



Integrated Communication Strategy
for the
Prevention and Control of
Avian Influenza and Pandemic Human Influenza
in Sri Lanka



***Drafted based on a workshop with the
Ministry of Health, Department of Animal Production and Health, Ministry
of Education, Ministry of Urban Development & Water Supply, WHO, FAO
and UNICEF***

FINAL

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1. Overview

Highly Pathogenic Avian Influenza (HPAI) commonly known as Bird Flu is a viral infection caused by strains of influenza that occur normally among birds. It is highly contagious and when contracted, some domestic birds, including chickens, ducks and turkeys become sick and die. These types of bird flu viruses do not usually affect humans, but there have been cases of humans infected by bird flu since 1997.

Since late 2003, outbreaks of highly pathogenic bird flu (H5N1) have occurred among poultry in Asia, Europe and Africa. Human cases most of which have been linked to direct contact with diseased or dead poultry have been confirmed in 10 countries in Asia and Africa. WHO has confirmed 269 human cases worldwide as of February 2007 and of these, 163 have died. The death rate of these reported cases have been very high – about 60% and it is also found that children are even more susceptible.

The spread of H5N1 virus from person to person has been rare and the spread has not continued beyond eight persons to date. The May 2006 death of seven persons in North Sumatra, Indonesia from the H5N1 virus places concerns among health authorities that the virus may have been spread by human-to-human contact. However, because all influenza viruses have the ability to mutate, scientist are concerned that the H5N1 virus too could one day mutate into a pandemic influenza virus that could spread easily from one person to another.

¹Although there has been no reported outbreaks of HPAI to date in Sri Lanka the Government is aware of the risks, and with assistance from WHO and FAO prepared the National Influenza Pandemic Preparedness Plan (NIPP) in October 2005. The plan consists of two linked and interrelated sections – one for Human health and one for Animal Health (The Sri Lanka Exotic Diseases Emergency Plan (SEDEP)). Both sections conforms to the general standards for such plans set by FAO, WHO and OIE and have been approved by the Cabinet. The Ministries of Health and the Ministry of Estate Infrastructure and Livestock Development have been designated to implement the plans. A National Co-ordination committee has been established and meets regularly. The Committee monitors the situation internally as well as globally. It also has close links with the Natural Disaster Management Unit within the Presidents Office and would be responsible for actions to be taken in the event of an outbreak.

¹ Source: Sri Lanka Avian Influenza preparedness & response project – Technical Annex Global Programme for Avian Influenza – World Bank Document (adopted)

2. BACKGROUND

2.1. National Influenza Pandemic Preparedness Plan (NIPP)

The ²National Influenza Pandemic Preparedness Plan (NIPP) is designed to enable the Ministry of Health of Sri Lanka to prepare for the recognition and management of the response to an influenza pandemic. The National Plan describes the strategies and activities to be undertaken by the Ministry of Health in close collaboration with the other key agencies such as Ministry of Medium and Small Scale Plantation Industries, Rural Human Resource Development and Livestock and other ministries and related stakeholders in the preparation for the response to avian and pandemic influenza. The plan will allow preparations to be made in advance of the emergence of a pandemic influenza virus.

Three distinct stages of response during which some agencies will bear the primary responsibility while the others will also remain active have been identified. They are;

- Inter pandemic (Phase 1 and 2)
- Pandemic alert (Phase 3 to 5)
- Pandemic (Phase 6)

The Ministry of Health will be involved in each stage in different capacities as outlined in the Plan.

The aim of the National Plan is to facilitate a coordinated and effective national response in the event of an influenza pandemic. It will provide specific advice, actions and assist both national and local public health services and other agencies to prepare their own contingency arrangements.

The objectives of the National Plan are;

- To reduce transmission of the virus and the opportunities for human infection from infected animals
- To strengthen the early warning system of surveillance for early and coordinated response to outbreaks
- To contain and delay spread of virus at the source
- To reduce the impact of the pandemic virus on morbidity and mortality and minimize social disruption
- To monitor and evaluate the evolving response to the pandemic.

The Plan describes the key Strategies and activities for preparedness and response that Sri Lanka will undertake for each phase of the Pandemic. The Plan will undertake the evaluation and determination of the pandemic

² NIPP has been attached as an annexure to this document

phase in effect for the country. This will be done by assessing the global WHO phase in progress and the current status of outbreaks and human transmission of influenza within the country. Decisions to move from one phase to another will be made by the National Technical Committee on Avian Influenza. The key strategies include;

Planning and coordination

This includes the identification of the organizations and individuals involved as well as the mechanisms for collaboration during each phase. This also looks at the structure and the framework for policy and decision-making and for the mobilization of the national response. The strategy also includes the advocacy with responsible authorities, institutions, diagnostic and manufacturing laboratories in the implementation of the pandemic preparedness plan. In addition the promotion of a multi sectoral response to control and contain the impact of the pandemic also falls within this strategy.

Surveillance

The disease surveillance system consists of on-going collection, interpretation and dissemination of data to enable the development of evidence based interventions. Specific activities under surveillance and for rapid response to alerts will change according to pandemic phase in effect and the current national epidemiological situation.

Prevention and Control

Strategies for minimizing the spread of influenza virus in human populations include pharmaceutical (antiviral drugs, vaccines) and non-pharmaceutical (social distancing, quarantine, movement restriction etc.,) interventions. Specific measures will be elucidated for each phase and situation as pandemic phases progress.

Health System response

As the pandemic phases progress, the role of health services and facilities will become more crucial. Planning will involve all sectors of the health system including delineating resources and capacity required for responding to the care needs during the emerging situation.

Risk Communication

An interagency communication committee with expertise in risk communication will be formed to advise on relevant issues of communication. The committee will be composed of communication specialists from government ministries and partner NGOs involved in AI/PI and from UNICEF, WHO and FAO. The committee will develop and implement an integrated communication strategy which will respond to public concerns, while ensuring coordination among technical and communication staff regarding key messages, materials and media. The

committee will also provide media training for key technical and communications spokespersons.

Pandemic preparedness is seen as the responsibility of all stakeholders in the government, private sector and the community. The National plan of pandemic preparedness aims to define the roles played by the Ministry of Medium Scale Plantation Industries, Rural Human Resource Development and Livestock, the Ministry of Health Care, Nutrition and Uva Wellassa Development and other relevant Ministries. Each of these agencies and meant to assume a leadership role during different stages of the pandemic in a coordinated and comprehensive manner.

2.2 Sri Lanka Exotic Disease Emergency plan

The ³Sri Lanka Exotic Disease Emergency plan (SLEDEP) is a series of technical guidelines developed by the Department of Animal Production and Health, describing the emergency approach to an exotic animal disease.

Funds required to implement the Emergency Response will be provided by the Government of Sri Lanka and International Organisations. It is proposed that small scale poultry farmers to be paid 100% compensation and assistance in repopulation after eradicating the disease. As for the commercial industry groups, the government will pay a certain proportion of the losses and this has to be agreed by the authorities.

The Department of Animal Health and Production (DAHP) and the Poultry Industry Groups have endorsed that if Highly Pathogenic Avian Influenza (HPAI) gains entry into Sri Lanka the policy is to eradicate the disease in the shortest possible time, limiting the risks of human infection while minimizing the economic impact, through the implementation of the following strategies.

Stamping out

Stamping out the outbreak by destruction of all birds on infected premises, where there is clinical disease or evidence of active infection with the HPAI virus, and the sanitary disposal of destroyed poultry and contaminated poultry products to remove the source of infection.

Pre-emptive slaughter

Possible pre-emptive slaughter of birds on other premises, depending on information derived from the tracing, surveillance and study of the behaviour of the disease

³ SLEDEP has been attached to this document as an annexure

Quarantine and movement controls

Quarantine and movement controls on poultry, poultry products and associated items in declared areas to prevent spread of infection.

