



Directorate General of Health Services
Ministry of Health and Family Welfare

INDIA Country Preparedness

Zika Virus

Risk Communication
Strategy Framework

August 2017



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Dr. Jagdish Prasad
M.S. M.Ch., FIACS
Director General of Health Services



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
स्वास्थ्य सेवा महानिदेशालय
निर्माण भवन, नई दिल्ली-110 108

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
DIRECTORATE GENERAL OF HEALTH SERVICES
NIRMAN BHAWAN, NEW DELHI-110 108
Tel : 23061063, 23061438 (O), 23061924 (F)
E-mail : dghs@nic.in

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दिनांक/Dated.....

FOREWORD

The Zika virus like many other vector borne diseases threatens the most vulnerable section of the country i.e., young children and pregnant women. The World Health Organisation on 18 November 2016, declared that Zika virus no longer constitutes an international emergency, but it stressed a need for a long-term effort to address Zika, which has been linked to birth defects and neurological complications which is a long-term problem.

The virus had affected more than 80 countries. Of these, more than 60 first reported a Zika virus outbreak from 2015 onwards.

The Zika virus is mainly transmitted by the *Aedes aegypti* mosquito, which also spreads dengue and chikungunya. This mosquito species thrives in India as evidenced by the high occurrence of dengue (129,166 cases in 2016) and chikungunya (64,057 cases in 2016).

Though WHO has downgraded the threat of Zika virus, it remains a concern for India, which is a natural habitat for the *Aedes aegypti* mosquito. The government remains vigilant in the face of threat and has initiated steps to ensure adequate preparedness. National Guidelines and Action Plans on Zika virus disease have been prepared and shared with the States to prevent outbreak of Zika virus disease and contain the spread in case of an outbreak. Further, the Joint Monitoring Group is regularly reviewing the situation on Zika virus disease.

To enhance integrated vector management and increase vector surveillance, the involvement of the public as well as the stakeholders is crucial. This can be achieved through a well-thought out risk communication strategy. For a risk communication strategy to be effective, it not only must inform and educate the people but also engage and mobilise communities.

I hope that this Zika Risk Communication Strategy Framework will prove helpful in developing a better understanding of the disease, spread awareness regarding its causative factors and promote preventive practices. The framework draws on global experiences and adapts a risk communication approach to preparedness, response and recovery plans which will run in tandem with the national and state departments concerned with emergency response. It seeks to inculcate sustained and appropriate health seeking behaviours amongst all and to solicit active cooperation from all stakeholders.

The framework, developed under the stewardship of Dr Niraj Kulshrestha, Director, Central Health Education Bureau hopes to serve as a guide for various agencies concerned in the planning, implementation and monitoring of the new and existing interventions under the National Vector Borne Disease Control Programme (NVBDCP). I hope that this communication framework will help the country in adopting suitable prevention and control measures for forestalling Zika virus disease.

(Dr Jagdish Prasad)

Director General of Health Services
Ministry of Health and Family Welfare
Government of India

ACKNOWLEDGEMENTS

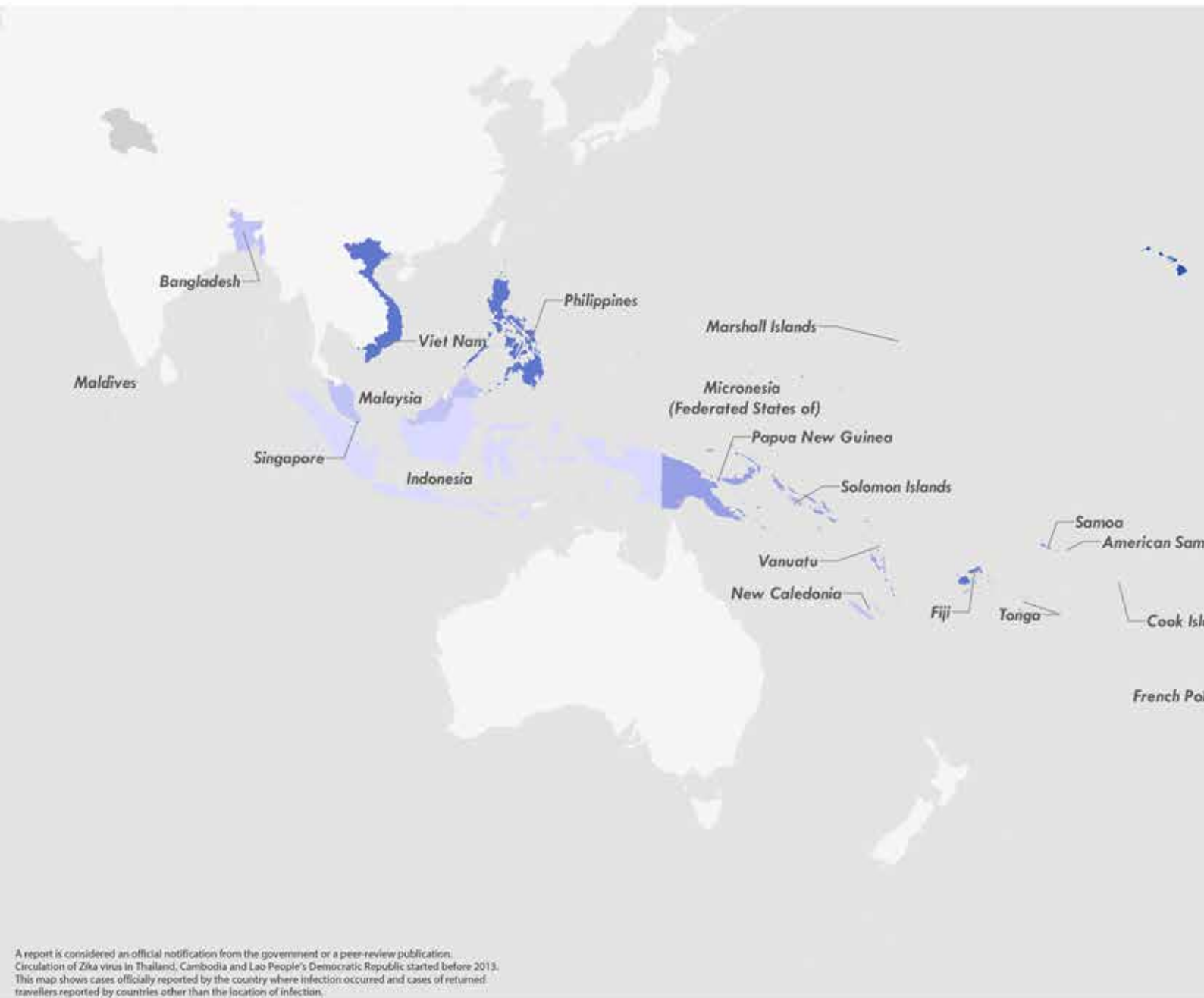
The Zika Risk Communication Strategy Framework aims at preventing outbreak and spread of the Zika virus in the country. As in the case of other vector borne diseases, the virus can affect any section of the society. The framework hopes to prevent not only financial losses incurred on prevention and treatment of the disease, but also human costs in terms of suffering, loss of productivity/income due to illness or death.

