C4D IN EMERGENCY RESPONSE

CASE STUDIES

GOOD PRACTICES IN RISK COMMUNICATION

CASE STUDY: HURRICANE SANDY AND USE OF SOCIAL MEDIA

CASE STUDIES: EARLY WARNING SYSTEMS AND MOBILE PHONE APPLICATIONS FOR EMERGENCY SITUATIONS

INFORMATION SHEET: EMERGING INFECTIOUS DISEASE

COMMUNICATION IN DISASTERS AND EMERGENCIES THEN THINGS TO DO

PREPAREDNESS – H1N1 PANDEMIC IN INDONESIA

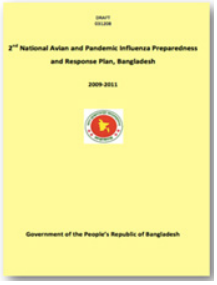
- Indonesia initiated an organized risk communication response much before the Influenza H1N1 pandemic in 2009.
- This preparedness was triggered by the Avian Influenza pandemic in 2005.
- The Ministry of Health set up the Indonesian National Committee for Avian Influenza Control and Pandemic Preparedness.
- This committee organized pandemic preparedness simulations between 2007 and 2009, two years before the H1N1 outbreak, helping government officials, local public and other stakeholders to understand and improve existing health response systems in the event of an outbreak.
- One of the largest simulations in 2008 took place in a village in Bali, thus also involving the thriving tourism industry in the area.
- This scripted simulation involved around 1,000 people over three days, including medical officers, police, security, humanitarian groups, airport officials, residents and "actors" who portrayed victims.
- Simulations included medical officers, airport officials, police, humanitarian groups, residents and 'actors' who played victims
- A series of "table top" simulations /workshops were organized to test the pandemic response capability of local governments
- Between the years 2007 and 2009 Indonesia conducted 3 full scale field simulations, 9 district/ regional simulations, 16 village and local level simulations.
- Such high levels of preparedness helped Indonesia to contain the H1N1 outbreak to 1097 cases within 4 months.

See related video at -
https://www.engagemedia.org/Members/andikapambudi/videos/pandemi_english_1000.m4v

[Indonesian National Committee for Avian Influenza Control and Pandemic Preparedness conducts a pandemic simulation in Bali on handling pandemic crisis, from the village to the international airport.]

unicef
Regional Office for South Asia

COMMUNICATION TASKFORCE: BANGLADESH DURING H1N1 OUTBREAK



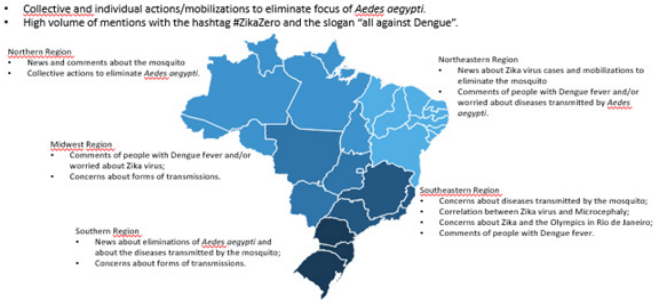
- In the initial stage of Avian Influenza (AI) preparedness in Bangladesh, it took several months for the government to form a multi-agency coordination body and to identify which Ministry would function as its nodal head. It took a further nine months for the national AI and pandemic preparedness and response strategy to be approved. Eventually a national multi-sectoral taskforce was formed as well as a communication wing within it.
- The communication wing comprised of communication and technical focal points from government ministries partnering agencies and NGOs. This unit met on a weekly basis and developed the materials messages modules and plans which were then approved by the coordination body.
- When the H1N1 outbreak occurred in 2009 the government moved quickly to activate the coordination body (adding relevant partners) that updated and approved the national preparedness and response plan. A national communication strategy was developed and the approval process for communication initiatives was streamlined.

DYNAMIC LISTENING – MARBURG HEMORRHAGIC FEVER OUTBREAK IN ANGOLA IN 2005

- Angola faced an outbreak of Marburg hemorrhagic fever outbreak in 2005.
- International teams and partners began their work in the country without first explaining to the affected population what they were going to do or understanding how locals perceived the outbreak.
- As a result, communities viewed response teams with suspicion. Locals were alarmed with the sight of foreigners dressed from head to toe in white protective gear arriving to taking away their loved ones away, many of whom would die. The colour white was associated with ghosts and the supernatural which heightened the apprehension of locals of response teams and their messages.
- Two anthropologists were brought in and a rapid appraisal was conducted through interviews with locals and key informants.
- Findings from this assessment helped the response teams to modify their communication strategy.
- Teams suited up in the village in view of the locals, used local ways of greeting and forming a rapport, and modified patient visiting and burial practices by allowing the presence of one relative in protective gear. These changes based on listening and community involvement, made outbreak control more effective.