Decontamination

Decontamination of facilities, products and associated items to eliminate the virus on infected premises and to prevent the spread in declared areas

Tracing and surveillance

Tracing and surveillance to determine the source and extent of infection and to establish proof of freedom from the disease

Increased bio-security

Increased bio-security at poultry establishments

A public awareness campaign

A public awareness campaign to promote cooperation from industry and the community

Public Health

Protection of public health by requiring that personnel engaged in eradication activities be vaccinated (with the currently available human vaccine), treated with antivirals (if appropriate) and wear protective clothing.

3. Situation Analysis

3.1. Situation in Sri Lanka – An overview

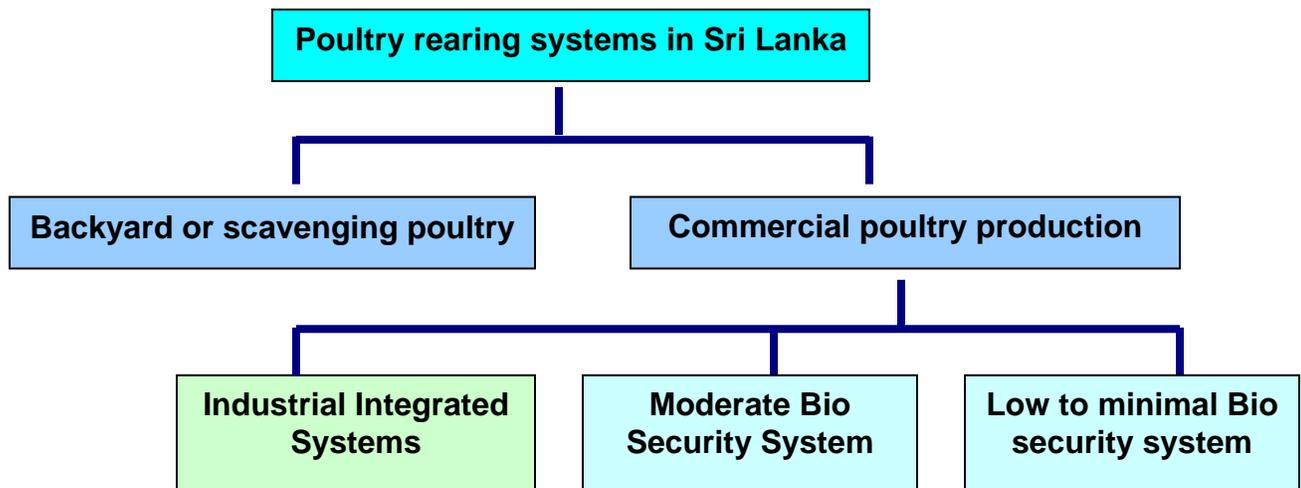
Sri Lanka as of now is free of the HPAI virus in the poultry industry and it is seen as critical to maintain this disease free status by taking appropriate measures in order to prevent the introduction of avian influenza into the country.

The major risk factors associated with the possible introduction of HPAI has been identified as the entry of migratory birds into the country. Farmers are alerted on the risks associated with migratory birds. There are over 40 species of migratory birds visiting the country annually and many rests on water surfaces near the main poultry producing areas within the country.

3.2. Poultry Sector in Sri Lanka

⁴The poultry sector in Sri Lanka, like in most South Asian countries has seen tremendous change in recent years. Sri Lanka is now self sufficient in poultry and eggs. The sector is seen moving from mainly small scale or backyard to one dominated by a dynamic modern commercial industry. Of the estimated total ⁵flock of 11.6 million birds, only 6% are backyard and some 40% are semi intensive small scale and over half are produced by commercial private sector companies. These commercial farms practice efficient bio-security measures and the country as almost no commercial or domesticated ducks.

The poultry industry in Sri Lanka is characterised by two production systems: the organised commercial /intensive poultry production and the unorganised backyard poultry production system. The commercial poultry farms including the feed manufacturing plants and processing establishments are mostly concentrated in the Western (WP) and the North Western (NWP) provinces. Also called the “*poultry belt*”. On the other hand backyard poultry raising is spread throughout the 25 districts of the country. On average backyard flocks range between 10-25 birds.



Since 2003, the Department of Animal Production and Health (DAPH) has taken initiatives to control the import of live birds and poultry products from affected countries. However, currently the imports have been temporarily restricted to the importation of only grandparent stock which is carefully monitored and controlled by both exporters and importers. Another plus factor is the fact that over 60% of production is processed and sold as a branded chilled or frozen product in the

⁴ Source: Sri Lanka Avian Influenza preparedness & response project – Technical Annex Global Programme for Avian Influenza – World Bank Document

⁵ i.e the number of birds alive at any point of time

market. Signifying consumer preference to purchase slaughtered poultry rather than slaughtering it themselves. This in turn reduces the size of wet markets in the country.

The DAPH has already initiated active surveillance in “hot spots” where migratory birds have habitats in water reservoirs. This has also been extended to identify areas to accommodate commercial poultry as well.

The Department of Animal Production and Health (DAPH) established in 1978 is the main government body in Sri Lanka responsible for veterinarian services in the country. It is responsible for control of livestock diseases & research, animal breeding, training of trainers in animal husbandry etc,. It has a network of 250 veterinarian officers assisted by around 600 middle level technicians. These officers are equipped with the required knowledge, materials and test kits to diagnose AI at field level. These technical personnel aside from their involvement in AI surveillance and diagnosis are also being trained in conducting awareness programmes for stakeholders in the poultry sector and dissemination of correct information to media and general public.

3.3. Health Sector in Sri Lanka

⁶The health care infrastructure in Sri Lanka is complex with nine levels of health care facilities in the public sector, ranging from small scale out-patient facilities in rural areas to large urban tertiary care centres. In 2002 there were 604 public sector health care facilities providing in-patient care with a total bed capacity of almost 60,000 for a population of approximately 20 million people.

The surveillance of communicable diseases in Sri Lanka is based on the notification of certain diseases of priority. The Quarantine and Prevention of Diseases Ordinance of 1897 and its subsequent amendments provide the necessary legislation for the implementation of this system. Information on routine surveillance on occurrence of disease from all health facilities and laboratories are collected, registered and transmitted to higher levels. In case of an outbreak, prompt investigation is undertaken. Such an investigation is carried out with a formal feedback by the centre, provincial or district level.

⁶ Source: Sri Lanka Avian Influenza preparedness & response project – Technical Annex Global Programme for Avian Influenza – World Bank Document

3.4. Implications to the Communication Strategy

WHO, FAO and UNICEF are concerned that the geographically widespread back yard poultry industry along with the established small and large scale commercial poultry sector in Sri Lanka, and the low community awareness on AI and its prevention make children and their families vulnerable to an outbreak. The vulnerability is not only in the possibility of the H5N1 virus infecting humans but also the nutritional and economic impact that an outbreak of AI may have on these families and communities due to mass culling and disposal of the chickens.

The Government has recognised an urgent need to deliver accurate and timely information on AI to the public to ensure understanding of the disease and to improve knowledge and practices to prevent the emergence and spread of AI in the country including its possible transmission to humans.

In this scenario singling communities at risk to provide them with information and education will be a major challenge. Therefore it is important to identify strategic channels to reach and influence them to practice preventive behaviours effectively. For example given the fact that 98% of Sri Lankan children are in school they could become an ideal channel to provide information and motivation to their own families as well as other families in their neighbourhood. This among other proven methods and channels of communication will be used in a synergistic effort to create maximum impact.

Therefore the communication component is designed to safeguard both Animal Health and Human Health, through the application of strategic communication theories which includes, Advocacy at different levels and with different stakeholders, Social mobilising and by applying behaviour change/ behaviour development strategies.

