau, L., and Letiyo, E. (2009). *Guiding principles for community mobilization, in Principles of Community mobilization Series Staff Skills Building Raising Voices*. Rising voices, Kampala, Uganda. <http://www.raisingvoices.org>

Stratten, K., Ainslie, R. (2003). Field Guide: Setting Up a Hotline. Filed Guide 001. Baltimore, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs.

UNHCR (2006). Guidance Note 10. Community Mobilization, in Handbook for the Protection of Internally Displaced Persons. UNHCR, Geneva.

[Rimer, B. K., & Glanz, K. \(2005\). Theory at a glance: a guide for health promotion practice \(Second edition\).](#)

Rogers, Everett M. (2003). *Diffusion of Innovations*. Fifth Edition. New York: Free Press, Simon & Schuster Inc.

[UNICEF and AI.COMM \(2009\). Social Mobilization and Behavior Change Communication for Pandemic Influenza Response: Planning Guidance.](#)

[WHO \(2012\). Communication for Behavioral Impact \(COMBI\). A toolkit for behavioral and social communication in outbreak response. World Health Organization, Geneva, 2012.](#)

[Witte, K. \(1992\). Putting the fear back into fear appeals: The extended parallel process model. *Communications Monographs*, 59\(4\), 329-349.](#)

Unit 3

- Sample Job Description for Social Mobilizers
- Ethical Principles for Community Spokespeople and Social Mobilizers
- List of Community Mobilization Activities
- Channels for Community Mobilization

Unit 5

- Questions to Help Analyze Data for Audience Profiling

Unit 7

- Communication Channel Quick Reference

Unit 8

- Sample Template Message Map for Cholera
- Seven Steps to Developing Messages Maps

Below is a sample job description for Social Mobilizers to be recruited for community mobilization activities throughout all phases of an emergency. It is intended to guide you in developing your own job description relating to the needs of your situation.

Background: In a few sentences provide an overview of your intervention, its objectives, its scope, any relevant stakeholder and how the social mobilizer's role relates to the intervention.

Essential Job Duties: Provide a brief description of the main duties of the mobilizers such as initiating and developing social activities, engaging community members, promoting collective analysis of community needs and collective action to address those needs. You should also include any supervisory and support structures associated with the role and any remuneration.

Specific Tasks: The following tasks will need to be revised depending on the requirements of individual organizations, however, it is likely that many of the tasks listed will be relevant to most situations.

Coordination:

- Liaise regularly with the local/subnational/national communication cells and support them in implementing all activities related to community participation in their community. This includes but is not limited to: selection and training of volunteer/peer educators, identification and engagement of local stakeholders, delivery of awareness-raising activities and events, facilitation of group discussions.
- Liaise with health services and other relevant providers.
- Coordinate community and opinion leaders to ensure uniformity of messages relating to the emergency.
- Maintain contact and coordinate with relevant local authorities and other partners in the area to ensure coordinated activities and messages.
- Liaise with local organization in the area to support harmonization of messages and activities.

Community Mobilization

- Engage in community entry processes with community leaders to discuss community mobilization activities, and gain support and buy-in.
- Promote trust, tolerance and cooperation among community members.
- Initiate action to mobilize and engage the local community and assist community members to identify needs and generate solutions.
- Assist communities in obtaining information and knowledge that will support them in changing risk behaviors.
- Promote participation by community members, with special consideration for at-risk populations and those who are often excluded from decision-making processes and from activities.
- Motivate and encourage potential local leaders and other key influencers in the community to become involved in community mobilization activities related to the emergency.
- Share key messages about the issue causing the emergency, signs and symptoms, and protective behaviors with the community. Inform communities of where support can be obtained should any risk signs be detected.
- Form and facilitate groups of community members to discuss the problem.
- Mobilize community members into taking protective actions.

- Facilitate small group activities with community members to address barriers to behavior change, and develop community action plans.
- Design, organize and implement community based activities to attract community members and engage with the subject matter being addressed.
- Depending on the type of emergency and if appropriate, set up and coordinate large-scale entertainment education activities such as concerts, film screenings and other events to raise awareness of services and key messages and promote discussion.
- Identify and liaise with potential leaders and community members who could influence behaviors in positive ways.

Capacity Building

- Equip community and opinion leaders with the necessary skills and knowledge to foster protective behaviors to address the emergency.
- Support leaders, peer educators and other influential individuals to divulge the desired messages.
- Contribute to equipping community members with the skills and knowledge that can empower them to face the emergency. Support local organizations to deliver key messages and activities in the community.

Monitoring & Evaluation

- Support continuous needs assessment in the community by organizing and leading participatory activities to highlight areas of importance.
- Monitor actions being implemented and share resulting data with relevant parties, such as supervisors, the communication cells, other stakeholders and the community members themselves.
- Compile reports as required.

Requirements

- Ability to speak and listen well in the relevant local languages and the national language
- Ability to write and read in the national language
- Ability to talk to small and large groups without showing fear or arrogance
- Ability to learn mobilization skills that bring people together
- A commitment to the cause being addressed Honesty, transparency and respect
- Motivated and able to work on own initiative
- Ability to observe and analyze situations
- Desire to acquire further training and skills

Ethical Principles for Community Spokespeople and Social Mobilizers

Spokespeople and mobilizers will be important allies for communication activities and in supporting communities to engage in protective behaviors that can eventually halt the outbreak. Training these allies is important to ensure that they are adequately prepared to deliver the required activities and messages. Although specific training needs will be determined according to the local situation, some ethical principles are overarching when working with communities and individuals. Below is a list of five of these principles that we recommend you share with spokespeople and mobilizers.

Respect for all persons: The principle of respect, valuing each individual's ideas, opinion, beliefs and practices, regardless of that person's background. In particular, this extends to vulnerable and marginalized groups who are often considered less worthy of respect. Spokespeople and mobilizers need to acknowledge the equal value of these and of all individuals, respect their autonomy and ensure they are all included in their messaging and activities.

Impartiality: Spokespeople and mobilizers should not judge or discriminate against any individual based on their background, history or behaviors.

Confidentiality: When talking with community members about specific behaviors, spokespeople and mobilizers may come across personal information. It is important that they respect the confidentiality of that information. Mobilizers and spokespeople should guarantee the privacy of both individuals and their families.

Accuracy: Getting the facts right is crucial to ensuring that the population has correct information to limit the spread of rumors. It is a moral duty of mobilizers and spokespeople that they be trained on the facts and messages they need to share with community members. They should feel comfortable to say when they do not know something. If the community raises concerns that mobilizers and spokespeople are unable to answer, there should be referral mechanisms in place to support them in accessing the right information to address those concerns.

Do no harm: As a general rule, people working with communities should be guided by the principle of limiting potential harm. This includes showing sensitivity to people who have experienced trauma as a result of the emergency, respect for their privacy, providing factually correct information and an awareness that some community members may be affected emotionally by the emergency.

Community mobilization aims to mobilize and engage community members to address a particular cause. Engagement of community mobilizers needs to happen early and individuals need to be involved from the definition of the problem through to the generation of adequate solutions. The level of engagement of individuals may vary depending on their interest and capabilities. They may just listen to some messages on the radio, participate in meetings and events, or they can proactively design, organize and implement activities. Below is a list of activities that can be used to mobilize communities into action. The list below provides some of the many ways to mobilize community members however use your creativity to think of other ways to mobilize community members.

Community meetings to discuss an issue with community leaders, which may include traditional, religious and local political leaders, among others.

Public debates in which community members question leaders on a specific, predetermined topic. These debates can be recorded on the radio and then broadcast.

Puppet shows and participatory theatre where audiences are encouraged to participate by developing alternative scenarios that would lead to better outcomes.

Village literacy fairs where information about a predetermined topic is shared.

Dance and concerts conveying key messages. The events can be recorded and screened through cinema units or made to go viral on the Internet.

Mobile cinema units screening short films addressing a specific topic and followed by discussions and questions/answer sessions. Sporting events and competitions where messages are conveyed before and after the games and at halftime.

Listening groups to listen to and discuss a particular radio program.

Quiz competitions between teams addressing knowledge of a specific topic.

Print media such as leaflets and cartoon strips for distribution in the community.

Community coalitions made up of people who practice desired behaviors, or who have survived the outbreak and can act as positive role models and decrease stigma.

Door-to-door sessions where mobilizers enter household to discuss the outbreak and protective practices in privacy.

Storytelling in which a narrator recounts a pertinent story which may be real or fictional, to highlight key messages and the importance of protective behaviors.

Radio is a type of mass media that can reach wide audiences.

Advantages	Disadvantages
• Can reach large audiences. • Is appropriate for communities with low literacy. • Is an effective means for reaching communities that do not have access to other mass media such as television or newspapers. • Can incorporate some interaction by doing call-in shows, SMS feedback, or open microphone programs. • Can be used for short, factual public announcements (appropriate in the initial phases of an emergency) or longer debates or serial dramas to address stigma and dominant norms in the later phases of the emergency. • Is a relatively cheap channel, especially if compared to television. • May be a good for emergencies caused by a highly contagious disease and people do not leave their homes.	• Despite offering variations to include some interaction with the listeners, it tends to be a one-way channel and it is difficult to gauge how listeners are responding to the messages. • Despite having a wide reach, a radio may be controlled by one member of the family who decides what to listen to and when. As such, intended audiences not may be reached. • In some remote communities, using the radio may pose some logistical problems such as procuring fuel for the generator and ensuring appropriate maintenance of the equipment.
When to Use Radio: • Radio is effective for raising awareness and increasing knowledge of a particular issue. In an emergency, radio can be helpful to make the public aware of the facts relating to the emergency, to dispel rumors, and to promote simple protective behaviors. • Through the broadcasting of serial dramas, reality programming, and debates, radio can also start to challenge stigma and dominant norms that may be necessary in the later phases of an emergency.	
Tips: • Look for ways of making radio programs participatory. For example include competitions, encourage listeners to write-in, call-in or text-in, record programs in public for audiences to attend, or have open microphone sessions. A great way to leverage radio for community engagement is to organize facilitated radio discussion groups in communities where community members can reflect on the messages and actions that characters on that radio program had taken. • Contact the radio station after a program should have been aired to ensure it has actually occurred as planned. • Ensure that the key messages are summarized at the end of each program. • Where possible, involve beneficiaries and community members in the production and dissemination of programs. For example, community radio stations can interview health service providers, local traditional and religious leaders and role model community members who have been mentored in messaging and public speaking. • If possible, consider recording some programs, such as public debates, in the community so that people can attend and feel more engaged. • Ensure programs are in the relevant local language or languages.	

Interpersonal communication (IPC) involves a personal interaction with the intended audience that can be one-to-one, in small groups, large groups or in a forum. IPC can be delivered in various formats: in person, over the phone (e.g., a hotline) or via social media. In the case of community mobilization, IPC tends to be delivered in person. A range of individuals can facilitate IPC, including health providers, social mobilizers, peer educators or teachers. Facilitators should be supported through regular supervision and training, to ensure the delivery of quality activities and to assist those who may become emotionally affected the constant contact with people affected by the emergency.

Advantages	Disadvantages
• Can be an effective means for promoting reflection on a specific topic, generating solutions and challenging resistant behaviors. • Provides a private setting for discussing sensitive topics and allowing participants to raise personal concerns. • Allows for targeting the intended audience alone. • Small group discussions can prompt social interactions that can lead to the creation of personal support network to face the emotional challenges linked to the emergency. • IPC facilitators can also act as focal points in the community for information on the issue causing the emergency.	• The facilitators need to be trained properly for IPC to be effective. • Regular supervision of the facilitators and oversight is necessary to guarantee quality. • Repeated sessions and meetings are necessary to challenge norms and to start promoting changes in behavior. • Regular attendance may be a challenge for some individuals. • IPC may not be appropriate in emergencies that are caused by highly contagious infections. • Cannot be delivered effectively with mobile populations as they would be unable to reap the benefits of repeated meetings.
When to Use IPC: • IPC is particularly useful to challenge dominant concerns relating to an issue. It provides a forum to share key information, address fears linked to the emergency, dispel rumors, and generate coping strategies. • As IPC allows for the selection of an intended audience, it can be used to address behaviors that affect specific groups of individuals.	
Tips: • Where possible, support facilitation using visual or audio aids. • Consider working with community groups to develop action plans or roadmaps that lead to optimal health behaviors. • Consider organizing listening groups during a radio program addressing the emergency to reinforce the messages of the program. • Ensure that facilitators are adequately trained, supervised and supported to deliver high quality activities. • Set up a system to support facilitators who may become emotionally affected by being in regular contact with people affected and possibly traumatized by the emergency. • Have a system in place for facilitators to refer to when they are unable to answer questions or deal with a situation. • Make communication interactive, stimulate discussion and encourage participants to share their concerns and ideas. Avoid lectures and one-way communication.	

Community-based Surveillance is the organized and rapid capture of information about events and cases that are a potential risk to public health. In an emergency, the information being captured would relate directly to the outbreak and can include rumors, detection of particular symptoms or new cases, and monitoring of behaviors. Information gathering can occur through formal channels such as established reporting systems, or it can occur through informal channels such as the media and anecdotes from community members. Community-based surveillance generally involves selecting volunteers, who are knowledgeable about their community and its structures, to act as monitors.

Monitors are trained to detect and report any event that can indicate a risk factor, such as the presence of a disease or the introduction of rumors. Monitors can also alert community members to the presence of a problem and share information on protective behaviors.

