



Strategic Communication for Zika Prevention: A Framework for Local Adaptation

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Table of Contents

ACKNOWLEDGEMENTS	4
ACRONYMS	5
ABOUT THE STRATEGIC COMMUNICATION FRAMEWORK	6
Aim.....	6
Intended Users.....	6
What Is a Communication Strategy?	7
What Is a Communication Implementation Plan?.....	7
How to Use this Strategic Communication Framework	7
ANALYZE EVIDENCE: UNDERSTAND THE EVIDENCE BASE ON ZIKA VIRUS TRANSMISSION, DISEASE AND PREVENTION	10
Background.....	10
Modes of Zika Virus Transmission	12
Epidemiology of Zika Virus Disease	13
Sequelae of Zika Virus Disease.....	14
Zika Prevention	14
UTILIZE MODELS: DEVELOP A MODEL OF BEHAVIOR CHANGE FOR ZIKA PREVENTION	16
Understanding Influences on Behavior: The Social Ecological Model.....	16
Understanding Behavior Change in Emergencies: The Extended Parallel Process Model	17
TAILOR STRATEGY: ADAPT THE STRATEGIC COMMUNICATION FRAMEWORK TO DEVELOP A COUNTRY-SPECIFIC STRATEGY	19
Situation Analysis.....	19
Audience Segmentation	24
Strategic Design: Audience Profile, Objectives, Key Messages and Communication Approaches	26
Monitoring and Evaluation of Zika Prevention Communication.....	33
IMPLEMENT: DEVELOP AN IMPLEMENTATION PLAN	40
EXAMPLES OF STRATEGIC DESIGN BY AUDIENCE SEGMENT FOR LOCAL ADAPTATION	44
USEFUL TOOLS	72
1. Strategic Design Template: Audience Profile, Objectives, Key Messages and Strategic Approaches	72
2. Message Map for Risk Communication.....	74
3. Example of a Budgeting Tool.....	75
4. Implementation Plan Template.....	76
5. Resources.....	77
6. Contacts	79

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ACRONYMS

CCP	Johns Hopkins Center for Communication Programs
CDC	Centers for Disease Control and Prevention
CHW	Community Health Worker
CPR	Contraceptive Prevalence Rate
DHS	Demographic Health Surveys
EPPM	Extended Parallel Process Model
FAQ	Frequently Asked Question
GBS	Guillain-Barré Syndrome
HC3	Health Communication Capacity Collaborative
IFRC	International Federation of Red Cross and Red Crescent Societies
IPC	Interpersonal Communication
KAP	Knowledge, Attitudes and Practice
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NGO	Non-governmental Organization
PAHO	Pan American Health Organization
SBCC	Social and Behavior Change Communication
SEM	Social Ecological Model
SMS	Short Message Service
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WRA	Women of Reproductive Age
ZCN	Zika Communication Network

ABOUT THE STRATEGIC COMMUNICATION FRAMEWORK

Aim

This Strategic Communication Framework provides step-by-step guidance and illustrative content for creating a communication strategy to communicate accurately and effectively about Zika risk and prevention in an easy-to-understand and comprehensive format. It builds on the messaging developed in the United Nations International Children’s Emergency Fund (UNICEF) [Risk Communication and Community Engagement for Zika Virus Prevention and Control](#) guidance, and is intended to guide country-level communication strategies. This framework follows a systematic process and provides content that is readily adaptable by any communication program.

This framework supports one of World Health Organization’s (WHO) strategic pillars presented in the July 2016 WHO [Zika Strategic Response Plan](#) – to prevent adverse health outcomes associated with Zika virus infection through integrated vector management, risk communication and community engagement. Effective behavioral communication is essential as it empowers families and communities to make informed decisions regarding Zika prevention measures to protect themselves and their families.

Care and support is also a key pillar in Zika response efforts. However, while specialized, holistic and timely care and support services are essential for families and children affected by Zika congenital syndrome – including microcephaly – the focus of this strategic framework is on risk and prevention communication. Therefore, this prevention framework should be implemented alongside care and support strategies and continuously updated to reflect new information and population needs.

Intended Users

This framework is intended to be used in a multi-stakeholder participatory process led by the Ministry of Health (MOH). The actors involved in this process may be used by a variety of international, national and sub-national level actors, such as:

- **MOH health promotion units, health communication experts and local non-governmental organizations (NGOs):** To adapt messages to the local context and design communication strategies to include messaging in existing or new activities.
- **Managers in MOH family planning, maternal and child health, vector control and health promotion units:** To ensure that messages are effectively integrated at various points in the health system, as appropriate, such as pre-service or in-service training, service delivery and behavior change communication programs.
- **Donors/International NGOs:** To support countries in operationalizing the evidence through strategic communication approaches using existing or new programs.



Resources

UNICEF: [Risk Communication and Community Engagement for Zika Virus Prevention and Control](#)

WHO: [Zika Strategic Response Plan](#)

PAHO: [Zika virus infection: Step by Step guide on Risk Communications and Community Engagement](#)

UNICEF: [Key Behaviors to be Promoted in Zika Response](#)

What Is a Communication Strategy?

A communication strategy provides a “roadmap” for social and behavior change communication (SBCC) efforts and ensures that communication activities and outputs are coordinated to achieve agreed-upon goals and objectives. It is based upon evidence and typically outlines the following important elements:

- Intended Audiences
- Behavioral Communication Objectives
- Indicators
- Key Messages
- Communication Channels
- Implementation Plan
- Monitoring and Evaluation Plan

Communication strategies provide a robust foundation for designing activities for behavior change programs, including community-level activities, mass media programming, interpersonal communication (IPC) and counseling, along with other strategic approaches.

A communication strategy is not a static product. It should be responsive to an ever-changing environment and focus; this is especially true in the context of a public health emergency or outbreak:

- In the **initial phase** of an emergency, the focus of communication needs to be on disseminating information to the general public quickly and empathetically about the risk and simple, doable protective actions.
- In the **subsequent phases**, communication messages will likely need to be refined to reflect changing perceptions and scientific updates associated with the emergency. Messages may also become more tailored to address specific behaviors and focus on specific audiences, such as those audiences most at risk or audiences that are highly influential in mitigating the emergency or outbreak.

Adaptations to any strategy may be necessary to respond to the evolution of Zika **prior, during and after** an outbreak, new research findings and data, unexpected events, changing priorities or unforeseen results.

What Is a Communication Implementation Plan?

An implementation plan is the part of the strategy that specifies critical steps and procedures for responding before, during and after the Zika emergency to ensure communication through the proper channels to reduce anxiety, fear, panic and spread of rumors. It describes planned activities and when they are to be implemented.

How to Use this Strategic Communication Framework

This framework is not designed as a “one-size-fits-all” model, but rather as a basic foundation, which can be adapted and expanded upon to create communication strategies **tailored to the local context and to the specific phase of the Zika response**.



How To

For more information on how to design a communication strategy visit: [Designing a SBCC Strategy](#)

For guidance on Social and Behavior Change (SBCC) in Emergencies visit: [SBCC for Emergency Preparedness Implementation Kit](#)

For Zika, as with other emergencies, there are key phases roughly delineated as **before, during and after** the outbreak. In addition, communication plans and strategies for Zika or other *Aedes aegypti* transmitted illnesses may already exist or be in development. This framework is not intended to be a linear process; it can be utilized at any stage of Zika communication: for planning, preparedness, during and following the emergency. It is flexible enough to allow for changes as the emergency evolves, and can help build a plan of action during an outbreak and recovery stages.

This framework **presents key foundational elements of SBCC and example content** that can be adapted to the specific country context. The user can start at any point in the framework, for example:

- If there is **already a Zika SBCC strategy drafted** or in place, stakeholders can use this framework and linked resources as a quality-improvement checklist to refine the strategy, fill in any gaps and focus on the sections and tools most relevant to their communication needs.
- If stakeholders have **not started developing a Zika SBCC strategy** yet, they can go through this framework and use the guidance and tools to develop a solid strategy and implementation plan.

This framework covers **four key foundational elements** of SBCC:

Analyze Evidence: Understand the evidence base on Zika virus transmission, disease and prevention

All stakeholders who will be involved in the strategy development should ensure they have accurate and informed knowledge about Zika virus disease. Understanding of the disease is evolving continuously, so it is essential to check the latest information available. Updated information can be found on the [WHO website](#) and the [Centers for Disease Control and Prevention \(CDC\) website](#).

Utilize Models: Develop a model of behavior change for Zika prevention

Communication theories should guide program design and evaluation. These theories help predict how the audience will change through exposure to the SBCC program and measure success accordingly. Theories can be used at each step of the Strategic Communication Framework, including situation analysis, design and evaluation. They can also inform development of a conceptual guide for the program. This section describes two models that are relevant to Zika communication: the Social Ecological Model and the Extended Parallel Processing Model.

Tailor Strategy: Adapt the Strategic Communication Framework to develop a country-specific strategy

This is the heart of the framework. It lays out the main components of a communication strategy for Zika virus prevention, including **situation analysis, audience segmentation, strategic design and monitoring and evaluation**. The framework offers guidance for developing each of these components, provides illustrative examples and includes links to additional resources.

Implement: Develop an implementation plan

It is important to create an **implementation plan** detailing who will be responsible for what activities and when. This section offers guidance to clearly define partner roles and responsibilities, activities, timeline, budget and management.

Examples of strategic design by audience segment for local adaptation

This section provides example strategic design and illustrative key Zika messages. This framework includes **five potential primary audiences** (pregnant women, women of reproductive age who are not pregnant, adolescents, male partners of women of reproductive age and health care providers) and **two influencing audiences** (community groups and journalists). The strategic design provides a menu of objectives, calls to action and supporting messages for each audience, which can be carefully selected and adapted for local use.

Useful Tools

The final section offers **tools and templates** to help create or refine a Zika SBCC strategy, including a strategic design template by audience, a message map, an example budgeting tool and an implementation plan template.

It is a best practice to use a consultative process with a range of Zika stakeholders at the country level, including government representatives, service providers and civil society stakeholders. It is recommended that an interactive and consultative workshop, or series of workshops, be held to complete sections of this framework. The MOH may act as the primary convener for developing a country-specific Zika communication strategy and implementation plan.

ANALYZE EVIDENCE: UNDERSTAND THE EVIDENCE BASE ON ZIKA VIRUS TRANSMISSION, DISEASE AND PREVENTION

This process looks at the most recent evidence base regarding Zika virus transmission and prevention, as well as disease outcomes for specific audiences. Each country that adapts this framework should review the latest available evidence to fully understand the Zika context in their country. This section includes a review of Zika basics and is not exhaustive. Understanding of the disease is evolving rapidly, so it is essential to **check the latest information available** for additional and up-to-date information. Updated information can be found on the [WHO website](#) and [CDC website](#).

Background

Zika is caused by a virus that is transmitted primarily by the bite of an infected *Aedes aegypti* mosquito, which also transmits dengue and chikungunya, and is found in over 100 countries worldwide.¹ The majority of cases are asymptomatic; some people experience fever, rash, joint pain and conjunctivitis (pinkeye). Zika infection can result in severe neurological conditions, such as Guillain-Barré Syndrome (GBS) and Zika congenital syndrome, including microcephaly.^{2, 3} The Zika virus is named after the forest in Uganda in which it was first discovered in 1947, and until recently it had been found primarily in Africa, Southeast Asia and the Pacific Islands. In May of 2015, the Pan American Health Organization (PAHO) reported the first confirmed case of Zika virus infection in Brazil. Nine months later, on February 1, 2016, WHO declared Zika an international public health emergency. This state of emergency ended on November 18, 2016.⁴ PAHO defines a suspected case as someone who presents with rash and two or more of the following signs or symptoms: fever, arthralgia, myalgia, conjunctivitis or peri-articular edema. Confirmed cases are those who meet the criteria for suspected disease and have a laboratory confirmation of Zika infection.⁵

¹ International Federation of Red Cross and Red Crescent Societies. (2016). *Emergency Appeal Zika Virus Diseases Global Response*.

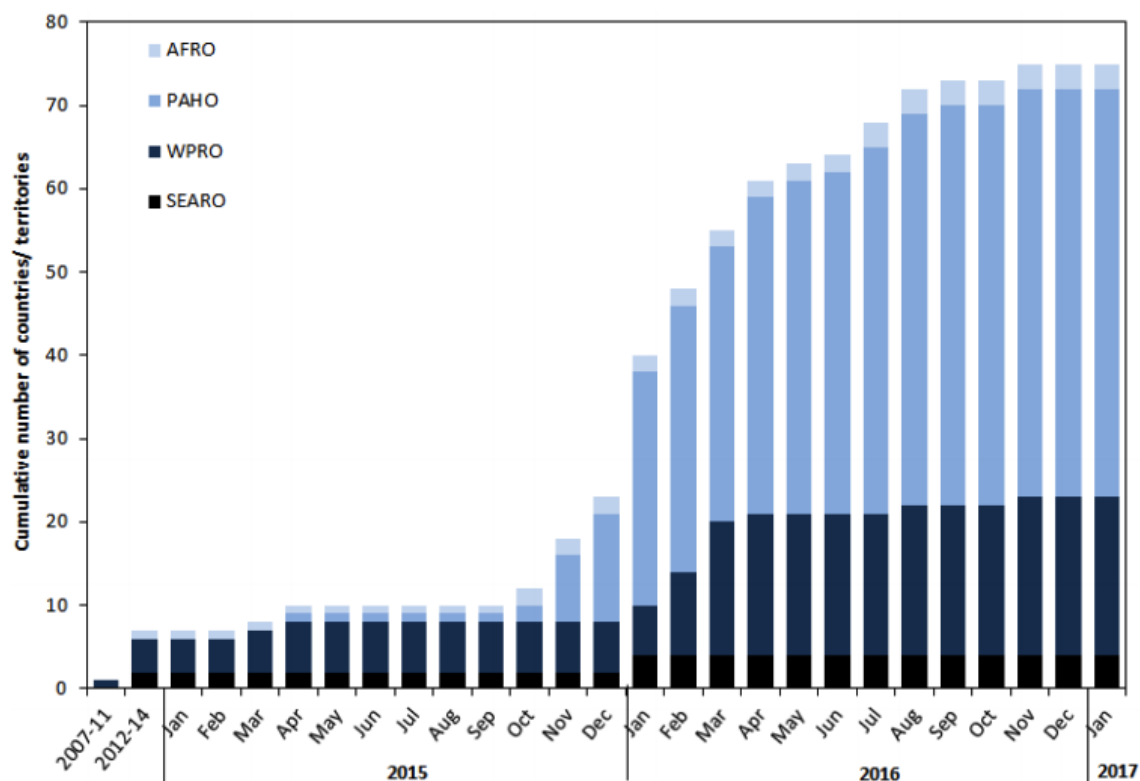
² American Academy of Neurology. (2016, April). Zika virus may now be tied to another brain disease [press release]. In *American Academy of Neurology's 68th Annual Meeting*.

³ Centers for Disease Control and Prevention. (2016). *About Zika Virus Disease*. Accessed: May 2, 2016.

⁴ World Health Organization. (2016). *Zika Situation Report*. Accessed: January 13, 2016.

⁵ Pan American Health Organization. (2016). [Case Definitions](#). Accessed: July 29, 2016.

Figure 1: Cumulative number of countries, territories and areas by WHO region, reporting mosquito-borne Zika virus transmission for the first time by year (2007-2014) and by month from January 1, 2015 to January 5, 2017.⁶



Communication plays an important role in disease prevention, outbreak response, care and support and mitigation efforts. In response to the Zika epidemic in the Americas, WHO launched a global [Zika Strategic Response Plan](#) in June 2016 (an update to the Strategic Response Framework and Joint Operations Plan released in February 2016) to assist in international coordination.

The WHO Zika Strategic Response Plan emphasizes four main response strategies: detection, prevention, care and support, and research.⁷ The plan highlights the key roles that **risk communication, advocacy and community engagement** play in the prevention strategy, as well as in the strategies for detection and care and support. Key guidance was also issued by the [Risk Communication and Community Engagement for Zika Virus Prevention and Control](#)⁸ which notes the importance of coordinated communication efforts and provides direction for developing strategies, messages and activities for communication on Zika prevention and control.

⁶ World Health Organization. (2017). *Zika Situation Report*. Accessed: January 13, 2017: <http://apps.who.int/iris/bitstream/10665/252762/1/zikasitrep5Jan17-eng.pdf>

⁷ World Health Organization. (2016). *Zika Strategic Response Plan*.

⁸ UNICEF, WHO and the International Federation of Red Cross and Red Crescent Societies (IFRC). March 2016.

Modes of Zika Virus Transmission

Vector Transmission

- The primary way to acquire Zika is being bitten by an infected *Aedes* mosquito.⁹
 - *Aedes* mosquitoes are highly domestic; they live both inside and outside of homes and mostly feed on humans.⁹
 - *Aedes* mosquitoes lay eggs on the walls of containers filled with standing water (such as buckets, trash cans, unused tires, flower pots and barrels) and are common in both urban and rural areas.¹⁰
 - *Aedes* mosquitoes bite primarily during the day, although they do bite at night as well.⁹
 - The life cycle of *Aedes* is temperature and rain dependent, so, in certain regions, Zika will be seasonal, while in others it will persist year-round.¹¹ This climate dependence is also what prevents the *Aedes* mosquitoes from breeding above a certain geographic latitude at different times of the year, such as the northern United States throughout the winter and early spring.^{12,13}

Mother-to-child Transmission

- A mother can transmit the virus to her unborn child if she is bitten by an infected mosquito during pregnancy.¹⁴
 - Zika infection can cause fetal defects or miscarriage at any stage of the pregnancy.¹⁵
 - While Zika virus has been found in breast milk, there is no evidence that Zika infection can be passed to an infant through breastfeeding, and breastfeeding per standard guidelines is strongly recommended.¹⁴



Resources

Review the latest available evidence to fully understand the Zika context in the country:

[WHO Zika virus](#)

[CDC Zika virus](#)

Sexual Transmission

- Zika virus can be transmitted by a person who has Zika to their sexual partners, even if the infected person does not have symptoms at the time of sexual contact.⁹
 - It is not yet known for how long Zika virus can be transmitted to sexual partners; however, the virus persists longer in semen than in other body fluids.⁹
 - Most sexual transmission has occurred from men who presented with symptoms of Zika. The implications of this are still unknown.⁹

Transmission via Blood Transfusion

⁹ Centers for Disease Control and Prevention. (2016). *Zika Virus – Transmission and Risks*. Accessed October 28, 2016.

¹⁰ Centers for Disease Control and Prevention. (2012). *Dengue Homepage – Mosquitoes' Main Aquatic Habitats*. Accessed May 3, 2016.

¹¹ Bogoch et al. (2016). Anticipating the International Spread of Zika Virus from Brazil. *The Lancet*. 387:335-336

¹² Centers for Disease Control and Prevention. (2015). *Chikungunya Information for Vector Control Programs Fact Sheet*. Accessed May 3, 2016.

