



PACMOSSI

Pacific Mosquito Surveillance
Strengthening for Impact

Key components of Community Engagement and Risk Communication

PacMOSSI Strategic Planning Online Workshop for Vector Control and Surveillance in
the Pacific

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Community Engagement

Community engagement involves those affected in understanding the risks they face, and in response, expressing appropriate behaviours and actions that minimise their risk.

Community engagement is the process by which organisations and individuals build a long-term relationship with a collective vision for the benefit of the community.

The primary purpose is to empower communities to lead and facilitate change that benefits them.

SPC 2020

Why?



Engaging communities is key to the success of the vector control implementation,

- Increases coherence between interventions and their targets and facilitates change
- Harness local knowledge, expertise, skills and networks . Cost effective and practical
- Communities, when appropriately engaged, are the front line in detecting and managing epidemics. They are the ones who are affected, and their behaviour and actions can help contain an outbreak.
- Community participation in the design and implementation of interventions can improve compliance; increase cost-effectiveness through harnessing local knowledge, practices and contributions to inform behaviour change; foster local programme ownership; and, importantly, increase prospects for sustainability.
- Assist in health assessments, mapping, mobilizing resources, design and monitoring

Described as a pillar **Engage and Mobilise communities** and priority activity *National plan for effective community engagement and mobilization in vector control* developed in WHO Global Vector Control response 2017-2030



Key lessons learnt and implications for planning

No one size fits all.
Context matters

- Communities play a major role in and are key to the success and sustainability of vector control
- Vector control is critically dependent on harnessing local knowledge and skills within communities
- Build resilience against future disease outbreaks
- Participatory community-based approaches aim to ensure that healthy behaviours become part of the social fabric and that communities take ownership of vector control at both the intra- and peri-domiciliary levels
 - Planning question: do you have access to people with anticipatory CB approaches experience?
- Engagement strategies that build upon social/anthropological and behavioural evaluations have a solid foundation to leverage local knowledge and skills
 - Planning question: do you have access to these evaluations already?
Need to plan for?
- Communities and service providers should meet regularly for mutual advocacy and to assess progress
 - Planning question: have you allocated resources for this to occur (time, funding for travel etc)
- Providing information and training to communities, and if used community health volunteers/workers? Ensure health workers and managers know how to support communities? Planning for training and supervision



Increasing level of community involvement, impact, trust and communication flow

	INFORM	CONSULT	INVOLVE	COLLABORATE	SHARED LEADERSHIP
Goal	Some community involvement	More community involvement	Better community involvement	Community involvement	Strong relationship
Actions	Provides community with information	Gets information or feedback from the community	Involves more participation with community on issues	Forms partnerships with community on each aspect of the project – from development to solution	Strong partnership structure is formed
Outcome	Optimally established communication channels and channels for outreach	Develops connections	Visibility of partnership established with increased cooperation	Partnership building, trust building	Broader health outcomes affecting broader community. Strong bidirectional trust built
Examples	<ul style="list-style-type: none"> • Fact sheets • Web sites • Open houses • Social media 	<ul style="list-style-type: none"> • Public comment • Focus groups • Surveys • Public meetings • Social media 	<ul style="list-style-type: none"> • Workshops • Deliberate polling 	<ul style="list-style-type: none"> • Citizen advisory committees • Consensus-building • Participatory decision-making 	<ul style="list-style-type: none"> • Citizen juries • Ballots • Delegated decisions

Components of the Community engagement plan



Define the purpose and objectives

Outline scope and limitations

Stakeholder identification and relationship development/maintenance

- Span government departments, non-government organizations.
- Mechanisms for multistakeholder community engagement operational
- Coordination of efforts. Differs in each country
- Assess commitment

Develop engagement plans

- purpose; objectives; stakeholders; inclusive engagement plan; level of participation; stakeholder commitment; timeframes; roles and responsibilities; budget; resourcing; limitations; risks and mitigation plan; monitoring and feedback plan; evaluation plan.

Implement and monitor engagement

Feedback - two way and throughout lifetime of programme

Evaluate :

- effectiveness of reaching objectives; objectives include vector control outcomes, epidemiological outcomes and also empowerment and resilience in the communities.

References

- SPC 2020 Manual For Surveillance And Control Of Aedes Vectors In The Pacific Suva: SPC
- WHO 2017 WHO Global Vector Control response 2017-2030 Geneva: WHO
- WHO 2020 Multisectoral approach for the prevention and control of vector-borne diseases. Geneva: World Health Organization; 2020.





Risk communication

”Risk communication refers to the real-time exchange of information, advice and opinions between experts or officials and people who face a threat (hazard) to their survival, health or economic or social well-being. Its ultimate purpose is so that everyone at risk is able to take informed decisions to mitigate the effects of the threat (hazard) such as a disease outbreak and take protective and preventive action” (Gamhewage 2014).