The framework has been developed through collaboration between the Ministry of Health and Family Welfare and development partners under the overall guidance from Dr Jagdish Prasad, Director General of Health Services.

Acknowledgements are due to UNICEF which steered the consultative process for developing the framework and to WHO for their active engagement. The Emergency Medical Relief, National Vector Borne Disease Programme, and National Centre for Disease Control departments also contributed in developing this Communication Strategy Framework.

A special word of thanks to Dr Ravindran, Director, EMR, Dr Niraj Kulshrestha, Director, Central Health Education Bureau for anchoring the process and to Ms Geeta Sharma and Dr Pravin Khobragade (UNICEF) for collating and developing the framework. Rania Elessawi, Sonia Sarkar and Anil Bhola provided inputs.

Countries, territories and areas showing t



A report is considered an official notification from the government or a peer-review publication. Circulation of Zika virus in Thailand, Cambodia and Lao People's Democratic Republic started before 2013. This map shows cases officially reported by the country where infection occurred and cases of returned travellers reported by countries other than the location of infection.

Countries where person-to-person transmission occurred are not represented in this map.

Available information does not permit measurement of the risk of infection in any country; the variation in transmission intensity among countries is therefore NOT represented on this map. Zika virus is not necessarily present throughout the countries/territories shaded in this map.

Disputed Areas
Disputed Borders



The distribution of Zika virus, 2013 - 2016

MAP DATE: 22 September 2016



About Zika virus/disease

- The World Health Organization (WHO) declared Zika virus/disease to be a Public Health Emergency of International Concern (PHEIC) on 1 February 2016. Later, as the rigorous surveillance of Zika virus transmission was found to be significantly slowed down, it was declared by the Executive Director of WHO on 18 November 2016 that Zika was no longer a PHEIC; and downgraded it to endemic disease.
- Zika virus/disease is a vector-borne viral disease transmitted through the bite of an infected *Aedes* mosquito. The same mosquito that is known to transmit virus causing infections like dengue and chikungunya. Zika virus was first identified in Uganda in 1947. The first large outbreak of the disease caused by Zika infection was reported from the Island of Yap (Federated States of Micronesia) in 2007, as the virus moved from Africa to the Pacific through South-east Asia.
- The World Health Organization has reported globally 84 countries¹ and territories with evidence of vector-borne Zika virus transmission (as on 10 March 2017).
- Of the above, 61 countries and territories first reported outbreak from 2015 onwards (category 1). Eighteen areas with evidence of virus circulation before 2015 or with ongoing transmission that is no longer in the new or re-introduced phase, but without any evidence of interruption (category 2). Five areas where transmission has been interrupted, but there is potential of future transmission. Sixty-four countries, territories or sub-national areas where the competent vector is established but with no documented past or current Zika virus transmission.
- A majority of those infected with Zika virus/disease either remain asymptomatic (up to 80 per cent) or show mild symptoms of fever, rash, non-purulent conjunctivitis, body ache, headache, joint pains etc. Zika virus infection should be suspected in patients reporting acute onset of fever, maculo-papular rash and arthralgia, among those individuals who travelled to areas with ongoing transmission during the two weeks preceding the onset of illness. Symptoms usually last from 2-3 days to 1 week (incubation period: 2-7 days).
- Microcephaly, a congenital defect in the newborn and other severe illness affecting the nervous system (Guillain Barre Syndrome) has been found to be temporally associated with Zika virus infection. However, microcephaly and neurological syndromes may also occur due to a number of genetic and other causes like Guillain Barre Syndrome etc.
- Based on the available information of previous outbreaks, severe forms of disease requiring hospitalisation are uncommon and fatalities are rare. At present, there is no vaccine or drug available to prevent/treat Zika virus/disease.

¹<http://www.who.int/emergencies/zika-virus/situation-report/29-september-2016/en/>.

India context

- India reported three lab-confirmed cases of Zika including two pregnant women on 15 May 2017 from Bapunagar area in Ahmedabad district of Gujarat state. The cases were identified through a routine surveillance of acute febrile illnesses. The first case of a pregnant woman who delivered a normal healthy baby was confirmed through a positive RT-PCR test and sequencing at the national reference laboratory, National Institute of Virology (NIV), Pune, on 4 January 2017.
- India, as clearly stated and based on evidence, is a natural habitat for vectors that cause dengue and chikungunya—and the same vector transmits the Zika virus. The mosquito that transmits Zika virus belongs to *Aedes* species, namely *Aedes aegypti* and *Aedes albopictus*, both of which are widely prevalent in India. There is a potential risk of transmission of Zika virus strain in case it gets into India through/ from Zika- infected/ affected countries. Hence the need to have in place a Risk Communication Strategy on Zika for India.
- The *Aedes* mosquito passes through four life stages: egg, larva, pupa and adult. The lifecycle of *Aedes aegypti* mosquito from an egg to an adult takes approximately 8-10 days. The *Aedes aegypti* mosquito lives in urban and peri-urban habitats and breeds mostly in hidden and damp containers such as coolers, flower vase, discarded tyres etc. These can live and reproduce inside and outside the home.
- Dengue cases in India have increased in the last few years, despite the government's commitment to fight vector-borne diseases, through a series of guidelines and programmes. India reported 99,913 dengue cases with 220 deaths in 2015 and 111, 888 cases and 227 deaths in 2016 from 35 states/ UTs. In 2014, the number of dengue cases stood at 40,571 with 137 deaths, through the year. Hence, the number of cases substantively increased in 2015 from 2014.²
- As per the Zika virus guidelines issued by the Ministry of Health and Family Welfare, there is a need to enhance integrated vector management. The measures undertaken for control of dengue/dengue hemorrhagic fever need to be further augmented. The guidelines for integrated vector control should stress on vector surveillance (both for adult and larvae), vector management through environmental modification /manipulation; personal protection, biological and chemical control at household, community and institutional levels.³
- States, facing problems of dengue transmission due to weather conditions etc., need to be extra vigilant.
- Humans, infected with Zika virus, have sufficient amounts of the virus in their bloodstream to infect a mosquito that bites them within 3-12 days of initial infection. After that bite, it may take approximately 10-15 days (depending on the outside temperature) before the female *Aedes* can transmit the virus to the next person. The *Aedes* mosquito cannot immediately infect a person after biting an infected person.
- In the Indian context, source reduction (killing of larvae before they develop into adult mosquitoes and fly to bite) has to be prioritised.

²<http://nvbdcp.gov.in/den-cd.html> and <http://www.nvbdcp.gov.in/Doc/Strategy-Effective-Community-Participation-Version-1-DRAFT.pdf>.

³<http://pib.nic.in/newsite/PrintRelease.aspx?relid=136006>.

