सत्यमेव जयते

Training Module on

SOCIAL AND BEHAVIOURAL CHANGE COMMUNICATION

In context of Disaster Risk Reduction



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Resilient India - Disaster free India

National Institute of Disaster Management (NIDM)
(Ministry of Home Affairs, Government of India)

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October 2021

National Institute of Disaster Management (NIDM)

(Ministry of Home Affairs, Government of India)

Plot No. 15, Pocket 3, Block B, Sector 29, Rohini, New Delhi 110042

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राष्ट्रीय आपदा प्रबंधन संस्थान
(गृह मंत्रालय, भारत सरकार)

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FOREWORD



Social and Behavioural Change Communication (SBCC) employs a systematic process beginning with formative research and behaviour analysis, followed by communication planning, implementation, monitoring and evaluation. It is the strategic use of communication to promote positive changes in knowledge, attitudes, norms, beliefs and behaviours based on proven theories and models of behaviour change. SBCC refers to the coordination of messages and activities across a variety of channels to reach multiple levels of society, including individuals, the communities, services and policy levels. Communication is crucial to addressing the behavioural and social aspects of the whole ambit of Disaster Risk Reduction and Management that precede and follow an emergency, and as such must be integrated into the entire cycle from the outset. It is critical to ensure that communication efforts are harmonized, relevant, timely, financially supported and aligned among all of the preparedness and technical response teams. A strong and united voice heard through various sources can determine whether an emergency spirals out of control or is brought into check as soon as possible. An SBCC strategy is the document that guides the design of interventions, establishing intended audiences, setting behavioural communication objectives and determining consistent messages, materials and activities across channels. Furthermore, a well-coordinated, timely and strategic communication strategy and implementation plan can manage people's expectations during an emergency and assist response efforts. Communication and related pillars can ensure that response activities are accompanied by appropriate communication interventions and that affected communities can be engaged and supported to make the required changes, rumours can be detected early and barriers to desired behaviours can be identified and addressed promptly. Coordinated, clear and credible communication aids in minimizing resulting health, social and economic costs.

NIDM and UNICEF have come together to enhance abilities and skills of government functionaries and key stakeholders in SBCC to address the social and behavioural aspects of DRR. The overall objective of this partnership is to empower service providers at different levels to understand the importance and core concepts of social and behaviour change and have the ability to integrate SBCC in all forms of disaster risk management from prevention, mitigation and preparedness through to crisis response and recovery. Thereby, in the realm of disaster management, an all-inclusive approach can be ensured so that communities can be made informed, motivated and equipped to practice the necessary protective and preventive behaviours which can be achieved through effective SBCC programming.

MKBindal

(Manoj Kumar Bindal)

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Acknowledgement

Impact of disasters can be greatly reduced by timely and proper communication which can change the way in which communities respond. Disaster risk reduction communication should involve communities and community influencers to cover all the four phases of disasters. This module on SBCC has been developed with a view towards achieving this goal. It will be used to sensitize managers and other communicators from SDMAs and other line departments who manage disaster communication.

UNICEF has been a partner in development of this module. I am thankful to their team members Siddartha Shrestha (Chief of C4D) Shalini Prasad (C4D Specialist), and Sarbjit Singh Sahota (DRR Specialist) of India Country Office for providing technical advice and support through this journey. Varsha Chanda and Nisar Ahmad and their team from Envisions Institute of Development deserve a special mention for developing this module.

Further, we would like to acknowledge the contributions of few NIDM fraternity for their valuable inputs for the four sub-modules namely Prof. Surya Parkash, Prof. Anil K. Gupta, Dr. Amir Ali Khan, Dr. Ajinder Walia and few young professionals namely Dr. Harjeet Kaur, Dr. Raju Thapa and Ms. Atisha Sood. We also take this opportunity to thank the Printing Division of NIDM namely Mr. Santosh Kumar Tiwari, Ms. Karanpreet Kaur and Ms. Sonali Jain for coordinating the print version of the document.

We at NIDM are sure that this module will help in mainstreaming of SBCC in DRR planning.

About this Module

INTRODUCTION

India has been disaster prone since centuries for a variety of reasons. The picture is grim : more than 58.6 per cent of the landmass is vulnerable to earthquakes, around 40 million hectares are susceptible to floods, while two-thirds of its 7516-kilometer coastline is prone to cyclones and tsunamis; 68 per cent of its cultivable land is vulnerable to droughts and its hilly areas are at risk from landslides and avalanches. Furthermore, India is also vulnerable to Chemical, Biological, Radiological and Nuclear (CBRN) emergencies and conflicts. Every year, more than fifty million people in India are affected by disasters and an average of 4000 people lose their lives .

There is a need to strengthen risk mitigation and preparedness measures to reduce the impact of disasters. On average, each dollar invested in preparedness in high risk contexts saves two dollars in the response, and preparedness interventions accelerate response activities by more than one week. Preparing and responding successfully to disasters also require that evidence-based social and behaviour change communication strategies become an integral part of national and state disaster preparedness plans. Communication efforts are needed for improved health, hygiene, protective and caring practices; and to lead to positive collective action and informed demand among affected communities for disaster assistance,supplies and services. All these actions are crucial in protecting and promoting well-being of children, women and their families when a disaster strikes and building resilience so they are better able to withstand, manage and recover from disasters.

WHO SHOULD USE THE MODULE

The module is to be used for training of Program Managers for planning, implementing and monitoring SBCC Interventions at the various phases of the Disaster. The Program Managers can be from across sectors like Health, Nutrition, Water and Sanitation etc, who are required to work in close coordination for disaster preparedness, response and resilience.

HOW TO USE THE MODULE

The module is to be used as an integrated learning in the in regular courses. Given a short time of 60 minutes the sessions covered in this module are very short presentations. Further reading related to the session is given as a Handout and participants are expected to familiarize themselves with the readings.

A dedicated helpline website is provided in this module and one may call or post queries on the website in case any further support is required on a particular topic.

A self-assessment is given at the end of each session which can be used by the participants to check on their understanding of the session.

Answers to the assessment can be checked from the website.

List of Abbreviations Used in the Module

A/V	:	Audio- Visual
ANM	:	Auxiliary Nurse Midwife
ASHA	:	Accredited Social Health Activist
ASDMA	:	Assam State Disaster Management Authority
AWW	:	Anganwadi Worker
BCC	:	Behaviour Change Communication
BSDMA	:	Bihar State Disaster Management Authority
DRR	:	Disaster Risk Reduction
FB	:	Facebook
IEC	:	Information Education and Communication
IPC	:	Interpersonal Communication
IEEE	:	Institute of Electrical and Electronic Engineers
KSDMA	:	Kerala State Disaster Management Authority
M&E	:	Monitoring and Evaluation
NDMA	:	National Disaster Management Authority
NGO	:	Non-Governmental Organization
ORS	:	Oral rehydration solution
SMS	:	Short Messaging Services
SDMA	:	State Disaster Management Authority
SFC Media	:	Small Format Community Media
SMART	:	Specific, Measurable, Achievable, Relevant, Time-Bound Objectives
SBCC	:	Social and Behaviour Change Communication
WASH	:	Water, Hygiene and Sanitation

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SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION

DISASTER RISK REDUCTION TRAINING

Session Design

Title of the session

Session 1 | Introduction to Social Change and Behaviour Change

Learning outcome

What is the end outcome of the session

- Participants will be able to explain Social Change and Behaviour Change and the related communication aspects

Methodology

What approach does the teaching/ learning methodology use

Presentation

Duration

Time required for the session

15 minutes

Process

1. Greet participants and welcome them to the session
2. Ask participants what they understand by SBCC
3. As participants answer, pick up the key points and put them up on the board (To help you with the key points refer to the definition of Social Change and Behaviour Change)

How will the session be taken up with the learners.

Self-Assessment: How participants check their own understanding on the topic discussed

Based on your understanding, mark ✓ in the relevant column, if you agree/disagree/don't know with the statements given here				
		Agree	Disagree	Don't know
1	Social change and behaviour change can be addressed through the same communication			
2	When introducing a new behaviour, support is required at 7 levels to achieve an enabling environment			

Session Take-Aways Summary of session learning

Technical Guidance note Related references and reading for the participants

Agenda

SESSION 1	INTRODUCTION TO THE SBCC TRAINING	05 MINS
SESSION 2	INTRODUCTION TO SOCIAL CHANGE AND BEHAVIOUR CHANGE	20 MINS
SESSION 3	COMMUNICATION AND SELECTION OF COMMUNICATION CHANNELS	15 MINS
SESSION 4	SBCC PLANNING AND MONITORING	15 MINS
SESSION 5	CLOSURE	05 MINS

Session 1 | Introduction to the SBCC Training

Learning outcome

- Participants will be able to understand the use of the module on Social Change and Behaviour Change and the related communication aspects for Disaster Risk Reduction

Methodology

Presentation

Duration

5 minutes

Process

1. Facilitator welcomes participants to the training session on Communication for Disaster Risk Reduction.
2. The module is divided in four sessions with the following objectives.

Session Objectives

At the end of this one hour session, the participants will be able to:

1. Define the concept of Social and Behaviour Change in the context of four phases of DRR
2. Apply the understanding of this concept to plan communication using appropriate approaches for DRR
3. Understand and describe use of socio-ecological model for audience analysis in risk informed communication planning
4. Select appropriate communication channels for Risk Communication and Community Engagement (RCCE)
5. Develop plans to monitor SBCC/RCCE

3. The methodology for the training is going to be presentations and discussions and it is important that the participants are open to ask questions and participate in the discussions.
4. Check with the participants if there are any queries that they have about the training.

5. Show the Agenda as given in the presentation.

Agenda for the Session:

1. Introduction to the mini module on Social and Behaviour Change Communication for DRR and the session plan (10 minutes)
2. Concept of Social and Behaviour Change Communication for DRR (20 minutes)
   - » Socio-Ecological Model and the levels of intervention
   - » Steps of Behaviour Change and Risk informed Communication at each step.
3. Selection of channels and combination of channels (10 minutes)
4. Planning, Implementing and Monitoring (20 minutes)
   - » Disaster Preparedness and Risk Reduction Communication
   - » Disaster Response Communication

6. Introduce the background to the module by sharing the case study of how Dharavi has driven back COVID-19 infections.



7. Ask participants what they think must have been done. Then share the following interventions that were done in Dharavi.

What has been done

First Case 1st April 2020

Officials *zeroed in on five zones* deemed to be at high risk due to initial infections and patients' histories: 2,450 health workers deployed

Bring in Private Doctors

Teamed up with private doctors who are the area's main healthcare providers and *have long relationships with their patients*

Chase the Virus

"Instead of people reporting it, we started chasing the virus," Kiran Dighavkar, Asst. Commissoner, G. Ward MCGM – 2nd week April – 47500 screenings through Private doctors and MCGM

Get a head start

Said Dr. Anil Pachanekar, head of a local physicians' association "When we went around Dharavi, we also started educating people about it". He said, " We told them *it is not a crime to be tested positive for coronavirus.*"

Take care of the family

60-year-old Dr.Anil, 35 years in Dharavi with comorbid vulnerable family members, "I was scared of passing it on to them," He said, "But I did what I had to do. *This is a war against coronavirus, and we can't win it if soldiers sit at home.*"

Make place for Quarantine

MCGM converted community centers into quarantine facilities with food, regular check-ups and free healthcare and testing. In all, 9,500 people have been placed under quarantine.

Private clinics re-open

Around April 20, the city stopped door-to-door screenings and asked *350 private doctors to reopen their clinics.*

Winning people's trust

By the time, the panic over the disease had subsided and *people had begun to feel more comfortable visiting doctors to be tested if they developed symptoms.*

8. Say that in the next session we are going to see how these interventions are based on the model that we are presenting for Disaster Risk Reduction Communication.

Session Take- Away

1. Clarity on the objectives of the training
2. Content of the training
3. Best practice case study of SBCC for Risk Communication and Community
4. Engagement in Dharavi

Session 2 | Introduction to Social Change and Behaviour Change

Learning outcome

- Participants will be able to explain Social Change and Behaviour Change and the related communication aspects for Disaster Risk Reduction

Methodology

Presentation and discussion

Duration

20 minutes

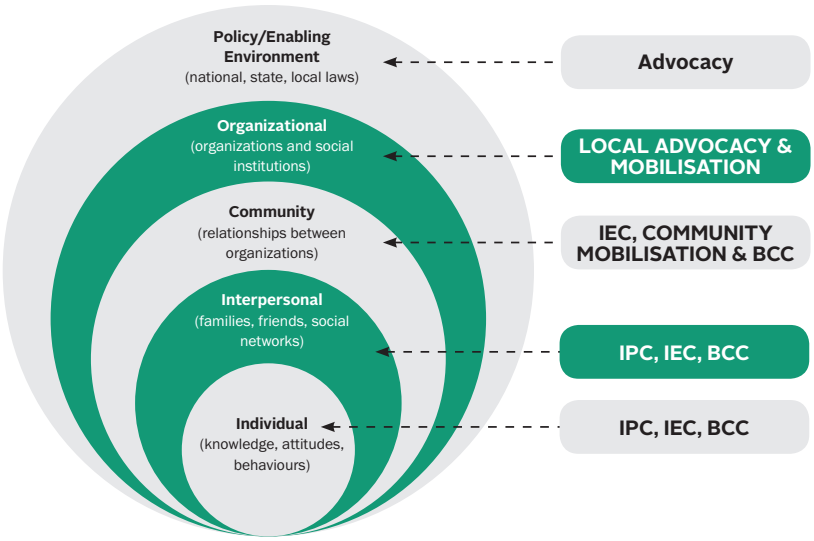
Process

1. Greet participants and welcome them to the session where we start the main course of the training.
2. Ask participants what they understand by SBCC.
3. As participants answer, pick up the key points and put them up on the board (To help you with the key points refer to the definition of Social Change and Behaviour Change- words like social, change, behaviour, norms, people, etc. should be picked up by the facilitator).
4. Now use the presentation to explain what is meant by SBCC – Social and Behaviour Change Communication.



Socio-Ecological Model (SEM)

At the end of this one hour session, the participants will be able to:



- Forms the basis of Social and Behaviour Change Communication
- Individual behaviours are influenced by several ecologies around them

5. Consolidate that the meaning of SBCC is Social and Behaviour Change communication and this communication will address the behaviour change at the following levels:

   a. **Personal or individual:** beliefs, knowledge, attitudes, skills

   b. **Family:** beliefs, knowledge, attitude, skills that address interactions with friends and family

   c. **Socio-cultural:** interaction with other people including community which sets norms on behaviour.

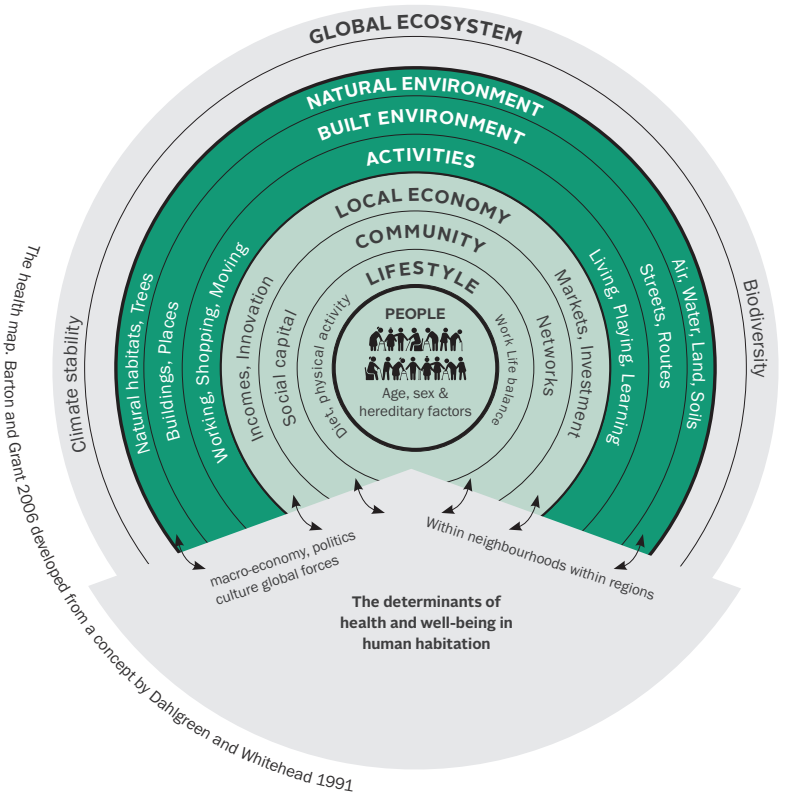
   d. **Environmental:** the area in which an individual lives, e.g. school, work place, local shops and facilities, and wider factors including the economy (such as prices) and technology.

6. Explain the concept using example of Dharavi and how each factor was addressed to make the communication holistic

7. A complex web of societal and ecological factors must be considered when one aims to tackle disaster preparedness and risk reduction-related behaviour. Behaviour change is generally best served by a mix of interventions, delivered over a long period of time and modified in response to measured impact. Interventions that only address factors at the individual level, and do not take into account the social and environmental influences mentioned above, are unlikely to work. An ecological approach "that identifies and addresses the factors influencing behaviour at all four levels is likely to be most effective at bringing about behaviour change".[5]

[5] https://www.researchgate.net/figure/An-Ecological-Model-of-Health_fig4_281812423

8. While information is important for educating and informing community, it is rarely sufficient to change behaviour. It is based on the assumptions that people lack the knowledge about what they should be doing and that improving knowledge changes attitude, thereby creating the desire to change.



9. It does not take take into account many complex influences on behaviour. This approach shows how behaviour change can be made possible and sustainable in the long run. The SBCC approach shows the communication at different level that can be integrated to make communication effective.

Communication Approaches and Platforms to be used at each stage of the SEM. Use the presentation to discuss the various platforms and approaches that can be used for communication. Ask participants and give examples as follows:

SDMAs to use convergence with other line departments and use their communication platforms to mainstream SBCC / RCCE

- *Health :VHND, Mother and Child Health and Nutrition Day, RI Day*
- *Women and Child Ministry / ICDS : POSHAN Abhiyaan, THR Day*
- *Education: Student Parliament, SMCs*
- *PRI :Village Gram Sabha*
- *Ministry of Youth Affairs : National Youth Volunteers, NSS Scheme*
- *Indian Red Cross: Red Cross Volunteers*
- *Livelihood: Self Help Groups, Federations*
- *Local Groups: Trade Association, Lions Club, Rotary, RWAs*

10. Facilitator will show the phases of Disaster and tell how SBCC can be integrated in each phase for Fear Management and Crisis Communication.

DISASTER MANAGEMENT CYCLE

PRE-DISASTER

- PREPAREDNESS
- MITIGATION
  - PREVENTION AND RISK REDUCTION

DURING DISASTER

- RESPONSE

POST DISASTER

- RESILIENCE



Source: disaster management cycle, NPDM, 2018

SBCC : Four Phases of DRR

Precaution, advocacy and warning (Health education)
Inform people and mobilize their concern to a level of fear or worry proportionate to the hazard.

Preparation | Mitigation | Resilience

Fear Management
Inform people and manage their fear.

Mitigation | Response | Resilience

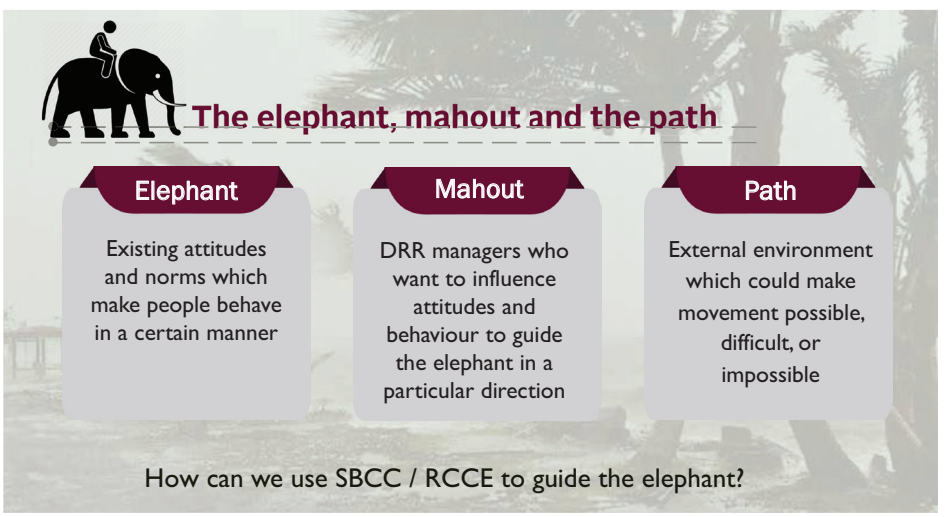
Crisis Communication
Inform people of what are the real risks, what the authorities are doing and what they can do.

Preparation | Mitigation | Response | Resilience

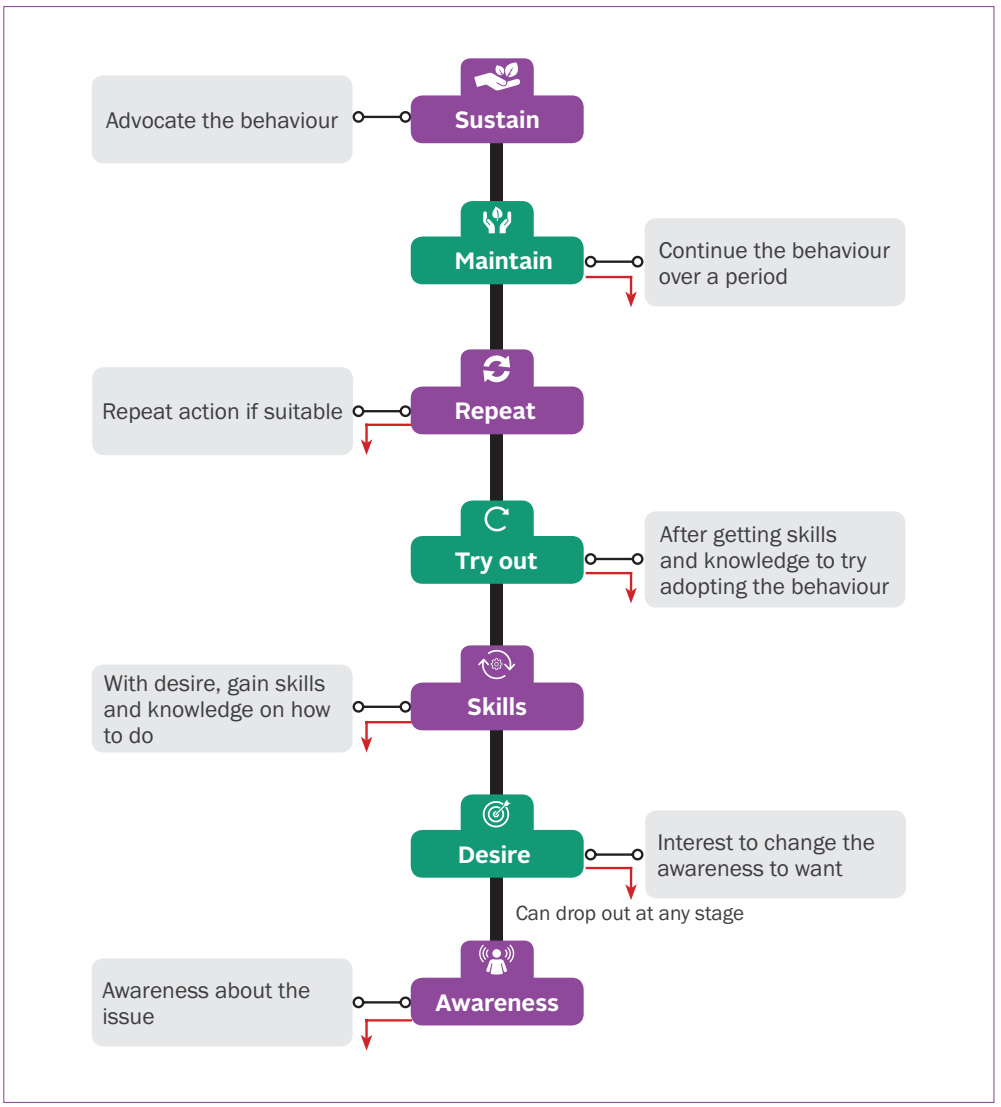


11. Use the concept of the Elephant, Mahout and Path to explain how changing behaviours is a struggle between rational thinking and emotional urges. We know that eating sugar is bad for health, but we cannot resist the emotional joy we get on eating a chocolate. The elephant represents the emotional urge and the mahout represents the rational thinking. The path is anything that will impede or assist the elephant and the mahout to go where they intend.

12. How does this help in SBCC? The mahout is the clear reasoning that tells community to follow the directions set by SDMA. This is relatively easy. The more difficult part is the elephant which comprises of the experiences that people may have, which may be good or bad thus shaping the emotions that they have. As SBCC-RCCE communicators, we will have to find experiences that will help people join in to work towards disaster reduction and resilience. After engaging the elephant, we will have to make sure that the path is laid out for the elephant and mahout to travel. Which means putting into shape all systems and structure that will help the mahout and the elephant to travel without impediments.



13. In the second part of this session we will also talk about the steps of behaviour change. How do individuals change their behaviours? Facilitator has to take answers from participants about any behaviours that they have tried to change.



14. Facilitator then shows the seven steps of behaviour change that an individual will pass through to change his/her behaviour.

15. Facilitator will take a few examples of how this behaviour change is seen in the context of DRR communication.

Conclusion:

Relate the story below for showing why Social and Behaviour Change Communication works for DRR to conclude the session

Why social ecologies?

- People are conditioned to respond to immediate threats to their survival such as ***fight*** or ***flight*** responses.
- But slow and gradual changes are difficult to track **(Example: Climate Change, Kerala Floods in low lying areas)**
- The parable of boiling frog.
- The parable also shows us how gradual change - even if it is unhealthy, contrary to survival and life-threatening - can nevertheless be tolerated over time and thus take life from the unsuspecting or complacent.
- As DRR communicators, we need to be catalyst to help, and make people sensitive rather than leave them relatively motionless while slow warning signals accumulate around them. **[Build capacities and influence attitudes]**



1. A frog is put into a pot of boiling water. The frog jumps out of the water immediately. Even if the water level is low, the frog still jumps as vehemently as he possibly could and gets out of the pot.
2. The same frog is put into a pot of water. This time the water is pleasant. The frog is lying happily and enjoying his time. The water in the pot is slowly heating. Some times, the frog does get upset but doesn't do much. The temperature keeps rising. There comes a time when the water is boiling, and it's too late for the frog to jump out since he cannot do almost anything in water as hot as that.

Session Take- Away

1. The Socio Ecological Model has five levels- Individual, Interpersonal, Community, Organisation and Policy where communication must be addressed to achieve behaviour change
2. Each of these levels will have a unique communication approach ranging from IPC- Mobilization to Advocacy
3. Various platforms/opportunities are available from which communication can be made.
4. Communities must be prepared for facing disaster risks through a systematic, structured communication - parable of a frog in boiling water shows that when changes are gradual, people do not perceive the risks and are caught unprepared when disaster strikes.
5. The Disaster Management cycle has 4 stages: Preparedness, Response, Mitigation and Resillience therefore, communication must be contextualized for each phase
6. The Behaviour change process has 7 stages that need communication to form the supportive environment: Awareness, Desire, Skills, Try out, Repeat, Maintain and Sustain

Self-Assessment:

Based on your understanding, mark in the relevant column, if you agree/disagree/don't know with the statements given here				
		Agree	Disagree	Don't know
1	Social change and behaviour change can be addressed through the same communication			
2	When introducing a new behaviour support is required at 7 levels to achieve an enabling environment			
3	There are seven steps for behaviour change			
4	The most important level for Communication is the Policy level			
5	Behaviour change is a cyclic process			

My Score:_____

Technical Guidance Note[6]: Session 2

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

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



[6] https://sbccimplementationkits.org/sbcc-in-emergencies/learn-about-sbcc-and-emergencies/what-is-social-and-behaviour-change-communication/

Influences on Behaviour

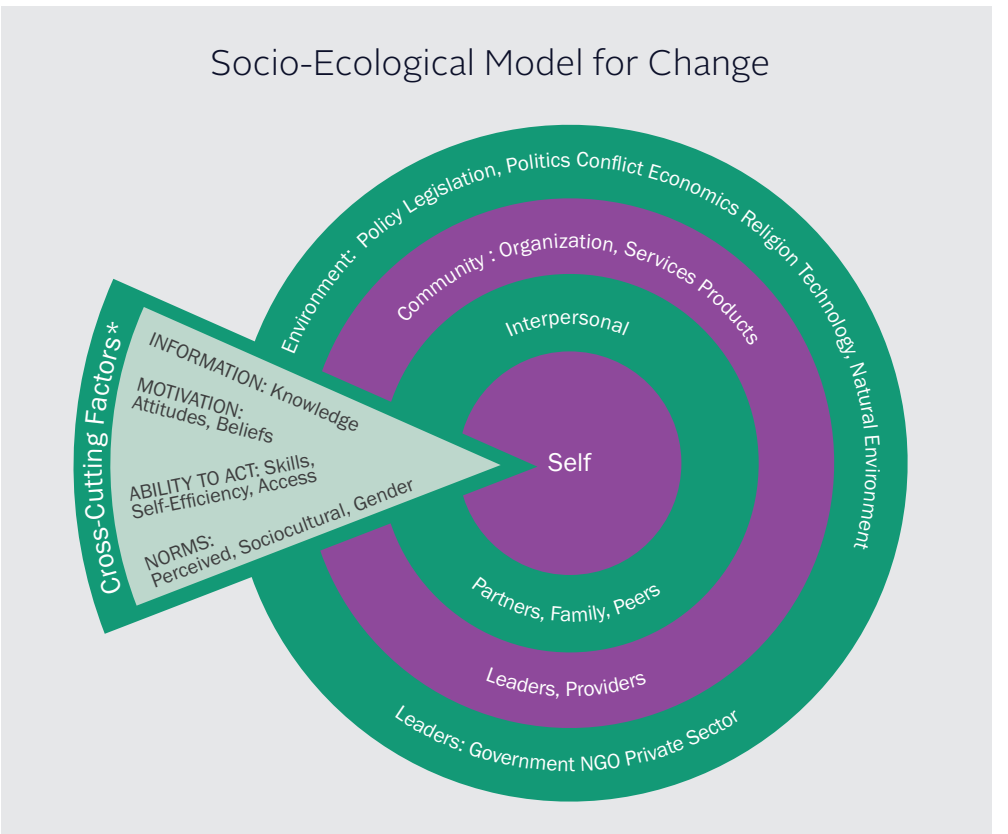
Behaviour is a complex phenomenon, influenced by factors within the individual and beyond. The Social Ecological Model shown below, informed by Bronfenbrenner's 1979 seminal work, recognizes four levels of influence that interact to affect behaviour: individual, family and peer networks, community and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

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

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

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

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



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

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

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

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

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

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

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

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

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

WHY IS SBCC IMPORTANT IN EMERGENCIES

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

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

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

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

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

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

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

Community engagement for behaviour and social change

Design and implementation of humanitarian programmes with a planned and resourced component on community engagement for behaviour and social change is the critical success factor for effective implementation of SBCC strategy/programme. This means, you safely engage and mobilize communities to foster positive and measurable behaviour and social change and put people at the centre of humanitarian programmes. Hence, building engagement and interpersonal capacity of frontline workers and other stakeholders should be part of the preparedness and resilience building plans. Such a people centred process helps build trust with local actors to practice life-saving skills and secure commitment-to-action all along the seasonality of risk. Methodic community engagement is also foundational to supporting the scale-up and sustainability of community-based interventions for the purpose of preparedness, mitigation and response.

Session 3 | Communication and Selection of Communication Channels

Learning outcome

- Participants will be able to select appropriate communication channels and mix of channels for communicating before, during and after a disaster

Methodology

Presentation and discussion

Duration

10 minutes

Process

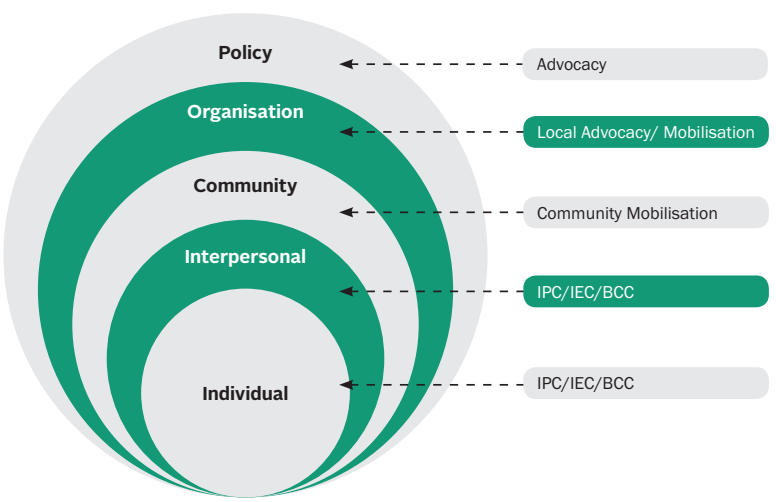
Defining Communication Approaches for Social and Behaviour Change

1. Facilitator to use the presentation for helping participants understand how various approaches are used at four levels of communication for change. The three key approaches in SBCC are:
   Advocacy: This is used for raising resources and gathering support and commitment for emergency, risk reduction actions and goals

   Social Mobilisation: This is used to generate a wider participation from the community, build sustainable local coalitions, strengthen local networks, create ownership. Community Mobilisation is a part of Social Mobilisation and includes Community Engagement Processes and Community Dialogues

   Behaviour Change Communication: This is used for changes in specific knowledge, attitude and practices in a given community. Behaviour Change Communication approach uses Interpersonal Communication and Counselling for making the change.

The main approaches at various levels of the Social Ecological Model



2. Ask participants to note in their sheets the following:
   Key Strategies of SBCC Directions:
   Using the worksheet given below check yourself for how you can contribute to the SBCC Program

   Advocacy:

   a. Describe how you have used Advocacy in your work
   b. What do you think is the value of advocacy?

   Social Mobilization:

   a. How have you used Social Mobilization in your work?
   b. What do you think is the value of Social Mobilization?

   Behaviour Change Communication:

   a. Describe how you have used BCC in your work
   b. What do you think is the value of BCC in your work?

3. The information that we have just gained is more in terms of the approaches that can be used in SBCC. We must now see how to use these approaches in context of the nature and stage of disaster.