¹³ Monaghan, A. J., Morin, C. W., Steinhoff, D. F., Wilhelmi, O., Hayden, M., Quattrochi, D. A., ... & Scalf, P. E. (2016). On the seasonal occurrence and abundance of the Zika virus vector mosquito *Aedes aegypti* in the contiguous United States. *PLoS currents*, 8.

¹⁴ World Health Organization. (2016). *Breastfeeding – Maternal, newborn, child and adolescent health*. Accessed November 2, 2016.

¹⁵ Brasil, P., Pereira Jr, J. P., Moreira, M. E., Ribeiro Nogueira, R. M., Damasceno, L., Wakimoto, M., ... & Zin, A. A. (2016). Zika virus infection in pregnant women in Rio de Janeiro. *New England Journal of Medicine*, 375(24), 2321-2334.

- If a person receives a transfusion with blood from a person who was infected with Zika, the virus can be passed on to the recipient. It is unclear how greatly this will impact spread of the virus.⁹
 - In a previous outbreak in French Polynesia, 2.8 percent of blood donors tested positive for Zika.⁹

Figure 2: Countries, territories and areas showing the distribution of Zika virus, 2013-2017

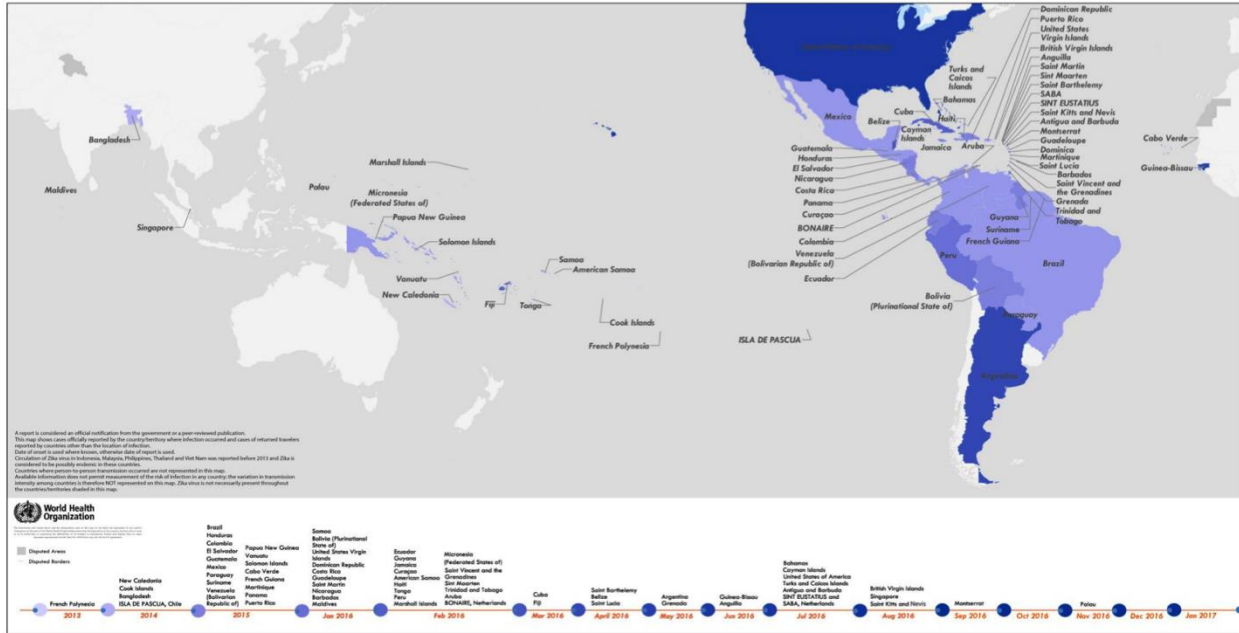


Figure 2 maps the global spread of the Zika virus from 2013 to 2017 as of the WHO January 5, 2017 Zika Situation Report. The most recent situation report from the WHO can be found [here](#).

Epidemiology of Zika Virus Disease

- Evidence suggests that once a person has had Zika and cleared the infection, they are immune from future Zika infection^{16,17}
- There is no evidence to suggest that Zika virus infection will affect future pregnancies once it has been cleared from the body.¹⁸
- It is not yet known how a person infected with Zika virus may be affected by dengue infection.¹⁹
- Based on the current evidence, the Zika virus can be present in the body for up to two months in women, and for up to six months in men, after infection.²⁰

¹⁶ Duffy, M. R., Chen, T. H., Hancock, W. T., Powers, A. M., Kool, J. L., Lanciotti, R. S., ... & Guillaumot, L. (2009). Zika virus outbreak on Yap Island, federated states of Micronesia. *N Engl J Med*, 2009(360), 2536-2543.

¹⁷ O'Connor. ZIKV-001 animals are protected from rechallenge. *Zika Open-Research Portal – Unpublished research*. Visited May 3, 2016. Available from: <https://Zika.labkey.com/project/OConnor/begin.view>

¹⁸ Centers for Disease Control and Prevention. (2016). *Questions and Answers for Healthcare Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure*. Accessed May 5, 2016.

¹⁹ Paul et al. (2016). Dengue Virus Antibodies Enhance Zika Virus Infection. *bioRxiv preprint*. April 25, 2016. Accessed May 3, 2016.

²⁰ Centers for Disease Control and Prevention. (2016). *CDC Issues updated Zika recommendations*. Accessed September 30, 2016.

Sequelae of Zika Virus Disease

- Most people who become infected with Zika virus will experience no symptoms or only mild symptoms. Those that do will typically experience mild fever, joint pain, rash and/or conjunctivitis (pinkeye) lasting from two to seven days.²¹
- Zika infection during pregnancy is associated with Zika congenital syndrome, which can include microcephaly and other nervous system disorders. Microcephaly develops *in utero* and is a condition where an infant's head is smaller than average for the same age and gender, and may negatively impact brain development.²² Modeling studies have demonstrated greater risk of microcephaly if Zika infection occurs during the first trimester of pregnancy.²³
- Even if a child born to a woman infected by Zika does not present Zika congenital syndrome, at birth, it might have other neurological conditions caused by Zika congenital syndrome that may be detected after birth.²⁴
- Adults infected with Zika can develop a rare condition called Guillain-Barré Syndrome.³ GBS is a disorder where the body attacks its own nervous system, resulting in weakness or loss of feeling in the arms, legs and occasionally chest and face. While most people fully recover from GBS, the severity of symptoms can vary and last from weeks to months. Some people experience permanent damage or death. There is no cure for GBS at this time; however, prompt medical attention should still be sought.²⁵
- Research is ongoing to determine whether other neurological disorders may be associated with Zika.

Zika Prevention

Mosquito Bite Prevention

- Mosquito bites can be prevented by using repellents consistently and wearing long-sleeved shirts, long pants, socks and closed shoes.
- Insect repellents that are safe and effective (even for use during pregnancy and breastfeeding) include DEET, Picaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol and 2-undecanone.
- If sleeping during the day, using a mosquito net will help prevent Zika, as the *Aedes* mosquito mainly bites during the day.
- In order to reduce the mosquito population around homes, fumigating is not enough, as it only kills the flying adult mosquitoes, leaving behind eggs, larvae and adult mosquitoes not flying at the time of fumigation. To reduce mosquitoes, breeding sites around the home need to be eliminated.
- The *Aedes* mosquito is a “container breeder”; it tends to lay eggs in man-made containers.²⁶ *Aedes* mosquito breeding sites around the home can be eliminated through the following actions:
 - Check all water containers inside and outside your home for mosquito eggs and larvae once a week, and over turn containers where water naturally

²¹ Centers for Disease Control and Prevention. (2016). *Zika Symptoms*. Accessed September 8, 2016.

²² Centers for Disease Control and Prevention. (2016). *Facts about Microcephaly*. Accessed May 3, 2016.

²³ Cauchemez et al. (2016). Association between Zika virus and microcephaly in French Polynesia, 2013–15: a retrospective study. *The Lancet*. Published online March 15, 2016.

²⁴ Centers for Disease Control and Prevention. (2016). *Microcephaly & Other Birth Defects*. Accessed November 13, 2016.

²⁵ National Institute of Neurological Disorders and Stroke. (2015). *Guillain-Barré Fact Sheet*. Accessed May 3, 2016.

²⁶ Reiter. (2007). Oviposition, Dispersal, and Survival in *Aedes aegypti*: Implications for the Efficacy of Control Strategies. *Vector-borne and Zoonotic Diseases*. 7(2):261-273.

collects at least once a week to prevent *Aedes* mosquitoes from laying eggs.

- Identify **large water storage containers** in and around the home and:
 - » apply larvicide to large water storage containers (including covered containers) regularly to kill *Aedes* mosquito larvae.
- OR**
- » scrub and/or apply bleach to sides of large water storage containers, including all covered containers, weekly to remove *Aedes* mosquito eggs. Bleach must remain in contact with *Aedes* eggs for at least 15 minutes to effectively kill them.
 - Dispose of any unnecessary objects that can collect water in your home, including old tires, to prevent *Aedes* mosquitoes from laying eggs.
 - Drain and clean roof gutters regularly to prevent *Aedes* mosquitoes from laying eggs in the gutter.
 - Install window and door screens to prevent mosquitoes from entering the home.
 - Talk to others in your household about steps you can take to eliminate *Aedes* mosquito breeding sites in and around your home.

Prevention of Sexual and Vertical Transmission

- Sexual transmission of Zika can be prevented by using condoms consistently and correctly during all sexual intercourse, or abstaining from sex.
- Due to the risk of Zika congenital syndrome to a fetus during pregnancy, consider your options for delaying pregnancy and make an informed choice about when to become pregnant. An informed choice would include access to and counseling on a wide range of contraceptive methods and a voluntary choice of method.

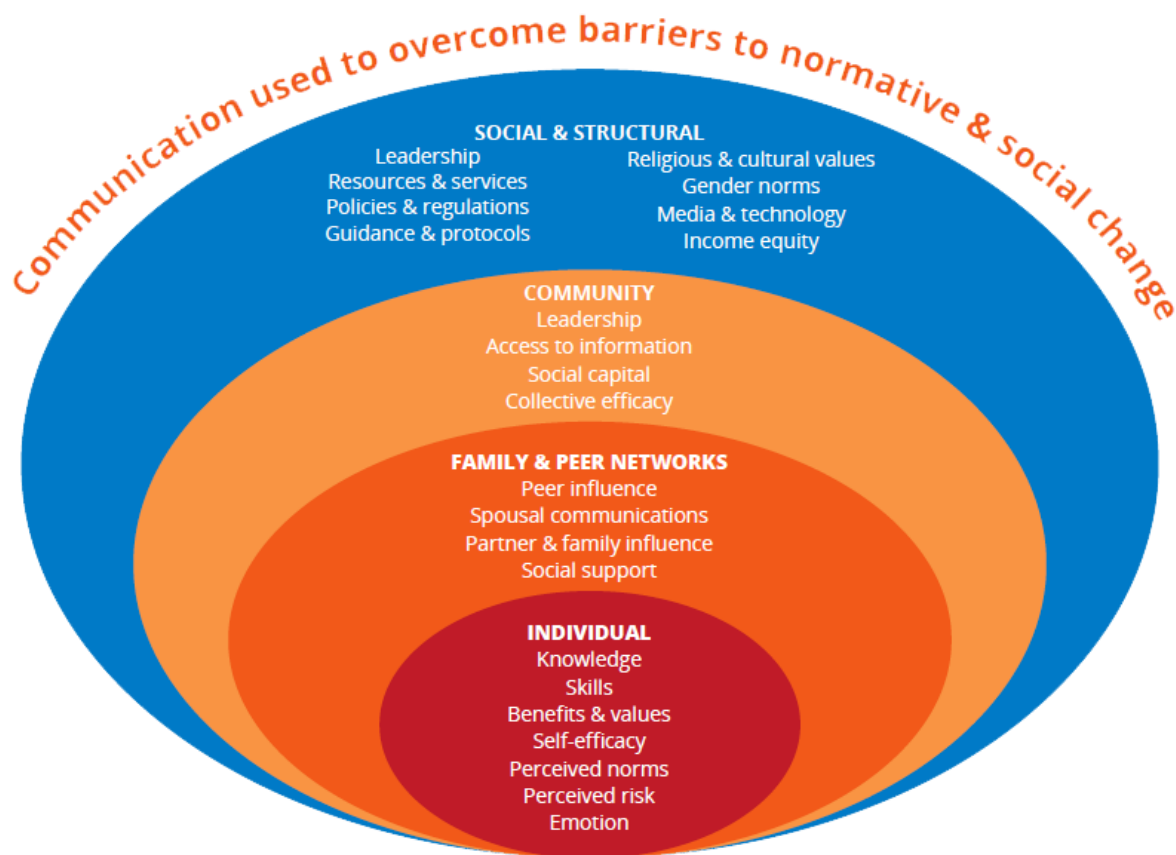
UTILIZE MODELS: DEVELOP A MODEL OF BEHAVIOR CHANGE FOR ZIKA PREVENTION

Using behavior change models and theory helps to understand why people act the way they do and why behaviors change. Models and theories are useful to guide program design and help define the focus of the program, including what or who to address and how.

Understanding Influences on Behavior: The Social Ecological Model²⁷

This document uses the Social Ecological Model (SEM) (Figure 3) to guide its strategic design. The SEM recognizes that behaviors take place within a complex web of social and cultural influences. This perspective views individuals as nested within a system of socio-cultural relationships – families, social networks, communities and nations – that are influenced by and have influence on their physical environments. Within the SEM, individuals’ decisions and behaviors are understood to depend on their own characteristics, as well as the social and environmental contexts in which they live. The social and environmental contexts, therefore, influence individual behaviors relating to Zika virus prevention.

Figure 3: The Social Ecological Model



²⁷ Kincaid, D.L., Figueroa, M.E., Storey D. & Underwood, C. (2007). A social ecology model of communication, behavior change, and behavior maintenance. Working paper. Baltimore: Johns Hopkins Center for Communication Programs.

Levels of the SEM

- The **individual** level includes personal interactions, knowledge, attitudes, social norms and religious beliefs, etc. In the context of Zika, this level includes factors such as level of knowledge on Zika prevention, risk and transmission; self-efficacy to prevent Zika transmission; perceived norms for vector control; and perceived risk to Zika.
- **Family and peer** networks involve interactions with family and peers, communication with others and social support and norms. In the context of Zika, this level includes factors such as how family or sexual partners influence contraceptive and/or condom use, actions to avoid mosquito bites, reducing breeding sites in and around the home, and family/peer support for those affected by Zika.
- The **community** level includes local leadership, organized groups, access to information, social capital and collective efficacy. In relation to Zika this level includes community groups mobilized to combat Zika and community support structures to support those affected by Zika.
- The **social and structural** level involves policies, rules, regulations, resources and leadership. Key elements at the social and structural levels include national Zika response plan activities, availability of health services – such as prenatal, newborn, family planning services – information provided by media outlets, vector control services, water and sanitation services, and supply chain of repellants and insecticides, among others.

Understanding Behavior Change in Emergencies: The Extended Parallel Process Model

The Extended Parallel Process Model (EPPM and also known as Fear Management Theory)²⁸ is commonly used in emergency situations because it acknowledges the increased risk perception populations are likely to experience.²⁹ The EPPM stipulates that for individuals to take protective action they must (1) feel threatened by the consequences of a particular behavior and, at the same time, (2) feel able to take the necessary action to avoid that threat and believe the action will be effective in mitigating the threat. The degree to which people feel threatened by an issue will determine their motivation to act. Action will not occur unless people's confidence in their ability to take protective measures is high, and they believe those actions will actually be effective in reducing risk.

Perceived **threat** has two domains:

- Belief that the threat is harmful (severity)
- Belief that one is at risk (susceptibility)

Perceived **efficacy/control** has two domains:

- Belief that solutions are effective (response efficacy)
- Belief about one's ability to practice the solutions (self-efficacy)

The table on the next page indicates how information about the audience's perceptions of threat and efficacy can be used to understand the barriers to adopting behavior change in the context of an emergency and how communication can specifically address those barriers. The model identifies four outcomes of behavior depending on the individual's levels of perceived threat and perceived control (self-efficacy).

²⁸ Andersen, P. A., & Guerrero, L. K. (Eds.). (1997). *Handbook of communication and emotion: Research, theory, applications, and contexts*. Academic Press.

²⁹ Ejeta, L. T., Ardalan, A., & Paton, D. (2015). Application of behavioral theories to disaster and emergency health preparedness: a systematic review. *PLoS currents*, 7.

	High Efficacy Belief in effectiveness of solutions and confidence to practice them	Low Efficacy Doubts about effectiveness of solutions and one's ability to practice them
High Threat Belief that the threat is harmful and one is at risk	Danger Control People take protective action to avoid or reduce the threat. Strategy: Provide calls to action	Fear Control People are too afraid to act and just try to reduce their fear (deny existence of threat) to make themselves feel psychologically better. Strategy: Educate about solutions
Low Threat Belief that the threat is trivial and one is not at-risk	Lesser Amount of Danger Control People know what to do but are not motivated to take action. Strategy: Educate about risk	No Response People do not feel at risk and do not know what to do about it anyway. Strategy: Educate about risk and solution

The EPPM suggests that messages should be (1) relevant to the audience, (2) show the severity of the risk, (3) propose a behavior the audience is capable of performing and (4) persuade the audience the recommended action is effective in reducing the threat. In emergencies, interventions should:

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

Zika social and behavior change landscape assessments were conducted in Honduras, El Salvador, Dominican Republic and Guatemala in March and April 2016.³⁰

Anecdotal findings suggest low perceived threat of Zika and low self-efficacy to prevent mosquito-bites. Low threat was thought to be due in part to the acceptance of mosquito-borne diseases as unavoidable and a greater fear of the health impacts caused by dengue and chikungunya than by Zika. In addition, a lack of personal experience with microcephaly or GBS was thought to reduce risk perception.

Research on Self-efficacy for Dengue Control

Perceived self-efficacy, or one's confidence to practice a behavior or a solution to a problem, plays an essential role in behavior change and prevention of vector-borne diseases. Research on dengue in Malaysia showed that an increase in self-efficacy led to increased practice of dengue prevention behaviors among a study of 280 adults after a dengue outbreak. The authors found that level of self-efficacy significantly predicted dengue preventive behaviors, including *Aedes* mosquito search and control activities in the home. On the other hand, knowledge about dengue showed only an indirect effect on dengue prevention behaviors, and this effect was mediated by self-efficacy. This research concluded that "public health campaigns should be designed to maximize the impact on self-efficacy... and not just knowledge."³¹

³⁰ Health Communication Capacity Collaborative (HC3). (2016). *HC3 Landscaping Summary Report on Zika Coordination and Communication in Four Countries: Honduras, El Salvador, Dominican Republic and Guatemala, March-April 2016*. Baltimore: Johns Hopkins Center for Communication Programs.

³¹ Isa, A., Loke, Y. K., Smith, J. R., Papageorgiou, A., & Hunter, P. R. (2013). Mediation effects of self-efficacy dimensions in the relationship between knowledge of dengue and dengue preventive behaviour with respect to control of dengue outbreaks: a structural equation model of a cross-sectional survey. *PLoS Negl Trop Dis*, 7(9), e2401.