India policy overview

- The political and administrative will for vector control and outbreaks preparedness is high at the national-level. The Guidelines for Integrated Vector Management for Control of Dengue and Dengue Hemorrhagic Fever in India, and the Clean India Campaign, as well as the Risk Communication Plan⁴, on the National Centre for Disease Control (NCDC) website also present a good opportunity. The National Vector Borne Disease Control Programme (NVBDCP) and WHO have also developed a draft communication strategy for dengue, with components of community engagement, that can serve as an ideal platform for Zika Risk Communication Strategy roll out, as relevant.
- The Guidelines for Integrated Vector Management is a strategy to promote the practice of regular vector surveillance and integrated management of the Aedes mosquitoes, through biological and chemical control, environmental management, and legislations, as well as action at household and community-level. It includes vector surveillance (larval surveys), vector management (environmental management, personal protection, biological control, and chemical control), legislative measures, and health education for community mobilisation (community-level, household-level and institutional- level).
- In addition, the Government of India has already issued “National Guidelines for Zika virus/disease”⁵ that includes/shares guidelines on Zika virus/disease following epidemic in Brazil and other countries of America; Guidelines for integrated vector management for control of Aedes mosquito, Dos and Don'ts for Zika virus/disease, travel advisory related to Zika virus/disease and factsheet.
- Swachh Bharat Mission (SBM-Clean India) - a national campaign- can also be leveraged to promote prevention and personal protection messages, related to Zika (and dengue and chikungunya). SBM promotes cleaning of streets, sanitation and toilet facilities, and efficient waste management system among others – factors that are important for prevention of mosquito breeding.

- Globally, a “Risk Communication and Community Engagements for ZIKA Virus Prevention and Control”⁶ guidance document of WHO/UNICEF, PAHO, IFRC and UNICEF (March 2016), Zika virus Infection is now available: Step by Step Guide on Risk Communication and Community Engagement⁷ (PAHO, WHO), 2016 is also available.

Risk communication approach

India is a habitat for the vector Aedes mosquitoes and, thus, at risk for Zika virus transmission. It is also likely that the virus may enter India via a traveller, visiting or returning to the country from Zika infested areas and create mutations in the indigenously circulating Zika virus in the state of Gujarat. The person may enter via Ports of Entry (PoE) and then possibly spread the vector to other areas in India where the vector prevalence is high. Hence a variety of settings, including PoE (airports, sea ports, borders), hospital facility, community/neighbourhoods (slums) and households become areas of focus for targeted risk communication efforts and messages. The Risk Communication Strategy for Zika in India can follow three critical phases of risk communication in public health emergencies, of which India is currently in the “preparedness” phase.

Given the Indian context, vector control through insecticides focused on adult mosquitoes, rather than on larvae; pupae may not be very effective. Hence there is a need to focus on source reduction (killing eggs and larvae before they develop into mosquitoes and can fly to bite) has to be prioritised.

In the preparedness phase, key components of internal health system readiness, community and other stakeholders' readiness and health systems responses are to be prioritised, the details of which are outlined in the Operational Plan.

⁴<http://www.ncdc.gov.in/writereaddata/mainlinkfile/File593.pdf>.

⁵<http://mohfw.nic.in/index1.php?lang=1&level=1&sublinkid=5794&lid=3704>.

⁶http://www.unicef.org/cbsc/files/Zika_Virus_Prevention_and_Control_UNICEF_English.pdf.

⁷http://iris.paho.org/xmlui/bitstream/handle/123456789/18599/zikavirusinfection_2016_eng.pdf?sequence=1&isAllowed=y.



A quick overview:

- Internal: Health system readiness
 - Setting up a Risk Communication Task Force with clear roles and responsibilities, processes and protocols
 - Capacity development and resource allotment and management
 - Preparing communication tools
 - External: Community/other stakeholders' readiness
 - Identifying community-based institutional structures and forging a coalition of influential stakeholders
 - Providing access to necessary information to properly manage communication in case of an outbreak
 - Capacity development and resource allotment and management
- Health system response and crisis mitigation would come in the response stage and involve:
- Management of the crisis
 - Communication with community/stakeholders and rapid engagement with the coalition of stakeholders
 - Meeting additional pressures for demand of information
 - Making necessary resources available

Broad objectives⁸

- To inform and educate the public about risks, preventive behaviours and actions. Engage stakeholders at different levels and settings (rural/urban; community/ports of entry).
- To mobilise and engage communities to take action to prevent breeding sites and personal protection (vector control and mitigation measures).
- To involve public and stakeholders in risk management, decision-making around risk controversy, and situations arising in any geographical location.

In addition, some key guiding principles to aid the overall strategy, as per PAHO documents and guidelines are:

- To communicate timely, accurate information on Zika virus, addressing public health concerns, and providing information that the population may need regarding possible health issues related to this disease.
- To continue encouraging changes in individual behaviour and community participation, in order to control the vector and its breeding sites.
- To keep the public informed on the risk and to explain - what is known and what efforts are being undertaken to identify what is not known about the virus and its impact on the health of specific population groups.
- To maintain credibility and public trust by disseminating accurate science-based material.
- To create a monitoring system to identify speculation and conjecture, dissipate rumours, and correct inaccurate information and erroneous ideas as quickly as possible.
- To respond rapidly to concerns and specific information needs of public, healthcare providers, and the public health community.
- To adopt a unified and consistent governmental approach to strategic and operational communication. To also include partners and allies in the non-governmental sectors (non-governmental organisations, private sector entities, community groups etc.).

- To create a system capable of ensuring consistency in the messages issued by representatives of the national government, health services, and local health authorities.
- To share information on the first occurrence of the disease with affected local and international counterparts, so as to maximise public awareness and ensure the inter-institutional consistency of messages on Zika virus.

A “Systems Approach”⁹ will be followed for planning and implementation of key elements of the Risk Communication Strategy:

In order to develop a comprehensive strategy and plan, following key elements may be considered:

- Existing evidence on patterns of the disease and vector control;
- Local context and behaviours; and
- Institutional capacities and roles.

Following are some of the suggested essential principles to guide the development of a comprehensive strategy and plan:

1. Rapid formative research, rapid surveys to understand local context and situation around current efforts and their efficacy (e.g., dengue and chikungunya control measures).
 - Driven by local community knowledge and expertise, including local opinion leaders on best ways to deal with the new challenge
 - Particular attention to areas where women and communities traditionally have poor access to information, community engagement platforms and health services
 - Communication outreach and messages tailored to different population groups: travellers; pregnant women; newborns and children; families and communities

⁸Noting that this is for the Preparedness phase from <http://www.paho.org/zikavirus> (Pan American Health Organization).

⁹Building on the current institutional structures and systems that are existing the preparedness interventions should aim to coordinate among the different sectors that play key roles and are mandated with responsibilities.

2. Identify areas of technical support for the Ministry of Health (in coordination with MDWS) to streamline planning of communication strategies, especially for community engagement, implementation of risk communication activities for protective behaviours through different outreach platforms. This would entail a risk communication sub-group led by the MoHFW and comprising of international development partners, risk communication experts, epidemiologists, entomologists among others.
 - Integration of Zika Risk Communication messages into existing communication strategies, including dengue and chikungunya, SBM/A
 - Build on media platforms, partners, community engagement and social mobilisation activities and civil society, media and influential leaders
3. Identify institutional capacities of strategic stakeholders and partners, needs for response at the central and local-levels, understand the importance for capacity strengthening of communication/IEC departments in different social sectors and local organisations both in training staff and in creating structures/processes for effectiveness of communication interventions.¹¹

In all of this, disseminating credible and up-to-date information and communication to the general public is important. It is equally important to work with media and other civil society partners across all stages depending on the emerging scenarios that may warrant preparedness, and possibly response or recovery based messaging and interventions. A media engagement strategy, with media being both a catalyst, stakeholder and outreach partner, shall underpin relevant stages of the communication plans.