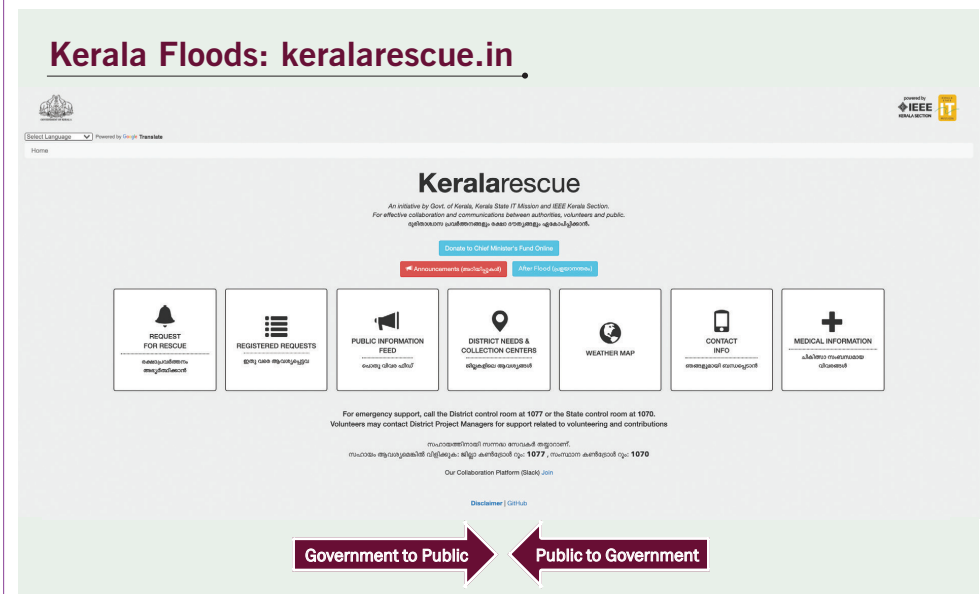
Stage of Disaster/ Communication Approach	BCC- Interpersonal Communication	BCC-IEC and Mass Media	Social Media	Social Mobilisation	Community Mobilisation
Preparation	Home visits, peer communication	Nukkad Nataks Banners, Leaflets A/V, Radio Jingles, Newspaper	SMS, Facebook, Whatsapp	Networks	Awareness drives Gram Sabha Meetings
Response	counselling	A/V Radio messages, TV message, Leaflets	Whatsapp, Facebook, Twitter, insatgram, SMS	Networks	Rescue operations
Mitigation	home visits, peer communication	A/V Radio messages, TV message, Leaflets	Whatsapp, Facebook, Twitter, insatgram, SMS	Networks	Rescue operations
Resillience	home visits, peer communication	Banner, Leaflets, Posters Nukkad nataks, A/V, Radio Jingle, Newspaper	SMS, Facebooks Whatsapp	Networks	Awareness drives, Gram Sabha Meetings

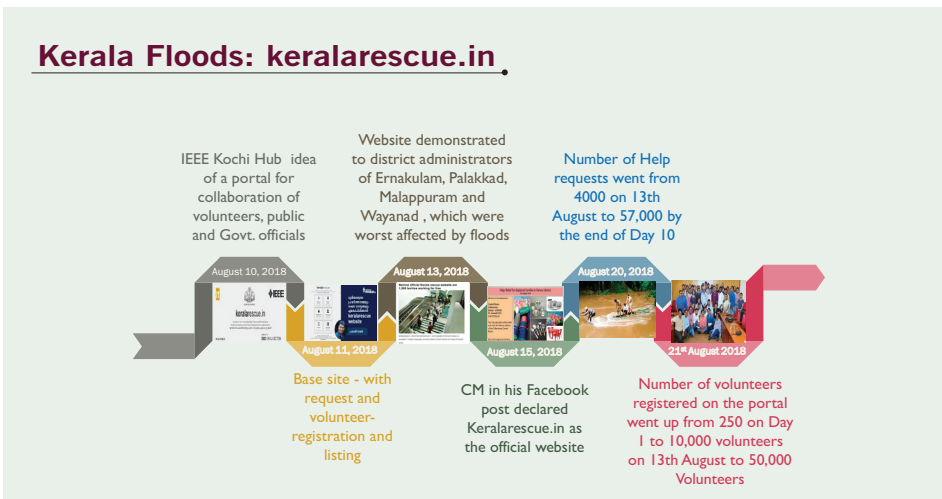
4. Ask participants what are the stages of a disaster at which communication would be required. Show them powerpoint (PPT) to consolidate the answers

5. We will now understand the different communication channels that can be used with the advantages and challenges of each. Ask participants to list channels which they have seen in use during disasters. As they speak, note their points down on the board.

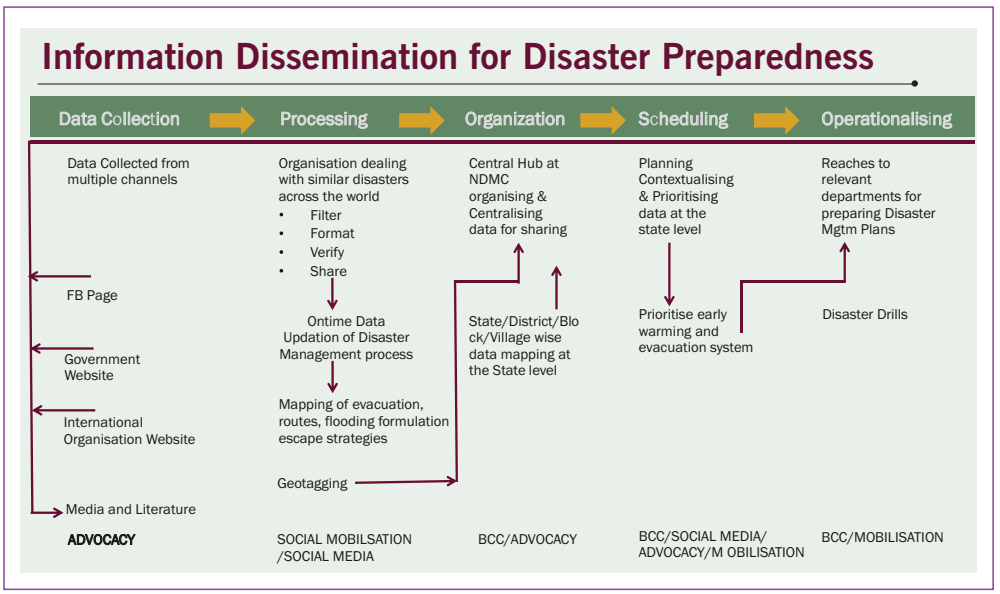
6. Run the presentation on the channels and how they are used (Technical Guidance Note: Session 3).

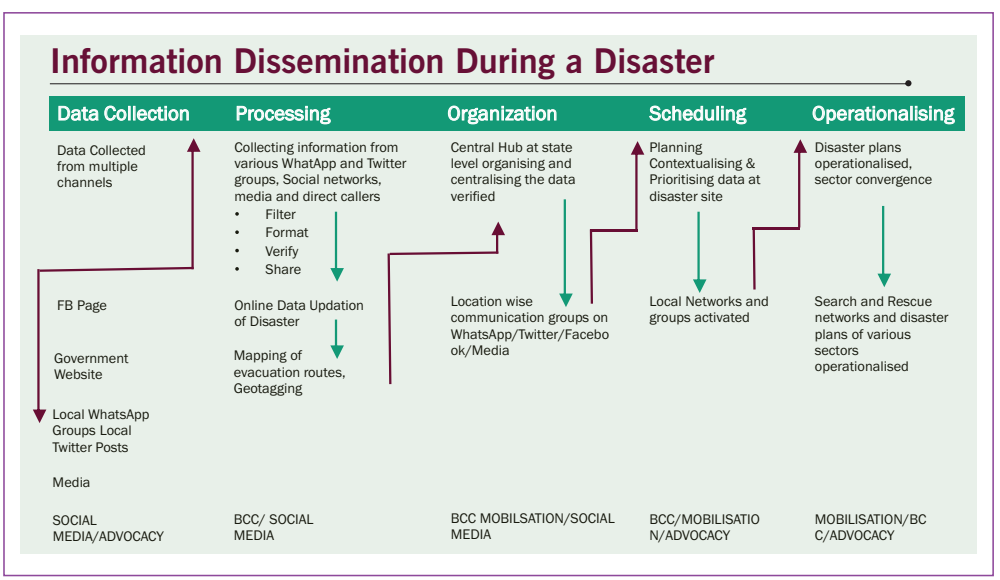
7. Use the slides to show how different channels are used under different approaches for different audiences.
8. Use the Presentation to show examples (we have given here one example from Kerala Floods, but facilitator should use any local and relevant example)





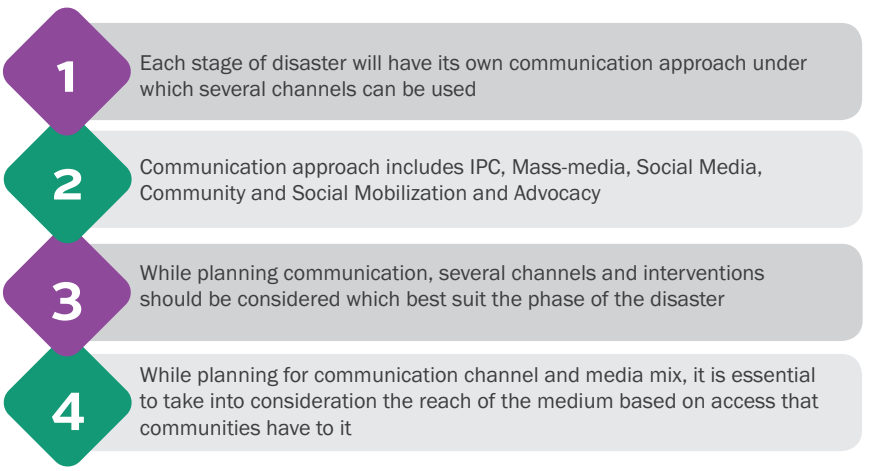
9. Remember, there is no one size fits all. For effective communication the channels should change as per the needs of the audience and situation. Explain the presentation to show how communication changes as per the level of the Disaster and communication approaches will also change as per the needs and priorities of communication.





Session Take- Away

Check if there are any questions on the session and conclude with session take away



10. Ask participants to fill in the quick self-assessment as you finish

Self-Assessment:

Based on your understanding, mark in the relevant column, if you agree/disagree/ don't know with the statements given here				
		Agree	Disagree	Don't know
1	Information dissemination follows 5 steps which are: Data Collection, Data Processing, Scheduling, Dissemination, Operation			
2	At the Organisation level of the Socio-Ecological Model, the communication approach to be used is Local advocacy and Social Mobilisation			
3	The three key approaches in SBCC are Advocacy, Community Mobilisation and Interpersonal Communication			
4	It is better to use a mix of communication channels when planning for disasters at the response phase			
5	Operaionalisation of Disaster Information is likely to use BCC/Advocacy/ Community Mobilisation as the SBCC interventions.			

My Score:_____

Technical Guidance Note: Session 3

The case of Kerala floods in August 2018, is fresh in our minds as rains ravaged the state and all traditional means of communication failed in with telephone and mobile networks being rendered ineffective. A surge of activity on the internet and mobile platforms led to a collapse in the system.

However, it was information that was coordinated between social media groups across the globe that helped to save millions of lies in Kerala.

How will communication channels help in preparing for an emergency and then help during an emergency and recover from it.

Communication is necessary for:

a. Monitoring the emergency situation

b. For giving out an early warning on emergencies

c. Mobilizing volunteers for rescue and relief operations

d. Crisis Communication

e. Fundraising

f. Build trust

g. Reach out to community for relief work

h. Counselling

i. Rehabilitation

Global experience of emergency situations has shown that preparedness can greatly reduce vulnerability within a community. Simple and practical measures using indigenous techniques can make a difference.

The important challenge is to provide relevant information to people at the right time. Providing information, creating awareness and motivating people to adapt safe behaviours to prepare for emergencies and in times of emergencies, require a 360-degree communication campaign. This will require that Disaster Awareness coordinators find empathy with the community at large. Being in tune with the attitudes and behaviours of the community are the guiding principles for developing communication messages that will be easily accepted by the community.

Communities are dynamic and communication strategies need to be addressed to suit the diversity of the community. An audience profiling of the community is therefore a necessary step to ensure a campaign with channels and messages that are compatible with the needs of the community. Box 1-3 gives an outline of how of audience profiling.

Box1-3: Understanding the Community

1. Who lives in the community?
2. What are the daily activities?
3. What is the perception of risk from flood /earthquake / tsunami /disease?
4. What do people think they need to know?
5. What is their general source of information?
6. What do they do when they have encountered an emergency?
7. How have they received information specifically about an emergency?
8. What is the emergency plan that thy are aware of?
9. Whom do they trust the most when they have to get information?

Behaviour change communication

Behaviour change communication attempts to bridge the gap between information, a person's knowledge, attitudes and subsequent behaviour. This approach addresses the knowledge, attitudes, practices and skills of individuals, families and communities as they relate to specific outcomes that are designed for emergencies. Individuals and communities gain knowledge, appreciations and skills that motivate them to develop positive, healthy and protective practices. BCC requires a sound understanding of the audience(s) and the use of an appropriate mix of communication channels - interpersonal, group, community and mass media. It also recasts the role of the "communicator" as facilitator rather than "expert". Behaviour change communication has proven to be more effective when complemented by well-planned and implemented advocacy and social mobilisation strategies.

Social mobilisation

The purpose of social mobilisation is to bring together relevant inter-sectoral partners to determine needs and raise awareness for a particular objective in an emergency response. It involves the identification of organisations, institutions, groups, networks and communities who can contribute their efforts and resources. It involves facilitating their participation to realise the goals of an emergency response. Social mobilisation helps build the capacity of these mobilised groups in the process, so that they are able to mobilise resources, plan, implement and monitor programme activities with the community or camps as the case may be. This approach should support actions and priorities identified by communities, especially the most vulnerable groups whose rights tend to be consistently denied. Social mobilisation activities should stem from community action, but must receive support and coordination services.

Advocacy

Advocacy is directed at different levels of decision makers - people who have the power to create policies, programmes and structures and to allocate resources. By persuading decision makers to decide in favour of a cause, advocacy seeks to develop, change or modify an existing law, policy and/or administrative practice that would enhance the emergency response. It is a continuous and adaptive process of gathering, organising and transforming information into arguments. These arguments are then communicated to decision makers, to influence their choices to raising resources (human and financial), or demonstrate political or social leadership and commitment to an emergency response.

Communication resources and Implementation for SBCC/BCC Interventions

a. Communication Interventions: Strategies, Mechanisms and Messaging & Who Drives These

Various State Disaster Management Authorities (SDMA): Assam State Disaster Management Authority (ASDMA), Bihar State Disaster Management Authority (BSDMA) and Kerala State Disaster Management Authority, (KSDMA) were active in their respective states in strengthening public awareness through the development of communications strategy in which innovative approaches and tools were used, keeping in mind the geographical conditions of the state, availability of and access to technology and the demographics.

A range of media - traditional, online and alternate - and diverse tools across these media ensured widespread reach and strengthened knowledge and awareness across communities in all three states. In Assam, traditional media such as printed collaterals, audio messaging on community radio, rallies and road shows helped reach out to the maximum number of people, and prepare communities on tackling flood disasters. In Bihar, printed collateral in the local language (Hindi) provided access to the local language. Similarly, technical collaterals such as detailed printed guides on Preparedness, Response and Recovery were circulated among communities to provide and increase knowledge on coping mechanisms. Collaboration, which assisted in prevention of diseases and added to an ownership approach, included involving NGOs in orienting people on health and hygiene during floods. BSDMA in its effort to spearhead the public awareness and preparedness mandate has planned to observe the first week of June, every year as the “Flood Safety Week” the state. The main objective of this week has been to make aware

different stakeholders about flood preparatory measures, Flood Risk Management and advocate mitigation and risk reduction measures through a collective effort at different levels. Community based volunteers were engaged and supported by BSDMA to ensure wider dissemination of messages to enable last mile connectivity. Relevant and audience specific messaging were shared with volunteers. In Kerala, training of the officials involved in risk reduction also played a key role in the wider outreach and efficacy of communications. All put together, these measures ensured maximised preparedness, mitigation and management at all stages.

b. Key Audiences for the messages

All the state governments have a fair understanding of the diversity of population in terms of vulnerabilities, social and cultural constructs, literacy and the access of its people to technology.

The communication tools and messaging were customised based on these realities. A relevant media mix was used in Assam to reach diverse set of audience, keeping in mind the unique character of the vulnerable communities in rural and urban areas. An amalgamation of social, digital and traditional media was used for people in Guwahati and a few other towns with advanced systems while traditional communication channels were used to reach families and communities in remote hilly areas. A series of pamphlets on "Are you prepared for the floods this season".....key actions on how to prepare before, during and after the floods were widely disseminated.



The government of Kerala has included all stakeholders across age groups in rural and urban geographies. In addition to reaching general populations, communication for disabled populations and other marginalised groups were kept in mind while devising communication strategies, tools and media plans. Most of the messages were related to preparedness and no messages were available related to health, Nutrition, WASH, Immunization, Child Protection and Education. In comparison to preparedness, the state of Kerala was well prepared to responding floods. Key Messages for flood victims related to food, clean water, staying vigilant to take care before entering a flooded house and diseases, they were released based on the guidance received from NDMA.

Source: https: //thelogicalindian.com/awareness/kerala-floods-precautions/

Additionally, to communicate on protection issues, an official portal called keralarescue was developed which has messages related to Help Missing persons, relief camps, NGOs, district needs. This portal was an initiative of Govt. of Kerala, Kerala state IT Mission and IEEE Kerala section. These have proved to be extremely effective in rescue and rehabilitation of affected persons. Intensive messaging has been uploaded online and printed in print news publications so that maximum numbers can be made aware through all the stages of floods.

Source: *https://blogs.agu.org/thefield/2018/09/21/kerala-floods-rescue-and-rehabilitation-using-information-technology-and-social-media/*

Bihar used community based volunteers and other channels to promote the following preparedness messages as part of flood safety week:

i. remain alert for the early warning

ii. pack dry food stuff for the family + a can of drinking water

iii. ready to shift to higher places like embankment etc.

iv. keep women and children mentally prepared for shifting

v. remain in contact with the local volunteers for help.

Given the recurrence of the floods in the state annually, state has been promoting actions that communities need to take during floods. For details refer to the adjacent box.

Sectoral Messaging in Kerala on Health

The health department in Ernakulam urged all two million people who had come in contact with flood waters, to take preventive actions for leptospirosis.

Source: https://www.newsclick.in/post-flood-kerala-special-programme-sradda-control-diseases

Messages from Bihar for Responding to floods

Do's

- Keep emergency kit, valuables like jewellery, and important documents ready.
- Listen carefully to flood warnings.
- Immediately move to a higher and safer place.

Don'ts

- Do not enter into flood water.
- Do not stand close to electric poles and wires.
- Do not use contaminated water.

Using Channels and Channel Mix

The choice of a channel depends on the approach that is being used and the desired program outcome. For example, when using Social Mobilisation, Nukkad nataks, folk media, Group meetings are must for selection of channel.

Choosing more than one communication channel helps reinforce the information. Beyond using mass and small media, interpersonal and participatory community-based media are indispensable channels to lead communication efforts aimed at improving or changing behaviours and in sustaining such behaviours.

To choose the right mix of channels in different phases of an emergency response, consider the following: Box 2-3

Box 2-3 : Questions to Ask for selecting communication channels

- How do affected families and communities seek information?
- How do affected families and communities share information?
- Who are trusted and respected spokespeople in the community or relief camp?
- Which groups have access to generators, mobile phones, megaphones, public address systems, radio or TV?
- Which groups among the affected population do not have access to any media?
- Which groups can you reach via community-based group channels such as social or religious functions?
- What traditional, telecommunications and mass communication channels are available? If available, using these channels in an emergency is often easier and more efficient than setting up new ones.
- Which groups can you reach via community-based group channels such as social or religious functions?

Channels of communication used to reach identified vulnerable communities/audience

All the states have contextualised media mix and channels based on the local context as well as on the nature of the vulnerable populations to promote preparedness, response, recovery and resilience actions. While the investments have been low on the utilization of the channels for preparedness actions and promoting early warnings, considerable efforts were made to help people respond and recover from floods across states.

In Assam, the SDMA used a 360 degree channel mix unifying communications and awareness generation programme that is consistent and powerful for roll-out across ASDMA key audience. Messages were disseminated through mostly traditional and on-ground media like printed collaterals (posters, pamphlets etc.,) rallies and road shows, community radio, given issues of connectivity and access. Activities in public spaces such as malls, slogan competitions for DRR, Quizzes, Social media, were conducted throughout Assam and apartment societies in Guwahati City.

Bihar supported community volunteers to promote flood safety week and enhanced preparations for floods on the ground and especially in most hard to reach areas. In addition to community volunteers, students were oriented through video tutorials and short trainings. Mock drills, rallies and community events were organized by BSDMA and were successful in promoting survival kit, water purification method, ORS preparation, rescue methods, first aid methods etc. Additionally, BSDMA has developed a range of traditional media like printed collaterals, display materials and IEC materials such as a detailed pamphlet in the local language, with explanatory graphics, developed by BSDMA and circulated extensively with details on ways to manage and cope during and after floods and a unique, effective and age-old oral medium - a song that tells listeners how to face disasters; especially for rural audience.

The Kerala government tried to reach both the rural and urban areas with equal efforts. The Kerala government mandated the SDMA to adopt a bottom-up approach by directing the panchayats to constitute

working groups on biodiversity, climate change and disaster management. Every Panchayat in the state was empowered through the CBDRR programme to prepare towards creating a disaster resilient community using communications and advocacy, thereby achieving the vision of 'towards a safer state'. Empowering and informing at the panchayat level enabled dispersal of awareness across the state, without leaving any segment behind. Community radio stations emerged as a powerful communication tool at the time of distress. Different Radio FM channels were used to mobilize rescue operations; coordinate relief camps; give warnings; give counselling; give health and nutrition tips.

Pictorial Focus provides Good Recall and Understanding: The Kerala State Disaster Management Authority (KSDMA) developed easy-to-understand IEC materials with pictures and graphics relating to Dos and Don'ts during floods which were uploaded on its website. KSDMA has also developed materials in Hindi and Bengali to reach the migrants in the state with more holistic messaging on preparedness and response actions.

In urban areas, the digital and social platforms were used extensively for sharing messaging of all forms like posters, leaflets etc. KSDMA is reaching through its website considerably and has uploaded multiple posters uploaded on its website. Kerala has high sense of righteousness and people are ready to take actions, if well informed on time. Much before the Navy and the Coast Guard came to rescue people from Kerala's sinking villages and towns, the locals sensing the ferociousness of the floodwaters, banded together to save their own. People went from house-to-house, knocking on doors in the dead of night to tell strangers, friends and family that it was not safe to stay at home. State based Manorama magazine, released a list of dos and don'ts - instructions and tips for flood victims to help navigate their way back home. Moreover, Partnerships with NGOs also proved effective in wider outreach. Many Aid organizations supplied materials and organised, medical and sanitation facilities in the recovery phase.

Useful communication channels in an emergency

Mass media

The mass media include print, radio, television and cinema. When operating during an emergency, these media can reach large numbers of people in a short time. The mass media are most effective when coupled with other communication approaches through which the affected community can talk about the new information with someone whom they trust, such as community opinion leaders. Though mass media can give messages in a short time span to a larger audience, they can't ensure that the information is reaching out to the intended audiences. It also cannot ensure that the message given is the one that is much sought or required.

Mass media used in the preparedness phase is a good way of ensuring that general preparedness messages are given to the community. Mass media can be used through radio jingles, television shows, newspaper articles, documentaries, leaflets and brochures etc. They can be expensive to prepare and not very easy to modify as per the needs of the community.

Consider these points when you use mass media in an emergency:

- Depending on the consequences of an emergency, the mass media can reach a substantial number of people.
- Enjoys credibility.
- Can be an important channel for advocacy as it can reach and get the attention of policy-makers, senior officials and community leaders.
- Not participatory in nature.
- Messages may tend to be for general consumption, not taking into account the unique needs of the affected community.
- Might reinforce gender-based stereotypes (e.g. portraying women as helpless victims). The affected population may not have access to radio or TV.

Small format community media (SFC Media)

Small format community media are often most practical, useful and effective in reaching affected people during an emergency. These media include community radio (generator or battery-powered FM transmitters), community bulletins or flyers, and loudspeakers or megaphones - stationary (e.g., those in mosques) or itinerant (connected to vehicles). In an emergency, you can use these types of small community media to quickly disseminate information to a camp or affected community. With community coordination and support, you can plan, conceptualize, produce and disseminate messages to affected community members.

In the preparedness phase too, SFC media is a good medium to use as one can contextualize the messages to be given as per the needs of the audiences

Points to consider in using SFC media in an emergency:

- Participatory in nature, involving all possible community groups.
- Requires how-to use knowledge, therefore you need to engage participants in basic training.
- Easy to set up.
- Needs oversight to make sure it is not abused or exploited for other purposes which may divert the emergency message.

Interpersonal communication channels

Interpersonal communication (IPC) refers to face-to-face communication. IPC can either be one-to-one or in a small group. IPC makes it possible for people to exchange information, express their feelings and obtain immediate feedback, respond to questions and doubts, convince and motivate others to adopt certain behaviour practices. IPC requires listening skills, the ability to empathise and be supportive. IPC in a crisis situation is particularly useful in counselling approaches such as through hotlines, clinic consultations, in training service providers and community volunteers as peer educators, through pep talks by specialists, and for facilitating group meetings where the affected community can share and discuss the issues at hand.

IPC during preparedness is a well thought out approach that can help people and communities in preparing and gearing up for emergencies. IPC is necessary to keep the topic of Disaster Preparedness at top of the mind recall for people.

Peer educators

Peers are persons who belong to the same age group and social cultural background. In addition to promoting healthy behaviours, we can build local capacity by training peer educators in effective communication and participatory approaches. Even after the end of a emergency communication initiative, these individuals can continue to pass on messages through casual conversations with friends, family members and their wider peer group.

Points to consider in tapping peer educators in an emergency:

- They can be easily organised in emergencies but you must invest in training which takes time.
- They require supportive supervision.
- Affected individuals can both give and receive information.
- Does not need to be costly.
- If planned and supported well, can be an effective way to motivate people.
- Affected people may not have a lot of time in an emergency to participate in meetings.
- Sharing personal information may not be culturally acceptable in some affected communities and will require time to establish trust.
- Messages spread via word-of-mouth may diminish message accuracy.

Participatory drama

Participatory drama is an important aspect in the preparedness and recovery phases.
This type of communication method allows the affected community to be directly involved in the drama itself. This gives individuals greater control, and helps them to explore issues and possible solutions. Participatory performance emphasizes working with and from the affected community's own reality, and choosing their own modes of expression. Local people replace outside scriptwriters, illustrators, editors, directors and actors and become actively involved in creating and exploring solutions for a real-life situation. Through participatory drama, you can encourage participation in the decision-making, implementation, monitoring and evaluation phases of preparedness, relief and recovery projects.

Points to consider when using participatory drama in an emergency:

- Stimulates critical thinking, stresses process rather than outcomes.
- Community can prioritize their needs.
- Develops a sense of community ownership.

- Offers a creative approach to deal with distress and trauma and thus supports healing among affected community members.
- Can be time consuming for the initial emergency response because of need to raise consciousness through IPC and relationship-building while it promotes sustainability.
- Castes, class, gender and other social variables can create different realities for some members of the affected community. Be sensitive to the cultural and gender-based specifics and act accordingly, by resorting to locally appropriate and innovative means of achieving equal participation.
- Community members may lack the commitment to the process if there are no perceived benefits.

Local folk media

Local folk media can include music, local art forms, local theatre, puppetry, drawing or dance. Many affected communities have their own traditional media forms to express themselves. Local ways of communicating are powerful avenues to stimulate psychosocial healing, return to normalcy and motivate affected families and communities to practice healthy behaviours.

For preparedness phase, folk media plays an important role by reaching out to community members at the household level. What is required though is that the messages remain focused and do not get trivialized

Points to consider for an emergency:

- Information can be presented in the most culturally appropriate forms.
- Messages can be adapted to suit the needs of the affected community by local as well as external experienced performers.
- Most folk media are entertaining and hold the attention of the audience, allowing them to be temporarily distracted from the realities at hand.
- It takes time to research on which folk media are acceptable to the affected community.
- Local participants need to be identified and trained on the messages to be shared.
- Technical information can be difficult to communicate.
- The actors may not be able to ad-lib or be spontaneous in acting out the local art forms.

Information, education and communication (IEC) materials

IEC materials with prepared messages can be conceptualized as part of a communication preparedness plan before a disaster strikes. You can easily adopt and produce these as part of your BCC programme provided messages, design and presentation are duly pre-tested with the intended audience groups. Once a disaster strikes, producing and disseminating IEC materials can be a quick way to reach a large number of affected people. This form of communication typically leads to 'awareness raising' on an issue, and serves to reinforce existing knowledge and practices, such as the importance of hand washing, but this may not necessarily lead to changes in behaviour. IEC materials include radio public service announcements in print form, posters, leaflets, brochures, videos, flip charts, banners, and promotional items like T-shirts and badges.

Points to consider when using IEC materials in an emergency:

- Generic messages addressed to and pre-tested with specific audience groups, for example, on hygiene, can be conceptualized, researched, tested and printed before a disaster strikes.
- Good to use for creating awareness in the preparedness stage.
- Much information can be given through innovative ways/designs in an IEC material
- Easy to do in initial response.
- Good way to get information out fast.
- Awareness of message does not equal action.
- Messages disseminated can easily be ignored, forgotten or cause confusion.
- Each message needs repetition and reinforcement through other communication channels.

When you decide on the communication channels to use in an emergency situation, keep in mind to mix media and interpersonal communication channels based on audience realities to achieve better results. Numerous communication research studies have documented that individuals are particularly influenced to adopt new or improved practices through interpersonal communication with their peers or with opinion leaders. The studies have shown that using communication materials tends to reinforce the effectiveness of interpersonal communication.

Session 4 SBCC Planning and Monitoring

Learning outcome

- Participants will be able to fill the matrix on planning of the Social and Behaviour Change Communication including rumor handling
- Participants will be able to explain monitoring and evaluation of communication activities
- Participants will be able to explain how to collect data and use data for re-planning

Methodology

Presentation and discussion

Duration

15 minutes

Process

Presentation: Part 1- Planning

1. Tell participants that they have just seen the communication channels and the communication mix that is to be used.
2. We have seen that we must conduct an assessment beforehand to ensure that we know what are the specifics of messaging in the community we are working with – The Audience Profiling we have seen in the earlier session.
3. In addition to this we also need to know what message is to be developed and how we will reach out to the audience. Two important aspects of messaging are:

   a. gender mainstreaming in communication planning for DRR/RCCE because women and children are most at risk (as seen in the following slide and discuss); and

Gender: Important Considerations

- Plan for women and girls' role in crisis response and leadership
- Women and children are most at risk during a disaster - include and involve them in communication and disaster drills
- Preferred channels of communication for women and girls may be different, e.g., their limited access to phones



- Need for segregated data (equity lens) during monitoring

b. handling of rumours because rumours can be counterproductive to DRR / RCCE efforts in many cases. (show the following slide and discuss)

Rumours - Handling

A rumour is defined as an unverified information that is transmitted from one person to others (DiFonzo and Bordia, Rumor Psychology: Social and Organizational Approaches, 2007) . The word rumour often has negative connotations , often dismissed as being idle talk or gossip. However, rumours are neither inherently good nor bad. They can be either true or false, or a mixture of both.

- Understand the rumour (not if there will be rumours, but how you will identify and handle them)
- Listen to them and do not ignore.
- Counter with correct information.
- Use community networks to spread correct information.

c. Explain the potential harm a rumour can cause to the community and based on this one can a rumor can be categorized as Wishful, Fearful or Hostile. The slide shows how this is to be done. Use the slide to show how to plan for handling them.

Rumours - Handling

A. Categorize the Rumor

Potential consequences	Behaviours/messages to watch out
1. Can cause harm	Gargling with bleach can kill the virus
2. Prevent people from accessing harm reduction or prevention services	Food packets are contaminated with drugs that can cause impotency
3. Can result in risky behaviours	Use of immunity boosting methods can prevent COVID-19 infection
4. Stigmatize vulnerable groups	Do not eat Chinese food

Rumours - Categories

- **Wishful** – I have heard the government is releasing ex-gratia amount to people during COVID-19. How do I get it?
- **Fearful** – I have heard that if a worker wants to return to village, the government stops on highway. What do I do?
- **Hostile** – I have heard that XYZ community is spreading Corona virus. How do we handle it?

B. Planning for handling rumours*

Date of Rumour	Place where from it originated	Kind of Rumours/Risk rating	Channel	Verification status	Engagement activities	Monitoring
When was it first heard?	Where?	What and how severe?	From which medium ?	Is it true or untrue?	How should community be engaged?	How will you monitor when rumours stop?

Adapted CDAC Network's Rumor has it: A practice guide to working with rumours, 2017

4. The fourth step to this is to know what are the resources/opportunities and platforms that are available for communicating or how we intend to raise the resources required. This is where we need to use the Advocacy Communication part for fund raising.

5. Show the slides and explain with the example given.







6. Our planning matrix to be developed for communication for community engagement should look like this: (Refer Annexure 1 for detailed explanation)

SBCC Planning Matrix

What we need to say	Who	Says what	Using what channels	To Whom	With what effect	Budget
Identify the issues that need to be communicated	Who will give the message?	What is the message that is to be given (based on issue identified)	What is the best way of giving this message?	Who is the message targeted at? (does the channel reach	What is the behaviour change expected?	What are the resources required
All children from affected families up to 15 years must be given the measles vaccine in the aftermatch of floods	ANM/ ASHA/ AWW/ Community Health Volunteers	Immunise your child if he/she is less than 15 years of age to protect from measles.	IPC, Community Dialogues Mass Media	Affected families	Families should take their children for vaccination at the nearest health centre	Rs.....for IPC Rs.....for Mass Media Rs.....for Community meetings Rs.....for Follow up Rs.....for Documentation Rs.....for Training Rs.....for Supportive supervision

Session Take- Away

1. Gender mainstreaming begins at the planning stage because women and children are more vulnerable
2. Resilience and peace are the central goal of risk informed planning - bring humanitarian work with development work closer
3. Evidence for the purpose of planning is generated at the community level. Data so collected pass through several stages to mould operationalization
4. Communication channels (IPC, Mid-Media, Mass Media, Social media and appropriate use of IEC materials) should be done to suit the platform and the audiences
5. Components of planning are identification of institutions and structures, capacity development, selection of audiences, messages, and media, M&E, and Budgets

Part 2- Monitoring Social and Behaviour Change Communication

1. Monitoring the interventions during the implementation phase will help determine if the intervention is on track and if it is meeting the program objectives. It helps to quantify **what** has been done, **when** it has been done, **how** it has been done, and **who** has been reached.

2. It can also help in identifying problems so that adjustments can be made. Monitoring basically tries to answer the question "How much of what we planned to do did we manage to do as planned?"

   2a. Monitoring: Tracks and measures program activities.

   - What it is doing, where, with whom, how much, when.
   - What a program's progress is toward achieving communication objectives.
   - Looks at both process (scope of activities) and outputs (results of activities)
   - Asks how well activities are implemented and to what extent planned activities are realized.

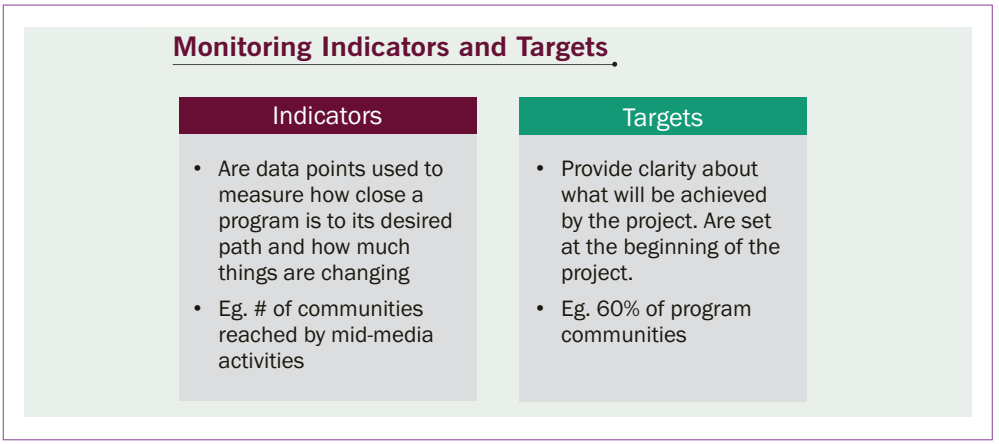
   2b. Evaluation: Is data collection at discrete points in time to investigate a program's effectiveness in bringing about the desired change. It:

   - Compares variables and measures them over time.
   - Asks:
     - » Were barriers reduced?
     - » Were changes meaningful?
     - » Have communication objectives been achieved?
   - Looks at both outcome (short term results) and impact (long-term results)

3. Questions to ask for data collection on Monitoring

   - Who will use the data and how?
   - What is the final set of SMART communication objectives?
   - What M&E questions are linked to activities in the work plan and each SMART objective?
   - What are the indicators and targets that will tell me how close the program is to the desired path?
   - If evaluating, what design will I use?
   - What tools should be used to collect the data?
   - How will data quality be ensured?
   - Who will analyze the findings and how?

4. Show the participants the slide on How to set M&E Targets and Indicators for SBCC. Discuss what they will check to ensure that the communication is on the right track to achieving the desired results.