TAILOR STRATEGY: ADAPT THE STRATEGIC COMMUNICATION FRAMEWORK TO DEVELOP A COUNTRY-SPECIFIC STRATEGY

This section of the framework lays out the main components of a communication strategy for Zika virus prevention:

- **Situation Analysis**
- **Audience Segmentation**
- **Strategic Design**
- **Monitoring and Evaluation (M&E)**

Each part in this framework provides illustrative content that **should be adapted** based on the country-specific context. When adapting, be sure to refer to available evidence and a model for behavior change, if you have one, to ensure that the country strategy is grounded in the context.

Situation Analysis

Guidance for Completing Your Situation Analysis

Situation analysis focuses on gaining a deeper understanding of the challenge to be addressed within a specific context. The analysis should include learning about those affected and their perceived needs, social and cultural norms that may affect the challenge, identifying and mapping communication resources and existing capacity, and identifying potential constraints on, and facilitators for, individual and collective change. This is based on available country-level data and evidence. If existing data is not available, it may be necessary to conduct additional formative research to understand individual knowledge, attitudes and behaviors of the target audience. The output of the situation analysis is a detailed understanding of the problem as well as its causes, facilitators and possible solutions. Findings from the situation analysis should help form the problem statement and articulate the goals of the communication intervention.

Country teams should gather existing Zika data and disaggregate it by age, sex, geographic location, pregnancy and other important variables to help understand the current scenario. Geographic areas at high risk of Zika, likely urban and peri-urban settings, should be identified. Teams should also engage as many stakeholders as possible to develop a comprehensive understanding of their context. The United States Agency for International Development (USAID), WHO, UNICEF and other implementing partners may already have existing data that can be used.

The following questions can be used by country-level teams to conduct a local situation analysis of Zika epidemiology and national coordination, as well as considerations for SBCC.



Resources

For further guidance on conducting a situation analysis, see:

[SBCC for Emergency Preparedness: Coordination and Mapping](#)

[SBCC for Emergency Preparedness: Rapid Needs Assessment](#)

[How to Conduct a Root Cause Analysis](#)

[How to Conduct a Situation Analysis](#)

[How to Conduct Qualitative Formative Research](#)

Example Questions for a Situation Analysis and Consultation of the Changing Evidence-base

Zika Incidence and Trends

- Is there a geographic region more affected or at higher risk for Zika, such as rural, urban or peri urban areas? Are there high-risk areas along transit/transport routes, areas of drought and/or areas of insecurity or migration?
- What areas have the highest concentration of *Aedes* mosquitoes?
- What are the latest Zika trends from current surveillance data? Are there trends from dengue and chikungunya surveillance data that could be used to predict areas at risk for Zika?
- Is there a pattern of infection? For instance, does Zika peak in the rainy season and/or does it follow the similar patterns of dengue and chikungunya? Is there a pattern of suspected Zika-related pregnancy outcomes nine months after Zika outbreaks?
- What is the current protocol on testing for the Zika virus in pregnant women or women trying to become pregnant? How accessible is testing?
- What is the pattern of Zika infection among women and men?
- What is the current protocol for microcephaly diagnosis? For Zika congenital syndrome? Do current protocols include follow-up testing? Information regarding parent/family support?
- What are the patterns of Zika congenital syndrome, including microcephaly, incidence in babies born to women infected with Zika?

Vector Control and Surveillance

- Is there a national policy on vector control? Has it been updated to reflect this outbreak of Zika? What are the characteristics of the biting and breeding behavior of the *Aedes* mosquitoes in the country? Are *Aedes* a greater problem in any specific areas of the country? Any seasons (rain)? Areas with poor water infrastructure (which promotes water storage in/around homes)?
- What are the current surveillance systems in place for Zika and for *Aedes* tracking?
- What are the current vector control activities being conducted for *Aedes* mosquitoes, including dengue and chikungunya? Who is involved in these activities? What are the strengths and weaknesses? Are they based on the *Aedes* mosquito behavior? How frequently are these activities done or recommended? How are they targeted geographically? How are results measured?
- Is there any synergy (positive) or confusion (negative) between such programs and the malaria program, which targets a different mosquito with different behaviors?
- What private sector products are on the market for vector control? Are mosquito repellents universally available?
- How does violence and security impact vector control and surveillance?
- How do communities and households access water? What is the frequency of the water supply?
- What are community perceptions of government-led vector control efforts?

Family Planning and Reproductive Health Access and Use

- Is there a national policy on family planning and reproductive health? Has it been updated to reflect this outbreak of Zika?

- What is the contraceptive prevalence rate (CPR)? Does the CPR vary greatly by age or geographic regions? For instance, young people often have less access to reproductive health services and/or feel intimidated when accessing services.
- What are the strongest motivators to use family planning? Barriers? What myths and misconceptions exist regarding the use of family planning?
- Are reproductive health services universally available with a wide range of contraceptive options?
- What is the family planning method mix?
- Are protections in place in national counseling guidelines that ensure a woman's informed and voluntary decision-making related to contraceptive use?
- Where do women and adolescents obtain reproductive health and family planning services, including contraception, emergency contraception, prenatal care and delivery?
- What barriers might certain groups, such as adolescents, face when seeking reproductive health and family planning services?
- How often do women obtain reproductive health and family planning services, including prenatal care?
- What is the role of the private sector in reproductive health and family planning services?
- How does violence and security impact access to services?
- What is the rate of condom use? Are condoms widely available in the public and private sector?
- What private sector products are on the market for family planning?
- Is there a national policy for adolescent reproductive health?
- What are the strengths and weaknesses of the health system to address the reproductive health needs of adolescent populations?
- What effective communication strategies, if any, have been used to promote reproductive health, including condom use, among adolescents?

Healthcare Providers

- What resources are available to healthcare providers to guide their counseling on Zika prevention, transmission and care and support?
- What messages or talking points do healthcare providers use while counseling on Zika prevention, transmission and care and support?
- What testing, prenatal, family planning and social support services are currently available to refer clients to?

Media

- What channels are being used to communicate Zika prevention messages (e.g., mass media, social media or community health worker outreach, etc.)? Is there a current communication campaign for Zika prevention? If so, what is the objective, target audience and message of the campaign? Is it effective? Are campaign messages based on the most current Zika epidemiological evidence?
- What are the most effective channels available to reach specific target audiences, including women of reproductive age, pregnant women and adolescents?

- What stories have been written to date in the media on Zika? What messages are being shared? Are they accurate and timely? Fear-based? Is the media informed of the public opinion?
- Where do journalists get their information on Zika, including transmission, prevention and care and support?
- Have there been any media training opportunities on Zika? What topic areas did the trainings focus on?
- How trustworthy or reliable do people find different information sources?

Individual Knowledge, Attitudes and Behaviors

- Has a knowledge, attitudes and practices study been conducted about Zika? What do men, women and adolescents know about Zika transmission, prevention, treatment and the potential impact on the fetus/child, as well as family planning? What additional information is needed?
- How familiar are men, women and adolescents with mosquito-borne diseases? How do they perceive vector control measures?
- What is the perceived risk of Zika among men, women and adolescents?
- Has the MOH identified key knowledge, attitudes and behaviors for promotion among different target audiences?
- Where do men and women get information about Zika and family planning?
- What individuals or groups influence decision-making, such as religious organizations, etc.?
- What barriers do men, women and adolescents face in accessing information about Zika and family planning?
- What barriers or facilitators influence condom use for women, men and couples (including pregnant couples)?
- Are there common misconceptions or rumors about Zika? About family planning?
- What personal protective measures are women and men currently taking to prevent Zika?
- What is their self-efficacy to carry out personal protective measures?
- Who has decision-making power in the household to implement actions to eliminate mosquito breeding sites?
- How, if at all, do couples communicate about condom use, mosquito bite prevention and vector control behaviors?

Mapping Current and Planned SBCC

- Is there a national or subnational Zika communication strategy? Does the strategy include M&E indicators? What are the strengths and gaps?
- What SBCC activities are currently taking place at national, regional or community levels? Who is implementing these activities? What is the focus of the activities? What knowledge, attitudes and practices are being promoted?
- What SBCC activities are currently taking place regarding *Aedes* mosquitoes, dengue and/or chikungunya at national, regional or community levels?
- What are the main messages being shared in current campaigns? What was shared in past campaigns? Were past campaigns successful?
- Who are the key populations being targeted and why? Who is not being targeted and why?

- Are specific populations being targeted for messaging around sexual transmission of Zika (i.e., migrant worker families and/or commercial sex workers)?
- Is a system or process in place for the development, standardization and approval of Zika communication print materials and mass media productions? Who provides final approval?

Partnerships and Coordination

- What stakeholders are working on Zika in the country? In what thematic areas (prevention, treatment, care and support)? With what populations? Consider:
 - Government institutions
 - Service delivery
 - United Nations (UN) agencies and bilateral organizations
 - Non-governmental and local organizations
 - Media and communication agencies
 - Research institutions and universities
 - Private sector
 - Individuals and community mobilizers
- Is there a coordinated system in place for implementing partners, donors and stakeholders to share updates on their efforts regarding the outbreak and to ensure that key geographic areas and socio-demographic groups are being covered? Who are the leaders and in what capacity? Is there a task force or organized group?
- Are there crosscutting working groups or mechanisms to discuss Zika messaging that connects vector control and maternal and reproductive health?
- Have there been any efforts made to get schools and community, social or religious leaders, or organizations of persons/families with disabilities involved in disseminating messages on Zika? What opportunities exist?

Using Data to Inform Strategic Design

Once a well-informed situation analysis has been conducted, look closely at the information presented. Use the information collected in the situation analysis to develop a problem statement and inform the objective of your activities. The situation analysis will also shed light on audience segmentation and the strategic design of the intervention, including key messages. Findings should be used to prioritize activities and assess effectiveness and feasibility. Activities and objectives should be created and prioritized to address gaps identified in the situation analysis.

Audience Segmentation

Guidance on Completing Audience Segmentation

Audience segmentation determines the specific population groups or subsets on which to focus when addressing the selected challenge. Proper audience segmentation ensures activities are tailored to be as effective and appropriate as possible for relevant audiences, and that messages and materials are highly customized according to that audience's needs. Primary and influencing audiences should be identified during the situation analysis depending on how each audience is affected by the problem, their knowledge and behaviors, demographics, location etc.

Primary audiences are the key people to reach with messages. They may be the people directly affected by the health issue or most at risk for the issue. Additionally, they may be the people who are best able to address the challenge or who can make decisions on behalf of those affected. To ensure honing of messages, primary audiences may be further refined into sub-audiences.

Influencing audiences are people who can impact or guide the knowledge and behaviors of the primary audience, either directly or indirectly. Influencing audiences may include family members and people in the community, such as community leaders, but can also include people who shape social norms, influence policies or affect how people think about the issue.



Resources

For further guidance on audience segmentation, see:

[How to Do Audience Segmentation](#)

[How to Do an Audience Analysis](#)

[SBCC for Emergency Preparedness: Audience Analysis and Segmentation](#)

Example Zika Audience Segmentation for Adaptation

This framework includes an example strategic design for five potential primary audiences and two influencing audiences for Zika.

Primary Audience Segments for Zika (with Rationale for Selection)
<p>Primary Audience 1: Pregnant women</p> <p>Rationale: Pregnant women are at risk of transmitting the virus to their baby during pregnancy, which in turn can result in Zika congenital syndrome, including microcephaly. Women need the available information to make informed decisions related to preventing Zika.</p>
<p>Primary Audience 2: Women of reproductive age who are not pregnant</p> <p>Rationale: Women of reproductive age who are not pregnant need the available information about Zika to make informed decisions on how to prevent Zika transmission and make an informed choice on how to avoid unintended pregnancy.</p>
<p>Primary Audience 3: Adolescents</p> <p>Rationale: In many of the countries affected by Zika, adolescent girls experience high rates of unplanned pregnancy. Therefore, adolescent girls and boys need to be informed as to their risk of Zika transmission and how to effectively prevent Zika and avoid unintended pregnancy.</p>
<p>Primary Audience 4: Male partners of women of reproductive age</p> <p>Rationale: Men play an important role in protecting their families' health and reducing breeding sites in their home, as well as influencing decisions on contraceptive use with their partners. Because the Zika virus can live in semen for an undetermined amount of time, men who have been infected can transmit Zika to their sexual partners, which can then infect a fetus.</p>
<p>Primary Audience 5: Health care providers</p> <p>Rationale: This audience provides direct counseling, family planning and prenatal care services to women and their partners. Providers often influence women's health decisions, including Zika preventative behaviors and family planning informed choice, and can influence stigma and discrimination against affected families. Health care providers need up-to-date, reliable Zika information and messages in order to provide appropriate care and support for their patients.</p>
Influencing Audience Segments for Zika (with Rationale for Selection)
<p>Influencing Audience 1: Community groups</p> <p>Rationale: Community groups can include religious leaders, local government, local leaders, community outreach groups and teachers. These groups influence norms and practices around behaviors among households and communities. Community groups can also influence stigma, discrimination and other behaviors towards individuals and families affected by Zika.</p>
<p>Influencing Audience 2: Journalists</p> <p>Rationale: Journalists frequently communicate about health and epidemiologic data to policymakers, civil society stakeholders and community leaders, as well as citizens, through popular news formats including newspapers, radio and TV. They have the capability to communicate and/or miscommunicate information about the risk of Zika virus infection, the risk of Zika congenital syndrome (including microcephaly) preventative behaviors and other information vital to containing the spread of Zika virus. Journalists also have the ability to influence social norms regarding stigma and discrimination against individuals and families affected by Zika.</p>

Guidance on Completing the Strategic Design

This framework outlines five essential pieces for the strategic design, including audience profiles, communication objectives, positioning, key messages, strategic approaches and illustrative activities.

Strategic Design: Audience Profiles

Audience profiles help bring to life and personify each audience segment. The profile should embody the characteristics of the target population, with a focus on telling the story of an imagined individual within the group who can neutrally represent the intended audience. This profile is important to assure the messages are tailored to members of this selected group, and will resonate with them and motivate them to take action.

The audience profile helps guide communication messaging and activity planning. For example, when making decisions about communication strategies, the audience profile should be used as an ongoing reference. Basing communication decisions on a representative, personalized example from a target audience allows program designers to better define and focus communication approaches and activities.



Resources

For further guidance on audience profiles, see:
[How to Do an Audience Analysis](#)

[SBCC for Emergency Preparedness: Audience Profiling](#)



Example Audience Profile – Pregnant Women:

Rosa is in her early 20s and has two children. She is currently pregnant and lives with her partner and his family. They live in a peri-urban area near a large city. She attends prenatal care visits at the local health clinic. She sells tortillas and her husband is a bus driver. Her family and children are her world. She is dedicated to making sure she has a healthy pregnancy. She has heard about Zika but does not know much about it. She has heard that babies in other countries are being born with microcephaly, and she is concerned that Zika might impact her baby. She is not sure how it could affect her family or her unborn child. She collects and stores water in large barrels and “pilas” because their water supply is intermittent. She gets mosquito bites mainly during the rainy season but they are around all year.

Strategic Design: Communication Objectives

Communication objectives are measurable statements that describe the specific, measurable, attainable, relevant and time-bound (SMART) changes to norms, policies or behaviors that will be achieved as a result of the communication activities. Objectives answer the question: What will the audience know, feel and do as a result of the program?



Example Communication Objective – Pregnant Women:

Increase the number of pregnant women with accurate knowledge of Zika transmission and prevention.



Resources

For further guidance on communication objectives, see: [Designing a Social and Behavior Change Communication Strategy \(Step 3\)](#)

Strategic Design: Positioning

Positioning is the way that communication professionals or marketers create a distinct impression of a product, service or behavior in the client's mind. Positioning should be chosen based on what will be most compelling to the specific audience segment. For example, the same contraceptive could be positioned in terms of social status (including affluence or modernity), relationship satisfaction or health and well-being. Positioning provides direction for developing and framing messages, helps determine the communication channels to be used and ensures consistency of messages across channels. It also helps ensure that all program outputs and activities use a consistent voice and reinforce each other for a cumulative effect. A positioning statement briefly describes the most compelling emotional and functional benefits of the product, service or behavior for the priority audience.



Example Positioning Statement – Pregnant Women:

Protect your unborn child by protecting yourself from Zika. As a mother, you want to do whatever you can to nurture your baby and ensure its wellness. Your baby depends on you! Providers at your nearby health post are your ally in Zika prevention and can help you and your partner make informed decisions, including condom use during your pregnancy.



Resources

For further guidance on positioning, see: [How to Create a Brand Strategy](#)

Strategic Design: Key Messages

Key messages outline the core information that will be conveyed to audiences in all materials and activities. Messages cut across all channels and must reinforce each other across these channels. When all approaches communicate iterative and harmonized key messages, effectiveness increases. SBCC implementers typically engage creative professionals to translate key messages into compelling and memorable terms, including slogans, jingles and taglines.

Well-designed messages are specific to the audience of interest, and clearly reflect both a specific behavioral determinant and positioning. They also clearly describe the desired behavior, which must be “doable” for the audience.

The example key messages below are relevant to multiple contexts. Not all messages will be suitable for every context and should be adapted at the local level. The key messages in this framework include **calls to action** and supporting messages. Calls to action include messages that require action on the part of the audience while supporting messages contain essential information.

When choosing messages, remember that too many messages may confuse the audience and lead to inaction. **Prioritize key messages based on your priority objectives, gaps identified and the desired behavioral results.** Use a communication message map to select two to three messages per topic. The number of messages will also vary to suit the communication approach you are using. Messages may need to be communicated in a phased approach as awareness, risk and self-efficacy begin to shift. For example:

- At the beginning of an epidemic, people may believe a threat is trivial and therefore may not be motivated to take action. At this stage, messages should focus on increasing awareness of the risks.
- As the epidemic grows and more people are affected, people may begin to feel more at risk and ready to take protective action to reduce the threat. At this stage, messages should focus on key calls to action. Formative research findings should be used to develop and prioritize key messages.



Example Key Message – Pregnant Women:

Call to Action

If you are pregnant, consult your health care provider to discuss the potential risks of Zika.

Supporting Message

You may not know you have Zika. Many people infected with Zika virus will not have symptoms or will only have mild symptoms.



Example Communication Material³²

³² Pan American Health Organization (PAHO). (2016). *How to prevent mosquito breeding sites in and around your home*. Accessed at: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=33056&Itemid=270&lang=en

Time constraints during an emergency may lead programmers and planners to develop quick, generic messages based on technical information and scientific evidence only. However, technical messages alone, even if formulated in simple, understandable language, are unlikely to be fully effective in promoting desired behaviors. Messages need to take into account the local context, traditions, culture and potential stigma associated with the emergency. Knowledge, attitudes and practice (KAP) assessments can be used to identify perceived risk and the self-efficacy of target populations.