Key components of preparedness phase

In the preparedness phase, there are key components that should be considered. This is informed by the recent outbreak and response experiences that have been compiled in Latin America in early 2016. It is suggested that a country plan should include the following core components (centered on community engagement, vector control and mitigation interventions)¹⁰:

- Community awareness and engagement, vector control and personal protective measures are enhanced.
- Communities and families from affected and at risk areas count with WASH services, and are equipped for reducing breeding sites/vector density.
- Nutritional situation of pregnant women and newborn from affected, and at risk areas is monitored.
- Maternal and child health interventions are equitably used by children, adolescents and mothers from the Zika-affected and at risk areas.
- Increased country capacity and delivery of services to ensure girls and boys access to safe and secure forms of education and critical information for their own well-being in the ZIKV-affected and at risk areas.
- Improved country capacity and national systems to strengthen response to humanitarian situations.

Media engagement and role will form an integral part of the overall strategy and cut across various phases of the Communication Strategy Framework.

A detailed media engagement plan is outlined further down in this document.

Audience, message and medium guide for Zika risk communication

The following table provides a possible outline for audience, message and medium, for preparedness and immediate response phases for Zika Risk Communication in India. This has been adapted from the “Zika virus infection: step by step guide on Risk Communication and Community Engagement”, PAHO, WHO, 2016 and will be further tailored to the Indian context.

¹⁰Plans from Bolivia and Brazil.



Audiences

Travellers



Messages (sample, not exhaustive)

- Knowledge of the countries affected with Zika virus, if travelling to or travelling back from that country
- Advise that non-essential travel to the affected countries be deferred/cancelled
- Awareness that Zika virus is spread by the same mosquito that transmits dengue and chikungunya
- Awareness on prevention through protective measures in the affected countries, especially during day time, to prevent mosquito bites (dress that appropriately covers most of the body parts, use of mosquito repellent, mosquito nets etc.)
- Advise pregnant women or women who are trying to become pregnant to defer/cancel their travel to affected areas
- Awareness among pregnant women who have travelled to areas with Zika virus transmission to mention about their travel during ante-natal visits in order to be assessed and monitored appropriately
- Awareness among persons with co-morbid conditions to seek health advice before travelling
- Advise travellers having febrile illness within two weeks of return from an affected country to report to the nearest health facility
- Seek travel advice from a health care provider at least 6-8 weeks in advance of travel, but particularly important if you are pregnant or planning pregnancy
- Not to travel without adequate insurance – pregnant women should check with their travel insurance company if they are covered under the policy
- ZIKA-related symptoms might be similar to other diseases carried by the same mosquito, such as dengue and chikungunya. Seek medical attention if symptoms become more severe.
- Knowledge on the use of condom before having sex with a person infected with Zika virus to avoid sexual transmission
- Advise travellers not to donate blood if coming from areas with active Zika virus transmission, potentially exposed to the virus, or have had a confirmed Zika virus infection



Channel/medium

- Travel advisories
- Announcements
- Signage
- Pamphlets
- Face-to-face information at airports, sea ports, travel and airline companies' offices



Audiences

Ports of entry/other stakeholders:

- Airports
- Seaports
- Land border areas
- Airline staff
- Cruise lines staff
- Immigration staff

Health workers/ frontline workers

- Doctors and other health workers
- ASHA
- Anganwadi workers



Messages (sample, not exhaustive)

- Awareness that Zika virus is spread by the same mosquito that transmits dengue and chikungunya
- Knowledge of the countries affected with ZIKV if travelling to or travelling back from that country
- Awareness on prevention through protective measures in the affected countries, especially during day time, to prevent mosquito bites (dress that appropriately covers most of the body parts, use of mosquito repellent, mosquito nets etc.)
- Zika-related symptoms might be similar to other diseases caused by the same mosquito, such as dengue and chikungunya. Seek medical attention if symptoms become more severe
- Awareness that Zika virus is spread by the same mosquito that transmits dengue and chikungunya
- Zika- related symptoms might be similar to other diseases carried by the same mosquito, such as dengue and chikungunya. Seek medical attention if symptoms become more severe
- Awareness on taking precautions for themselves and their patients (through protective clothing, using mosquito repellents and mosquito nets) as mentioned in NVBDCP¹¹
- Knowledge on the advice to pregnant women and the ones planning to get pregnant to take precautions to prevent Zika virus during antenatal care
- Knowledge to ensure all breeding sites in/ around the health facility are cleaned daily as per Kayakalp¹² guidelines for health facilities
- Knowledge and promotion of key messages for mosquito control and prevention can be delivered at VHNSC¹³ and VHND¹⁴ and as per NVBDCP
- Awareness of microcephaly among pregnant women during antenatal care
- Awareness of Guillain Barre Syndrome, its symptoms and treatment
- Awareness of the importance of usage of condoms if the couple has been to the affected country to avoid the risk of sexual transmission of the virus
- Awareness that all cases of microcephaly at birth needs to be reported as per RBSK¹⁵ strategy



Channel/medium

- Travel advisories
- Announcement
- Signage
- Pamphlets
- Face to face information at airports, sea ports, travel and airline companies' offices
- Audio visual at ports of entry

Materials at facility-level:

- Posters for health care facilities, blood banks and visitors
- Pamphlets for health care
- Audio visual for health care

Materials for outreach:

- IPC tool for counselling
- FLWs – guidelines and materials for group meeting and social mobilisation kits
- Hoardings, wall paintings

¹¹National Vector Borne Control Programme: <http://www.nvbdc.gov.in/dengue14.html>.

¹²http://www.nhp.gov.in/kayakalp-swachta-guidelines-for-public-health-facilities_pg.

¹³Village health, nutrition and sanitation committee.

¹⁴Village health and nutrition day.

¹⁵Rashtriya Bal Suraksha Karyakram: http://nhm.gov.in/images/pdf/programmes/RBSK/For_more_information.pdf.



Audiences

Community:

- Schools
- Religious organisations
- CBOs
- PRIs etc.



Messages (sample, not exhaustive)

- Awareness that Zika virus is spread by the same mosquito that transmits dengue and chikungunya
- Zika- related symptoms might be similar to other diseases carried by the same mosquito, such as dengue and chikungunya. Seek medical attention if symptoms become more severe.
- Community to be aware of measures of prevention and control at home, school and community
- Knowledge to identify and participate in elimination of breeding sites in line with NVBDCP strategy
- Knowledge to ensure all breeding sites around the school and community are cleaned daily, in tandem with NVBDCP
- Understand the importance of personal protective measures including full-sleeved clothes, use of mosquito repellent and mosquito nets in tandem with NVBDCP
- Understand the importance of clean water storage
- Awareness that drinking water treated with larvicides is not harmful
- Knowledge on the appropriate authorities for reporting of mosquito breeding grounds in public spaces or the workplaces
- Awareness of local/public authorities to treat the outdoors with insecticide within 100 meters of homes/habitats



Channel/medium

- Mid-media tools like street plays etc.
- Other communication tools like posters, leaflets, hoardings, wall paintings etc.