Advantages	Disadvantages
• Promotes active community participation and increases ownership. • Empowers collective action. • Can detect promptly issues that need to be addressed through communication activities.	• Requires appropriate training of community monitors. • Monitors need to detect triggers and signs with a high degree of accuracy. • If the surveillance system is not established in a transparent and participatory way, it can lead to suspicion and mistrust among community members.
When to Use Community-based Surveillance: • Community-based surveillance is an important part of community engagement and can be utilized from the initial phases of an emergency. • It can help the health system by identifying potential cases early, and it can help communication activities by detecting rumors and harmful behaviors. This is important at all stages of an emergency.	
Tips: • Identify and select the community-based monitors according to the required protocol and in partnership with leaders. • Ensure that the monitors have in-depth knowledge of their community, its structures and its inhabitants, and that they are trusted members of the community. • Be transparent about the selection of monitors and their roles and keep communities informed of what they are doing to reduce mistrust. • Develop a list of clear events and triggers for the monitors to beware of. Triggers could be signs of illness among target populations, people traveling from highly affected areas or engaging with particular high risk practices for example. • Create well-defined information flows and reporting systems to guarantee prompt referral of any case or relevant information.	

Mobile Phone Technology involves using a mobile phone platform to share information relating to a specific topic. It can include one-way communication with the user receiving important information such as lifesaving practices in an emergency, or it can be developed in a way that the user can report information or ask specific questions. Examples of these mobile phone technologies include: SMS (text messages), RapidSMS: RapidPro (<https://community.rapidpro.io/about-rapidpro/>), and Ureport (http://ureport.ug/about_ureport/). Read about how RapidPro has been used in Liberia to help fight Ebola at the end of this section.

Advantages	Disadvantages
• Allows for the delivery of rapid, real-time information to a large number of people. • Can connect community members to services. • Allows for information to be sent at any time of day or night. • Can be a private, confidential way of accessing users. • Allows users to share information of what is happening in their communities.	• Is dependent on audiences having access to a phone (or the resources to provide them and/or airtime) and on the existence of a functioning and reliable mobile phone network. • Does not allow for much interaction with the user, although new applications (such as RapidPro and Ureport) are beginning to improve on this aspect.
When to Use Mobile Phone Technology: • Mobile phone technology is particularly useful when vital information needs to be shared with the public quickly. This can include informing them of signs and symptoms relating to a disease and what to do or where to go should these occur. • It is also useful for collecting real-time data.	
Tips: • Assess the reach of mobile phones in the country/areas of interest. • If multiple mobile phone providers are available, try to make a deal with all networks or select the one with the greatest reach. • Where possible, require those who join the service to provide their sociodemographic data as this will help you monitor the audiences you are reaching. • Review existing platforms for mobile phone technology to save time and money. • Consider using voice recordings rather than messaging in areas where literacy levels are low.	

Using RapidPro to Fight Ebola in Liberia

In Liberia, UNICEF and the Ministry of Health launched an application available on RapidPro called mHero (Mobile Health Worker Ebola Response and Outreach) to support efforts to fight the Ebola epidemic. mHero is used to report on new cases; broadcast messages about care and prevention; share training information. Further the application also allows for real-time coordination between the ministry and the health workers. For more information go to <http://www.mhero.org/>

To support the assessment and selection of available channels, the reference section that follows describe the five main categories of communication channels, including examples of each type of material and format, the advantages and disadvantages of each channel and when best to use them.

MASS MEDIA

Mass media refers to communication channels that can reach a wide audience at once. Examples of materials and formats include:

- Advertisements, serial radio dramas, public service announcements or talk shows on TV and radio
- Newspapers or magazine articles or newsletters
- Transit advertisements on busses or taxis
- Billboards or murals in strategic locations that can be seen by wide audiences

Advantages	Disadvantages
• Can reach large audiences at once • Radio and television can be appropriate for audiences with low literacy • Can be an effective means for delivering brief, key messages relating to the emergency • Television and radio offer the possibility of developing serial dramas which engage audiences with plot lines to support long-term changes in social norms • Can be an effective means for reaching audiences in emergencies caused by a contagious disease where isolation is recommended • In some settings, newspapers can be effective in reaching decision-makers	• Tends to be a one-way communication channel with little or no interaction with the intended audience • Television tends to be expensive and may only be accessible to people living in urban settings and having access to electricity • Newspapers are not appropriate for audiences with low literacy • Reaching large audiences makes it harder to meet specific needs of smaller audience segments
When to Use Mass Media: • Mass media is an effective means for raising awareness and increasing knowledge of a particular issue. In an emergency it is a useful channel in the initial stages to alert communities to the emergency, promote key protective behaviors, encourage service utilization and dispel rumors. • Mass media can also be used as the emergency evolves to reinforce positive behaviors and encourage the public to continue engaging in protective practices.	
Tips for Using Mass Media: • Consider combining mass media with other communication channels to increase effectiveness. An example would be organizing listening groups at broadcast times of relevant radio programs to allow for more in-depth discussion about the issues being addressed and maximize the benefit of the radio program. • Contact the media channel for follow-up analysis to ensure that the product placement has occurred as planned. • Ensure billboards and transit ads contain simple, visual messages as people will need to notice them quickly as they pass by. • Where possible, involve community members or other beneficiaries in the production and dissemination of mass media. • Ensure that messages and images are contextually appropriate and in the relevant local language. • Review local norms, customs and practices to localize mass media. National radio programs may need to be reinforced by broadcasting locally adapted programs through community radio. • News articles and billboards also need to be adapted according to local needs.	

MID MEDIA

Mid media, sometimes referred to as folk or traditional media, involves activities that gather large groups of people and that frequently have an entertainment component. Examples of materials and formats include:

- Community drama/participatory theater performances
- Interactive storytelling
- Music or sports events where specific messages are promoted before, after and during the games
- Community shows or fairs
- Traditional dance and music performances
- Announcements in places of workshops, rallies, processions or community celebrations
- Public meetings and public debates to exchange ideas about particular resistant behaviors
- Announcements via megaphone in the community

Advantages	Disadvantages
• Can be helpful in raising awareness about a particular issue among community members • Some types of mid media activities, such as participatory theater or debates, can facilitate interaction and sharing of ideas • Can be an effective strategy to address rumors and misconceptions • Involves entertaining activities and can therefore attract large audiences • Less expensive than mass media • Can allow for the use of influential channels for certain audiences (for example, when using places of worship as a vehicle)	• Does not allow responses to personal queries and concerns • Some mid media activities, such as theater, require adequate skills and proper preparation and rehearsal time • Little control over who will attend activities, making it harder to target specific audiences • May be challenging to monitor the audience's understanding of messages and any effects of the activity as crowds tend to leave immediately after
When to Use Mid Media: • Mid media can be an effective way to raise awareness in the initial stages of an emergency as it gathers large audiences in non-threatening settings. • Mid media can be helpful in dispelling rumors by using activities and channels that are understood by the community and culturally appropriate. • Public debates between leaders and community members can be effective in addressing particularly resistant behaviors and developing solutions.	
Tips for Using Mid Media: • Ensure that local protocol is respected (for example, obtaining approval from local leaders) when delivering mid media activities in the community. • Include an element of interaction with the audience whenever possible. • Ensure that key messages are clear and summarized at the end of an activity to remind audiences of important information. • Where possible, hold a discussion with the audience after an activity to assess understanding and identify further information needs. • Consider supplementing mid media activities with print materials to reinforce messages and to allow audiences to take key information home and analyze it further.	

PRINT MEDIA

Print media refers to primarily paper-based materials that are used to reach intended audiences through written words and/or images. Examples of materials and formats include:

- Leaflets, pamphlets and flyers containing key information such as preventive actions, identification of symptoms or where and how to access support.
- Posters placed in key locations, such as health centers.
- Informational factsheets and cards to supplement information obtained from other channels.
- Advocacy letters to solicit support from authorities, decision makers or donors.

Advantages	Disadvantages
• Contain helpful reminders for key messages • Are effective in supplementing information provided by other communication channels • As print materials can be taken away, they can have wider reach • Can be placed strategically in identified locations, such as health centers, pharmacies or relevant gathering • Allows users to review and think about messages in private • Allow for providing detail about particular facts with literate audiences • Can be less expensive than mass media	• Can be easily lost or destroyed • Special consideration is required for low literacy audiences, such as including more visual content • It is a one-way communication channel that does not allow the audience to ask questions or dig deeper into particular issues
When to Use Print Media: • Simple, highly visual print materials can be effective in reinforcing key messages. • Print materials are helpful channels for health providers, social mobilizers and peer educators to explain important information such as transmission, symptoms and prevention to community members. • Can prove useful with mobile populations who can keep the material and access the information at a later date.	
Tips for Using Print Media: • Ensure that print materials are clear, culturally appropriate and in the appropriate languages. • Resist the temptation to overload print materials with information. Only include key messages that will keep the materials clear and focused. • With low literacy audiences, include visuals and limit text. • Ensure you have distribution plan in mind when developing print materials, which will increase their likelihood of being used. • Consider distributing print materials during activities such as sensitization session, community meetings or entertainment education events. This can help reinforce messages and remind audiences of key information that was shared during the activity.	

DIGITAL AND SOCIAL MEDIA

This is a relatively new channel that is growing rapidly, particularly in urban areas. It includes the use of mobile phones, smart phone applications and the Internet to disseminate messages and information. Examples of materials and formats include:

- SMS platforms to disseminate key messages to all mobile network users
- Websites and Facebook pages
- Virtual chat rooms where users can post questions and concerns
- Blogs to share information and experiences

Advantages	Disadvantages
• Some forms of digital and social media, such as SMS, are private and confidential and can be used to share delicate information • An exchange can be created with the users by including quizzes, a question and answer platform or a user forum • If users of the chosen channel are asked to register, this can provide a system for collecting data about users and monitoring how the channel is being used • Many forms of digital and social media are relatively cheap • Information can be changed and updated regularly, at any time of day or night	• In some areas, reach of digital and social media is still limited. Generally this communication channel is only accessible in some parts of urban settlements where good internet connectivity is available • Access to mobile phones may be limited • Websites, blogs and virtual chat rooms require dedicated personnel to control content of what is being posted and to manage and update information • Literacy is required for use of most digital and social media
When to Use Digital and Social Media: • SMS messaging with mobile phones can be effective in reminding the audience of key information, for example signs and symptoms, protective actions and where to access support services. • Mobile phone platforms can be used as a communication tool for alert mechanisms and community based surveillance (refer to Unit 3: Community Mobilization). • In emergencies where youth are one of the intended audiences, social media can be effective in reaching them as they tend to feel comfortable with this type of communication channel.	
Tips for Using Digital and Social Media: • If using SMS platforms and mobile phone networks, consider partnering with a mobile network provider and/or a mobile application developer to create a channel that is appropriate and affordable. • Ensure you understand your audience and how they use mobile phones and social media. • Attempt to create some level of two-way communication between the application/channel and the user by introducing quizzes, asking questions or allowing the user to post ideas, concerns or questions. • Where appropriate, ask users who join the application or forum to provide demographic data so as to obtain a picture of who is using the service and how. If you do this, reassure users of the confidential way in which data will be used. • Consider using existing platforms such as RapidSMS or mHealth, if they are available. For more information about these platforms you can go to the following links: ☐ RapidSMS at https://www.rapidsms.org/about/ ☐ mHealth at http://mhealthknowledge.org/	

INTERPERSONAL COMMUNICATION

IPC involves a personal interaction with the intended audience. This interaction can be one-on-one, in small groups, in large groups or in a forum. IPC can be facilitated by a range of individuals, including health providers, CHWs, social mobilizers, peer educators or teachers. Examples of materials and formats include:

- Door-to-door visits to assess household practices, reassure household members and deliver key messages
- Small group discussions using visual aids to discuss specific issues.
- Public debates discussing a particular topic

Advantages	Disadvantages
• Allows to dig deeper into particular resistant behaviors so as to promote reflection and challenge dominant norms • Small groups, one-on-one and phone lines provide a private setting for individuals to raise personal concerns • The two-way communication allows to monitor how communities are responding to the emergency and to SBCC messages, and it facilitates the detection of potential barriers to change • Small group discussions can prompt social interactions that can lead to the creation of a support network to face the emotional challenges linked to the emergency • Allows for targeted activities that only include the intended audience • IPC facilitators can also act as focal points in the community for information on the issue causing the emergency • Door-to-door visits may be an effective way to reach vulnerable populations • Can be effective in dispelling rumors	• The situation may not allow for proper training and supervision, which are necessary for the delivery of quality activities • Repeated sessions and meetings are necessary to challenge norms and to start promoting changes in behavior and this may not always be possible • Regular attendance may be a challenge for some individuals • Phone lines require significant resources to ensure proper staffing and organization • Cannot be delivered effectively with mobile populations as they would be unable to reap the benefits of repeated meetings • Group sessions may inadvertently exclude the more vulnerable individuals • Does not reach large audiences
When to use IPC: • IPC is particularly useful to challenge dominant concerns relating to an It provides a forum to share key information, address fears linked to the emergency, dispel rumors, generate coping strategies, and identify potential barriers to change. • As IPC allows selection of the intended audience, it can be used to address behaviors that affect specific groups of individuals. • IPC allows for in-depth learning, and can be used in situations where large amounts of information needs to be shared with the audience.	
Tips for Using IPC: • For IPC to be effective it requires community buy-in. Assess what type of support is needed from community members and how to obtain it before initiating activities. • Consider involving communities through IPC in the development of action plans or roadmaps that lead to optimal health behaviors relating to the emergency. • Leverage existing community groups such as women's groups, youth groups and religious groups and use these as a forum for IPC, rather than creating new systems. • Consider using community leaders in IPC and message dissemination as they are often influential personalities in the community. • Where possible, support facilitation using visual or audio aids. • Ensure that facilitators are adequately trained, supervised and supported throughout to deliver high quality activities. It is recommended that a training and supervision plan be already in place prior to recruiting facilitators. • Plan for regular meetings with facilitators in which to share challenges and successes, be supported in improving their activities and provide feedback on how communities are responding to the emergency and to SBCC activities. • Facilitators, especially those doing one-to-one work or manning phone lines, may have to deal with emotionally challenging situations. Consider therefore providing extra psychosocial support.	