5. Tell participants that M&E indicators are set in a way which will help develop appropriate questions.
6. The Communication objectives set should help in understanding the objectives and results expected from the interventions.
7. For the program manager it is important to develop the set of Monitoring and evaluation questions which will flow from the activities designed and the communication objectives set. Give the example as shown in the slide

Example

Workplan Activity	Monitoring Question	Monitoring Indicator
Air radio spots in 3 communities	▪ Was radio spot aired? ▪ In how many communities was radio spot aired?	▪ Process indicator: Radio spot aired ▪ Output indicator: No. of communities reached by radio spot broadcast
Communication Objective	**Evaluation Question**	**Evaluation Indicator**
By end of communication intervention there will be X% increase in the No. of families who are aware of the benefits of measles immunisation during floods	▪ Did families become more aware of the benefits of immunization?	▪ % of families aware of the benefits of immunization at baseline ▪ % of families aware of the benefits of immunization at endline

8. What is more important is what is done with the data collected during Monitoring and Evaluation.

   8a. Monitoring Data: Can tell IEC officers how well they implemented their program and provide reasons why it may have gone off course. Findings can be used to:

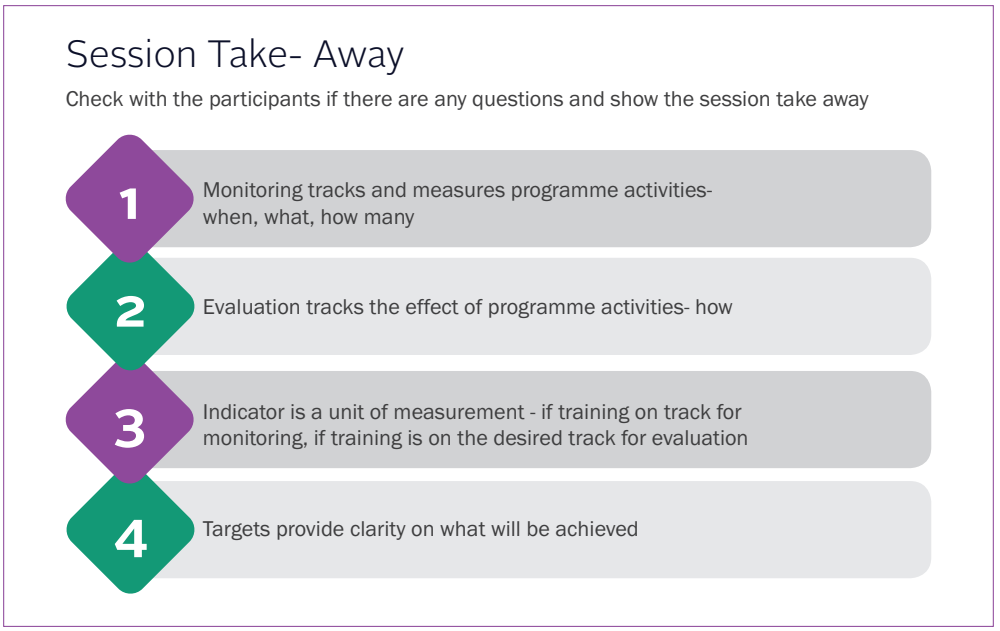
   - Modify approaches to serve the intended audience
   - Increase access to program activities and services
   - Improve program delivery and reallocation of resources.

   8b. Evaluation Data: Can tell IEC officers if their program was effective and how well it addressed barriers and achieved communication objectives. Findings can be used to:

   - Revisit targeted barriers if there is no change seen as the wrong barriers may have been addressed.
   - Adjust the communication strategy if results were achieved but not maintained over time.
     - » Re-review how well materials appeal to different audience segments if only one group is changing.

Session Take- Away

9. Check with the participants if there are any questions and show the session take away



10. Ask participants to fill in the quick self-assessment sheet

Based on your understanding, mark in the relevant column, if you agree/disagree/ don't know with the statements given here				
		Agree	Disagree	Don't know
1	Planning an intervention requires seven steps: a. What is the issue, b. Who will deliver, c. What is the message, d. What are the channels, e. Target audience, f. Result and g. Budget			
2	Monitoring tracks and measures program activities			
3	Evaluation indicators can be set at any time during the evaluation process			
4	Evaluation data can tell program managers. If their program was effective in addressing the barriers			
5	Monitoring data tells program managers if their program is on track			
6	Evaluation is necessary only for completing donor requirements and Monitoring is necessary for the implementing agency.			

Annexure 1

Steps for Planning an Intervention

The success of any communication effort comes from the partnering agencies who contribute to effectively implement all the SBCC programs. Efficacy is an outcome of strong teamwork which contributes to a shared ownership.

1. Defining Components of an SBCC intervention:
   - Assessment and awareness of specific communication needs of the community being addressed. Specific communication needs could be: giving information, spreading awareness, handling rumours, promoting correct behaviours, empowering communities for group actions, etc.
   - Creative design of concepts and materials contextualized to the needs.
   - Media placement
   - Community mobilization
   - Training
   - Advocacy
   - Service delivery
   - Monitoring and evaluation
2. Assessing, identifying and fixing responsibilities with potential partners/departments or sectors who have these necessary competencies and expertise in the selected area of intervention
3. Outlining how the implementation will be coordinated amongst the various partners.
   a. Role and responsibility of the coordinating body for the program
   b. Sharing progress, information, and challenges across the team
   c. Establishing sub-committees to oversee specific components of the intervention, i.e. communication, advocacy, service delivery, and monitoring and evaluation committees. Determine who will lead these sub-committees.
   d. Providing technical assistance where required across the team.
4. Participation and capacity building are crucial to the success of any SBCC efforts. Consider how best to involve your audience as well as strengthen capacity of participating partners/departments/sectors.
   a. How will all stakeholders and audience be involved in the design and implementation of the program?
   b. How can capacity of partners be strengthened to implement and manage future SBCC programs?[7]

   For this task, focus on major milestone activities.
   a. What are the activities that need to be implemented?
   b. What are the intermediate steps necessary for each activity?
   c. What is the necessary sequence of activities?
   d. When will each activity be implemented?
   e. What is the sequence of activities? How are they linked?
   f. If your efforts are tied to service delivery or training, be sure to consider this in your timeline. For example, demand creation activities for family planning should wait until the capacity of service providers to provide quality counseling services is strengthened.

[7] Adapted from: https://sbccimplementationkits.org

The sheet below gives the budgeting sheet showing how to budget for SBCC interventions

Activities	Possible Costs
Communication research and planning	▪ Personnel salaries and benefits; consultant fees ▪ Training for data collection ▪ Travel allowances for field work ▪ Data processing and analysis and Report writing ▪ Meetings for planning
Monitoring and evaluation	▪ General rule, at least 10% of program budget allocated to M&E ▪ Development, distribution, and collection of monitoring and evaluation questionnaires ▪ Orientation of trainers and training of field workers ▪ Travel allowance for supervision and/or quality assurance of data collection ▪ Compilation and analysis of data, Organization of feedback session(s) ▪ Fees/salaries for evaluators
Training and capacity development	▪ Curriculum development ▪ Consultants' and trainers' fees ▪ Per diem and accommodation for participants ▪ Training materials ▪ Equipment purchase or rental and Hiring of training site
Mobilization and outreach activities	▪ Identification and hiring of CBOs/NGOs ▪ Supervision and monitoring of CBOs/NGOs implementing mobilization and outreach activities
Production of print materials	▪ Fees/salaries for writers, artists, and graphic designers ▪ Copywriting and editing ▪ Typesetting ▪ Pretesting of all print materials, including posters, brochures, and training curricula, Printing and distribution
Production of broadcast materials	▪ Fees/salaries of artists, scriptwriters, producers, videographers, and technicians ▪ Copywriting ▪ Studio and equipment rental ▪ Technical content reviewers, Pretesting of broadcast materials ▪ Airtime ▪ Distribution
Special events	▪ Give-aways – such as stickers, T-shirts ▪ Press conferences and kick-off events ▪ Honoraria for dignitaries, celebrities ▪ Hiring of sites, public address system, other equipment
Other	▪ Communication – telephone, Internet access, fax, postage ▪ Administrative and overhead costs ▪ Other transportation

- Estimate the amount of funding needed for each main activity to give an idea of what funding resources will be needed.
- Finalize the budget once your work plan is complete.

Questions to ask during monitoring:

- Are activities being implemented as planned and are on schedule?
- Is the audience being exposed to the messages and activities as planned?
- How is the audience reacting to the messages and activities?
- Has the audience taken any action in response to the messages and activities?
- What, if any, issues have come up since implementation?
  - » If issues have arisen, how can you address them?
- What are the potential threats to successfully reaching your intended audience?
- Explain any new opportunities to successfully reach your intended audience.
- Which components of the program are successfully reaching your intended audience?
- Are there any components of the program that are not reaching your intended audience?
  - » How can these components be improved in order to better reach the intended audience?
- Develop monitoring indicators.
- Indicate how you will monitor the progress of your program and how often.

Possible Monitoring Indicators

- Number of times messages aired on radio or television during a certain time period.
- Number of materials disseminated, by type, during a certain time period.
- Number of audience members participating in community mobilization events.
- Percentage of audience who recall hearing or seeing a specific message.

Session 5 Closure

Learning outcome

- Participants will be able to ask and get clarifications required for the sessions covered

Methodology

Presentation and discussion

Duration

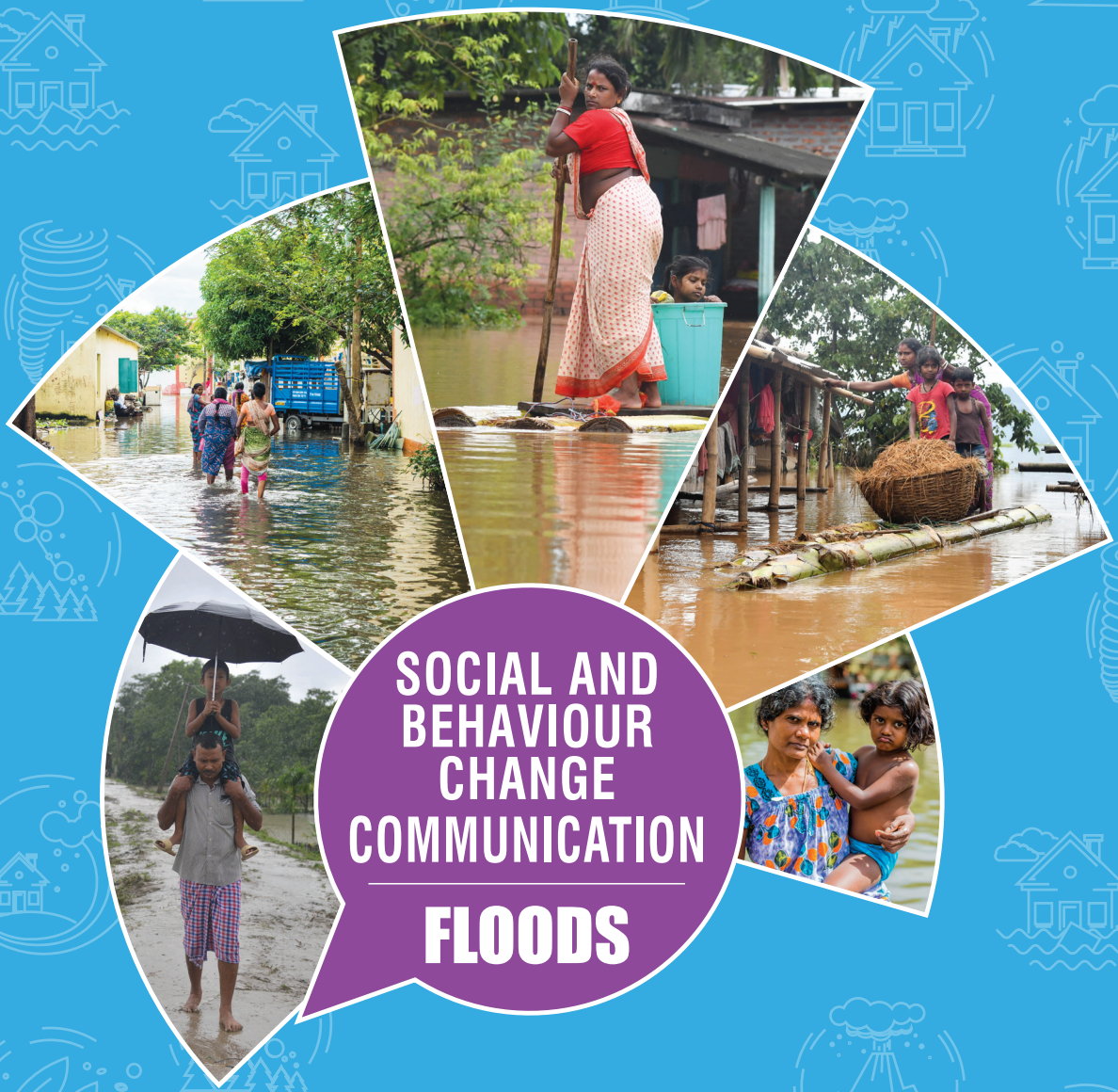
5 minutes

Process

1. Facilitator will use presentation to show a quick glimpse of the sessions covered with the key learning outcomes
2. Facilitator takes questions from the participants on any clarifications required
3. Facilitator will thank and close the session.

References and Further Reading

- Social and Behaviour Change Communication for Emergency Preparedness Implementation Kit, Johns Hopkins Univ. USAID, https://reliefweb.int/report/world/social-and-behaviour-change-communication-emergency-preparedness-implementation-kit
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- Communication for Social and Behaviour Change Module 2: Theories of Communication for Development and Social Change, UNICEF, http://www.unicefiec.org/document/communication-for-social-and-behaviour-change-module-2-theories-of-communication-for-development-and-social-change
- Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response. https://www.who.int/publications/i/item/risk-communication-and-community-engagement-(rcce)-action-plan-guidance
- Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (Covid-19) https://www.who.int/publications-detail/risk-communication-and-community-engagement-readiness-and-initial-response-for-novel-coronaviruses-(-ncov)
- UNICEF India Response Plan to COVID-19 Pandemic. https://www.unicef.org/india/reports/unicef-india-response-plan-covid-19-pandemic
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- Austin, L., Fisher Liu, B., & Jin, Y. (2012). How audiences seek out crisis information: Exploring the social-mediated crisis communication model. Journal of Applied Communication Research, 40(2), 188-207.
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SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION

FLOODS

DISASTER RISK REDUCTION TRAINING

Session 1 Case Studies from States

Learning outcome

- Participants will be exposed to case studies on floods from states and discuss communication has been used in these states

Methodology

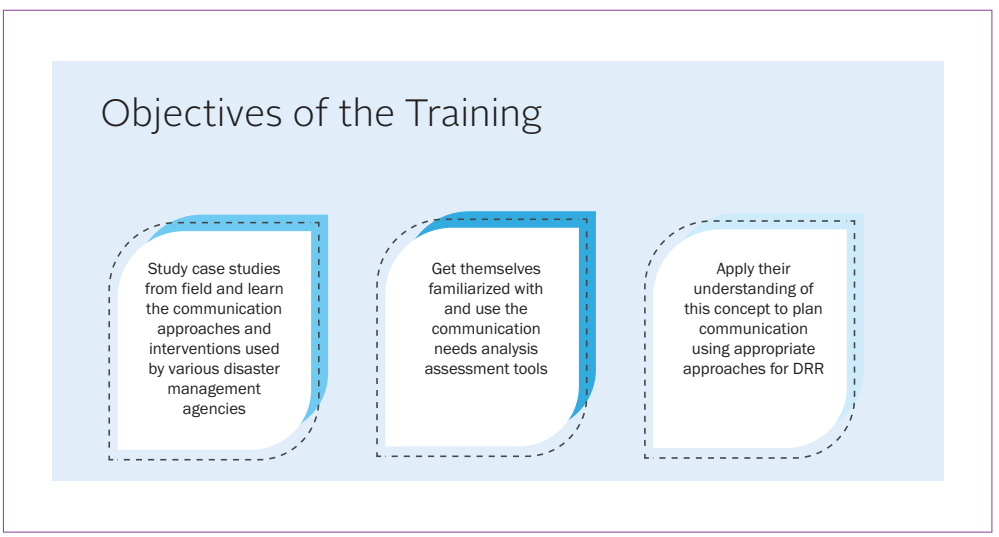
Presentation and discussion

Duration

15 minutes

Process

1. Greet participants and welcome them to the session. Share the slide on module objectives and say that in this training we are going to:



2. An overview of SBCC/RCCE has already been presented in the 60 minute module. In this section of 30 minutes, we are going to now learn how we can apply the principles of SBCC/RCCE to manage flood situations in states. We already know that disasters often follow natural hazards and that the severity of the disaster depends on the impact a hazard has on the society and the environment. The scale of the impact depends on the choices we make for ourselves and our environment. It depends on how and where we build our homes, how we grow our food etc.

3. We will discuss recent examples from three states: Kerala, Bihar and Assam. Show the next two slides and explain. We will discuss how the State Disaster Management Authorities (SDMA) for Assam, Bihar and Kerala (ASDMA, BSDMA and KSDMA) have strategized their communication for floods management in the recent past.

Session: Case Studies from States

Learning Outcomes

- Participants will be exposed to case studies on floods from states and discuss communication has been used in these states

Floods







4. Experience has shown that communication channels help in preparing for an emergency and then help during an emergency and recover from it. Take a quick survey from participants asking them why they think communication is necessary and consolidate the answers by showing the slide.

   Communication is necessary for:

   a. Community engagement

   b. Build trust

   c. For giving out an early warning on emergencies

   d. Mobilizing volunteers for rescue and relief operations

   e. Reach out to community for relief work

   f. Fundraising

   g. Counselling

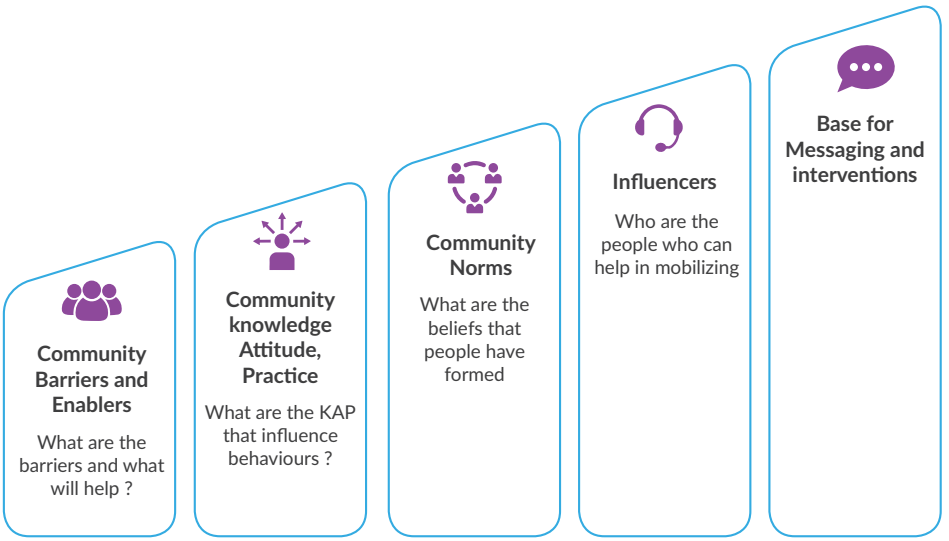
   h. Rehabilitation

   i. Monitoring the emergency situation

5. Since we have seen that communicating during disasters or preparing for disasters is critical, all communication has to be planned strategically. It is important to provide relevant information to people at the right time. Providing information, creating awareness and motivating people to adapt safe behaviours to prepare for emergencies and in times of emergencies, requires a 360-degree communication campaign. This will require that Disaster Awareness coordinators find empathy with the community at large. Knowing the community therefore becomes the starting step. Being attuned with the attitudes and behaviours of the community (Social norms in the community) are the guiding principles for developing communication packages that will be easily accepted by the community. Communities are diverse and dynamic and communication strategies need to be addressed to this diversity, dynamic and fluid character of a community. An audience profiling of the community is therefore necessary step to ensure a campaign with channels and messages that are compatible with the needs of the community. Show slide on Audience profiling and then on Understanding the community and discuss the above.

Understanding the Community

- Who lives in the community?
- What are their daily activities?
- What is the perception of risk from disaster (flood)?
- What do people think they need to know?
- What is their general source of information?
- What do they do when they have encountered an emergency?
- How have they received information specifically about an emergency?
- What is the emergency plan that thy are aware of?
- Whom do they trust the most when they have to get information?



6. All the state governments have a fair understanding of the diversity of population in terms of vulnerabilities, social and cultural constructs, literacy and the access of its people to technology. Participants should note how what we have said about engaging with the community is put into practice when SDMAs roll out the preparedness and response part of DRR Communication.

SDMA: Strengthened knowledge & awareness

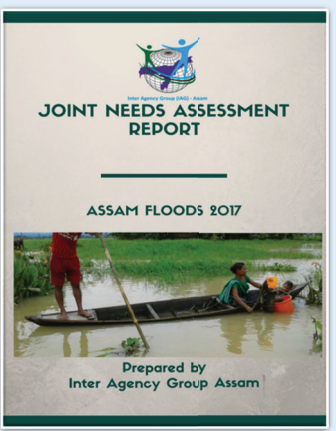
- Communication planning based on their understanding of the diversity of population.
  - ✓ *vulnerabilities,*
  - ✓ *social and cultural constructs,*
  - ✓ *literacy and*
  - ✓ *the access of people to technology.*
- Used innovative approaches and tools keeping in mind the geographical conditions of the state, availability of and access to technology and the demographics.
- A range of media - traditional, online and alternate - and diverse tools across these media ensured widespread reach.

7. SDMA were active in their respective states in strengthening public awareness through the development of communications strategy in which innovative approaches and tools were used, keeping in mind the geographical conditions of the state, availability of and access to technology and the demographics. A range of media - traditional, online and alternate - and diverse tools across these media ensured widespread reach and strengthened knowledge and awareness across communities in all three states. We are now going to be looking at specific strategies that three states have used for responding to and preparing for floods in their states.

8. As we start with Assam. You are all aware of how areas in Assam, get flooded every year. From our definition we know that a disaster is the effect of a natural hazard like flood. How the State DMA can manage the effect makes the disaster move from sever to mild. Assam is definitely working on the communication for preparedness stage. As we can see here, Assam has in place the Inter Agency Group (IAG) – a network of national and international NGOs / CSOs working on the humanitarian assistance in the state. The IAG has conducted a joint assessment of community needs in 2017. This has been used to plan communication for DRR in Assam. Traditional practices that have been used by local populations are now being collected and used. Interventions like raised handpumps, raised housings, use of banana palm boat or make bamboo or wooden bridge (Xakoo) for crossing small water bodies at their habitation are practices that have been identified.

Audience Analysis - Assam

- Inter Agency Group is a network of international and national NGOs / CBOs working in Assam.
- The reach of NGOs / CSOs was levered to understand the community needs.
- The inter agency group (IAG) report formed the basis of communication planning.



9. The Needs Assessment report also gave sector specific needs of the community. This included accessibility to relief camps for the physically challenged, drinking water availability, health camps, information about post disaster diseases etc. In Assam, the communication tools and messaging were customised based on the community profile. Show slide and explain that a relevant media mix were used in Assam to reach diverse set of audience, keeping in mind their unique character and vulnerabilities in rural and urban areas. A mix of social, digital and traditional media was used for people in Guwahati and a few other towns with advanced systems while traditional communication channels were used to reach families and communities in remote hilly areas.

Media & Approaches - Assam

- A relevant media mix to reach diverse set of audience, keeping in mind the unique character of the vulnerable communities in rural and urban areas.
  - ✓ *Amalgamation of social, digital and traditional media used for people in Guwahati and a few other towns with advanced systems; while*
  - ✓ *Traditional communication channels were used to reach families and communities in remote hilly areas.*
- Traditional media such as printed collaterals, audio messaging on community radio, rallies and road shows helped reach out to the maximum number of people, and prepare communities on floods.

10. Use next two slides to share how a series of pamphlets on "Are you prepared for the floods this season" was used to communicate key actions on how to prepare before, during and after the floods.

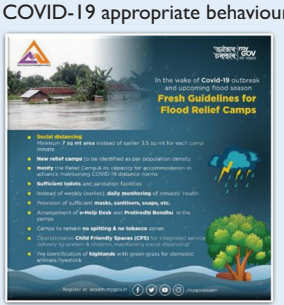
Media & Approaches - Assam

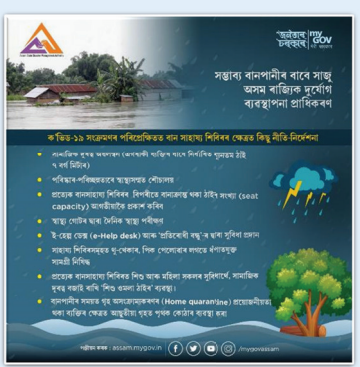
- A series of pamphlets on "*Are you prepared for the floods this season?*" ……key actions on how to prepare before, during and after the floods were widely disseminated.
- This series covered several topics like safe drinking water, safety of documents, food safety, etc.
- All visuals and the models used are realistic and contextualized to the audience profile.



Media & Approaches - Assam

- The latest addition includes COVID-19 appropriate behaviours.





11. Bihar SDMA has used printed material. Wall calendar distributed in the community is a good example. Each page of this wall calendar gives information about a particular disaster. Show slide. Three pages can be seen here which cover floods, drowning, and boat capsizing. A calendar serves as a daily reminder to the audience.

Media & Approaches - Bihar

- Printed collaterals in the local language (Hindi) such as detailed printed guides on Preparedness, Response and Recovery, Wall Calendar, etc. were circulated among communities to provide and increase knowledge on coping mechanisms.

Do's –

- ✓ Keep emergency kit, valuables like jewellery, and important documents ready.
- ✓ Listen carefully to flood warnings.
- ✓ Immediately move to a higher and safer place.

Don'ts –

- × Do not enter into flood water.
- × Do not stand close to electric poles and wires.
- × Do not use contaminated water.







Pamphlet

Wall Calendar

12. Flood Safety Week is organized in the first week of June every year. The purpose of this week is to strengthen community preparedness. Timing is kept just before the potential floods season. Show slide. Message reinforcement for flood preparation is enhanced. Community mobilization achieved through this activity helps in times of floods.

Media & Approaches - Bihar

- BSDMA has planned to observe the first week of June, every year as the "Flood Safety Week" in the state to:
  - ✓ *Spread awareness on flood preparatory measures,*
  - ✓ *Flood Risk Management and*
  - ✓ *advocate mitigation and risk reduction measures through a collective effort at different levels.*



Community Mobilisation

13. Other good practices in Bihar include the involvement of NGOs and community volunteers and continuous learning from examples outside the state. Share next two slides. The NGO networking helps in community mobilization and the volunteers improve access of people to trained support systems. BSDMA organized a 'lesson learnt workshop' in February 2019 to discuss the learnings and replicable initiatives from Kerala floods of 2018.

Media & Approaches - Bihar

- Collaboration, with NGOs in orienting people on health and hygiene during floods.
- Community based volunteers were engaged and supported by BSDMA to ensure wider dissemination of messages to enable last mile connectivity. Relevant and audience specific messaging was shared with volunteers.
  - ✓ *remain alert for the early warning*
  - ✓ *pack dry food stuff and a can of drinking water*
  - ✓ *Be ready to shift to higher places like embankment etc.*
  - ✓ *keep women and children mentally prepared for shifting*
  - ✓ *remain in contact with the local volunteers for help.*

NGO Networking for Community Mobilization



Media & Approaches - Bihar

- Continuously learning from other states…



14. KSDMA focussed on all sections of society and developed special messages for differently abled, marginalised, and migrant populations. Show next two slides and discuss.

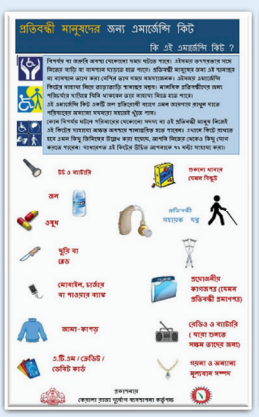
Media & Approaches - Kerala

- Training of the officials involved in risk reduction played a key role in the wider outreach and efficacy of communications and ensured maximised preparedness, mitigation and management at all stages.
- The government of Kerala has included all stakeholders across age groups in rural and urban geographies. In addition to reaching general populations, communication for differently abled populations and other marginalised groups were kept in mind while devising communication strategies, tools and media plans.
- Key Messages for flood victims related to food, clean water, staying vigilant, to take care before entering a flooded house and diseases; were released based on the guidance received from NDMA.

Media & Approaches - Kerala

- Messages in Hindi and Bengali also to cover migrant populations living in Kerala







15. Surveillance and Rapid Action against Diseases in Disaster Aftermath (SRADDA) has been a unique programme in Ernakulum which focussed on post-disaster prevention of epidemics. Show slide. Between 30th August to 8th September 2018, 923 teams of SRADDA were deployed and 1,62,546 houses have been covered under the programme and through this visit, the team members have identified 3,915 cases of fever and 566 cases of diarrhoea and distributed 1,09,727 chlorine tablets. "All the water-borne diseases which have claimed lives of a few dozen people are now under control", confirmed a state health official on 8th September 2018.

Media & Approaches - Kerala

- Ernakulam district health department has introduced a special programme -- SRADDA (Surveillance and Rapid Action against Diseases in Disaster Aftermath).
- Under the scheme, health workers visit the flood-hit areas and households, in order to accelerate the measures preventing the spread of epidemics.

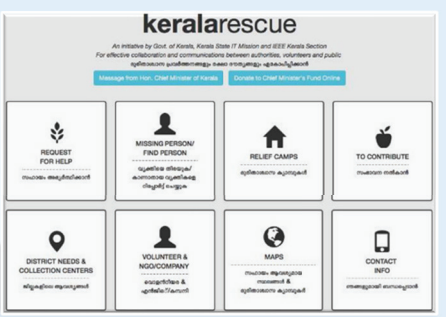


280	junior health inspectors from other department
426	junior public health nurses
1995	ASHA workers
85	junior inspectors from the health department

16. The portal keralarescue.in has been another unique initiative of Kerala government. It promoted two-way communication between people and government. The multi-stakeholder platform allowed exchange of information between community, NGOs, Officials, and DRR managers and volunteers. Show next two slides and explain.

Media & Approaches - Kerala

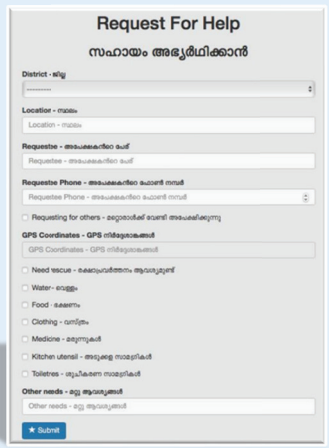
- Official portal 'keralarescue.in' was developed for
  - ✓ *Request for help;*
  - ✓ *Missing person / find person messaging*
  - ✓ *Relief camps,*
  - ✓ *Contributions / donations*
  - ✓ *District needs and collection centres*
  - ✓ *Volunteers and NGOs, etc.*
- These have proved to be extremely effective in rescue and rehabilitation of affected persons.



2-way Real-time Communication between People and Government

Media & Approaches - Kerala

- Request for help on 'keralarescue.in' covers requests for:
  - ✓ *Rescue*
  - ✓ *Water*
  - ✓ *Food*
  - ✓ *Clothing*
  - ✓ *Medicine*
  - ✓ *Kitchen utensils*
  - ✓ *Toiletries, etc.*

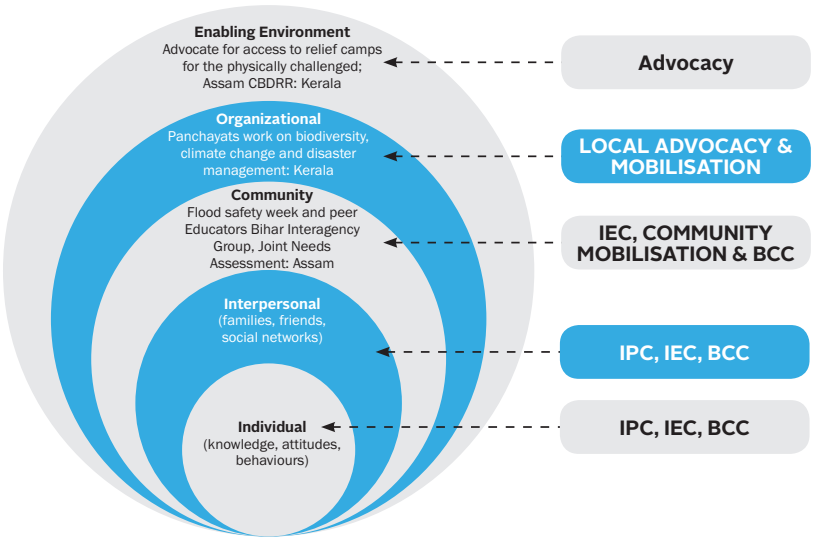


17. Kerala government also empowered and trained all panchayats in the state under 'Community Based Disaster Risk Reduction Programme (CBDRR)'. This promoted community involvement and helped in better preparedness. Show slide.

Media & Approaches - Kerala

At the end of this half an hour session, the participants will be able to:

- The government order (G.O. (Rt) 2462/2018/LSGD dated 19th September 2018) has directed the panchayats to have a working group on:
  - ✓ *biodiversity,*
  - ✓ *climate change and*
  - ✓ *disaster management.*
- Every Panchayat in the state empowered through the CBDRR programme to prepare towards a disaster resilient community and thereby achieve the vision of 'towards a safer state'.
- Sensing the ferociousness of the floodwaters, people went from house-to-house, knocking on doors in the dead of night to tell strangers, friends and family that it was not safe to stay at home!



18. If we go back to the understanding that we had from our earlier session we know that an enabling environment at 5 levels of change is required for people to change their behaviours. To do this we have to address communication at all these levels. First check with the participants if they can recall the 5 levels in a Socio-ecological model. Now ask participants to recall the case studies and the interventions which have been made at all the levels? Consolidate by showing the slide with representative intervention. Similarly, in the next slide we shall see how interventions are also made to address all stages of the disaster.

19. Media and approaches used in Assam, Bihar and Kerala have proven their effectiveness. As we can see all the stages of disaster communication are covered. Ask participants to recall the relevant examples already discussed. For example, mass media has been used in all the three states. Kerala has presented a good example of using social media. Small format community media has been used in Assam and also in Kerala through their community radio. Inter-personal communication through NGOs and community volunteers as well as use of peer educators has been seen in Bihar. Local folk media has been used in both Assam and Bihar – Bihar particularly used it during the 'Flood safety week' in the preparedness phase. All states have printed and disseminated IEC materials – Kerala also printed IEC materials in languages other than Malayalam and English to cover the migratory populations.

Self-Assessment:

1. Show the slide and discuss answers to the poll questions.

Statements – Tick Yes, No, or Don't Know				
		Yes	No	Don't Know
1	'Are you prepared for the floods this season' campaign has been very effective in Bihar			
2	Flood safety week celebrated in June every year is a good example of community mobilization at the preparedness phase			
3	Social media has been used very effectively for 2-way communication in Kerala			
4	Peer educators is a communication intervention at the Organization level of the SEM			

For reference correct answers are:

1) Q1 –No. 'Are you prepared...' is from Assam.
2) Q2 – Yes. It helps mobilize communities in Bihar.
3 Q3 – Yes. The portal keralarescue.in is an example.
4) Q4 – no, it is an intervention at the Community level

Session Take-Away:

1. Summarize the session using the slide. Explain the four points given on the slide.
2. Ask, "what are your questions" and respond to the questions.
3. Thank the participants and say that in the net session we are going to be looking at the CNIC which is assessing community needs vis-a-vis disasters.

Media & Approaches – Choices

- The choice of channel depends on the approach that is being used and the desired program outcome.
  - ✓ *For example, Nukkad nataks, folk media, Group meetings are necessary media to be used for social mobilization.*
- Choosing more than one communication channel helps reinforce the information.
- Beyond using mass and small media, interpersonal and participatory community-based media are indispensable to lead communication efforts aimed at improving or changing behaviours and in sustaining such behaviours.
- Social media can be used to reinforce overall messaging.

Session 2 Communication Needs Identification by Community

Learning outcome

- Participants will be exposed to the advantages of community based disaster risk reduction (CBDRR);
- Participants will get exposed to and be able to use simple tools to facilitate and plan for CBDRR for floods.

Methodology

Presentation and discussion

Duration

15 minutes

Process

1. Welcome participants to session 2 and share the session objectives slide.

Session: CNIC for DRR

- Learning Outcomes
  - ✓ *Participants will be exposed to the advantages of community based disaster risk reduction (CBDRR);*
  - ✓ *Participants will get exposed to and be able to use simple tools to facilitate and plan for CBDRR for floods.*

2. Show next slide and explain. Community's own perceptions of vulnerability drive their behaviours. If communities perceive that floods could bring damages they will prepare for it. On the other hand, if they feel that it is just another seasonal effect they will not take the warnings seriously in the preparedness phase. That's why the government guideline has made community engagement a necessary part of the Community Based Disaster Risk Reduction process. [Reference: Process of Community Based Disaster Risk Reduction (CBDRR)s 2019 – National Disaster Management Guidelines, NDMA https://ndma.gov.in/images/pdf/draftcbdrr41119.pdf]

Why Community Perceptions Matter

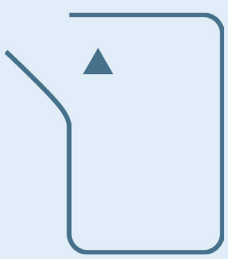
- Engaging community and enabling creation of volunteers in a reflective exercise so as to fundamentally bring attitudinal shift for proactive and resilient action.
  - ✓ *Process of Community Based Disaster Risk Reduction (CBDRR)s 2019 – National Disaster Management Guidelines, NDMA*
    https://ndma.gov.in/images/pdf/draftcbdrr41119.pdf

3. We will do a small exercise together. In a short animation film we will see three characters a big triangle, a little triangle and a circle. After watching the film, you will select between any of the two advices mentioned as Option 1 and Option 2 on the slide. Now show the slide.