DYNAMIC LISTENING THROUGH SOCIAL MEDIA IN BRAZIL (ZIKA OUTBREAK IN 2014)

- UNICEF used social media to listen to public and place interactive content to influence behaviour change.
- An external agency was hired to retroactively listen to what people and social media users in the Latin American region were discussing with respect to Zika virus disease, vectors, mosquitoes, dengue and chikungunya.
- A daily social media report was created. The illustration below demonstrates the concerns classified by different regions of Brazil.

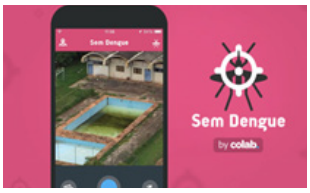


WORKING WITH RELIGIOUS STAKEHOLDERS DURING H1N1 PANDEMIC IN BANGLADESH

- During the H1N1 outbreak in Bangladesh in 2009, UNICEF partnered with the Religious-based Organization, and conducted a national conference and subsequent training of the trainer (TOT) program for Imams (religious leaders).

- The national conference was inaugurated by the Prime Minister and attended by 2500 Imams. Over a period of 3-4 years, these trainers went on to train other Imams at the Upazilla level (sub-district).
- In collaboration with the National Institute of Mass Communication, UNICEF produced a television programme that was broadcasted every Thursday on the state run TV channel. Imams would interact with the general public the next day for Friday prayers at mosques, using instructional materials (sermon booklets) provided to them.

SOCIAL MEDIA FOR PUBLIC ACTION DURING ZIKA OUTBREAK IN BRAZIL



- At the start of 2016, Niteroi, a local municipality in Brazil started using – 'Sem Dengue' - a mobile based application developed by the startup Colab.re, to identify and treat possible breeding grounds for Aedes aegypti.
- Residents use the app to send pictures of possible mosquito focal spots to the local body. The app's geo-locator function automatically tags the picture with the exact spot it was made and sends a detailed alert to the local body. Within 72 hours, officials deploy a team to visit the site and take necessary actions to combat the spread of the mosquitoes.
- The Mayor of Niteroi has confirmed receiving hundreds of complaints through this app, adding that many of the reports pinpoint sites inside residential complexes or other private buildings that would be hard for the inspectors to find on their own. More than 24 small-to-midsize cities throughout Brazil are now using the app as a key strategy for vector control.

COMMUNITY ENGAGEMENT IN BRAZIL, INDONESIA, AND CUBA

BRAZIL

- During the Zika outbreak, local municipalities were mobilized through Unicef's SEAL OF APPROVAL program.



- Municipal managers and local stakeholders were trained to conduct talks, collective clean-up, educational walks, edutainment activities in schools and communities.

INDONESIA

- 'Together picket', a vector control program was set up in 1996 in Purwokerto city, Java, Indonesia.
- This program comprised of 2 parts viz. (i) Health education through mass media, women's groups and school students, and (ii) Community-led action.
- For every 10 households, a resident volunteer was selected, trained and designated to supervise household-led vector control activities.
- Household members took turns to inspect each others houses for larval habitats. They received training and dengue prevention kits.
- Partnerships were set up between the local municipal government and organizations like the Rotary Club, for support in financing, monitoring and disseminating information.
- Larval surveys were conducted every 3 months and dengue cases tracked.
- This program was effective in reducing vector population, and was integrated into the local government operations.

CUBA

- Despite being in the Latin American – Caribbean region, epicenter of the 2016 Zika outbreak, and closely situated to Florida, U.S which reported Zika cases, Cuba managed to keep this infection at bay.
- The government activated community mobilization even before any outbreak in the country.
- 9000 soldiers and university students deployed for community-based vector control activities.
- Local health clinics deployed 15,000 community health workers to every house, for household mosquito control.

MALARIA IN SOUTH EAST ASIA: SINGAPORE, MALDIVES AND SRI LANKA DECLARED 'MALARIA-FREE'

- Singapore, Maldives and Sri Lanka have been declared 'Malaria-free'.
- Long-term priority and commitment by the governments.
- Intensified malaria control work in 1960s.
- Singapore uses strict regulations and tough enforcement to ensure vector control.
- Maldives involved Island Chiefs in detection, treatment and follow-up of malaria cases.
- Sri Lanka continued its malaria control efforts despite the civil wars.