General public

- Awareness that Zika virus is spread by the same mosquito that transmits dengue and chikungunya
- Zika- related symptoms might be similar to other diseases carried by the same mosquito, such as dengue and chikungunya. Seek medical attention if symptoms become more severe.
- Understand how to reduce the mosquito population by eliminating mosquito breeding sites¹⁶
- Knowledge to ensure that all breeding sites in/ around the community are cleaned daily
- Understand the importance of clean water storage facilities
- Understand the importance of personal protective measures including full-sleeved clothes, use of mosquito repellent and mosquito nets etc.
- Awareness that drinking water treated with larvicides is not harmful
- Knowledge on the appropriate authorities for reporting of mosquito breeding grounds in public spaces as noted by NVBDCP and/or workplaces
- Awareness of local/public authorities to treat the outdoors with insecticide within 100 meters of homes/habitats

- TV commercials
- Radio spots and jingles
- Newspapers ads
- Outreach materials
- Social media package with updates and technically appropriate messages

¹⁶<http://www.nvbdcg.gov.in/Doc/Strategy-Effective-Community-Participation-Version-1-DRAFT.pdf>.



Audiences

Pregnant women and women planning to get pregnant



Messages (sample, not exhaustive)

- Awareness that Zika virus is spread by the same mosquito that transmits dengue and chikungunya
- Zika-related symptoms might be similar to other diseases carried by the same mosquito, such as dengue and chikungunya. Seek medical attention if symptoms become more severe.
- Awareness on protecting themselves from bitten by mosquitoes by wearing protective clothing, using mosquito repellents, using physical barriers (screens, treated curtains, keeping doors and windows closed) and using mosquito nets etc. (and in tandem with NVBDCP advisory)
- Awareness of symptoms of Zika virus and seek immediate pre-natal care
- Awareness of risk of microcephaly to the foetus in pregnant women during ANC
- Knowledge on the use of condom before having sex with a person infected with Zika virus to avoid sexual transmission
- Awareness of local/public authorities to treat the outdoors with insecticide within 100 meters of homes/habitats



Channel/medium

- Outreach materials as listed above

Media engagement and spokesperson at various stages

- Spokespersons needs to be identified to ensure continuous engagement with media to disseminate key messages (prevention and protection, testing and care seeking) and update the current situation of the virus (progress, evolution, measures taken to control)
- The spokesperson needs to be adept at answering queries correctly, quickly and efficiently
- The spokesperson needs to inform the media appropriately to check public fears and rumours

- Media kit, media sensitisation workshop
- Media monitoring and feedback
- Technically appropriate messages for media (please see detailed media engagement plan below)

Immediate actions in the event of Zika virus infection

Below is a list of suggested steps for immediate actions in case of Zika virus infection.

DAY 1

Hour 1

Activities

- All personnel at the Ministry of Health to be made aware of key messages
- Hold information session for the press
- Issue press release
- Address the media's questions/requests
- Inform partners and allies
- Provide relevant information on health ministry's website
- Raise awareness on key messages through social media

(Refer to the media engagement strategy given above)

Hour 2

Activities

- Monitor and evaluate communication content and public queries

(Refer to the media engagement strategy—pre, during and post stages of the outbreak—as given above)

Hour 3

Activities

- Provide information and guidelines to health care providers and laboratories
- Give doctors and public health community descriptive notes for patients
- Update the responses prepared for the national emergency telephone line
- Activate call centres

DAY 2

Activities

- Refer to the media note on the outbreak strategy

First 5 days and beyond

Activities

- Coordinate efforts with partners
- Answer requests and provide information to stakeholders concerned

On-going activities:

- Update websites with current information/situation
- Update announcements/messages at ports of entry for travellers
- Share the updates/current situation with health care providers and laboratories
- Provide updated information to all stakeholders and partners
- Monitor and evaluate communication materials on all channels (refer to the media engagement strategy below)
- Inform/answer general public's concerns and queries
- Refer to detailed messages during outbreak

Sample of messages for the government in the event of Zika virus infection

1. We understand your concerns about the situation and we are working towards addressing it. We will share all the information with you and update you on the progress.
2. The situation is evolving. [Name of the ministry] is investigating the following factors:
 - How many people have the symptoms; the status of their health and their children's health.
 - There is currently no vaccine for protection against Zika virus. The treatment is limited to treating the symptoms as they appear and providing support. The best strategy is to control mosquitoes by eliminating their breeding sites.
 - Pregnant women and women planning to get pregnant need to take extra precaution from getting bitten by mosquitoes. They should wear long-sleeved clothes, use mosquito repellents and mosquito nets etc.
 - The government has already made preparations for every contingency. The plan includes:
 - Providing information to the general population, travellers and public health partners
 - Providing health care providers with protocols for timely and efficient response
 - Taking steps to control mosquito population by elimination of breeding grounds with community's participation
 - Improving surveillance capacity and monitoring the virus' geographic spread
 - Improving the laboratories' capacity to test cases
 - The government has put all the relevant information on its website.
 - The government will continue to provide all the updates on any change in the situation.

The above list provides some suggestions on steps to be taken for designing and implementing action. The list is a sample and not exhaustive.

Media outreach and response strategy document for Zika virus communication

Introduction

The media plays an important role in informing the public at large about a disease, particularly at inception level. It greatly influences how people perceive the threat and outbreak of diseases and can determine whether a virus causes widespread panic, or changes behaviour to mitigate risks. Outbreaks are eminently newsworthy and risk communication becomes extremely important in such situations. The public have a right to be informed and the media is a key partner in the communication triangle with health officials. If public are informed in advance, they can be equipped to protect themselves. The media may also provide information to those in charge to act rapidly and positively. Therefore, the media needs to be informed continuously for correct and timely reporting. Hence, an action plan is required to enable officials for continuous media engagement during the three phases (as mentioned above for community and larger public engagement):

Prior to the outbreak:

- Preparation ahead of the Zika virus outbreak.

During the outbreak:

- Communicating and addressing concerns, immediately, during transmission.

After the outbreak:

- Responding to subsequent cases till its elimination.

Internally, the above plan should focus on increasing the speed, accuracy and effectiveness of the response, ensure adequate reporting, keep leaders and decision makers informed, and prevent duplication of efforts. Externally, the plans will help in synchronising messages and updates.

Current media reporting on Zika virus

After reporting of three lab-confirmed cases of Zika in Gujarat, the national media is covering news about Zika virus. Neighbouring states; Maharashtra and Rajasthan have also been alerted through the media. English media has covered the news to create awareness about the virus and its possible impact. Mainline media has also covered the views of the Ministry of Health and Family Welfare on the government's preparedness, guidelines, facts and advisories. The overall tonality of reporting has been precautionary in nature.

