



## Communication Strategy and Workplan for Avian Influenza

July, 2007 – Dec. 2008

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## I. Introduction and Rationale

Avian Influenza (H5N1) is becoming be one of the serious public health threats in Egypt. With the growing number of infected human cases, the pressure on the various partners involved in this battle increases. One third (12 cases) were diagnosed with H5N1 in the last four months, out of which all were cured except for two who died<sup>1</sup>. Almost 70% of the infected cases are children and about 70% are women. The Ministry of Health and Population along with the Ministry of Agriculture and the international partners including WHO, USAID, UNICEF, FAO, Communication for Healthy Living (CHL) project and the World Bank are the main players in this area. National partners especially NGOs like the Red Crescent play an important role but less visible than that of the government.

The government has drafted a national Strategic Preparedness Plan for the Avian flu sometimes in early 2006 and a superior National Committee was formed chaired by his Excellency the Minister of Health and Population to follow up the epidemiological situation and to design a national plan to control the disease. That plan is still utilized although several changes took place since after. Another more focused communication plan was drafted by mid 2006 where all national and international partners defer to this document as the guiding tool. Yet, this needs major update to reflect the current changes and dynamics. Currently, the government is engaged in a closed exercise of preparing for pandemic plan and relevant materials which the cabinet has mandated all concerned line ministries to undertake. These referred to documents form the basis for UNICEF communication strategies for 2006 and 2007 - 2008.

Last year, UNICEF along with MOHP, State Information Services (SIS) and Communication for Healthy Living, project (USAID funded project) led the national efforts to put a national AI communication plan. The plan had two distinct components mainly, mass media (undertaken by SIS and CHL) and funded by USAID and the community mobilization part (led by MOHP and UNICEF). UNICEF intervention focused on the 7 most affected governorates and worked with NGOs such as Terres Des Homme (TDH) where all the high risk districts were targeted with social mobilization awareness campaigns as well as house to house educational activities on the villages' level. MOHP deployed more than 2500 Raidat (community health workers) who were trained to deliver key preventive and behavioral messages to achieve a minimum set of change in practices in these areas. Policy advocacy on the governorates level was also a key strategy in addition to networking with NGOs and the civil society. School children were also targeted to educate them about key preventive practices they could use to protect themselves against avian flu. Finally UNICEF sponsored a national radio campaign that was aired last year (2006). It included celebrity drama, mini drama, educational spots, children song, and Q and A talk shows and echoed the same messages disseminated on the community level.

UNICEF sponsored qualitative study to assess the outcome of the community intervention in the late 2006. This campaign showed that knowledge has "*markedly improved. Although some gaps still exist such as suspecting human disease and referral sites, washing eggs before consumption, steps required for rebreeding, yet overall improvement was evident especially in relation to the required protective measures such as cleaning and hand washing and keeping children away*"<sup>2</sup>. While, the study highlighted

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<sup>1</sup> These are valid figures as of July 8, 2007

<sup>2</sup> El Rabbat, Maha. "Avian Influenza Community Assessment: Focus on Backyard Poultry Breeding": Post intervention Qualitative Study. April 2007

the positive role of community health workers in providing needed information to the public, it also emphasized the importance of establishing a continuous effective and systematic educational program backed up with media campaigns.

UNICEF also undertook a national baseline survey in the late 2006 to assess KAP and validate assumptions related to AI. Results showed that the public has a general good knowledge of AI and its symptoms. More than 88% have been exposed to any form of AI message. Data also revealed some linkages between exposure to mass media and knowledge of AI especially as related to how to handle birds during slaughtering and cooking (58.4%) and how to protect oneself from AI (54%). Other important messages included how to identify an infected bird (49%) and what is avian flu (43.5%). Yet findings revealed a number of practices that need to be improved to match the positive level of knowledge. Although hand washing when handling birds is quite high among the survey sample (90%), a few have caged their birds (23%), separated birds from sleeping area (23%) or kept no contact with strange birds (31%). More than 20% still allow their children to play around birds and about 11% still have children help in breeding the poultry.