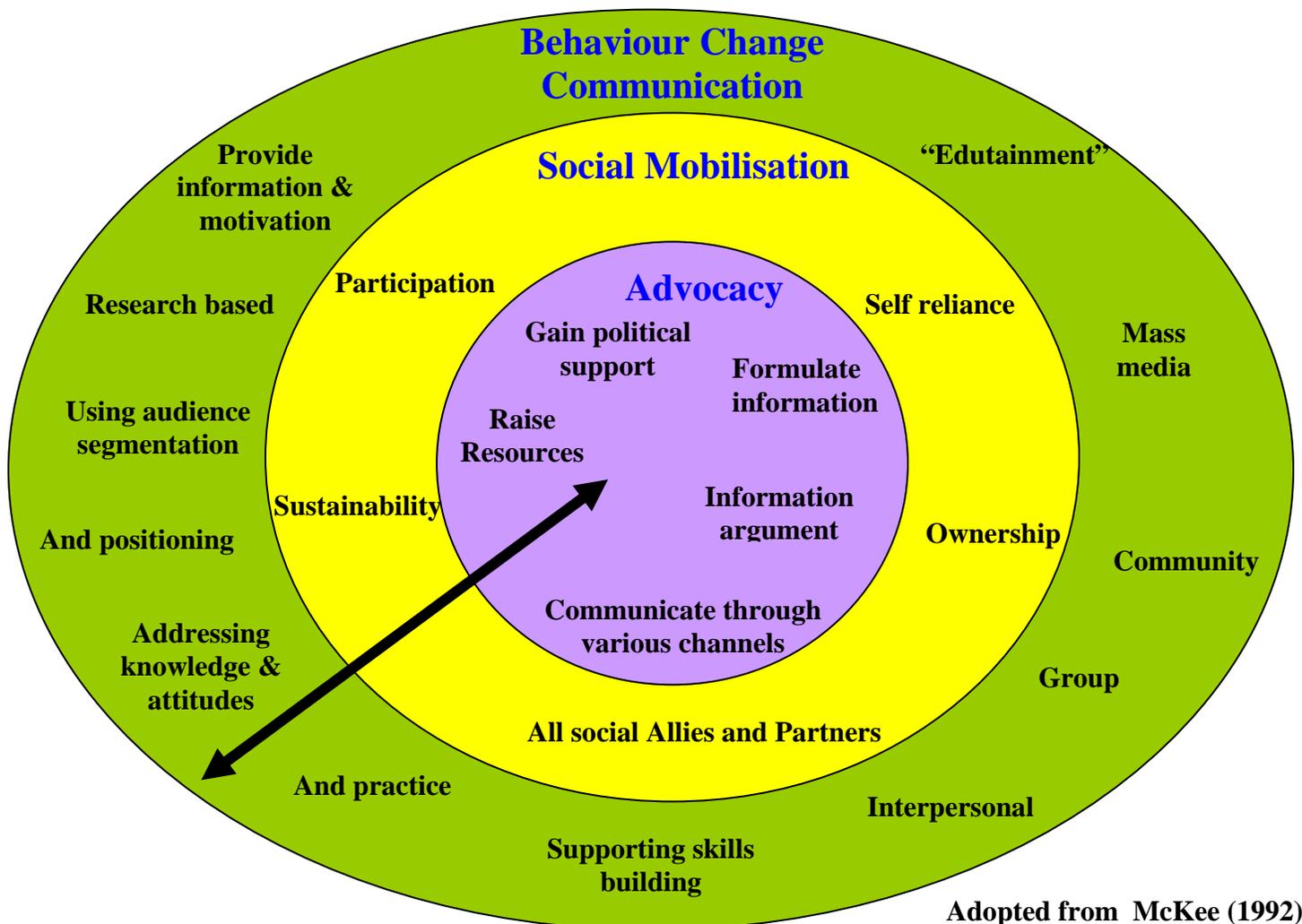
4. Strategic Communication Approach

4.1. Communication for Development Model

Communication for development is a researched and planned process for social change using three main strategies: Advocacy, Social Mobilisation and Behaviour Change Communication. The three tiered approach of Advocacy, Social Mobilisation and Behaviour Change Communication is used to develop an effective communication strategy to combat the spread of Avian Influenza and Pandemic Influenza in Sri Lanka. The synergistic and combined effects of the three strategies is illustrated in the model: advocacy for political and social will to stimulate

partnership development that leads to social mobilization of key partners and allies towards the creation of a social movement for a cause, in this case, avian and pandemic influenza prevention. Behaviour change communication looks at a more targeted and planned approach to sustain behaviour change or behaviour development at the family and community level. The two headed arrows show that planning advocacy, social mobilization and behaviour change communication is a two-way, multi-level process and that strategies need to be continually monitored and adjusted as the programme evolves.

This three-tiered approach shows how, with the development of appropriate skills and capacities, and provision of an enabling environment, communication plays a pivotal role in positive behaviour development and change towards the empowerment of individuals and groups. International experience has shown that well-planned advocacy, social mobilization and communication play an important role in disease outbreak prevention, can hasten containment, and help to mitigate an outbreak's social and economic impact.



Adopted from McKee (1992)

4.2. Behaviour Development and Change Model

The behaviour development and change model reflects the influence of the “immediate environment” of parents, family, friends and community leaders and influentials. Research and experience have provided enough evidence to support the fact that interpersonal communication provides a major influence on behaviour change and development. Interpersonal communication is a function of an individual’s wider social environment such as culture, religion, health and education systems, news and entertainment media.



The behaviour development model reflects these two influences. The wider environmental factors are placed on the outer circle, encompassing all, while immediate environment – family, peers, community - are in the centre of the model.

4.3. Participant analysis

The participant analysis for this strategy is based on a detailed analysis of who the key advocacy, social mobilisation and behaviour change audience groups are in terms of;



⁷Partners

- **High level government officials**
These are the head of country/state, high level government officials in Ministries who have a direct and indirect impact on the issue. They are educated and most are also high level professionals. They are also

⁷ **Partner** - An institution, association, ministry or group that serves as a resource for collaboration with one partner in achieving the overall objectives of a designed programme area, usually for the full length of the programme. Resources could be financial, technical, human or material.

highly political in their decisions and actions. Their most influential people include political leaders, colleagues and peers.

- ✓ President / Prime Minister
- ✓ Cabinet of Ministers
- ✓ Department of Animal Health and Production,
- ✓ Ministry of Health
- ✓ Department of Wild Life & Veterinary quarantine services at airport and harbour
- ✓ Ministry of Finance
- ✓ Ministry of Justice (legal Dept.)
- ✓ Ministry of Information
- ✓ Ministry of Education
- ✓ Ministry of Foreign Affairs
- ✓ Ministry of Public Administration
- ✓ Universities
- ✓ Department of Customs

▪ **UN agencies, international NGOs, donors**

They are high level decision makers in International agencies and donor governments. They are highly educated, are professionals who are highly knowledgeable in their areas of expertise. They are action-oriented and are most likely influenced by strong evidence-based argument.

- ✓ Food and Agriculture Organisation (FAO)
- ✓ World Health Organisation (WHO)
- ✓ United Nations Children's Fund (UNICEF)
- ✓ World Bank (WB)
- ✓ Asian Development Bank (ADB)
- ✓ Red Cross
- ✓ Other UN and donor agencies
- ✓ Other INGOs

⁸Allies

▪ **Provincial Programme Managers**

They are key government officials, non-governmental officials at the national and provincial level. They are educated and most are professionals. They are influenced by high level government officials, peers and friends and family.

- ✓ Relevant Provincial Ministries
- ✓ Administrators (Health, DAPH, Wild Life etc)

⁸ **Allies** – An institution, association, corporation, group, celebrity, spokesperson or politician that serves as a resource (financial, human, technical or material) for collaboration with the core partners in achieving at least one of the objectives in a designated programme area, often being engaged for a specifically defined time period/frame. Allies are those who would help one out to perform things properly, doing all sorts of support activities.