Zika Messages

For examples of key Zika messages, see:

[Risk Communication and Community Engagement for Zika Virus Prevention and Control \(UNICEF\)](#)

[CDC website for up-to-date key messages on Zika virus disease](#)

[Zika Virus Infection: Step-by-step guide on Risk Communications and Community Engagement](#)

[Key Behaviors to be Promoted in Zika Response \(UNICEF\)](#)



Resources

For further guidance on how to design SBCC and risk communication key messages, see:

[Message Map for Risk Communication](#)
Also see the Useful Tools section of this document

[SBCC for Emergency Preparedness: Message Development](#)

[The Extended Parallel Process Model: Example from Ebola](#)

[How to Design SBCC Messages](#)

Strategic Design: Communication Approaches and Activities

Strategic approaches describe how your objectives will be achieved. They will guide the development and implementation of activities, and will determine the vehicles, tools and media mix used.

Integrating updated information on Zika virus prevention and the risks of infection into existing communication approaches and activities, such as interpersonal, mass media and community dialogues, is the optimal approach to reach the audiences outlined in this framework. It is recommended to use a mix of approaches with mutually reinforcing messages.

Approaches and activities should be carefully selected based upon timeline, cost, ability to reach the intended audience, creative considerations and lessons learned from past activities. It is helpful to refer to findings from the **Situation Analysis** to guide communication approaches and the selection of activities. **Table 1** is an overview of the types of communication approaches that can be used.



Resources

For further guidance on strategic approaches and activities, see:

[How to Develop a Channel Mix Plan](#)

[How to Plan an IPC Intervention](#)

[SBCC for Emergency Preparedness: Choosing Communication Channels](#)

Also below, illustrative examples of approaches and specific activities are presented for communicating to priority and influencing audiences. The example shown below is for pregnant women. These suggestions are a starting point from which to choose and expand – close collaboration with communication and creative professionals can help ensure that design and execution are innovative and compelling.



Advocacy and Partnerships

Advocacy works best when it is based on evidence and focused on a specific “ask” aimed at a key decision maker to take a concrete action, such as: to increase funding or other resources dedicated to an issue, remove bottlenecks in the implementation of existing policy or support a new policy. Strategic and well-planned advocacy can strengthen and expand commitment among a group of stakeholders who share a vision of change, as well as cultivate champions and inspire actions.

For Zika prevention, **new and expanded partnerships with the private sector** can increase funding and visibility. Partnership with private sector groups includes coordination to ensure that efforts are aligned with national strategies and messaging is harmonized. Examples of partners to engage in Zika include:

- **Insecticide manufacturers or distributors:** To increase and widen access to repellents and insecticides, such as larvicide, as well as to establish an accessible price for these products.
- **Employers:** To ensure mosquito/larva eradication in the workplace as well as orient workers on Zika prevention for their families and refer employees for health counseling.
- **Tourist industry:** To join mosquito eradication efforts in their areas and keep the tourist economy robust.
- **Mobile phone network providers:** To transmit key information on Zika prevention through voice and text messaging.
- **Private business:** To contribute to national/regional mass media campaigns as part of their corporate social responsibility efforts.



Example Strategic Approaches and Activities – Pregnant Women:

Strategic Approach: Community Engagement

Purpose: Create a safe space for pregnant women to connect with their peers face-to-face in a small group setting for peer support, to ask questions, share experiences and learn from one another.

Illustrative Activities:

- Integrate Zika issues into community forums, such as prenatal groups, mothers clubs and discussion groups.
- Work with community leaders, health workers, religious leaders and NGOs to identify organized groups with which to catalyze open discussion on Zika risks and prevention.
- Develop a series of topics and questions for discussion during group sessions.

Strategic Approach: IPC

Purpose: Provide women with access to trusted information from a healthcare provider or specialist.

Illustrative Activity:

- Develop talking points for healthcare providers or specialists to discuss in clinic waiting rooms and/or discuss with women privately during consultations.

Strategic Approach: Radio/TV

Purpose:

- Increase awareness of Zika and Zika prevention.
- Inform pregnant women of places to access more information.
- Model pregnant women and their families adopting Zika prevention behaviors.

Illustrative Activities:

- Radio and TV spots discussing high-impact Zika prevention behaviors and how to access more information.
- Feature pregnant women role models and their partners engaging in high-impact Zika prevention behaviors and accessing information on Zika.

Strategic Approach: Print Media

Purpose: Increase awareness of Zika and Zika prevention.

Illustrative Activity:

- Posters/brochures demonstrating high-impact Zika prevention behaviors and directing pregnant women to prenatal care and additional Zika prevention information.

Strategic Approach: Digital Health

Purpose: Provide comprehensive on-demand information on how to prevent Zika.

Illustrative Activities:

- Digital health platform(s) that provides comprehensive information on a wide range of Zika information, including prevention, Zika congenital syndrome, microcephaly, support for affected families, family planning and prenatal care.
- mHealth messaging platform (such as WhatsApp) to provide information on Zika transmission and prevention.

Table 1: Overview of Strategic Approaches that Can Be Used in Risk Communication

The strategic approaches discussed below are illustrative of the types of approaches relevant to Zika risk communication.

Advocacy: Operates at the political, social and individual levels, and works to mobilize resources and political and social commitment for social change and/or policy change. Advocacy aims to create an enabling environment at any level, including the community level (i.e., traditional government or local religious endorsement), to ask for greater resources, encourage allocating resources equitably and to remove barriers to policy implementation. Advocacy can include social mobilization and community participation activities.

Counseling: Based on one-to-one communication and is often done with a trusted and influential communicator, such as a counselor, teacher or health provider. Counseling tools or job aids are usually also produced to help clients and counselors improve their interactions, with service providers trained to use the tools and aids.

Digital Media/Digital Health: Fast growing and evolving approach, with an increasing reach throughout the world. This approach includes websites, mobile media, short message service (SMS), social media, email, listservs, internet news feeds, chat rooms, eToolkits, message boards, virtual learning and eLearning. Digital media is unique in being able to disseminate highly tailored messages to the intended audience, while also receiving feedback from them and encouraging real-time conversations, combining mass communication and interpersonal interaction. It can be also be used to create and engage online communities of practice made up of specific groups. Interactive digital media providing such tailored health information can be effective in helping people manage diseases, access health services and obtain social support, or provide assistance in changing behaviors.

Distance Learning: Provides a learning platform that does not require attendance at a specific location. Rather, the students access the course content either through a radio or via the internet, and interact with their teacher and fellow classmates through letters, telephone calls, SMS texts, chat rooms or websites. Distance learning courses can focus on training communication specialists, community mobilizers, health educators and service providers. Additional information on eLearning can be found at the [Global Health eLearning Center](#).

IPC/Peer Communication: Based on one-to-one communication, peer-to-peer communication or communication with a community health worker (CHW), community leader or religious leader. IPC/peer communication can include the use of print, digital or other materials to address the knowledge needs of the client or serve as a job aide.

Mass Media: Can reach large audiences cost-effectively through the formats of radio, television, entertainment-education and newspapers. Given the potential to reach thousands of people, a small- to moderate-effect size will have a greater impact on public health than an approach that has a large-effect size but only reaches a small number of people.

Print Media: Mid-media's reach is less than that of mass media and includes posters and brochures, etc. Print media, such as flipcharts, job aids and leaflets, is often used to address the informational needs of clients and support client-centered counseling.

Communication at the Community Level: Can include community dialogue, community participation, interactive storytelling, community events, community-owned radio, street theater, etc. Communication at the community level can stimulate community participation, ownership and sustainable solutions and can reach a larger audience.

Monitoring and Evaluation of Zika Prevention Communication

Guidance on Conducting M&E

M&E is a critical piece of any program activity because it provides data on the program's progress toward achieving set goals and objectives. Through the collection of data before, during and after, M&E processes can help ensure the program is reaching intended audiences with information and services to meet their needs and is having the desired effect on intermediate and behavioral outcomes. Existing M&E efforts, especially those related to dengue and chikungunya as well as family planning, can be expanded to track progress toward specific results regarding communication around Zika virus prevention and the associated risks of infection.

Planning for M&E

M&E may be used to identify what changes, if any, need to be made to programs to increase their efficacy. While M&E is essential, it is also time- and resource-intensive. Therefore, it is important to appropriately budget and plan for M&E activities during program planning. Developing an M&E plan should outline what M&E indicators to track, how and when data will be collected and what will happen to the data once it has been analyzed.



Resources

For further guidance on planning for M&E, see:

[How to Develop an M&E Plan](#)

Monitoring

Monitoring a program during implementation helps ensure it is on track to meet its goals. Monitoring identifies what has been done when, how and with whom. Continuous monitoring of data and indicators provides valuable insight into how programs may need to be adjusted in real time during implementation to reach the objectives. Appropriate monitoring during public health emergencies is essential to understand the fast-paced nature of an epidemic and how programs should adapt to meet evolving needs.

Evaluation

Evaluation of the communication activity once completed allows you to determine its effect on behavior change among the intended audience. Evaluations document how observed changes are associated to the intervention and to what extent. Additionally, evaluation information can be used to assess implications for scaling up or replication in different contexts.

M&E Data Sources


A variety of sources can be used to collect M&E data. Potential data sources include:

- Program-specific M&E tools developed by the project
- Service statistics from clinics and providers, including referral cards, registration forms and facility registers
- Small-scale health provider surveys, including community outreach worker interviews or surveys
- Website analytics and other online statistics
- SMS surveys in focus areas
- Qualitative data, including focus groups, in-depth interviews and observation
- Client exit interviews conducted with clients as they leave the health facility

- Media monitoring of mass media campaign reach and penetration by channel (radio/TV data)
- Omnibus surveys, which collect data on a variety of topics during the same interview, with additional questions related to program exposure and impact
- Demographic and Health Surveys (DHS), which provide data on national and regional trends approximately every five years
- Large, nationally representative program-specific surveys

M&E Indicators

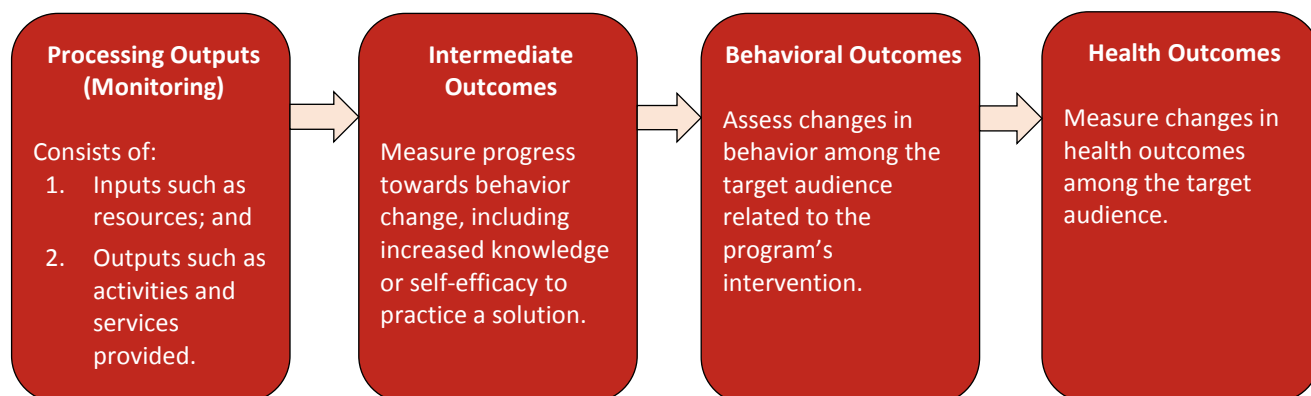
M&E indicators should be selected based on the communication objectives of the strategic design. The communication objectives will determine which M&E outcomes to measure, including process outputs and intermediate, behavioral and health outcomes. **For many indicators, it is essential to disaggregate data by specific groups, such as women who are pregnant, adolescents and/or women of reproductive age.** The following diagram provides a definition of each and demonstrates the flow among the four M&E categories.



Resources

For further guidance on M&E indicators, see:

[How to Develop Indicators](#)



To assess the impact of a communication initiative, it is good practice to develop indicators for intermediate outcomes, behavioral outcomes and health outcomes. One can expect to observe a cascading effect in which changes in intermediate outcomes result in changes in behavioral outcomes and, ultimately, changes in health outcomes.

Using M&E Data

While the collection of M&E data tends to receive the most attention, it is also critical to ensure there is a process for analysis, review and use of the collected data. M&E data is useful to inform program changes and for the development of new programs. It is best to build these M&E review processes into existing program management activities so data is collected, disseminated and used regularly.

Examples of Zika Prevention M&E Indicators and Data Sources for Local Adaptation

The following examples provide a menu of indicators for Zika prevention and associated data sources. Indicators should be carefully selected and adapted based on the communication objectives of the program, audience, feasibility and access to data sources.

For ease of use, intermediate and behavioral outcome indicators are grouped to align with the levels of the SEM – socio-structural, community, family/peer networks and individual.

A: Process Outputs (Monitoring)

Process indicators assess the scope of the work and the quality and consistency of the activities that were implemented. Process outputs are a monitoring indicator and therefore do not measure change. These indicators consist of inputs, which are the resources and contributions that went into the program. These indicators also include outputs, which are the activities and services that were provided through the activity.

Indicator	Data Source
Training curricula developed for counselors (yes/no)	○ Existence of curricula
Number of trainings conducted	○ Program-specific M&E tools
Number of service providers trained in counseling at-risk populations about Zika prevention	○ Program-specific M&E tools
Number of job aides and client materials developed and distributed	○ Program-specific M&E tools
Number of participants reached by activity (e.g. radio spot, community event, training, etc.)	○ Program-specific M&E tools ○ Communication channel statistics
Number of community-level networks participating in Zika prevention	○ Program-specific M&E tools
Regular coordination meetings held with relevant stakeholders	○ Program-specific M&E tools
Number of public service announcements and/or mass media spots that include key Zika prevention messages	○ Communication channel statistics
Number of participants at community events that include Zika prevention messages	○ Program-specific M&E tools
Number of SMS/interactive voice technology messages sent	○ Program-specific M&E tools ○ Website analytics
Number of briefings held with journalists about Zika	○ Program-specific M&E tools
Number of views of videos	○ Program-specific M&E tools ○ Website analytics
Number of website visitors per month	○ Website analytics

B: Intermediate Outcomes

These indicators measure progress towards precursors of behavior change, including increased knowledge or self-efficacy to practice a solution. These indicators are grouped to align with the levels of the SEM.

Indicator	Data Source
SEM Level: Social/Structural including Services	
National communication strategy on Zika prevention in place (yes/no)	<ul style="list-style-type: none"> ○ Existence of strategy
Proportion of health care service providers who know the main routes of Zika transmission	<ul style="list-style-type: none"> ○ Health care provider survey
Proportion of health care providers who know the symptoms of Zika	<ul style="list-style-type: none"> ○ Health care provider survey
Proportion of health care providers who know the preventive measures for Zika	<ul style="list-style-type: none"> ○ Health care provider survey
Proportion of health care providers who feel the consequences of Zika are serious	<ul style="list-style-type: none"> ○ Health care provider survey
Proportion of health care providers who feel they have the skills to counsel women and families on Zika prevention	<ul style="list-style-type: none"> ○ Health care provider survey
Proportion of journalists who feel it is their responsibility to disseminate accurate Zika information	<ul style="list-style-type: none"> ○ Large/small program-specific surveys ○ Focus group discussion/in-depth interviews
Proportion of health care providers who use job aides to support counseling on Zika prevention behaviors	<ul style="list-style-type: none"> ○ Health care provider survey ○ In-depth interview/observation
SEM Level: Community	
Proportion of community members with perceived efficacy to take action on Zika prevention as a group	<ul style="list-style-type: none"> ○ Large/small program-specific surveys ○ Focus group discussion/in-depth interviews
Proportion of community members who trust other people in their community	<ul style="list-style-type: none"> ○ Large/small program-specific surveys ○ Focus group discussion/in-depth interviews
Number of community groups that have identified Zika as a priority	<ul style="list-style-type: none"> ○ Large/small program-specific surveys ○ Community group documentation ○ Focus group discussion/in-depth interviews
Number of community leaders who perceive group action is important in Zika prevention	<ul style="list-style-type: none"> ○ Large/small program-specific surveys ○ Focus group discussion/in-depth interviews

SEM Levels: Individual and Family/Peers	
Proportion of people who can recall key messages about Zika prevention	<ul style="list-style-type: none"> ○ Large/small program-specific surveys ○ Omnibus survey question
Proportion of people who know the main routes of Zika transmission	<ul style="list-style-type: none"> ○ Large/small program-specific surveys ○ Omnibus survey question
Proportion of people who know the symptoms of Zika	<ul style="list-style-type: none"> ○ Large/small program-specific surveys ○ Omnibus survey question
Proportion of people who know preventive measures for Zika	<ul style="list-style-type: none"> ○ Large/small program-specific surveys ○ Omnibus survey question
Proportion of people who perceive they are at risk from Zika	<ul style="list-style-type: none"> ○ Large/small program-specific surveys ○ Omnibus survey question
Proportion of people who feel the consequences of Zika are serious	<ul style="list-style-type: none"> ○ Large/small program-specific surveys ○ Omnibus survey question
Proportion of people who believe the recommended prevention practice will reduce their risk of Zika	<ul style="list-style-type: none"> ○ Large/small program-specific surveys ○ Omnibus survey question
Proportion of people who are confident in their ability to perform a specific Zika prevention behavior	<ul style="list-style-type: none"> ○ Large/small program-specific surveys ○ Omnibus survey question
Proportion of people who report having access to trustworthy, accurate and up-to-date information about Zika	<ul style="list-style-type: none"> ○ Large/small program-specific surveys ○ Omnibus survey question

C: Behavioral Outcomes

These indicators assess changes in behavior among the target audience related to the specific objectives of the behavior change communication program intervention. The examples below may not be relevant to every program; behavioral indicators are most relevant if aligned with the program objectives. These indicators are grouped to align with the levels of the SEM.

Indicator	Data Source
SEM Level: Social/Structural (including Services)	
Number of pregnant women who sought prenatal care	<ul style="list-style-type: none"> ○ Large program-specific surveys ○ Service statistics
Number of pregnant women counseled on Zika prevention by health care providers or community outreach workers	<ul style="list-style-type: none"> ○ Large program-specific surveys ○ Service statistics

Proportion of health care providers who talk with their clients about their risk of Zika and their family planning options	<ul style="list-style-type: none"> ○ Health care provider survey ○ Client exit survey ○ Observation
Number of women of reproductive age (not pregnant) counseled on Zika prevention <u>and</u> family planning options	<ul style="list-style-type: none"> ○ Large program-specific surveys ○ Service statistics ○ Client exit survey
Number of adolescents counseled on Zika prevention <u>and</u> reproductive health options	<ul style="list-style-type: none"> ○ Large program-specific surveys ○ Service statistics ○ Client exit survey
SEM Level: Community	
Number of community-level groups taking action on Zika prevention	<ul style="list-style-type: none"> ○ Program-specific M&E activities
Number of community media outlets providing accurate information and calls to action on Zika prevention	<ul style="list-style-type: none"> ○ Media scan
Proportion/Number of people participating in community-level vector-control actions	<ul style="list-style-type: none"> ○ Large/small program-specific surveys
Number of leaders who have taken supportive actions on Zika prevention	<ul style="list-style-type: none"> ○ Program-specific M&E activities ○ In-depth interviews with stakeholders
SEM Levels: Individual and Family/Peers	
Proportion of people who have talked with their partner about Zika prevention	<ul style="list-style-type: none"> ○ Omnibus survey question ○ Large program-specific surveys
Proportion of people who have carried out the recommended vector-control behaviors in their home in the past month to prevent Zika	<ul style="list-style-type: none"> ○ Omnibus survey question ○ Large program-specific surveys
Proportion of couples living in Zika-affected areas who used a condom at last intercourse	<ul style="list-style-type: none"> ○ Omnibus survey question ○ Large program-specific surveys
Proportion of women currently using a modern contraceptive method, disaggregated by: <ul style="list-style-type: none"> ● Contraceptive method ● All women ● Currently married women ● Sexually active, unmarried women 	<ul style="list-style-type: none"> ○ DHS ○ Omnibus survey question ○ Large program-specific surveys

D: Health Outcomes

These indicators assess changes in health outcomes among the target audience. Specific indicators should be measured depending on the communication objectives put forth in the strategic design.

