

What Is Social and Behavior Change Communication?

Previously known as behavior change communication (BCC), SBCC is the strategic use of communication approaches to promote changes in knowledge, attitudes, norms, beliefs and behaviors. The terms BCC and SBCC are **interchangeable**, and they both refer to the coordination of messages and activities across a variety of channels to reach multiple levels of society, including the individual, the community, services and policy.

SBCC is grounded in theory and is evidence-based. Programs are designed on the basis of existing data and they follow a systematic process, analyzing the problem in order to define barriers and motivators to change, and design a comprehensive set of tailored interventions that promote the desired behaviors. An SBCC strategy is the document that guides the design of interventions, establishing intended audiences, setting behavioral communication objectives and determining consistent messages, materials and activities across channels.

Influences on Behavior

Behavior is a complex phenomenon, influenced by factors within the individual and beyond. The Social Ecological Model (**Figure 1**), informed by Bronfenbrenner's 1979 seminal work, recognizes four levels of influence that interact to affect behavior: individual, family and peer networks, community and social/structural (Glanz & Rimer, 2005; Glanz & Bishop, 2010; HC3, 2014).

Individual: At this level behavior is affected by factors within the individual. Examples include knowledge, attitudes, skills, emotions and beliefs.

Example: During an outbreak, for individuals to practice the desired behaviors, they need to know the risks of transmission and how to prevent it, they need to feel that they are at risk of transmission, and they need the skills to practice protective behaviors.

Family and peer networks: At this level, individual behavior is affected by a person's close social and family circle. This includes influence from peers, spouse, partner, family and social support.

Example: During an outbreak, individuals will be more likely to practice desired behaviors if their family and friends believe these are important, are supportive of the desired behaviors and vulnerable populations, have knowledge and skills, and are already practicing them.

Community: This refers to influences from the situational context in which the individual lives and in which social relationships are nested. The characteristics of the context are associated with risk and protective factors and include leadership, access to information, service provision, social capital and collective efficacy.

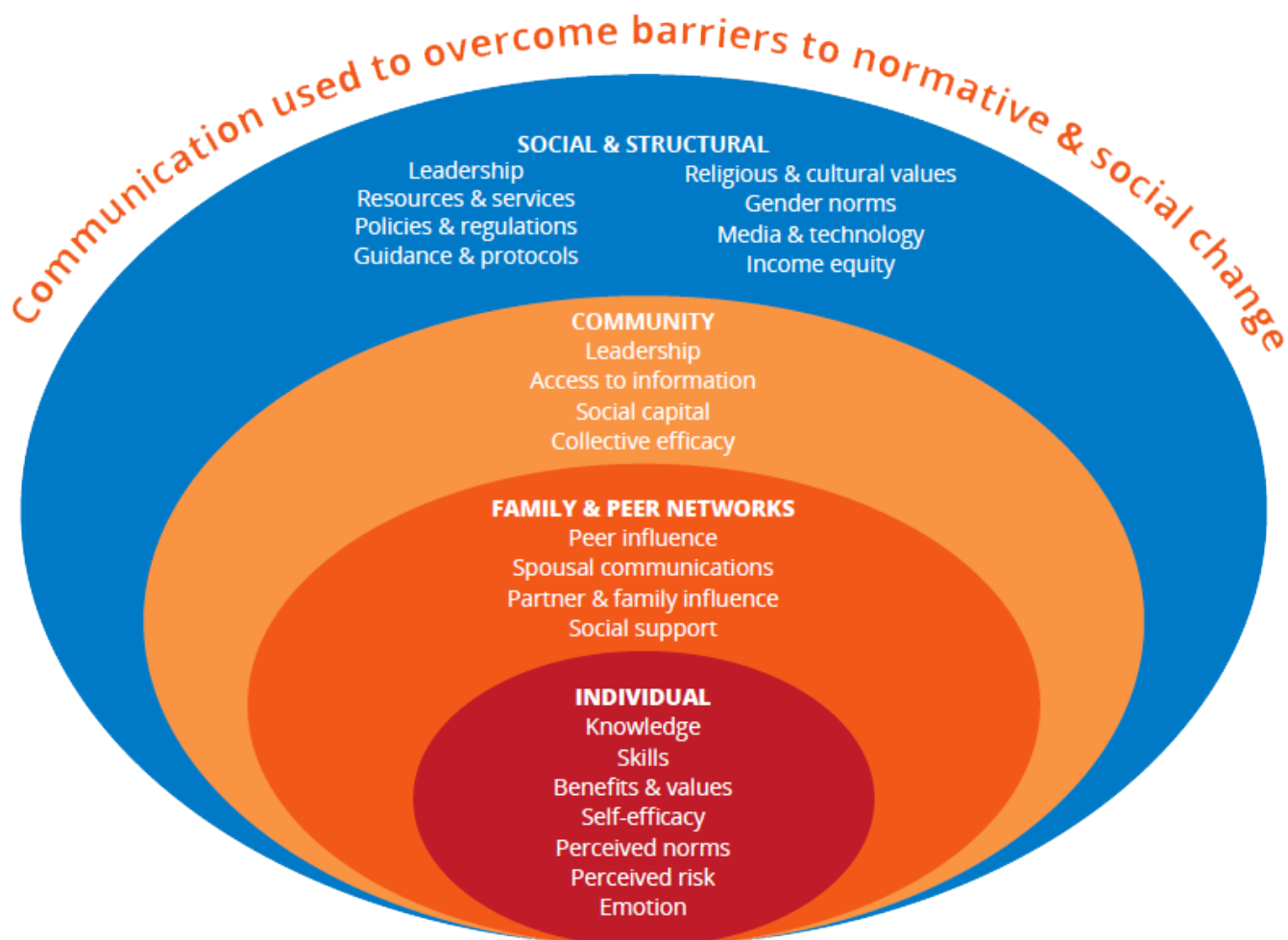
Example: Individuals are more likely to practice desired behaviors if leaders promote them, the whole community believes in their importance and if proper information and support are available and accessible.