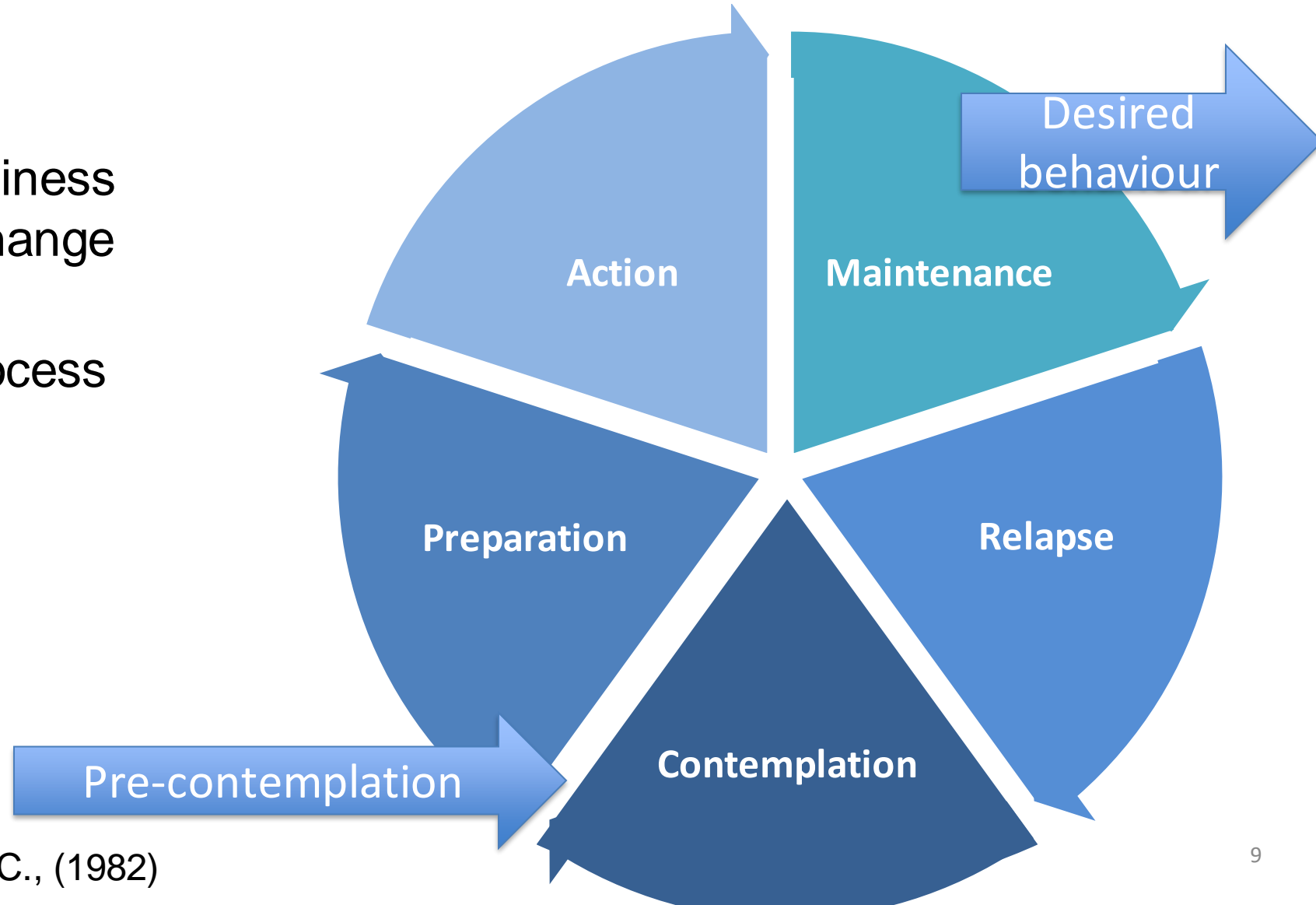
Stages of Change Model



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- Focus on individual's readiness to change or attempt to change behaviour
- Behaviour change is a process and depends on levels of readiness of an individual
- Not linear





Some principles

- Two-way and multi-directional communications
- Engagement with affected populations -> informed decisions to protect themselves and their family and communities.
- Should utilize the most appropriate and trusted methods and channels of communication and community engagement.
- Ideally, bring together a diverse range of expertise in the field of communication, social sciences and systems-strengthening techniques in order to achieve public health goals
- **Build capacity** outside times of crisis
- **Ensure resources for risk communication operations**
- **Establish coordination and information systems**



Key Points on risk communication

Re: Western Pacific regional action plan for dengue prevention and control (2016). Manila, Philippines. World Health Organization Regional Office for the Western Pacific; 2017.