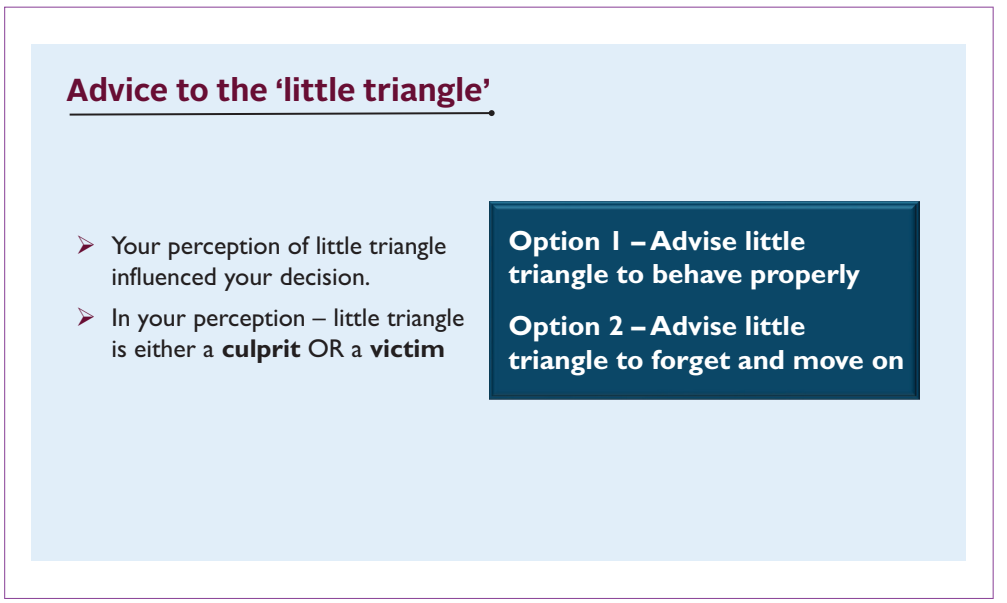
Watch the film: Which of the two advices you will give to the 'little triangle'

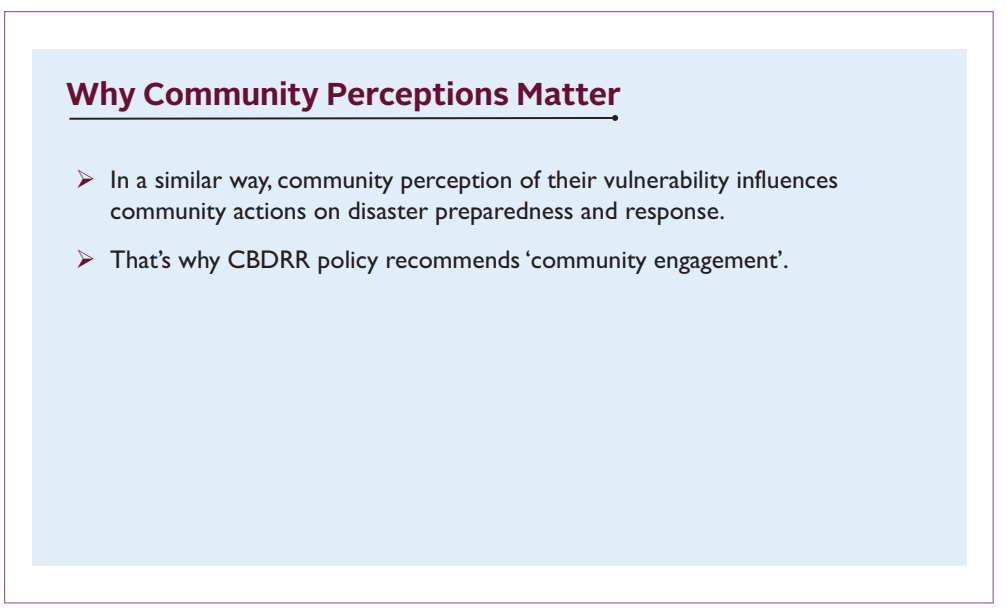
Option 1 – Advise little triangle to behave properly

Option 2 – Advise little triangle to forget and move on



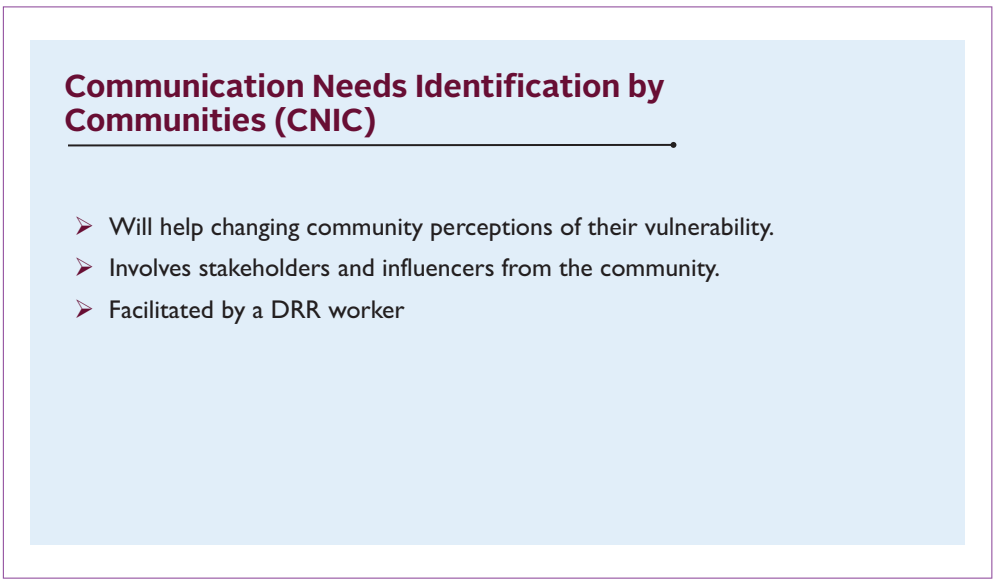
4. Please count how many participants have opted 1 and how many have opted 2. Repeat the numbers and say, "So many of you have selected Option 1 and so many of you have selected Option 2, thank you." It is not relevant which is correct: option 1 or option 2. It is important to understand that same set of people may form different opinions about the same thing. Show the next two slides and explain them one by one. So, perceptions influence our decisions. Similarly, perceptions of vulnerability influence actions related to DRR.



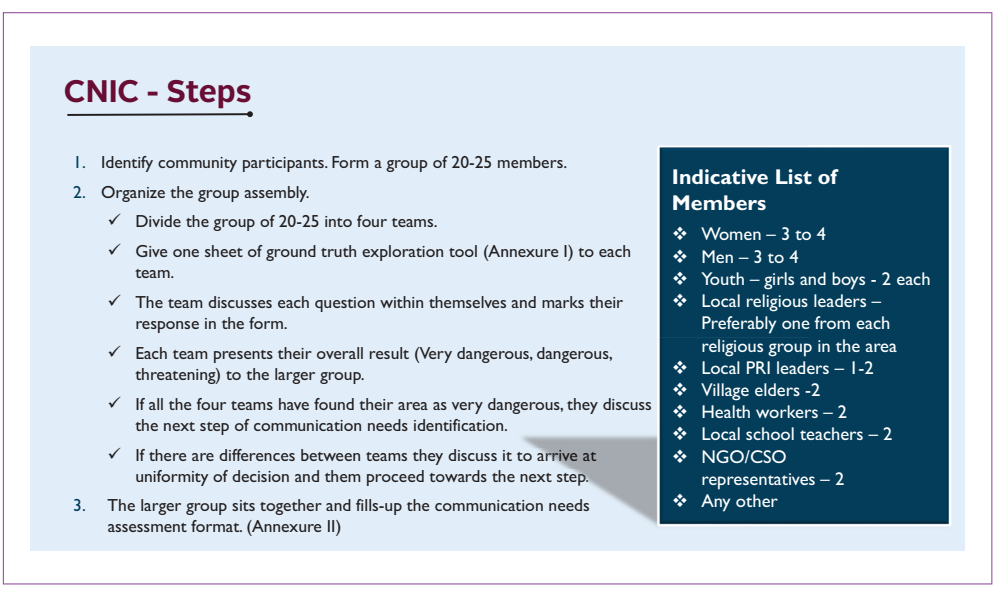


5. This is the reason behind keeping community engagement at the core of CBDRR. Community's perception of vulnerability can facilitate bridging of gap between awareness and behavior at the community level.

6. Show the next slide and explain. Communication Needs Identification by Community attempts to engage communities and empowers them to take charge of their own future. It is a simple process which brings community stakeholders and influencers together. The process is facilitated by a DRR worker – this person could be anyone nominated by the Aapda Adhikari for community engagement.



7. Process of doing a CNIC is explained to the group using the following slide.



8. Show next two slides and explain the steps of CNIC process. Slides are self-explanatory but may require discussions and clarifications. Share the formats and ask participants what kind of information they are collecting from the formats and how these will help in planning their RCCE/SBCC for DRR. (Forms for CNIC are attached as Annexures at the end of this chapter)

CNIC – Steps : Annexure I

Ground Truth Exploration Tool

Ground Truth Exploration Tool: To be filled by the community groups					
	Disaster in you area	Floods	Earth Quake	Cyclone	Public Health Emergency
		1	2	3	4
	Real the disaster indicator, discuss and put a tick mark in any one of the four columns 1, 2, 3, 4				
1	When was the last disaster in your area OR	5 years ago	3 years ago	2 years ago	Within last one year
2	Frequency of such disasters in/near your area?	Rarely	Once in 5 years	Once in 2-3 years	Every year
3	Houses damaged last time	0-4 house	5-9-house	10-15 house	More than 16 houses
4	Agricultural land/crop damaged last time	Less than 30% land/crop	About 30% - 59% land/crop	About 60% land/crop	Nearly every one's land/crop
5	Minor injuries suffered by people	0-25	26-50	51-75	76 or more people
6	Major injuries suffered	0-4 persons	5-9 persons	10-16 persons	More than 16 persons
7	Deaths in last disaster				1 or more person died
8	Animals lost in last disaster	0-4animals	5-9 animals	10-16 animals	More than 16 animals
9	Children essential health (Immunization) and nitrition services (Anganwadi centre) missed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
10	10 Children education missed / schools closed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
11	Access to health services missed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
12	Supply of clean drinking water and solid waste management missed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
13	Ration/PDS missed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
14	Source of livelihood affected	Less than 1 week	Less than 2 week	Less than 3 weeks	More than 3 weeks
15	Cases of diarrhea, meals, typhoid, malaria, cholera, viral hepatitis, fever, etc. reported	0-4 persons	5-9 persons	10-16 persons	More than 16 persons
	Count the Tick Marks in each column and write the number				
	Multiply the number written above by the column number given on the top	x1	x2	x3	x4
	Total Marks (total of all four columns)				
	Your area is vulnerable to damages due to disasters if:				
	There is a Tick Mark against Death				Very Dangerous
	No Tick against death but total marks are 30 or more				Very Dangerous
	No Tick against but total marks are between 15-30				Dangerous
	No Tick against death and total marks are less than 15				Threatening

CNIC – Steps : Annexure II

Communication Needs Assessment Format

Communication Needs Assessment by Community Group				
What are the main channels of communication available to you now? Mark top three in order of importance to you - by writing numbers 1 (minimum), 2, and 3 (maximum) against any three channels of your choice for their access, clarity and their reliability & trust				
	Channels	Most Accesible	Understandable	Most Trustworthy
1	Television (Name channel)			
2	Radio (Name radio station)			
3	Music channel			
4	Newspapers (Name)			
5	Magazine (Name)			
6	Hoarding			
7	Posters			
8	Leaflets			
9	Wall paintings			
10	Public announcements			
11	Community radio			
12	Street play			
13	Film/Theatre hall			
14	Social media			
15	Internet			
16	Mobile phone call			
17	Mobile phone SMS			
18	Word of mouth - community leader			
19	Word of mouth - religious leader			
20	Word of mouth - friends and family			
21	Word of mouth - health worker			
22	Word of mouth - government representative			
23	Other (Specify)			

What would the community like to know more about? (Tick Mark all those applicable)		
1	News on that is happening around them	
2	News on what is happening in the districts neighbouring them	
3	Finding missing people	
4	Security situation at home and near them	
5	Communication with people who are away from home	
6	How to register for and get aid	
7	How to get water and food	
8	How to get shelter/ accommodation	
9	How to get cooking fuel/firewood	
10	How to get information about nutrition, immunization, and other essential services	
11	How to get health care/ medical services	
12	How to stay safe to prevent attack/harassment	
13	How to replace personal documents lost (like ID, etc.)	
14	How to get access to education	
15	How and when to return home	
16	How to restart livelihood on return	
17	Other (Specify)	

9. For face-to-face training divide participants into four teams. Give one sheet of ground truth exploration tool (Annexure I) to each team and request them to answer each question. Since participants are from different areas their experiences may differ. Motivate team members to discusses each question within themselves, arrive at a consensus, and mark their response in the form.
10. Each team presents their overall result (Very dangerous, dangerous, threatening) to the larger group.
11. If all the four teams have found their area as very dangerous, they discuss the next step of communication needs identification.
12. If there are differences between teams they discuss it to arrive at uniformity of decision and them proceed towards the next step.

13. Share copies of Annexure II with the participants and request them to fill-in for group work.
14. After, doing this exercise with the community influencers, the DRR manager will request them to share the risk / vulnerability score as well as relevant communication for DRR within their respective communities.
15. The information so collected will be used by the DRR managers to customize DRR communication. This has given you a broad overall understanding of how to plan for the assessment and then use it for planning. How plans are prepared is a more detailed and longer training and materials can be accessed from links given in the references section.

Self-Assessment:

Statements – Tick Yes, No, or Don't Know				
		Yes	No	Don't Know
1	Communities need to be told what to do. Therefore, emergency communication in the form of do / don't will always bear results.			
2	Since floods are a yearly feature in states like Assam and Bihar, it is not possible to change community's perceptions on vulnerability.			
3	CNIC tool can help in engaging communities with DRR work.			

Show the slide and discuss answers to the poll questions.

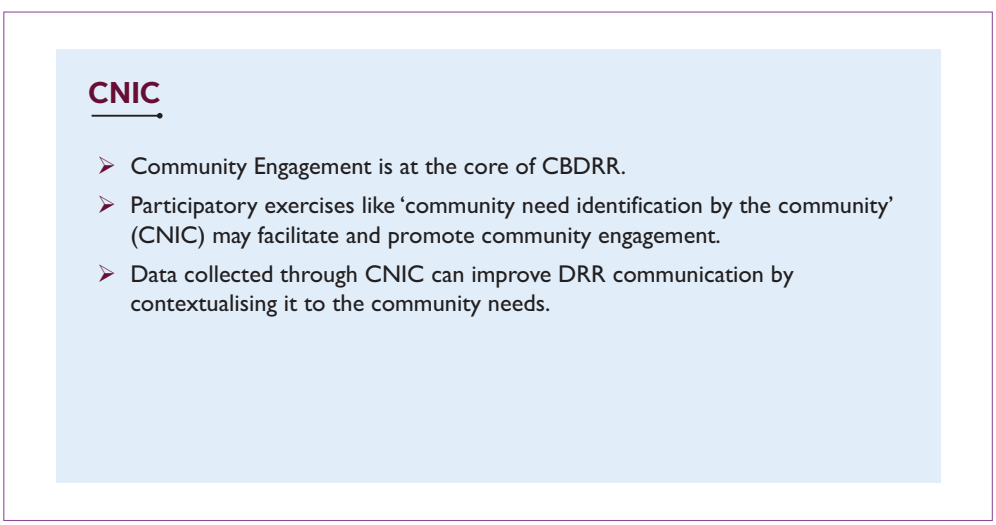
For reference correct answers are:

a. Q1 –No. Because awareness may not always bring action.
b. Q2 – No. Effective communication to engage and empower community may change perceptions of vulnerability.
c. Q3 – Yes. It is meant to do that in a participatory way.

Session Take-Away:

Summarize the session using the slide. Explain the four points given on the slide. Ask, "what are your questions" and respond to the questions.

Thank the participants.



Annexures

Form 1: Ground Truth Exploration

Ground Truth Exploration Tool: To be filled by the community groups					
	Disaster in you area	Floods	Earth Quake	Cyclone	Public Health Emergency
		1	2	3	4
Real the disaster indicator, discuss and put a tick mark in any one of the four columns 1, 2, 3, 4					
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14	Source of livelihood affected	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
15	Cases of diarrhea, meals, typhoid, malaria, cholera, viral hepatitis, fever, etc. reported	0-4 persons	5-9 persons	10-16 persons	More than 16 persons
Your area is vulnerable to damages due to disasters if:	Count the Tick Marks in each column and write the number				
	Multiply the number written above by the column number given on the top	x1	x2	x3	x4
	Total Marks (total of all four columns)				
	Your area is vulnerable to damages due to disasters if:				
	There is a Tick Mark against Death				Very Dangerous
	No Tick against death but total marks are 30 or more				Very Dangerous
	No Tick against but total marks are between 15-30				Dangerous
	No Tick against death and total marks are less than 15				Threatening

Form 2

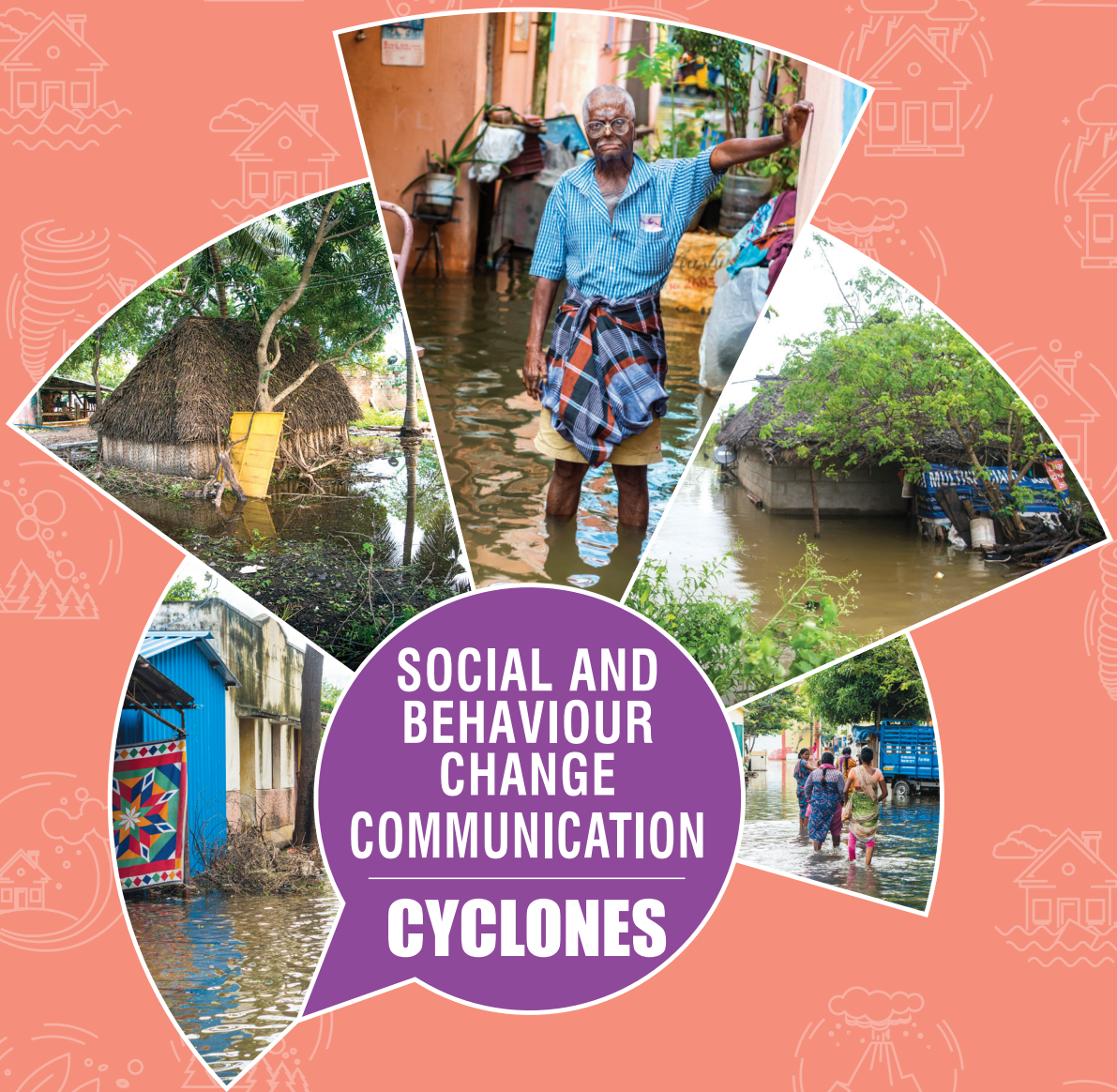
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19	Word of mouth - religious leader			
20	Word of mouth - friends and family			
21	Word of mouth - health worker			
22	Word of mouth - government representative			
23	Other (Specify)			

Form 3

What would the community like to know more about?	**(Tick Mark all those applicable)**	
1	News on that is happening around them	
2	News on what is happening in the districts neighbouring them	
3	Finding missing people	
4	Security situation at home and near them	
5	Communication with people who are away from home	
6	How to register for and get aid	
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8	How to get shelter/ accommodation	
9	How to get cooking fuel/firewood	
10	How to get information about nutrition, immunization, and other essential services	
11	How to get health care/ medical services	
12	How to stay safe to prevent attack/harassment	
13	How to replace personal documents lost (like ID, etc.)	
14	How to get access to education	
15	How and when to return home	
16	How to restart livelihood on return	
17	Other (Specify)	

Further Readings

- Joint Needs Assessment report, Assam https://reliefweb.int/sites/reliefweb.int/files/resources/joint-needs-assessment-report_assam-floods_2017_final.pdf
- Kerala SRADDA programme. https://www.newsclick.in/post-flood-kerala-special-programme-sradda-control-diseases
- Keralarescue.in https://blogs.agu.org/thefield/2018/09/21/kerala-floods-rescue-and-rehabilitation-using-information-technology-and-social-media/
- Kerala flood precautions https://thelogicalindian.com/awareness/kerala-floods-precautions/
- Play UNDRR stop disaster game online to develop your disaster management skills. https://www.stopdisastersgame.org/stop_disasters/
- https://www.preventionweb.net/files/71026_20200315whoworldwidecovid19rcceguid.pdf



SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION

CYCLONES

DISASTER RISK REDUCTION TRAINING

Session 1 Case Studies from States

Learning outcome

- Participants will be exposed to case studies on communication from states and discuss communication has been used in these states for Cyclone disaster risk reduction

Methodology

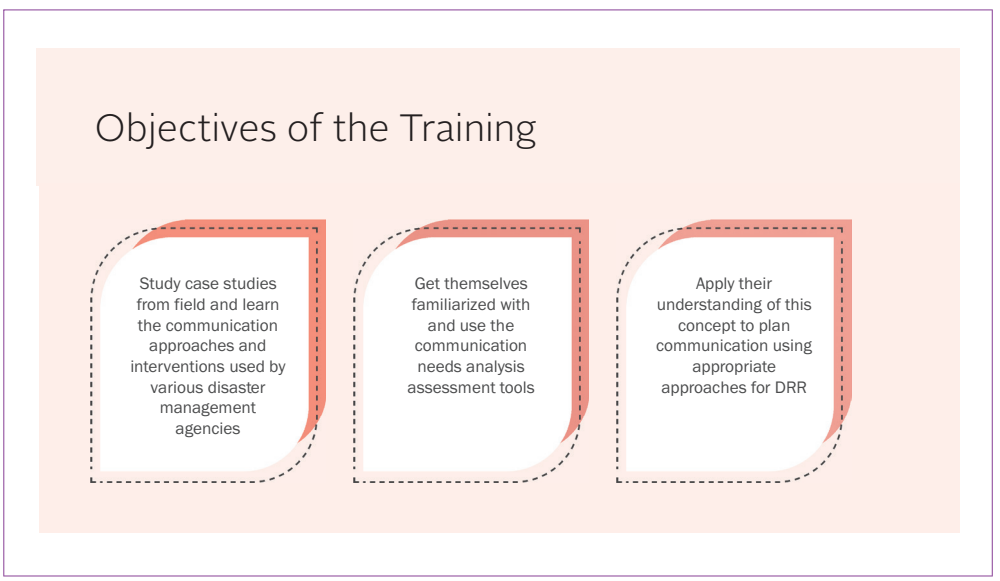
Presentation and discussion

Duration

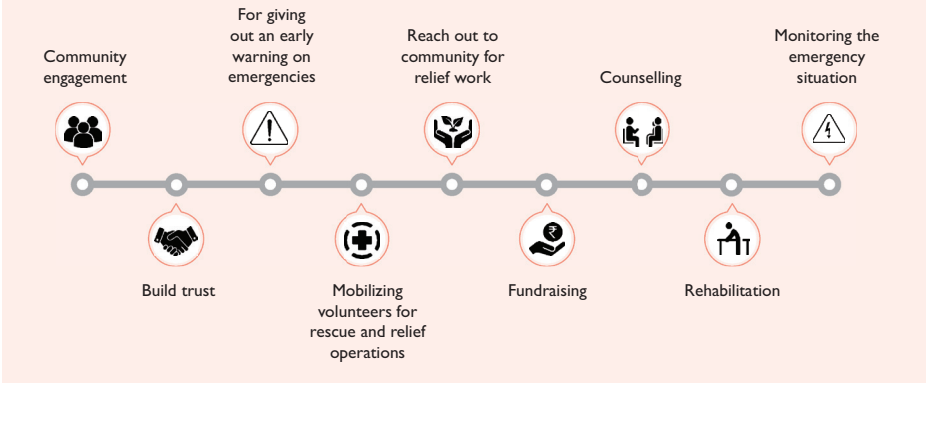
15 minutes

Process

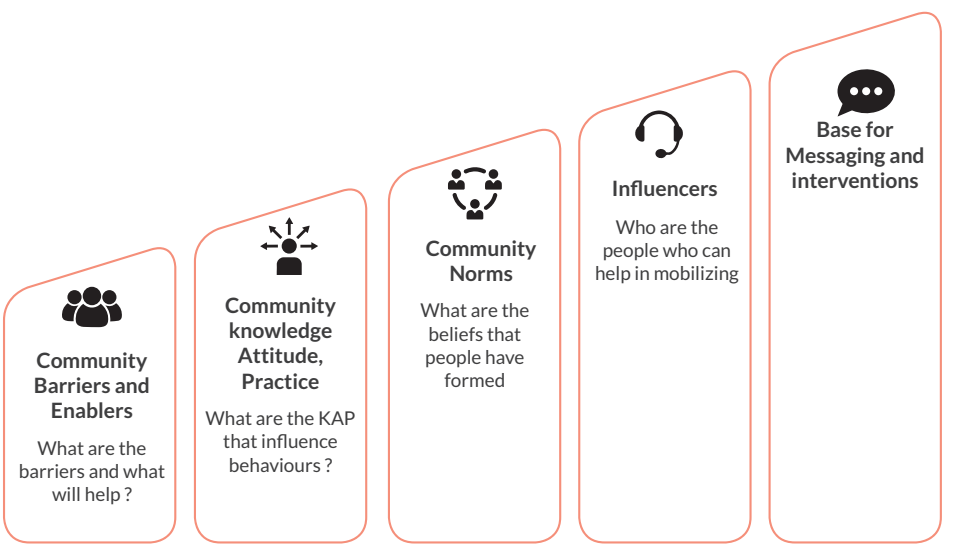
1. Greet participants and welcome them to the session. Share the slide on module objectives and say that in this training we are going to:



2. An overview of SBCC/RCCE has already been presented in the 60-minute module. In this section of 30-minutes, we are going to now learn how we can apply the principles of SBCC/RCCE to manage Cyclone situations in states. We already know that disasters often follow natural hazards and that the severity of the disaster depends on the impact a hazard has on the society and the environment. The scale of the impact depends on the choices we make for ourselves and our environment. It depends on how and where we build our homes, how we grow our food etc.
3. We will discuss Cyclone Fani which stuck Odisha in May of 2019. Experience has shown that communication channels help in preparing for an emergency and then help during an emergency and recover from it. Take a quick survey from participants asking them why they think communication is necessary and consolidate the answers by showing the slide.



4. Since we have seen that communicating during disasters or preparing for disasters is critical, all communication has to be planned strategically. It is important to provide relevant information to people at the right time. Providing information, creating awareness and motivating people to adapt safe behaviours to prepare for emergencies and in times of emergencies, requires a 360-degree communication campaign. This will require that Disaster Awareness coordinators find empathy with the community at large. Knowing the community and the communication that they will understand, access and accept therefore becomes the starting step. Being attuned with the attitudes and behaviours of the community (Social norms in the community) are the guiding principles for developing communication packages that will be easily accepted by the community. Communities are diverse and dynamic and communication strategies need to be addressed to this diversity, dynamic and fluid character of a community. An audience profiling of the community is therefore necessary step to ensure a campaign with channels and messages that are compatible with the needs of the community. Show slide on Audience profiling and then on Understanding the community and discuss the above.



Understanding the Community

- Who lives in the community?
- What are their daily activities?
- What is the perception of risk from disaster (flood)?
- What do people think they need to know?
- What is their general source of information?
- What do they do when they have encountered an emergency?
- How have they received information specifically about an emergency?
- What is the emergency plan that thy are aware of?
- Whom do they trust the most when they have to get information?

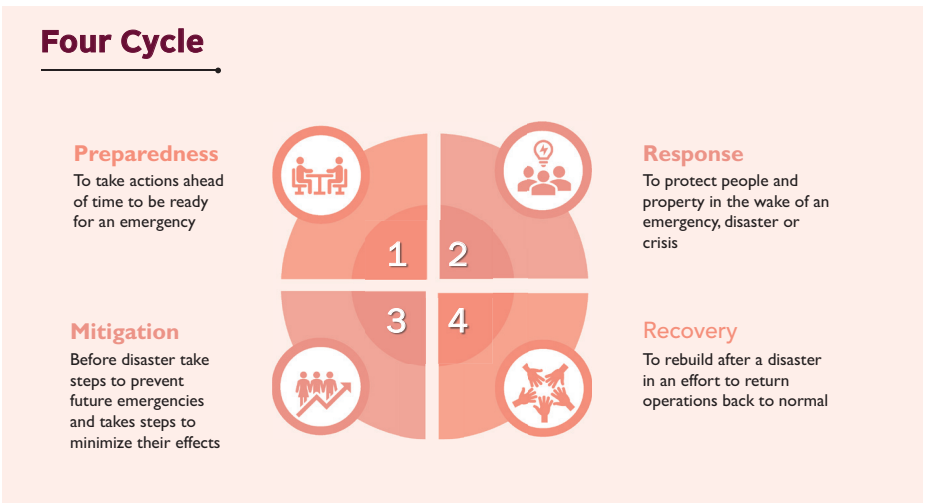
5. State governments have a fair understanding of the diversity of population in terms of vulnerabilities, social and cultural constructs, literacy and the access of its people to technology. Participants should note how what we have said about engaging with the community is put into practice when SDMAs roll out the preparedness and response part of DRR Communication.

SDMA: Strengthened knowledge & awareness

- Communication planning based on their understanding of the diversity of population.
  - ✓ *vulnerabilities,*
  - ✓ *social and cultural constructs,*
  - ✓ *literacy and*
  - ✓ *People's access to technology.*
- Used innovative approaches and tools keeping in mind the geographical conditions of the state, availability of and access to technology and the demographics.
- A range of media - traditional, online and alternate - and diverse tools across these media ensured widespread reach.

6. A range of media - traditional, online and alternate - and diverse tools across these media ensured widespread reach and strengthened knowledge and awareness across communities in all three states. We are now going to be looking at specific strategies that authorities in India and abroad have used for responding to and preparing for Cyclones.

7. We will study Cyclone Fani to discuss all four stages of a disaster. We are all aware that there are four stages that we have spoken about. Two of the phases are before a disaster strikes and two are post disaster as we see in the slide here.



8. Cyclone Fani is one of the rare cyclone that struck the eastern coast of India on 3rd May 2019. The cyclone was tracked by the Indian Meteorological Department (IMD) and the Joint Typhoon Warning Center, USA (JTWC). This was one of the longest-lived Cyclones over the Bay of Bengal. Accurate tracking and alerts issued by IMD helped in tackling the cyclone and avoiding major damage to life in Coastal Odisha.

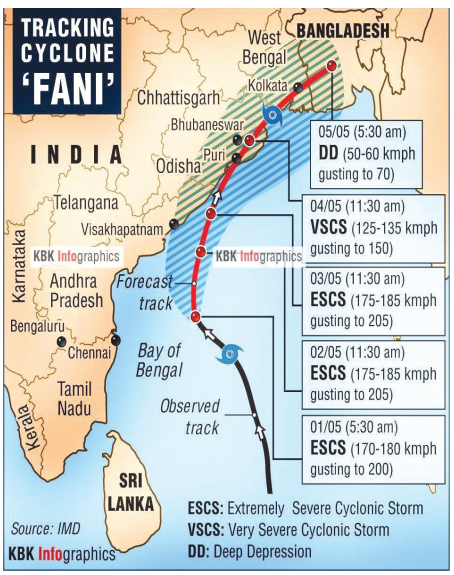
9. The major areas of discussion are:
   a. Assessment of vulnerability,
   b. State and Community preparedness, response and recovery;
   c. Convergence and,
   d. Communication.

Major points to Discuss in the case study:



The Odisha State Disaster Management Authority (OSDMA) is the nodal body mandated to drive communication interventions. OSDMA has focused on development of thematic sectoral SOPs and contingency plans for emergency preparedness in across all sectors. Considerable investments in communications are visible for WASH, health, nutrition, livelihoods and food security interventions for a range of population sectors like agriculture laborers, migrant workers, Pregnant mothers, Physically challenged people etc. The State Disaster Management Plan talks about the four stages of Disaster, specifically outlining responsibilities and SoPs at each level. The mitigation plan takes about the assessment of community hazard vulnerability.

Assessing the Community and Hazard vulnerability:



The state of Odisha, on India's eastern seaboard, faces a peculiar problem of geography – that of acute vulnerability to cyclones, floods and tsunamis. The state has only 17% of the total population living in urban areas. Agriculture is the backbone of the state economy and about 62% population of Odisha still depends in varying degrees on agriculture sector for its livelihood. The districts in the south and west of Odisha have a very high level of poverty and . Adverse human development and socio-economic indicators for Scheduled Tribes (ST) and Scheduled Castes (SC), who together constituted 39.9% (ST- 22.8% and SC- 17.1%) of Odisha is highly prone to disasters.

The cyclones which hit the state in the last two decades are the 1999 super cyclone, Phailin 2013 and Titli 2018. There are ten major river systems in Odisha which cause flooding at regular intervals. Out of a total geographical area of 15,571 lakh hectares, 1.40 lakh hectares are prone to floods. Vulnerability to flash floods, landslides, earthquakes and tsunami is also high.







A rare summer cyclone named Fani – the third of its kind to batter the state in 150 years, clocking wind speed upward of 240 km/hr – devastated much of the coastal districts on May 3,2019. Although human casualties were relatively low as compared to the Super Cyclone of 1999, cyclone Fani left 64 dead.

Stop and Discuss

- As a communicator, what do you think are the major points in Response and Recovery Communications?
- How have these helped/constrained in tackling Cyclone Fani?

Materials prepared for Cyclone preparedness







Though loss of human lives was very low compared to all other times that Odisha has been battered by cyclones, the population affected was very high in terms of loss of property and livelihoods. Cyclone Fani affected about 16.5 million people in over 18,388 villages in 14 of the 30 districts in the state. Puri, Khurda, Cuttack, Jagatsinghpur, and Kendrapara remain the five most affected districts.