However, the media needs to be continuously engaged from the pre-crisis to the post-crisis period. The pre-crisis period will mainly follow the following strategy:

Media plan prior to the outbreak

Media engagement workshops:

For this, a series of regional media engagement workshops can be held. Each of the workshops can include media/media persons in the major metros and around main airports. The aim would be to inform the media about the virus, means of preventing transmission and their support can also be sought for creating increased awareness about the virus, without creating undue panic. Specially designed group work with the select media can be conducted by communication experts to provide and prepare communication pathways between health experts and the media prior to any outbreak.

Media spokesperson training and creation of message templates:

Key spokespersons can be identified to deliver main messages (prevention and protection, testing and care seeking, handling fears and rumours) and brief about the current situation of the virus (progress, evolution, measures taken to control). The spokesperson would need to be adept at answering queries accurately, quickly and efficiently. A brief template of messages has been given as a sample in this framework that can be elaborated further as per need.

Media monitoring and analysis:

A daily media monitoring which informs about both the quantity and quality of reporting on Zika as well as alerts about any media reporting which may spread panic or rumours may prove to be essential. In addition to this, a monthly analysis can provide evidence.

All the above measures can be used for engaging the media in various stages of Zika preparedness and outbreak situations.

Immediate tools needed for media preparedness to mitigate crisis-like situation (or control any rumour that could risk public cooperation):

- Media FAQs.
- Media statements from designated spokespersons.
- Setting up of official channels for information dissemination.
- Popularise official channels (Twitter/Facebook/website) among media representatives for expert updates.
- Mapping of popular Twitter handles of experts and public health writers and reporters for social listening on the issue.
- Easy to interpret infographics.
- Guidelines for media reportage and advisory in all languages.
- Repository of reference materials.
- List of experts/spokespersons (scientists, gynaecologists, policy experts etc.) with their profile and contact details.

Guidance to engage the media by mapping their expectations for "preparedness" phase is listed below in the Annexure. Opportunities and plan for media channels are listed below as Annexure 2.

References

1. Strategic Risk Communication Plan to Prevent and Control EVD in India (WHO).
2. Zika Risk Communication Strategy for Gujarat District, India "NYU project submission" April 2016.
3. Zika virus infection: step by step guide on Risk Communications and Community Engagement, Pan American Health Organization (PAHO).

Annexure 1: Mapping expectations

Preparedness phase: Engaging the media as a partner would require listing of expectations and approaching targeted media. Some key expectations are listed below:

Public health expectations from the media

1. The media plays an increasing role in disease surveillance and monitoring outbreaks. Therefore, it helps if media persons have a fairly deep understanding/knowledge of the issues. The media engagement workshops will transmit this in-depth knowledge to the media.
2. For better coverage, the media engagement plan should identify designated health reporters who are familiar with the subject and issues.
3. Media engagement needs to focus on strategies to achieve high news priority for Zika public health issue, on a regular basis.
4. A plan should be initiated to set up mechanisms that help them connect with trained reporters during an outbreak. This would ensure that public health concerns and messages are incorporated into the story.
5. Ensuring accuracy in health reporting is important. The media, who are engaged through workshops as well as the larger media, need to access updated resources on the Ministry's website.
6. Improved social networking and continued interaction of the media with a wide range of public health experts should be encouraged.
7. Standard communication principles to be followed during emergencies: a response template to be drafted with increased emphasis on the "limitation of harm" principle.
8. Media engagement efforts should encourage public debate on public health, and include technical experts.

Media's expectations from public health experts

1. Health experts/resource persons should provide regular background information and technical briefings.
2. During outbreaks and emergencies, timely engagement and reporting to the public is essential. A list of national and state spokespersons (or a panel of spokespersons) should be prepared ahead of an outbreak, to meet the needs of 24-hour news channels.
3. Technology should be leveraged for wider reach, through virtual/tele-press conferences. This is an established and evidence-based practice followed by UNICEF for linking national media with state and district media, and can be extended for Zika communication.
4. During the pre-crisis and crisis phases, a Zika microsite should be hosted on the main GOI public health website, with links to technical information and voice-recorded updates that can be accessed by journalists across the country.
5. Since different media have different needs, health experts need to deal with them accordingly.
 - Television and radio need "sound bytes" from experts. They broadcast news round the clock and hence, in a crisis situation, will require regular briefings throughout the day
 - Print media needs data and facts and pointers from the health experts for possible case studies. Their deadlines are rigid, as papers go to the press by a fixed time. So, a late night news briefing is not very useful to the print media
 - Social media can be uploaded quickly and frequently updated. A dedicated team is recommended
 - Community/FM/AM Radio can be used by local health experts to create public awareness and discourse
 - Mobile phones can be populated with short messages (text or voice) to create awareness. Template messages can be prepared before-hand
6. The media requires in-depth capacity building on technical issues related to Zika to help journalists develop a better understanding of public health nuances.
7. Field visits for journalists will help bring alive technical issues "on the ground" and provide a deeper understanding of the subject. These will also ensure a steady flow of human interest stories that are more popular in women and health publications.
8. Local language media will need robust translations of key releases and media engagements will require local language resource persons. A series of national and regional workshops can be planned, in at least the main regional Indian languages besides English.

Annexure 2: Opportunities and plan for media channels to be approached



Mainline English and regional media – Dailies

Opportunities

- Bigger bureaus
- Dedicated reporters
- Scope for experts to write
- Repository of information
- Access to local and international experts
- Multi-platform content sharing
- High equity
- Stringent checks and balances
- Wider reach

Approach

- Sensitise bureau heads
- Awareness session with editorial team
- Customised content dissemination
- Technical meetings/exclusive briefing sessions with beat reporters covering public health and the Ministry of Health and Family Welfare
- Leverage policy/edit page
- Case studies in feature pages
- Infographics and visual reference for their online platforms



Mainline English and regional media – weekly magazines

Opportunities

- Large format articles
- Research-based reporting
- Multi-stakeholder participation
- Scope for experts to write
- Repository of information
- Access to local and international experts
- Multi-platform content sharing

Approach

- Sensitise bureau heads
- Awareness session with editorial team
- Comprehensive content feed
- Technical meetings/exclusive briefing sessions with beat reporters covering public health and related subject
- Case studies, plug-ins
- Infographics and visual reference



Television media – news media

Opportunities

- First to break news
- Prime time multi-stakeholder discourse
- Weekend special shows
- Research team in backend
- Access to local and international experts
- Multi-platform content sharing
- Field visits

Approach

- Sensitise bureau heads
- Awareness session with editorial team
- Video content feed
- Technical meetings/exclusive briefing sessions with beat reporters covering public health and related issues
- Field visits
- Infographics and visual reference



Mobile media-chat platforms/Twitter

Opportunities

- Instant engagement
- Triggers conversation
- Spreads awareness

Approach

- Upload trigger videos and infographics
- Create regular updates
- Link to deeper articles



Online media – popular online news platforms/blogs/social channels

Opportunities

- Cross platform content
- Independent writers/columnists/bloggers
- Mobile responsive content and design
- Instant reader's response
- Limitless content

Approach

- Cultivate expert writers for various online platforms
- User centric content
- Populate with FAQs
- Instant response



Radio media-mobile radio/community radio/popular private and state radio

Opportunities

- Content reaches through infotainment programming
- Far and wide reach
- Easy access
- Available in all major languages
- Existing partnership and awards on RI with radio

Approach

- RJs workshop
- Customised content interspersed with popular programmes
- Engagement with audience
- Engagement with UNICEF Radio4Child platform

During the outbreak-transmission by mosquitoes (single case or cases clustered in a single household)

- Following confirmation of a locally transmitted Zika virus, a public alert can be issued and press release/media statement drafted with the support of local and state Information Officers can be released.
- Local news stories and social media postings and public enquiries can be monitored to determine if the information is accurate, identify messaging gaps, and update or correct information delivered, as needed.