Indicator	Data Source
Number of suspected cases of Zika	<ul style="list-style-type: none">○ Service statistics○ Large program-specific surveys○ National health surveillance systems
Number of confirmed Zika cases	<ul style="list-style-type: none">○ Service statistics○ Large program-specific surveys○ National health surveillance systems
Number of confirmed cases of Zika congenital syndrome, including microcephaly	<ul style="list-style-type: none">○ Service statistics○ Large program-specific surveys
Proportion of currently married women or women in union with an unmet need for family planning	<ul style="list-style-type: none">○ DHS○ Large program-specific surveys

IMPLEMENT: DEVELOP AN IMPLEMENTATION PLAN

The implementation plan details the **who, what, when** and **how much** of your communication strategy. It is essential that the plan clearly defines partner roles and responsibilities, activities, timeline, budget and management to optimize synergy among partners and use of resources. The plan also takes into consideration the different phases of the outbreak response: before, during and after.

The following tasks are essential for developing a successful implementation plan:

1. **Determine partner roles, responsibilities and communication.** This task focuses on **who** and is when you determine the roles and responsibilities of potential partners. The success of your efforts relies on the combined expertise of participating partners. Strong teams and a sense of shared ownership are the foundation for effective SBCC programs. It is essential to decide how various stakeholders will coordinate together and determine any processes such as regular meetings and sharing information that will be needed throughout the implementation period.

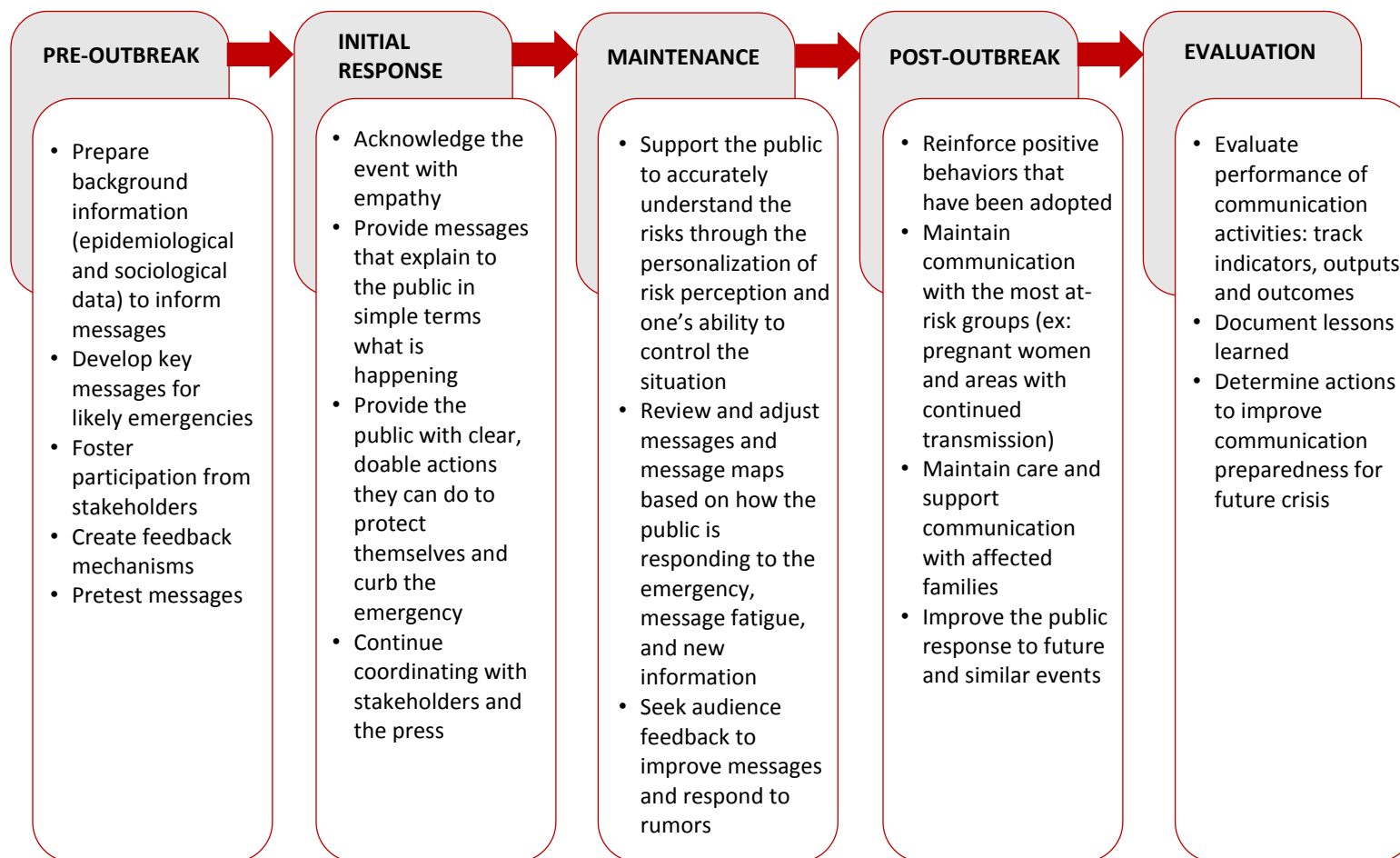
Considerations:

- Who will serve as the coordinating body for your program? Should a committee be set up or is there an already established entity that can perform this function?
 - What are the competencies needed to implement your communication strategy?
 - What potential partners have these necessary competencies? Who may be able to provide this expertise?
 - A list of common stakeholders and general roles can be found [here](#).
 - You may wish to use this [worksheet](#) to map partner competencies and geographic coverage.
 - How will the implementation plan be coordinated amongst the various partners?
 - What is the most effective way to involve your audience and strengthen the capacity of participating partners?
 - Consider subcommittees or small working groups to oversee specific components of the strategy (i.e., communication, advocacy, service delivery and M&E committees). Determine who will lead these subcommittees.
2. **Clearly outline activities with a focus on major milestones.** This task focuses on **what** and is when plans for implementing your strategy and achieving your communication objectives are outlined. **Your plans will depend on where you are in the Zika response: before, during or after the outbreak.** Figure 4 illustrates potential **key phases** of a Zika outbreak. Communication activities and messages will vary depending on the phase of the outbreak.

Considerations:

- What phase of the outbreak is relevant to your context? What information, messages and audiences should be prioritized to respond appropriately to that phase?
- What are the major milestones for the activity? What activities need to be implemented? What are the intermediate steps and the necessary sequence?
- Assign responsibility for each activity using the potential partners identified in the first task above.

Figure 4: Key phases of a Zika outbreak and communication activities to consider at each phase



Additional **guidance on communication during the various phases of an emergency** can be found in the [SBCC for Emergency Preparedness Implementation Kit](#).

- 3. Establish a timeline.** This task focuses on *when* and is the time to determine the schedule for the development, implementation and evaluation of the communication activities. The timeline is a flexible tool that will need periodic review and updates as changes occur. It can be used as a monitoring tool to ensure the implementation of activities stays on schedule.

Considerations:

- When will each activity be implemented?
- Are there weather and climate conditions to consider for Zika communication?
- What is the sequence of activities? How are they linked?

- 4. Determine a budget.** This task determines the *how much* of your implementation plan, such as how much funding will be needed to implement your Zika prevention communication strategy? The budgeting tool found in the **Useful Tools** section provides examples of possible expenses for different activities and can help you plan a preliminary budget. It is essential to estimate the amount of funding needed for each main activity to provide a clear idea of what resources will be needed. The budget must be finalized once the implementation plan is complete.

Considerations:

- What is the total amount of funding available? For each activity?

- 5. Finalize the implementation plan.** This task brings together the *who, what, when* and *how much* for your SBCC activity for Zika prevention. Complete the implementation plan template found in the [Useful Tools section](#) with the answers you have gathered in response to Tasks 1 through 4 of this section. Once developed, the implementation plan should be distributed among partners to ensure coordination among stakeholders. Regular meetings of this group will be important to ensure coordination.

Throughout the process, multiple stakeholders at the national, district and community levels should be fully engaged. It will be necessary to promote a *continued* coordinated response by fostering connections among different parts of the health sector and with other public sector actors, including vector control, family planning services, prenatal services, young people's organizations, NGOs, religious groups and the media. Participation of individuals and/or groups directly affected is crucial from the start.



Resources

For further guidance on implementation planning, see:

[Designing a Social and Behavior Change Communication Strategy I-Kit: \(Step 6\) Implementation Plan](#)

[Tools for Behavior Change Communication: \(Page 4\) Budgeting for Behavior Change Communication](#)

[Provider Behavior Change Implementation Kit: \(Step 8\) Develop an Implementation Plan](#)

[How to Develop a Communication Strategy \(Steps 11-14\)](#)

[How to Conduct a Stakeholder Workshop](#)

[How to Conduct a Program Analysis](#)

[How to Develop SBCC Creative Materials](#)

[How to Adapt SBCC Materials](#)

To be most effective, Zika communication efforts should also be matched with efforts to expand and increase access to family planning and maternal and child health services, including services for children with disabilities, and to train and equip healthcare providers.

EXAMPLES OF STRATEGIC DESIGN BY AUDIENCE SEGMENT FOR LOCAL ADAPTATION

This framework includes an example strategic design and illustrative key Zika messages for five primary audiences and two influencing audiences:

Primary Audience Segments
1. Pregnant women
2. Women of reproductive age who are not pregnant
3. Adolescents (girls and boys)
4. Male partners of women of reproductive age
5. Health care providers

Influencing Audience Segments
1. Community groups
2. Journalists

Selecting Communication Objectives and Messages

The strategic design examples below provide a menu of objectives, calls to action and supporting messages by audience. **Objectives and messages should be carefully selected and locally adapted** based on findings from the situation analysis, an understanding of where communication efforts are needed and gaps in prevention behaviors. Too many messages may confuse the audience and lead to inaction. Therefore, **messages should be prioritized to address the gaps** identified in the situation analysis. A blank example strategic design template is included in the [Useful Tools section](#).

Aligning Messaging to Existing Guidance

Messages should align with existing key messages included in the [Risk Communication and Community Engagement for Zika Virus Prevention and Control](#) guidance document. Two additional documents may serve as references for message development: UNICEF's [Key Behaviors to be Promoted in Zika Response](#) and the ASSIST Project's [Counseling Guide: Preconception, Prenatal and Postpartum Counseling in the Context of the Zika Epidemic](#) (Spanish only, English version coming soon). The messages in the examples that follow are in line with these three resources.

PRIMARY AUDIENCE 1: Pregnant Women
EXAMPLE AUDIENCE PROFILE
Rosa is in her early 20s and has two children. She is currently pregnant and lives with her partner and his family. They live in a peri-urban area near a large city. She attends prenatal care visits at the local health clinic. She sells tortillas and her husband is a bus driver. Her family and children are her world. She is dedicated to making sure she has a healthy pregnancy. She has heard about Zika but does not know much about it. She has heard that babies in other countries are being born with microcephaly and she is concerned that Zika might impact her baby. She is not sure how it could affect her family, her unborn child or whether it exists in her community. She collects and stores water in large barrels and pilas because their water supply is intermittent. She gets mosquito bites mainly during the rainy season but they are around all year. Despite her concern, Rosa sees her threat as low and has low self-efficacy since she is not sure if there is anything she can do to prevent infection.

COMMUNICATION OBJECTIVES – Prioritize objectives based on gaps identified in the situation analysis and the desired behavioral results.

1. Increase the number of pregnant women with accurate knowledge of Zika transmission and prevention.
2. Increase the number of pregnant women aware of their personal risk for Zika infection and the potential impact of Zika on themselves and their baby.
3. Increase the number of pregnant women who talk with their partner about condom use to prevent sexual transmission of Zika.
4. Increase the number of pregnant women who feel they can effectively take action to prevent Zika.
5. Increase the number of pregnant women who seek prenatal care.
6. Increase the number of pregnant women who proactively ask their providers about Zika, including information, support and Zika diagnostic testing (if available).
7. Increase the number of pregnant women who consistently protect themselves from mosquito bites.
8. Increase the number of couples who correctly and consistently use condoms during pregnancy.

POSITIONING – Frame messages to ensure consistency.

Protect your unborn child by protecting yourself from Zika. As a mother, you want to do whatever you can to nurture your baby and ensure its wellness. Your baby depends on you! Providers at your nearby health post are your ally in Zika prevention and can help you and your partner make informed decisions, including condom use during your pregnancy.

KEY MESSAGES FOR ADAPTATION – Prioritize call to action messages from the menu below based on your priority objectives, gaps identified and the desired behavioral results. Use the communication message map to select two to three messages per topic.

Zika Information and Symptoms

● **CALL TO ACTION**

- If you are pregnant, consult your health care provider to discuss the potential risks of Zika.
- If you have Zika, take steps to prevent mosquito bites for the first week of your illness to prevent it from spreading to others.

● **SUPPORTING MESSAGES**

- You may not know you have Zika. Many people infected with Zika virus will not have symptoms or will only have mild symptoms.
- The time period between exposure to Zika and the development of symptoms is not known, but is likely to be a few days to a week.
- The Zika illness is usually mild, with symptoms lasting for several days to a week. The most common Zika symptoms are fever, rash, joint pain or red eyes.
- Once you are infected with Zika, you are likely to be protected from future infections.
- There is no vaccine to prevent or medicine to treat the Zika virus.

Mosquito Bite Transmission and Zika Prevention

- **CALL TO ACTION**

- Use repellents consistently and wear long-sleeved shirt, long pants, socks and closed shoes to prevent mosquito bites.
- If you are pregnant, use insect repellents that are safe and effective, even during pregnancy and breastfeeding, such as DEET, Picaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol, and 2-undecanone, to prevent mosquito bites.
- Use a mosquito net when sleeping during the day, as Zika-transmitting *Aedes* mosquitoes mainly bite during the day.

- **SUPPORTING MESSAGES**

- The Zika virus is transmitted to people primarily through *Aedes* mosquito bites.
- *Aedes* mosquitoes become infected with Zika when they bite a person already infected with the virus. Infected mosquitoes then spread the virus to other people through bites.

Sexual Transmission and Zika Prevention

- **CALL TO ACTION**

- If you are sexually active, use condoms consistently and correctly during pregnancy to prevent the transmission of Zika.

- **SUPPORTING MESSAGES**

- You can become infected with Zika virus through sexual activity with your husband or partner if they are infected, even if they do not know they are infected.

Prenatal Care

- **CALL TO ACTION**

- Seek prenatal care and discuss Zika prevention, risk and the benefits of pregnancy monitoring with your healthcare provider.

Healthcare Seeking

- **CALL TO ACTION**

- If you or your partner experience Zika symptoms, visit a healthcare provider.
- If you or your partner think you may have been exposed to Zika, visit a healthcare provider.

Family Planning and Informed Choice

- **CALL TO ACTION**

- Consult your healthcare provider after giving birth to learn more about your family planning options.

Zika Congenital Syndrome, including Microcephaly

- **CALL TO ACTION**

- If you suspect your baby might have microcephaly or other neurological disorders included in Zika congenital syndrome, talk to your healthcare provider.
- If you suspect your baby might have microcephaly or other neurological disorders, provide your baby with as much love, care and stimulation as any other child.
- When your baby is born, continue breastfeeding even if you suspect you are infected with Zika virus; breastfeeding is still recommended for the newborn and will not cause Zika congenital syndrome or microcephaly.

- **SUPPORTING MESSAGES**

- A small percentage of babies born to mothers infected with Zika during pregnancy develop microcephaly or other neurological disorders.
- Microcephaly can be caused by Zika virus infection as well as other factors.
- Microcephaly is a condition in which a baby's head is much smaller than expected and may result in serious neurological disorders.
- Babies born with microcephaly and congenital disorders will need the same care, love and stimulation as all children.
- Children born with microcephaly or other congenital disorders have the same rights to development.

GBS

- **CALL TO ACTION**

- If you experience symptoms of GBS, seek medical care immediately.

- **SUPPORTING MESSAGES**

- In a very small number of people, Zika virus infection may lead to GBS, a rare condition that causes partial or complete paralysis of the body.
- The first symptoms of GBS include weakness or tingling sensations, usually starting in the legs.
- Most people recover from cases of GBS; a small minority may experience permanent damage or death.

Household Zika Prevention

- **CALL TO ACTION**

- Once a week, check all water containers inside and outside your home for mosquito eggs and larvae, and over turn containers where water naturally collects to prevent *Aedes* mosquitoes from laying eggs.
- Identify the **large water storage containers** in and around the home and:
 - » regularly apply larvicide to large water storage containers (including covered containers) to kill *Aedes* mosquito larvae.
- OR**
- » scrub and/or apply bleach to the sides of large water storage containers weekly, including covered containers, to remove *Aedes* mosquito eggs. Bleach must remain in contact with eggs for at least 15 minutes effectively kill them.
- Dispose of any unnecessary objects that can collect water around your home, including old tires, to prevent *Aedes* mosquitoes from laying eggs.
- Drain and clean roof gutters regularly to prevent *Aedes* mosquitoes from laying eggs in the gutter.
- Install screens on windows and doors to prevent mosquitoes from entering the home.
- Talk to others in your household about steps you can take to eliminate *Aedes* mosquito breeding sites in and around your home.
- Support and participate in community programs for the elimination of *Aedes* mosquito breeding sites in and around homes in your community.