- ✓ Provincial Technical Officers of relevant technical units (RE, HEO, Regional veterinary surgeons etc)
 - ✓ NGO's operating at Grass root level of the province
 - ✓ Provincial law enforcement officers
 - ✓ Zonal Education Officers
- **The Poultry Industry**
They comprise both the commercial organized breeders of poultry and the majority of the backyard small-scale poultry raisers spread throughout the country. They are usually influenced by peers, family and friends. They are all motivated by profit or additional income but the latter, the small-scale ones, are also motivated by the additional food made available to the family.
 - **National Media**
They are professional journalists and broadcasters and media organizations. They are interested in the issue and look for strong human interest stories of importance.
 - **Collages**
They are medical professionals and belong to collages according to their expertise for example collage of paediatrics etc). They need to be brought on board with the entire strategy so that they feel that they are part of it and thereby obtain their support.

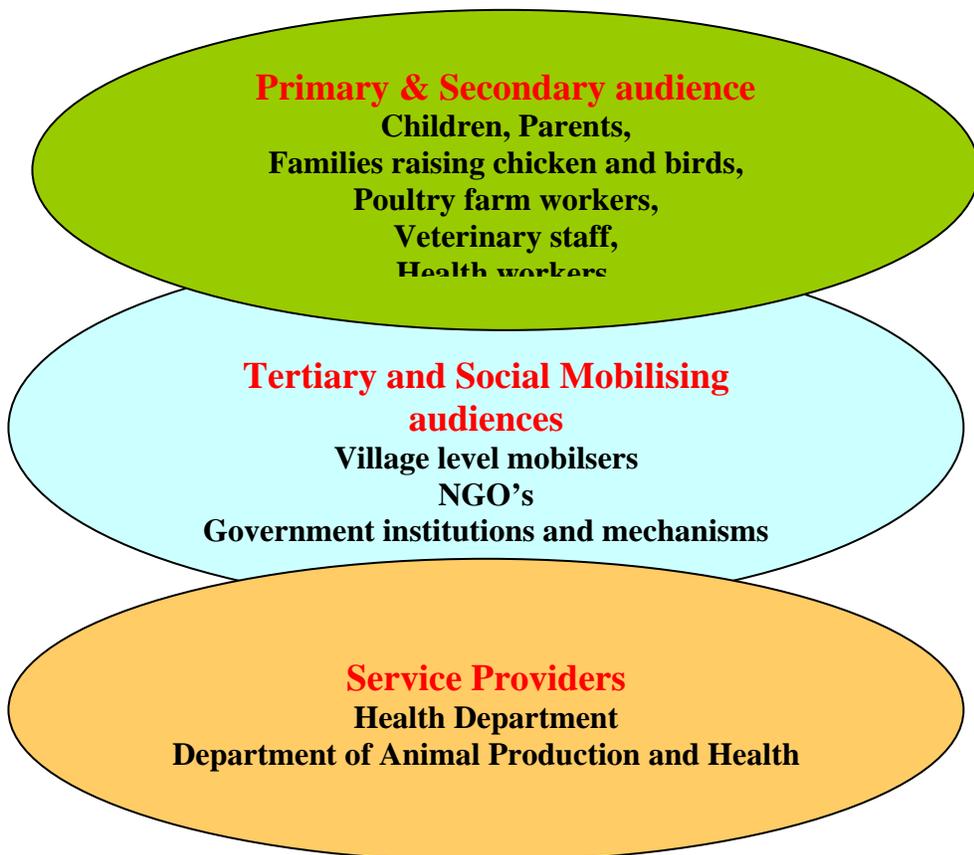
⁹Gatekeepers

- **The Poultry Industry**
The gatekeepers in the poultry industry are mostly those who comprise the commercial organized breeders of poultry in the country. They are motivated by profit and their interest to keep their business alive, particularly as regard their import and export interests in the industry. They are influenced by peers, family and friends.
- **National media**
They are professional journalists and broadcasters and media organizations. They are interested in the issue and look for strong human interest stories of importance.

⁹ **Gatekeepers** – An authority, a powerful individual, institution or association at the national, regional, district or community who influences the policy or legal environment (social, cultural, religious, political or economic) that either facilitates or inhibits behaviour or social change. Gatekeepers may allow or screen incoming information or various kinds of programmes to take place coming through various national, regional and district channels. The programme may bring them on board as partners or allies through advocacy or they may succeed in neutralising them.

- **Community media**
These may include community radio, public address systems in places of worship or itinerant or transportable megaphone systems, community theatre, community newspapers, community meetings; etc.
- **Community leaders**
They are highly influential community leaders and opinion formers. They are usually good communicators and communities look up to them for advice and direction. They are usually influenced by politicians, community members and friends and family.
 - ✓ Elected or non-elected political leaders
 - ✓ Religious leaders
 - ✓ Teachers
 - ✓ Heads of community based organizations

Whose behaviour are we attempting to change, in terms of;



¹⁰Primary and ¹¹Secondary Audience

▪ **Children**

Ninety-eight percent (98%) of children in Sri Lanka are in school. Almost three million of them are adolescents. They are influenced by their immediate environment – their family, peers, teachers and celebrities. They may have birds as pets and or handle poultry (parents in backyard poultry industry). They are therefore a potentially strategic force to educate and mobilize to carry the important messages on prevention and good hygiene practices to their families and neighbourhoods.

▪ **Parents**

Fathers and mothers who are usually literate (80% female literacy and 88% male literacy levels in Sri Lanka) would be essential actors in promoting preventive measures among their family members and friends. They are mostly influenced by community leaders, health workers, friends, the media and their own children who are in school.

▪ **Families with birds**

These are families involved in small back yard poultry-raising as well as those raising birds as pets or domestic animals. They are usually educated and are influenced by community leaders, health workers, friends, the media and children.

▪ **Veterinary staff**

They are professional veterinarians in government as well as in the private sector. They are highly respected in the farming communities. They can be influenced by peer professionals, politicians, friends and family and influential commercial farmers.

▪ **Health worker**

These are health workers at community level. They are trained and are highly respected in the community. They are very influential in the communities they serve. They can also be influenced by peer professionals, doctors and supervisors, friends, family and the media. These may include the:

- ✓ Public Health Mid-wife
- ✓ Public Health Inspector
- ✓ Other field workers

¹⁰ **Primary** – they are the audience or group whose behaviour is the main focus of the strategic communication objectives

¹¹ **Secondary** – these are the people who directly relate to the primary audience through frequent contact and who may support or inhibit behavioural change in the primary audience through their influence. They are also looked upon as social mobilisers. The strategic communication objectives often must focus on them directly for changes in behaviour. to take place among the primary audience.

- **National media**
They are professional journalists and broadcasters and media organizations who are open to collaborate on the AI/PI communication effort. They are interested in the issue and look for strong human interest stories of importance. Media orientations and briefings from the animal and health experts on AI and PI would be crucial to ensuring the accuracy of messages they communicate to the public.
- **Community media**
These may include community radio, public address systems in places of worship or itinerant or transportable megaphone systems, community theatre, community newspapers, community meetings; etc. orientations and briefings from the animal and health experts on AI and PI would be crucial to ensuring the accuracy of messages they communicate to the public.
- **Workers in poultry farms and egg traders**
These are those people working in large and medium scale chicken farms and also those who do trading of eggs.
- **Hoteliers, chefs and the hospitality industry**
They are professionals in the hospitality industry who play a key role in the handling and preparing of food for large numbers of people. They can be influenced by related professional bodies (chefs guild, hoteliers association, hotel school etc).