Audience profiles make the audience come alive. They aim to capture not just the demographics of the audience, but all those characteristics that make them real people. Examples of this information include the audience's dreams, aspirations, fears, interests, likes and dislikes, their personality, habits, behaviors, beliefs and social networks.

It may be that data available about the audience is “dry” and information about these characteristics is not easy to capture. The list of questions below can guide analysis of data from a different angle that allows greater insights about the audience and an in-depth understanding how best to reach them.

- What sort of home does he/she live in? Where? With whom? Who are the neighbors? How does this living situation affect his/her behaviors in relation to the emergency?
- What services and infrastructures are available in the neighborhood? How accessible are these to him/her? How has this changed due to the emergency, if at all?
- What behaviors does he/she do that prevent the reduction of problem causing the emergency? Why does he/she engage in those behaviors?
- Are there protective behaviors that he/she does not engage in? If so, which ones and why does he/she not engage in them?
- How is he/she feeling about the issue causing the emergency? How are these emotions affecting his or her response to the emergency?
- What does he/she think, feel or do that might make practicing risk reduction behaviors easier?
- What does a typical day in his/her life during the emergency look like?
- What is his/her marital status? Does he/she have children? How many?
- Who are his/her best friends? Where does he/she spend time with friends? What do they do?
- Who does he/she talk to about the emergency? Where does he/she go for information and support? Who are the most trusted sources of information?
- What does he/she do for a living?
- How do traditional gender roles, culture and social norms influence his/her life? What aspects of gender roles, culture and social norms have the greatest impact on behaviors related to the emergency?
- What are his/her goals and aspirations in life? What does he/she hope to accomplish in the next five or ten years? How is the emergency affecting this vision and these dreams?
- What does he/she value most in life? How has this changed, if at all, due to the emergency?
- What does he/she do in his/her spare time during the emergency? Where does he/she go? Who with?
- What do his friends and family think, feel or do that may make it easier for him/her to engage in protective behaviors?

Sample Template Message Map for Cholera

Audience: General Public/Media		
Question/Concern: What is Cholera?		
Key Message 1 Cholera is a severe diarrheal disease.	Key Message 2 If not treated immediately, cholera can be deadly.	Key Message 3 Cholera can affect anyone who comes in contact with the bacteria that causes cholera.
Supporting Facts: - Cholera is caused by a bacteria found in feces. - Cholera causes mild to severe watery diarrhea that looks like rice water. - In severe cases, diarrhea is accompanied vomiting and weakness.	Supporting Facts: - Cholera can cause dehydration (loss of water) within a few hours if not treated. - Dehydration (loss of water) from cholera can cause death. - Cholera must be treated immediately at a health facility.	Supporting Facts: - Everyone can be affected by cholera if they come into contact with the bacteria causing cholera. - Children under the age of 5 years are at greater risk of being infected with cholera. - People living with someone who has cholera are at greater risk of infection.
Key Message 4 Cholera transmission occurs where there is unsafe water and poor sanitation.	Key Message 5 Cholera bacteria are found in contaminated feces.	Key Message 6 Washing hands with soap at critical times can reduce the spread of cholera.
Supporting Facts: - Cholera transmission is more common in overcrowded and unhygienic environments. - Cholera can spread easily in highly populated communities where access to clean water and sanitation are poor and hygiene is compromised by insufficient hand washing and during food preparation. - Cholera cannot be spread through breathing, sneezing or coughing.	Supporting Facts: - Cholera is spread when the cholera bacteria reach the water that people drink or the food that people eat. - The bacteria can reach food and water if people do not wash their hands with after going to the toilet, before eating or during food preparation. - Cholera can also be spread through flies moving from contaminated feces to food.	Supporting Facts: - Washing hands with soap after going to the toilet, before eating and during food preparation can protect you and your children from getting cholera. - Keeping your living spaces clean and ensuring that your children play in a clean location can reduce the spread of cholera. - Is someone you know has watery diarrhea, you should contact a health care provider immediately.

Well-constructed and accessible message maps are useful tools during an emergency that, if shared with partners and stakeholders, can support harmonized messages. Generally, message maps are designed following seven recommended steps as follows:

- **Step 1: Identify audiences (or stakeholders):** Stakeholders include the general public as well as other interested parties who are in some way affected by the emergency. Examples include at-risk individuals, service providers, journalists and authorities. The list of stakeholders for a message map generally includes more parties than the intended audiences of a SBCC strategy. As the emergency evolves, in fact, the communication response becomes more focused through a SBCC strategy in which primary and influencing audiences are identified.
- **Step 2: Identify anticipated questions and/or concerns of stakeholders:** A list should be developed of potential questions and concerns relating to the emergency that each major group of stakeholders is likely to have.
- **Step 3: Identify frequent concerns:** From the list of questions and concerns produced under Step 2, select the most common categories of underlying concerns for each stakeholder. These common concerns will form the first level of the message map. Examples of common categories include health risks, safety, environment, ethics, livestock or pets, religion.
- **Step 4: Develop key messages:** For each concern, identify a maximum of three key messages that respond to it. These key messages make up the second layer of the message map. More information about message development is provided later in this Unit.
- **Step 5: Develop supporting information:** For each key message identified in Step 4, identify key supporting facts.
- **Step 6: Conduct pretesting:** The pretest should be conducted both with technical experts to ensure that the information is factually correct, and with representatives of the target stakeholder group to ensure that it is understood and received as intended. More information about pretesting can be found at the end of this Unit.
- **Step 7: Share and deliver the maps:** The maps need to be shared and distributed among partners and parties involved in communication to promote delivery of harmonized messages from all sources of information.

Message maps are live documents that need to be reviewed and updated regularly as the emergency evolves. The following link provide more information about message maps:

- <http://rcfp.pbworks.com/f/MessageMapping.pdf>
- http://www.peqtwp.org/documents/Message_Maps-Ebola-10022014%20105183.pdf
- http://www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/
- <http://www.who.int/csr/resources/publications/WHO%20MEDIA%20HANDBOOK.pdf> http://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/documents/security/CERCtoolkit.pdf

- ☐ Worksheet 1.1: Identifying Stakeholders
- ☐ Worksheet 1.2: Mapping Partners
- ☐ Worksheet 1.3: Checklist of Key Considerations for an Emergency Communication Pillar
- ☐ Worksheet 1.4: Emergency Response Plan – First 72 Hours
- ☐ Worksheet 2.1: Gathering Existing Data Sources to Inform Needs Assessment
- ☐ Worksheet 2.2: Reviewing Secondary Research
- ☐ Worksheet 2.3: Rapid Assessment Questions for Consideration in Emergencies
- ☐ Worksheet 2.4: Identifying Further Research Needs
- ☐ Worksheet 3.1: Analyzing the Problem
- ☐ Worksheet 3.2: Selecting Mobilizer & Spokespeople
- ☐ Worksheet 4.1: Identifying Priority Audiences
- ☐ Worksheet 4.2: Exploring Ideational Factors, Barriers and Facilitators for Intended Audiences
- ☐ Worksheet 5.1: Audience Profile
- ☐ Worksheet 6.1: Defining SMART Objectives
- ☐ Worksheet 6.2: Developing SMART Indicators
- ☐ Worksheet 7.1: Assessing Available Communication Channels
- ☐ Worksheet 7.2: Matching Communication Channels to Primary and Influencing Audiences
- ☐ Worksheet 8.1.: Developing Message Maps
- ☐ Worksheet 8.2: Key Messages Per Audience Segment in the SBCC Strategy
- ☐ Worksheet 8.3: Reviewing Key Messages Against the 7 Cs of Communication
- ☐ Worksheet 9.1: Development of an M&E Plan

WORKSHEET 1.1: IDENTIFYING STAKEHOLDERS

Purpose: These worksheets will help you think broadly of the different stakeholders who may need to be involved for an effective communication response. It is an initial list that can then be refined later, through subsequent worksheets.

Directions: With colleagues and partners, brainstorm on all possible stakeholders and their areas of expertise. This will help you define how each can support the communication response.

Please note that these worksheets are followed by a completed example that you can use as reference, if necessary.

Stakeholder	Core area of expertise (where relevant)	Primary Contact			
		Title	Name	Mobile Phone	Emails
Organization	Area				
<i>Government Institutions/Ministries/Policy Makers</i>					
<i>International Organizations</i>					
<i>NGOs/CBOs/FBOs</i>					
<i>Media and Communication Agencies</i>					

Worksheet 1.1: Identifying Stakeholders (Continued)					
Stakeholder	Core area of expertise (where relevant)	Primary Contact			
Organization	Area	Title	Name	Mobile Phone	Emails
<i>Research Agencies/University</i>					
<i>Private Sector</i>					
<i>Community Leaders/Key Stakeholders</i>					
<i>Individuals/Champions</i>					
<i>Other</i>					

COMPLETED EXAMPLE – WORKSHEET 1.1: IDENTIFYING STAKEHOLDERS

Please note that this worksheet will likely include information about an emergency that during an actual event might not be immediately available. This was done to illustrate the full range of information to inform a strategic communication response. As more data becomes available, update this worksheet.

Worksheet 1: Identifying Stakeholders					
Stakeholder	Core area of expertise (where relevant)	Primary Contact(s)			
Organization	Area	Title	Name	Mobile Phone	Emails
Government Institutions/ Ministries/Policy Makers					
Ministry of Health	Health services provision, health facilities, training, health promotion	Minister	First Name, Last Name	70-593829	xxxxxx@gmail.com
Committee for Public Health Threats, Emergencies and	Surveillance, epidemiology	Committee Co-Chairs	First Name, Last Name	70-593829 70-593829	xxxxxx@gmail.com
Ministry of Communication & Public Information	Communication, public announcements, media relations	Minister	First Name, Last Name	70-593829 70-593829	xxxxxx@gmail.com
Ministry of Education	Health education in schools	Minister	First Name, Last Name	70-593829	xxxxxx@gmail.com
International Organizations					
UNICEF	Communication (C4D), health, child protection	Director	First Name, Last Name	70-593829	xxxxxx@gmail.com
WHO	Health, supplies, Training	Logistics Officer	First Name, Last Name	70-593829	xxxxxx@gmail.com
UNOCHA	Emergency coordination	Logistics Office	First Name, Last Name	70-593829	xxxxxx@gmail.com
WFP	Food distribution	Logistics Office	First Name, Last Name	70-593829	xxxxxx@gmail.com
Health Service Providers					
Volunteer health workers	Health promotion,	Chair, VHW TWG	First Name, Last Name	70-593829	xxxxxx@gmail.com
Community health workers	Health services provision, health	Director of Primary	First Name, Last Name	70-593829	xxxxxx@gmail.com
Registered Nurses	Health services provision, health	Director of Primary	First Name, Last Name	70-593829	xxxxxx@gmail.com
Research Agencies/University					
National Catholic University	Qualitative & quantitative research	Director, Research	First Name, Last Name	70-593829	xxxxxx@gmail.com
National Statistics Institute	Epidemiological data	Research Manager	First Name, Last Name	70-593829	xxxxxx@gmail.com
McDermitt Research Institute	Qualitative & quantitative research; training of data collectors	Researcher	First Name, Last Name	70-593829	xxxxxx@gmail.com

COMPLETED EXAMPLE – WORKSHEET 1.1: IDENTIFYING STAKEHOLDERS

Please note that this worksheet will likely include information about an emergency that during an actual event might not be immediately available. This was done to illustrate the full range of information to inform a strategic communication response. As more data becomes available, update this worksheet.

Worksheet 1: Identifying Stakeholders					
Stakeholder	Core area of expertise (where relevant)	Primary Contact(s)			
Private Sector					
<i>Trucks & Wheels Ltd</i>	<i>Vehicles and transport nation-wide</i>	Manager	First Name, Last Name	70-593829	xxxxxx@gmail.com
<i>ABCTel, Orange and other Phone providers</i>	<i>Telecommunications, internet provider</i>	Director	First Name, Last Name	70-593829	xxxxxx@gmail.com
<i>Private health facilities</i>	<i>Health service provision, mobile clinics</i>	Director, Directorate of PHC	First Name, Last Name	70-593829	xxxxxx@gmail.com
Community Leaders/Key Stakeholders					
<i>Community members</i>					
<i>National Committee of Traditional Leaders</i>	<i>Coordination of traditional leaders across the country</i>	Chair	First Name, Last Name	70-593829	xxxxxx@gmail.com
<i>Local Women's groups</i>	<i>Social mobilization and networks, human and women's rights</i>	Director, Ministry Local Gov, Rural Development	First Name, Last Name	70-593829	xxxxxx@gmail.com

WORKSHEET 1.2: MAPPING PARTNERS

Purpose: This Worksheet will help you map the stakeholders and services identified through Worksheet 1.1, according to their geographical coverage and domains of intervention to understand how best they can contribute to risk communication activities

Directions: Adapt the worksheet below to your country context and needs. If you have completed Worksheets 1.1, refer to them. Work through this worksheet with other partners, agencies and civil society, especially to obtain up-to-date contact information, representative of national context.

You will need to create as many rows in this worksheet as you need. Update the worksheet regularly to ensure its relevance. Share the completed worksheet widely with partners for feedback and input.

Please note that this worksheet is followed by a completed example that you can refer to as guidance if necessary.