NIDM Dos and Don'ts for Cyclones

CYCLONE

Before & During

- Listen to radio or TV weather reports and alert everyone through a loud speaker or by going home to home.

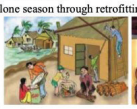




- Identify safe shelter in your area. These should be cyclone resistant and also find the closest route to reach them. Move domestic animals to safety as well.




- Keep your emergency kit and basic food supply, medicines, torch and batteries etc.
- Doors, windows, roof and walls should be strengthened before the cyclone season through retrofitting and repairing. Store adequate food grains and water in safe places. Check that doors to garden sheds and garages are also secure.




- Keep flashlights, candles, and matches in case of power outages.
- Do not venture into the sea. Stay Indoors and stand below the strongest part of the house if you have not moved to the cyclone shelter.
- Remain indoors until advised that the cyclone has passed away.
- Do not take shelter close to trees because branches may break off or trees may even be uprooted, and fall on top of you or heavy constructions such as bridges etc.





- During the eye of the storm, move to the shelter, since the wind will now come from other side of your direction.
- Write each child's name, address, and contact number on a piece of paper and place it in the child's pocket.

Stop and Discuss

- As a Communication Officer, what do you suggest to include/exclude from this material that has been prepared for Cyclone Education for the audiences?
- Which are the audience that you think need to be addressed on a priority?
- Which issues at which stage will you like to address for the audiences you have selected and why?

Due to the cyclone, power, telecommunication infra- structure, and road services were severely affected. Major roads were blocked due to the uprooted trees, road signages and damaged culverts with complete power outage in several parts of the state for almost two days. High wind speed also resulted in catastrophic damage to houses (about 3.62 lakh dwellings in all), leaving many homeless. Damage to agriculture, fisheries, and livestock has also been considerable. As per the estimate of the Department of Environment and Forestry, 21.9 lakh trees were uprooted or damaged across the state, including urban and rural areas as well as sanctuaries.

Odisha saw much disruption to life. Many districts were cut off with no electricity supply. A slight miscalculation on the exact landfall resulted in Bhubaneshwar being hit and disrupted. This is when it was never expected that Bhubaneswar will be crippled for days together as it eventually was. A paralysed Capital means emergency response capacity of the state administration is significantly reduced.

The state government deserves credit for its proactive effort but at the same time it fails to distinguish between a killer cyclonic storm characterised by high tidal inundation and other high-intensity cyclones which cause damage due to wind and rain.

There was no significant coastal inundation due to tidal surge during Fani. In that case, evacuation efficacy is to be evaluated from the point of view of deaths caused due to building collapse, tree uprooting or inland flooding, debris flying etc.

Major parts of the city and affected districts are without electricity , leading to a severe disruption in drinking water supply and mobile communication. The situation again proved that Cyclones don't kill but buildings do. Fani again proved the vulnerability of thatched mud and bamboo houses that the poor live in.

Odisha has a great community outreach system through which people were reached on time. It now has a network of 450 cyclone shelters and there is a robust mechanism for the maintenance of the cyclone shelters—each cyclone shelter has a maintenance committee where youth have been involved and trained for search and rescue, first aid medical attention, and for providing cyclone warnings.

Through a network of these shelters and committees and training, the state has involved the entire community; it is now fairly easy to disseminate warnings and move people into safe cyclone shelters. The state's disaster management systems are monitored twice each year, given the propensity of natural disasters in the state.

Stop and Discuss

- As a communicator, what do you think are the major points in Response and Recovery Communications?
- How have these helped/constrained in tackling Cyclone Fani?

Response and Recovery



The figure shows the response that was put up within 4 hours of Cyclone Fani making a landfall in Puri.

As the cyclone raced towards coastal Odisha, warning and messages were regularly given out in the local language exhorting people to make way towards the numerous shelters well stocked by the government.



2.6 million text messages, 43,000 volunteers, nearly 1,000 emergency workers, television commercials, coastal sirens, buses, police officers, and public address systems blaring the same message on a loop, in local language, in very clear terms: “A cyclone is coming. Get to the shelters.”



Dissemination of Warnings: As per the reports of OSDMA, warnings were disseminated in a timely manner to get people to safety. This included:

- Cyclone related alert and suggested precautionary measures were delivered by SMSs through Location Based Alert System (LBAS), 1.8 crore nos. of SMS were sent to BSNL subscribers of the likely to be affected districts. Group based alert messages were also disseminated based on threat status to a particular area.
- Early warning sirens were activated and voice messages were disseminated every hour in the coastal area.
- District Administration disseminated the warning through official channels and PRI members. Public address systems were used for dissemination at local level.
- Fisheries and ARD Department communicated the warning messages to marine/ Chilika fishermen.
- 14 SBMDVT under EWDS were also activated for emergency communication.
- All cyclone bulletins and warning messages of IMD were disseminated with key State Level Officers, Collectors and Media.
- Cyclone Preparedness videos, safety tips broadcasted in major TV channels. Safety & preparedness voice messages have also been broadcasted in AIR, FM radios & community radios.
- Community Level Volunteers and Task Force Team members of Multipurpose Cyclone/ Flood Shelters were engaged for ensuring family preparedness, warning dissemination and expediting evacuation.
- Social Media platforms were effectively used not only for dissemination of warnings but also for sending vital information to the general public for safety and survival.









Stop and Discuss

- As a communicator, what do you think are the major points in Response and Recovery Communications?
- How have these helped/constrained in tackling Cyclone Fani?

Some reflections from JRNA could be related to the impact of communication needs of the sectors are as follows:

WASH: Access to drinking water was completely hampered. The villages were normally depending on hand pumps, open wells and piped water supply for drinking water needs – some of them have been damaged. Most pipes of water supply were electric – the power cut has rendered the fresh water were inaccessible and usage of contaminated flood waters for bathing, cleaning kitchen utensils and other cleaning needs became a concern. Most shelters had no water storage facility.

Open defecation practices have increased in Jagatsinghpur. Adolescent girls, women, and elderly were using the toilets prior to disaster. These toilets have been damaged due to cyclone Fani, forcing them to go out in dark for defecating, hence increasing their vulnerability.

Sanitary napkins were not available in shelters or in nearby markets. Access to market was cut off and there were no means for affected girls and women to buy supplies of napkins. There was no supply of sanitary napkins from ASHA/AWW. Women were using cloth and due to insufficient water, women and girls were suffering to wash and dry the sanitary clothes making them vulnerable to health threats. Furthermore, all ponds in villages of Puri district and most of the ponds in other districts have been contaminated with decomposable debris. This has affected quality of the ponds and water bodies. People are not getting adequate water to properly bath and stay clean in urban areas like Bhubaneswar and Puri.

Shelter: Caste discrimination was starkly evident in regular as well as temporary shelters, both in occupation of space and supply of food. People belonging to upper caste category occupied space of their choice whereas people from schedule caste communities were left to accommodate in the remaining places. Food was being served to upper caste people first and then to the lower caste people. This caste discrimination was more evident in Puri district.

Food and Nutrition: Temporary food scarcity: Food availability has seriously hampered because of losses to cooking infrastructures and stored items as well closure of market or disruptions to supply. Prices have soared and with that access to food materials, vegetables and fruits decreased. All households in the villages visited reported significant drop or changes in food intake. This adverse impacts on food intake is largely due to (i) loss to food stocks, (ii) inaccessibility to markets, (iii) inadequate or no emergency food supply.

Livelihood: Most plantations (cashew nuts, coconut, beetle leaves and banana plantations) have been strongly affected. Coconut plantations will take 5 to 10 years to be fully restored and around 6 months for

beetle leaves as they need to be replanted. Vegetable and paddy crops have suffered severe damages, included the harvested paddy (storage houses damaged). 70% of small shops and businesses have been severely damaged. Many people have lost track of their livestock, once they left home to take shelter. Fishermen communities have been severely impacted by the cyclone, as most boats are severely damaged or destroyed as well as nets. Few months will be needed to restore their livelihood.

Education: Cyclone had a major impact on children and education systems by destroying school infrastructure and material. School are child- friendly safe places, important for psycho- social well-being of children, especially in post disaster trauma recovery. Quality education in emergencies is viewed as secondary when compared to the provision of vital items and services, although it importantly impacts community resilience in the longer term.

Some broad observation during this assessment included few schools have sustained damages to their infrastructures and properties. The damages have been of minor nature. Students of poor households with Kutcha houses have lost books, copies and study materials. This has mostly impacted students of higher classes. Cycles of some students have been damaged. However, such losses are not very extensive. Since the schools are closed, the Mid Day Meal (MDM) supply are also closed. It has closed the possibility for students to have good food.

Health: An overall 60% decline of access to health is reported. This is attributed to lack of health camps and damage to health centres. Water contamination concerns are rising as water is being drawn from open wells. No District, PHCs and CHC centers were in 100% functional state because of unavailability of energy supply or damages to infrastructures. Part of Puri district headquarter hospital building has sustained damages. However, patient care has not been affected much. Damages to false ceilings in Puri district head quarter hospital indicate how our buildings have failed to properly integrate risks.

Regular vaccination activities have been affected. Mobile health services have been hugely affected, largely because of obstruction in road communication. Health vulnerabilities of women have increased. The assessment did not find special support for special needs of women such as menstruation hygiene. Exposure to high heat has seriously increased for almost all population in affected areas, more so of those who have lost their dwellings. This is going to pose very serious threat of Malaria and Diarrhea

JRNA clearly outlined the action agenda for the civil society network, that was working in close collaboration with OSDMA and Sectoral departments of Government of Odisha.

Stop and Discuss

- You have received the JRNA report and now you are tasked with preparing a disaster communication plan for cyclones, what would be your major recommendations?
- What will you put in the four stages of Disaster Communication
- Who are the audiences that you will address ?
- What will be the crux of your communications?

Communication of resources and implementation of campaign interventions

A1. Communication strategies, mechanism, messaging and who drives these

While state has been proactive in implementing audience specific communication activities, there was no communication plan prepared in advance of later to address the needs of the vulnerable communities.

A2. Key audience for the messages



A simple yet reassuring awareness message created on the sand, conveying that it makes sense to stay safe and not panic during a cyclone.

1. Online and print media to convey key messages were extensively used: Early dissemination of alerts and warnings through different modes of communication, well-planned advisories and action led to the early evacuation of the people.
2. Advisories were also issued in electronic and social media for preventive health care actions. Fani Health Action WhatsApp group was also created.
3. Health-related information was posted on Swasthya Kantha (dedicated health messaging walls) for information to the community.
4. Health campaigns using BCC materials were conducted to spread awareness about the maintenance of hygiene and sanitation at various areas in Bhubaneswar, by Anganwadi, Health and Accredited Social Health Activist (ASHA) Workers as well.



5. The government also collaborated with media houses to relay key messages on health and hygiene. For example, Times Now News ran a campaign that included detailed tips on how to prevent illness and stay safe after a cyclonic storm.
6. Massive Information Education Communication (IEC) and Behaviour Change Communication (BCC) campaigns were held through print, electronic and social media. 265 TV spots, 244 radio spots and 82 newspaper advertisements were given on health awareness.

A3. Channels of communication used to reach identified vulnerable communities/audience

A vast majority of the population, almost 83%, live in rural areas of the state, while the rest are located in urban hubs. Odisha, despite strides in overall development, still remains a poor state. The challenges of the state government in managing DRR is further compounded by the low literacy levels.

OSDMA, mandated with running the communication activities, developed customized tools and used media based on its audiences. In rural areas, the focus was on traditional media and on-ground activities, while in the urban areas the agency used all media – digital, social and traditional, conducted multiple on-ground activities and ran extremely successful campaigns using IEC and BCC materials during Fani. Websites, WhatsApp, Facebook, TV, Radio, Online and Print Media, posters, pamphlets, guidebooks, door to door campaigns – every tool was used to ensure that no one was left behind. The success can be gauged by the fact that every media and tool used managed to penetrate even the remotest parts of Odisha.

The table below throws light on the channels and messaging used during Fani during every stage.

	Key Audience	Messages used	Channels of communication used	Key Communicator
Preparedness	20 million people in at risk districts	Try not to panic Listen to the radio and follow instructions We will help	Social media Loudspeakers Radio	Indian Red Cross staff 1500 volunteers
	Community members	Health related	Swasthya Kantha	OSDMA
	Community members	Preventive health care measures	0.6 million leaflets	Distribution by ASHA
Response	Inhabitants of 5 coastal districts worst hit - Puri, Khurda, Cuttack, Jagatsinghpur and Kendrapara	Diarrhoea alert Not to use water from wells Use piped water supply	Newspaper http://www.newindianexpress.com/states/odisha/2019/may/16/post-cyclone-fani-five-districts-on-diarrhoea-alert-in-odisha-1977673.html	74 teams of doctors and 234 paramedics
	Community members	Use of ORS and chlorine tablets Disinfection of open wells Warning signs on contaminated water bodies	Personal	ASHA
Recovery	Women and girls	Use of sanitary napkins	One to one	Health workers
Resilience	Community	Disinfect open wells	Visits	Local volunteers

A4. Role of Ham Radio in Disasters:

Cyclone Fani made landfall in Puri and for 48 hours the district was cut off as State control room was not able to establish regular communication with the district headquarters, resulting in confusion in relief and rescue operations. Experts now blame it on breakdown of post-disaster communication while the State disaster managers are all set to introspect how it failed for the first time since Super Cyclone in 1999.

The saving grace was two teams of HAM radio operators from Andhra Pradesh and West Bengal who came to the rescue of the State as HAM radio was the chief mode of communication for the first several hours.

As part of the cyclone preparation, each district collector has in his/her possession satellite phones and digital mobile radio connectivity, while some officials have resorted to HAM radio. This is unlike 1999, when authorities were more or less in the dark, resulting in a mass casualty count. Based on their learning from several cyclones that have hit the state, mock simulations are held in June of every year to familiarize and test preparedness of ODRAF, NDRF and fire personnel for flood and cyclone management



A5. Training of the HR to drive communication programmes for pre/during/post disaster

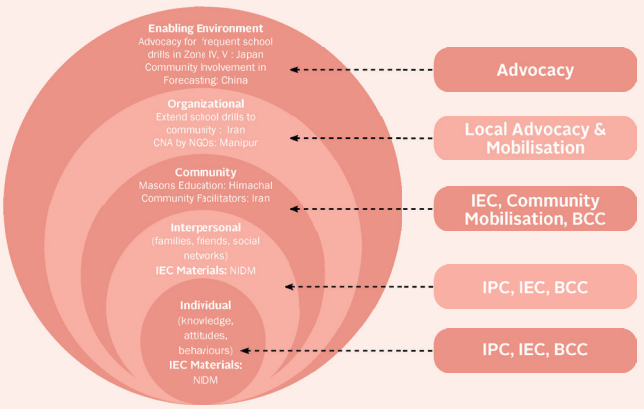
The OSDMA has given considerable importance to training and capacity building of government personnel at all levels. Every official involved in DRR was given adequate training in use of all communication tools. Training institutes are being set up across the state to orient personnel, even as curriculum is being updated regularly.

Youth training camps are held regularly so that knowledge about communication tools percolates down to the grassroots. Besides, this all members of NGOs and CSOs are also trained. The Indian Red Cross staff and 1,500 volunteers trained in first aid, disaster management and rescue passed on life-saving early warning messages to some of 20 million people in at-risk districts. Among the messages: "Try not to panic. Listen to the radio and follow instructions. We will help. The Red Cross is here with you."

UNICEF India has also started Sneha Sampark in Puri to help the affected children. "We launched the 45-day campaign a week after Fani. UNICEF India along with an NGO has engaged around 500 volunteers to offer psychosocial counselling in Puri, Kanas, Brahmagiri and Krushaprasad areas," said Alka Gupta, communications specialist of UNICEF India's Odisha team.

10. If we go back to the understanding that we had from our earlier session we know that an enabling environment at 5 levels of change is required for people to change their behaviours. To do this we have to address communication at all these levels. First check with the participants if they can recall the 5 levels in a Socio-ecological model. Now ask participants to recall the case studies and the interventions which have been made at all the levels? Consolidate by showing the slide with representative intervention. Similarly, in the next slide we shall see how interventions are also made to address all stages of the disaster.

SEM and Case Studies



11. Media and approaches used in India and elsewhere discussed earlier have been effective. Stages of disaster covered through these examples are: (Show slide and discuss).

Stages of DRR and Cyclone Fani

- Mitigation
  - ✓ *Sectoral convergence (protection, livelihoods, etc.)*
  - ✓ *Community awareness and involvement in Cyclone preparedness*
- Preparedness
  - ✓ *Community Involvement through trough regular training and mock drills*
  - ✓ *Sectoral convergence through meetings*
  - ✓ *Setting up the Community outreach groups*
  - ✓ *Setting up the Cyclone Shelter maintenance committees*
- Response
  - ✓ *Seamless communication, TSF*
  - ✓ *Community needs assessment (CNA), Manipur*
  - ✓ *Sneha sampark, a community radio set up to help women and children*
- Recovery
  - ✓ *Sectoral convergence (health, sanitation, shelter, education, livelihoods, etc.)*
  - ✓ *Build Back Better*

Self-Assessment:

12. Show the slide and discuss answers to the poll questions.

	Statements – Tick Yes, No, or Don't Know	Yes	No	Don't Know
1	'Sneha Sampark'– resilient communities' campaign in Odisha links schools with local communities to help children through counselling and helps in community engagement			
2	Community involvement in managing outreach activities helps in getting more people together in a shorter time during emergencies.			
3	Community involvement in recovery activities improves community participation and compliance			
4	Immediate Community needs post disaster may be different from government needs on building back the infrastructure.			

For reference correct answers are:

1) Q1 – Yes. It improves community engagement.
2) Q2 – Yes. It builds ownership and trust to get people faster
3) Q3 – Yes. Community involvement improves ownership and action.
4) Q4 – Yes. As seen in the examples from JRNA reports

Session Take-Away:

13. Summarize the session using the slide. Explain the four points given on the slide.
14. Ask, "what are your questions" and respond to the questions.
15. Thank the participants and say that in the net session we are going to be looking at the CNIC which is assessing community needs vis-a-vis disasters.

Media & Approaches - Choices

- The choice of channel depends on the approach that is being used and the desired program outcome.
  - ✓ *For example, Nukkad nataks, folk media, Group meetings are necessary media to be used for social mobilization.*
- Choosing more than one communication channel helps reinforce the information.
- Beyond using mass and small media, interpersonal and participatory community-based media are indispensable to lead communication efforts aimed at improving or changing behaviours and in sustaining such behaviours.
- Social media can be used to reinforce overall messaging.

Session 2 Communication Needs Identification by Community

Learning outcome

- Participants will be exposed to the advantages of community based disaster risk reduction (CBDRR);
- Participants will get exposed to and be able to use simple tools to facilitate and plan for CBDRR for floods.

Methodology

Presentation and discussion

Duration

15 minutes

Process

1. Welcome participants to session 2 and share the session objectives slide.

Session: Case Studies from States

- Learning Outcomes
  - ✓ *Participants will be exposed to the advantages of community based disaster risk reduction (CBDRR);*
  - ✓ *Participants will get exposed to and be able to use simple tools to facilitate and plan for CBDRR for floods.*

2. Show next slide and explain. Community's own perceptions of vulnerability drive their behaviours. If communities perceive that floods could bring damages they will prepare for it. On the other hand, if they feel that it is just another seasonal effect they will not take the warnings seriously in the preparedness phase. That's why the government guideline has made community engagement a necessary part of the Community Based Disaster Risk Reduction process. *[Reference: Process of Community Based Disaster Risk Reduction (CBDRR)s 2019 – National Disaster Management Guidelines, NDMA https://ndma.gov.in/images/pdf/draftcbdrr41119.pdf]*

Why Community Perceptions Matter

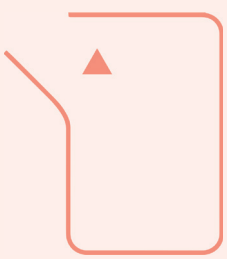
- Engaging community and enabling creation of volunteers in a reflective exercise so as to fundamentally bring attitudinal shift for proactive and resilient action.
  - ✓ *Process of Community Based Disaster Risk Reduction (CBDRR)s 2019 – National Disaster Management Guidelines, NDMA* https://ndma.gov.in/images/pdf/draftcbdrr41119.pdf

3. We will do a small exercise together. In a short animation film we will see three characters: a big triangle, a little triangle and a circle. After watching the film, you will select between any of the two advices mentioned as Option 1 and Option 2 on the slide. Now show the slide.

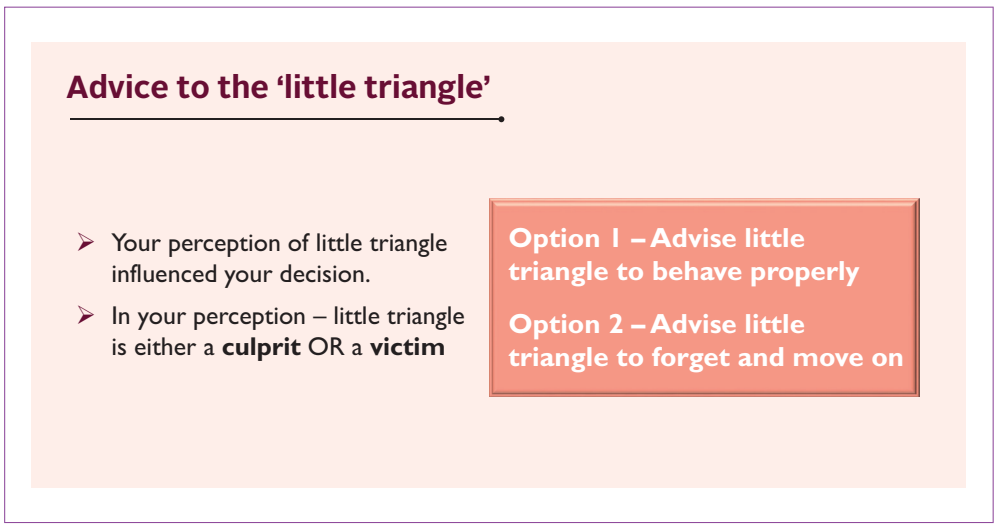
Watch the film: Which of the two advices you will give to the 'little triangle'

Option 1 – Advise little triangle to behave properly

Option 2 – Advise little triangle to forget and move on



4. Please count how many participants have opted 1 and how many have opted 2. Repeat the numbers and say, "So many of you have selected Option 1 and so many of you have selected Option 2, thank you." It is not relevant which is correct: option 1 or option 2. It is important to understand that same set of people may form different opinions about the same thing. Show the next two slides and explain them one by one. So, perceptions influence our decisions. Similarly, perceptions of vulnerability influence actions related to DRR.





5. This is the reason behind keeping community engagement at the core of CBDRR. Community's perception of vulnerability can facilitate bridging of gap between awareness and behavior at the community level.
6. Show the next slide and explain. Community Needs Identification by Community attempts to engage communities and empowers them to take charge of their own future. It is a simple process which brings community stakeholders and influencers together. The process is facilitated by a DRR worker – this person could be anyone nominated by the Aapda Adhikari for community engagement.

Community Needs Identification by Communities (CNIC)

- Will help changing community perceptions of their vulnerability.
- Involves stakeholders and influencers from the community.
- Facilitated by a DRR worker

7. Process of doing a CNIC is explained to the group using the following slide.

CNIC - Steps

1. Identify community participants. Form a group of 20-25 members.
2. Organize the group assembly.
   - ✓ *Divide the group of 20-25 into four teams.*
   - ✓ *Give one sheet of ground truth exploration tool (Annexure I) to each team.*
   - ✓ *The team discusses each question within themselves and marks their response in the form.*
   - ✓ *Each team presents their overall result (Very dangerous, dangerous, threatening) to the larger group.*
   - ✓ *If all the four teams have found their area as very dangerous, they discuss the next step of communication needs identification.*
   - ✓ *If there are differences between teams they discuss it to arrive at uniformity of decision and them proceed towards the next step.*
3. The larger group sits together and fills-up the communication needs assessment format. (Annexure II)

Indicative List of Members

- Women – 3 to 4
- Men – 3 to 4
- Youth – girls and boys - 2 each
- Local religious leaders – Preferably one from each religious group in the area
- Local PRI leaders – 1-2
- Village elders -2
- Health workers – 2
- Local school teachers – 2
- NGO/CSO representatives – 2
- Any other

8. Show next two slides and explain the steps of CNIC process. Slides are self-explanatory but may require discussions and clarifications. Share the formats and ask participants what kind of information they are collecting from the formats and how these will help in planning their RCCE/SBCC for DRR. (Forms for CNIC are attached as Annexures at the end of this chapter)
9. For face-to-face training divide participants into four teams. Give one sheet of ground truth exploration tool (Annexure I) to each team and request them to answer each question. Since participants are from different areas their experiences may differ. Motivate team members to discusses each question within themselves, arrive at a consensus, and mark their response in the form.

10. Each team presents their overall result (Very dangerous, dangerous, threatening) to the larger group.
11. If all the four teams have found their area as very dangerous, they discuss the next step of communication needs identification.
12. If there are differences between teams they discuss it to arrive at uniformity of decision and them proceed towards the next step.
13. Share copies of Annexure II with the participants and request them to fill-in for group work.
14. After, doing this exercise with the community influencers, the DRR manager will request them to share the risk / vulnerability score as well as relevant communication for DRR within their respective communities.
15. The information so collected will be used by the DRR managers to customize DRR communication. This has given you a broad overall understanding of how to plan for the assessment and then use it for planning. How plans are prepared is a more detailed and longer training and materials can be accessed from links given in the references section.

Self-Assessment:

	Statements – Tick Yes, No, or Don't Know	Yes	No	Don't Know
1	Communities need to be told what to do. Therefore, emergency communication in the form of do / don't will always bear results.			
2	Since Cyclones are a yearly feature in states like Odisha,Tamil Nadu, West Bengal, it is not possible to change community's perceptions on vulnerability.			
3	CNIC tool can help in engaging communities with DRR work.			

Show the slide and discuss answers to the poll questions.

For reference correct answers are:

a. Q1 –No. Because awareness may not always bring action.

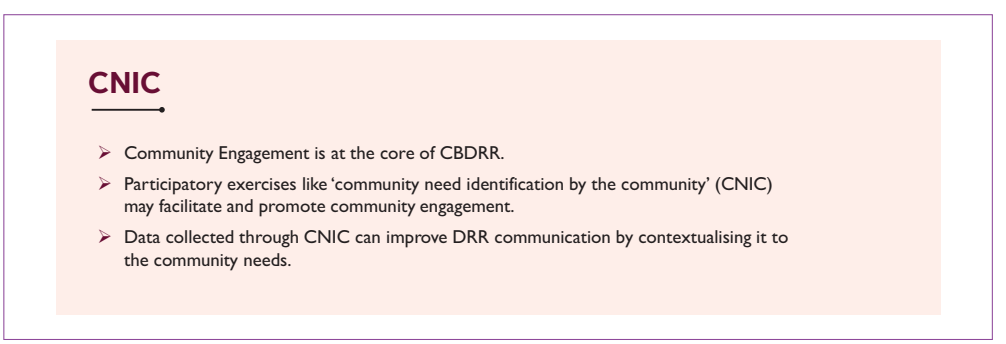
b. Q2 – No. Effective communication to engage and empower community may change perceptions of vulnerability.

c. Q3 – Yes. It is meant to do that in a participatory way.

Session Take-Away:

Summarize the session using the slide. Explain the four points given on the slide. Ask, "what are your questions" and respond to the questions.

Thank the participants.



Annexures

Form 1: Ground Truth Exploration

Ground Truth Exploration Tool: To be filled by the community groups					
	Disaster in you area	Floods	Earth Quake	Cyclone	Public Health Emergency
		1	2	3	4
Real the disaster indicator, discuss and put a tick mark in any one of the four columns 1, 2, 3, 4					
1	When was the last disaster in your area OR near your area?	5 years ago	3 years ago	2 years ago	Within last one year
2	Frequency of such disasters in/near your area?	Rarely	Once in 5 years	Once in 2-3 years	Every year
3	Houses damaged last time	0-4 houses	5-9 house	10-15 house	More than 16 houses
4	Agricultural land/crop damaged last time	Less than 30% land/crop	About 30% - 59% land/crop	About 60% land/ crop	Nearly every one's land/crop
5	Minor injuries suffered by people	0-25	26-50	51-75	76 or more people
6	Major injuries suffered	0-4 persons	5-9 persons	10-16 persons	More than 16 persons
7	Deaths in last disaster				1 or more person died
8	Animals lost in last disaster	0-4 animals	5-9 animals	10-16 animals	More than 16 animals
9	Children essential health (Immunization) and nitrition services (Anganwadi centre) missed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
10	Children education missed/schools closed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
11	Access to health services missed (including MSM and ANC/p	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
12	Supply of clean drinking water and solid waste management missed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
13	Ration / PDS missed	Less than 1 week	Less t.han 2 weeks	Less than 3 weeks	More than 3 weeks
14	Source of livelihood affected	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
15	Cases of diarrhea, meals, typhoid, malaria, cholera, viral hepatitis, fever, etc. reported	0-4 persons	5-9 persons	10-16 persons	More than 16 persons
	Count the Tick Marks in each column and write the number				
	Multiply the number written above by the column number given on the top	x1	x2	x3	x4
	Total Marks (total of all four columns)				
	Your area is vulnerable to damages due to disasters if:				
	There is a Tick Mark against Death				Very Dangerous
	No Tick against death but total marks are 30 or more				Very Dangerous
	No Tick against but total marks are between 15-30				Dangerous
	No Tick against death and total marks are less than 15				Threatening

Form 2

Communication Needs Assessment by Community Group				
What are the main channels of communication available to you now? Mark top three in order of importance to you - by writing numbers 1 (minimum), 2, and 3 (maximum) against any three channels of your choice for their access, clarity and their reliability & trust				
	Channels	Most Accesible	Understandable	Most Trustworthy
1	Television (Name channel)			
2	Radio (Name radio station)			
3	Music channel			
4	Newspapers (Name)			
5	Magazine (Name)			
6	Hoarding			
7	Posters			
8	Leaflets			
9	Wall paintings			
10	Public announcements			
11	Community radio			
12	Street play			
13	Film/Theatre hall			
14	Social media			
15	Internet			
16	Mobile phone call			
17	Mobile phone SMS			
18	Word of mouth - community leader			
19	Word of mouth - religious leader			
20	Word of mouth - friends and family			
21	Word of mouth - health worker			
22	Word of mouth - government representative			
23	Other (Specify)			

Form 3

What would the community like to know more about? (Tick Mark all those applicable)		
1	News on that is happening around them	
2	News on what is happening in the districts neighbouring them	
3	Finding missing people	
4	Security situation at home and near them	
5	Communication with people who are away from home	
6	How to register for and get aid	
7	How to get water and food	
8	How to get shelter/ accommodation	
9	How to get cooking fuel/firewood	
10	How to get information about nutrition, immunization, and other essential services	
11	How to get health care/ medical services	
12	How to stay safe to prevent attack/harassment	
13	How to replace personal documents lost (like ID, etc.)	
14	How to get access to education	
15	How and when to return home	
16	How to restart livelihood on return	
17	Other (Specify)	

Further Readings

- https://www.orfonline.org/expert-speak/following-the-odisha-example-for-developing-community-based-disaster-management-in-india/
- Memorandum: Extremely Severe Cyclonic Storm Fani, Special Relief Commissioner, Revenue & Disaster Management Department, Government of Odisha
- Downtoearth.org.in/blog/natural-disasters/rebuild-to-tame-cyclones-64345
- https://www.nytimes.com/2019/05/03/world/asia/cyclone-fani-india-evacuations.html
- Cyclone Fani: damage, Loss and Needs Assessment, OSDMA, MAY 2019
- Study Report on Gaja Cyclone, National Disaster Management Authority Ministry of Home Affairs Government of India
- Play UNDRR stop disaster game online to develop your disaster management skills. *https://www.stopdisastersgame.org/stop_disasters/*



SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION

EARTHQUAKES

DISASTER RISK REDUCTION TRAINING

Session 1 Case Studies from States

Learning outcome

- Participants will be exposed to case studies on communication from states and discuss communication has been used in these states for earthquake disaster risk reduction

Methodology

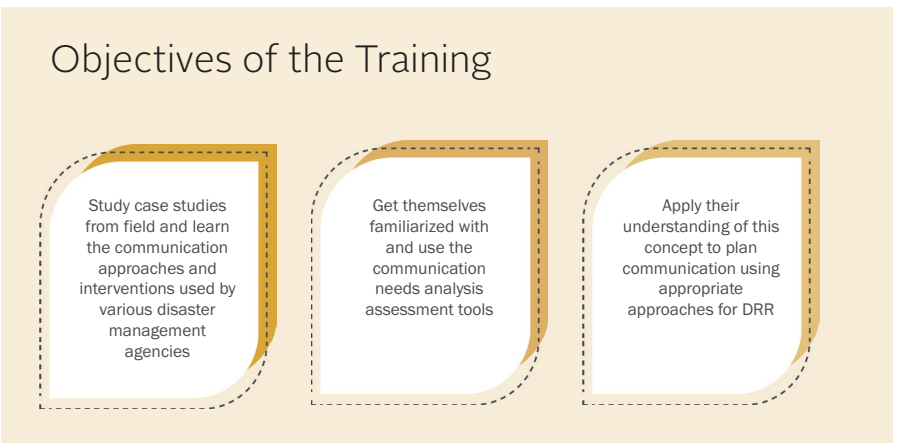
Presentation and discussion

Duration

15 minutes

Process

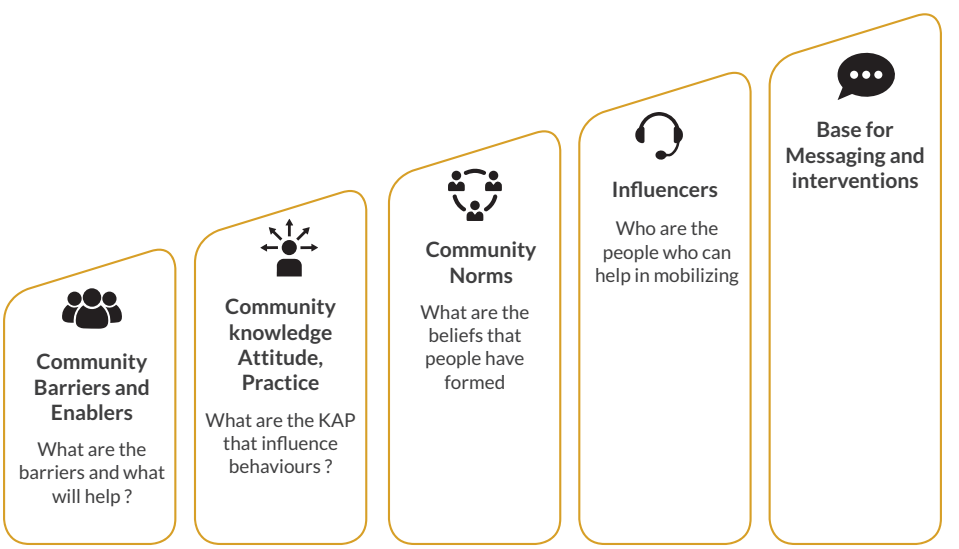
1. Greet participants and welcome them to the session. Share the slide on module objectives and say that in this training we are going to:



2. An overview of SBCC/RCCE has already been presented in the 60-minute module. In this section of 30-minutes, we are going to now learn how we can apply the principles of SBCC/RCCE to manage earthquake situations in states. We already know that disasters often follow natural hazards and that the severity of the disaster depends on the impact a hazard has on the society and the environment. The scale of the impact depends on the choices we make for ourselves and our environment. It depends on how and where we build our homes, how we grow our food etc.
3. We will discuss recent examples from states as well as other countries. Experience has shown that communication channels help in preparing for an emergency and then help during an emergency and recover from it. Take a quick survey from participants asking them why they think communication is necessary and consolidate the answers by showing the slide.



4. Since we have seen that communicating during disasters or preparing for disasters is critical, all communication has to be planned strategically. It is important to provide relevant information to people at the right time. Providing information, creating awareness and motivating people to adapt safe behaviours to prepare for emergencies and in times of emergencies, requires a 360-degree communication campaign. This will require that Disaster Awareness coordinators find empathy with the community at large. Knowing the community therefore becomes the starting step. Being attuned with the attitudes and behaviours of the community (Social norms in the community) are the guiding principles for developing communication packages that will be easily accepted by the community. Communities are diverse and dynamic and communication strategies need to be addressed to this diversity, dynamic and fluid character of a community. An audience profiling of the community is therefore necessary step to ensure a campaign with channels and messages that are compatible with the needs of the community. Show slide on Audience profiling and then on Understanding the community and discuss the above.