¹²**Tertiary & Social Mobilises**

- **Village level mobilisers**
They are those living in the community who are regarded as opinion leaders because they have influence to make a change in behaviour of the community. They are usually those who enjoy the trust and respect of the community.
 - ✓ Religious leaders (Buddhist, Christian, Hindu and Islam)
 - ✓ Community elders and leaders
 - ✓ Youth leaders
 - ✓ Local media
- **NGOs**
These are organizations working in the community. The community is in contact with these organizations and have built a relationship with

¹² **Tertiary/ Social Mobilises** – These are community level gate keepers. They are local level community groups, institutions or individuals who may support or inhibit behaviour, anti-social change in a community by allowing or disallowing an intervention to take place. These people control the local social environment, communication channels and decision making processes. They have a great influence on the local social norms and values.

them. The community is usually supported by these organizations in one way or another.

- ✓ Community-based organisations (CBOs)
- ✓ Local NGOs
- ✓ INGOs
- ✓ Rural Banks

▪ **Government institutions and mechanisms**

These are the local government authorities based in the community. The community is in contact with these organizations on a regular basis to perform most activities at community level.

- ✓ Divisional Secretary
- ✓ Grama Niladari
- ✓ Samurdi workers
- ✓ Medical Officers of health and their staff at field level
- ✓ Divisional veterinarians

¹³**Service Providers**

▪ **Health department**

They directly provide all health related services, including curative services and preventive services.

- ✓ Ministry of health Staff (technical staff of the PDHS, DPDHS,
- ✓ Staff at Medical Officers of Health officers
- ✓ Hospital Staff
- ✓ General Practitioners

▪ **Animal Production and Health**

They provide advice and assistance on animal raising and medical treatment (curative and preventive) for animals.

- ✓ Veterinarians

4.4. General objectives of the communication preparedness and response strategies

- 4.4.1. Reduce the risk of animal to animal transmission of AI
- 4.4.2. Reduce the risk of animal to human transmission of AI
- 4.4.3. Reduce the risk of a possible human to human transmission of AI
- 4.4.4. Improve hygiene to limit the spread of avian and human flu
- 4.4.5. Limit the possible spread of pandemic influenza (PI)
- 4.4.6. Promote home based care
- 4.4.7. Establish measures for dealing with the dead

¹³ **Service providers** – They are natural agents of change in a community, usually representing an institution or organisation that may have similar goals for behaviour and social change and who may be brought on board for communication programme purposes through involvement in training and planning and campaigns.

4.5. Communication Objectives/Results

4.5.1. Advocacy & Social Mobilisation Objectives / Results

- That all members of the inter-ministerial steering committee meets every quarter to address policy issues relating to programme planning, resource identification and mobilisation, monitoring and evaluation of AI/PA preparedness activities in Sri Lanka.
- UN agencies (WHO, FAO, UNICEF, UNDP, WFP) and other international donors support the national strategy to combat the emergence and spread of AI/PI by allocating resources in a timely manner and providing technical expertise and guidance where and when necessary.
- All Provincial programme managers receive training and information on AI/PI and support efforts to combat the emergence and spread of AI/PI and allocate resources (human and financial) in a timely manner.
- All members of the poultry industry is aware of AI and the involved risks and take measures to;
 - Register all unregistered industrial farms (medium to large scale)
 - Ensure that all farms follow proper hygiene practices relating to handling and caring for the poultry
 - Ensure that all outbreaks of disease and death are reported to relevant authorities within 24 hours of the incident, within 3 months of taking part in the workshops and receiving awareness material.
- All ¹⁴national media bodies observes the rules of responsible journalism and collaborates with the National Communication Task Force across the various stages of the response by providing accurate and timely information to the public through their active participation in AI/PI orientations.
- 50% of community leaders motivate community members on adopting proper hygienic practices and other preventive measures to combat the emergence and spread of AI within 3 months after their active participation in the orientation meetings and receiving educational material.

¹⁴ **National Media bodies** = National Association of Broadcasters; Accredited Advertising Agencies Association, International/ National Federation of Journalists

4.5.2. Behaviour Change Objectives/ Results to Prevent/Limit AI Infection

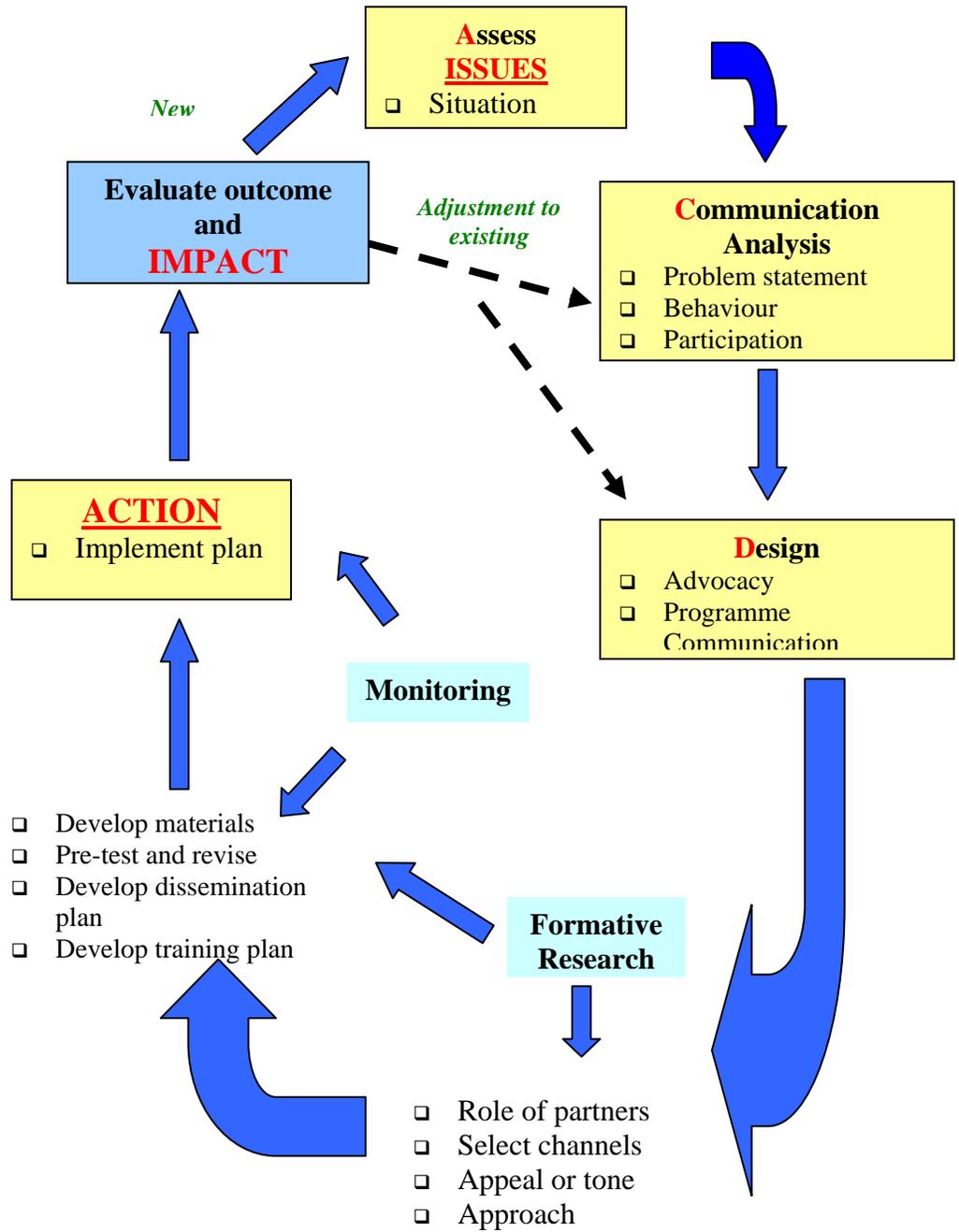
- 50% of family members practice ¹⁵proper handling and cooking of chicken and eggs at all times within six months of commencing the awareness campaign.
- 50% of ¹⁶commercial food handlers practice proper handling & cooking of chicken & eggs at all times within six months of commencing the awareness campaign.
- 50% of school children between the age group of 8 – 18 years speak at least once a week with parents and neighbours about safe handling of poultry and birds at home within six months of the school promotions being carried out.
- 75% of families involved in backyard poultry practice the ¹⁷two key preventive behaviours within six months of the awareness campaign being launched.
- 90% of families involved in backyard poultry report sick or dead birds to veterinarian authorities within 24 hours of the incident in six months of the awareness campaign being launched.
- 100% of veterinary staff knows the importance of continued vigilance of the poultry industry, back yard poultry, pet and wild birds and monitor 75% of households and farms on a monthly basis and complete a checklist within 3 months of participating in awareness programmes and receiving educational material.
- 100% of Health workers practice preventive measures at all times and educate and motivate families on following proper practices commencing within 3 months of participating in awareness programmes and receiving educational material.
- 50% of village level mobilisers, NGO's and local level government mechanisms promote key messages on AI and proper hygiene practices through their networks at least once a month commencing within 3 months of participating in awareness programmes and receiving educational material.