The above findings confirmed several lessons learned during the implementation of the last pilot in the 7 governorates. These include:

- Liaise with the media (especially highly viewed programs and channels) is a key to ensure the impact of the community message.
- the need for a tight system for monitoring and supervising the community activities,
- A strong social marketing and awareness campaign in the areas of intervention will increase and support the community intervention program
- Intensive social mobilization campaigning to support the community education is indispensable
- School program should be followed up from central and governorate level.
- Stronger linkages should be made with MOA extension workers on the village level,

## **II. Objectives**

The overall objective of UNICEF intervention in Egypt for 2007 and 2008 is to support the GOE in controlling the spread of H5N1 virus, minimize the likelihood of human exposure to infected poultry and ensure early detection of cases and to take all necessary measures to prepare for a possible pandemic<sup>3</sup>. The specific communication objectives include:

1. Improve knowledge of certain practices such as the risk of children playing / handling poultry and hygienic means to dispose poultry wastes.
2. Increase the percent of the public who believe that they could be infected by AI (i.e. increase the perception of possible risk for individuals) and / or who think that their children could be at serious risk if they handle poultry.
3. Decrease the percent of children playing / handling poultry in the areas of intervention
4. Decrease the percent of the public who purchase chicken from un-safe sources (lay merchants)

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<sup>3</sup> Integrated National Plan for Avian and Human Influenza. Arab Republic of Egypt. March 2007

5. Contribute to the preparation of behavioral messages for home care and hygiene in the case of a pandemic outbreak.

### III. Strategies and Activities

#### 1. Community Interventions

For deeply rooted practices in the family, interpersonal communication remains to be the most important tool to achieve any behavioral change. Yet the experience of UNICEF last year shows that it is not an easy task especially if the problem is wide spread like the current situation in Egypt. Thus, one of the key challenges will be to institutionalize the community activities within the MOHP outreach program and to establish an effective system for monitoring and supervising these activities. It is important to note that the 22 infected governorates can not be targeted neither in the same way nor in the same level of concentration of activities but rather will be segmented to three categories depending on the rate of infection among human and the poultry. UNICEF community interventions will cover the high and the medium risk governorates totaling to 16. Overpopulated areas like Cairo and Alexandria, although the risk is recognized, will not be targeted due to lack of human capacities to conduct this effort. The following table divides the governorates in three groups based on the surveillance data of MOHP.

High Risk Governorates	Medium Risk Governorates	Low Risk Governorates
<b>Delta</b>	<b>Delta</b>	<b>Suez Canal Zone</b>
1. Gharbia	1. Beheria	1. Suez
2. Dakalia		2. Port Said
3. Kafr El Shiek		3. Ismalia
4. Qualubia	<b>Upper Egypt</b>	
5. Sharkia	2. Rural Giza	
6. Menofia	3. Fayoum	
7. Demiatta	4. Bani Sweef	
<b>Upper Egypt</b>	5. Assuit	
8. Minya	6. Aswan	
9. Sohag		
10. Qena		

#### 1.1 Supporting Community Outreach Program of MOHP

##### 1.1.1 Training of Radiats

Among the lessons learned from the pilot intervention last year is the need to condense the training materials and eliminate too technical veterinary information. Hence a review of training content will be done for the levels of the TOT and the step down. During the TOT, the modified IEC messages and materials as well as the new reporting system will be introduced. Mechanisms for follow up and supervision will be also discussed to ensure the effectiveness of the upcoming activities. Overall, it is expected that 35 participants would complete the TOT.

Following the TOT a series of parallel step down training activities will be undertaken. A two days training sessions will be done for those who are new into the program to orient them about the entire assignment, messages, reporting and plans. This will include on average about 1500 new RR and / or those who were not included in the last training round. In the meantime, about 9500 will receive one full day refresher training on the new IEC materials, reporting system and the plan. These training sessions will be conducted in the targeted governorates on both the district as well as the governorate

levels. As a result of this exercise it is expected to train about 11,000 Raidat in the 16 governorates.