Includes short-term outbreak communications and longer-term strategies for populations in endemic areas

Effective risk communication involves multiple steps:

- analysing the problem in a particular area or population (surveillance and risk assessment data);
- developing and delivering messages to the intended target audience on what needs to change; and
- evaluating whether the communication was effective in achieving the desired outcome.

Where possible, involvement of risk communication expertise in planning and delivering messages is encouraged.

A communication strategy that makes clear:

- aims of the efforts to prevent and respond to dengue, and
- what role communities and individuals can play, particularly if this strategy is implemented before as well as during outbreaks

These messages should always be made relevant to the local context and provide progressive actions that can be taken if needed.

Implications for planning



Audience and situation analysis

- different audiences, what do you know about their knowledge, practices, beliefs; from whom and how do they like communications; lessons from previous work

Partnerships:

- with whom can /do you work to communicate with different audiences . E.g. schools, women's groups, church groups, workplaces, pregnant women, older persons, people with disabilities, different language groups , different education levels.
- Do you have this experience already – and how experienced are they?
- Does something need to be done to build these partnerships and experiences

Build capacity outside times of crisis. It must contribute to the larger programme objective.

- Prevention of risk and then management of risks
- where is this capacity going to be situated
- Coordination levels?
- Information flows (from where to where)

Ensure resources for risk communication operations

- Design and testing, Activities, various media, distribution

Monitoring and evaluation of risk communications –

- feedback loops, who is not being reached?

Need to



- Develop a **strategic risk communication plan** with communication activities, methods and channels **for the duration of your strategic plan**
 - **Link to each of the other strategic plan objectives** – ask what do we need to communicate about this and to whom? When /how often? What outcome form that communication strategy?
 - Need to have **capacity built in and resources to manage** outbreaks and emergencies – some of these may be “predictable” e.g. cyclone season.
- Need to **build in ongoing evaluation** of the communication /plan was effective in achieving the desired outcome.
- Note: Programmes and situations are very diverse across the Pacific region so must tailor strategies tailored to local and disease-specific needs.



Case studies: Community engagement

Fiji

Guam

e.g. Community engagement, **COMBI project targeting selected areas in Fiji by MoH**

- **Purpose:** A COMBI-based community engagement project was implemented in Fiji with the purpose of mobilizing communities to engage in source reduction to reduce the number of aquatic habitats available to the mosquitoes.
- **Stakeholders:** Community members, school teachers and church leaders, and intersectoral agencies.
- **Implementation:** The project involved formulating and approving the behavioural messages; IEC materials were designed and produced. A training workshop was held on the management of mass communication and community participation, and dengue prevention volunteers were recruited and trained. The community was engaged through house-to-house visits by dengue prevention volunteers and the programme supervisor. Points of service were also established in the schools and churches.
- **Evaluate:** Pre-intervention and post-intervention surveys were carried out to assess entomological indices and behavioural change.

- **Purpose:** To educate the public about mosquito biology and anatomy, bite prevention and control, mosquito-borne diseases, common predators, and identification and elimination of breeding sites.
- **Stakeholders:** Members of the public; public and private schoolchildren of Guam; military; and pest control companies.
- **Implementation:**
 - The Division of Environmental Health, Guam Department of Public Health held its 1st Annual Guam Environmental Public Health Education Month (GEPHEM) in September 2016 with the theme of Fight the Bite! To bring awareness to the public about mosquito-borne diseases.
 - The celebration began with a Proclamation Signing by Lieutenant Governor Ray Tenorio on 30 August 2016. A poster contest was held for students of the island's public and private elementary schools.
 - The prizes were donated by the Environmental Public Health Association (a prior event was hosted to raise money for the prizes).
 - The poster contest had 1,763 participants from 186 teachers of 31 public and private elementary schools. The top three posters were chosen from each of three categories: Category I (K-1st grade); Category II (2nd–3rd grade); and Category III (4th–5th grade).
 - The GEPHEM celebration concluded with a public fair on mosquito bite prevention and control at the Micronesia Mall Center Court. Displays on mosquito bite prevention and control were presented by Department of Environmental Health; industry partners; US Naval Hospital Preventive Medicine Unit; Andersen Air Force Base; and the Guam Environmental Protection Agency's Pesticide Program. All poster entries were also displayed at the Center Court. Entertainment was provided by dancers from Mercy Heights Catholic School and Step Up Entertainment dancers. There was also a photo booth and a very popular balloon-animal table.

Guam Environmental Public Health Education Campaign



References

- Gaya M. Gamhewage (2014) Complex, confused, and challenging: Communicating risk in the modern world, *Journal of Communication in Healthcare*, 7:4, 252-254, DOI: [10.1179/1753806814Z.000000000094](https://doi.org/10.1179/1753806814Z.000000000094)
- Prochaska, J. O. & Di Clemente, C. C., (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19(3), 276-288. Figure 2, p. 283.
- SPC 2020 Manual For Surveillance And Control Of Aedes Vectors In The Pacific Suva: SPC