Worksheet 1.2: Mapping Partners						
Name of Partner	Type of Organization	Geographical Coverage (adapt terminology as necessary)	Key Areas of Intervention	Key SBCC Related Activities	Community Mobilizers / Peer Educator Networks	Contact Details
	☐ Government ☐ UN ☐ INGO ☐ CBO ☐ FBO ☐ Media ☐ Youth group ☐ Women group ☐ Religious group ☐ Other local group ☐ Private ☐ Other	☐ District 1 ☐ District 2 ☐ District 3 ☐ District 4 ☐ District 5	☐ Health ☐ GBV ☐ Nutrition ☐ Agriculture ☐ WATSAN/WASH ☐ Shelter ☐ Education ☐ Emergency ☐ Other: _____	☐ Coordination ☐ Qualitative research Baseline, formative research Message development Produce IEC materials Community mobilization Radio programming ☐ Train Community Health Workers ☐ Teaching community leaders about health ☐ Women's literacy and health training	☐ Yes ☐ No	Name: _____ Tel: _____ Email: _____ Name: _____ Tel: _____ Email: _____ Name: _____ Tel: _____ Email: _____

COMPLETED EXAMPLE – WORKSHEET 1.2: MAPPING PARTNERS

The worksheet below has been completed with data based on a fictional situation to support you in completing Worksheet 2 with information relating to your context and emergency.*

Please note that this worksheet will likely include information about an emergency that during an actual event might not be immediately available. This was done to illustrate the full range of information to inform a strategic communication response. As more data becomes available, update this worksheet.

Name of Partner	Type of Organization	Geographical Coverage (adapt terminology as necessary)	Key Areas of Intervention	Key SBCC-related Activities	Community Mobilizers / Peer Educator Networks	Contact Details
Ministry of Health	☒ Government ☐ UN ☐ INGO ☐ CBO/FBO ☐ Media ☐ Youth group ☐ Religious group ☐ Other local group ☐ Private ☐ Other	☒ District 1 ☒ District 2 ☒ District 3 ☒ District 4 ☒ District 5	☒ Health ☐ GBV ☐ Nutrition ☐ Agriculture ☒ WATSAN/WASH ☐ Shelter ☐ Education ☐ Emergency ☐ Other: _____	<i>Coordination of CHWs in three districts.</i> <i>Coordination of health systems nationwide.</i> <i>Health promotion and health communication</i>	☒ Yes (CHWs) ☐ No	Name: <u>José Nyambwe</u> Tel: <u>07-2337284</u> Email: <u>j.n@moh.gov</u> Name: <u>Rudolf Svezi</u> Tel: <u>07-28879291</u> Email: <u>r.s@moh.gov</u> Name: _____ Tel: _____ Email: _____
Women for Peace	☐ Government ☐ UN ☐ NGO ☒ CBO ☐ FBO ☐ Media ☐ Youth group ☐ Religious group ☐ Other local group ☐ Private ☐ Other	☒ District 1 ☐ District 2 ☒ District 3 ☒ District 4 ☐ District 5	☒ Health <i>(women's health)</i> ☐ GBV ☐ Nutrition ☐ Agriculture ☐ WATSAN/WASH ☐ Shelter ☒ Education ☐ Emergency ☒ Other: <u>Community leadership training</u>		☐ Yes ☒ No	Name: <u>Mamie Salvi</u> Tel: <u>0722342615</u> Email: _____ Name: _____ Tel: _____ Email: _____ Name: _____ Tel: _____ Email: _____

* All names are fiction

WORKSHEET 1.3: CHECKLIST OF KEY CONSIDERATIONS FOR AN EMERGENCY COMMUNICATION PILLAR

Purpose: This checklist aims to help you ensure that key procedural considerations are addressed when creating a communication pillar.

Directions: Review this list to check that key procedural considerations are taken into account when creating a communication pillar.

Use the actions section to note what remains to be done to accomplish the consideration. Use this tool together with “Recommendations for Setting up and Coordinating a Communication Response Pillar” and “Identifying Current and Potential Stakeholders” for help with coordination and functioning of the pillar.

Worksheet 1.3: Checklist of Key Considerations for an Emergency Communication Pillar		
	Key Consideration	Remaining Action to Accomplish
☐	Include the SBCC component in the national overarching preparedness and response plan, if one is available.	
☐	Develop and share Terms of Reference to guide the functioning of the communication pillar.	
☐	Develop and share Standard Operating Procedures to guide practice around SBCC activities.	
☐	Include national and international partners operating in all types SBCC, anthropological and social research, media and social mobilization activities.	
☐	Include relevant ministries relating to the outbreak and to communication/information/health promotion.	
☐	Link the communication pillar with the national response mechanism.	
☐	Link the communication pillar with other relevant pillars (e.g., via assigned focal persons).	
☐	Link the communication pillar with mechanisms and services at local level.	
☐	Create feedback loops with district level mechanisms and services for the quick dissemination of information and continuous assessment of how communities are responding to the emergency and to any SBCC intervention.	
☐	Create two-way communication between the pillar and communities through local partners and selected spokespersons.	

If necessary, consider additional subcommittees that can come under the communication pillar:		
☐	Message development subcommittee to coordinate message development, disseminate information, and help avoid confusion that can undermine public trust, raise fear and hinder response measures.	
☐	Media subcommittee to identify focal points to monitor the press, talk and share accurate information with the media and speak at press conferences.	
☐	Subcommittee for community action at the decentralized level to coordinate community activities at the community level through local organizations. This could include religious, sports, women, youth organizations and individuals such as local and traditional leaders, and actors from other development sectors such as education, agriculture, transport or fisheries.	
☐	Research, monitoring and evaluation subcommittee to coordinate and monitor research to inform all SBCC activities, to evaluate interventions and share findings among all relevant partners.	

COMPLETED EXAMPLE – WORKSHEET 1.3: CHECKLIST OF KEY CONSIDERATIONS FOR AN EMERGENCY COMMUNICATION PILLAR

The worksheet below has been completed with data based on a fictional situation to support you in completing Worksheet 1.3 with information relating to your context and emergency.

	Key Consideration	Remaining Action to Accomplish
☒	Include the SBCC component in the national overarching preparedness and response plan, if one is available.	
☒	Develop and share Terms of Reference to guide the functioning of the communication pillar.	
☐	Develop and share Standard Operating Procedures to guide practice around SBCC activities.	<i>Set up meeting with partners to develop draft SOPs.</i>
☒	Include national and international partners operating in all types of SBCC, SBCC research, media and social mobilization activities.	
☒	Include relevant ministries relating to the outbreak and to communication/information/health promotion.	
☐	Link the communication pillar with the national response mechanism.	<i>Set up meeting with national response mechanism</i>
☐	Link the communication pillar with other relevant pillars (e.g., via assigned focal persons).	<i>Review local level mechanisms</i> <i>Appoint focal points in each district</i>
☒	Link the communication pillar with mechanisms and services at local level.	
☐	Create feedback loops with district level mechanisms and services for the quick dissemination of information and continuous assessment of how communities are responding to the emergency and to any SBCC intervention.	<i>Appoint focal points in each district</i> <i>Create information flowchart for regular communication</i>
☐	Create two-way communication between the communication pillar and communities through local partners and selected spokespersons.	<i>Arrange meeting with selected spokespersons in the community to establish communication mechanism</i>
If necessary, consider additional subcommittees linked to the communication pillar:		
☐	Message development subcommittee to coordinate message development, disseminate information, and help avoid confusion that can undermine public trust, raise fear, and hinder response measures.	<i>Discuss message development subcommittee at next communication pillar meeting and identify members</i>
☒	Media subcommittee to identify focal points to monitor the press, talk to the media, and speak at press conferences.	

☐	<i>Subcommittee for community action</i> at the decentralized level to coordinate community activities at the local level through local organizations. This could include religious, sports, youth organizations, individuals such as local and traditional leaders, and actors from other development sectors such as education, agriculture, transport or fisheries.	<i>To define once local community level partners and spokespeople have been identified</i>
☒	<i>Monitoring and evaluation/social science research subcommittee</i> to coordinate and monitor research to inform all SBCC activities, to evaluate interventions and share findings among all relevant partners.	

WORKSHEET 1.4: EMERGENCY RESPONSE PLAN – FIRST 72 HOURS

Purpose: These worksheets will help governments and partners think through the various communication actions that need to take place quickly to inform the public and contain the situation.

Directions: This exercise will need to be conducted with key stakeholders, including communication experts within the Ministry of Health and Ministry of Information as well as key stakeholders in the response, such as United Nations agencies, the World Health Organization, key partners and technical leads from various emergency response teams in the country (e.g., case management and surveillance, etc.).

1. Identify and gather key national, district and community level stakeholders for a participatory exercise.
2. Present on key considerations for an immediate emergency communication response (see section above).
3. Conduct a brainstorming exercise with key stakeholders to identify key actions that need to take place so that the public is properly informed of what to do.
4. Using that information, fill out the table below and present to the group for comments and discussion.
5. Brainstorm a list of what needs to be in place to make sure these actions can happen quickly (e.g., updated stakeholder contact sheets, etc.).
6. Pretest this information by conducting exercises with key stakeholders that test different emergency scenarios – adjust the table based on the pretest results.

First 12 Hours		
	Who is Responsible	Contact Information (Mobile and Email)
First 24 Hours		

First 36 Hours		
First 48 Hours		
First 60 Hours		
First 72 Hours		

Completed Example – Worksheet 1.4. Emergency Response Plan – First 72 Hours

First 48 Hours		
Action	Who is Responsible	mobile and email
Where necessary, adapt messages based on current context and results from any monitoring reports and communicate to district teams and relevant partners.	First Name, Last Name	XX-XXXXXX xxxx@xxxx.xxx
Conduct media activities: radio announcements and interviews.	First Name, Last Name	XX-XXXXXX xxxx@xxxx.xxx
First 60 Hours		
Update the public on the response and emergency via press release to the media and media briefing with designated and trusted spokespersons.	First Name, Last Name	XX-XXXXXX xxxx@xxxx.xxx
Develop a Q&A and disseminate to district health teams and partners for dissemination to social mobilizers.	First Name, Last Name	XX-XXXXXX xxxx@xxxx.xxx
Start planning for radio jingles, radio dramas and radio discussion groups.	First Name, Last Name	XX-XXXXXX xxxx@xxxx.xxx
Start adapting standard two-way communication/dialogue approaches with emergency context.	First Name, Last Name	XX-XXXXXX xxxx@xxxx.xxx
First 72 Hours		
Orient social mobilizers on the Q&A, refresh them on two- way communication, and initiate conduct community dialogues	First Name, Last Name	XX-XXXXXX xxxx@xxxx.xxx
Orient social mobilizers on conducting social mobilization in all areas of the response (e.g., case management, quarantine, etc.), so they can inform community on what to expect and facilitate community feedback loop.	First Name, Last Name	XX-XXXXXX xxxx@xxxx.xxx

WORKSHEET 2.1: GATHERING EXISTING DATA SOURCES TO INFORM NEEDS ASSESSMENT

Purpose: This worksheet is a checklist that aims to help you identify any information that is easily and quickly available to commence your rapid needs assessment.

Directions: Complete this checklist together with other stakeholders. This will allow for a broader view of what has already been done and exists in country. Discuss with stakeholders which of the information sources are available and the actions required to obtain and review the source. Please note that this list is not exhaustive and you may find in your discussions with stakeholders that other relevant information sources exist and should be considered.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Possible data source	Available (Yes/No)	Description / Comments	Action	Responsible
Demographic & Health Surveys (within the last five years, if possible)				
UNICEF's MICS (most recent publication)				
Reports from National Statistics Offices				
Reports from Ministry of Health				
Reports from Ministry of Education				
Reports from Ministry of Transport				
Reports from Ministry of Agriculture and Animal Resources				
Qualitative studies from Academia, Anthropologists and others				
Baseline studies from relevant interventions by IPs				
Mid-term & final evaluations from relevant interventions by IPs				
Media consumption studies				
Telecom and internet reports or consumption studies				
Other				

**COMPLETED EXAMPLE – WORKSHEET 2.1: GATHERING EXISTING DATA SOURCES TO INFORM
NEEDS ASSESSMENT**

Please note that this worksheet will likely include information about an emergency that during an actual event might not be immediately available. This was done to illustrate the full range of information to inform a strategic communication response. As more data becomes available, update this worksheet.

Possible data source	Available (Yes/No)	Description/Comments	Action	Responsible
Demographic & Health Surveys (within last five years if possible)	Yes	From 2010 and available on the internet	Download and review	International Medical Corps
UNICEF's MICS (most recent publication)	Yes	Most recent version has been completed but not available to general public yet	Discuss with UNICEF possibility of reviewing draft version	Save the Children
Reports from National Statistics Offices	Yes	Epidemiological statistics and media habits	Contact Statistics Office to obtain report	MOH
Reports from Ministry of Health	Yes	Reports on household hygiene practices. Information on clean water sources and their accessibility.	Review	MOH
Reports from Ministry of Education	Yes	Data on school attendance & literacy levels	Review relevant reports	Plan International
Reports from Ministry of Transport	Yes	Data on border crossing in north east of country	Review data	Medecins sans Frontieres
Reports from Ministry of Agriculture and Animal Resources	Not relevant			
Qualitative studies from Academia, Anthropologists, IPs and others	Yes	Articles available or barriers and facilitators for correct hygiene practices. One anthropological study discussion community perceptions of diarrheal diseases in children	Obtain studies from the National University	PSI
Baseline studies from relevant interventions by IPs	Yes	Carried out by International Rescue Committee and Plan	Review reports	IRC & Plan

		<i>International</i>		
Mid-term & final evaluations from relevant interventions by	Yes	<i>As above</i>	<i>Review reports</i>	<i>As above</i>
Media consumption studies	Yes	<i>Information on radio listenership & TV viewing available from National TV & Radio Service</i>	<i>Contact National TV & Radio Service to obtain reports</i>	<i>Search for Common Ground (SFCG) & BCC Media Action</i>
Telecom and Internet reports or consumption studies				
Other	Yes	<i>The National University has conducted review of interventions to improve hand washing in the country</i>	<i>Contact National University Sociology Dpt</i>	<i>IRC</i>

WORKSHEET 2.2: REVIEWING SECONDARY RESEARCH

Purpose: This worksheet will help you adopt a systematic approach to reviewing secondary data and highlight important findings that can inform the communication response.