Understanding the Community

- Who lives in the community?
- What are their daily activities?
- What is the perception of risk from disaster (flood)?
- What do people think they need to know?
- What is their general source of information?
- What do they do when they have encountered an emergency?
- How have they received information specifically about an emergency?
- What is the emergency plan that thy are aware of?
- Whom do they trust the most when they have to get information?

5. State governments have a fair understanding of the diversity of population in terms of vulnerabilities, social and cultural constructs, literacy and the access of its people to technology. Participants should note how what we have said about engaging with the community is put into practice when SDMAs roll out the preparedness and response part of DRR Communication.

SDMA: Strengthened knowledge & awareness

- Communication planning based on their understanding of the diversity of population.
  - ✓ *vulnerabilities,*
  - ✓ *social and cultural constructs,*
  - ✓ *literacy and*
  - ✓ *the access of people to technology.*
- Used innovative approaches and tools keeping in mind the geographical conditions of the state, availability of and access to technology and the demographics.
- A range of media - traditional, online and alternate - and diverse tools across these media ensured widespread reach.

6. A range of media - traditional, online and alternate - and diverse tools across these media ensured widespread reach and strengthened knowledge and awareness across communities in all three states. We are now going to be looking at specific strategies that authorities in India and abroad have used for responding to and preparing for earthquakes.

7. First case study that we discuss here is related to preparedness phase. In May 2008, the most devastating natural disaster in China in decades struck the country's southwestern Sichuan Province. The earthquake affected the lives of millions of people, as 88,000 people were killed, 400,000 were injured and 5 million were left homeless. [Reference: Sichuan Earthquake, 2 Year Report, May 2010, UNICEF]

Preparedness Communication – Sichuan, China

- Sangzao Middle School, China – 12th May 2008, all 2323 children and teachers present in the school survived the earthquake. Compare it with 10,000 children who were crushed in other school buildings
  - ✓ While building retrofitting done way back in 1990s ensured that it did not collapse, the more important part has been regular communication
  - ✓ The school had students and teachers prepare for a disaster – they rehearsed an emergency evacuation plan twice a year
  - ✓ Because of that, students and teachers say, everyone managed to flee in less than two minutes on May 12.

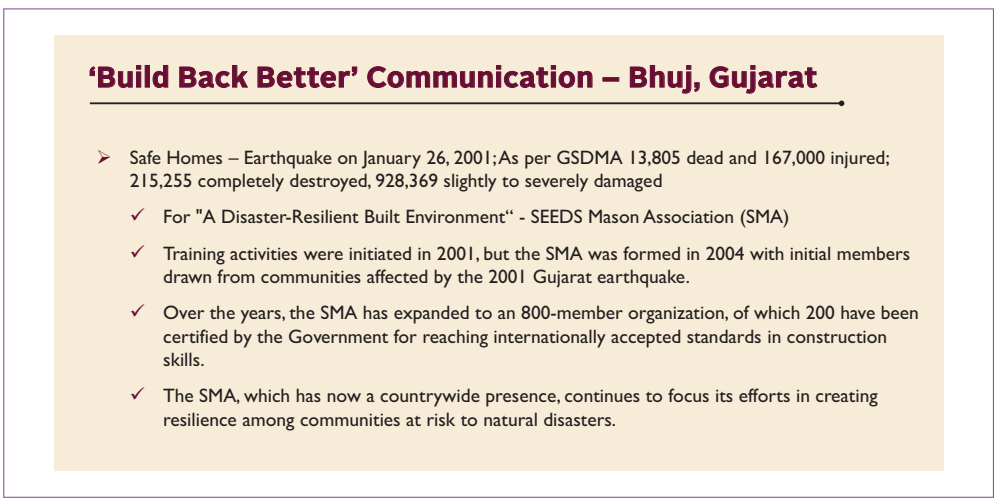
8. In Sangzao Middle School all 2323 children were saved. Show the next four slides (Slides No 9-12) and discuss. The discussions points are given below.

Salient Points from Sangzao Middle School Case Study (Slide No 9)

a. Community ownership of earthquake predictions: Government decided to involve the "masses" in disaster prediction with an awareness that being “their” programme any failures or false alarms will be the responsibility of the people themselves.

b. School (students and teachers) were well prepared. They conducted a safety drill twice a year.

c. Their well-rehearsed evacuation enabled all 2323 students and teachers to leave the building in less than 2 minutes on May 12, 2008



9. As a part of ‘Build Back Better’ a converging approach was adopted to include all sectors. Show Slide No 10 – Training of doctors and frontline workers enabled the health teams to resume comprehensive health services. Better record-keeping improved the health systems for focused immunization campaigns.

10. Show Slide No 11 – Communication and participatory methods have been used to provide safe drinking water. Also, teachers in the earthquake zones were given training to provide psycho-social support to children.

11. Show Slide No 12 – Effective and trustworthy communication made it possible for children to return to their schools in less than four months’ time. Also, online training and national guideline for safe schools were provided.

12. Show Slide 13. After Bhuj earthquake in Gujarat in 2001, a mason association was formed to training masons on disaster-resilient built environment. This initiative now has a country-wide presence supporting safer housing for communities.

13. In Manipur the state disaster response force (SDRF) and the civil defence along with the Inter-Agency Group (IAG) – a network of national and international NGOs / CSOs working on the humanitarian assistance in the state conducted a joint assessment of community needs immediately after January 2016 earthquake. This post disaster need assessment used a convergence approached to examine sectors like livelihoods, health, education, etc. which were impacted by the earthquake.

Audience Analysis - Manipur

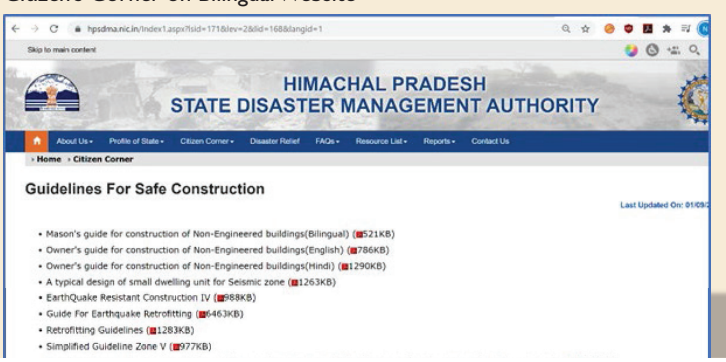
- Inter Agency Group is a network of international and national NGOs / CBOs working in Manipur.
- IAG jointly worked with the civil defence and state disaster response force to conduct a rapid needs assessment in affected districts.
- The report covered the post-disaster community needs in
  - ✓ Food Security and Livelihoods
  - ✓ Water Sanitation and Hygiene (WASH)
  - ✓ Health
  - ✓ Shelter
  - ✓ Protection
  - ✓ Education



14. Another good examples of communication for preparedness comes from Himachal Pradesh. Himachal Pradesh State Disaster Management Authority has created a 'Citizen Corner' on their bilingual website. It gives information on 'safety tips', 'IEC materials', and 'Guidelines for safe construction'. The section on guidelines for safe construction contains mason's guide, owner's guide, and also a typical design in both Hindi and English to enable the community to construct safe houses. Show slide and discuss.

Media & Approaches – Himachal Pradesh

- Citizen's Corner on Bilingual Website



15. NIDM has developed several IEC materials like Snake and Ladder game for children and awareness films like 'Tayyari Mein Hai Samajhdari', etc. https://www.youtube.com/watch?v=b3IIkLXTTpQ which are good examples of engaging different levels of audiences. NIDM has a Youtube channel for films https://www.youtube.com/channel/UCtQADwZr_aDFinI6-GQGRnw.

IEC Materials- NIDM

- Snake & ladders for children
- Videos
- NIDM Video Channel on YouTube https://www.youtube.com/channel/UCtQADwZr_aDFinI6-GQGRnw



16. Extending school safety drills to reach out to and engage communities has been tried successfully in Iran. In 2015, Iran expanded their existing school drill programme and implemented the Safe Schools – Resilient Communities program. This program uses schools to offer hazard risk education and preparedness tools to community members. It transfers student's knowledge to their parents and other stakeholders in the community. Show the slide and discuss.

Safe Schools Resilient Communities - Iran

- Each school designated as community DRR centre – it increased public awareness, community involvement and social cohesion.
- Representatives from International Institute of Earthquake Engineering and Seismology, Iran (IIEES) trained local facilitators to teach community members about
  - ✓ earthquake response,
  - ✓ sheltering and evacuation,
  - ✓ methods to address structural and non-structural risks in houses, and
  - ✓ in preparing risk maps of their neighbourhood.





[3] https://www.preventionweb.net/files/61513_csspolicycasestudyirannationwidesch.pdf
https://www.sciencedirect.com/science/article/pii/S2212420919305199

17. Communication is critical in the response phase. There are times when an earthquake destroys existing communication networks. Show Slide 18 and discuss how HAM radio was used after Latur earthquake in 1993. Show Slide 19 and discuss. Télécoms Sans Frontières (TSF) is an international NGO. TSF works to provide service only where local MNOs do not have a network, or where the network is temporarily unavailable. When commercial service becomes available in an area, TSF withdraws. In 2001 Bhuj earthquake TSF deployed satellite phones within 4 days of the 26th January's earthquake and could organise 19500 calls for humanitarian calling operations and also provide satellite equipment to support coordination.

HAM Radio - Latur

- Earthquake: September 30, 1993; Approx. 20,000 died, 30,000 injured
  - ✓ Amateur Radio operators from Mumbai and Hyderabad, who rushed to Omerga town near Latur from where all quake-hit areas could be accessed by road.
  - ✓ A group of eight Mumbai-based radio hams escorted the supplies convoy from Mumbai to Omerga – through Mumbai-based JNA Wireless Association
  - ✓ These ham radio operators split into four groups and visited scores of ravaged villages, relaying vital information such as possible outbreak of disease, food supply situation and devastation of the area.
  - ✓ During the 10-day field trip, these radio hams successfully assisted disaster mitigation efforts undertaken by the Indian government and private aid agencies.

Telecoms Sans Frontiers - Bhuj



- In 2001 Bhuj earthquake TSF deployed satellite phones within 4 days of the 26th January's earthquake and could organise 19500 calls
- https://www.tsfi.org/en/our-missions/disaster-response/bhuj-earthquake-province-of-gujarat-india

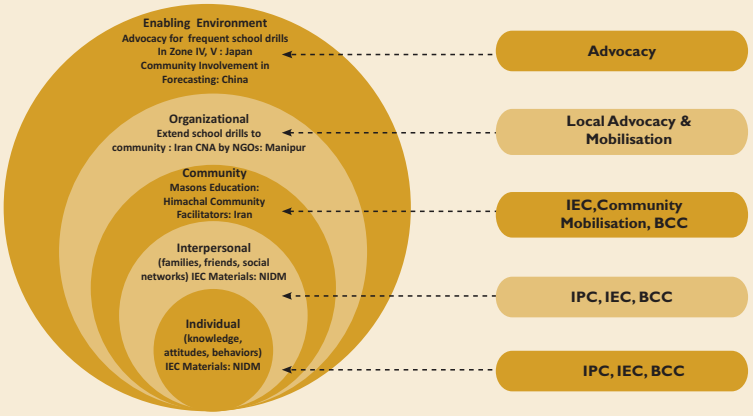
18. Japan has probably experienced most earthquakes in the recent past. Besides technological solutions like earthquake-resistant buildings, earthquake-ready trains and bullet trains, the country's focus also remains on information and awareness. Some of the unique features of earthquake awareness programme include these. Show the slide and discuss.

Earthquake Preparedness Communication - Japan

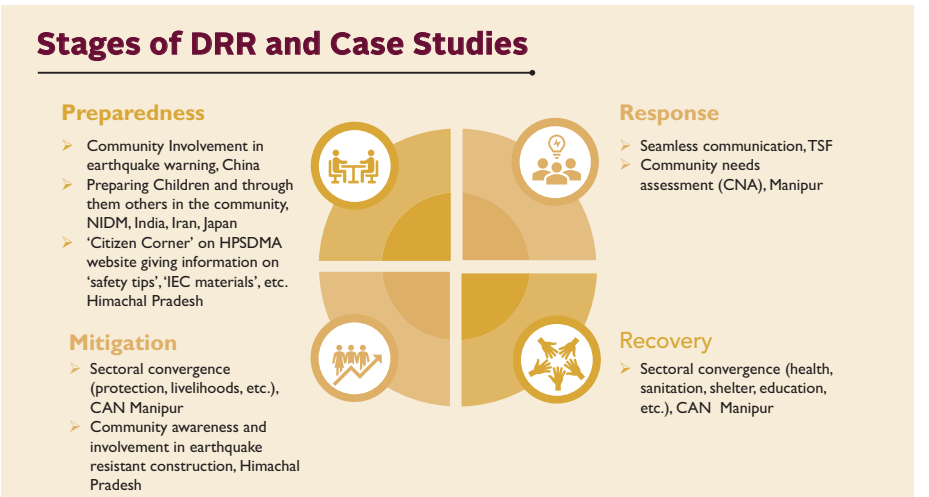
- Schools run regular earthquake drills, some as often as once a month.
- From a young age, schoolchildren are educated on the best way to seek protection and stay safe from earthquakes.
- Another way Japan helps protect its population against future natural disasters is by learning from past events. Example: Kobe City Earthquake Memorial Museum.
- The museum also runs as an education centre on disaster prevention and survival.
- https://theculturetrip.com/asia/japan/articles/8-ways-japan-prepares-for-earthquakes/

19. If we go back to the understanding that we had from our earlier session we know that an enabling environment at 5 levels of change is required for people to change their behaviours. To do this we have to address communication at all these levels. First check with the participants if they can recall the 5 levels in a Socio-ecological model. Now ask participants to recall the case studies and the interventions which have been made at all the levels? Consolidate by showing the slide with representative intervention. Similarly, in the next slide we shall see how interventions are also made to address all stages of the disaster.

SEM and Case Studies



20. Media and approaches used in India and elsewhere discussed earlier have been effective. Stages of disaster covered through these examples are: (Show slide and discuss).



Self-Assessment:

21. Show the slide and discuss answers to the poll questions.

Statements – Tick Yes, No, or Don't Know				
		Yes	No	Don't Know
1	'Safe schools – resilient communities' programme in Iran links schools with local communities to prepare them for earthquakes			
2	Community involvement in earthquake forecasting improves accuracy of warning systems			
3	Community involvement in earthquake forecasting improve community participation and compliance			
4	Children can learn a lot about earthquakes from games like snake and leaders and then can carry the messages to their families			

For reference correct answers are:

1) Q1 – Yes. It improves community engagement.
2) Q2 – No. Traditional forecasting methods may not have a scientific basis.
3 Q3 – Yes. Community involvement improves ownership and action.
4) Q4 – Yes. As seen in examples from NIDM and Iran.

Session Take-Away:

22. Summarize the session using the slide. Explain the four points given on the slide.
23. Ask, “what are your questions” and respond to the questions.
24. Thank the participants and say that in the net session we are going to be looking at the CNIC which is assessing community needs vis-a-vis disasters.

Media & Approaches - Choices

- The choice of channel depends on the approach that is being used and the desired program outcome.
  - ✓ *For example, Nukkad nataks, folk media, Group meetings are necessary media to be used for social mobilization.*
- Choosing more than one communication channel helps reinforce the information.
- Beyond using mass and small media, interpersonal and participatory community-based media are indispensable to lead communication efforts aimed at improving or changing behaviours and in sustaining such behaviours.
- Social media can be used to reinforce overall messaging.

Session 2 Communication Needs Identification by Community

Learning outcome

- Participants will be exposed to the advantages of community based disaster risk reduction (CBDRR);
- Participants will get exposed to and be able to use simple tools to facilitate and plan for CBDRR for floods.

Methodology

Presentation and discussion

Duration

15 minutes

Process

1. Welcome participants to session 2 and share the session objectives slide.

Session: Case Studies from States

Learning Outcomes

Participants will be exposed to case studies on floods from states and other countries and discuss communication has been used in these states

2. Show next slide (Slides 35 and 36) and explain. Community's own perceptions of vulnerability drive their behaviours. If communities perceive that earthquake could bring damages they will prepare for it. Two research studies done in Ladakh, India and Bharatpur, Nepal highlight the low risk perception on earthquakes. The 2017 study Indigenous mountain people's risk perception to environmental hazards in border conflict areas done by Bayes Ahmed et al.,

(https://www.sciencedirect.com/science/article/pii/S2212420919300093#t0010) shows that the stakeholders rank the hazards 'Cloudburst/Flash floods', 'The Shyok river flooding', 'Rock-falls', and 'Land slides' higher than earthquakes. Even the hazard of 'Pests destroying agricultural production (apricots)' was rated at the same level as 'earthquakes'. Similarly, the study A continuum of perceived urban risk – from the Gorkha earthquake to economic insecurity by Hanna A Ruszczyk, (https://journals.sagepub.com/doi/full/10.1177/0956247817744927) carried out in an iterative manner between November 2014 – October 2015, shows that all respondents mentioned the risk of 'infrequent fires', 'infrequent floods' and 'infrequent earthquakes'. Inspite of having faced the Gorkha earthquake (25th April 2015, 7.8 magnitude followed by 12th May aftershock of 7.3 magnitude)

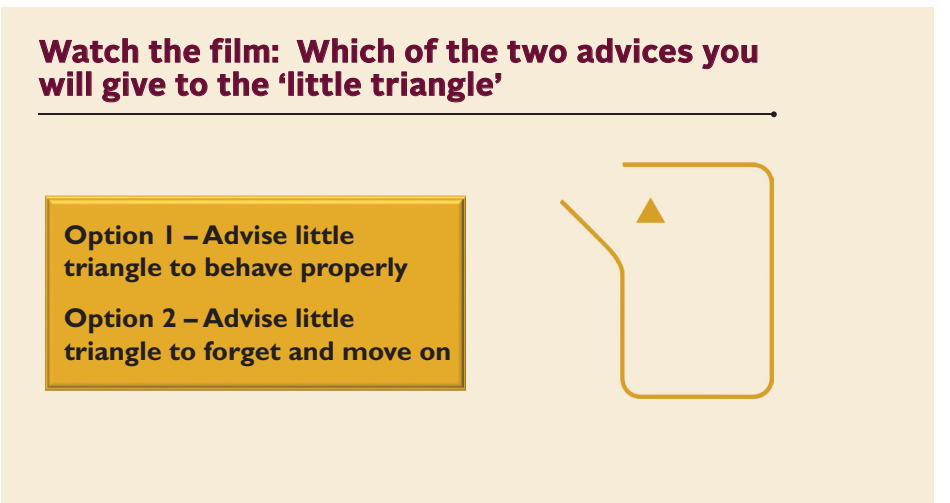
Why Community Perceptions Matter

- Engaging community and enabling creation of volunteers in a reflective exercise so as to fundamentally bring attitudinal shift for proactive and resilient action.
  - ✓ *Process of Community Based Disaster Risk Reduction (CBDRR)s 2019 – National Disaster Management Guidelines, NDMA* https://ndma.gov.in/images/pdf/draftcbdrr41119.pdf

Why Community Perceptions Matter

- 2017 study done in Laddakh showed that:
- The hazards 'Cloudburst/Flash floods', 'The Shyok river flooding', 'Rock-falls', and 'Land slides' are rated higher than earthquakes.
- Even the hazard of 'Pests destroying agricultural production (apricots)' was rated at the same level as 'earthquakes'
- Study conducted in Nepal between 2014-15 after the Gorkha earthquake showed that:
- 'infrequent fires', 'infrequent floods' and 'infrequent earthquakes' were the risks perceived – fires and floods came before earthquake
- in the wards which were the worse hit the respondents were more worried about attacks from tigers and rhinoceroses from Chitwan forest, or about electrical fires and flooding from the adjoining Narayani River

3. That's why the government guideline has made community engagement a necessary part of the Community Based Disaster Risk Reduction process. [Reference: Process of Community Based Disaster Risk Reduction (CBDRR)s 2019 – National Disaster Management Guidelines, NDMA https://ndma.gov.in/images/pdf/draftcbdrr41119.pdf]
4. We will do a small exercise together. In a short animation film we will see three characters: a big triangle, a little triangle and a circle. After watching the film, you will select between any of the two advices mentioned as Option 1 and Option 2 on the slide. Now show the slide.



5. Please count how many participants have opted 1 and how many have opted 2. Repeat the numbers and say, "So many of you have selected Option 1 and so many of you have selected Option 2, thank you." It is not relevant which is correct: option 1 or option 2. It is important to understand that same set of people may form different opinions about the same thing. Show the next two slides and explain them one by one. So, perceptions influence our decisions. Similarly, perceptions of vulnerability influence actions related to DRR.

Advice to the 'little triangle'

- Your perception of little triangle influenced your decision.
- In your perception – little triangle is either a **culprit** OR a **victim**

Option 1 – Advise little triangle to behave properly

Option 2 – Advise little triangle to forget and move on

Why Community Perceptions Matter

- In a similar way, community perception of their vulnerability influences community actions on disaster preparedness and response.
- That's why CBDRR policy recommends 'community engagement'.

6. This is the reason behind keeping community engagement at the core of CBDRR. Community's perception of vulnerability can facilitate bridging of gap between awareness and behavior at the community level.

7. Show the next slide and explain. Community Needs Identification by Community attempts to engage communities and empowers them to take charge of their own future. It is a simple process which brings community stakeholders and influencers together. The process is facilitated by a DRR worker – this person could be anyone nominated by the Aapda Adhikari for community engagement.

Community Needs Identification by Communities (CNIC)

- Will help changing community perceptions of their vulnerability.
- Involves stakeholders and influencers from the community.
- Facilitated by a DRR worker

8. Process of doing a CNIC is explained to the group using the following slide.

CNIC - Steps

- Identify community participants. Form a group of 20-25 members.
- Organize the group assembly.
  - ✓ *Divide the group of 20-25 into four teams.*
  - ✓ *Give one sheet of ground truth exploration tool (Annexure I) to each team.*
  - ✓ *The team discusses each question within themselves and marks their response in the form.*
  - ✓ *Each team presents their overall result (Very dangerous, dangerous, threatening) to the larger group.*
  - ✓ *If all the four teams have found their area as very dangerous, they discuss the next step of communication needs identification.*
  - ✓ *If there are differences between teams they discuss it to arrive at uniformity of decision and them proceed towards the next step.*
- The larger group sits together and fills-up the communication needs assessment format. (Annexure II)

Indicative List of Members

- Women – 3 to 4
- Men – 3 to 4
- Youth – girls and boys - 2 each
- Local religious leaders – Preferably one from each religious group in the area
- Local PRI leaders – 1-2
- Village elders -2
- Health workers – 2
- Local school teachers – 2
- NGO/CSO representatives – 2
- Any other

9. Show next two slides and explain the steps of CNIC process. Slides are self-explanatory but may require discussions and clarifications. Share the formats and ask participants what kind of information they are collecting from the formats and how these will help in planning their RCCE/SBCC for DRR. (Forms for CNIC are attached as Annexures at the end of this chapter)
10. For face-to-face training divide participants into four teams. Give one sheet of ground truth exploration tool (Annexure I) to each team and request them to answer each question. Since participants are from different areas their experiences may differ. Motivate team members to discusses each question within themselves, arrive at a consensus, and mark their response in the form.
11. Each team presents their overall result (Very dangerous, dangerous, threatening) to the larger group.
12. If all the four teams have found their area as very dangerous, they discuss the next step of communication needs identification.
13. If there are differences between teams they discuss it to arrive at uniformity of decision and them proceed towards the next step.
14. Share copies of Annexure II with the participants and request them to fill-in for group work.
15. After, doing this exercise with the community influencers, the DRR manager will request them to share the risk / vulnerability score as well as relevant communication for DRR within their respective communities.
16. The information so collected will be used by the DRR managers to customize DRR communication. This has given you a broad overall understanding of how to plan for the assessment and then use it for planning. How plans are prepared is a more detailed and longer training and materials can be accessed from links given in the references section.

Self-Assessment:

Statements – Tick Yes, No, or Don't Know				
		Yes	No	Don't Know
1	Communities need to be told what to do. Therefore, emergency communication in the form of do / don't will always bear results.			
2	Since floods are a yearly feature in states like Assam and Bihar, it is not possible to change community's perceptions on vulnerability.			
3	CNIC tool can help in engaging communities with DRR work.			

Show the slide and discuss answers to the poll questions.

For reference correct answers are:

1) Q1 – No. Because awareness may not always bring action.
2) Q2 – No. Effective communication to engage and empower community may change perceptions of vulnerability.
3) Q3 – Yes. It is meant to do that in a participatory way.

Session Take-Away:

Summarize the session using the slide. Explain the four points given on the slide. Ask, “what are your questions” and respond to the questions.

Thank the participants.

CNIC - Steps

- Community Engagement is at the core of CBDRR.
- Participatory exercises like ‘community need identification by the community’ (CNIC) may facilitate and promote community engagement.
- Data collected through CNIC can improve DRR communication by contextualising it to the community needs.

Annexures

Form 1: Ground Truth Exploration

Ground Truth Exploration Tool: To be filled by the community groups					
	Disaster in you area	Floods	Earth Quake	Cyclone	Public Health Emergency
		1	2	3	4
	Real the disaster indicator, discuss and put a tick mark in any one of the four columns 1, 2, 3, 4				
1	When was the last disaster in your area OR near your area?	5 years ago	3 years ago	2 years ago	Within last one year
2	Frequency of such disasters in/near your area?	Rarely	Once in 5 years	Once in 2-3 years	Every year
3	Houses damaged last time	0-4 house	5-9-house	10-15 house	More than 16 houses
4	Agricultural land/crop damaged last time	Less than 30% land/crop	About 30% - 59% land/crop	About 60% land/crop	Nearly every one's land/crop
5	Minor injuries suffered by people	0-25	26-50	51-75	76 or more people
6	Major injuries suffered	0-4 persons	5-9 persons	10-16 persons	More than 16 persons
7	Deaths in last disaster				1 or more person died
8	Animals lost in last disaster	0-4 animals	5-9 animals	10-16 animals	More than 16 animals
9	Children essential health (Immunization) and nitrition services (Anganwadi centre) missed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
10	10 Children education missed / schools closed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
11	Access to health services missed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
12	Supply of clean drinking water and solid waste management missed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
13	Ration/PDS missed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
14	Source of livelihood affected	Less than 1 week	Less than 2 week	Less than 3 weeks	More than 3 weeks
15	Cases of diarrhea, meals, typhoid, malaria, cholera, viral hepatitis, fever, etc. reported	0-4 persons	5-9 persons	10-16 persons	More than 16 persons
	Count the Tick Marks in each column and write the number				
	Multiply the number written above by the column number given on the top	x1	x2	x3	x4
	Total Marks (total of all four columns)				
	Your area is vulnerable to damages due to disasters if:				
	There is a Tick Mark against Death				Very Dangerous
	No Tick against death but total marks are 30 or more				Very Dangerous
	No Tick against but total marks are between 15-30				Dangerous
	No Tick against death and total marks are less than 15				Threatening

Form 2

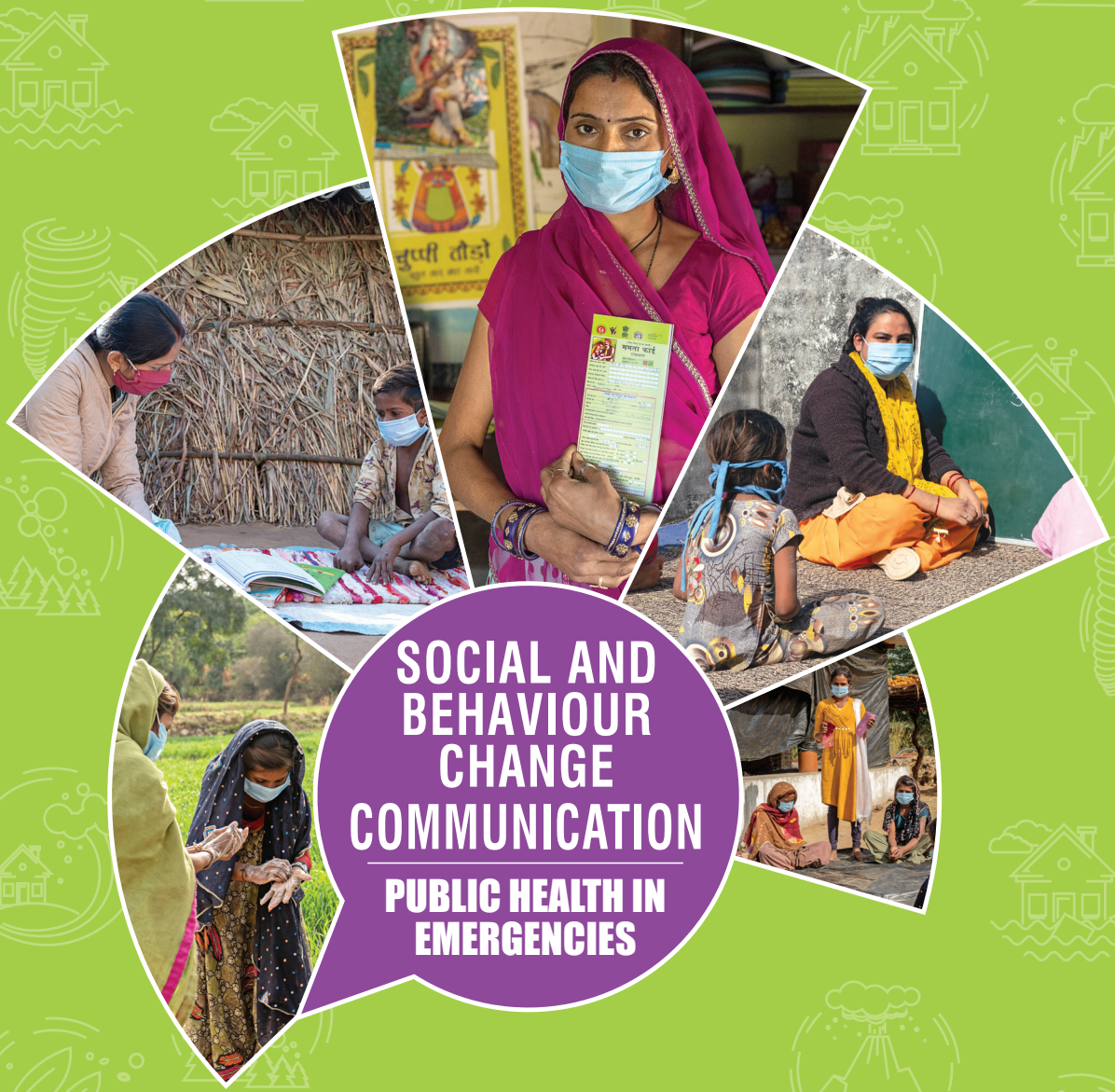
Communication Needs Assessment by Community Group				
What are the main channels of communication available to you now? Mark top three in order of importance to you - by writing numbers 1 (minimum), 2, and 3 (maximum) against any three channels of your choice for their access, clarity and their reliability & trust				
	Channels	Most Accesible	Understandable	Most Trustworthy
1	Television (Name channel)			
2	Radio (Name radio station)			
3	Music channel			
4	Newspapers (Name)			
5	Magazine (Name)			
6	Hoarding			
7	Posters			
8	Leaflets			
9	Wall paintings			
10	Public announcements			
11	Community radio			
12	Street play			
13	Film/Theatre hall			
14	Social media			
15	Internet			
16	Mobile phone call			
17	Mobile phone SMS			
18	Word of mouth - community leader			
19	Word of mouth - religious leader			
20	Word of mouth - friends and family			
21	Word of mouth - health worker			
22	Word of mouth - government representative			
23	Other (Specify)			

Form 3

What would the community like to know more about? (Tick Mark all those applicable)		
1	News on that is happening around them	
2	News on what is happening in the districts neighbouring them	
3	Finding missing people	
4	Security situation at home and near them	
5	Communication with people who are away from home	
6	How to register for and get aid	
7	How to get water and food	
8	How to get shelter/ accommodation	
9	How to get cooking fuel/firewood	
10	How to get information about nutrition, immunization, and other essential services	
11	How to get health care/ medical services	
12	How to stay safe to prevent attack/harassment	
13	How to replace personal documents lost (like ID, etc.)	
14	How to get access to education	
15	How and when to return home	
16	How to restart livelihood on return	
17	Other (Specify)	

Further Readings

1. Joint Needs Assessment report, Manipur https://reliefweb.int/report/india/joint-rapid-needs-assessment-report-manipur-earthquake-2016
2. China Case Study on community involvement in earthquake forecasting https://www.researchgate.net/publication/259575840_How_Many_Lives_Were_Saved_by_the_Evacuation_Before_the_M73_Haicheng_Earthquake_of_1975
3. Adams R D, The Haicheng, China, Earthquake of 4 February, 1975; The first successfully predicted major earthquake, Bulletin of The New Zealand National Society for Earthquake Engineering, Vol.9, No.1, MARCH 1976
4. Himachal Pradesh State Disaster Management Authority, Citizen's Corner https://hpsdma.nic.in/index1.aspx?lsid=171&lev=2&lid=168&langid=1
5. Sample IEC materials developed by NIDM
   a. IEC Materials: https://nidm.gov.in/PDF/IEC/ludo-new.pdf
   b. Youtube Channel: https://www.youtube.com/channel/UCtQADwZr_aDFinI6-GQGRnw
6. Iran – Safe schools-resilient communities case study
   a. https://www.preventionweb.net/files/61513_csspolicycasestudyirannationwidesch.pdf
   b. https://www.sciencedirect.com/science/article/pii/S2212420919305199
7. Telecom Sans Frontier – Bhuj Story https://www.tsfi.org/en/our-missions/disaster-response/bhuj-earthquake-province-of-gujarat-india
8. Japan School Drills Example: https://theculturetrip.com/asia/japan/articles/8-ways-japan-prepares-for-earthquakes/
9. Japan – Kobe City Earthquake Museum - https://www.dri.ne.jp/en
10. Play UNDRR stop disaster game online to develop your disaster management skills. https://www.stopdisastersgame.org/stop_disasters/



SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION

PUBLIC HEALTH IN EMERGENCIES

DISASTER RISK REDUCTION TRAINING

Session 1 Case Studies from States

Learning outcome

- Participants will be exposed to case studies on communication from states and discuss communication has been used in these states for PHIE disaster risk reduction

Methodology

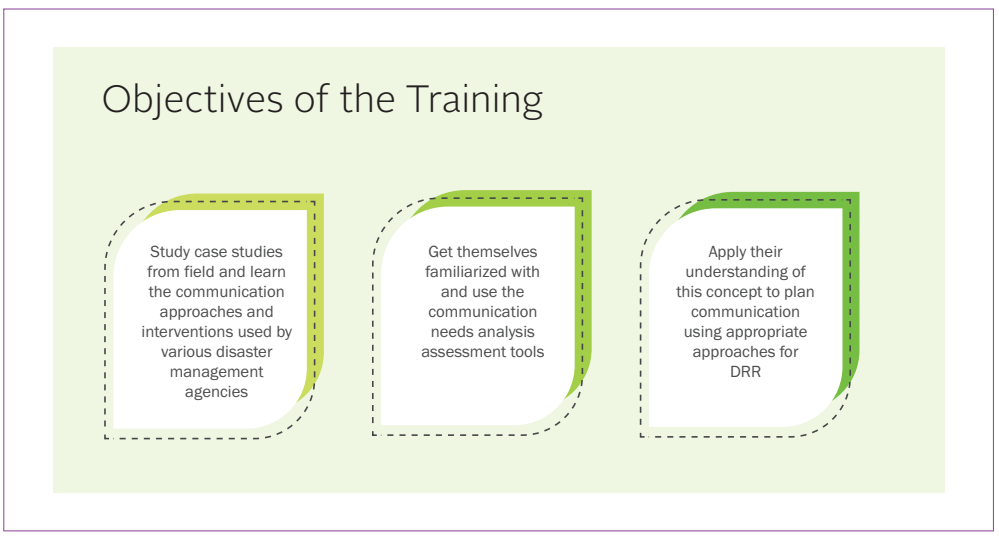
Presentation and discussion

Duration

15 minutes

Process

1. Greet participants and welcome them to the session. Share the slide on module objectives and say that in this training we are going to:

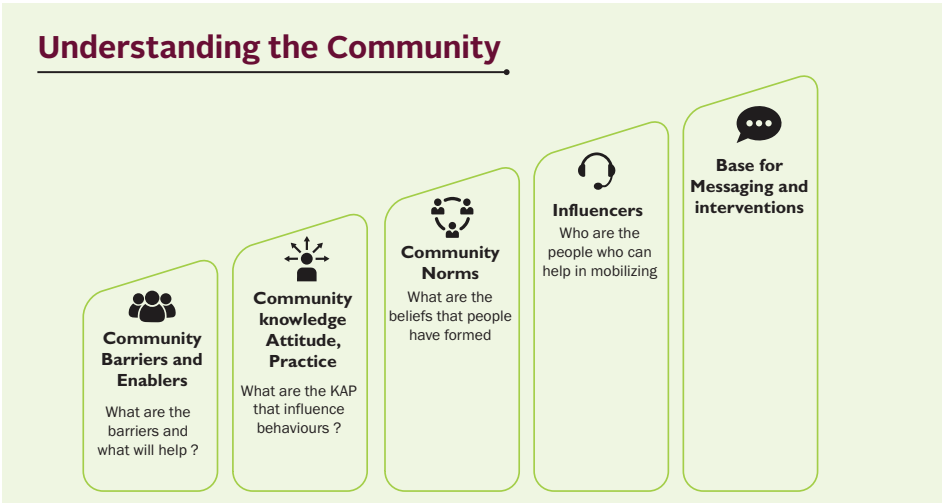


2. An overview of SBCC/RCCE has already been presented in the 60-minute module. In this section of 30-minutes, we are going to now learn how we can apply the principles of SBCC/RCCE to manage a public health emergency in states. We already know that disasters often follow natural hazards and that the severity of the disaster depends on the impact a hazard has on the society and the environment. The scale of the impact depends on the choices we make for ourselves and the behavioiurs we are willing to follow. Public health emergencies demand an immediate change in behaviours and an adoption of a new lifestyle. Some of these may be less severe (like handwashing with soap) while others may involve a long term change of habits (like change of food pattern).