Social/Structural: This refers to the larger, macro-level environment which can either promote or deter behaviors. Examples include leadership, health systems, resources and services, policies, guidance and protocols, religious and cultural values, media and technology, gender norms and income equity.

Example: During an outbreak, individuals are more likely to engage in desired behaviors if facilities exist that support those behaviors, if coordination mechanisms are in place, and if bylaws and policies are introduced to promote supportive norms around the desired behaviors.

As the field of BCC evolved, it placed greater emphasis on the socio-ecological context that grounds individual behaviors, and thus the preference for using SBCC as opposed to BCC.

Figure 1: The Social Ecological Model



At each of these four levels of influence there are factors that affect behavior in positive ways (facilitators) and factors that affect behavior in negative ways (barriers). Effective SBCC interventions should aim to develop messages and activities that influence all four levels of the Social-Ecological Model, maximizing the facilitators and limiting the barriers.

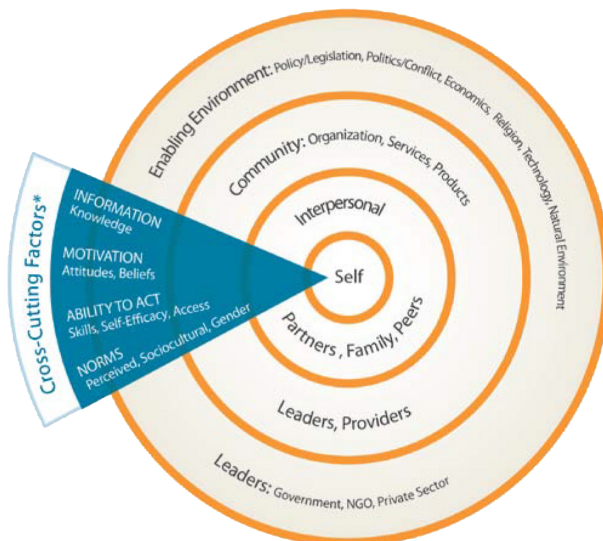
It is important to recognize, however, that it is unlikely for one single organization to be able to operate at all four levels, as these often require different skills, strategies and approaches. Coordination and partnerships with institutions and organization that operate at different levels are therefore necessary for a comprehensive SBCC approach.

The social ecological model has been incorporated into the “Model for Change” developed by C-Change, which outlines the levels at which SBCC programs can be developed. This model (Figure 2) – originally adapted from McKee, Manoncourt, Chin and Carnegie – can be used in analysis, planning and implementation (C-Change, 2012).