Outreach activities:

- Health messages and resources can be conveyed to the local community through a range of channels- social media, websites, text services and mobile media.
- Paid notifications can be issued in local papers- direct mailing of one-page flyers to residents within 4-5 km of the Zika active zone (flyer to contain brief

info, health messages, and references for obtaining detailed info).

- Factsheets/flyers can be posted in local media.
- Community radio can be leveraged in far flung areas.

Post- transmission phase:

- A press conference can be held to announce the end of concern with local transmission and stand down of emergency response.
- Respond to media enquiries as required.
- Efforts can be documented and write-ups for press and community can be used to share lessons learned and best practices.

Coordination of communication activities

- Existing state protocols for information releases and media outreach need to be honoured and integrated.
- All factsheets, press releases and other materials need to be coordinated and approved by the state personnel.

Annexure 3: Zika preparedness risk communication strategy framework

Operation outline

(Draft) Operational plan

(Adapted from: Discussion Note - Risk Communication EVD Brief Strategic and Operational – WHO, UNICEF, 2014)

Broad guidelines:

Risk communication contingency plans, involving certain preparations, ensure that the action plans go smoothly in situation of an outbreak. This, then, becomes part of the contingency planning in instances of an outbreak.

The main components of risk communication contingency plans are:

1. Setting up a national response group or risk communication team or inter-sectoral/inter-agency task force for over-seeing, implementation and guidance.
2. Identifying partners and alliances (professional and private organisations).
3. Sourcing information from knowledge resources.
4. Preparing communication materials, guidelines and tools.
5. Engaging the media.
6. Engaging the community (community groups, PRI, faith-based organisations and schools).

Each of the above listed components are elaborated below:

1. Risk Communication task force:

A core team should be set up in the Ministry of Health and Family welfare for complex response, intensive coordination and communication. It should have representation from the National Centre for Disease Control (NCDC), Director General of Health Services (DGHS), RCH division of MOFHW, and other relevant government agencies, such as, water and sanitation (Swachh Bharat Mission), civil aviation, ports, cross-borders (international) and medical institutions that will be involved in Zika outbreak preparedness.

The task force should have members who can exercise authority within their respective departments/ institutions/ agencies, and must be part of the larger Joint Steering Group at the national-level. It should have entomologists and epidemiologists, besides communication experts.

The Communication Task Force should:

- Identify agencies that are responsible for reporting particular statistics/ updating on situation of Zika spread and necessary control measures (details below).
- Ensure that there is an agreement to share it with the communication team in advance.
- Have clear lines of authority for decision-making, actions, emergency or outbreak regulations, financial obligations and commitments, policies and procedures, resources and communication to the public.

The following issues should be clarified among all of the Communication Task Force members:

- Roles and responsibilities
 - Lines of authority for taking decisions
 - Actions
 - Emergency or outbreak regulations
 - Financial obligations and commitments
 - Policies and procedures – regulations
 - Equipment and resources
 - Communication(s) to the public
 - Have clarity on final decisions (sign off) for all matter
- **Decision maker:** A point person decision maker at the central, state and local-levels.
 - **Spokesperson:** The person in point (decision maker) may also be the spokesperson. Ideally, the primary spokesperson should be a senior-level official and assigned dedicated responsibility of the programme. This spokesperson should receive training in communication and public health issues.
 - **Contact person:** A separate contact person should be appointed to handle all inquiries (and appearances by) the programme spokesperson(s). The contact person will be responsible for coordinating media

inquiries, and ensuring that the questions are answered by the most qualified individuals. The Communication Officer can possibly serve as the official contact person. He/she can delegate the actual task to a second (or deputy) communication officer. Both these persons must be trained to talk to and work with the media.

- **Other experts as required:** A range of other experts can be called upon to handle specific subjects.

2. Gathering information resources in sync with relevant/responsible agencies for this task, such as, WHO

- National outbreak plan should provide contact information for technical experts on health, epidemiology, entomology and surveillance, emergency response, and media relations.
- Identification of agencies responsible for reporting particular statistics needed in advance - on Zika and related vector borne illnesses.
- Integrated Disease Surveillance Programme (IDSP), NCDC, to serve as common source of information to ensure that the numbers cited are common across center, state and local agency announcements.
- Regular press releases should be used as a mechanism to disseminate data or statistics-related information.
- It is important to obtain coordinated information on Central Government departments and related agencies policies and plans on a potential outbreak. Mechanism to ensure that information gathered from areas is available and usable from local, focalised outbreaks (if the situation arises) perspective. This can include information from other agencies like WHO, FAO, PAHO, CDC etc.

3. Preparing communication materials

- Materials for spokespersons, decision makers and media – such as talking points, backgrounds, factsheets etc. can be prepared and made ready for dissemination.
- Materials for the general public can also be designed in advance. Where possible, the materials should be translated into local languages and kept ready for dissemination.
- Develop a list of communication materials needed and assign responsibilities to individuals for design, content development and translation.

- When the outbreak occurs, the above information can be updated and refined to fit the specific situation/ need.
- These materials should be posted on websites as well as disseminated to community health facilities and private clinics for ready access and quick reference.
- The information for answers to FAQs should be sourced from credible government sources such as NHM, NCDC, NVBDCP, NHP websites and professional associations' websites (Indian Medical Association, Federation of Obstetric and Gynecological Societies of India) and community forums from where relevant information can be obtained to help provide comprehensive and satisfying responses.
- Tailor messages for the media channels for dissemination of these messages according to the target audience.
- Broadcast radio and television messages at those times of the day when most in the community are likely to be listening to the radio (or watching television).
- New or social media such as SMS, voice messages and even Facebook and YouTube should be used.

The information below provides a sample preparation checklist for health emergency communications. This checklist is to be prepared as part of the overall preparedness plan and revised regularly to ensure its relevance. The list is not exhaustive and member states are to adapt it according to their local context and needs.