<ul style="list-style-type: none"> ● SUPPORTING MESSAGES <ul style="list-style-type: none"> ○ The <i>Aedes</i> mosquito is a “container breeder,” which means it tends to lay eggs in man-made containers that collect water. ○ In order to reduce the mosquito population around your home, fumigating is not enough, as it only kills the flying adult mosquitoes, leaving behind eggs, larvae and adult mosquitoes not flying at the time of fumigation. Breeding sites around the home need to be eliminated. 	
<p>More Information</p> <ul style="list-style-type: none"> ○ For more information regarding Zika risk and prevention, visit: _____. ○ If you have questions about Zika prevention or transmission, talk to a trusted and trained health care provider for accurate information. 	
STRATEGIC APPROACH	ILLUSTRATIVE ACTIVITIES
<p><u>Community Engagement</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> ● Create a safe space for pregnant women to connect with their peers face-to-face in a small group setting for peer support, for peer support, to ask questions, share experiences and learn from one another. 	<ul style="list-style-type: none"> ● Integrate Zika issues into community forums, such as prenatal groups, mothers clubs and discussion groups. ● Work with community leaders, health workers, religious leaders and NGOs to identify organized groups with which to catalyze open discussion on Zika risks and prevention. ● Develop a series of topics and questions for discussion during group sessions.
<p><u>IPC</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> ● Provide women with access to trusted information by a healthcare provider or specialist. 	<ul style="list-style-type: none"> ● Develop talking points for healthcare providers or specialists to discuss in clinic waiting rooms and/or discuss with women privately during consultations.
<p><u>Radio/TV</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> ● Increase awareness of Zika and Zika prevention. ● Inform pregnant women of places to access more information. ● Model pregnant women and their families adopting Zika prevention behaviors. 	<ul style="list-style-type: none"> ● Radio and TV spots discussing high-impact Zika prevention behaviors and how to access more information. ● Feature pregnant women role models and their partners engaging in high-impact Zika prevention behaviors and accessing information on Zika.
<p><u>Print Media</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> ● Increase awareness of Zika and Zika prevention. ● Inform pregnant women of places to access more information. 	<ul style="list-style-type: none"> ● Posters/brochures demonstrating high-impact Zika prevention behaviors and directing pregnant women to prenatal care and additional Zika prevention information.

<p><u>Digital Health</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> • Provide comprehensive on-demand information on how to prevent Zika. 	<ul style="list-style-type: none"> • Digital health platform(s) that provides comprehensive information on a wide range of Zika information, including prevention, Zika congenital syndrome, microcephaly, support for affected families, family planning and prenatal care. • mHealth messaging platform (such as WhatsApp) to provide information on Zika transmission and prevention.
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PRIMARY AUDIENCE 2: Women of Reproductive Age Who Are Not Pregnant

EXAMPLE AUDIENCE PROFILE

Maria is in her early 20s and has no children. Maria lives with her parents and four younger siblings in a peri-urban area near a large city. Since finishing high school, Maria has worked with her mother as a seamstress. Maria and her siblings are involved in various church groups in their community and enjoy watching telenovelas at night. She does not go to the local health clinic often but has gone for various health needs in the past. Maria and her boyfriend started dating a few months ago and occasionally engage in sexual activity. They have not discussed family planning or contraceptives, but they do practice traditional methods to avoid pregnancy. She has heard about Zika but does not know much about it. She has heard that babies in other countries are being born with microcephaly, but she is not too concerned since she is not pregnant. Maria and her family have an intermittent water supply so they often store their water in barrels in several convenient locations inside and outside of their home. Maria is used to mosquitoes being around all year. Maria does not think she is at risk to be affected by Zika since most messaging talks about pregnant women, and she is not sure if there is anything she can do to prevent infection.

COMMUNICATION OBJECTIVES – Prioritize objectives based on gaps identified in the situation analysis and the desired behavioral results.

1. Increase the number of women of reproductive age (WRA) with accurate knowledge about Zika transmission and prevention.
2. Increase the number of WRA who are aware of their personal risk for Zika infection.
3. Increase the number of WRA who talk with their partner about condom use to prevent sexual transmission of Zika and avoid unintended pregnancy.
4. Increase the number of WRA who talk with their partner about family planning to avoid unintended pregnancy.
5. Increase the number of WRA who talk with a healthcare provider about Zika, their risk and family planning to avoid unintended pregnancy.
6. Increase the number of couples who correctly and consistently use condoms during intercourse.
7. Increase the number of WRA who feel they can effectively take action to prevent Zika.
8. Increase the number of WRA who consistently protect themselves from mosquito bites.

POSITIONING – Frame messages to ensure consistency.

Be informed. Know your risk of Zika so you can protect yourself. Providers at your nearby health post are your ally in Zika prevention and can help you and your partner make informed decisions, including family planning.

KEY MESSAGES FOR ADAPTATION – Prioritize call to action messages from the menu below based on your priority objectives, gaps identified and the desired behavioral results. Use the communication message map to select two to three messages per topic.

Zika Information and Symptoms

● CALL TO ACTION

- If you have Zika, take steps to prevent mosquito bites for the first week of your illness to prevent it from spreading to others.

● SUPPORTING MESSAGES

- You may not realize you have Zika. Many people infected with Zika virus will not have symptoms or will only have mild symptoms.
- The time period between exposure to Zika and developing symptoms is not known, but is likely to be a few days to a week.
- The Zika illness is usually mild, with symptoms lasting for several days to a week. The most common symptoms of Zika are fever, rash, joint pain or red eyes.
- Once you have been infected with Zika, you are likely to be protected from future infections.
- There is no vaccine to prevent or medicine to treat Zika virus.

Mosquito Bite Transmission and Zika Prevention

- **CALL TO ACTION**

- Use repellents consistently and wear long-sleeved shirts, long pants, socks and closed shoes to prevent mosquito bites.
- Use a mosquito net when sleeping during the day, as Zika-transmitting *Aedes* mosquitoes mainly bite during the day.

- **SUPPORTING MESSAGES**

- The Zika virus is transmitted to people primarily through *Aedes* mosquito bites.
- *Aedes* mosquitoes become infected with Zika when they bite a person already infected. Infected mosquitoes then spread the virus to other people through bites.

Sexual Transmission and Zika Prevention

- **CALL TO ACTION**

- If you are sexually active, use condoms consistently and correctly to prevent the transmission of Zika.

- **SUPPORTING MESSAGES**

- You can become infected with Zika virus through sexual activity with your husband or male partner if they are infected, even if they do not know they are infected.

Family Planning and Informed Choice

- **CALL TO ACTION**

- If you are sexually active, consult your healthcare provider to learn more about your family planning options.
- If you are sexually active, talk to your partner about family planning, including using condoms, to avoid unintended pregnancy and prevent the transmission of Zika.
- If you are living in an area with Zika, consider adopting a family planning method to avoid unintended pregnancy due to the risk of Zika congenital syndrome, including microcephaly.
- If you are sexually active and planning to get pregnant, visit your healthcare provider to discuss Zika prevention and your risk.
- If you have had unprotected sex and do not wish to become pregnant, visit your healthcare provider to discuss your family planning options, including emergency contraception where available.
- If you are trying to get pregnant and your male partner experiences symptoms of Zika, wait at least six months before trying to conceive to ensure that any possible Zika infection has cleared.

- **SUPPORTING MESSAGES**

- Every woman has the right to accurate, timely, informed and non-judgmental counseling on family planning.

Zika Congenital Syndrome, including Microcephaly

- **CALL TO ACTION**

- If you are breastfeeding your child and suspect you may have Zika, continue breastfeeding; breastfeeding is still recommended.

- **SUPPORTING MESSAGES**

- A small percentage of babies born to mothers infected with Zika during pregnancy develop microcephaly or other neurological disorders.
- Microcephaly is a condition in which a baby's head is much smaller than expected and may result in serious neurological disorders.
- Babies born with microcephaly and congenital disorders will need the same care, love and stimulation as all children.
- Children born with microcephaly or other congenital disorders have the same rights to development.

GBS

- **CALL TO ACTION**

- If you experience symptoms of GBS, seek medical care immediately.

- **SUPPORTING MESSAGES**

- In a very small number of people, Zika virus infection may lead to GBS, a rare condition that causes partial or complete paralysis of the body.
- The first symptoms of GBS include weakness or tingling sensations, usually starting in the legs.
- Most people recover from cases of GBS; a small minority may experience permanent damage or death.

Household Zika Prevention

- **CALL TO ACTION**

- Once a week, check all water containers inside and outside your home for mosquito eggs and larvae, and over turn containers where water naturally collects to prevent *Aedes* mosquitoes from laying eggs.
- Identify the **large water storage containers** in and around the home and:
 - » regularly apply larvicide to large water storage containers (including covered containers) to kill *Aedes* mosquito larvae.

OR

- » scrub and/or apply bleach to the sides of large water storage containers weekly, including covered containers, to remove *Aedes* mosquito eggs. Bleach must remain in contact with *Aedes* eggs for at least 15 minutes to effectively kill them.
- Dispose of any unnecessary objects that can collect water around your home, including old tires, to prevent *Aedes* mosquitoes from laying eggs.
- Drain and clean roof gutters regularly to prevent *Aedes* mosquitoes from laying eggs in the gutter.
- Install screens on windows and doors to prevent mosquitoes from entering the home.
- Talk to others in your household about steps you can take to eliminate *Aedes* mosquito breeding sites in and around your home.
- Support and participate in community programs for the elimination of *Aedes* mosquito breeding sites in and around homes in your community.

- **SUPPORTING MESSAGES**

- In order to reduce the mosquito population around your home, fumigating is not enough, as it only kills the flying adult mosquitoes, leaving behind eggs, larvae and adult mosquitoes not flying at the time of fumigation. Breeding sites around the home need to be eliminated.
- The *Aedes* mosquito is a “container breeder,” which means it tends to lay eggs in man-made containers that collect water.

Healthcare Seeking

- **CALL TO ACTION**

- If you think you might be pregnant, consult a healthcare provider to discuss Zika risks, prevention and prenatal care.

More Information

- For more information regarding Zika risk and prevention, visit: _____.
- If you have questions about Zika prevention or transmission, talk to a trusted and trained health care provider for accurate information.

STRATEGIC APPROACH	ILLUSTRATIVE ACTIVITIES
<p><u>Community Engagement</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> • Create a safe space for WRA to connect with their peers face-to-face in a small group setting, for peer support, to ask questions, share experiences and learn from one another. 	<ul style="list-style-type: none"> • Integrate Zika issues into community forums such as mothers clubs and discussion groups. • Work with community leaders, health workers, religious leaders and NGOs to identify organized groups with which to catalyze open discussion on Zika risks and prevention. • Develop a series of topics with questions and answers for discussion during group sessions.
<p><u>IPC</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> • Provide women with access to trusted information by a healthcare provider or specialist 	<ul style="list-style-type: none"> • Develop talking points for healthcare providers or outreach workers to discuss in clinic waiting rooms and/or discuss with women privately during consultations.
<p><u>Radio/TV</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> • Increase awareness of Zika and Zika prevention. • Inform WRA of where to go to access more information. • Encourage couples to discuss family planning should they wish to avoid unintended pregnancy and/or prevent the sexual transmission of Zika. 	<ul style="list-style-type: none"> • Radio and/or TV spots featuring couples discussing the use of family planning to avoid unintended pregnancy and prevent the sexual transmission of Zika. • Radio and/or TV spots of WRA visiting a healthcare provider with and without their male partner to discuss Zika prevention. • Radio and/or TV spots discussing high-impact Zika prevention behaviors and how to access more information.
<p><u>Print Media</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> • Increase awareness of Zika and Zika prevention. • Inform women of places to access more information. 	<ul style="list-style-type: none"> • Posters/brochures demonstrating high impact Zika prevention behaviors and directing women to additional Zika prevention information.
<p><u>Digital Health</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> • Provide comprehensive on-demand information on how to prevent Zika. 	<ul style="list-style-type: none"> • Digital health platform that provides comprehensive information on a wide variety of Zika information, including prevention, Zika congenital syndrome, microcephaly, family planning and prenatal care. • mHealth messaging platform, such as WhatsApp, to provide information on Zika transmission and prevention.

PRIMARY AUDIENCE 3: Adolescents (Girls and Boys)

EXAMPLE AUDIENCE PROFILE

Sandy is 15 and has no children. She lives with her mother, sister and grandparents in a small apartment in a peri-urban area near a large city. Her father lives in the United States and sends home money for her education every month. Sandy is in her last year of high school. She and her boyfriend, Roberto, recently became sexually active, but have not discussed contraceptive options, although neither of them currently want children. Sandy recently visited the health center and asked the nurse about her contraceptive options to avoid unintended pregnancy, although she is nervous Roberto might think she is being unfaithful if she uses contraception. Given that she was not married, the nurse only discussed abstinence and recommended she begin using contraception after marriage and after her first child. Lately, Sandy and Roberto have heard a lot about Zika from their friends at school and on Facebook. Neither of them know much about Zika or about what information is true or false. Roberto is not worried about Zika affecting him or his family but Sandy has heard that babies in other countries are being born with malformations and is concerned Zika could affect her if she got pregnant. Although Sandy is worried, she is not sure what she can do to prevent getting infected. Water only comes at certain times during the day at their houses so both of their families often store water in the pilas inside and on the balcony. Sandy is used to mosquitoes but notices more around their outside balcony near the pilas and where they have several types of flowers growing in small tin containers.

COMMUNICATION OBJECTIVES – Prioritize objectives based on gaps identified in the situation analysis and the desired behavioral results.

1. Increase the number of adolescents who have accurate knowledge about Zika transmission, prevention and risk.
2. Increase the number of adolescents aware of their personal risk for Zika infection.
3. Increase the number of adolescents who talk with a healthcare provider about their risk of Zika and Zika prevention.
4. Increase the number of adolescents who feel they can effectively take action to prevent Zika.
5. Increase the number of adolescents who consistently protect themselves from mosquito bites.
6. Increase the number of adolescents who know how to use contraception to avoid unintended pregnancy.

POSITIONING – Frame messages to ensure consistency.

Zika can change your life and your plans for the future. Protect yourself from Zika and unintended pregnancy. Be "in the know" about your risk for Zika, prevention methods and how to effectively prevent unintended pregnancy. Be the expert and spread the word to your friends.

KEY MESSAGES FOR ADAPTATION – Prioritize key messages from the menu below based on your priority objectives, gaps identified and the desired behavioral results. Use the communication message map to select two to three messages per topic.

Zika Information and Symptoms

● CALL TO ACTION

- If you have Zika, take steps to prevent mosquito bites for the first week of your illness to prevent it from spreading to others.

● SUPPORTING MESSAGES

- You may not realize you have Zika. Many people infected with the Zika virus will not have any or only mild symptoms.
- The time period between exposure to Zika and developing symptoms is not known, but is likely to be a few days to a week.
- The Zika illness is usually mild with symptoms lasting for several days to a week. The most common symptoms of Zika are fever, rash, joint pain or red eyes.
- Once you have been infected, you are likely to be protected from future infections.
- There is no vaccine to prevent or medicine to treat Zika virus.

Mosquito Bite Transmission and Zika Prevention

- **CALL TO ACTION**

- Use repellants consistently and wear long-sleeved shirts, long pants, socks and closed shoes to prevent mosquito bites.
- Use a mosquito net when sleeping during the day, as Zika-transmitting *Aedes* mosquitoes mainly bite during the day.

- **SUPPORTING MESSAGES**

- The Zika virus is transmitted to people primarily through *Aedes* mosquito bites.
- *Aedes* mosquitoes become infected with Zika when they bite a person already infected. Infected mosquitoes then spread the virus to other people through bites.

Sexual Transmission and Zika Prevention

- **CALL TO ACTION**

- If you are sexually active, use condoms consistently and correctly to prevent the sexual transmission of Zika.

- **SUPPORTING MESSAGES**

- You can become infected with Zika virus through sexual activity with a partner if they are infected, even if they do not know they are infected.

Contraception and Informed Choice

- **CALL TO ACTION**

- If you are sexually active or considering becoming sexually active, consult a youth-friendly service provider to learn more about Zika prevention and contraceptive options to avoid unintended pregnancy.
- If you are sexually active, talk to your partner about using contraception, including condoms, to avoid unintended pregnancy and prevent the transmission of Zika.
- If you or your partner are planning to get pregnant, visit a healthcare provider to discuss your risk of Zika and actions to prevent Zika.

- **SUPPORTING MESSAGE**

- All adolescents have the right to accurate, timely, informed and non-judgmental counseling regarding contraceptive methods to avoid unintended pregnancy.

Prenatal Care

- **CALL TO ACTION**

- If you think you or your partner might be pregnant, consult a healthcare provider to discuss Zika prevention and prenatal care.

GBS

- **CALL TO ACTION**

- If you experience symptoms of GBS, seek medical care immediately.

- **SUPPORTING MESSAGES**

- In a very small number of people, Zika virus infection may lead to GBS, a rare condition that causes partial or complete paralysis of the body.
- The first symptoms of GBS include weakness or tingling sensations, usually starting in the legs.
- Most people recover from cases of GBS; a small minority may experience permanent damage or death.

<p>Household Zika Prevention</p> <ul style="list-style-type: none"> ● CALL TO ACTION <ul style="list-style-type: none"> ○ Talk to others in your household about steps you can take to eliminate <i>Aedes</i> mosquito breeding sites in and around your home. ○ Help ensure your house does not have <i>Aedes</i> mosquito breeding sites in order to stop the spread of Zika virus in your community. ○ Support and participate in community programs for the elimination of <i>Aedes</i> mosquito breeding sites in and around homes in your community. 	
<p>More Information</p> <ul style="list-style-type: none"> ○ For more information regarding Zika risk and prevention, visit: _____. ○ If you have questions about Zika prevention or transmission, talk to a trusted and trained health care provider for accurate information. 	
STRATEGIC APPROACH	ILLUSTRATIVE ACTIVITIES
<p><u>Engage School Directors and Teachers</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> ● Increase awareness of Zika transmission and prevention. ● Encourage adolescents to discuss Zika prevention measures with their healthcare provider. 	<ul style="list-style-type: none"> ● Youth-focused informational video on Zika prevention, transmission, risk and self-efficacy. ● Youth-focused graphic handout with key information on Zika prevention and transmission, including where to go for more information.
<p><u>Engage Healthcare Providers</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> ● Educate healthcare providers on how to effectively communicate with youth about Zika prevention and family planning. ● Decrease healthcare provider bias and stigma related to the use of family planning among youth. 	<ul style="list-style-type: none"> ● Facilitate youth-friendly health services training on Zika prevention and family planning with healthcare providers. Include outreach to youth and youth-friendly clinic schedules. ● Youth-friendly job aide to support providers in discussing family planning and Zika information with youth.
<p><u>Community Engagement</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> ● Create a safe space for youth to connect with their peers face-to-face in a small group setting, for peer support, to ask questions, share experiences and learn from one another. 	<ul style="list-style-type: none"> ● Work with community leaders, health workers, religious leaders, and NGOs to identify youth groups such as sports clubs and after school clubs to catalyze open discussion on Zika risks and prevention.
<p><u>Mobile Phones/SMS</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> ● Increase awareness of Zika transmission, prevention and risks. ● Provide detailed information on contraceptive options to avoid unintended pregnancy, the use of condoms to prevent the sexual transmission of Zika and personal prevention of mosquito bites. 	<ul style="list-style-type: none"> ● Digital health platform(s) that provides comprehensive information on a wide variety of Zika information and promotes dialogue on prevention, Zika congenital syndrome, microcephaly, contraceptive options and prenatal care.