Directions: Using existing data, determine which populations are most at-risk of an emergency and then gather data on knowledge, attitudes and practices related to the emergency, including cultural and religious practices and gender disparities that may affect an emergency response. Complete questions one to four with the information obtained. If an emergency has already started, fill out the table with the data from the documents that have been reviewed. Whenever possible, note the citation(s) for the secondary research and where the document(s) or data source(s) can be found.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Date: _____

1. What is the emergency?
2. Which populations are more vulnerable and at risk of being affected by the emergency?
3. If the emergency is already underway, which populations/individuals appear to be most affected by the problem? (insert percentages if known)
4. Describe the demographics (age, gender and education level) of those most affected by the problem?
 - Age:
 - Gender:
 - Education:

Type of Secondary Research	Location	Target Group Addressed by the Secondary Research	Relevant Key Findings	Barriers & Facilitators	Implications for Emergency Response	Citation and Date

COMPLETED EXAMPLE –WORKSHEET 2.2: REVIEWING SECONDARY RESEARCH

Please note that this worksheet will likely include information about an emergency that during an actual event might not be immediately available. This was done to illustrate the full range of information to inform a strategic communication response. As more data becomes available, update this worksheet.

Date: March 22, 2015

1. What is the emergency? **Cholera**
2. Which populations are more vulnerable and at risk of being affected by the emergency?
 - **The Mubandara community who live downstream from where the cholera outbreak started**
 - **Children**
3. If the emergency is already underway, which populations/individuals appear to be most affected by the problem? (insert percentages if known)
 - **Children (five deaths in first week of outbreak)**
 - **Elderly (33% of those hospitalized)**
4. Describe the demographics (age, gender, education level) of those most affected by the problem?

Age: **Children under 5; 53 years and above**

Gender: **Boys and girls; Men**

Education: **N/A; Primary level education**

Type of secondary research	Location	Target group addressed by the secondary research	Relevant Key Findings	Barriers & Facilitators	Implications for Emergency Response	Citation & Date
Media reports and DHS	Country-wide	Households	79% of men and 61% of women across the country have access to a mobile phone. Data specific to the region affected is not available. - Access to the internet is limited to the province capital, and only 19% of the people living there have access to their own computer. 35% of women and 15% of men are illiterate	Facilitators Mobile phone use if relatively high and should be explored	Mobile phone options should be considered for messaging and monitoring but regional data must be assessed.	XYZ Media (2015) DHS, 2014
KAP on hygiene practices	Three southern provinces	Households	- Hand washing with soap is rarely practiced - Poor storage of water - Belief that cholera and other diarrheal diseases are not linked to hygiene. - Fear that vaccination can harm the child			Kamba C, et al (2015): KAP around hygiene practices in South Eastern. Journal of Intl Health; 88; 236-241

WORKSHEET 2.3: RAPID ASSESSMENT QUESTIONS FOR CONSIDERATION IN EMERGENCIES

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.

If you are unfamiliar with any of the terms listed in the table below, you can find definitions in the **Glossary** section at the end of this I-Kit.

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.

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:	

COMPLETED EXAMPLE –WORKSHEET 2.3: RAPID ASSESSMENT QUESTIONS FOR CONSIDERATION 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., handwashing 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, handwashing) • 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:	• Handwashing 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?)

WORKSHEET 2.4: IDENTIFYING FURTHER RESEARCH NEEDS

Purpose: This worksheet will help you identify if and what further research you may require to develop adequate communication interventions to respond to the emergency.

Directions: Complete this worksheet referring to the information that you collected from the desk review. Consider the primary research methodologies described earlier in this unit to determine the most suitable approach for answering further information needs.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

	Yes/No	Notes
Is there anything else you would like to know about the behaviors, attitudes, knowledge or perceptions of how the population is responding to the emergency?	☐ Yes ☐ No	
Do you need to know more about the barriers and facilitators of behaviors related to the emergency?	☐ Yes ☐ No	
Do you need to know more about the culture, norms and traditions that govern behaviors related to the emergency?	☐ Yes ☐ No	
Are there vulnerable and at-risk groups that have been omitted by the secondary research you reviewed?	☐ Yes ☐ No	
Do you need to know more about the people of influence in the lives of the affected populations?	☐ Yes ☐ No	
Do you need to know more about the programs and organizations operating in the affected areas?	☐ Yes ☐ No	
Have you identified any contradictory information from your secondary research that	☐ Yes	

requires further investigation?	☐ No	
Do you think that the information you collected from the secondary research may be biased in any way?	☐ Yes ☐ No	
Are there any questions that could help you design your emergency response that remain unanswered from the secondary research?	☐ Yes ☐ No	

COMPLETED EXAMPLE – WORKSHEET 2.4: IDENTIFYING FURTHER RESEARCH NEEDS

	Yes/No	Notes
Is there anything else you would like to know about the behaviors, attitudes, knowledge or perceptions of how the population is responding to the emergency?	☒ Yes ☐ No	
Do you need to know more about the barriers and facilitators of behaviors related to the emergency?	☒ Yes ☐ No	
Do you need to know more about the culture, norms and traditions that govern behaviors related to the emergency?	☐ Yes ☒ No	
Are there vulnerable and at-risk groups that have been omitted by the secondary research you reviewed?	☐ Yes ☒ No	
Do you need to know more about the people of influence in the lives of the affected populations?	☒ Yes ☐ No	
Do you need to know more about the programs and organizations operating in the affected areas?	☐ Yes ☒ No	
Have you identified any contradictory information from your secondary research that requires further investigation?	☐ Yes ☒ No	
Do you think that the information you collected from the secondary research may be biased in any way?	☐ Yes ☒ No	
Are there any questions that could help you design your emergency response that remain unanswered	☒ Yes	



from the secondary research?

☐ No

WORKSHEET 3.1: ANALYZING THE PROBLEM

Purpose: This worksheet is designed to be conducted at the community level should an emergency occur. It will help you analyze the problem related to the emergency and how it affects the community. The resulting information can be used to inform activities and objectives. It should give you a general overview of the problem and factors related to it.

Directions: Complete the worksheet together with key stakeholders and community members.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Problem being addressed by the emergency communication response: _____

What factors put community members at risk of the problem?	
What factors (behavioral and environmental) protect people from the problem?	
What behaviors (if any) caused or exasperated the problem?	
What behavior (or lack of behavior) caused or exasperated the problem (if any)?	
What behavior (or lack of behavior) maintains the problem?	
Who is most affected by the problem?	
Where are these people?	
What are the negative consequences of the problem for individuals affected by it?	
What are the negative consequences of the problem for the community?	
Who should share the responsibility for solving the problem?	
What key behaviors need to change to solve the problem?	
What conditions in the community need to change to solve the problem?	

Adapted from Designing Community Interventions, Community Tool Box: <http://ctb.ku.edu/en/table-of-contents/analyze/where-to-start/design-community-interventions/tools>

COMPLETED EXAMPLE – WORKSHEET 3.1: ANALYZING THE PROBLEM

Problem being addressed by the emergency communication response: Cholera outbreak in South Eastern Region

What factors put community members at risk of the problem?	<i>Limited clean water sources; lack of proper water & sanitation system; low vaccination uptake; low use of health facilities; belief that cholera cannot be prevented</i>
What factors (behavioral and environmental) protect people from the problem?	<i>Using water purification tablets; using latrines properly and not practicing open defecation; washing hands with soap before at five critical times; improving conditions of water points and public toilets; making soap more easily available.</i>
What behaviors (if any) caused or exasperated the problem?	<i>No hand washing with soap; open defecation; inappropriate storage of water.</i>
What behaviors (or lack of behavior) caused or exasperated the problem (if any)?	<i>Unknown</i>
What behaviors (or lack of behavior) maintain the problem?	<i>Children who practice open defecation and do not wash hands with soap at critical times; mothers who do not wash hands with soap at critical times; care providers (especially mothers) who do not access health services promptly in case of symptoms.</i>
Who is most affected by the problem?	<i>Children under five years old; the elderly and sick; Province 2 of the affected area has been hit more severely by the outbreak.</i>
Where are those people?	<i>Spread across the South Eastern Region and in Province 2.</i>
What are the negative consequences of the problem for individuals affected by it?	<i>Sickness; death</i>
What are the negative consequences of the problem for the community?	<i>Children unable to attend school; families unable to engage in income generating activities; potentially creates conflict among different provinces as there is a belief that the outbreak was caused by Province 2.</i>
Who should share the responsibility for solving the problem?	<i>The whole community across the region, led by traditional and religious leaders.</i>
What key behaviors need to change to solve the problem?	<i>Community members need to store water correctly, wash hands with soap and stop practicing open defecation. Mothers especially need to engage in hand washing with soap at critical times as they are mostly responsible for feeding and caring for children.</i>
What conditions in the community need to change to solve the problem?	<i>Public toilets and water points need to be rehabilitated and improved; containers for storing water in the house need to be cleaned or changed; soap needs to become more accessible especially to rural communities where it is very expensive.</i>

Adapted from Designing Community Interventions, Community Tool Box: <http://ctb.ku.edu/en/table-of-contents/analyze/where-to-start/design-community-interventions/tools>

WORKSHEET 4.1: IDENTIFYING PRIORITY AUDIENCES

Purpose: This worksheet will help analyze data from the rapid needs assessment to identify the priority audiences for the communication response to the emergency.

Directions: Use data from the rapid needs assessment and secondary research (Unit 2) or other primary and secondary research to complete this worksheet, as this will support an evidence-based selection of priority audiences. Where possible, complete this worksheet in collaboration with key stakeholders to stimulate information sharing and obtain a more complete picture of potential priority audiences.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Problem causing the emergency: _____

1. During an emergency, which groups of people would be most affected by the emergency?				
2. Which of the identified audiences, if any, would be particularly vulnerable?				
3. Which groups of people have control over factors that would cause or aggravate the emergency?				
4. Out of the groups identified in Questions 1, 2 and 3, what behaviors do they need to change to impact the outbreak? How important is that change for the reduction of the emergency, and how likely are the audiences to change those behaviors? Rate each area from 1 (least) to 3 (most) importance.				
Audience	Behaviors that need to change to reduce outbreak	Importance of each behavior for the reduction of the outbreak		
Insert audience		1	2	3
		1	2	3
		1	2	3
		1	2	3

WORKSHEET 4.1 IDENTIFYING PRIORITY AUDIENCES (Continued)

<i>Insert audience</i>		1	2	3
		1	2	3
		1	2	3
		1	2	3
<i>Insert audience</i>		1	2	3
		1	2	3
		1	2	3
		1	2	3
<i>Insert audience</i>		1	2	3
		1	2	3
		1	2	3
		1	2	3

5. In which geographical areas are the audiences mostly located?				
<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>
6. How large is each audience group in the area of intervention? Use estimates if exact data is not available				
<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>
7. Who controls/influences the behaviors of each audience group or the resources required for behavior change?				
<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>	<i>Insert Audience</i>

Adapted from How to Do an Audience Analysis: <http://thehealthcompass.org/how-to-guides/how-do-audience-analysis>

WORKSHEET 4.1 IDENTIFYING PRIORITY AUDIENCES (Continued)

Based on the information summarized in the table above, which are the audiences whose behavior change will impact the emergency the most? *These will constitute your priority audience or audiences.*

Based on the information summarized in the table, which audiences are the most vulnerable and at-risk of the issue causing the emergency? *These will also need to be considered as priority audiences to be targeted through separate interventions.*

COMPLETED EXAMPLE – WORKSHEET 4.1: IDENTIFYING PRIORITY AUDIENCES

Problem causing the emergency: ____Cholera outbreak in South Eastern Region_____

1. During an emergency, which groups of people would be most affected by the emergency?	Children under 5; elderly; people living with other illnesses (TB, HIV); people living in Rubora area			
2. Which of the identified audiences, if any, would be particularly vulnerable?	Most vulnerable are children under 5 and people living in Rubora area who are very marginalized and do not have access to services			
3. Which groups of people have control over factors that would cause or aggravate the emergency?	Caretakers of children under five have control of hygiene measures that can aggravate the spread of cholera; local authorities in charge of water source maintenance who have are not repairing the water points;			
4. Out of the groups identified in Questions 1, 2 and 3, what behaviors do they need to change to impact the outbreak? How important is that change for the reduction of the emergency, and how likely are the audiences to change those behaviors? Rate each area from 1 (least) to 3 (most) importance.				
Audience	Behaviors that need to change to reduce outbreak	Importance of each behavior for the reduction of the outbreak		
<i>Children U5</i>	Wash hands at critical times	1	2	3☐
	Stop open defecation	1	2	3☐
	Stop playing in swamps	1	2☐	3
<i>Elderly & people living with other illnesses</i>	Wash hands at critical times	1	2	3☐
	Stop open defecation	1	2	3☐
		1	2	3☐
	Access health services at first symptom	1	2	3☐
<i>Caretakers children U5</i>	Wash hands at critical times;	1	2	3☐
	Support their children to practice protective behaviors (hand washing; no open defecation; no playing in swamps);	1	2	3☐
		1	2	3☐
	Take their children to the health facility immediately at appearance of first symptoms;	1	2	3☐
	Store water correctly to reduce risk of contamination			

Local authorities	Maintain and improve water points; Provide more water points in remote areas (particularly in the Rubora area)	1	2	3☐
		1	2	3☐
		1	2	3☐
		1	2	3☐
Rubora area residents	Wash hands at critical times; Access services immediately at first symptoms; Store water correctly to reduce risk of contamination	1	2	3☐
		1	2	3☐
		1	2	3☐
5. In which geographical areas are the audiences mostly located?				
Children U5	Elderly & People Living with an illness	Mothers of U5s	Local Authorities	Rubera area residents
Across the whole South Eastern region. With higher concentrations in the urban and peri-urban areas	In rural areas and urban suburbs	Across the whole South Eastern region. With higher concentrations in the urban and peri-urban areas	In urban areas across the region	Eastern part of the region
6. How large is each audience group in the area of intervention? Use estimates if exact data is not available				
Children U5	Elderly & People Living with an illness	Mothers of U5s	Local Authorities	Rubera area residents
32% of the tot population	Unknown	23% of total population	N/A	Approx 65,000 people
7. Who controls/influences the behaviors of each audience group or the resources required for behavior change?				
Children U5	Elderly & People Living with an illness	Mothers of U5s	Local Authorities	Rubera area residents
Mothers; fathers	Family members; local leaders	Fathers (husbands); mothers-in-law; local leaders; peers	Local and religious leaders; National government institutions	Local and religious leaders

Adapted from How to Do an Audience Analysis: <http://thehealthcompass.org/how-to-guides/how-do-audience-analysis>

WORKSHEET 4.2: EXPLORING IDEATIONAL FACTORS, BARRIERS AND FACILITATORS FOR INTENDED PRIORITY AUDIENCES

Purpose: This worksheet will help extract information from primary and secondary research about behaviors, ideational factors and barriers and facilitators for the intended priority audiences.