4. Identify partners and alliances

- Anticipate which organisations and skilled individuals will be needed to properly manage communication in case of an outbreak.
- Form a coalition of influential stakeholders to help in implementation of activities and dissemination of messages when the health crisis actually strikes.
- Each person on the communication team or the task force should have the responsibility of serving as a liaison between the task force and various partner organisations, officials and experts.
- It is preferable to have an alliance or coalition liaison or coordinator.
- Identification list and rationale for potential partners

Sr. no.	Potential partners	Details
1.	Government partners	<p>Ministries: Central Government departments are the starting point for establishing contact. Initiated by the Ministry of Health – includes Ministry of Information/Broadcasting; Ministry of Rural Development; Ministry of Women and Child; Ministry of Drinking Water and Sanitation; Ministry of Education (Human resource); Ministry of Civil Aviation, Ministry of Shipping, also include Ministry or Department of Agriculture; Ministry of Foreign Affairs (potential to affect geographic neighbours or incidents within country concerning foreign national can affect relations with other countries); Ministry of Finance/Trade/Commerce can also be included.</p> <p>Elected representative office involvement: Ideally, the office of the chief minister, mayor or head of elected representatives of state and local government (or other internal government office), PRIs in the area where outbreak occurs should be included – as should be the office of the president or the prime minister. Support from these groups and individuals will facilitate planning and implementation of any plan or to make appeals in worst case scenarios.</p> <p>Legal aspect: In case of outbreak and intensive human-to-human transmission, the likely recommended containment plan is to reduce further exposure to the disease. This requires a thorough assessment of the legal environment to determine what statutes, laws, or powers must be invoked to coordinate and facilitate timely and legal response for containment.</p>
2.	Donor and development organisations	In some cases, this command team might include country representatives of international organisations who are global stakeholders in disease control (i.e., WHO, FAO, UN agencies).
3.	International non-governmental organisations	<p>Many international relief agencies and development agencies often have resources at the local-level to facilitate message and materials distribution.</p> <p>Building alliances with these partners early on and assigning clearly defined responsibilities and jurisdictions will greatly add to an organised and efficient response.</p>
4.	Private/civil society/religious groups	<p>Local NGOs, community groups and unions, political organisations and schools/universities that can help to disseminate messages, as well as actively participate in control activities.</p> <p>In remote areas, local NGOs and other community groups may be the best way to gain access.</p> <p>Depending upon situation, other partners to be considered include law enforcement, fire departments, hospitals, emergency medical services, public works departments, and military and intelligence agencies. Police can also assist with security, as well as with enforcement of quarantine orders. It might be useful to consult police representatives as part of your communication approach, as they can serve as conduits for dissemination of disease control messages.</p> <p>Educating the police and other civil servants on basic outbreak prevention and control activities.</p> <p>Religious groups play a large role not only in disseminating information, but also in helping to convince people to undertake preventive or other measures. Reach out to churches, temples, and other religious or para-religious organisations to gain their input and buy-in.</p>
5.	Businesses	Private sector organisations and business could lend a hand in disseminating information to their employees and customers or provide resources, equipment, as necessary.
6.	Media	<p>Early engagement with media organisations and journalists will ensure smooth communication in case of an outbreak.</p> <p>Compile a list of possible media contacts in advance to get the message out in time.</p>
7.	Health care providers (public and private)	Dissemination of guidelines to all health care providers through IMA, IAP, FOGSI etc. and dissemination of communication materials to all public health care centers.

5. Working with the media - general guidelines for planning

- Prepare in advance to work with the media, the earlier the preparation the better the results.
- Engage early with reporters and editors to build relationships, so that they are ready in an outbreak situation.
- Assess needs and constraints of various types of media – traditional and new media (e.g., print, broadcast, internet, phone platforms).
- Identify most effective media outlets for outreach to particular target audiences.
- Prepare a list of potential questions from the media and their answers for a quick response in case of an outbreak.

Develop a monitoring and evaluation (M&E) plan for:

- Monitoring indicators.
- Tools and methods of monitoring.

Annexure 4: Table for ‘Contingency Operational Plans and Procedures’ during Outbreak

(Adapted from: Discussion note - Risk Communication EVD Brief Strategic and Operational – WHO, UNICEF, 2014)

	Items	Description/considerations	Specific action at each level		
			Central	State	Local (district)
1	Communications team or taskforce	<p>Central-level</p> <ul style="list-style-type: none"> Contact list of duty officers Duty rosters Approving officers within team Equipment – stationery, recorders Media monitoring roster <p>Local-level</p> <ul style="list-style-type: none"> Media coordination persons 			
2	Appointment of spokespersons	<ul style="list-style-type: none"> Central-level (department of health, ministry of health, political figure, scientific/medical experts) State-level (department of health; ministry of health) Local-level (district official, community/village leaders, religious leaders/village elders) 			
3	Standard operating procedures	<ul style="list-style-type: none"> SOPs for senior management; clearance SOPs for internal information flow SOPs for daily meetings/ updates/field deployment System in place to facilitate inter-ministerial information sharing 			
4	List of important names and contacts database	<ul style="list-style-type: none"> Hospitals and medical centers – key officer in-charge Hospitals and medical centers Laboratory (for testing coordination) Anti-viral matters 24/7 emergency contact points Logistics Transportation arrangements Donors Ministries: key focal point(s) Security 			

5	Update important contacts of partners and stakeholders	<ul style="list-style-type: none"> ▪ Contact details of local and international media (phones, emails, etc.) ▪ Editors' contacts ▪ List of interpreters/translators 			
6	Materials for spokespersons	<ul style="list-style-type: none"> ▪ Talking points ▪ FAQs (general) ▪ FAQs (media) 			
7	Public communication (IEC), behaviour change communication	<ul style="list-style-type: none"> ▪ Target audience (entire community or specific sub-community) ▪ Audience analysis done ▪ Behaviours identified ▪ Channels identified ▪ Methods identified for reaching targeted audiences such as health care workers ▪ Materials ready for use in mass media and other mid-media like posters, pamphlets (designed, tested and translated) ▪ Channels for dissemination contacted and ready for displaying materials (Ministry of I&B) ▪ Partners list who can deepen or widen the dissemination ▪ Associations, Unions contacted for healthcare and airline workers ▪ Private sector (companies) involvement for organisational communication ▪ FAQs for the public ▪ Websites and social media sites ready 			
8	Community and social mobilisation	<ul style="list-style-type: none"> ▪ PRIs ▪ List of NGOs working with community ▪ Coordination with other partners ▪ Networks within community (formal and informal) ▪ Important contacts: community/village leaders, religious leaders, village volunteers and traditional healers ▪ Information on affected population: language, culture, religion, attitudes and beliefs ▪ Infrastructure: healthcare providers, transportation, internet and telephone access, other infrastructure 			

9	Factsheets on the local (affected) area (if outbreak in a local area)	<ul style="list-style-type: none"> ▪ General information on affected areas (weather, population, location) ▪ Locality maps ▪ Demographics ▪ Medical and other facilities 			
10	Media conference preparation	<ul style="list-style-type: none"> ▪ Locations – identify suitable locations for media conferences ▪ Transportation ▪ Logistics for conference set-up (video, recorder, microphones, etc.) ▪ Media accreditations (where necessary) 			
11	Media monitoring (including rumours)	<ul style="list-style-type: none"> ▪ Team for media monitoring (incl. schedule) ▪ Types of media (traditional and new media) ▪ Policy of response ▪ Rumour surveillance and response 			
13	Other tasks	<ul style="list-style-type: none"> ▪ As per need 			