<p>Social Media</p> <p>Purpose:</p> <ul style="list-style-type: none">• Increase awareness of Zika transmission, prevention and risks.• Inform adolescents where to go for accurate Zika information.	<ul style="list-style-type: none">• Youth-centered social media campaign with graphics and information on the vector-borne and sexual prevention of Zika.
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PRIMARY AUDIENCE 4: Male Partners of Women of Reproductive Age

EXAMPLE AUDIENCE PROFILE

Felix is in his early 20s and has one child. He is a seasonal laborer, spending half the year in a peri-urban area near a large city and half the year in agricultural labor in coastal regions. When he is at home, Felix lives with his mother, unmarried sisters, wife and son, and does various work in construction. On the coast, Felix works outside in the fields all day and shares a room with several other laborers at night. Felix and his wife would like to have more children and therefore do not use family planning. Felix also has other sexual partners, but he does not use condoms even though he does not want more children outside his current family. He has heard about Zika but does not know much about it. He is not sure how Zika is different or worse than other common mosquito-borne illnesses such as dengue and chikungunya. Given that getting bitten by mosquitos is seen an inevitable part of life on the coast, Felix is not sure how to prevent it. He has heard that pregnant women need to be especially cautious to prevent Zika, but he is not too concerned given that none of his sexual partners are pregnant. Water services are intermittent in his house and on the coast.

COMMUNICATION OBJECTIVES – Prioritize objectives based on gaps identified in the situation analysis and the desired behavioral results.

1. Increase the number of men with accurate knowledge of Zika transmission and prevention.
2. Increase the number of men aware of their personal risk for Zika infection.
3. Increase the number of men who talk with their partner about condom use to prevent sexual transmission of Zika.
4. Increase the number of men who feel they can effectively take action to prevent Zika.
5. Increase the number of men who consistently protect themselves from mosquito bites.
6. Increase the number of couples who correctly and consistently use condoms during pregnancy to prevent Zika sexual transmission.

POSITIONING – Frame messages to ensure consistency.

Protecting your family and community against Zika is your job. If your partner is pregnant, you have an important role to play in protecting her health and the baby's health. Be informed about Zika transmission, risk and prevention to stop the spread of Zika in your family, household and community.

KEY MESSAGES FOR ADAPTATION – Prioritize call to action messages from the menu below based on your priority objectives, gaps identified and the desired behavioral results. Use the communication message map to select two to three messages per topic.

Zika Information and Symptoms

- **CALL TO ACTION**
 - If you have Zika, take steps to prevent mosquito bites for the first week of your illness to prevent it from spreading to others.
- **SUPPORTING MESSAGES**
 - Many people infected with Zika virus will not have symptoms or will only have mild symptoms. For this reason, many people might not realize they have been infected.
 - The time period between exposure to Zika and developing symptoms is not known, but is likely to be a few days to a week.
 - The Zika illness is usually mild with symptoms lasting for several days to a week. The most common Zika symptoms are fever, rash, joint pain or red eyes.
 - Once a person has been infected, he or she is likely to be protected from future infections.

- There is no vaccine to prevent or medicine to treat Zika virus.

Mosquito Bite Transmission and Zika Prevention

- **CALL TO ACTION**
 - Use a mosquito net when sleeping during the day.
 - Use repellents and wear clothes that cover your skin to prevent mosquito bites.
- **SUPPORTING MESSAGES**
 - The Zika virus is transmitted to people primarily through *Aedes* mosquito bites.
 - *Aedes* mosquitoes become infected with Zika when they bite a person already infected. Infected mosquitoes then spread the virus to other people through bites.

Sexual Transmission and Zika Prevention

- **CALL TO ACTION**
 - If you are sexually active, use condoms consistently and correctly to prevent the sexual transmission of Zika.
 - If you live or work in areas where there is Zika transmission by mosquitoes, use condoms consistently and correctly during each act of intercourse to prevent the sexual transmission of Zika.
 - If you have been in an areas where there is Zika for work or travel, use a condom for all forms of sexual activity for up to two months post-travel to prevent the sexual transmission of Zika.
 - If your partner is pregnant, use a condom for all forms of sexual activity for the duration of the pregnancy.
 - If you and your partner do not wish to have a child at this time, consult a healthcare provider about your family planning options to avoid unintended pregnancy.
 - Talk to your partner about preventing the sexual transmission of Zika.
- **SUPPORTING MESSAGES**
 - Men who are infected with the Zika virus, whether or not they feel sick, can transmit the virus through their semen during sexual activity.

Family Planning and Informed Choice

- **CALL TO ACTION**
 - If you and your partner live in an area with Zika, consider adopting a family planning method to avoid unintended pregnancy due to the risk of Zika congenital syndrome, including microcephaly.

Zika Congenital Syndrome, including Microcephaly (if your partner is currently pregnant)

- **CALL TO ACTION**
 - If you suspect your baby might have microcephaly or other neurological disorders included in Zika congenital syndrome when he/she is born, talk to your healthcare provider.
 - If you suspect your baby might have microcephaly or other neurological disorders, provide him/her with as much love, care and stimulation as any other child.
 - Support your partner to continue breastfeeding even if you suspect she is infected with Zika virus; breastfeeding is still recommended for the newborn and will not cause Zika congenital syndrome or microcephaly.
- **SUPPORTING MESSAGES**
 - A small percentage of babies born to mothers infected with Zika during pregnancy develop microcephaly or other neurological disorders.
 - Microcephaly can be caused by Zika virus infection as well as other factors.
 - Microcephaly is a condition in which a baby's head is much smaller than expected and may result in serious neurological disorders.

- Babies born with microcephaly and congenital disorders will need the same care, love and stimulation as all children.
- Children born with microcephaly or other congenital disorders have the same rights to development.

GBS

- **CALL TO ACTION**
 - If you experience symptoms of GBS, seek medical care immediately.
- **SUPPORTING MESSAGES**
 - In a very small number of people, Zika virus infection may lead to GBS, a rare condition that causes partial or complete paralysis of the body.
 - The first symptoms of GBS include weakness or tingling sensations, usually starting in the legs.
 - Most people recover from cases of GBS; a small minority may experience permanent damage or death.

Household Zika Prevention

- **CALL TO ACTION**
 - Once a week, check all water containers inside and outside your home for mosquito eggs and larvae, and over turn containers where water naturally collects to prevent *Aedes* mosquitoes from laying eggs.
 - Identify the **large water storage containers** in and around the home and:
 - » regularly apply larvicide to large water storage containers (including covered containers) to kill *Aedes* mosquito larvae.
 - OR**
 - » scrub and/or apply bleach to the sides of large water storage containers weekly, including covered containers, to remove *Aedes* mosquito eggs. Bleach must remain in contact with *Aedes* eggs for at least 15 minutes to effectively them.
 - Dispose of any unnecessary objects that can collect water around your home, including old tires, to prevent *Aedes* mosquitoes from laying eggs.
 - Drain and clean roof gutters regularly to prevent *Aedes* mosquitoes from laying eggs in the gutter.
 - Install screens on windows and doors to prevent mosquitoes from entering the home.
 - Talk to others in your household about steps you can take to eliminate *Aedes* mosquito breeding sites in and around your home.
 - Support and participate in community programs for the elimination of *Aedes* mosquito breeding sites in and around homes in your community.
- **SUPPORTING MESSAGES**
 - In order to reduce the mosquito population around your home, fumigating is not enough, as it only kills the flying adult mosquitoes, leaving behind eggs, larvae and adult mosquitoes not flying at the time of fumigation. Breeding sites around the home need to be eliminated.
 - The *Aedes* mosquito is a “container breeder,” which means it tends to lay eggs in man-made containers that collect water.

More Information

- For more information regarding Zika risk and prevention, visit: _____.
- If you have questions about Zika prevention or transmission, talk to a trusted and trained health care provider for accurate information.

STRATEGIC APPROACH	ILLUSTRATIVE ACTIVITIES
<p><u>Community Engagement through Sports</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> • Increase the number of men reached with Zika prevention and transmission messages through sports. 	<ul style="list-style-type: none"> • Integrate Zika issues into community forums such as local sports teams and peer sports networks. • Engage popular male athletes to communicate and Zika messages and model behaviors to prevent Zika.
<p><u>Radio/TV</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> • Increase awareness of Zika and Zika prevention. • Encourage couples to discuss family planning should they wish to avoid unintended pregnancy and prevent the sexual transmission of Zika. 	<ul style="list-style-type: none"> • Radio and TV spots featuring couples discussing the use of family planning to avoid unintended pregnancy and prevent the sexual transmission of Zika. • Radio and TV spots highlighting male testimonials and male role models visiting a healthcare provider to discuss Zika prevention and family planning options. • Develop and disseminate radio and TV spots discussing high-impact Zika prevention behaviors and how to access more information.
<p><u>Print Media</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> • Increase awareness of Zika and Zika prevention. • Encourage couples to discuss family planning should they wish to avoid unintended pregnancy and/or prevent the sexual transmission of Zika. 	<ul style="list-style-type: none"> • Highlight Zika prevention and transmission information in local newspapers and on posters located in local bars or other areas where men often congregate.
<p><u>Digital Media</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> • Provide comprehensive on-demand information on Zika prevention and transmission. 	<ul style="list-style-type: none"> • Digital health platform(s) that provides a comprehensive and wide variety of Zika information, including prevention and transmission.

PRIMARY AUDIENCE 5: Healthcare Provider

Please also refer to the ASSIST Project's [Counseling Guide: Preconception, Prenatal and Postpartum Counseling in the Context of the Zika Epidemic](#) (in Spanish, English version coming soon). Depending on the context, this audience may also include midwives and community health volunteers.

EXAMPLE AUDIENCE PROFILE

Angela is a nurse in a busy facility. She works from 9:00 am to 4:00 pm and sees patient after patient. She works under the supervision of a doctor who visits the clinic two days a week. Angela provides a variety of health services, and was trained in family planning counseling and prenatal care three years ago. Angela is most familiar with the pill and often has this in stock more than other contraceptive options. She is overworked and finds it hard to take the initiative to update her knowledge and skills regarding the services she provides. Angela is very involved in her community and is the mother of four adolescent children. When female adolescents visit the health clinic, for any reason, Angela makes sure to discuss abstinence until marriage with them. The doctor Angela works for attended a Zika training put on by the MOH but Angela was not invited. She has limited knowledge of Zika virus transmission, Zika virus prevention and the risks of microcephaly, based on the little she has seen on the news and read in the newspaper. Angela does not see Zika as a high threat, and she is not sure what advice to give to her patients because she has not received any formal training.

COMMUNICATION OBJECTIVES – Prioritize objectives based on gaps identified in the situation analysis and the desired behavioral results.

1. Increase the number of healthcare providers accurately informed on Zika transmission, prevention, risks, and potential impact on the fetus/child.
2. Increase the number of healthcare providers who feel confident in providing accurate information on Zika transmission and prevention and family planning to avoid unintended pregnancy to clients.
3. Increase the number of healthcare providers who talk with their clients about their risk to Zika and their family planning options to avoid unintended pregnancy.

POSITIONING – Frame messages to ensure consistency.

Your clients look to you for information. You can help them prevent the spread of Zika in your community by being well informed before counseling them on sensitive topics such as family planning, Zika virus infection during pregnancy and Zika congenital syndrome, including microcephaly. Your interaction and communication with clients has a strong influence on their decision to take action. You can combat stigma and discrimination against those affected by Zika in your community by modeling respectful and empathetic interactions with affected families.

KEY MESSAGES FOR ADAPTATION – Prioritize call to action messages from the menu below based on your priority objectives, gaps identified and the desired behavioral results. Use the communication message map to select two to three messages per topic.

Zika Information and Symptoms

- **CALL TO ACTION**
 - Discuss the Zika virus, its symptoms and risks with your patients, especially with pregnant women and women who may become pregnant.
- **SUPPORTING MESSAGES**
 - Many people infected with Zika virus will not have symptoms or will only have mild symptoms. For this reason, many people might not realize they have been infected.
 - The time period between exposure to Zika and developing symptoms is not known, but is likely to be a few days to a week.
 - The Zika illness is usually mild with symptoms lasting for several days to a week. The most common symptoms of Zika are fever, rash, joint pain or red eyes.
 - Once a person has been infected, he or she is likely to be protected from future infections.
 - There is no vaccine to prevent or medicine to treat Zika virus.

Zika Transmission and Prevention

- **CALL TO ACTION**

- Healthcare providers should proactively advise patients, especially pregnant women and those who may be pregnant or who are planning to become pregnant, about the importance of preventing Zika virus infection.
- Healthcare providers should proactively inform patients, especially pregnant women and those planning to become pregnant, of the steps they can take to prevent Zika virus infections.
 - » Mosquito bite prevention:
 - Use repellants consistently and wear long-sleeved shirts, long pants, socks and closed shoes to prevent mosquito bites
 - Use a mosquito net when sleeping during the day
 - » Sexual transmission and prevention:
 - If a patient is sexually active, recommend that they use condoms consistently and correctly to prevent sexual transmission of Zika. [Note: Also see family planning messaging in the section below.]

- **SUPPORTING MESSAGES**

- » Mosquito bite prevention:
 - The Zika virus is transmitted to people primarily through *Aedes* mosquito bites.
 - *Aedes* mosquitoes become infected with Zika when they bite a person already infected. Infected mosquitoes then spread the virus to other people through bites.
- » Sexual transmission and prevention:
 - It is possible to become infected with Zika virus through sexual activity with a partner if they are infected, even if they do not know they are infected.

Family Planning and Informed Choice

- **CALL TO ACTION**

- If a woman or couple expresses a desire to avoid unintended pregnancy or delay pregnancy, counsel them on a wide range of effective contraceptive options to ensure informed choice.
- Orient and correctly inform men of the role family planning can play, including condoms, in avoiding unintended pregnancy.
- Orient and correctly inform WRA on how to avoid unintended pregnancy if they wish to delay pregnancy due to the risk of Zika transmission and Zika congenital syndrome, including microcephaly.
- Counsel women and their partners that condoms, when used consistently and correctly, provide protection against Zika transmission, unintended pregnancy and sexually transmitted infections.
- Counsel patients on emergency contraception, if available, as an option to avoid unintended pregnancy.

Prenatal Care

- **CALL TO ACTION**

- If your patient is pregnant, provide them with (or refer them to) prenatal care, and discuss modes of Zika prevention, as well as the benefits of pregnancy monitoring.
- If your patient is pregnant and experiencing Zika symptoms, provide emotional and psychological support and encourage them to access prenatal throughout the pregnancy.

Zika Congenital Syndrome, Including Microcephaly

- **CALL TO ACTION**

- If you suspect that a patient's baby might have neurological disorders included in Zika congenital syndrome, counsel them on the importance of completing the regular postnatal care.
- Encourage mothers who are breastfeeding to continue even if they suspect they are infected with Zika virus; breastfeeding is still recommended for the newborn.

- **SUPPORTING MESSAGES**

- A small percentage of babies born to mothers infected with Zika during pregnancy develop microcephaly or other neurological disorders included in Zika congenital syndrome.
- Microcephaly can be caused by Zika virus infection as well as other factors.
- Microcephaly is a condition in which a baby's head is much smaller than expected and may result in serious neurological disorders.
- Babies born with microcephaly and congenital disorders will need the same care, love and stimulation as all children.
- Children born with microcephaly or other congenital disorders have the same rights to development as any other child.

GBS

- **CALL TO ACTION**

- If a patient reports symptoms of GBS, engage them in appropriate care immediately and monitor their progress closely.

- **SUPPORTING MESSAGES**

- In a very small number of people, Zika virus infection may lead to GBS, a rare condition that causes partial or complete paralysis of the body.
- The first symptoms of GBS include weakness or tingling sensations, usually starting in the legs.
- Most people recover from cases of GBS; a small minority may experience permanent damage or death.
- Without medical support, extreme cases of GBS may affect the central nervous system and result in impaired breathing capacity or the weakening of other basic bodily functions.

Support Parents Affected by Zika

- **CALL TO ACTION**

- Counter stigma and discrimination towards families of babies born with microcephaly or other neurological disorders when counseling parents.
- Model respectful and empathetic interactions with affected families.

Household Zika Prevention

- **CALL TO ACTION**

- Promote key messages for *Aedes* mosquito control to all patients and people visiting your health facility.
- Encourage patients to talk to others in their households about steps they can take to eliminate *Aedes* mosquito breeding sites in and around their homes.
- Support and participate in community programs for the elimination of *Aedes* mosquito breeding sites in and around homes in your community.

More Information

- Orient patients to _____ to learn more.

STRATEGIC APPROACH	ILLUSTRATIVE ACTIVITIES
<p><u>Digital/Distance Learning</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> • Increase healthcare provider knowledge and skills. • Provide comprehensive on-demand reference information for healthcare providers to use in their practice. 	<ul style="list-style-type: none"> • Develop/adapt curricula to include comprehensive information about Zika virus transmission, prevention, Zika congenital syndrome, microcephaly, family planning and prenatal care. Facilitate healthcare provider access and engagement through eLearning courses, radio distance learning, etc. • Short video clips that model counseling sessions via web, smartphones and tablets. • Frequently Asked Questions (FAQs) for healthcare provider reference and disseminate via print, web, smartphones and tablets. • mHealth messaging platform (such as WhatsApp) for healthcare providers to ask questions and seek advice on Zika cases.
<p><u>Counseling Tools</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> • Educate and provide healthcare providers with a tool to effectively communicate with their clients on Zika prevention, Zika congenital syndrome, microcephaly, family planning and prenatal care. 	<ul style="list-style-type: none"> • Job aides (e.g., a flipchart, cue cards or video) for healthcare providers to use during counseling sessions that provides comprehensive information on a wide range of Zika information, including prevention, Zika congenital syndrome, microcephaly, family planning and prenatal care.
<p><u>Client/Provider Communication</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> • Educate prenatal care providers on how to effectively communicate with their clients on Zika prevention, Zika congenital syndrome, microcephaly and family planning. 	<ul style="list-style-type: none"> • Job aides (e.g., a flipchart or video) for healthcare providers to use during counseling sessions that provides comprehensive information on Zika, including prevention, microcephaly, Zika congenital syndrome and family planning.

INFLUENCING AUDIENCE 1: Community Groups

This may include religious leaders, local government, local leaders, community outreach groups and teachers.

EXAMPLE AUDIENCE PROFILE

Community leaders, like Pablo, and community volunteers, like Juanita, have existing networks and may have considerable influence over their neighbors. They typically know the communities in which they work very well, understand social networks and dynamics and are committed to community action, ownership and resiliency. Leaders may use IPC or implement activities such as group meetings to share messages and guidance. They are often trusted sources of information and community members look to them for guidance.

COMMUNICATION OBJECTIVES – Prioritize objectives based on gaps identified in the situation analysis and the desired behavioral results.

1. Increase the number of community groups, leaders and volunteers that have accurate and up-to-date information on Zika virus and its prevention through personal, household and community actions.
2. Increase the number of community groups, leaders and volunteers that actively reach out to their community with correct information on Zika virus transmission, prevention and risks.
3. Increase the number of community groups, leaders and volunteers that mobilize their community to eliminate *Aedes* mosquito breeding sites and take personal protective actions to prevent Zika.

POSITIONING – Frame messages to ensure consistency.