Why Is SBCC Important in Emergencies?

During disease outbreaks and emergencies, specific actions are required of affected communities for prevention, containment and control. Communities need to be informed, motivated and equipped to practice the necessary protective behaviors, and this can be achieved through effective SBCC programming.

Figure 2: Socio-Ecological Model for Change



*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

Social and behavior change communication plays a critical role in addressing all the behavioral and social aspects of disease prevention and control. In particular, SBCC can:

- Provide accurate, clear, relevant and timely information to the public on how to contain the emergency and protect themselves
- Identify and address myths and misconceptions that may lead to detrimental practices
- Maintain public trust
- Prepare communities for emergency response actions
- Reassure the public
- Support communities and countries to recover and rebuild themselves after an emergency

If an emergency response does not include strategically applied communication activities, it is unlikely to succeed as desired. This is demonstrated by the tragic Ebola virus outbreak in West Africa in 2014, when lack of adequate and appropriate communication early on in the response fueled fear, panic and denial; spread misconceptions and rumors; and contributed to the further spread of the disease.

SBCC has therefore been acknowledged as a key element of any crisis or emergency preparedness plan, and should be integrated in all stages of an emergency response – from prevention and preparedness through to crisis response and recovery.

At the beginning of an emergency, the role of SBCC is to engage the public, support them in making informed decisions about their risks and encourage them to respond effectively to those risks. The communication and related pillars will ensure that response activities are accompanied by appropriate communication interventions. Key areas in which the emergency communication pillar may intervene include:

- Coordination
- Community mobilization and action
- Message development and dissemination
- Capacity development
- Monitoring and Evaluation (M&E)

What Is Unique about SBCC in Emergencies?

Emergency communication preparedness through an SBCC approach focuses on:

- Identification of mitigation measures at the individual, community and societal levels
- Participatory design of communication and policy interventions which are theory-driven, evidence-based and locally contextualized
- Promotion of social and behavioral approaches to reduce risk and impact of the health emergency

Although the principles and key steps of SBCC interventions are the same in emergencies as in other situations, there are some distinctions about communication during emergencies that are worth noting.

For example, during emergencies, the imperative is to act quickly to bring the outbreak under control and minimize loss of life. As such, there is less time to prepare and execute activities, which are generally built on stakeholder collaboration and guided by rapid needs assessments. Ideally, preparatory activities, such as setting up coordination systems and social mobilizer networks, or identifying important epidemiological and social information, should already be in place as part of a preparedness plan to inform a rapid response.

Preparatory activities may include putting into place knowledge management tools and techniques that can be utilized quickly and relatively easily such as Net-Mapping, card sorting, communities of practice (both online via social media and traditional), peer assists and after-action reviews.

Further, although continuous monitoring is an integral part of any SBCC intervention, during an emergency this needs to be done more frequently to assess how the situation is evolving and adjust activities and messages promptly as needed.

Emergency communication strategies tend to cover shorter timeframes and need to be reviewed and adjusted regularly.

Finally, emergencies are characterized by five different phases:

- Pre-crisis
- Initial phase
- Maintenance
- Resolution
- Evaluation

Each of these phases has specific communication requirements. **Table 1** below (continued on subsequent pages) describes each of these five stages, highlighting their corresponding communication needs.

Table 1: Emergency Phases and Corresponding Communication Needs

Emergency Phase	Description	Communication Activities
Pre-crisis	Acknowledges that many disasters can be anticipated and some activities can be prepared in advance. Some locations are prone to known disasters and specific actions can be implemented for preparedness. Even in areas where disasters are less predictable, preparatory activities can be undertaken and systems can be put in place to support a rapid and effective response should an emergency occur.	<ul style="list-style-type: none"> • Conduct mapping exercises to identify partners and stakeholders. • Set up a social mobilization and communication coordination mechanism. • Create trust among stakeholders. • Collect social and epidemiological data to produce a summary of key household behaviors and practices to use for the development of key messages. • In areas prone to known disasters, prepare culturally and contextually appropriate key messages that can be rapidly disseminated. • Develop communication protocols and an action plan. • Set up a system for an emergency helpline, including location, protocol and staffing structure.

