

People, Poultry and Pandemics: Risk Communication and Community Engagement in Indonesia



'Tanggap Flu Burung' ('Take Action on Bird Flu') – UNICEF-supported training and awareness raising at SD Negeri I, Takmung, Klungkung Regency, Bali (20 May 2009).

PHOTO: PAUL FORSTER

This SSHAP Case Study illustrates how the United Nations Children's Fund (UNICEF) worked in 2006-07 to support the Indonesian government in response to avian influenza outbreaks. The agency provided social mobilisation and education programmes to schools and villages in affected communities and provided media relations support and training for Indonesian journalists. Learning from this case study can be used by public health officials and response workers to further their understanding on how to coordinate interactions with affected communities during similar events.

The challenge: the H5N1 avian influenza virus in Indonesia

Following the 1997 outbreak of H5N1 Highly Pathogenic Avian Influenza (HPAI) in Hong Kong, and the deadly re-emergence of the virus in China, Thailand and Vietnam in 2003-2004, by late 2006, a HPAI virus originating from animals had caused illness in humans in 11 countries (Azerbaijan, Bangladesh, Cambodia, Canada, China, Djibouti, Egypt, Iraq, Laos, Burma, Nigeria, Pakistan, Thailand, Turkey, Vietnam and Indonesia). Indonesia quickly became one of the world's most badly affected countries, and by November 2006 had recorded 74 cases and 57 deaths (nearly half were children and young adults). In January 2006, with global concern rising, an international conference raised US\$1.8 billion for 'at risk' countries, and 99 nations across the world pledged support. The motivation was a fear of a repeat of the 1918-1920 H1N1 'Spanish flu' pandemic, which caused more than 50 million deaths globally.

Risk communication was deemed central in Indonesia due to the large population of 264 million, and the opportunity both to decrease incidence and spread in animals and to reduce the possibility of transmission to humans. As many Indonesian families keep poultry at home and these animals were perceived as an important and dangerous carrier of the virus, four key messages were identified: don't touch sick or dying birds; wash your hands with soap before eating and cook poultry well; separate new birds from the flock for two weeks; and report flu-like symptoms and seek medical attention, especially after contact with birds.

The programme: UNICEF's risk communication and engagement approach

In September 2006, as part of global outbreak response efforts, UNICEF, with funding from the Japanese government and working closely with the Indonesian National Committee of Avian Influenza Control and Pandemic Preparedness Plan (KOMNAS

FBPI), launched a national awareness raising campaign called '*Tanggap Flu Burung*' ('Take Action on Bird Flu'). It aimed to build knowledge on transmission routes and decrease morbidity and mortality. Community awareness and empowerment activities took multiple forms, depending on the requirements of local authorities, and UNICEF's network of field offices was key in this approach. As Indonesia is large and culturally diverse, each field office developed its own plan, and activities varied from district to district. However, each office also followed a centrally-developed strategy and many of the materials were identical (particularly an 'Avian Influenza Prevention Kit' containing masks, gloves, soap, banners, stickers, an instructional booklet and video compact discs), thereby ensuring consistency in messaging.

The mass awareness campaign was expanded in May 2007, supported by the Canadian government, with a social mobilisation and education programme that involved distributing 100,000 communication kits to community leaders in over 1,200 villages and 50,000 schools in 'high-risk' areas within at risk' areas. The kits included a comic book and other material using the characters of a popular television show, and teachers were encouraged to incorporate avian influenza-related material into the curriculum. Additionally, UNICEF developed a booklet for religious leaders that set out key information about symptoms and prevention strategies. A nationwide media campaign also ran, which included a four-month radio and television campaign consisting of four light-hearted 30-second spots introduced by a popular talk-show host. The campaign also included public concerts, billboards, and the production and distribution of leaflets and other materials.

The schools-based programme, launched in November 2007, was designed to raise awareness among children, change their behaviour, and encourage them to transmit messages to their parents and communities. After focus group discussions with school children, three key messages were adopted: wash your hands with soap; don't play with poultry; and report sick poultry

to parents and teachers. A teacher's manual, a flip chart, school banners, stickers, and a light-hearted animated cartoon that also aired on television were subsequently developed and distributed. In 2007, 12,000 kits were provided; in 2008, 38,000; and by May 2009, a further 22,400 had been provided. Additionally, more than 1,400 teachers attended workshops to receive HPAI-related training. By May 2009, approximately 16,000 teachers had attended one-day workshops in Central Java alone. This was considered effective, as schoolteachers are seen as reliable information providers, and children can convey new knowledge to the community by sharing

messages with friends and their parents.