As a leader in your community, you can help prevent the spread of Zika by mobilizing collective action to eliminate *Aedes* mosquitoes in your community. Your community looks to you for accurate information and support to protect them from Zika and protect their babies from Zika congenital syndrome, including microcephaly. You can combat stigma and discrimination against those affected by Zika in your community. You are a role model for Zika prevention behaviors, including mosquito bite prevention, avoiding unintended pregnancy and supporting pregnant women.

KEY MESSAGES FOR ADAPTATION – Prioritize call to action messages from the menu below based on your priority objectives, gaps identified and the desired behavioral results. Use the communication message map to select two to three messages per topic.

Stay Up to Date on Zika Information

- **CALL TO ACTION**
 - Stay up to date on the latest information about Zika transmission, symptoms and prevention by seeking accurate information from the MOH.
- **SUPPORTING MESSAGES**
 - Your community depends on you for accurate information about Zika.

Mobilize Your Community to Respond to Zika

- **CALL TO ACTION**
 - Organize community discussions with MOH promoters and vector control teams around Zika prevention, *Aedes* mosquito reduction, protecting pregnant women and avoiding unintended pregnancy.
 - Inform municipal leaders of mosquito breeding sites in your community.
 - Mobilize collective action to eliminate *Aedes* mosquito breeding sites in and around homes in your community, especially the homes of pregnant women.
 - Counter stigma and discrimination towards families and babies affected by Zika congenital syndrome by modeling respectful and empathetic interactions with them.
 - Advocate for infrastructure improvements in your community, such as improved water supply.
 - If someone in your community experiences symptoms of GBS, immediately coordinate transportation to a healthcare facility for medical care.

Support Pregnant Women and New Mothers

- **CALL TO ACTION**

- Ensure that pregnant women in your community are informed about Zika.
- Encourage pregnant women (and their partners) in your community to take protective action against Zika, including correct and consistent condom use, preventing mosquito bites and eliminating *Aedes* mosquito breeding sites in their home.
- Encourage pregnant women in your community to visit a healthcare provider for prenatal care.
- If a pregnant woman in your community is experiencing Zika symptoms, encourage her to seek medical care.
- Promote continued breastfeeding to women infected with Zika virus; breastfeeding is still recommended for the newborn.

- **SUPPORTING MESSAGE**

- Children born with microcephaly or other congenital disorders have the same rights to development and deserve as much love, care and stimulation as any other child.

Family Planning and Informed Choice

- **CALL TO ACTION**

- Encourage women, adolescents and couples who wish to avoid unintended pregnancy to visit a healthcare provider to discuss their family planning options.
- Encourage community dialogue with local family planning role models to discuss the use of family planning to avoid unintended pregnancy.

Mobilize your community to reduce *Aedes* mosquitoes in their homes and the community and prevent mosquito bites

- **CALL TO ACTION**

- Encourage those in your community to consistently use repellents and wear long-sleeved shirts, long pants, socks and closed shoes to prevent mosquito bites.
- Encourage those in your community to use a mosquito net when sleeping during the day.
- Encourage those in your community to check all water containers inside and outside of their homes for mosquito eggs and larvae on a weekly basis, and over turn containers where water naturally collects once a week to prevent *Aedes* mosquitoes from laying eggs.
- Encourage those in your community to identify **large water storage containers** in and around their homes and:
 - » regularly apply larvicide to large water storage containers (including covered containers) to kill *Aedes* mosquito larvae.
- OR**
 - » scrub and/or apply bleach to the sides of large water storage containers weekly, including covered containers, to remove *Aedes* mosquito eggs. Bleach must remain in contact with eggs for at least 15 minutes effectively kill them.
- Dispose of any unnecessary objects that can collect water around their home, including old tires, to prevent *Aedes* mosquitoes from laying eggs.
- Drain and clean roof gutters regularly to prevent *Aedes* mosquitoes from laying eggs in the gutter.
- Install screens on windows and doors to prevent mosquitoes from entering the home.
- Talk to others in your community about steps they can take to eliminate *Aedes* mosquito breeding sites in and around their homes.

- **SUPPORTING MESSAGES**

- In order to reduce the mosquito population around homes in your community, fumigating is not enough, as it only kills the flying adult mosquitoes, leaving behind eggs, larvae and adult mosquitoes not flying at the time of fumigation. To reduce mosquitoes, breeding sites around

<p>homes need to be eliminated.</p> <ul style="list-style-type: none"> ○ The <i>Aedes</i> mosquito is a “container breeder,” which means it tends to lay eggs in man-made containers that collect water. 	
<p>More Information</p> <ul style="list-style-type: none"> ○ Encourage members of your community to seek out information on Zika risk and prevention at: _____. 	
STRATEGIC APPROACH	ILLUSTRATIVE ACTIVITIES
<p><u>Information/Advocacy Sessions</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> ● Improve community actors’ knowledge and understanding of Zika virus, Zika congenital syndrome, microcephaly and family planning. ● Motivate community mobilization and action on Zika virus prevention and <i>Aedes</i> mosquito breeding site elimination. ● Cultivate relationships with community actors to facilitate an ongoing exchange. 	<ul style="list-style-type: none"> ● Hold discussion-based advocacy and/or training sessions with community actors to provide accurate information on Zika virus and discuss ways they can support their communities through efforts to promote Zika virus prevention and <i>Aedes</i> mosquito breeding site elimination. ● Liaise with community leaders and engage them in advocacy activities to promote a collaborative response to Zika virus.
<p><u>Community Engagement Tools</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> ● Enable community leaders with the tools they need to effectively communicate with their community. 	<ul style="list-style-type: none"> ● Create a kit with easy-to-use tools for community actors, such as a flip chart, message guide and/or talking points. ● Train community leaders in participatory approaches and community engagement methodologies.

INFLUENCING AUDIENCE 2: Journalists

EXAMPLE AUDIENCE PROFILE

Enrique is in his early 30s and has been a journalist at his local paper for six years. He was recently promoted and has shifted his focus from sports to breaking news. He does not have a strong background in health, but increasingly is asked to write stories about a wide variety of health issues. He knows people look to him for new information. He wants to learn more about his country and community's health context to do his job better. Enrique often looks to the MOH for Zika-related information and Twitter for the latest news on the topic. He has not had any formal training on Zika. While Enrique has searched online about Zika prevention methods, he is not sure which methods are the most effective. His reporting on Zika often focuses on the threat of negative outcomes of Zika during pregnancy, including Zika congenital syndrome and microcephaly since those messages get the most engagement on Twitter.

COMMUNICATION OBJECTIVES – Prioritize objectives based on gaps identified in the situation analysis and the desired behavioral results.

1. Increase the number of journalists reporting accurately on Zika virus, Zika prevention, Zika congenital syndrome, microcephaly, related family planning issues and emerging science on these topics.
2. Increase the number of media stories reporting on accurate Zika related information.
3. Increase the number of journalists who feel it is their responsibility to disseminate accurate Zika information and create awareness.

POSITIONING – Frame messages to ensure consistency.

Your professionalism and integrity when providing information about Zika can directly impact its spread in your community. Your community will look to you for accurate, unbiased, useful and up-to-date information on Zika transmission, prevention and the rights of children with disabilities. National, local and social media are critical partners for communicating in a timely, transparent and flexible manner to keep the public up to date, build trust and seek feedback to inform the evolving Zika response.

KEY MESSAGES FOR ADAPTATION – Prioritize call to action messages from the menu below based on your priority objectives, gaps identified and the desired behavioral results. Use the communication message map to select two to three messages per topic.

Accurate Reporting

- **CALL TO ACTION**

- Identify local experts and continuously obtain the latest data and evidence from multiple sources.
- Exercise responsibility in reporting – there is great potential for unnecessary alarm and confusion about this topic which could lead to the proliferation of harmful myths, rumors and stigma.
- Increase information about Zika prevention actions that readers can take.

- **SUPPORTING MESSAGES**

- Zika is a nuanced, complex and evolving topic, with new data and research emerging frequently.
- New evidence is emerging about the modes of Zika transmission in addition to *Aedes* mosquitoes, including transmission via sexual intercourse.
- There is growing evidence that Zika infection during pregnancy can lead to Zika congenital syndrome and microcephaly.
- Zika infection can be a cause of GBS.

Zika Transmission, Health Consequences and Prevention

● **SUPPORTING MESSAGES**

- Zika virus is transmitted to people primarily through *Aedes* mosquito bites and sexual transmission.
- Zika virus infection in humans is usually mild or asymptomatic.
- A small percentage of babies born to mothers infected with Zika during pregnancy develop microcephaly or other neurological disorders.
- Microcephaly is a condition in which a baby’s head is much smaller than expected and may result in serious neurological disorders.
- Children born with microcephaly or other congenital disorders have the same rights to development and to live without stigma and discrimination.
- In a very small number of people, Zika virus infection may lead to GBS, a rare condition that causes partial or complete paralysis of the body. Most people recover from cases of GBS; a small minority may experience permanent damage or death.
- Zika can be prevented by reducing *Aedes* mosquito breeding sites, preventing mosquito bites and using condoms consistently and correctly.
- Everyone in a community should take action to reduce *Aedes* mosquito breeding sites in their home and community.
- Everyone in a community should take personal protective actions to prevent mosquito bites in order to stop the spread of Zika virus in their community.

Family Planning and Informed Choice

● **CALL TO ACTION**

- Women living in areas where Zika virus is present may want to consider adopting a family planning method to avoid unintended pregnancy due to the risk of Zika congenital syndrome, including microcephaly.

● **SUPPORTING MESSAGES**

- All women should be able to choose the number, timing and spacing of their pregnancies through informed and voluntary use of the contraceptive method of their choice.

STRATEGIC APPROACH	ILLUSTRATIVE ACTIVITIES
<p><u>Media Briefings</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> ● Improve journalists’ knowledge, understanding and coverage of Zika virus, Zika congenital syndrome, microcephaly, family planning and related news coverage. 	<ul style="list-style-type: none"> ● Briefings for journalists to contextualize Zika virus and related issues in their countries with a focus on recent evidence, based on journalist skill and media type.
<p><u>Networking</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> ● Cultivate relationships with media representatives for ongoing information exchange. 	<ul style="list-style-type: none"> ● Maintain contact with journalists for ongoing communication and updates. ● Engage editors and media managers. ● Liaise with existing journalist networks and/or health-savvy reporters or news shows.
<p><u>Print Materials</u></p> <p>Purpose:</p> <ul style="list-style-type: none"> ● Provide journalists with the information they need to accurately report on Zika transmission and prevention. 	<ul style="list-style-type: none"> ● Media kit with FAQs (print or electronic) including links to reliable sources (e.g., WHO/USAID tools, briefs and guidance, etc.). ● Messaging guide for journalists to use as a job aid when reporting on Zika.

<p>Digital Media</p> <p>Purpose:</p> <ul style="list-style-type: none">• Provide comprehensive on-demand information on Zika.	<ul style="list-style-type: none">• mHealth messaging platform (such as WhatsApp) to provide up-to-date information on Zika transmission and prevention.
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USEFUL TOOLS

1. Strategic Design Template: Audience Profile, Objectives, Key Messages and Strategic Approaches

AUDIENCE
<p>AUDIENCE PROFILE – The profile should embody the characteristics of the target population, with a focus on telling the story of an imagined individual within the group who can neutrally represent the intended audience. This profile is important to assure the messages are tailored to members of this selected group, and will resonate with them and motivate them to take action.</p>
<p>COMMUNICATION OBJECTIVES – Prioritize objectives based on gaps identified in the situation analysis and the desired behavioral results. Communication objectives are measurable statements that describe the specific, measurable, attainable, relevant and time-bound (SMART) changes to norms, policies or behaviors to be achieved as a result of the communication activities.</p>
<ol style="list-style-type: none">1.2.
<p>POSITIONING – Frame messages to ensure consistency. Positioning provides direction for developing and framing messages, helps determine the communication channels to be used and ensures consistency of messages and voice across channels and program activities so they reinforce each other for a cumulative effect.</p>

KEY MESSAGES – Prioritize call to action messages based on your priority objectives, gaps identified and the desired behavioral results. Use a communication message map to select two to three messages per topic. Well-designed messages are specific to the audience of interest, and reflect both a specific behavioral determinant and positioning. They also clearly describe the desired behavior, which must be “doable” for the audience.

Topic 1:

- Message 1

- Message 2

Topic 2:

- Message 1

- Message 2

STRATEGIC APPROACH - Strategic approaches describe how your objectives will be achieved and guide the specific activities by stating the vehicles, tools and media mix to be used.

SPECIFIC ACTIVITIES - Activities may be selected based upon timeline, cost, ability to reach the intended audience, creative considerations, and lessons learned from past activities.

Approach 1

- 1.

- 2.

Approach 2

- 1.

- 2.

2. Message Map for Risk Communication

What Is a Message Map?

- A tool to help plan risk communication messages
- Helps to organize complex information in a digestible format
- Helps to express current knowledge and should be updated as information evolves

How to Use a Message Map

- Identify the questions of concern. Ask: “What are people really concerned about at this time?”
 - Example: “What risk does Zika pose for me and my family?”
 - Example: “How is Zika infection transmitted?”
- For each key concern, state three key messages that address the concern.
- Back up each key message with one to three supporting facts.
- Limiting the number of messages and supporting facts forces risk communicators to create messaging that is clear and concise.
- Continuously update the message map as information evolves.

MESSAGE MAP FOR RISK COMMUNICATION		
Question of Concern:		
Key Message 1	Key Message 2	Key Message 3
Supporting Fact 1	Supporting Fact 1	Supporting Fact 1
Supporting Fact 2	Supporting Fact 2	Supporting Fact 2
Supporting Fact 3	Supporting Fact 3	Supporting Fact 3

3. Example of a Budgeting Tool

ACTIVITIES	POSSIBLE COSTS
Communication Research and Planning	<ul style="list-style-type: none"> • Personnel salaries and benefits; consultant fees • Training for data collection • Travel allowances for field work • Supplies • Data processing and analysis • Report writing • Meetings for planning
M&E	<ul style="list-style-type: none"> • Development, distribution and collection of M&E 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 • As a general rule, at least 10% of your program should be allocated to M&E
Training and Capacity Development	<ul style="list-style-type: none"> • Curriculum development • Distance learning • Consultants' and trainers' fees • Per diem and accommodation for participants • Training materials • Equipment purchase or rental • Hiring of training site
Mobilization and Outreach	<ul style="list-style-type: none"> • Identification and hiring of community-based organizations/NGOs • Supervision and monitoring of community-based organizations/NGOs implementing mobilization and outreach activities
Production of Print/Digital Materials	<ul style="list-style-type: none"> • 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
Special Events	<ul style="list-style-type: none"> • Give-aways – such as stickers and/or T-shirts • Press conferences and kick-off events • Honoraria for dignitaries and/or celebrities • Hiring of sites, public address system and other equipment
Other	<ul style="list-style-type: none"> • Communication – telephone, Internet access, fax and postage • Administrative and overhead costs • Other transportation

4. Implementation Plan Template

Coordinating Body:			
Subcommittees:			
Lead Implementer:			
Implementing Partners		Expertise	
Activity 1:			
Intermediate Steps	Implementing Partners	Timeline	Budget
1.			
2.			
3.			
Activity 2:			
Intermediate Steps	Implementing Partners	Timeline	Budget
1.			
2.			
3.			
Activity 3:			
Intermediate Steps	Implementing Partners	Timeline	Budget
1.			
2.			
3.			

5. Resources

CDC Key Messages: Zika Virus Disease

<http://www.cdc.gov/zika/pdfs/zika-key-messages.pdf>

A comprehensive and regularly updated list of essential information regarding various aspects of Zika.

Key Behaviors to Be Promoted in Zika Response

<http://www.zikacommunicationnetwork.org/resources/key-behaviours-be-promoted-zika-response>

This technical document developed by UNICEF complements the Technical Note "Risk Communication and Community Engagement for Zika Virus Protection and Control." It provides a framework for risk communication and community participation actions with a focus on KAP.

Counseling Guide: Preconception, Prenatal and Postpartum Counseling in the Context of the Zika Epidemic (in Spanish only, English version coming soon)

<https://www.usaidassist.org/resources/gu%C3%ADa-de-consejer%C3%ADa-zika>

This Spanish language counseling guide developed by the ASSIST project focuses on family planning, prenatal and postpartum care in the context of Zika. Based on national and international counseling norms, it has been designed specifically to assist health care practitioners who provide care to WRA in the regions affected by the Zika virus.

Knowledge, Attitudes and Practice Surveys Zika Virus Disease and Potential Complications Resource Pack

<http://www.who.int/csr/resources/publications/Zika/kap-surveys/en/>

This WHO resource responds to a request by governments and response partners as a way to rapidly obtain valuable and insightful information in order to tailor interventions to better address people's needs at the community level, thereby contributing to the overall public health response to Zika virus and its potential complications. It can be used in communities with Zika virus transmission or those at risk.

Risk Communication and Community Engagement for Zika Virus Prevention and Control

<http://www.who.int/csr/resources/publications/Zika/community-engagement/en/>

This is an inter-agency document on Zika risk communication and community engagement. Its purpose, under the WHO Strategic Response Framework, is to serve as a tool for country teams, key collaborators and other response stakeholders including international NGOs, NGOs and civil society organizations.

The SBCC Emergency Helix: A Framework for Strengthening Public Health Emergency Programs with Social and Behavior Change Communication

<http://healthcommcapacity.org/wp-content/uploads/2017/02/The-SBCC-Emergency-Helix5-ksm.pdf>

The SBCC Emergency Helix describes a communication blueprint for strengthening community stability, health system adaptability and the evolution toward resilience. This framework presents seven strategic SBCC objectives and four underlying principles that apply to most types of emergencies.

Vírus Zika: Informações ao Público

<https://www.ufrgs.br/rscontraaedes/documents/cartilha-informacoes-ao-publico.pdf>

This booklet is an example of community engagement messaging and provides key preventive, care- and information-seeking messages for the general public, pregnant women and those caring for newborns, including newborns with microcephaly. The booklet was produced by the Brazil MOH and is written in

Portuguese.

Zika Communication Network (ZCN)

<http://www.zikacommunicationnetwork.org/>

ZCN strives to support communities currently affected – and those that will soon be affected – by Zika by connecting responders with state-of-the-art knowledge and tools that they can readily use or adapt to their particular context and response plan.

Zika Virus and Complications: Questions and Answers

<http://www.who.int/features/qa/Zika/en/>

This a comprehensive list from WHO of FAQs related to the Zika virus. Topics include the mosquito protection, mosquito monitoring, sexual transmission, travel, GBS, microcephaly, pregnancy and Zika virus response.

Zika Virus Infection: Step by Step Guide on Risk Communications and Community Engagement

<http://iris.paho.org/xmlui/bitstream/handle/123456789/33670/9789275119389-eng.pdf?sequence=5>

This document by PAHO offers suggested risk communication actions for Zika virus infection and health issues related to the disease. The target audience of this material includes ministries of health and other health sector actors who will be able to adapt the provided information to the needs of their countries and audiences, with input from their national communication and social mobilization teams.

6. Contacts

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