¹⁵ **Proper handling and cooking** = storage of raw meats and eggs, cooking chicken and eggs thoroughly

¹⁶ **Commercial food handlers** = hotels & hospitality industry, wet and dry markets

¹⁷ **Two key preventive behaviours** = washing hands with soap and water after each contact with birds and separate poultry from other livestock and living areas]

4.6. Communication Planning Framework



4.7. Communication Strategies

Behaviour Objective / Result	Audience	Current Behaviour	Barriers to change	Motivation/ key message	Interpersonal (IP) channels & Methods	Supporting Media/ Material	Key Partner/s
Advocacy –							
All members of the inter-ministerial steering committee meets every quarter to address policy issues relating to programme planning, resource identification & mobilisation, monitoring & evaluation of AI/PI preparedness activities in Sri Lanka.	Members of the inter-ministerial steering committee	Very supportive but does not regularly attend the meetings and implementation of recommendations can get slow	Competing priorities	An outbreak will have devastating economic and social implications	Communicate through - Dept. Heads, Secretaries of Ministries & Ministers at meetings, seminars and other informal events	Presentations , Advocacy package and other informational material	Min. of Health, Min. of Estate Infrastructure & Livestock Development, Min. Information & Min. Disaster Mgmt & Ministry of Information
UN agencies (WHO, FAO, UNICEF, UNDP, WFP) & international donors support the national strategy to combat the emergence and spread of AI/PI by allocating resources in a timely manner & provide technical expertise & guidance as needed.	International Agencies, Donor Governments & International NGOs	Very supportive		An outbreak will have devastating economic and social implications	Communicate through - relevant Line Ministries at donor Meetings, Bi-lateral meetings, and other informal opportunities	Presentations , Advocacy package	Min. of Health, Min. of Estate Infrastructure & Livestock Development, Min. Information & Min. Disaster Mgmt, & Ministry of Information
All Provincial programme managers receive training and information on AI/PI and support efforts to combat the emergence and spread	Provincial authorities of relevant sectors, Police & other law enforcement officers and	Low interest and attention to AI related issues	Competing priorities, no information	Basic knowledge on AI	Communicate through Provincial level Managers at meetings, seminars,	Presentations , Advocacy package, information/education material,	Min. of Health, Min. of Estate Infrastructure & Livestock Development, Min. Information

Behaviour Objective / Result	Audience	Current Behaviour	Barriers to change	Motivation/ key message	Interpersonal (IP) channels & Methods	Supporting Media/ Material	Key Partner/s
of AI/PI and allocate resources (human and financial) in a timely manner.	NGOs				workshops and TOT for key partners at provincial level	circulars	& Min. Disaster Mgmt
All members of the poultry industry is aware of AI & involved risks & take measures to; <ul style="list-style-type: none"> ▪ Register all unregistered commercial farms (S/M/L) ▪ Ensure that all farms follow proper hygiene practices relating to handling & caring for poultry ▪ Ensure that all outbreaks of disease & death are reported to relevant authorities within 24 hours of the incident, within 3 months of taking part in the workshops & receiving awareness material. 	Poultry Associations, Small, Medium and Large scale farms and breeders	Not all farms are registered, don't follow proper hygiene practices, don't report or report late	Low or no compensation, no information on reporting structures, no information on AI	Virus is deadly & contagious, prompt reporting can stop it from spreading to friends & neighbours farms, your children & families can get infected, compensation will be paid? Actions to be taken if birds are ill, and who to report to	Communicate through Poultry the associations at meetings, and through their network	Presentations, Advocacy film, folder with information material, newspapers, radio and TV news and broadcasts	Min. of Estate Infrastructure & Livestock Development, DAPH and other relevant authorities
All ¹⁸ national media bodies observes the rules of responsible journalism and	Journalist organisations, media houses and reporters	Sensational reporting, not providing adequate & timely	Looking for a good story, AI not	You have a responsibility towards your readers, you	Communicate through Journalist training	Press Releases, Fact sheets, presentations	Min of Information, Min. Health and DAPH

¹⁸ **National Media bodies** = National Association of Broadcasters; Accredited Advertising Agencies Association, International/ National Federation of Journalists

Behaviour Objective / Result	Audience	Current Behaviour	Barriers to change	Motivation/ key message	Interpersonal (IP) channels & Methods	Supporting Media/ Material	Key Partner/s
collaborates with the National Communication Task Force across the various stages of the response by providing accurate and timely information to the public through their active participation in AI/PI orientations.		information	interesting enough yet	can help save lives and livelihoods by providing accurate & timely information. How to confirm a reported incident, who to be contacted for verification	institutes, IFJ forums, journalist organisation at trainings, Workshops, media briefings & seminars,	Leaflet	
50% of community leaders motivate communities to adopt proper hygienic practices & preventive measures to combat the emergence & spread of AI within 3 months after their active participation in the orientation meetings & receiving educational material.	Local level politicians, religious leaders, teachers and community based organisations	Low interest, attention and awareness on AI related issues	Competing priorities, no information. And does not see the relevance to them	Promote hygienic practices and motivate families raising chicken to report sick/dead birds	Communicate through Heads of religious organisations, Education system, CBO forums, GN and PHI at meetings, briefings,	Fact sheets, leaflet and presentations	Min. of Health, DAPH, Min. of Education

Behaviour Objective / Result	Audience	Current Behaviour	Barriers to change	Motivation/ key message	Interpersonal (IP) channels & Methods	Supporting Media/ Material	Key Partner/s
Behaviour Change							
50% of family members practice ¹⁹ proper handling & cooking of chicken & eggs at all times within six months of commencing the awareness campaign.	Mothers and fathers	Not aware of the dangers relating to AI,	No information & low awareness	Proper hygiene practices, safe handling of birds & chicken Promote proper cooking of chicken & eggs	Communicate through - Public Health Midwife, Public Health Inspector, Grama Sevaka, Children at Small Group Discussions & at community meetings	Flash Cards, leaflet, posters, mass media	Min. of Health & DAPH
50% of commercial food handlers practice proper handling & cooking of chicken & eggs at all times within six months of commencing the awareness campaign.	Hotels and hospitality industry, wet and dry markets	Not aware of the dangers relating to AI,	No information & low awareness	Proper hygiene practices, safe handling of birds & chicken Promote proper cooking of chicken & eggs	Communicate through Public Health Midwife, Public Health Inspector, Grama Sevaka, Children at Small Group Discussions, visits to establishments	Flash Cards, leaflet, posters	Min of Health & DAPH
50% of school children between the age group of 8 – 18 years speak at least once a week with parents and neighbours	All children	Plays and handle birds and chicken indiscriminately	No awareness or information	Proper handling practices can save you from bird flu,	Communicate through - Teachers and the school system,	Entertainment Education package, mass media, posters	Min. of Education