Emergency Phase	Description	Communication Activities
Initial Phase	Emergency is confirmed. Anxiety, panic and rumors are likely to spread among affected communities and, if not addressed properly, can lead to denial or the adoption of unhealthy practices.	<ul style="list-style-type: none"> • Confirm outbreak/emergency through appropriate channels. • Identify media focal person. • Mobilize partners, leaders, social mobilizers and other stakeholders (identified in pre-crisis phase) to disseminate information quickly. • Activate feedback loops and two-way communication mechanisms between national coordination system and communities. • Conduct rapid needs assessment to determine key barriers and inform messages. • Develop key messages and provide accurate information using credible and trusted sources. • Develop SBCC strategy with key activities. • Develop and begin implementing M&E plan to ensure ongoing monitoring of activities.
Maintenance	Emergency is stable or progressing at a slower rate. Flare-ups and aggravations are still possible, especially because affected communities may get complacent or be discouraged by the slow resolution. Feedback from stakeholders and communities is essential to inform communication activities and messages in line with contextual realities and respond to need.	<ul style="list-style-type: none"> • Develop emergency communication plans with all stakeholders (including health partners and the incident management team) that clearly explain key recommendations and how to make decisions based on risks and benefits. • Monitor information from social mobilizers, spokespeople and audiences to detect new behaviors and rumors. • Review/adjust key messages and activities to respond to needs identified through regular monitoring of information from social mobilizers and other partners. • Reinforce positive behaviors that are being adopted.
Resolution	During this phase, the emergency is under control and its progression is slowing down. Communication is key in ensuring members of affected communities do not become complacent, thinking that they are no longer at risk.	<ul style="list-style-type: none"> • Reinforce positive behaviors and highlight the continued risk. • Conduct process evaluation to assess the effects of SBCC activities and use the information to review the approach as necessary. • Continue liaising regularly with social mobilizers, spokespeople and partners to gather information about how communication activities are being received and about any new factors that needs to be addressed. • Develop communication campaigns to promote understanding of the need for new desired behaviors to end the current emergency and prevent future ones. • Consider the communication and psychosocial support needs related to survivors of an emergency or outbreak. • Assess the landscape to determine issues that need to be addressed as a result of the emergency or outbreak (e.g., health system failures, mistrust in health systems and effects on livelihoods) and consider the roles that communication needs to play in recovery plans that may be developed.

Emergency Phase	Description	Communication Activities
Evaluation	This phase indicates the emergency has ended and provides the opportunity to carefully review how the communication strategy was implemented during the emergency. It is important to identify successes and lessons learned to shape future preparedness and response. These efforts are essential to monitoring and evaluation efforts described later in this document (Unit 9).	<ul style="list-style-type: none"> • Gather, examine and record promising practices, successes, challenges and lessons learned from all partners. • Share findings with partners and stakeholders, including affected communities. • Make recommendations and implement changes as needed to address issues more effectively should a similar crisis occur in the future. • If recovery plans are developed, work with stakeholders to coordinate communication efforts related to recovery and health systems strengthening.

Strategic SBCC Design for Emergencies

A number of models are available to guide the planning of SBCC programs, most of which are founded on a set of shared principles. One of these models is the P-Process™ (**Figure 3**) which provides a step-by-step roadmap to guide the user from a loosely defined concept about changing behavior to a strategic and participatory program that is grounded in theory and has measurable impact (CCP, 2014).

Figure 3: The P-Process

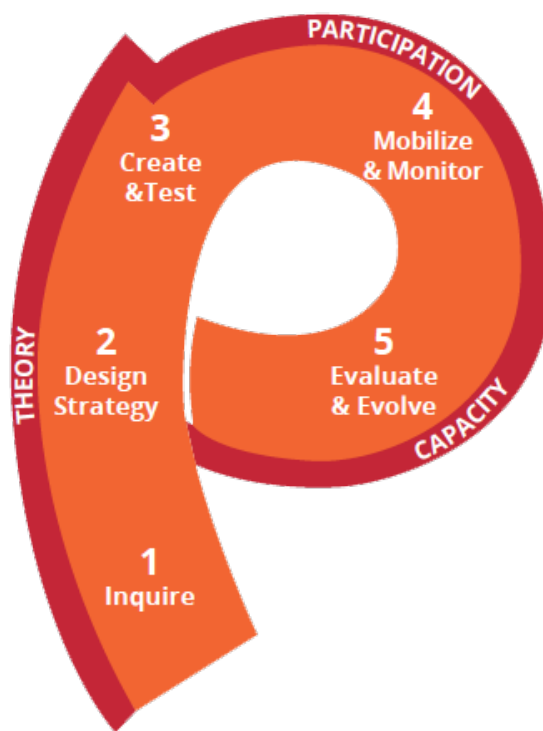
The P-Process has the following five steps:

- Step 1: Inquire
- Step 2: Design the Strategy
- Step 3: Create and Test
- Step 4: Mobilize and Monitor
- Step 5: Evaluate and Evolve

Four cross-cutting concepts are embedded in the P-Process, which, when integrated in each step of the strategic process, ensure that SBCC approaches are most effective:

1. SBCC theory
2. Stakeholder participation
3. Continuous capacity strengthening
4. Iterative research and evaluation

Although emergencies require the rapid development and implementation of SBCC activities, the P-Process can nonetheless help inform emergency SBCC interventions and serve as a guide for implementers.



Communication Theories for Emergency Situations

Behavior change theories can help us understand why people act the way they do and how their behaviors can change. They are therefore useful tools to inform SBCC program design and to highlight areas on which to focus. Several commonly used theories exist; however, this section describes six that are most pertinent to an emergency setting. These are:

- Extended Parallel Process Model
- Social Mediated Crisis Communication Model
- Elaboration Likelihood Model
- Theory of Planned Behavior
- Social Cognitive Theory
- Diffusion of Innovations Theory

Each theory is described on the subsequent pages.

Find out more about these and other behavior change theories at http://www.thehealthcompass.org/healthcompass?decision_tree=sbcc_tools

Extended Parallel Process Model

Although all theories are helpful in informing SBCC activities, not all are suitable for an emergency setting. In most cases, the extended parallel process model is recommended because it acknowledges the increased risk perception populations are likely to experience as a result of the emergency.

The extended parallel process model 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 that the action will be effective in mitigating the threat.

The degree to which people feel threatened by an issue will determine motivation to act. Action will not occur unless people's confidence in their ability to take protective measures is high, and they believe that those actions will actually be effective in reducing risk. As illustrated in **Table 2** below, the model identifies four outcomes of behavior depending on perceived threat (a combination of perceived susceptibility and perceived severity) and perceived efficacy (a combination of self-efficacy and response efficacy) (Witte, 1998; Popova, 2012).

Table 2: Matrix of Efficacy and Threat Based on the Extended Parallel Process Model

	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
HIGH THREAT Belief that the threat is harmful and that one is at-risk	<p>Danger control People take protective action to avoid or reduce the threat.</p> <p><i>Strategy: Provide calls to action</i></p>	<p>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.</p> <p><i>Strategy: Educate about solutions</i></p>
LOW THREAT Belief that the threat is trivial and that one is not at-risk	<p>Lesser amount of danger control People know what to do but are not motivated to take action.</p> <p><i>Strategy: Educate about risk</i></p>	<p>No response People do not feel at risk and do not know what to do about it anyway.</p> <p><i>Strategy: Educate about risk and about solutions</i></p>

This model tells us that SBCC activities and messages need to create a balance between perceived threat and perceived efficacy. In emergencies, developing activities that increase both response efficacy and self-efficacy is especially important because perceived threat is already likely to be high – it is critical that people understand what to do to reduce the threat. In particular, this theory tells us that interventions should:

- Provide clear, accurate, believable, humane and respectful information about risk-reduction behaviors and their effectiveness – without escalating fear and panic – to increase efficacy
- Provide tools, skills and services that support people’s engagement in risk reduction behaviors, thus increasing 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

As the emergency evolves from the initial and maintenance phases into resolution and evaluation, other theories can begin to inform activities. In the resolution stage, the focus is likely to be on reinforcing new behaviors that have not been promoted by the emergency response. In the evaluation phase, SBCC can start to address the long-term, sustainable behavior changes to prevent further emergencies. In the latter stages of an emergency, other theories can be used to inform activities.