#### *1.1.2 House to House education*

The key tool in the house to house education component to address behavioral change would be through the radiates refiat (community workers) (RR) program of MOHP. There are more than 4000 enrolled RR in various locations in Egypt, who were trained under the last phase of the intervention and their role was quite evident from the community assessment study. However, the study highlighted the need to sustain their role over time to ensure any change in behavior. Refresher training will be provided to both RR and volunteers to update their information and their capacity to use IEC materials.

#### *1.1.3 Institutionalization of community outreach program within MOHP*

In addition to the implementation of the above described activities on the district and governorate level, an important activity will be going in parallel on the central level. This will entail re-working the monitoring and reporting system for the radiat refiat as relevant to the community activities of avian flu and ensuring the mechanisms for effective supervision. The existing monitoring form (designed during the last pilot phase) will be reviewed along with the data base program to see the gaps, loop wholes and improve on the quality of the form to become more effective for reporting of activities.

#### *1.1.4 Community mobilization and education*

The role of natural, political and religious leaders in every community is indispensable especially in hierarchical communities. Thus, one of the most important entry points to the success of the community education program would be to target the influential of this community and ensure their full commitment and support. This will be achieved by holding at least two meetings on the governorate level (for high and medium risk governorates) during the intervention time to ensure the continuous dialogue among the different parties on the community level. Coordination with the church on the central level as well as the Ministry of Awakaf will be done to maximize the standardization of activities done with the religious leaders. Community leaders' role will be to keep the issue on the community agenda, disseminate key messages to their constituencies and create a strong network should a pandemic breaks that can be easily accessed.

### 1.2 Community Awareness Campaign

To echo the community outreach and education (described above) a strong community awareness campaign would be needed in the high and medium risk governorates<sup>4</sup>. The key messages will be placed on large billboards in the populated areas like markets, bus stations and train stations. In addition, all health clinics, post offices and schools (explained below) will be branded with the same messages. Covering the community through different channels with the same messages is expected to have an effect on the knowledge and attitudes of the targeted public. In addition, other social marketing techniques will be used to reach out for the public especially in remote areas to ensure their understanding of the problem. *(Please refer to attached presentation on media consumption habits of the target population.)*

### 1.3 School Program

School is a very important forum to reach children. Although, it will be difficult to expect that schools will administer special educational activities related to avian flu, simple

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<sup>4</sup> Scale of the intervention is subject to availability of funds

things like announcements in the morning lines, hanging posters in the corridors, stickers in the bathrooms and distributing simple stories can keep the key messages remembered. Such an effort will be done nation wide (at all levels of the infected governorates) and will be coordinated through the central departments of the Ministry of Education. In the meantime, working with the authority of adult education will be another avenue to reach out for men and women at the targeted areas. Initial contact with the responsible officials will make this initiative quite promising.

#### 1.4 IEC Materials: Review, Production and Distribution

Although most of the IEC materials produced under the last intervention were completely distributed and positively received, before deciding on the set to be reprinted or the new ones to be produced two steps are important. First, a quick assessment of the audience feedback (community and schools) to realign the IEC materials and second a review of the messages based on the completed research. The review will range from selecting fewer messages, changing drawings / presentations to quality of papers and quantities produced to cover the intervention sites. In this effect, an effective distribution plan to reach out the targeted places / institutions will be quite critical as well as following up on distribution. It is clear that some produced materials will not be done again (Toc Toc Stickers) as all field reports indicated they were not effective. However, others are obviously going to be re-used and new ones will be added. The tentative list include:

- a. Community flip chart
- b. Community educational video
- c. School posters and stickers
- d. School educational video
- e. Social marketing materials (signs in markets, billboards in busy areas, walls, bus and train stations signs....etc.)