3. There are major communication issues beyond working with the media that must be addressed in preparation for Public Health Emergencies. At the community level, regional level or national level, the public will expect access to information from trusted sources. The Government is expected to provide this information with easy access during emergencies. Effective ways to provide access includes social media like WhatsApp and Facebook, the Internet, toll free helplines, TV, Print etc. As the public health crisis evolves beyond the first 24 to 48 hours, the demand increases for information outside traditional media channels, such as radio, TV, newspaper, and websites that provide news. Choosing the right communication channels to reach the identified audiences is crucial to the public's health and safety.
   The public information official must select the right delivery methods for a particular set of circumstances.
4. Communicating this change and getting people to adopt new behaviours becomes a challenge that DRR managers will have to face.
5. We will discuss the AES, Dengue and COVID-19. Experience has shown that communication channels help in preparing for an emergency and then help during an emergency and recover from it. Take a quick survey from participants asking them why they think communication is necessary and consolidate the answers by showing the slide.



6. In the initial phase of the COVID-19 Pandemic, there was a communication that people not infected or staying with those not infected did not need to wear a mask/face cover as the disease did not have aerosol transmission. The communication was admirable as the underlying message was that we need to save masks for those who need it the most and that is the health care worker. Later on, when the aerosol transmission came out to be the biggest transmission process, we lost valuable resources in correcting an earlier information that was given and getting everyone to wear a mask.



7. Since we have seen that communicating during disasters or preparing for disasters is critical, all communication has to be planned strategically. It is important to provide relevant information to people at the right time. Providing information, creating awareness and motivating people to adapt safe behaviours to prepare for emergencies and in times of emergencies, requires a 360-degree communication campaign. This will require that Disaster Awareness coordinators find empathy with the community at large. Knowing the community and the communication that they will understand, access and accept therefore becomes the starting step. Being attuned with the attitudes and behaviours of the community (Social norms in the community) are the guiding principles for developing communication packages that will be easily accepted by the community. Communities are diverse and dynamic and communication strategies need to be addressed to this diversity, dynamic and fluid character of a community. An audience profiling of the community is therefore necessary step to ensure a campaign with channels and messages that are compatible with the needs of the community. Show slide on Audience profiling and then on Understanding the community and discuss the above.

Understanding the Community

- Who lives in the community?
- What are their daily activities?
- What is the perception of risk from disaster (flood)?
- What do people think they need to know?
- What is their general source of information?
- What do they do when they have encountered an emergency?
- How have they received information specifically about an emergency?
- What is the emergency plan that thy are aware of?
- Whom do they trust the most when they have to get information?

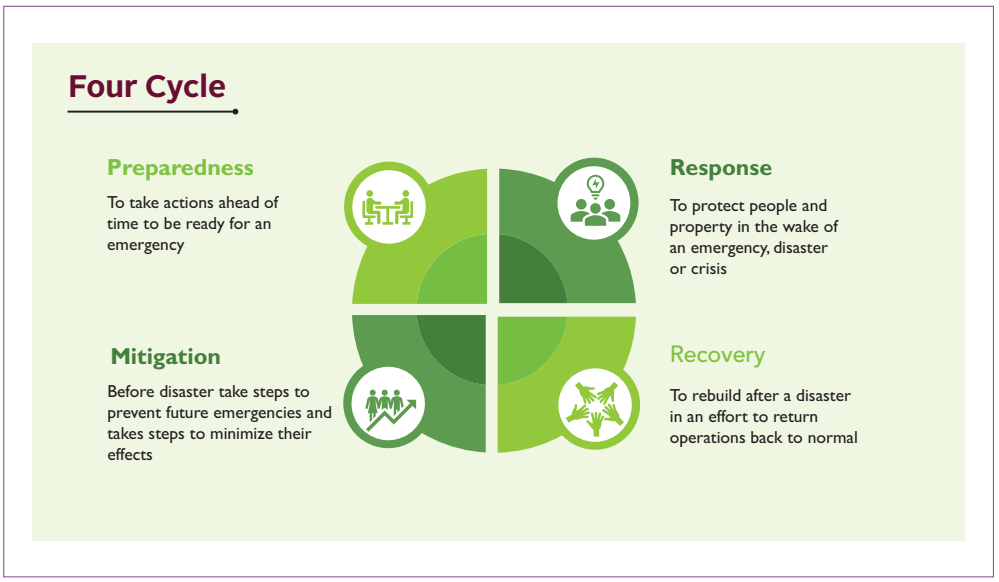
8. State governments have a fair understanding of the diversity of population in terms of vulnerabilities, social and cultural constructs, literacy and the access of its people to technology. Participants should note how what we have said about engaging with the community is put into practice when SDMAs roll out the preparedness and response part of DRR Communication.

SDMA: Strengthened knowledge & awareness

- Communication planning based on their understanding of the diversity of population.
  - ✓ *vulnerabilities,*
  - ✓ *social and cultural constructs,*
  - ✓ *literacy and*
  - ✓ *people's access to technology.*
- Used innovative approaches and tools keeping in mind the geographical conditions of the state, availability of and access to technology and the demographics.
- A range of media - traditional, online and alternate - and diverse tools across these media ensured widespread reach.

9. A range of media - traditional, online and alternate - and diverse tools across these media ensured widespread reach and strengthened knowledge and awareness across communities in all three states.
   We are now going to be looking at specific strategies that authorities in India and abroad have used for responding to and preparing for Public Health emergencies.

10. We will study COVID-19 to discuss all four stages of a disaster. We are all aware that there are four stages that we have spoken about. Two of the phases are before a disaster strikes and two are post disaster as we see in the slide here.



11. In any public health emergency, we have to decide the communication based on hazard and outrage. In the mid-eighties, Peter Sandman gave a formula for Risk Communication which said that Risk=Hazard +Outrage. People are worried about the technical side of the risk which is symptoms, treatment, prevention etc. This is “Hazard”. They are also worried about the non-technical side like stigma and discrimination, financial loss, death , fear , depression etc. This is “Outrage”. Both have to be managed, but outrage is always what makes communication go from necessary to mandatory. If Hazard is high but Outrage is low, communication can still be lowkey, however the reverse is not true. The next slide shows you the Crisis Communication Model for COVID-19 pandemic. It is the risk communication model that follows the Reponse, Recover and Rebuild.

Selecting the Risk Communication Strategy

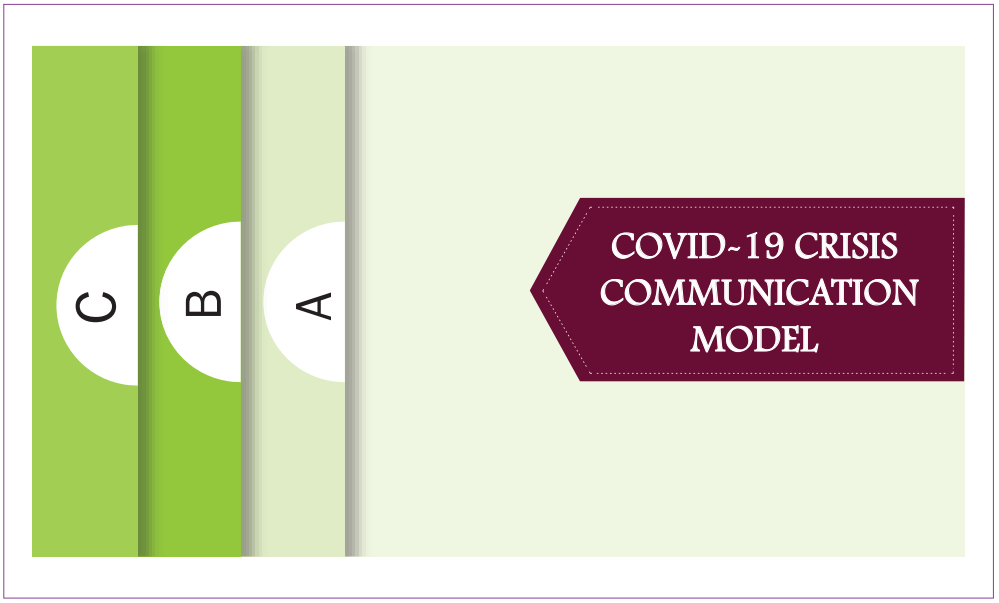
	LOW HAZARD	HIGH HAZARD
LOW OUTRAGE	HEALTH EDUCATION, STAKEHOLDER RELATIONSHIP CONSIDER PRE-EMPTIVE OR PROACTIVE RISK COMMUNICATION IF THE HAZARDS OR THE EMOTIONAL RESPONSE IS LIKELY TO INCREASE	PRECAUTION ADVOCACY DELIVER INTERESTING POINT MESSAGES TO INCLINE PEOPLE TOWARDS TAKING PRECAUTIONS AND WATCH OUT MESSAGES TO PREVENT SECONDARY CRISIS
HIGH OUTRAGE	OUTRAGE MANAGEMENT LISTEN TO THE PEOPLE , ACKNOWLEDGE THE TRUTH AND PROVIDE ACTUAL FACTS TO CALM THEM DOWN	CRISIS COMMUNICATION EXPLAIN WHAT IS HAPPENING AND GIVE THEM ASSURANCE TO OVERCOME THIS PHASSE. IN A CRISIS THERE IS NO PUBLIC , EVERYONE IS A STAKEHOLDER

12. Risk Communication is planned for the four stages of a disaster. In the case of communication for COVID-19 we can see the planned and accomplished Communication. This is an example of how COVID-19 communication was carried out in Chennai, Tamil Nadu. The matrix shows a recommended versus applied risk communication. Again, we would like to enforce the formula of addressing people's concerns (Outrages). Involving communities in the communication, addressing their needs, monitoring their communication, changing the strategy as required, managing rumors and misinformation, behaviour change communication are all various niches of a communication strategy that requires to be followed during a public health emergency.

Risk communication: Recommended v/s Applied

	PLANNING	MITIGATION	RESPONSE	RECOVERY
STRATEGIES FOLLOWED	INTERNAL COMMUNICATION/ STAKEHOLDER RELATION	INTERNAL COMMUNICATION, INFORMATION ON RISK SITUATION MEDIA COMMUNICTION	INTERNAL COMMUNICATION, ROUTINE RELEASE OF PUBLIC INFORMATION, MEDIA COMMUNICATION , SOCIAL MOBILISATION AND COMMUNITY ENGAGEMENT, HEALTH PROMOTION, EDUCATION AND BEHAVIOUR CHANGE COMMUNICATION	
STRATEGIES RECOMMENDED	FORMING RISK COMMUNICATION TEAM, AWARNESS AND HEALTH EDUCATION VIA VARIOUS MEDIA	ROUTINE RELEASE OF PUBLIC INFORMATION, MANAGING RUMORS AND MISINFORMATION , ADDRESSING PUBLIC CONCERNS, SOCIAL MOBILISATION AND COMMUNITY ENGAGEMENT, BEHAVIOURAL CHANGE COMMUNICATION	REVIEW AND ANALYSE AS THE SITUATION EVOLVES AND CHANGE OF STRATEGY IF NEEDED, DIFFERENT POPULATIONS NEED DIFFERENT STRATEGIES, MONITORING AND FEEDBACK	CONDUCT A REVIEW ON EFFECTIVENESS OF RISK COMMUNCATION FOR IMPROVING FUTURE OUTCOMES

13. The next slide shows you the Crisis Communication Model for COVID-19 pandemic. It is the risk communication model that follows the Reponse, Recover and Rebuild.



14. Based on the above, let us now look at three case studies for COVID-19 and see how Risk Communication plays an important part.

Case Study 1[1]

I. Managing Lockdown: Accessing Health Services COVID-19 War Room

Context

Pimpri-Chinchwad is a key industrial hub in the state of Maharashtra. The city has a large floating population of daily workers and migrants. The city was one of the first declared COVID-19 hotspots in Maharashtra.
ICCCs were converted into COVID War rooms and operations were managed through them.



The Initiative

PCMC officials were quick to respond and identify measures for its containment. PCMC team explored the possibility of leveraging the existing Smart City infrastructure and facilities to manage response to the pandemic. A key measure implemented was to convert the ICCC as COVID-19 War Room. Various technology solutions were designed and installed at the COVID-19 War Room to facilitate better monitoring and management of the COVID-19 pandemic.

Tracing Infected patients:

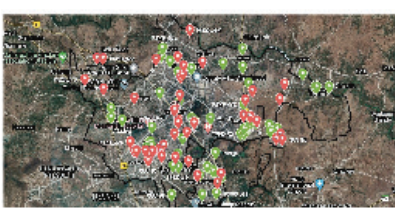
This was given the highest priority along wth contact tracing. A Healthcare and Patient Tracking Dashboard was developed by PCMC to provide real-time information on COVID-19 related cases, testing and healthcare arrangements. All hospitals were linked to the COVID-19 War Room dashboard, where hospitals update information in an online form on a daily basis.

Tracking:

PCMC is able to keep track of containment areas. The location-based information system is used to geotag people who have been home quarantined (purple color dots on map), identify last location of COVID-19 positive persons (red drop marks on map), cordoning off of area (black lines on map), lane closures, etc. as illustrated in the COVID-19 GIS Dashboard. The COVID-19 War Room gets real-time updates on COVID-19 positive cases including active (14 days) and passive (28 days) home quarantine cases.



COVID-19 Monitoring Dashboard



COVID-19 GIS Dashboard

Surveillance:

setup at the COVID-19 War Room and is being jointly monitored by a dedicated team of PCMC and Pimpri-Chinchwad city police through CCTV set up at strategic locations and feed is being used for video analytics, based on which the team is able to provide alerts in case of crowd gathering of more than three people. PCMC has put-in stringent systems, with checks in place that generate alerts and notifications when lockdown protocols are violated. The PCMC special task force constituting of city police, local health workers and city municipal authorities are alerted from the COVID-19 War Room to take appropriate steps.

[1] Reference: Deloitte_publication_on_india_smart_cities_covid_19_response_case_studies

Helpline:

PCMC has setup a dedicated helpline platform called SARATHI (System of Assisting Residents and Tourist through Helpline Information) wherein citizens can request assistance for any of the essential goods and services. All calls received through the helpline are followed through to closure . The COVID-19 War Room is being used to ensure that all questions and queries received through the helpline are responded by trained professionals. A dashboard of SARATHI has been set up at ICCC, which provides analytics on: Major request/ complaints from citizens, Request/ Complaint redress status, Zone-wise request/ complaints, etc.



SARATHI Helpline Dashboard

City Surveillance Dashboard

PCMC Smart Sarathi mobile application has an online self-assessment test for the citizens living in the PCMC area. The data from these tests are used by the city administration for analysis, developing action plans, monitoring of patients, quarantine movement check, identifying the location of suspected patients and mobilizing the concerned health workers of that area. Citizens can also use this application to register for volunteering their services towards relief measures. The data from the application is monitored from the ICCC. The app has been enhanced with a “Near Me” feature that lists down the details of free food distribution centres, Home Shelters, emergency dispensaries and Grocery stores in a particular neighborhood.

Stop and Discuss

- As a Communication Officer, what do you think are the areas where communication with the public was necessary in order to make this process smoother.
- Suggest your communication interventions to bring in community engagement
- What kind of IEC would you recommend to use in this case?
- Which are the audience that you think need to be addressed on a priority
- Which issues at which stage will you like to address for the audiences you have selected and why?

Case Study 2

II. Urban Poor: Managing Lockdown: Social Inclusion State



Photo Credits: Bhubaneswar Municipal Corporation

Context

Bhubaneswar, the capital city of Odisha, comes under Khordha District of Odisha,. Odisha was one of the first States in the country to proactively impose full lockdown starting on 23 March 2020, two days prior to the country level lockdown.

Geographically and topographically, Odisha is prone to tropical cyclones. Cyclone shelters have been set up across the state along its coastlines to safeguard from frequent occurrence of cyclones. This preparedness to natural disasters has given an advantage to Odisha in the fight against coronavirus as the cyclone shelters have been converted into temporary shelters for migrant workers and homeless. Further, the State has established 415 dedicated Quarantine Centres of which 22 have been set-up in Bhubaneswar Municipal Corporation (BMC) area.

During the ongoing nationwide lockdown, BMC has taken several steps to contain the spread of COVID-19, through measures like improving sanitation (disinfectant spraying, fogging, cleaning), ensuring social distancing through technology enabled home delivery of essential items, and rapid action (sealing containment zone, setting-up quarantine facilities). Most importantly, BMC has been at the forefront of providing relief measures to the poor and needy by supporting them with food and livelihood opportunities.

Initiatives



Vehicle used for distribution of food



Grocery item distributed at locality

The urban poor of Bhubaneswar earn their livelihood by working as daily wage earners in sectors such as construction, street vending, domestic help, etc. They were hit the hardest by the lockdown as their ability to go for work was suddenly restricted. BMC initiated

a. Distributing cooked meals to migrant workers, daily wage labourers, destitute & homeless people in the first week of the lockdown.

b. Standard Operating Procedure (SOP) notified by Commissioner of BMC on 26th March 2020 that encouraged voluntary organisations and individuals to donate grocery items to the needy and distressed people.

c. Zonal Deputy Commissioners were mandated as responsible authorities for distribution of food with active participation of Block Level Officers, Anganwadi and ASHA workers in distribution.

d. Dry ration/ grocery items were taken from local non-government organisations and several city-based philanthropists.

e. A helpline number was set up on which people seeking ration and food items could place their requests and get help.

f. Six small goods carrier vehicles have been hired by BMC for distribution in the 3 zones in Bhubaneswar.

g. Initially cooked food was distributed at the Aahaar centers but it was soon realized that it led to overcrowding and thus compromising social distancing norms

h. Subsequently it was decided to provide dry ration and grocery items in food packets at localities where the food was required.

i. Providing financial assistance to construction workers (money transfer to bank accounts)

BMC further identified urban infrastructure works that support monsoon preparedness as part of the Urban Wage Employment Initiative of Housing & Urban Development Department. The initiative aimed to provide temporary employment to informal sector workers by executing labor-intensive urban development work for six months from May to September 2020.

Strengthening Community Participation

BMC started the Community Participation Programme across all the wards of the city involving Senior Citizens, Resident Welfare Association (RWA), Area Level Federations (ALFs), Self Help Groups (SHG).

BMC Commissioner, along with Commissioner of Police, DCP, Zonal Deputy Commissioners -BMC, reached out to the citizens in building confidence among them and involving them in the work for COVID-19.

Through the program, important and factual information on the Pandemic was given out to the community. Adopting COVID Appropriate behaviours was also an aim.



Meeting with RWAs, SHGs, ALFs, NGOs, etc.

At the Zonal level Ward Level Committees were formed comprising of 25 members . Five members will be mentors who should be older adults and the rest will form the Executive Committee and should be within the age of 25-40 years. All members will be designated as **COVID-19 Sachetak**. A COVID-19 Sachetak will work as the eye and ear of BMC in monitoring whether people are adhering to Government guidelines like staying in quarantine, wearing masks, social distancing, and hand hygiene.

Stop and Discuss

a. As a Communication Officer:

   i) Suggest your communication interventions to bring in community engagement

   ii) What kind of IEC would you recommend to use in this case?

   iii) Which are the audience that you think need to be addressed on a priority

   iv) Which issues at which stage will you like to address for the audiences you have selected and why?

b. What are the challenges that you foresee in role out of the communication?

c. How will you like to address those challenges?

d. How will you monitor this communication?

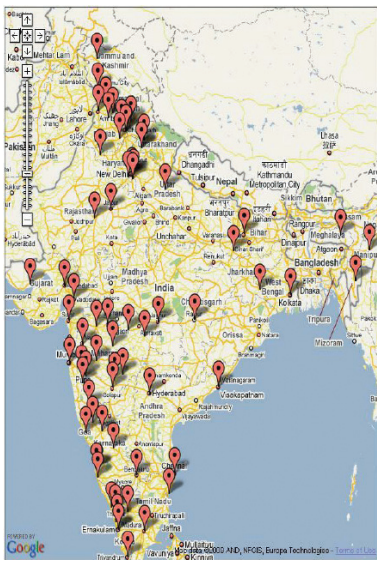
Case Study 3

II. Human Pandemic Influenza (H1N1), National

In April 2009, the first case of influenza A H1N1 was reported from Mexico[2]. Subsequently, the infection led to spread of disease across 74 countries with 30, 000 confirmed cases on June 11, 2009. This prompted WHO (the, World Health Organization) to raise the warning from phase 5 to phase 6[3]. A total of 214 countries were affected by the pandemic worldwide.

In India, the first case of influenza A H1N1 was reported on May 16, 2009 from Hyderabad[2]. Most of the cases reported subsequently were travel related cases among those travelling from affected countries. By the third week of July 2009, the spread of H1N1 among community was from Pune and affected both rural and urban areas of Maharashtra and subsequently to 30 other states/Union Territories. WHO declared the post pandemic phase on August 10, 2010[3].

Subsequent to the declaration of post pandemic phase, India witnessed major outbreaks of H1N1 during the period of August to October, 2010 and again May to July 2011 in states especially Maharashtra, Kerala, Karnataka and Punjab. Refer to map of the state-wise cases details:



Source: Research-gate article: ***SWINE FLU-REVIEW OF A GLOBALLY OUTBREAK TERROR****: Anindya Bagchi, Anusree Raha and Prosenjit Mukherjee-https://www.researchgate.net/figure/SWINE-FLU-AFFECTED-IN-INDIA-IN-THE-YEAR 2009_fig1 _285649142*

National and state governments were well prepared to respond to H1N1 with their earlier experience on Avian Influenza (H5N1). National Strategies such as Contingency Plan for Avian Influenza (2006), National Pandemic Plan (2005 revised in 2009 and 2011 and shared with the states), Measures Beyond Health by National Disaster Management Authority (NDMA), Crisis Management Plan and guidelines and Standard Operating Procedures covering all major components of Pandemic Planning were made available to state and Union Territory governments as well as partners. A planning checklist for State/District was also provided to all the States. The Inter-Ministerial Task Force (IMTF) and Joint Monitoring Group (JMG) regularly planned and reviewed the interventions.

Technical Teams constituted by DGHS also covered all the states to review pandemic preparedness and response. Entry screening points was established in 22 international airports, 6 international Check Points and 9 Sea Ports. Contact tracing of all those arrived from Pandemic Influenza affected countries and that of indigenous cases in the initial part of the outbreak. Central Rapid Response teams were deployed in several states. All relevant information is web hoisted in a dedicated web site **www.mohfw-h1n1.nic.in** and made available in public domain.

[2] Ministry of Health and Family Welfare, India. Information on Swine Flu. New Delhi: MOHFW; [accessed on November 18, 2011]. Available from: http:// www.mohfw.nic.in/swineflu.htm . [Google Scholar]
[3] World Health Organization. H1N1 in post pandemic period. [accessed on November 18, 2011]. Available from: http://www.who.int/mediacentre/news/statements/2010/h1n1_vpc_20100810/en/index.html.

1. Planning and Funding of Communication Mechanisms and Interventions

The Joint Monitoring Group (JMG) was the nodal focal point for all technical issues including risk communication for Pandemic Influenza. A sub-committee on IEC was formulated under the leadership of Ministry of Information and Broadcasting.

Given the need to address deep rooted myths and misconceptions, social and cultural practices for prevention and control, the communication was planned in a phased approach. Though planning for pandemic Influenza was initiated while responding to Avian Influenza in the country, MoHFW made every effort to systematize the campaign planning and management process as well as tried to streamline provision of resources for effective, well-coordinated activities at all levels. However, the scope and scale of the outbreak in 2009 was colossal and needed MoHFW to expand all services including surveillance, screening and Laboratory network, treatment facilities at levels. Yet MoHFW in partnership with other relevant departments ensured provisions of the funds for the services as well as for the communication interventions.

b. Timelines, Roles and Responsibilities defined for Communication Planning

Communication was designed according to the global guidance on Avian and Human Influenza phases shared by WHO. Preparations for communication Pandemic Influenza were initiated in 2008 itself. The sub-committee on IEC steered the development of the communication in collaboration with JMG.

UNICEF was the lead support on the development of evidence-informed risk communication strategy, materials, dissemination in close collaboration with Director EMR. WHO was guiding the messages technically, while other divisions of MoIB were promoting the campaign through their state networks. MoHFW released prevention communication with the support of IEC sub-committee and UNICEF and partners immediately at the start of the outbreak.

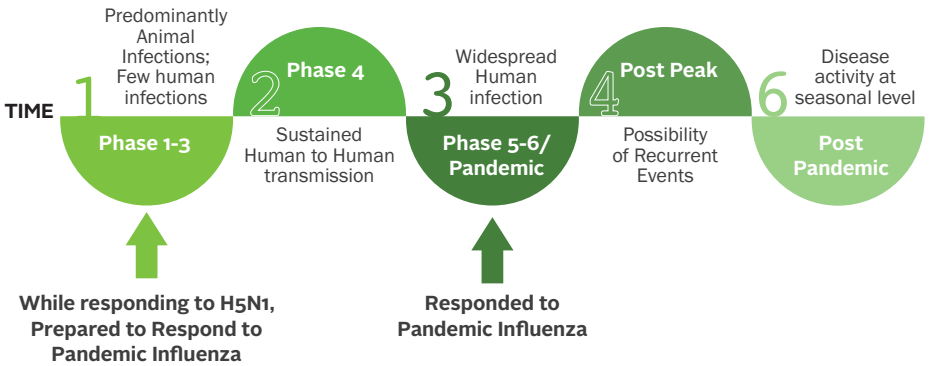
2. Communication of resources and implementation of campaign interventions

a. SBCC/BCC strategies, mechanism, messaging and who drives these

India was the first country in the world which had communication resources developed based on the evidence generated on vulnerability index and Knowledge, Attitude and Practices (KAP) on respiratory flu. The findings of the study were used to informed the development of risk communication approach for pandemic Influenza and materials. While guiding the approach and materials, the study also informed extensively on the prioritization of the influencers and selection of the channels.

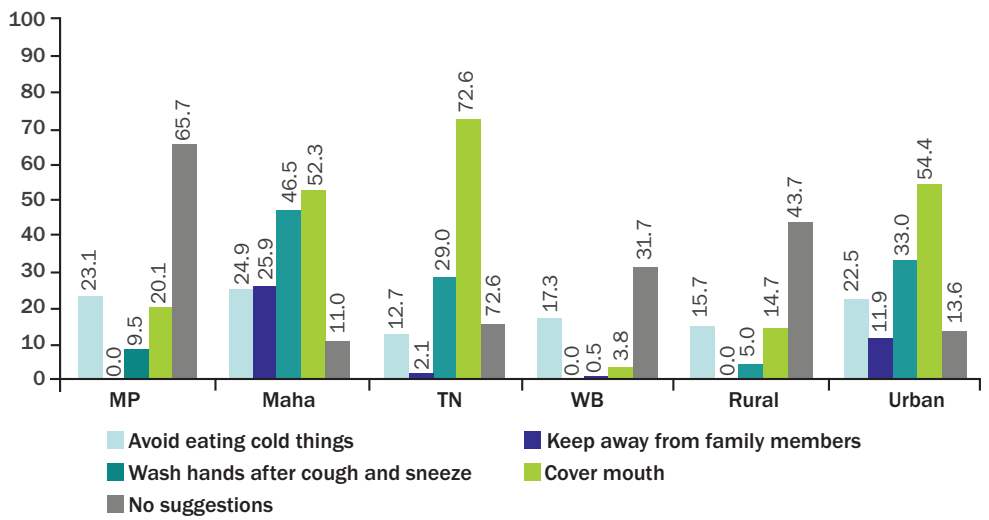
UNICEF supported MoIB and MoHFW with communication approach, materials and dissemination media planning which were with a rigour and responded to the evolving needs of the pandemic influenza outbreak. Communication approach and resources were planned according to Prevention and Outbreak response for pandemic influenza Pandemic Influenza.

Strategic planning for a phased risk communication



Developing the communication was supported at the back end by evidence based research on key messages that parents give their children or the media habits of the intended audiences and the materials were disseminated for promoting Flu-wise behaviours till the grass-root level.

Type of suggestions given by parents to children with flu—reported by children, January 2007



Media Habits of General Population, January.2007

(Most Important sources of entertainment in free time for audiences- General Flu)

Sources of entertainment	Individual district				All four districts		
	Badwani	Thane	Coimbatore	Murshidabad	Rural	Urban	Total
Heads (n=)	**118**	**112**	**107**	**133**	**223**	**247**	**470**
Watch TV	24.7	83	94.3	44.5	37.8	88	60.5
Listen to Radio	6.1	36.5	71.4	25.8	27.7	41.7	34
Reading newspaper	13.3	27.9	69.9	16	18.7	45.7	30.9
Visiting/inviting relatives/friends	77.3	51.9	59.4	60.3	67.2	56.6	62.4
Chatting with friends	95	88.2	44.8	80.1	79.1	75.8	77.6
Spouses(n=)	114	110	106	101	205	226	431
Watch TV	21.2	85.4	84.4	37	33.4	85.1	57.5
Listen to Radio	4.9	21	67.4	12.4	17.9	36.7	26.7
Reading newspaper	2.8	33.8	22.6	4.8	7.7	26.3	16.3
Visiting/inviting relatives/friends	75.1	56.9	54.1	62.1	64.4	59.7	62.2
Chatting with friends	92.9	72	49.8	52.7	69.1	66	67.7
Grand parents (n=)	**90**	**108**	**106**	**93**	**205**	**192**	**397**
Watch TV	20.4	81.7	74.1	32.9	30.3	84	54.4
Listen to Radio	-	26.1	48.1	12.7	14.5	33.6	23.1
Reading newspaper	2	23.8	18.7	0.4	4.9	20.3	11.8
Visiting/inviting relatives/friends	60.4	73.6	57.8	43.5	47.2	72.9	58.7
Chatting with friends	92.8	81.8	35.2	53.8	66.4	61.6	64.2
Children (n=)	**116**	**120**	**102**	**145**	**248**	**235**	**483**
Watch TV	38.6	81.8	97.4	64.5	53.1	92.9	69.7
Reading books	0.2	41.6	1.9	9.2	5.7	24.5	13.5
Playing with friends	94.2	80.8	86.5	87.6	87.8	86.4	87.2
Chatting with friends	90.2	66.7	46.5	85.6	78.4	67.4	73.8

Stop and Discuss

- If you were to now prepare a communication plan for disaster communication what would be your major recommendations?
- Who are the audiences that you will address ?
- What will be the objectives of your communications?
- What will be your key messages? Will you like to divide them phase wise?
- What are the channels that you will use? Why?

The communication was developed according to the following API clusters:

Cluster	Focus	Objective
1	Preventing an Outbreak of Bird Flu	To inculcate correct bird handling practices amongst backyard poultry communities by altering them to the risks to their lives and livelihood
2	Controlling an Outbreak of Bird Flu	Alley fears amongst the general public by dispelling rumors and misconceptions and reassure safety subject to adoption of safe practices
3 & 4	Human Influenza Preventing and Responding to Pandemic Influenza	To inculcate safe health and hygiene behaviours among Indian populace as a routine/regular practice against everyday respiratory illness/flu/respiratory tract infections To reassure the Indian populace while reinforcing the critical need to take precautions to protect themselves & their families

The objectives of Pandemic Influenza were:

- Ensure population at risk, is adequately protected from the infection of human influenza pandemic virus by creating awareness and knowledge on prevention behaviours and limits the impact of HI pandemic by their improving hygiene and health seeking behavior
- Build capacities and strengthen Inter-personal skills of the frontline workers, local health service providers and networks to ensure effective response of treatment and services
- Create an enabling environment at the national, state, and district level through strengthened coordination with partners, sustain political commitment and
- Effective advocacy for mass mobilization and minimize social disruption

b. Key audience for the messages

Communication approach and messages were aligned to communication clusters of API. For Flo-wise behaviours, the thrust was on vulnerable populations and high risk behaviours - elderly, pregnant mothers and children as well as young people.

'Preparing for Pandemic' was addressing the needs of phase 3 and 4 and the focus was on improving hygiene behaviours to reduce the spread of normal flu and other respiratory illness. It included the following:

- **create awareness for** risk of transmission and **inform yourself and others** about influenza and maintain good health habits.
- **Establish the need** for social **etiquettes-cover coughs and sneezes** (mask, tissues and elbow, but not with hands), **don't spit in public,**
- **influence attitudes, beliefs** at household and community level to **WASH HANDS frequently with SOAP/ASH** and even after sneezing and coughing; **and clean surfaces,**
- **Stay Apart-** try to **keep a distance of more than 1mtr** away from others, especially **if sick.** Stay at home; avoid public gatherings, avoid travel.
- **Seek Treatment if infected** to prevent families, especially women, young adults and children from infection.

Creative tone and Style: 'This phase of communication was positive in nature, instill rationale for good hygiene behaviours for normal flu/respiratory infections- by celebrating normal people practicing these simple behaviours as heroes.

'Surviving the Pandemic' was addressing the needs of phase 5 and 6, and the focus was on awareness on human Influenza pandemic, promotion of healthy behaviours and social normalcy. It included the following:

- **Create awareness for risk** of transmission and the need for social Isolation and CARE for patients at home
- **Avoid gatherings for cremations and funerals** or bury safely
- ASSESS and improve your knowledge on how to care for yourself and others;
- **Encourage risk reduction behaviours** by reinforcing Etiquettes, washing of hands frequently and REST at home and seek health advice if symptomatic,
- **Influence attitudes, beliefs** at household and community level to EVALUATE danger signs and act in accordance with latest information.

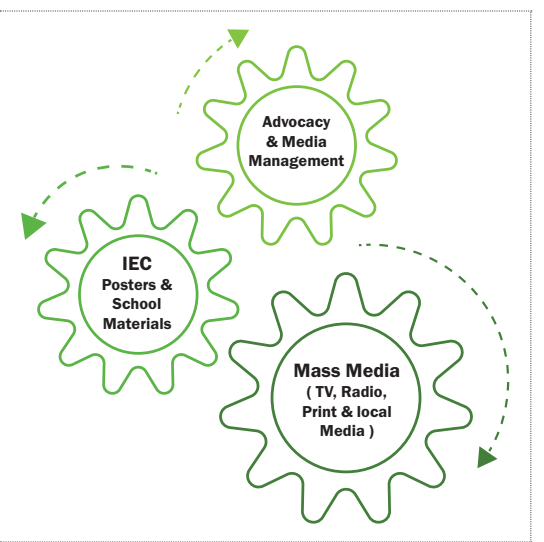
Creative tone and Style: 'This phase of communication reflected accurate reality & enhance knowledge, target vulnerable populations for reassurance and promote positive social and health behaviours. Furthermore, it supported postulation for social normalization – by instilling confidence in the population that 'you are the cure'.

c. Channels of communication used to reach identified vulnerable communities/audience

MoHFW rolled out an aggressive mass media campaign primarily including government and private channels of TV, radio and print media nationally. The multi-media communication campaign was rolled out in fourteen Indian languages. A range of IEC print materials such as posters, leaflets were developed to support interventions in the schools and at community level.