Directions: Use data from the rapid needs assessment (Unit 2) and other relevant data to complete this worksheet.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

List below the priority audiences identified in Worksheet 4.1:

Complete this table for each priority audience, summarizing the data from the research according to current behaviors, ideational factors and barriers and facilitators.

Intended Audience:					
Current Behaviors	Ideational Factors		Barriers	Facilitators	Sources
	Knowledge:				
	Beliefs:				
	Attitudes:				
	Self-image:				
	Perceived Risk				
	Self-efficacy:				
	Emotions:				
	Norms:				
	Culture:				
	Social Influences:				

WORKSHEET 4.2: EXPLORING IDEATIONAL FACTORS, BARRIERS AND FACILITATORS FOR INTENDED AUDIENCES (Continued)

Directions: Once you have completed the table for each separate audience group, summarize the most important things you have learned about each audience and the sources of that information in the table below.

Audience	Key Findings

Based on the information summarized in the table above, is there any information that you would still need to know about any of the intended audiences to help you inform your communication response? If so, write what you need to know about each audience group here:

What needs assessment methods can be used to answer those remaining questions? Consider the methodologies discussed in *Unit 2: Rapid Needs Assessment* and participatory approaches that involve the community as discussed in *Unit 3: Community Mobilization*.

Question	Possible Methods to Answer the Question

COMPLETED EXAMPLE – WORKSHEET 4.2: EXPLORING IDEATIONAL FACTORS, BARRIERS AND FACILITATORS FOR INTENDED AUDIENCES

The worksheet below has been completed with data based on a fictional emergency to support you in completing Worksheet X with information relating to your context and emergency.¹

List below the priority audiences identified in Worksheet 4.1 of this unit:

1. Caretakers of children under five years old
2. Children under five years old
3. Local authorities
4. Rubera area residents
5. Elderly and sick

For each audience group, summarize the data from the research according to current behaviors, ideational factors and barriers and facilitators. Complete this table for each priority audience.²

Intended Priority Audience:	Caregivers of children under 5 years old				
Current behaviors	Ideational factors		Barriers	Facilitators	Sources
- Only 8% of households have a washing station with water and soap. - On average, women spend 40 minutes per day fetching water. - Mothers bathe their children and wash cooking utensils with soap in the local river. 70% of households have access to a latrine, though maintenance is poor. - It is common for children to practice open	Knowledge:	Know the importance of hand washing with soap. Are able to quote the five critical times for washing hands. The difference between cholera and other diarrheal diseases is rarely known.	A lack of water and soap is perceived as expensive.	Local associations make cheap soap. Some mothers practice hand washing with soap and can act as role models	DHS, 2014; UNICEF MICS 2012; Antiba et al, 2013
	Beliefs:	Mothers often attribute diarrheal diseases to poisoning; only 33% of mothers believe that a hygienic environment can improve their children's health.	It is a normative practice to keep livestock in the house, which contributes to lack of hygiene.	In the households with good hygiene practices children tend to get ill less and this can be used as positive examples.	Banidar et al, 2012; DHS, 2014; Afetwa et al, 2011.
	Attitudes:	In the Rubera area, mothers do not trust health facilities.	Some community leaders encourage mothers to treat their sick children with traditional medicine.	The health of their children is important to mothers.	Antiba et al, 2013; Afetwa et al, 2011.
	Self-image:	No information has been found on this.	No information	No information	

¹ Data used to complete this sample worksheet is fictional.

² All data and sources used to complete this table are fictional and provided exclusively as illustrative examples.

defecation. - Recommended hygiene measures in households are rarely adopted. - Small livestock are frequently kept in the household area - On average, mother access a health facility on the third consecutive day of their child's sickness.	Perceived risk:	Mothers see diarrheal diseases as a standard part of childhood and do not worry about the consequences.	All children are affected by diarrhea and it is considered normal.		Afetwa et al, 2011.
	Self-efficacy:	Mothers know that oral rehydration therapy is necessary to treat diarrhea, but 53% of mothers said they do not know how to access it.	The workload of women does not allow them to dedicate time to go access health facilities. The cost of health services is also a deterrent.		Afetwa et al, 2011; Antiba et al, 2013
	Emotions:	A sense of helplessness prevails among mothers.	Fathers/husbands do not support their wives in any childcare activity.	Mothers who are proactive in key behaviors such as hand washing, nutrition and accessing health services have healthier children.	
	Norms:	Women need to ask permission to their husbands to attend an outside activity which affects their ability to participate in some communication activities.			
	Culture:	According to traditional beliefs, mothers dissolve traditional herbs powder in water, often dirty, to cure their children's diarrhea.	Traditional practitioners have significant power in the rural communities.	In urban areas, less and less people are treating childhood diseases with traditional medicine.	Resing A, 2015
	Social influences:	Women support each other and do activities together all day. Mothers in laws play an important role in the lives of young mothers.			Afetwa et al, 2011.
Intended Priority Audience: Children under 5 years old					
Current behaviors	Ideational factors		Barriers	Facilitators	Sources
- It is estimated that 86% of children under five practice open defecation regularly - Children play in dirty, unhygienic areas in the villages - Only 2% of children under five years old claim to wash their hands with soap before eating.	Knowledge:	Knowledge of practices that reduce the spread of diarrheal disease is low.			UNICEF MICS 2012; Antiba et al, 2013
	Beliefs:	No data was found on children's beliefs around hygiene practices.	It is a normative practice to keep livestock in the house which contributes to lack of hygiene.	In the households with good hygiene practices children tend to get ill less and this can be used as positive examples.	Antiba et al, 2013; Banidar et al, 2012;
	Attitudes:	No data was found on children's attitudes towards hygiene practices.	Some community leaders encourage mothers to treat their sick children with traditional medicine.	The health of their children is important to mothers.	Banidar et al, 2012; Afetwa et al, 2011.
	Self-image:	Children see playing in the stream as	No information	No information	Afetwa et al,

• In some areas, children swim in dirty streams. • Children under five years old are not in school and are often left to play on their own under the care of older siblings.		an important part of their day.			2011.
	Perceived risk:	No child believes there is a risk in playing in the stream.	All children are affected by diarrhea and it is considered normal		Afetwa et al, 2011.
	Self-efficacy:	No data was found.	Low knowledge of hygiene measures.	In some communes in the North East, handwashing stations have been set up and can be accessed by community members.	Antiba et al, 2013; Banidar et al, 2012;
	Emotions:	Children do not feel supported by their families to wash their hands with soap.	Caregivers rarely encourage their children to practice hygiene behaviors due to water being scarce.		
	Norms:	Children are regularly left to play on their own under the care of older siblings.			Banidar et al, 2012;
	Culture:		Traditional practitioners have significant power in the rural communities.	In urban areas less and less people are treating childhood diseases with traditional medicine.	Afetwa et al, 2011; Antiba et al, 2013
	Social influences:	Children spend large portions of their time playing together and being supervised by older siblings. Older peers are seen as role models by younger children.		Some model families exist in the community where hand washing is practiced regularly with children.	Antiba et al, 2013

Once you have completed the table for each separate audience group, summarize in the table below the most important things you have learned about each audience and the sources of that information.

Audience	Key findings
Caregivers of children under five years old	For some risk reduction practices, knowledge is high but adoption is low. There is a low risk perception around diarrheal diseases which are considered a standard part of childhood life, and women feel powerless to prevent illness in their children. Use of traditional medicines is still high and health facilities are generally accessed late.
Children under five years old	Children engage in most behaviors that contribute to the spread of diarrheal diseases. They have some knowledge of the importance of handwashing but risk perception is low and the focus is on having fun which generally involves being in unhygienic environments. Older peers are very influential for children under 5, and can constitute a resource to promote positive behaviors. Children under 5 are frequently left on their own or in the care of an older sibling.

Based on the information summarized in the table above, is there any information that you would still need to know about any of the intended audiences to help you inform your communication response? If so, write what you need to know about each audience group here:

How caregivers perceive cholera and whether they see it as more dangerous than other diarrheal diseases

What are the triggers that prompt caregivers to access a health facility and what benefits do they find

What aspirations do children under 5 have and what motivates them

In what factors do families that practice healthier behaviors differ from the majority that don't?

What needs assessment methods can be used to answer those remaining questions? Consider the methodologies discussed in *Unit 2: Rapid Needs Assessment* and participatory approaches that involve the community as discussed in *Unit 3: Community Mobilization*.

Question	Possible Methods to Answer the Question
How do caregivers perceive cholera?	Focus Group Discussions with mothers of under 5s in four out of the 7 affected districts.
What are the triggers that prompt caregivers to access a health facility?	Top-of-the mind exercise with caregivers of under 5s, in-depth interviews with a sample of caregivers
What aspirations do children under 5 have?	Participatory exercise with groups of children aged 4 to 5 years
In what ways do families that practice protective behaviors differ from those that don't?	Observation of a sample of families over the course of two days.

WORKSHEET 5.1: AUDIENCE PROFILE

Purpose: This worksheet will review available data for the development of audience profiles. Repeat the exercises for every audience segment so that you have an audience profile for each.

Directions: Use data from the rapid needs assessment, primary and secondary research (Unit 2) and from audience analysis and segmentation (Unit 4) to complete this worksheet. Complete a separate profile table for each priority and influencing audience identified in *Unit 4: Audience Analysis & Segmentation*. If possible, include members of the audience segment when completing this worksheet.

Focus on behaviors, reactions, emotions and information about the audience in relation to the emergency. Refer the questions listed in the Appendix to help extract the necessary information from the data and research.

Once you've completed the tables, be sure to write a brief summary capturing the main characteristics of your audience.

Audience Profile Table	
Name: Give a name to the audience as this is a simple and effective way to make the audience come to life.	
Profile Summary: Provide a brief summary to capture the key characteristics of the audience. It is recommended that you write this summary after having completed the rest of this worksheet.	
Demographics: Describe the age, sex, living location and conditions, marital status, number of children, ethnicity, language and socioeconomic status, etc. of the audience. Describe these in relation to the emergency, where appropriate.	
Behaviors: List the behaviors the audience engages in that are related to the emergency. If known, include the frequency and the context in which these behaviors happen.	
Reaction to the Emergency: How is the audience responding to the emergency?	
Media Habits: List the preferred media for the audience, and where, when and how they access it.	
Determinants of Behavior: Explore why the audience behaves the way they do in relation to the emergency. Consider their knowledge, values, attitudes, emotions, social norms and self-efficacy.	
Perceived Barriers: List the factors that prevent audiences from engaging in the desired behaviors.	
Perceived Benefits: List benefits that the audience can experience by engaging in the desired behaviors	
Psychographics: Describe the personality of the audience, their values and beliefs.	

Lifestyle: Describe what the audience does on a typical day and where they go.		
Social Networks: Explore whom the audience spends time with and who influences them.		
Social and Cultural Norms: Describe how social, cultural and gender norms affect the audience's behavior and		
Stage of Behavior Change: Based on the information reflected in the table above, where is the audience situated along the behavior change process: unaware, knowledge, understanding, persuasion, intention or action? Explain your choice.		
Stage of Behavior Change	Reasons Supporting the Choice of Stage	

COMPLETED EXAMPLE – WORKSHEET 5.1: AUDIENCE PROFILE

Please note that this worksheet will likely include information about an emergency that during an actual event might not be immediately available. This was done to illustrate the full range of information to inform a strategic communication response. As more data becomes available, update this worksheet.

Audience Profile Table	
Name: Give a name to the audience as this is a simple and effective way to make the audience come to life.	Mothers of children under 5
Profile Summary: Provide a brief summary to capture the key characteristics of the audience. It is recommended that you write this summary after having completed the rest of this worksheet.	Mothers of children under 5, low education and literacy, urban and limited access to clean water sources
Demographics: Describe the age, sex, living location and conditions, marital status, number of children, ethnicity, language and socioeconomic status, etc. of the audience. Describe these in relation to the emergency, where appropriate.	Children under 5, urban
Behaviors: List the behaviors the audience engages in that are related to the emergency. If known, include the frequency and the context in which these behaviors happen.	Travels to collect water daily Cares for children in the home Practices open defecation, and so do her children
Reaction to the Emergency: How is the audience responding to the emergency?	Initial disbelief
Media Habits: List the preferred media for the audience, and where, when and how they access it.	They don't know how to read and write. They like listening to the radio but it is their husbands who control when and how to listen to it. They talk a lot with the other women in the village, either when they fetches water or when they are selling vegetables at the market. They still rely a lot on their mothers and other elderly women for advice, especially on matters relating to children. For matters relating to health they sometimes ask the community health worker, but generally go to the traditional practitioner who lives in the community. They also seek advice from the local pastor whom they respects very much.