Advocacy to government agencies and other partners was part of UNICEF's responsibilities as the focal point for UN programme communications for avian influenza and pandemic preparedness. In Indonesia, this involved supporting the newly established KOMNAS FBPI in coordinating mass communication and public information. A major part of this work involved supporting nine pandemic planning workshops designed to increase the capacity of non-health sectors. The

workshops ran over three days and typically involved around 70 individuals representing non-health public sector groups, private sector businesses and community organisations.

Building media relations focused on creating a nationwide network of over 300 journalists through training workshops on how to provide more informed media content, which can help reduce panic around the disease. These events ran over two or three days and included presentations by medical experts on avian influenza, information on government and partner responses, and training on how to report on avian influenza safely. Trainees were also provided

with a manual and contact information for relevant stakeholders for interviews, and some made field trips to hospitals to see response mechanisms, testing laboratories and affected communities and report on the situation and response mechanisms. According to a media tracking service, by mid-2009 over half of around 1,500 avian influenza news reports examined included positive preventative messages, and overall, it was estimated that the initiative had provided US\$849,950 worth of free media coverage.

Engagement of religious leaders was pertinent as Indonesia has the largest Muslim population of any country in the world and clerics are held in high esteem. In September 2006, the South Sulawesi field office approached the local chapter of the *Majelis Ulama Indonesia* – Indonesia's top Muslim clerical body – with a view to working with them to incorporate related messages into speeches and sermons, and to contribute to a booklet that linked Islamic teachings on hygiene with avian influenza. The resulting publication was distributed to mosques and other religious centres in the area and was incorporated in messaging to congregations.

The impact of community engagement and communication activities

Although it was challenging to measure the success of any one initiative over another, given the overlapping nature of many interventions (e.g. an individual might simultaneously be reached by a message brought home from school, attendance at a community event, and a broadcast television spot), some positive impact was reported through knowledge, attitudes and practice studies. The studies, however, indicated greater success in some areas (e.g. an increase in the proportion of people living in urban areas reporting to know not to touch sick or dead poultry) than others (e.g. changed behaviour among people in rural areas who keep a lot of poultry and use poultry for family food).

It was clear from internal programme reviews, however, that by increasing knowledge and awareness in regionally- and culturally-appropriate terms, the programme enabled families and communities to take action to reduce the spread of avian influenza and to

“...by increasing knowledge and awareness in regionally- and culturally-appropriate terms, the programme enabled families and communities to take action to reduce the spread of avian influenza and to reduce the risk of transmission to humans.”

reduce the risk of transmission to humans. Opinion formers, such as community and religious leaders and journalists, benefited from the information transfer, and the fun and light-hearted nature of the activities were attractive to critical segments of the population, such as adolescents and children. The programme also impressed the importance of communicating behaviour-related information upon healthcare and veterinary personnel.

The main challenges to the programme related to sustainability. First, in the case of avian influenza, the difficulty of maintaining health-related behaviour change over time was compounded by the fact that the need perceived by the community to take action,

and sustain it, reduces in the absence of outbreaks in poultry or human cases. Thus, the more successful initiatives are in reducing disease incidence, the more challenging it becomes to maintain the desired behaviour changes. Second, while start-up costs of many initiatives are more significant than running costs, political will and funding is required to maintain them, and long-term funding needs to be provided by national, provincial and regional sources, rather than by international donors acting in emergency mode. Long-term community engagement should be planned for during the preparedness, response and recovery phases of any infectious disease outbreak, and long-term education strategies should be incorporated.

Further reading

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About

The Social Science in Humanitarian Action Platform (SSHAP) aims to establish networks of social scientists with regional and subject expertise to rapidly provide insight, analysis and advice, tailored to demand and in accessible forms, to better design and implement emergency responses. SSHAP is a partnership between the Institute of Development Studies (IDS), the London School of Hygiene and Tropical Medicine (LSHTM), Anthrologica and UNICEF Communication for Development (C4D).



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Credits

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