Applying behaviour change-based health promotion strategies across the disaster cycle

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GOAL: Prevention of WBD

Transmission Prevention Symptoms Treatment

Agree to wash at critical times
Wash hands @ critical times
Lack of soap, low literacy, health beliefs contradict transmission

Agree to support ea. other in washing @ critical times
Community washes hands @ critical times
Isolated community, religion states body is a temple

Agree to provide resources to support HW @ critical times
Org members observed washing hands @ critical times
Soap not available, no reliable water

Acknowledge importance of Constituents’ well-being
Policy to subsidise soap; provision of water
Democracy, elections approaching

75% Increase of HW @ critical times
GOAL: Prevention of WBD

- **Transmission**: Lack of soap, low literacy, health beliefs contradict transmission, fear, deaths
- **Prevention Symptoms Treatment**: Isolated community, religion states body is a temple, fear, comm deaths
- **Resources Referral / Treatment**: Soap not available, no water, capacity of team
- **Resources Treatment Policy gaps**: Democracy, public panic, int'l pressure
- **Agree to support ea. other in washing @ critical times**: Community washes hands @ critical times
- **Acknowledge importance of Constituents' well-being**: Policy to subsidise soap; provision of water
- **Agree to provide resources to support HW @ critical times**: Community washes hands @ critical times
- **Lack of soap, low literacy, health beliefs contradict transmission, fear, deaths**: Wash hands @ critical times

- **75% Increase of HW @ critical times**

- **Resources Policy gaps**: Policy to subsidise soap; provision of water

- **Policy level**: Resources Treatment Policy gaps

- **Institutional level**: Resources Referral / Treatment

- **Community level**: Transmission Prevention Symptoms Treatment

- **Individual/Family level**: Transmission

- **Journalism**: Acknowledge constituents' importance

- **Policy**: Policy to subsidise soap; provision of water

- **Agree to support ea. other in washing @ critical times**: Community washes hands @ critical times

- **Lack of soap, low literacy, health beliefs contradict transmission, fear, deaths**: Wash hands @ critical times

- **Isolated community, religion states body is a temple, fear, comm deaths**: Soap not available, no water, capacity of team

- **Democracy, public panic, int'l pressure**: Policy to subsidise soap; provision of water

- **Community washes hands @ critical times**: Resources Referral / Treatment

- **Soap not available, no water, capacity of team**: Policy to subsidise soap; provision of water

- **Democracy, public panic, int'l pressure**: Policy to subsidise soap; provision of water

- **Agree to provide resources to support HW @ critical times**: Community washes hands @ critical times

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- **Acknowledge constituents' importance**: Policy to subsidise soap; provision of water

- **Policy to subsidise soap; provision of water**: Policy to subsidise soap; provision of water
Natural disaster
1 - Trauma surgery
2 - Waterbourne diseases
3 - Vector borne diseases
4a - Maternal and newborn
4b - Maternal and newborn
4c - Maternal and newborn
5 - Vaccine preventable diseases
6 - Mental health
7 - NCD
8b - Neglected diseases
Epidemic Outbreak
Health Promotion and Community Engagement

Please find here updated behaviour change tools, communencagement guidance and training for volunteers and staff responding to the plague outbreak. Health promotion activities for communities include social distancing, respiratory etiquette, vector control, hand washing, application of insect repellent and safe burials practices.

To review research on behaviour change used in previous plague outbreaks, fear and stigma around highly infectious diseases and previous Madagascar interventions, click here:

https://drive.google.com/open?id=0B0eUEih9vsw3LWxmekEyV0txYnc

Updated ECV tools for Bubonic Plague, Coughing (Pneumonic) Plague:

ECV Coughing Plaque (Pneumonic)
ECV Bubonic Plague
Associated ECV Action Tools

Training module and toolkit for Madagascar volunteers on transmission, symptoms, treatment and prevention

Plaque Toolkit (English)
Plaque Toolkit (French)
Campaign
All activities
Whole community
All messages

Target sources of transmission, maintain community approach

Focus on contract tracing and early treatment/safe burials

Case Mgmt. & Community Based Protection

Contact Tracing & Surveillance

Cases are on the increase

I KNOW BUT Knowledge has increased but behaviour is not changing

Focus on
- Plague is real and can be treated
- Go to clinic as soon as you experience any of the symptoms
- Increase volunteers community/contact tracing activities
- Address rumours

High case load in one District or Community

Knowledge is high and services are available.

WHAT TO DO
- Focus on communicating about early isolation and treatment + safe burials + case findings
- Focus on: We can beat the Plague TOGETHER

Cases are slowly decreasing

Knowledge is high, behaviours change is occurring and enabiling factors met need

KEEP GOING
- Continue to focus on early isolation and treatment + safe burials
- Encourage population to continue in the effort.
- Focus on: We are winning but...

Fewer cases

PLAUGE IS STILL HERE

Focus on community work, tracing of contacts
- Congratulate the community!
- Focus on: We are winning but...

Celebration of success and reinforce disease surveillance.
- Focus on the Plague could come back.
Fact Sheet Madagascar Plague

The combination of multiple types of plague, multiple ways to spread the infection, high number of urban cases, and high number of cases early in the Plague season (September to April) makes this response unique. Although treatment is the same regardless of the type of Plague, health prevention and symptoms differ based on infection transmission. Nowadays, plague is easily treated with antibiotics and use of standard precautions to prevent acquiring infection.

Fact Sheet: Plague Madagascar

Transmission, treatment, prevention, and control of Plague
Red Cross volunteers are our best defense against plague to inform community on the cause, symptoms, treatment and prevention of Coughing Plague

**HEALTH PROMOTION**

- Why is it important to know the difference between bubonic plague and coughing plague?
- How does health promotion defend your community from plague?
- How can you build on the cultural norms, beliefs or fadys in your community to promote good health practices to defeat plague?

**ToT plague**

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International Federation of Red Cross and Red Crescent Societies

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All activities
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Focus on:
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National level and new district with some or no cases

I STILL DO NOT BELIEVE
Low knowledge and risk perception

Focus on increasing knowledge about signs, symptoms and preventive behaviours.

Address rumours.
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Focus on Plague is still here
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Contact Tracing & Surveillance
- Fewer cases
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  - Congratulations the community!
  - Focus on
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Case Mgmt. & Community Based Protection

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