Determinants of Behavior: Explore why the audience behaves the way they do in relation to the emergency. Consider their knowledge, values, attitudes, emotions, social norms and self-efficacy.	They know that vaccination can protect against disease but doesn't know if a vaccination for cholera exists. They worry about the fact that many people in the village especially children, are getting sick, and many of them are dying. They feel they cannot protect their children from getting sick, and puts their faith in God, telling themselves that this is a phase that will end soon. They wish they could ask their husbands for advice but are worried that if they talks to the husband about it, they will accuse be accused of not being a good mother. Their husbands are not interested in matters that relate to the children's health.
Perceived Barriers: List the factors that prevent audiences from engaging in the desired behaviors.	Their knowledge is limited and they don't know exactly what to do to protect their children. They have so many chores to do and think about because their husbands do not help them, and therefore they have little time and mental space to ensure the children engage in protective behaviors. Soap is very expensive and water is not easily accessible which affects how often and when the families washes their hands. The latrines are far and at night they prefer to go to the toilet near the hut.
Perceived Benefits: List benefits that the audience can experience by engaging in the desired behaviors	Having healthy children is very important to them. Healthy children can help them in the house and in the field, and maybe this will allow them to send at least one of their children to school.
Psychographics: Describe the personality of the audience, their values and beliefs.	They are traditional women who are dedicated to the family. They know that their role is to take care of the house, the children and their husband. They work hard to do this but don't always manage to achieve what they would like. Often they wish there were more hours to the day. They like talking to the other women and listening to the pastor's sermon on a Sunday. They have always wanted their children to go to school and have a happy future, however, since the emergency they worries a lot about their health and wishes they could do something to protect them and not get ill.
Lifestyle: Describe what the audience does on a typical day and where they go.	Their days are very similar. Every day they fetch water at sunrise. They like that part of the day because they meet with all the other women. Then they go home to prepare for breakfast and get the children ready for the day. After that, they either goes to sell the produce from their patch of land at the market, or work on the land. The older children help them. On Sundays they go to Sunday service, but since the emergency they have been going on Tuesday evenings as well when the community gathers to pray for better health.
Social Networks: Explore whom the audience spends time with and who influences them.	They spend most of their day with their older daughters and the other women from the village. They have a lot of respect for the local pastor and trust him and his advice. Their husbands are the ones who decide how they spend each day, and they need to seek the husbands' approval before changing routine. For example, a husband would need to agree to his wife going to the religious service on Tuesday evenings.
Social and Cultural Norms: Describe how social, cultural and gender norms affect the audience's behavior and	Their days are very full and they have little freedom to change this as their husband would need to agree. They cannot discuss matters freely with their husbands and this reduces their capacity to take protective action during the emergency. Everyone in the community is skeptical about the hygiene messages that some external people have been bringing and they prefers to ask for the advice of their pastor and traditional practitioner.
Stage of Behavior Change: Based on the information reflected in the table above, where is the audience situated along the behavior change process: unaware, knowledge, understanding, persuasion, intention or action? Explain your choice.	
Stage of Behavior Change	Reasons Supporting the Choice of Stage
Between pre-contemplation and contemplation	They are beginning to realize the risks associated with the cholera outbreak but they are not sure of how to protect their children. They would like to know more and have started discussing this with the pastor and the traditional practitioner.

WORKSHEET 6.1: DEFINING SMART OBJECTIVES

Purpose: This worksheet will help you assess whether the communication objectives you have developed are SMART.

Directions: Write each communication objective you have developed and verify it is SMART using the check list. Use the checklist to identify the areas of the communication objective which need to be improved in order for it to be SMART

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Program Goal: _____

Communication Objective 1: _____

Review the above communication objective against the criteria below:

Criteria for Assessing the Objective	Yes	No
Is the communication objective SMART?		
Is the objective Specific ? (Is the target population, geographic location and the activity required of them clear?)		
Is the objective Measurable ? (Is the amount of expected change defined?)		
Is the objective Attainable ? (Can it be achieved within the timeframe stated and with the resources available?)		
Is the objective Relevant ? (Does it contribute to the overall program goal?)		
Is the objective Time-bound ? (Is the timeframe for achieving the objective stated?)		
Does the objective relate to a single result?		
Is the objective clearly written? (Are the desired action and outcome clear?)		

If you have answered “No” to any of the above question on the checklist, you should redefine the objective to ensure it fits all the above criteria.

Improved Communication Objective: _____

WORKSHEET 6.2: DEVELOPING SMART INDICATORS

What is the communication objective that needs to be measured?	
What is the input/output/outcome being measured?	
What is the proposed indicator?	

Is the indicator:	Yes	No
Specific? (Is it clear what the indicator is setting out to measure, and among which audience?)		
Measurable? (Does data exist to measure the indicator and can it be accessed?)		
Attainable? (Can data to populate the indicator be collected, even during the emergency?)		
Relevant? (Does it contribute to the overall program goal?)		
Time-bound? (Is the timeframe for stated?)		

If you have answered “No” to any of the above question on the checklist, you should redefine the indicator to ensure it fits all the above criteria.

Improved indicator: _____

WORKSHEET 7.1: ASSESSING AVAILABLE COMMUNICATION CHANNELS
TEMPLATE FOR RECORDING INFORMATION ABOUT AVAILABLE COMMUNICATION CHANNELS

Purpose: This worksheet provides a template for recording key information about available channels in the emergency location. It can be used as reference when deciding on the most appropriate channels for your emergency communication.

Directions: Use the information provided earlier in this section to help you consider all potential channels. Write the formats of channels available in your area of intervention for each of the communication channel categories. Where possible, record the information requested for each channel. ***Please note that this worksheet is followed by a completed example that you can use as reference if necessary.***

Channel Category	Channel Format	Estimated Geographical Reach	Estimated Number of People Reached	Audiences Reached via Channel	Estimated Cost	Other Remarks including past or current use of channel	Foreseeable Challenges/ Disadvantages to Using this Channel	Contact Details
Mass Media								
Mid Media								
Print Media								
Digital & Social Media								
IPC								



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COMPLETED EXAMPLE – WORKSHEET 7.1: ASSESSING AVAILABLE COMMUNICATION CHANNELS
TEMPLATE FOR RECORDING INFORMATION ABOUT AVAILABLE COMMUNICATION CHANNELS

Purpose: This worksheet provides a template for recording key information about available channels in the emergency location. It can be used as reference when deciding on the most appropriate channels for your emergency communication.

Directions: Use the information provided earlier in this section to help you consider all potential channels. Write the formats of channels available in your area of intervention for each of the communication channel categories. Where possible, record the information requested for each channel. ***Please note that this worksheet is followed by a completed example that you can use as reference if necessary.***

Channel Category	Channel Format	Estimated Geographical Reach	Estimated Number of People Reached	Audiences Reached via Channel	Estimated Cost	Other Remarks including past or current use of channel	Foreseeable Challenges/ Disadvantages to Using this Channel	Contact Details
Mass Media	Television	Urban areas only	1,500,000	Leaders, men and authorities in urban areas	100 USD per radio spot	TV proved useful for 2014 vaccination campaign	Only a minority of urban residents are affected by cholera; National TV programs need to be vetted by government which can take time.	National TV: 07-8139782 Go TV: 07-3911256
	Newspapers	Urban areas only	Approx 25% of population is literate	Leaders and decision makers	Press releases are free. Otherwise \$25 per page	Newspapers have been used to engage leaders in the past.	Limited reach in areas most affected by the emergency.	National Press: 0929864
	Radio (national and community)	Country-wide	8,000,000	Women, men, leaders	\$20 per 30 minutes	Community radio is very popular in rural areas	Would need to develop programs in different languages for different regions. In rural areas, fuel is hard to access to operate the generator.	Radio Community Network: 079345218 National Radio: 078641121

Mid Media	Participatory theatre	Accessible in all rural areas	200-300 people per event	Women, men, leaders, children	\$200 per performance	Very popular among rural communities	Requires good planning with local leaders. Messages need to be vetted beforehand.	Health Thru Theater: 079114469 Arts & Education Intl: 0766981873
	Public announcements/sensitizations in the community with megaphones	Available across the country	100 per sensitization session. For public announcements, approx 500 people.	All adult community members	Initial cost of equipment approx. \$100 per community	Used regularly to announce vaccination campaigns, political campaigns and other major events. Communities are used to the channel	Ensuring speakers are well trained on what to say and key messages.	For logistics and procurement: 0738551420
Print Media	Leaflets/Flyers	Can be used through social mobilizers and health facilities across the intervention area	Unable to estimate	Adult women and men, leaders	\$1,000 for printing 5,000 A4 leaflets	Important to have this at health facility to support information provided by the health provider	Due to low literacy levels, especially among women, leaflets need to be very visual	Press & More: 076623227 Kreative-Agency: 07833216658
Digital & Social Media	SMS	75% of population has access to mobile phones	6,000,000 people	Adult men and women, leaders			Despite high mobile network coverage, different networks cover different areas and must therefore look for a way of providing SMS across networks	
IPC								

WORKSHEET 7.2: MATCHING CHANNELS TO THE PRIMARY AND INFLUENCING AUDIENCES

Purpose: This worksheet includes a list of questions to support the selection of an appropriate channel mix to communicate with the intended audiences about the emergency issue being addressed.

Directions: State who the intended audience is for this exercise and whether they are a primary or influencing audience. Complete one sheet for each audience segment you have identified. Worksheet 4.1 in *Unit 4: Audience Segmentation* can help you identify audiences if you have not done so yet.

Answer the questions asked about the audience. Use evidence-based data from sources such as media consumption studies, project reports, surveys, qualitative studies and government statistics.

Finally, summarize the key points as this will help you identify the most appropriate communication channels for each audience.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Audience: _____

☐ **Priority**

☐ **Influencing**

1. What channels does the audience use regularly for different communication needs? For example, radios and TV for receiving or accessing news or health information, mobile phones for communicating with others, etc.
2. What communication channels does the audience generally prefer?
3. Which channels does the audience consider credible and for what kinds of information? Consider both modern and traditional communication channels such as community leaders and influential members or society.
4. What is the audience's literacy level? If possible, specify whether there is a different between rural and urban populations.
5. What differences exist, if any, in access to communication channels between genders?
6. Which channels does the audience prefer for getting information about emergencies?
7. Whom does the audience trust and turn to for advice about health or about other topics similar to that causing the emergency? If known, highlight differences between rural and urban areas and between genders.
8. During the emergency, how does the audience spend a typical day? Where do they go and what communication opportunities exist throughout the day? Consider that during an emergency standard routines may be disrupted.

WORKSHEET 7.2: MATCHING CHANNELS TO THE PRIMARY AND INFLUENCING AUDIENCES (Continued)

Time of Day During the Emergency	Activity	Location for Each Activity	Potential Communication Channels
Early morning			
Midmorning			
Midday			
Early afternoon			
Mid afternoon			
Early evening			
Dinner			
Late evening			
Special Occasions/ Festivities			

Summarize the information obtained from this worksheet in the table below. This will highlight the principal channels for communicating with each audience segment.

Audience:	
1. Communication Channel Preferences	
2. Trusted Information Sources	
3. Literacy Level	
4. Possible Communication Channels	

COMPLETED EXAMPLE – WORKSHEET 7.2: MATCHING CHANNELS TO THE PRIMARY AND INFLUENCING AUDIENCES

Purpose: This worksheet includes a list of questions to support the selection of an appropriate channel mix to communicate with the intended audiences about the emergency issue being addressed.

Directions: State who the intended audience is for this exercise and whether they are a primary or influencing audience.

Complete one sheet for each audience segment you have identified. Worksheet 4.1 in *Unit 4: Audience Segmentation* can help you identify audiences if you have not done so yet.

Answer the questions asked about the audience. Use evidence-based data from sources such as media consumption studies, project reports, surveys, qualitative studies and government statistics.

Finally, summarize the key points as this will help you identify the most appropriate communication channels for each audience.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Audience: Caretakers of children under 5

☐ **Priority**

☐ **Influencing**

- 1. What channels does the audience use regularly for different communication needs? For example, radios and TV for receiving or accessing news or health information, mobile phones for communicating with others, etc.**

Mothers in rural areas mostly receive information by word-of-mouth, mainly by talking to their friends, their local leaders and traditional practitioners. In rural areas, the men tend to control access to the radio

In urban areas women listen to the radio, especially the Jamina soap opera that touches upon numerous health issues. They also watch television when health programs are broadcast.

In both rural and urban areas, women have access to mobile phones.

- 2. What communication channels does the audience generally prefer?**

Rural women like human contact (door-to-door, small group discussions, face-to-face conversations). They also like radio but access is controlled by their husbands. Urban women prefer the radio.

- 3. Which channels does the audience consider credible and for what kinds of information? Consider both modern and traditional communication channels such as community leaders and influential members or society.**

COMPLETED EXAMPLE – WORKSHEET 7.2: MATCHING CHANNELS TO THE PRIMARY AND INFLUENCING AUDIENCES (Continued)

Urban women access health centers and their CHWs for health related information. Printed information is very popular among urban women who expect receiving leaflets from health providers.

Rural women prefer talking to the traditional practitioner and asking their local leaders and elderly women. Generally rural women do not seek information from CHWs but they respect their advice when they come on home visits.

- 4. What is the audience's literacy level? If possible, specify whether there is a different between rural and urban populations.**

Among rural women literacy levels are low (42 percent). In urban areas literacy levels among women are higher at 81 percent.

- 5. What differences exist, if any, in access to communication channels between genders?**

Not relevant as this audience group is women only.

- 6. Which channels does the audience prefer for getting information about emergencies?**

In rural areas women prefer going to their local and religious leaders.

In urban areas a rise in women seeking information from CHWs and health facilities has increased.