## **2. Media as a Change Agent**

Findings of research showed that media is the most important source of information for Avian flu as well as other health related issues. Therefore, any intervention would have to take into account a role for the media if the other components are to be effective. Not only does mass media (especially TV) has a wide reach to most of the areas targeted in this intervention but also it is a cost effective mean. Prior to the initiation of any activity a full plan will be set along with the specific targeted programs / placement and their cost to establish a cost benefit formula for the invested resources into this strategy.<sup>5</sup> (*Please refer to attached presentation on media consumption habits of the target population.*)

The two main activities under the media component include capacity building and media targeted campaign:

### 2.1 Media Partnership and Capacity Building

Media professionals have clearly moved a long way in the style and quality of reporting of avian flu. Still the issue is dealt with from the news perspective only. In other words it is only reported when a case is suspected or confirmed. However, there is need to continue bringing up the issue through the media beyond reporting of cases. Thus, new media framing of avian flu will be important to maintain minimum interest of journalists (print and broadcast). This will be also useful to have the right platform for pandemic

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<sup>5</sup> A comprehensive set is currently under development with the support of Iraq office communication officer, Ms. Ban Dhay

preparedness and awareness among this important group. But to achieve this, several steps are required:

*2.1.1 Media roundtable:*

A core group of interested editors and senior journalists will be invited for a roundtable discussion on this subject. Relevant materials will be prepared and shared in advance for discussion during the roundtable. Among the materials shared would be an analysis of media handling of avian flu with a review of newspapers, pages, names of journalists and space provided to the subject. In addition to the orientation achieved as a result of this roundtable, two other outcomes are expected. One is to have two or three volunteers who can work with UNICEF on the preparation and implementation of the training workshop to follow. Those volunteers will be recruited as consultants / resource persons to prepare and undertake the workshop and to share their professional practical experience with the participants of the workshop. Second is to brainstorm and finalize a list of the potential participants for the workshop. Finally, this core group will be the basis for a journalist's network on AI.

*2.1.2 Media workshop:*

This activity will aim at presenting AI information in a mixed package with practical tools for better journalistic standards. It is expected that at least 40 participants will attend this training workshop. In addition to the direct benefit and learning experience that the participants will gain as a result of attending, each participant will set his/her follow up actions after the workshop.

*2.1.3 Media materials:*

Research studies completed as well as other important information on the web will be transformed in a media friendly package and will be communicated frequently and effectively to media professionals.

*2.1.4 Media follow up:*

For the success of this initiative, all the individual plans of the participants would have to be followed up with them. Continuous support with information as well as other rounds of “brown bag” seminars would be convened on regular basis to keep the link with the group.

*2.1.5 Media analysis:*

All the printed / broadcasted materials will continue to be filed and analyzed. A final content analysis review will be done by the third quarter of 2008 in addition face to face interview with some of the media professionals who have been part of this initiative to assess its outcomes.

## 2.2 Targeted media campaign

As mentioned above, TV is an important mass media channel that can easily reach out to millions of Egyptians. Evidence from other successful initiatives like polio is showing that it is instrumental to support any community intervention with media programs whether in the form of programs, spots or other visuals. The changing media habits of Egyptians (almost 50% are watching satellite channels) and the high cost of airing any spots on national TV, will make it cost beneficiary to target satellites as much as national TV.

If funds become available and given the specificity of the media habits, the focus should be on placing information in some of the following channels / programs: channel 1 & 2 of (national TV) especially on “El Bet Betak” program, Rotana cinema (Free Satellite movie channel) “El Ashera Massan” (Dream 2 / Satellite free channel), and EL Mehawr “90 minutes” program (Free Satellite channel). Initial contacts with channel officials is indicating a good possibility to have free airing of some of the materials and a possible reduced rate for long term placement of educational messages. The format of the materials can be either a short 15 seconds educational messages, “key practices reminders” and / or news program and interviews with the public. Suggested formats collected from the media professionals and journalists under item 2.1 will be also considered.

Radio (especially El Quran El Kareem) could be another important medium to be utilized since the reach of this station is more than 80% among those who listen to the radio (27%) as well as El Bernamg El Am and Nogoom FM.