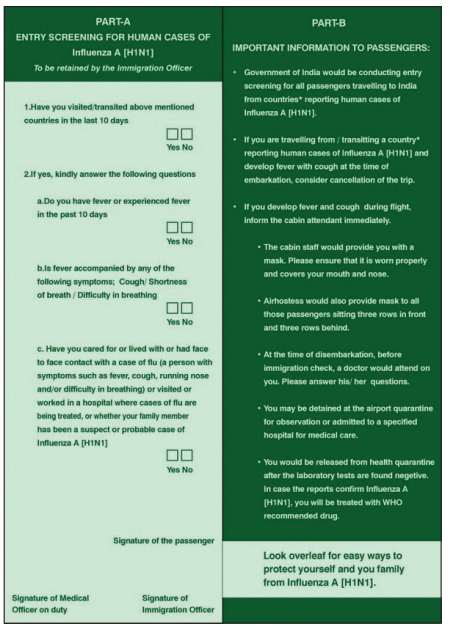
Materials were also developed to support screening process at the key points at across the country.

MoHFW were taking decisions on daily basis and accordingly communication resources were adapted and released across media. Intensive engagement with media was undertaken- with regular daily briefings and a workshop to support rumour management and responsible reporting.



Some of the examples, below:

Screening Card



PART-A

ENTRY SCREENING FOR HUMAN CASES OF Influenza A [H1N1]

To be retained by the immigration Officer

1.Have you visited/transited above mentioned countries in the last 10 days

☐☐ Yes No

2.If yes, kindly answer the following questions

a.Do you have fever or experienced fever in the past 10 days

☐☐ Yes No

b.Is fever accompanied by any of the following symptoms; Cough/ Shortness of breath / Difficulty in breathing

☐☐ Yes No

c. Have you cared for or lived with or had face to face contact with a case of flu (a person with symptoms such as fever, cough, running nose and/or difficulty in breathing) or visited or worked in a hospital where cases of flu are being treated, or whether your family member has been a suspect or probable case of Influenza A [H1N1]

☐☐ Yes No

Signature of the passenger

Signature of Medical Officer on duty

Signature of Immigration Officer

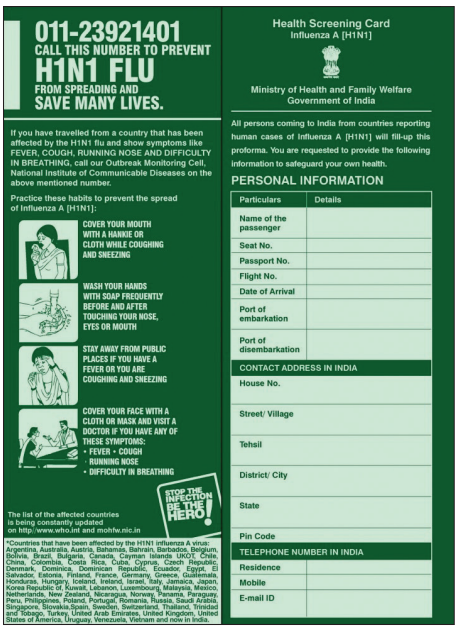
PART-B

IMPORTANT INFORMATION TO PASSENGERS:

- Government of India would be conducting entry screening for all passengers travelling to India from countries* reporting human cases of Influenza A [H1N1].
- If you are travelling from / transitting a country* reporting human cases of Influenza A [H1N1] and develop fever with cough at the time of embarkation, consider cancellation of the trip.
- If you develop fever and cough during flight, inform the cabin attendant immediately.
  - The cabin staff would provide you with a mask. Please ensure that it is worn properly and covers your mouth and nose.
  - Airhostess would also provide mask to all those passengers sitting three rows in front and three rows behind.
  - At the time of disembarkation, before immigration check, a doctor would attend on you. Please answer his/ her questions.
  - You may be detained at the airport quarantine for observation or admitted to a specified hospital for medical care.
  - You would be released from health quarantine after the laboratory tests are found negative. In case the reports confirm Influenza A [H1N1], you will be treated with WHO recommended drug.

Look overleaf for easy ways to protect yourself and you family from Influenza A [H1N1].

Press Ad: Monitoring Cell No.



011-23921401

CALL THIS NUMBER TO PREVENT H1N1 FLU FROM SPREADING AND SAVE MANY LIVES.

If you have travelled from a country that has been affected by the H1N1 flu and show symptoms like FEVER, COUGH, RUNNING NOSE AND DIFFICULTY IN BREATHING, call our Outbreak Monitoring Cell, National Institute of Communicable Diseases on the above mentioned number.

Practice these habits to prevent the spread of Influenza A [H1N1]:

COVER YOUR MOUTH WITH A HANKIE OR CLOTH WHILE COUGHING AND SNEEZING

WASH YOUR HANDS WITH SOAP FREQUENTLY BEFORE AND AFTER TOUCHING YOUR NOSE, EYES OR MOUTH

STAY AWAY FROM PUBLIC PLACES IF YOU HAVE A FEVER OR YOU ARE COUGHING AND SNEEZING

COVER YOUR FACE WITH A CLOTH OR MASK AND VISIT A DOCTOR IF YOU HAVE ANY OF THESE SYMPTOMS:
- FEVER
- COUGH
- RUNNING NOSE
- DIFFICULTY IN BREATHING

STOP THE INFECTION BE THE HERO!

The list of the affected countries is being constantly updated on http://www.who.int and mohfw.nic.in

*Countries that have been affected by the H1N1 influenza A virus: Argentina, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Bolivia, Brazil, Bulgaria, Canada, Cayman Islands UKOT, Chile, China, Colombia, Costa Rica, Cuba, Cyprus, Czech Republic, Denmark, Dominica, Dominican Republic, Ecuador, Egypt, El Salvador, Estonia, Finland, France, Germany, Greece, Guatemala, Honduras, Hungary, Iceland, Ireland, Israel, Italy, Jamaica, Japan, Korea Republic of, Kuwait, Lebanon, Luxembourg, Malaysia, Mexico, Netherlands, New Zealand, Nicaragua, Norway, Panama, Paraguay, Peru, Philippines, Poland, Portugal, Romania, Russia, Saudi Arabia, Singapore, Slovakia, Spain, Sweden, Switzerland, Thailand, Trinidad and Tobago, Turkey, United Arab Emirates, United Kingdom, United States of America, Uruguay, Venezuela, Vietnam and now in India.

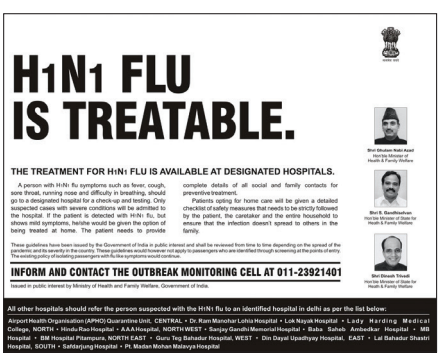
Health Screening Card
Influenza A [H1N1]

Ministry of Health and Family Welfare
Government of India

All persons coming to India from countries reporting human cases of Influenza A [H1N1] will fill-up this proforma. You are requested to provide the following information to safeguard your own health.

PERSONAL INFORMATION

Particulars	Details
Name of the passenger	
Seat No.	
Passport No.	
Flight No.	
Date of Arrival	
Port of embarkation	
Port of disembarkation	
CONTACT ADDRESS IN INDIA	
House No.	
Street/ Village	
Tehsil	
District/ City	
State	
Pin Code	
TELEPHONE NUMBER IN INDIA	
Residence	
Mobile	
E-mail ID	



H1N1 FLU IS TREATABLE.

THE TREATMENT FOR H1N1 FLU IS AVAILABLE AT DESIGNATED HOSPITALS.

A person with H1N1 flu symptoms such as fever, cough, sore throat, running nose and difficulty in breathing, should go to a designated hospital for a check-up and testing. Only suspected cases with severe conditions will be admitted to the hospital. If the patient is detected with H1N1 flu, but shows mild symptoms, he/she would be given the option of being treated at home. The patient needs to provide complete details of all social and family contacts for preventive treatment.

Patients opting for home care will be given a detailed checklist of safety measures that needs to be strictly followed by the patient, the caretaker and the entire household to ensure that the infection doesn't spread to others in the family.

These guidelines have been issued by the Government of India in public interest and shall be reviewed from time to time depending on the spread of the pandemic and its severity in the country. These guidelines would however not apply to passengers who are identified through screening at the points of entry. The existing policy of isolating passengers with flu like symptoms would continue.

INFORM AND CONTACT THE OUTBREAK MONITORING CELL AT 011-23921401

Issued in public interest by Ministry of Health and Family Welfare, Government of India.

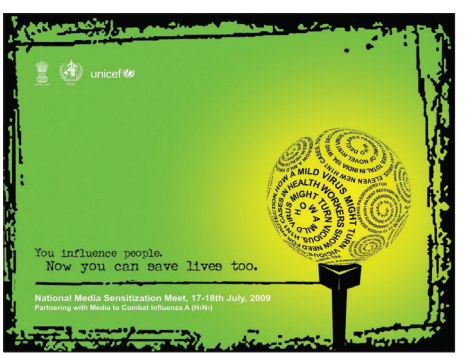
Shri Ghulam Nabi Azad Hon'ble Minister of Health & Family Welfare

Shri S. Gandhiselvan Hon'ble Minister of State for Health & Family Welfare

Shri Dinesh Trivedi Hon'ble Minister of State for Health & Family Welfare

All other hospitals should refer the person suspected with the H1N1 flu to an identified hospital in delhi as per the list below:

Airport Health Organisation (APHO) Quarantine Unit, CENTRAL • Dr. Ram Manohar Lohia Hospital • Lok Nayak Hospital • Lady Harding Medical College, NORTH • Hindu Rao Hospital • A.A.A Hospital, NORTH WEST • Sanjay Gandhi Memorial Hospital • Baba Saheb Ambedkar Hospital • MB Hospital • BM Hospital Pitampura, NORTH EAST • Guru Teg Bahadur Hospital, WEST • Din Dayal Upadhyay Hospital, EAST • Lal Bahadur Shastri Hospital, SOUTH • Safdarjung Hospital • Pt. Madan Mohan Malavya Hospital

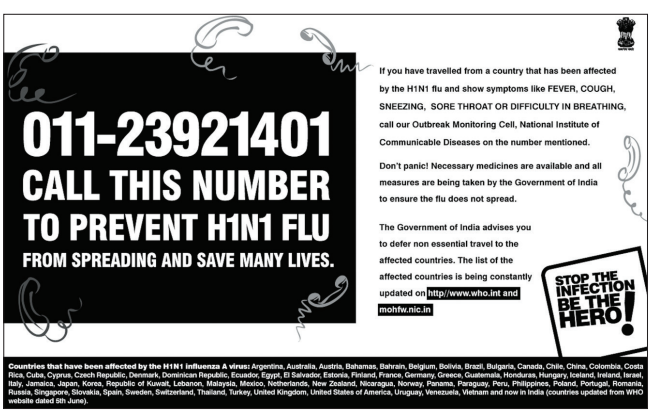


unicef

You influence people.
Now you can save lives too.

A MILD VIRUS MIGHT WORRY US, WHEN HEALTH WORKERS MIGHT NOT. WHEN MILD VIRUS MIGHT NOT WORRY US, WHEN HEALTH WORKERS MIGHT. A MILD VIRUS MIGHT WORRY US, WHEN HEALTH WORKERS MIGHT NOT. WHEN MILD VIRUS MIGHT NOT WORRY US, WHEN HEALTH WORKERS MIGHT.

National Media Sensitization Meet, 17-18th July, 2009
Partnering with Media to Combat Influenza A (H1N1)



011-23921401

CALL THIS NUMBER TO PREVENT H1N1 FLU FROM SPREADING AND SAVE MANY LIVES.

If you have travelled from a country that has been affected by the H1N1 flu and show symptoms like FEVER, COUGH, SNEEZING, SORE THROAT OR DIFFICULTY IN BREATHING, call our Outbreak Monitoring Cell, National Institute of Communicable Diseases on the number mentioned.

Don't panic! Necessary medicines are available and all measures are being taken by the Government of India to ensure the flu does not spread.

The Government of India advises you to defer non essential travel to the affected countries. The list of the affected countries is being constantly updated on http//www.who.int and mohfw.nic.in

STOP THE INFECTION BE THE HERO!

Countries that have been affected by the H1N1 influenza A virus: Argentina, Australia, Austria, Bahamas, Bahrain, Belgium, Bolivia, Brazil, Bulgaria, Canada, Chile, China, Colombia, Costa Rica, Cuba, Cyprus, Czech Republic, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Estonia, Finland, France, Germany, Greece, Guatemala, Honduras, Hungary, Iceland, Ireland, Israel, Italy, Jamaica, Japan, Korea, Republic of Kuwait, Lebanon, Malaysia, Mexico, Netherlands, New Zealand, Nicaragua, Norway, Panama, Paraguay, Peru, Philippines, Poland, Portugal, Romania, Russia, Singapore, Slovakia, Spain, Sweden, Switzerland, Thailand, Turkey, United Kingdom, United States of America, Uruguay, Venezuela, Vietnam and now in India (countries updated from WHO website dated 8th June).

Stop and Discuss

- As a communicator, what do you think are the major points in Response and Recovery Communications for H1N1?
- How have these helped/constrained the communication?
- How will you propose capacity building for communication?
- How will you propose monitoring of the communication?

d. Training of the HR to drive communication programmes for pre/during/post disaster

JMG and IEC Sub-committee advised UNICEF to communication component for Rapid Response Teams. All Rapid Response teams were trained on the complete module including communication. The MoHFW module were also shared with government hospital staff, that were dealing and providing treatment on Swine Flu/H1N1.

Additionally, in close collaboration with UN Country Team, all staff and their families were oriented on the pandemic Influenza and key actions to be taken in outbreak affected areas. Many sessions were taken virtually and in person.

3. Monitoring and Evaluation of Specific Communication Interventions and resources for Relevance, Efficacy and Adequacy

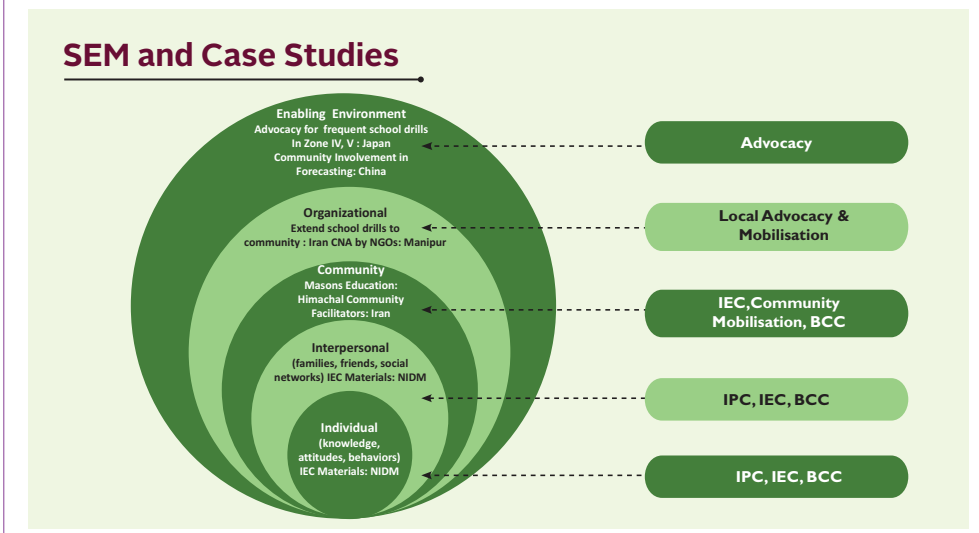
India was one of the few countries in the world that had Communication for Pandemic Influenza developed based on the evidence generated on

- vulnerability index
- Knowledge, Attitude and Practices (KAP) on respiratory flu. The KAP was conducted in 4 states (a district each in Madhya Pradesh, Maharashtra, Tamil Nadu and West Bengal) to ensure a good regional representation of India and in addition to probing on safe poultry behaviours, it generated much-needed evidence on practices connected with General Flu and respiratory infections.
- Epidemiological data on cases and deaths

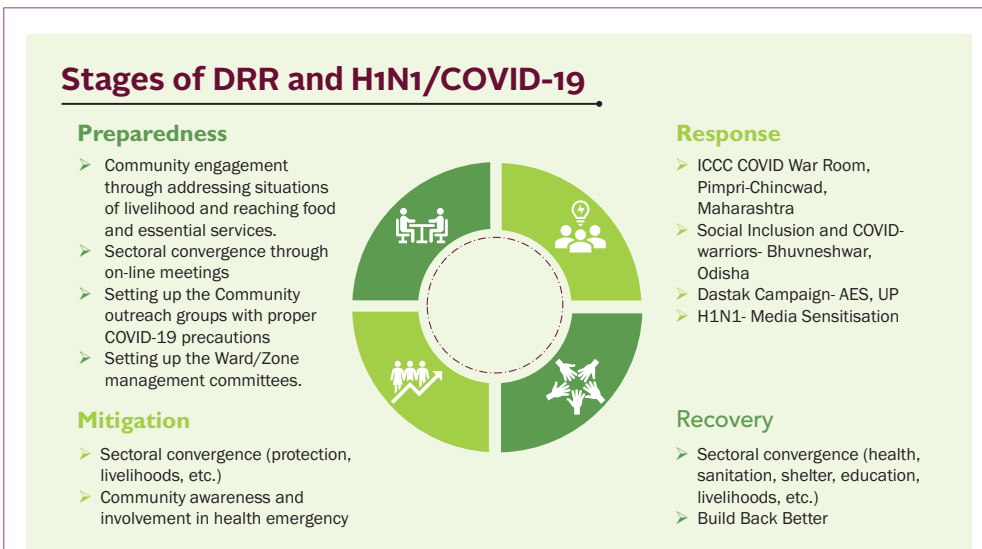
Systems were institutionalized to regularly refer to data and update communication resources. Epidemiological data was regularly shared in the JMG and it was used to adapt already developed materials and new materials which were the need of the hour.

Monitoring of the communication interventions was absent, due the scope and scale of outbreak in the country. Evaluation of impact of the communication was monitored through proxy indicators such as # increase in number of people seeking treatment, however no direct core-relations could be established.

15. If we go back to the understanding that we had from our earlier session we know that an enabling environment at 5 levels of change is required for people to change their behaviours. To do this we have to address communication at all these levels. First check with the participants if they can recall the 5 levels in a Socio-ecological model. Now ask participants to recall the case studies and the interventions which have been made at all the levels? Consolidate by showing the slide with representative intervention. Similarly, in the next slide we shall see how interventions are also made to address all stages of the disaster.



16. Media and approaches used in India and elsewhere discussed earlier have been effective. Stages of disaster covered through these examples are: (Show slide and discuss).



Self-Assessment:

17. Show the slide and discuss answers to the poll questions.

Statements – Tick Yes, No, or Don't Know				
		Yes	No	Don't Know
1	'Communication is most important when hazard is low but outrage is high			
2	Community involvement in managing outreach activities helps in getting more people together in a shorter time during emergencies.			
3	Community involvement in recovery activities improves community participation and compliance			
4	Immediate Community needs post disaster may be different from government needs on building back the infrastructure.			

For reference correct answers are:

1) Q1 – No. Communication is important whenever there is a hazard as the outrage can become high at any point of time as long as there is a risk in the community.
2) Q2 – Yes. It builds ownership and trust to get people faster
3) Q3 – Yes. Community involvement improves ownership and action.
4) Q4 – Yes. As seen in the Strategies Recommended and Strategies followed (this will come from information from ground)

Session Take-Away:

18. Summarize the session using the slide. Explain the four points given on the slide.

19. Ask, "what are your questions" and respond to the questions.

20. Thank the participants and say that in the net session we are going to be looking at the CNIC which is assessing community needs vis-a-vis disasters.

Media & Approaches - Choices

- The choice of channel depends on the approach that is being used and the desired program outcome.
  - ✓ *For example, Nukkad nataks, folk media, Group meetings are necessary media to be used for social mobilization.*
- Choosing more than one communication channel helps reinforce the information.
- Beyond using mass and small media, interpersonal and participatory community-based media are indispensable to lead communication efforts aimed at improving or changing behaviours and in sustaining such behaviours.
- Social media can be used to reinforce overall messaging.

Session 2 Communication Needs Identification by Community

Learning outcome

- Participants will be exposed to the advantages of community based disaster risk reduction (CBDRR);
- Participants will get exposed to and be able to use simple tools to facilitate and plan for CBDRR for Public Health Emergencies

Methodology

Presentation and discussion

Duration

15 minutes

Process

1. Welcome participants to session 2 and share the session objectives slide.

Session: CNIC for DRR

- Learning Outcomes
  - ✓ *Participants will be exposed to the advantages of community based disaster risk reduction (CBDRR);*
  - ✓ *Participants will get exposed to and be able to use simple tools to facilitate and plan for CBDRR for floods.*

2. Show next slide and explain. Community's own perceptions of vulnerability drive their behaviours. If communities perceive that health emergencies could bring damages they will prepare for it. On the other hand, if they feel that it is just another seasonal effect they will not take the warnings seriously in the preparedness phase. That's why the government guideline has made community engagement a necessary part of the Community Based Disaster Risk Reduction process. [Reference: Process of Community Based Disaster Risk Reduction (CBDRR)s 2019 – National Disaster Management Guidelines, NDMA https://ndma.gov.in/images/pdf/draftcbdrr41119.pdf]

Why Community Perceptions Matter

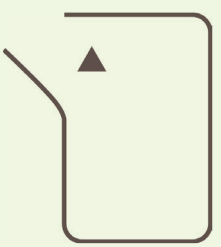
- Engaging community and enabling creation of volunteers in a reflective exercise so as to fundamentally bring attitudinal shift for proactive and resilient action.
  - ✓ *Process of Community Based Disaster Risk Reduction (CBDRR)s 2019 – National Disaster Management Guidelines, NDMA* https://ndma.gov.in/images/pdf/draftcbdrr41119.pdf

3. We will do a small exercise together. In a short animation film we will see three characters: a big triangle, a little triangle and a circle. After watching the film, you will select between any of the two advices mentioned as Option 1 and Option 2 on the slide. Now show the slide.

Watch the film: Which of the two advices you will give to the 'little triangle'

Option 1 – Advise little triangle to behave properly

Option 2 – Advise little triangle to forget and move on



4. Please count how many participants have opted 1 and how many have opted 2. Repeat the numbers and say, "So many of you have selected Option 1 and so many of you have selected Option 2, thank you." It is not relevant which is correct: option 1 or option 2. It is important to understand that same set of people may form different opinions about the same thing. Show the next two slides and explain them one by one. So, perceptions influence our decisions. Similarly, perceptions of vulnerability influence actions related to DRR.

Advice to the 'little triangle'

- Your perception of little triangle influenced your decision.
- In your perception – little triangle is either a **culprit** OR a **victim**

Option 1 – Advise little triangle to behave properly

Option 2 – Advise little triangle to forget and move on

Why Community Perceptions Matter

- In a similar way, community perception of their vulnerability influences community actions on disaster preparedness and response.
- That's why CBDRR policy recommends 'community engagement'.

5. This is the reason behind keeping community engagement at the core of CBDRR. Community's perception of vulnerability can facilitate bridging of gap between awareness and behavior at the community level.
6. Show the next slide and explain. Community Needs Identification by Community attempts to engage communities and empowers them to take charge of their own future. It is a simple process which brings community stakeholders and influencers together. The process is facilitated by a DRR worker – this person could be anyone nominated by the Aapda Adhikari for community engagement.

Community Needs Identification by Communities (CNIC)

- Will help changing community perceptions of their vulnerability.
- Involves stakeholders and influencers from the community.
- Facilitated by a DRR worker

7. Process of doing a CNIC is explained to the group using the following slide.

CNIC - Steps

- Identify community participants. Form a group of 20-25 members.
- Organize the group assembly.
  - ✓ *Divide the group of 20-25 into four teams.*
  - ✓ *Give one sheet of ground truth exploration tool (Annexure I) to each team.*
  - ✓ *The team discusses each question within themselves and marks their response in the form.*
  - ✓ *Each team presents their overall result (Very dangerous, dangerous, threatening) to the larger group.*
  - ✓ *If all the four teams have found their area as very dangerous, they discuss the next step of communication needs identification.*
  - ✓ *If there are differences between teams they discuss it to arrive at uniformity of decision and them proceed towards the next step.*
- The larger group sits together and fills-up the communication needs assessment format. (Annexure II)

Indicative List of Members

- Women – 3 to 4
- Men – 3 to 4
- Youth – girls and boys - 2 each
- Local religious leaders – Preferably one from each religious group in the area
- Local PRI leaders – 1-2
- Village elders -2
- Health workers – 2
- Local school teachers – 2
- NGO/CSO representatives – 2
- Any other

8. Show next two slides and explain the steps of CNIC process. Slides are self-explanatory but may require discussions and clarifications. Share the formats and ask participants what kind of information they are collecting from the formats and how these will help in planning their RCCE/SBCC for DRR. (Forms for CNIC are attached as Annexures at the end of this chapter)
9. For face-to-face training divide participants into four teams. Give one sheet of ground truth exploration tool (Annexure I) to each team and request them to answer each question. Since participants are from different areas their experiences may differ. Motivate team members to discusses each question within themselves, arrive at a consensus, and mark their response in the form.

10. Each team presents their overall result (Very dangerous, dangerous, threatening) to the larger group.
11. If all the four teams have found their area as very dangerous, they discuss the next step of communication needs identification.
12. If there are differences between teams they discuss it to arrive at uniformity of decision and them proceed towards the next step.
13. Share copies of Annexure II with the participants and request them to fill-in for group work.
14. After, doing this exercise with the community influencers, the DRR manager will request them to share the risk / vulnerability score as well as relevant communication for DRR within their respective communities.
15. The information so collected will be used by the DRR managers to customize DRR communication. This has given you a broad overall understanding of how to plan for the assessment and then use it for planning. How plans are prepared is a more detailed and longer training and materials can be accessed from links given in the references section.

Self-Assessment:

Statements – Tick Yes, No, or Don't Know				
		Yes	No	Don't Know
1	Communities need to be told what to do. Therefore, emergency communication in the form of do / don't will always bear results.			
2	The nature of Public health emergencies is unknown and therefore it is not possible to prepare communication plans for such emergencies in advance			
3	CNIC tool can help in engaging communities with DRR work.			

Show the slide and discuss answers to the poll questions.

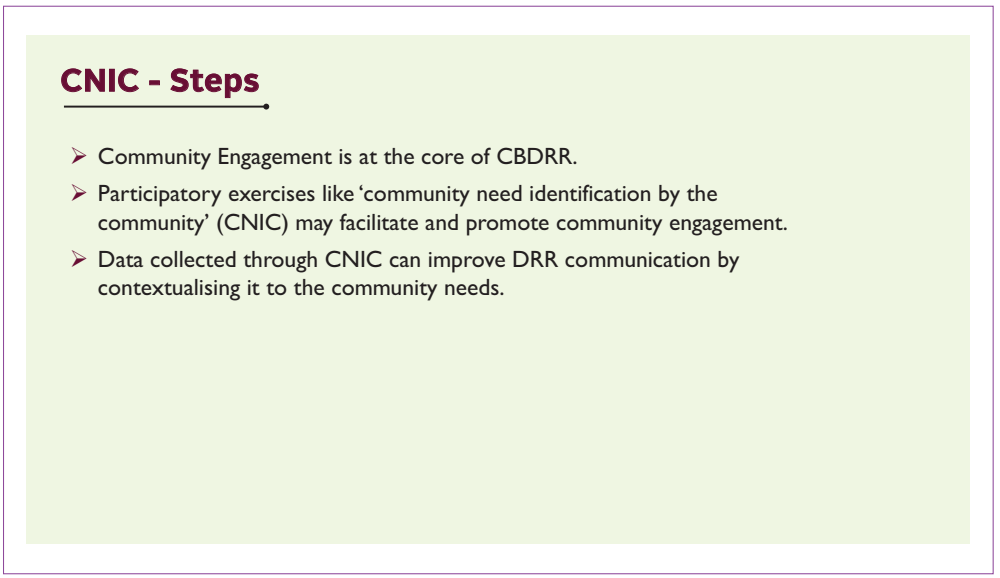
For reference correct answers are:

a. Q1 – No. Because awareness may not always bring action.
b. Q2 – No. knowledge of health systems, access to services, infection appropriate behaviours are generally similar (aerosol, water, food, touch) and therefore having overall preparedness is not impossible. An example is that H1N1 and COVID-19 behaviour messages are similar. The only difference is the high rate of transmission in COVID-19.
c. Q3 – Yes. It is meant to do that in a participatory way.

Session Take-Away:

Summarize the session using the slide. Explain the four points given on the slide. Ask, “what are your questions” and respond to the questions.

Thank the participants.



Annexures

Form 1: Ground Truth Exploration

CNIC – Steps : Annexure I

Ground Truth Exploration Tool

Ground Truth Explora on Tool: To be filled by the community groups					
	Disaster in you area	Floods	Earth Quake	Cyclone	Public Health Emergency
		1	2	3	4
	Real the disaster indicator, discuss and put a ck mark in any one of the four columns 1, 2, 3, 4				
1	When was the last me you had a public health emergency in your area OR near your area?	5 years ago	3 years ago	2 years ago	Within last one year
2	Number of people having access to informa on or preven on and treatment	Less than 10%	About 10% - 20%	About 20% - 40%	More than 40%
3	Number of people not aware of preven ve behaviors	0-2 persons	3-5 persons	6-8 persons	More than 8 persons
4	How many could access mely health services?	Less than 10%	About 10% - 20%	About 20% - 40%	More than 40%
5	Number of people less severely affected?	Less than 10%	About 10% - 20%	About 20% - 40%	More than 40%
6	People more severely affected (Hospitaliza on required)	0-4 persons	5-9 persons	10-16 persons	More than 40%
7	Deaths in last disaster				1 or more person died
8	S gma and discrimina on cased because of the crisis	0-2 cases	3-5 cases	6-8 cases	More than 8 cases
9	Children essential health (Immunization) and nutrition services (Anganwadi centre) missed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
10	Children education missed/schools closed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
11	Access to health services missed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
12	Supply of clean drinking water and solid waste management missed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
13	Ration/PDS missed	Less than 1 week	Less than 2 weeks	Less than 3 weeks	More than 3 weeks
14	Source of livelihood a affected	Less than 1 week	Less than 2 week	Less than 3 weeks	More than 3 weeks
15	Cases of diarrhea, measles, typhoid, malaria, cholera, viral hepatitis, fever, etc. reported	0-4 persons	5-9 persons	10-16 persons	More than 16 persons
	Count the Tick Marks in each column and write the number				
	Multiply the number written above by the column number given on the tope	x1	x2	x3	x4
	Total Marks (total of all four columns)				
	Your area is vulnerable to damages due to disasters if:				
	There is a Tick Mark against Death				Very Dangerous
	No Tick against death but total marks are 30 or more				Very Dangerous
	No Tick against but total marks are between 15-30				Dangerous
	No Tick against death and total marks are less than 15				Threatening

Form 2

Communication Needs Assessment by Community Group				
What are the main channels of communication available to you now? Mark top three in order of importance to you - by writing numbers 1 (minimum), 2, and 3 (maximum) against any three channels of your choice for their access, clarity and their reliability & trust				
	Channels	Most Accessible	Understandable	Most Trustworthy
1	Television (Name channel)			
2	Radio (Name radio station)			
3	Music channel			
4	Newspapers (Name)			
5	Magazine (Name)			
6	Hoarding			
7	Posters			
8	Leaflets			
9	Wall paintings			
10	Public announcements			
11	Community radio			
12	Street play			
13	Film/Theatre hall			
14	Social media			
15	Internet			
16	Mobile phone call			
17	Mobile phone SMS			
18	Word of mouth - community leader			
19	Word of mouth - religious leader			
20	Word of mouth - friends and family			
21	Word of mouth - health worker			
22	Word of mouth - government representative			
23	Other (Specify)			

Form 3

What would the community like to know more about? (Tick Mark all those applicable)		
1	News on that is happening around them	
2	News on what is happening in the districts neighbouring them	
3	Finding missing people	
4	Security situation at home and near them	
5	Communication with people who are away from home	
6	How to register for and get aid	
7	How to get water and food	
8	How to get shelter/ accommodation	
9	How to get cooking fuel/firewood	
10	How to get information about nutrition, immunization, and other essential services	
11	How to get health care/ medical services	
12	How to stay safe to prevent attack/harassment	
13	How to replace personal documents lost (like ID, etc.)	
14	How to get access to education	
15	How and when to return home	
16	How to restart livelihood on return	
17	Other (Specify)	

Further Readings

1. https://www.orfonline.org/expert-speak/following-the-odisha-example-for-developing-community-based-disaster-management-in-india/
2. Memorandum: Extremely Severe Cyclonic Storm Fani, Special Relief Commissioner, Revenue & Disaster Management Department, Government of Odisha
3. Downtoearth.org.in/blog/natural-disasters/rebuild-to-tame-cyclones-64345
4. https://www.nytimes.com/2019/05/03/world/asia/cyclone-fani-india-evacuations.html
5. Cyclone Fani: damage, Loss and Needs Assessment, OSDMA, MAY 2019
6. Study Report on Gaja Cyclone, National Disaster Management Authority Ministry of Home Affairs Government of India
7. Play UNDRR stop disaster game online to develop your disaster management skills. https://www.stopdisastersgame.org/stop_disasters/

Photo credit sources used in SBCC module are given in the table below:

Page No.	Source	Link
Cover Page	NIDM	Earthquake picture https://www.treehugger.com/earthquake-facts-5116365
Cover Page	UNICEF	Flood picture https://www.vaticannews.va/it/mondo/news/2020-07/asia-india-bangladesh-nepal-inondazioni-unicef-bambini-covid-19.html
Cover Page	UNICEF	COVID picture
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1	UNICEF	
6	UNICEF	https://www.unicef.org/india/reports/child-centered-risk-analysis-bihar
8	UNICEF	
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32	UNICEF	https://blogs.worldbank.org/endpovertyinsouthasia/growing-role-women-disaster-risk-management
45	UNICEF	https://www.unicef.org/india/press-releases/children-four-south-asian-countries-extremely-high-risk-impacts-climate-crisis
48 Bihar	UNICEF	https://indianexpress.com/article/india/bihar-flood-toll-rises-to-67-48-lakh-affected-5834986/
48 Kerala	UNICEF	https://www.google.com/url?sa=i&url=https%3A%2F%2Fnewsd.in%2Fprisoners-artists-pour-in-their-contribution-for-kerala-flood-victims%2F&psig=AOvVaw3HJE0B5pCKeS2MLSQAxBmT&ust=1631093225996000&source=images&cd=vfe&ved=0CAsQjRxqFwoTCOim2vXF7PICFQAAAAAdAAAAABAD
48 Assam	UNICEF	https://zeenews.india.com/india/death-toll-in-assam-floods-jumps-to-62-as-situation-remains-grim-in-24-districts-2220777.html
53	UNICEF	https://www.caritasindia.org/a-week-dedicated-to-flood-safety/
54	UNICEF	
54	UNICEF	https://www.newsclick.in/post-flood-kerala-special-programme-sradda-control-diseases
71	UNICEF	

77	OSDMA	https://www.osdma.org/photos/induction-course-in-disaster-resque/#gsc.tab=0
78	UNICEF	
81	UNICEF	
82	OSDMA (Facebook page)	Odisha State Disaster Management Authority (Facebook page) https://www.facebook.com/pg/OSDMA.org/posts/
85	UNICEF	https://www.eastmojo.com/news/2019/05/03/stay-safe-dos-donts-during-and-after-cyclone-fani/
87	UNICEF	
99	UNICEF	
107	UNICEF	61513_csspolicycasestudyirannationwidesch.pdf (preventionweb.net) https://www.preventionweb.net/files/61513_csspolicycasestudyirannationwidesch.pdf
108	UNICEF	Bhuj Earthquake - Province of Gujarat — Télécoms Sans Frontières - The emergency technology NGO (tsfi.org) https://www.tsfi.org/en/our-missions/disaster-response/bhuj-earthquake-province-of-gujarat-india
123	UNICEF	
132-136		https://smartnet.niua.org/sites/default/files/resources/deloitte_publication_on_india_smart_cities_covid_19_response_case_studies.pdf
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