- 7. Whom does the audience trust and turn to for advice about health or about other topics similar to that causing the emergency? If known, highlight differences between rural and urban areas and between genders.**

In rural areas women are showing trust in their local leaders and traditional practitioners.

In urban areas women show trust in the medical establishment and television because they say the visual component on television helps them understand and believe.

- 8. During the emergency, how does the audience spend a typical day? Where do they go and what communication opportunities exist throughout the day? Consider that during an emergency standard routines may be disrupted.**

Morning prayers, work and/or child care, market, cattle post and traveling for water.

**COMPLETED EXAMPLE – WORKSHEET 7.2: MATCHING CHANNELS TO THE PRIMARY AND
INFLUENCING AUDIENCES (Continued)**

Time of Day During the Emergency	Activity	Location for Each Activity	Potential Communication Channels
Early morning	Rural women wake up early to fetch water; come home to wash the children and prepare food and get ready to leave the house.	Transit to water source; water source; home	Sensitization at water point; billboards on road to water point
	Urban women wash, prepare food for the children and get ready to leave the house.	Home; transit	Radio; billboards and transit ads.
Midmorning	Rural women do the housework and then mostly go to work in the fields or to sell/buy produce in the market.	Local market; fields	Radio, door-to-door; megaphone announcements in the market; peer-education/sensitization at the market and SMS
	Urban women are mostly doing commercial activities.	Market; commercial center	As above
Midday	Rural women stay at the market or the fields. Sometimes have lunch at the market and feed their children there.	Market, field	Megaphone announcements and peer education in the market, SMS
	Urban women go home for lunch.	Home and transit to home	Radio; television; billboards/transit ads
Early afternoon	Rural women have to do housework and fetch wood.	Transit; home; woods near home	Billboards on transit; radio; peer educators/mobilizers
	Urban women go back to the market for commercial activities.	Transit; market/ commercial area	Transit ads/billboards; sensitization and megaphone at market
Mid afternoon	Rural women prepare food and talk to neighbors while cooking.	Home; local community	Sensitization sessions where women cook; radio; peer educator/mobilizers, SMS
	Urban women go home; meet with friends	Local bars; transit	Peer educators/mobilizers; billboards & transit ads
Early evening	Rural women wash children and get them ready for dinner and bed.	Home	Radio; door-to-door, SMS
	Urban women get children ready for bed; talk with neighbors and friends.	Home; neighborhood	Radio, peer educators.
Dinner	Both rural and urban women tend to eat home as a family.	Home	Radio for rural women; television for urban women, SMS
Late evening	Both rural and urban women tend to stay home, especially since the outbreak has begun.	Home	As above
Special Occasions/ Festivities	Saturdays and Sundays are service days for both rural and urban women.	Transit to place of worship; place of worship	Information through religious leaders

COMPLETED EXAMPLE – WORKSHEET 7.2: MATCHING CHANNELS TO THE PRIMARY AND INFLUENCING AUDIENCES (Continued)

Summarize the information obtained from this worksheet in the table below. This will highlight the principal channels for communicating with each audience segment.

Audience:	Caregivers of Children under 5 in urban and rural areas
1. Communication Channel Preferences	Urban women prefer radio, television and printed information. Rural women prefer face-to-face communication
2. Trusted Information Sources	For urban women, television, radio and health facilities are trusted sources of information on health matters. For rural women, local leaders, elderly women and traditional practitioners are the most trusted sources of information on matters relating to health
3. Literacy Level	Low among rural women (only 42% of women are literate) Higher among urban women (81% of women are literate)
4. Possible Communication Channels	For rural women, sensitization session run by elderly women and leaders in strategic locations; information disseminated during religious sermons; door-to-door visits; radio spots at strategic times when women are likely to have access to the radio (as access is mostly controlled by men) For urban women, television spots portraying visual explanations about how cholera is spread and symptoms; information leaflets at health facility level; using the Jamina radio soap opera to introduce information about cholera. SMS is accessible to both rural and urban women as phone ownership is high across the country. Billboards can reach both rural and urban women especially if placed strategically on routes that are highly frequented by the audience.

WORKSHEET 8.1: DEVELOPING MESSAGE MAPS

Purpose: This worksheet provides some guidance to identify key areas of a message map for an expected or existing emergency.

Directions: Complete this worksheet together with stakeholders to promote a broad exchange and analysis. Wherever possible, access evidence-based data to complete this worksheet. You can refer to the completed worksheets from *Unit 2: Needs Assessment*, *Unit 4: Audience Analysis & Segmentation* and *Unit 5: Audience Profiling* as these contain helpful information for completing this worksheet.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Brainstorm with your team to name all possible audiences that are in some way affected by the emergency. The table below provides categories of stakeholders to prompt thinking; however, you may wish to add other categories that are specific to your context.

Category	Stakeholders/Audiences
Individuals Directly Affected:	
Individuals Indirectly Affected:	
At-Risk and Vulnerable Individuals:	
Service providers:	
Influential Individuals/Decision Makers:	
Authorities and Government Bodies:	
Organizations Involved in the Response:	
Organizations Affected by the Emergency:	
The Media:	
Other:	

WORKSHEET 8.1: DEVELOPING MESSAGE MAPS (Continued)

Purpose: This worksheet provides guidance to identify key areas of a message map for an expected or existing emergency.

Directions: To help you identify possible concerns or questions an audience may have relating to the emergency, consider the various aspects that may be impacted by the emergency or impact the way an individual responds to the emergency. For each audience, list possible concerns or questions relating to the following areas:

- Access to information
- Ethnicity
- Gender
- Health
- Economics/Income Generating Activities
- Legal
- Religion
- Trust
- Safety/security
- Livestock

Audience	Concerns/Questions

- Review the questions/concerns in the table above and select the ones that you believe to be most pertinent. For each selected audience and question/concern develop:
 - Three key messages that answer that question/concern
 - Three supporting facts for each key message

Audience:		
Question:		
Key Message 1	Key Message 2	Key Message 3



Supporting Facts	Supporting Facts	Supporting Facts

COMPLETED EXAMPLE – WORKSHEET 8.1: DEVELOPING MESSAGE MAPS

Purpose: This worksheet provides some guidance to identify key areas of a message map for an expected or existing emergency.

Directions: Complete this worksheet together with stakeholders to promote a broad exchange and analysis. Wherever possible, access evidence-based data to complete this worksheet. You can refer to the completed worksheets from *Unit 2: Needs Assessment*, *Unit 4: Audience Analysis & Segmentation* and *Unit 5: Audience Profiling* as these contain helpful information for completing this worksheet.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Brainstorm with your team to name all possible audiences that are in some way affected by the emergency. The table below provides categories of stakeholders to prompt thinking; however, you may wish to add other categories that are specific to your context.

Category	Stakeholders/Audiences
Individuals Directly Affected:	<i>General public</i>
Individuals Indirectly Affected:	<i>Same as above</i>
At-Risk and Vulnerable Individuals:	<i>People living in the Rubera area</i>
Service providers:	<i>Community Health Workers</i>
Influential Individuals/Decision Makers:	<i>Community Leaders</i>
Authorities and Government Bodies:	<i>Ministry of Hygiene & Sanitation</i>
Organizations Involved in the Response:	<i>Organizations distributing water treatment kits</i>
Organizations Affected by the Emergency:	
The Media:	<i>Local and national press, radio stations and television</i>
Other:	

COMPLETED EXAMPLE – WORKSHEET 8.1: DEVELOPING MESSAGE MAPS (Continued)

Purpose: This worksheet provides guidance to identify key areas of a message map for an expected or existing emergency.

Directions: To help you identify possible concerns or questions an audience may have relating to the emergency, consider the various aspects that may be impacted by the emergency or impact the way an individual responds to the emergency. For each audience, list possible concerns or questions relating to the following areas:

- Access to information
- Ethnicity
- Gender
- Health
- Economics/Income Generating Activities
- Legal
- Religion
- Trust
- Safety/security
- Livestock

Audience	Concerns/Questions
General Public	• <i>What is cholera?</i> • <i>How is it spread?</i> • <i>What are the signs of cholera?</i> • <i>What do you do if you suspect you have cholera?</i> • <i>Who do you protect yourself against cholera?</i>
People living in the Rubera area	• <i>Where did cholera come from?</i>
Community Health Workers	• <i>What key information should we give to our communities?</i> • <i>What do we need to do to help our communities prevent and curb the cholera outbreak?</i>
Community Leaders	• <i>What do we tell our communities? How do we reassure our communities?</i>
Ministry of Hygiene & Sanitation	• <i>What do we need to do to help the public curb cholera?</i>
Organizations distributing water treatment kits	• <i>Where can people obtain water treatment Kits? What do people need to know about cholera?</i>
Local and national press; radio stations; television	• <i>What is cholera?</i> • <i>How is cholera spread?</i> • <i>What are the signs of cholera?</i> • <i>What do you do if you suspect someone has cholera? How do you prevent cholera?</i>

COMPLETED EXAMPLE – WORKSHEET 8.1: DEVELOPING MESSAGE MAPS (Continued)

Review the questions/concerns in the table above and select the ones that you believe to be most pertinent. For each selected audience and question/concern develop:

- Three key messages that answer that question/concern
- Three supporting facts for each key message

Audience:	General public	
Question:	What is cholera?	
Key Message 1	Key Message 2	Key Message 3
Cholera is a severe diarrheal disease.	If not treated immediately, cholera can be deadly.	Cholera can affect anyone who comes in contact with the bacteria that causes cholera.
Supporting Facts	Supporting Facts	Supporting Facts
Cholera is caused by a bacteria found in feces. Cholera causes mild to severe watery diarrhea that looks like rice water. In severe cases diarrhea is accompanied vomiting and weakness.	Cholera can cause dehydration (loss of water) within a few hours if not treated Dehydration (loss of water) from cholera can cause death Cholera must be treated immediately at a health facility	Everyone can be affected by cholera if they come into contact with the bacteria causing cholera Children under the age of 5 years are at greater risk of being infected with cholera People living with someone who has cholera are at greater risk of infection

WORKSHEET 8.2: KEY MESSAGES PER AUDIENCE SEGMENT IN THE SBCC STRATEGY

Purpose: This worksheet provides a template to record information that can guide and inform key messages for each audience segment that the SBCC strategy plans to target.

Directions: Refer to the worksheets completed in *Unit 2: Rapid Needs Assessment*, *Unit 4: Audience Analysis & Segmentation*, *Unit 5: Audience Profiling* and *Unit 6: Developing Communication Objectives & Indicators*. These contain useful information for this exercise and will ensure that messages are evidence-based.

Complete the table below with relevant information for each audience segment.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Audience:	<i>Insert the name of the audience segment.</i>				
Description:	<i>Insert a description and data regarding this audience (including their stage of behavior change) that has informed the communication objective.</i>				
Communication Objectives	Barriers	Facilitators	Key Benefit	Key Information	Key Message
<i>Insert the communication objectives identified in Unit 6.</i>	<i>Insert main barriers to performing the desired behaviors as identified in Unit 4.</i>	<i>Insert main facilitators to performing the desired behaviors as identified in Unit 4.</i>	<i>Insert the key benefit the audience can expect by performing the desired behaviors.</i>	<i>Insert key points of information that the audience needs to know in order to be motivated to perform the desired behavior.</i>	<i>Insert brief key messages that contain a call to action and the benefit reaped from performing it.</i>

WORKSHEET 8.3: REVIEWING KEY MESSAGES AGAINST THE 7 CS OF COMMUNICATION

Purpose: This worksheet is a checklist that outlines key questions to assess whether your key messages reflect the 7 Cs of Communication.

Directions: Review each individual key messages (and accompanying materials if available) against the checklist below. Through the checklist, identify if there are areas of improvement and reformulate messages if necessary

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

Key Message: _____

7 Cs of Communication	Message Check	Yes	No	Suggestions for improving the message (if necessary)
Command Attention	Does the message stand out/capture the audience's attention?	☐	☐	
Clarify the Message	Is the message simple, direct and easy to understand by the audience?	☐	☐	
Communicate a Benefit	Is it clear what benefit the audience will reap by engaging in the desired action?	☐	☐	
Consistency Counts	Are all messages consistent?	☐	☐	
	Can they be conveyed across different communication channels?	☐	☐	
Create Trust	Is the message credible?	☐	☐	
	Is the channel used credible?	☐	☐	
Cater for Head and Heart	Does the message contain logical and factual information?	☐	☐	
	Does the message use emotion?	☐	☐	
Call to Action	Does the message clearly communicate what the audience should do?	☐	☐	

WORKSHEET 9.1: DEVELOPMENT OF AN M&E PLAN

Purpose: This worksheet provides a template that can be support the development of Steps 2 to 4 of the M&E plan (to insert the necessary information for the M&E plan (definition of indicators; definition of data collection methods and timeline; identification of roles and responsibilities)

Directions: Use the tables below to input the required data for your M&E plan

When completed, the first table can be shared with relevant partners to inform them of the data being collected, how and by whom.

When completed, the second table can be used to report regularly to the emergency response team and shape the intervention.

Please note that this worksheet is followed by a completed example that you can use as reference if necessary.

On the table below, list all program indicators, how they will be measured, when and by whom. When completed share with all emergency communication response partners.

Indicator	Data Source(s) for Measuring Indicator	How Measured	Frequency of Data Collection	Person Responsible/ Data Manager

The table below can be used to update the emergency coordination cell on key indicators. It can be designed on an excel spreadsheet to allow inclusion of data over the course of the whole emergency, not just up until Week 5, as presented below. Graphs and charts can be used to represent information visually.

Key Indicator	Baseline	Week 1	Week 2	Week 3	Week 4	Week 5

More information on how to make graphs and charts in excel can be found at:

<https://support.office.com/en-us/article/Create-a-chart-0baf399e-dd61-4e18-8a73-b3fd5d5680c2>