¹⁹ **Proper handling and cooking** = storage of raw meats and eggs, cooking chicken and eggs thoroughly

Behaviour Objective / Result	Audience	Current Behaviour	Barriers to change	Motivation/ key message	Interpersonal (IP) channels & Methods	Supporting Media/ Material	Key Partner/s
about safe handling of poultry and birds at home within six months of the school promotions being carried out.					girl guides, boy scouts, other adolescent groups, school health clubs		
75% of families involved in backyard poultry practice the ²⁰ two key preventive behaviours within six months of the awareness campaign being launched.	Families raising birds as pets and backyard poultry	Not all farms are registered, don't follow proper hygiene practices, don't report or report late	Low or no compensation, no information on reporting structures, no information on AI	Register farms, report sick or dead birds, adopt proper hygienic methods, your family is at risk, you will be compensated, proper disposal of bird droppings	Communicate through - Veterinarians, Grama seveka, children, PHI and Animal health workers at Small group discussions and house-to house visits	Flash Cards, leaflets, posters, local radio and TV public service announcements	DAPH
90% of families involved in backyard poultry report sick or dead birds to veterinarian authorities within 24 hours of the incident in six months of the awareness campaign being launched.	Families raising birds as pets and backyard poultry	No separation of birds, they roam freely, & maybe mixing with wild birds	Low awareness on risks, no space, need to feed if caged	Protect your birds from disease, protect your family, how to get support for separating of birds from humans	Communicate through Veterinarians, Grama seveka, children, PHI at Small group discussions and house-to house visits	Flash Cards, leaflets, posters; local radio and TV public service announcements	DAPH

²⁰ **Two key preventive behaviours** = washing hands with soap and water after each contact with birds and separate poultry from other livestock and living areas]

Behaviour Objective / Result	Audience	Current Behaviour	Barriers to change	Motivation/ key message	Interpersonal (IP) channels & Methods	Supporting Media/ Material	Key Partner/s
100% of veterinary staff knows the importance of continued vigilance of the poultry industry, back yard poultry, pet and wild birds and monitor 75% of households and farms on a monthly basis and complete a checklist within 3 months of participating in awareness programmes and receiving educational material.	District level Vets and field officers of the Dept.	Low interest and attention to AI related issues	Competing priorities	You can help prevent the outbreak of AI, importance of continuous monitoring & reporting of sick and dead birds,	Communicate through - Veterinary Dept Heads at Seminars, circulars, discussions	Leaflet, Flip chart / flash card	DAPH
100% of Health workers practice preventive measures at all times and educate and motivate families on following proper practices commencing within 3 months of participating in awareness programmes and receiving educational material.	Public Health Midwives, Public Health Inspectors	Low interest and attention to AI related issues	Competing priorities	Promote hygienic practices among families	Communicate through Ministry of Health /DPDHS/MOH at Seminars, circulars and discussions	Leaflet and flip chart / flash card	Min. of Health
50% of village level mobilisers, NGO's and local level government mechanisms promote key messages on AI and	Local level politicians & Govt. organisations religious	Low interest and attention to AI related issues	Competing priorities	An outbreak will have devastating economic and social	Religious leaders, NGO & CBO forums at seminars and discussions	Leaflet and presentations	Min. of Health, DAPH

Behaviour Objective / Result	Audience	Current Behaviour	Barriers to change	Motivation/ key message	Interpersonal (IP) channels & Methods	Supporting Media/ Material	Key Partner/s
proper hygiene practices through their networks at least once a month commencing within 3 months of participating in awareness programmes and receiving educational material.	leaders, teachers and community bases organisations, NGOs			implications			

5. Implementation Plan

		MONTH													
Activity	Outputs	Responsible	Budget US \$ (3 yrs)	1	2	3	4	5	6	7	8	9	10	11	12
1. AI communication strategy finalised	AI communication strategy printed and launched		2,500	■											
2. Develop Advocacy Package;	4 Power point presentations developed & 100 CD copies made (Ministers, Private sector, media & opinion leaders)		74,000	■	■	■	■								
	Production & printing of advocacy folder and information material			■	■	■									
	Production of advocacy film			■	■	■									
	Advocacy meetings with Ministers, Private Sector, Media and Opinion leaders			■	■	■									
3. Donor briefings & updates	Develop & print donor briefing package & folder		11,000	■											
	3 donor briefings/updates held							■							
4. Develop Educational material for families involved in backyard poultry and those in contact with poultry	Produce & print leaflet		111,000	■	■	■	■								
	Produce & print poster			■	■	■									
	Disseminate poster & leaflet through small group meetings			■	■	■									
	Leaflet and poster disseminated through small group meetings			■	■	■									
5. Develop	Develop & print leaflet		16,000	■	■	■									

				MONTH												
Activity	Outputs	Responsible	Budget US \$ (3 yrs)	1	2	3	4	5	6	7	8	9	10	11	12	
educational material for vets	Develop & print Flash Card set															
	Disseminate leaflet & flash card through seminars															
6. Develop educational material for health workers	Develop & print leaflet		34,500													
	Develop & print Flash Card set															
	Disseminate leaflet & flash card through seminars															
7. Develop educational material for social mobilisers	Develop & print leaflet		13,750													
	Disseminate leaflet through small group meetings															
8. Other BCC materials for general public to raise awareness developed and disseminated	4 radio jingles produced		394,500													
	4 TV spots produced															
	4 posters produced & printed															
	Disseminate radio & TV spots through media															
	Disseminate posters using health, education and vet net works															
9. Seminars for Provincial programme managers	1 meeting in every district (2 meetings every month)		10,000													
10. Briefings & meetings for community leaders & opinion	12 meetings at National and Provincial levels held		10,000													

MONTH				1	2	3	4	5	6	7	8	9	10	11	12	
Activity	Outputs	Responsible	Budget US \$ (3 yrs)													
11. Develop Meena (EE) Package	Develop & produce 17 minute animated cartoon film		55,000													
	Develop & produce Comic book															
	Develop & produce 4 posters															
	Develop & produce a Teachers guide															
12. Disseminate Meena package	Reproduction of film, printing comic book, teachers guide and posters		220,000													
	Dissemination through schools															
	ToT for teachers, girl guide trainers & NGO's															
13. Seminars for Food Handlers (hospitality industry)	Develop & print leaflet		7,000													
	Disseminate leaflet through seminars (chefs guild etc)															
14. Meetings with people involved in the poultry industry	Develop & print leaflet		10,000													
	Disseminate leaflet through seminars															
15. Monitoring & Evaluation	Formative research conducted		100,000													
	Implementation monitoring done															
	Behaviour monitoring conducted															
	Post Campaign evaluation conducted															
TOTAL BUDGET			1,069,250													

6. Monitoring & Evaluation

The monitoring and evaluation plan will look at the areas of comprehensive formative research in order to establish a baseline, regular and continuous monitoring of the implementation of the activities and the achievement of the behavioural objectives and a final evaluation to determine the results (change in behaviour or in terms of improved practices as prescribed in the messages) and the impact of these practices in reducing risk or in mitigating the spread of the HPAI and human influenza virus. Developing effective indicators to measure and track of the communication efforts are contributing to behavioural changes is key to a good monitoring plan. The final choice of the indicators will depend on the choice of the behavioural results we want people to manifest.

Our effectiveness in achieving our communication objectives for a response of this nature will depend on our preparation, our coordination mechanisms for implementation and monitoring activities, use of resources and achievement of results. Needless to say, our success also depends on our ability to maintain a positive and collaborative working environment among the UN, National government, NGOs and CBOs, and the working media.