## **3. Research**

The completion of the two research studies (baseline national survey and the qualitative post assessment community study) has been an important addition in empirically understanding public knowledge, attitudes and practices vis-à-vis the issue of avian flu. Such initiatives were highly appreciated by all partners and have also added to the body of knowledge on the subject not only for planning and programming of activities but also the global understanding of the situation. However for the research initiative to become more systematic the following is suggested:

### 3.1 Partners Research Group

The review process of the baseline survey brought together different partners concerned with the issue around the table and convened by UNICEF. They included MOHP, MOA, MOE, CHL and USAID, and various UN agencies. This group can meet on ad hoc basis to achieve the following tasks over the next six months:

- 3.1.1 Review the behavioral indicators and agree upon a composite index for knowledge, attitude and practices that can be referred to and used systematically. This composite index can be also used in the next DHS round and will become the reference for other countries as well.
- 3.1.2 Agree on the relevant questions related to communication, KAP and avian flu and identify the needed questions to be asked some they don't exist.
- 3.1.3 With the support of the M&E unit in UNICEF, establish a data bank and a bank of questions and provide access to partners for such information.

### 3.2 Assessing the Outcome of the AI Communication Intervention

By the end of Q2 or early Q3 of 2008, it will be important to undertake another survey round to assess the impact of the communication intervention. This exercise will be based on the baseline survey completed and will take into account the indicators index developed.

### 3.3 Conduct an audience feedback assessment of the IEC materials produced.

## **4. Pandemic Preparedness**

UNICEF will work closely with MOHP and other partners like IDSC in supporting the GOE in its planning process of communication interventions as related to the pandemic of avian flu. UNICEF will also provide technical support in the review of communication materials produced for the pandemic.

### 4.1 Controlling Public Panic Qualitative Study

As part of the pandemic preparedness UNICEF will encourage national counterparts like IDSC and MOHP to conduct a special small scale qualitative study that will look into possible public opinion reactions and panic issues in the case of the pandemic. Such a study should offer prediction and guidance on possible public reactions and means to control. The study will also help to guide the planning of the pandemic communication plan and materials, especially as related to home care practices in the case of pandemic, expected support, community needs, readiness....etc. It is important to note that conduct of such a study should be done quite carefully given possible hesitance to avoid raise any counter criticism or negative media coverage. Yet the value of the expected results worth supporting the effort.

### 4.2 Review of Countries' Communication Experiences in Pandemic Preparedness

UNICEF Egypt's office will liaise with UNICEF HQ to host a communication meeting in the early of 2008 with the possibility of co-organization with WHO to review communication preparedness plans of various at risk countries. Such an opportunity would offer MOHP and possibly other concerned ministries the chance to learn from other countries experience and adapt successful initiatives.

## **IV. Documentation, Monitoring, and Evaluation**

The following activities will be undertaken to ensure the effective planning, monitoring and evaluation of the above described activities:

1. Draft a logical framework for the intervention with the support of the M&E unit to derive to key results and indicators to measure these results.
2. Devise the monitoring tools and benchmarks for the project implementation plan and review these benchmarks regularly with the M&E unit.
3. Undertake a final assessment of the project intervention while taking into account the survey outcomes (both baseline and the proposed 2<sup>nd</sup> survey and the qualitative community study)
4. Undertake a special review of the institutional capacity of MOHP / RR program at the beginning of the intervention so as to properly design the institutionalization component described under item 1.1.4. By Q3 of 2008

conduct an in-depth assessment of the institutional capacity to see any development on this front.

5. Conduct a content analysis of the media (print and broadcast) to compare quality of the content as result of the media initiative described above.
6. Undertake a photo and video documentation of activities in the field and develop relevant human interest stories, web stories and other informative forms of communication to disseminate to the public about the intervention.