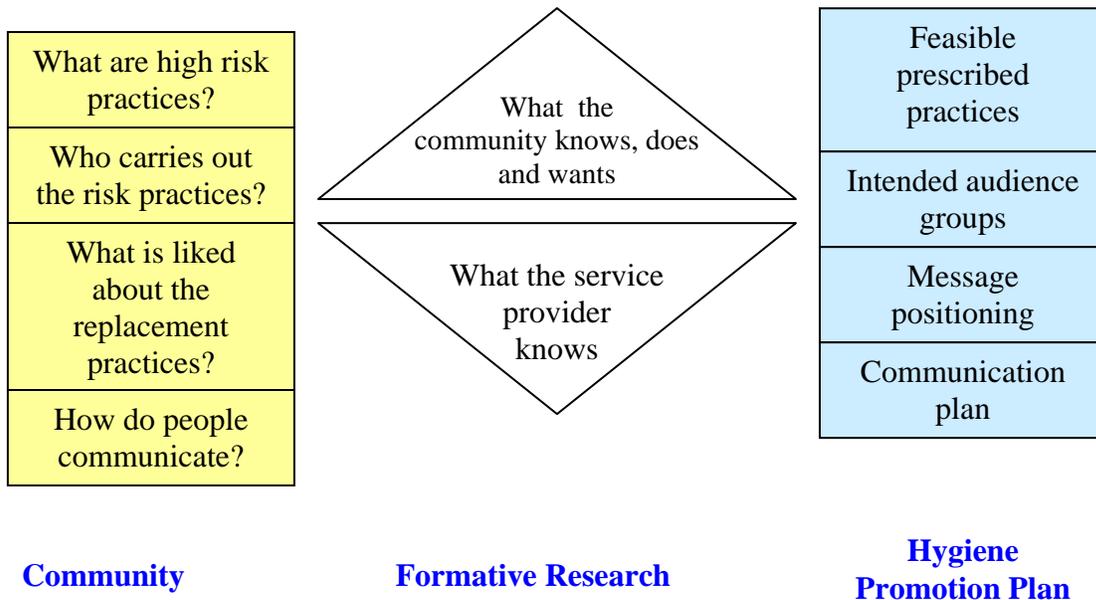
We need to know and track which data and capacities exist, which partnerships and networks we can tap when required. We need to plan during the three different stages of the pandemic at which assessments have to be conducted to plan, monitor and adjust if necessary the communication strategy to ensure that we prevent the emergence and spread of avian influenza and a potential pandemic influenza in Sri Lanka.

6.1. Formative Communication Research

The aim is to answer a few main questions in order to establish a baseline for our monitoring process during the implementation of the activities.

- Which specific practices are placing the health of children and families at risk?
- What are the social, cultural and economic barriers to influencing those at risk to changing their current harmful practices or developing new practices?
- What or who could motivate the adoption of new practices?
- Who should be the audience groups of the communication initiative?
- What messages should we impart to persuade our audience groups to adopt good practices to prevent the spread of the disease?
- How can we communicate with these groups most effectively?

In order for the formative research to be useful beyond understanding the thrust of the campaign we intend using the same indicators identified in the behaviour monitoring plan so that the formative research can also be used as the baseline information. This baseline information can later be used as a measurement at ground zero when final evaluations are being done.



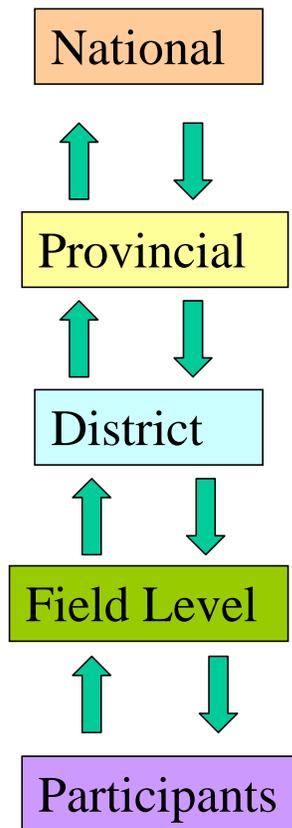
6.2. Behaviour Monitoring Plan

Behavioural Objective	Behavioural Indicator/s	Measurement Methods	Samples	Who will collect Info./ and when
Advocacy & Social mobilisations Objectives / results				
That all members of the inter-ministerial steering committee meets every quarter to address policy issues relating to programme planning, resource identification & mobilisation, monitoring & evaluation of AI/PA preparedness activities in Sri Lanka.	<ul style="list-style-type: none"> % of recommendations implemented $\frac{\text{No. of implemented recommendations}}{\text{No. of recommendations Made}}$	<ul style="list-style-type: none"> Meeting minutes and action points 	All recommendations made	The Secretary of the steering committee and to be collected quarterly.
<p>All members of the poultry industry is aware of AI & the involved risks & take measures to;</p> <ul style="list-style-type: none"> Register all industrial farms (medium to large scale) Ensure that all farms follow proper hygiene practices relating to handling and caring for the poultry Ensure that all outbreaks of disease & death are reported to relevant authorities <p>within 3 months after taking part in the workshops & receiving awareness material.</p>	<ul style="list-style-type: none"> % of farms following key hygiene practices $\frac{\text{No. of farms following key practices}}{\text{Total No. of farms observed}}$ <ul style="list-style-type: none"> % of returns received from the registered farms $\frac{\text{Total No. of returns received}}{\text{Total No. of farms}}$	<ul style="list-style-type: none"> Observation checklist Returns 	<p>Stratified sampling</p> <p>Systematic random sample</p>	DAPH on a monthly basis

Behavioural Objective	Behavioural Indicator/s	Measurement Methods	Samples	Who will collect Info./ and when
Behavioural Objectives / Results				
50% of family members practice proper handling & cooking of chicken & eggs at all times within six months of commencing the awareness campaign.	% of mothers who correctly sort at least 60% of cards No of mothers who correctly sort <hr/> No of mothers in sample	Card sorting	Stratified sampling of mothers	Volunteers within 3 months of the intervention and thereafter quarterly
50% of commercial food handlers practice proper handling & cooking of chicken & eggs at all times within six months of commencing the awareness campaign.	% of food handlers practice at least 75% of the safe handling methods No practising 75% of the safe handling methods <hr/> No of food handlers observed	Observation checklist	Stratified sampling of selected populations hospitality industry (large, medium and small), dry markets, wet markets	PHI's and MoH, within 3 months of the intervention and thereafter quarterly on a rotating the selected populations (2 at a time)
50% of school children between the age group of 8 – 18 years speak at least once a week with parents & neighbours about AI, safe handling of poultry & birds & ²¹ proper hygiene practices within six months of the school promotions being carried out.	% of children have spoken to their mothers about at least three key messages during the last week No of children speak about 3 key messages to mothers <hr/> No of mothers in sample	Semi structured questionnaire	Stratified sampling of mothers	Volunteers within 3 months of the intervention and thereafter quarterly

Behavioural Objective	Behavioural Indicator/s	Measurement Methods	Samples	Who will collect Info./ and when
75% of families involved in backyard poultry practice the ²² two key preventive behaviours within six months of the awareness campaign being launched.	% of families who have separated their poultry from other livestock	Observation checklist	Stratified Random sampling	Field vet staff
100% of veterinary staff knows the importance of continued vigilance of the poultry industry, back yard poultry, pet & wild birds & monitor 75% of households & farms on a monthly basis & complete a checklist within 3 months of participating in awareness programmes & receiving educational material.	% households and farms visited by the vet staff during the month as per scheduled	Check list and visit records (returns)	Systematic Random sample	District vet staff on a monthly basis

6.3. Data Collection & Analysis



The collection of data and the feed back will flow along the lines shown above. As important as data collection and analysis is, feed back too needs to be given equal importance and emphasis.