## **V. Limitations and Challenges**

The government of Egypt has shown a positive level of transparency in its handling of the Avian Influenza with relatively a timely and accurate sharing of the information on avian flu cases and/or human cases including mortalities. Yet, on the macro level a number of challenges remain to hinder the effective containment of the disease and hence would affect any effort such as the one in hand. While, Egypt has a lot of opportunities to seize that can make this battle against the virus another public health success, there are major challenges that need to be seriously addressed. Among these is the dense population in many of the infected areas, lack of bio-security measures among many of the infected farms, compensations issues and the weak government capacities on some fronts to contain the virus. More risks and challenges include:

### On the Political level

- Some socio-political issues most recently surfacing like the water shortage and quality in many of the high and medium risk governorates where some of the activities of this work plan will be implemented may make any community effort a difficult operation. Security forces have been used in several instances to end civil anger against the government, which makes the overall environment not quite favourable for such intervention.
- The airing of TV materials on avian flu remains to be a concern especially that MOHP and CHL are now paying 50% fees to national TV authorities to get the materials aired. Prime time placement is not still granted. This again shows that various government bodies are not in full synchronization and may not have the same commitment level.
- There is still inconsistency in the enforcement of plans and decisions made regarding live markets and poultry shops.
- The role and decisions made by the High National Committee are not as visible as they used to be. This is putting some questions around the perceived weight of the decisions made and their follow up mechanisms.

### On the Program and Management level

- The national communication plan need to be urgently updated to reflect a common media strategy that brings different players together and streamlines the information flow between the different involved agencies, the government and the public.
- Coordination among government organizations especially MOHP, MOA, MOE and Ministry of Environment still to be considered especially for scaled up interventions like the community component in hand.
- Coordination and agreeing on leading agencies for different components among the donors and UN partners and the government can be another challenge.

On the public / socio-economic level

- The widespread practice of home breeding of poultry as well as the public ignorance of basic safety measures to protect themselves is clearly a problem.
- Widespread habit of engaging children in the breeding process is a potential threat.
- Limited trust and lowered credibility in the government as mentioned above.
- Given the macro picture of having most of the affected families from among the poorest segments of the population who are mostly illiterate and greatly depend on poultry as a source of income and nutrition, the change of practices will be encountered by some resistance especially with the lack of clear guidelines that can lead the public practices in this area to safer behaviors.
- Lack of adherence to policy actions taken on the central level sets the public mind to be more on the relaxing mode rather than the alert mode which leads many families to carry on with their current unsafe practices and endanger their health and the larger community health.

**VI. Coordination with Partners and Possible Joint Programming Opportunities with other UN Sister Organizations**

As part of this coordination process, UNICEF will continue to act as an active member of the ad hoc communication committee chaired by MOHP. UNICEF will work with other partners and MOHP to revise the national communication plan for avian flu for 2007 – 2008 to reflect the key areas of implementation for each partner and to reflect the complementarities and to avoid overlap. The communication committee is expected to be the forum for sharing of information and coordinating of lead agencies, areas of intervention as well as messages to be devised. In the meantime, for the specific UNICEF / MOHP related activities (like the review of IEC materials under item 1.4 and the research component under item 3.1) relevant partners will be invited to participate in these activities to solicit their feedback as relevant.

Initial discussions with partners especially UN sister organizations (WFP, WHO, FAO and UNDP) is showing a positive interest to seize possible opportunities to collaborate in the undertaking of some of the listed above activities. The following table is outlining the possible collaborative opportunities as result of this discussion. Yet the final agreement on this list is pending each agency's review of plans and available resources. Other agencies are interested to utilize available tools especially as related to research and IEC to program their activities like UNHCR.

<b>Agency</b>	<b>Possible Areas of Collaboration</b>
WHO	Media Partnership and Capacity Building (2.1)
WFP	Community Interventions (1.1)
FAO	Community Interventions (1.1)
UNDP	Pandemic Preparedness (4)

## VII. Management of Activities

The following table summarizes the distribution and management of activities on various levels (central, national, and sub-national) and the responsible implementing partner(s) and the agency(s) the activities are being coordinated with:

Activity	Central Level of MOHP	National Level (All Gov.)	High Risk Gov.	Medium Risk Gov.	Low Risk Gov.	Main Implementing Agency / Partner	In Coordination with
<b>1. Community Interventions</b>							
<b>1.1 Community Outreach Program of RR at MOHP</b>						MOHP	FAO – WFP – CHL
1.1.1. Community mobilization						MOHP and Ministry of Awkaf, Church, NGOs	FAO – CHL - WFP
1.1.2 Training of RR						MOHP + Expert Trainers	FAO - WHO
1.1.3 House visits						MOHP	
1.1.4 Institutionalization of outreach program						MOHP + Individual Consultant	
<b>1.2 Community Awareness campaign</b>						Media / marketing Agency	
<b>1.3 School Program</b>						MOE	
1.3.1 Coordination with MOE						MOE	
1.3.2. Agreeing on messages and distribution plan						MOE	
<b>1.4 IEC materials</b>						MOHP and partners	All partners
<b>2. Media as a change agent</b>							
<b>2.1 Media partnership and capacity building</b>							WHO
2.1.1 Media roundtable discussion						UNICEF and media agency	MOHP and MOA
2.1.2 Media Workshop						UNICEF, media agency and WHO	MOHP and MOA
2.1.3. Media materials						UNICEF and WHO	WHO
2.1.4. Media follow up						UNICEF	
2.1.5 Media analysis						Individual Consultant	
<b>2.2. Targeted Media Campaign</b>						Media production house and MOHP	CHL
<b>3. Research</b>							
3.1.1 review of behavioral indicators						UNICEF and partners	All partners
3.1.2 agree on relevant questions						UNICEF and partners	All partners
3.1.3 establish a data bank						UNICEF and a research agency	All partners
<b>4. Pandemic support</b>						IDSC / MOHP	UNDP and WHO

A detailed management system has been already schemed for the component of community intervention with MOHP who is the most concerned partner in implementing this part of the plan. Internally within UNICEF, the entire management and accountability of this strategy and plan falls within the responsibility of the Program Communication Specialist (Sahar Hegazi). Program Communication Specialist will be in charge of managing the components number 1, 3 and 4 with the support of UNICEF NOA field coordinator (Dr. Khaled Darwish) and the Program Communication Assistant (Ms. Heba Abdel Hady). Additional support of one project officer (NOB/OR to be recruited) will be needed to manage the components (1.2, 1.3, 1.4, 2.1) and contribute to component (2.2) as well.

### VIII. Timeline

Activity	Q3 2007	Q4 2007	Q 1 / 0208	Q2 2008	Q3 2008	Q4 2008
<b>I. Planning</b>						
1. Overall UNICEF communication plan for Avian						
2. Monitoring indicators for communication interventions						
4. Preparation of contracts, PCAs and Gov. plans						
5. Coordination with partners						
<b>II. Interventions</b>						
<b>1. Community Interventions</b>						
<b>1.1 Community Outreach Program of RR at MOHP</b>						
1.1.1. Community mobilization						
1.1.2 Training of RR						
1.1.3 House visits						
1.1.4 Institutionalization of outreach program						
<b>1.2 Community Awareness campaign</b>						
1.2.1 Concept and Design						
1.2.2 Implementation						
1.2.3 Feedback						
<b>1.3 School Program</b>						
1.3.1 Coordination with MOE						
1.3.2. Agreeing on messages and distribution plan						
<b>1.4 IEC materials</b>						
1.4.1 Materials review						
1.4.2 Materials pretesting						
1.4.3 Materials production						
1.4.4 Materialist distribution						
1.4.5 materials reassessment						
<b>2. Media as a change agent</b>						

Activity	Q3 2007	Q4 2007	Q 1 / 0208	Q2 2008	Q3 2008	Q4 2008
<b>2.1 Media partnership and capacity building</b>						
2.1.1 Media roundtable discussion						
2.1.2 Media Workshop						
2.1.3. Media materials						
2.1.4. Media follow up						
2.1.5 Media analysis						
<b>2.2. Targeted Media Campaign</b>						
<b>3. Research</b>						
3.1 Partners' research group						
3.1.1 review of behavioral indicators						
3.1.2 agree on relevant questions						
3.1.3 establish a data bank						
<b>3.2 Assessing the outcome of AI interventions</b>						
<b>3.3 Conduct audience feedback</b>						
<b>3.4 Controlling public panic study</b>						
<b>4. Pandemic Preparedness Support to MOHP</b>						
<b>III. Documentation, monitoring and evaluation</b>						