Find more on the Extended Parallel Process Model at <http://healthcommcapacity.org/hc3resources/extended-parallel-processing-model-hc3-research-primer/>

Social Mediated Crisis Communication Model

The Social Mediated Crisis Communication (SMCC) model plays an important role in recent crisis communication theory. This model holds that in the context of a crisis, multiple “publics” or “audiences” exist in the world of social media, including:

- **Influentials:** These individuals create information that others access
- **Followers:** These individuals follow the influentials and access the information they disseminate
- **Inactive Members:** Those individuals who do not directly access information from social media and rather seek information from other sources or are exposed to information from social media indirectly

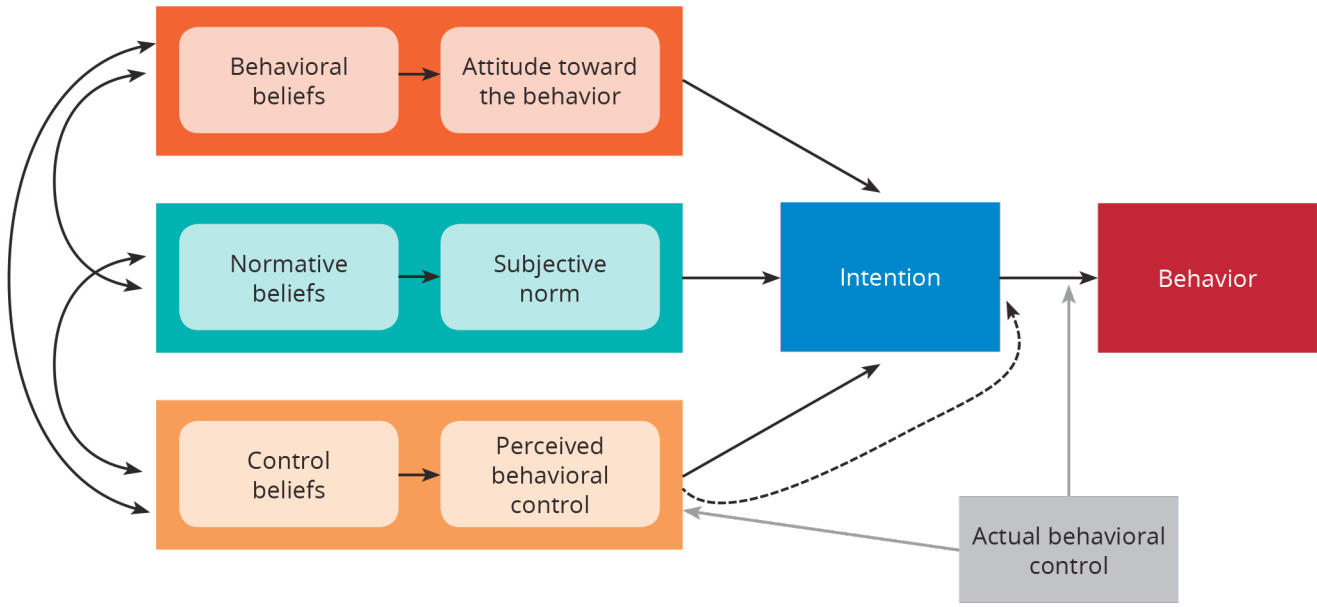
Essential to this model is both the direct and indirect dissemination of information across social media, as well as between traditional and social media (Austin, Liu & Jin, 2012). As a result, this model is useful for communication efforts in emergency situations when defining the at-risk population and how best to reach them. In a world increasingly connected via social media, information exchanged on this platform during emergencies has the potential to engage with multiple types of public audiences. Although inactive members may be connected to social media indirectly through other members or traditional media, these individuals may require different messaging channels than influentials and followers. This theory provides a model that identifies characteristics of audiences that can help to refine communication strategies and components.

Elaboration Likelihood Model

The Elaboration Likelihood model posits that there are two pathways through which messages are processed. One pathway is characterized by fast judgments made by individuals that are based on simple associations that they have (positive or negative). Here, peripheral cues, such as persuasive communication messages, may often lead to temporary changes in attitudes or beliefs. The other pathway demands more scrutiny (or elaboration) and time to process the information. Although this pathway takes longer and more effort, the change in attitudes or beliefs tends to last longer (Petty & Cacioppo, 1986, 1981).

In emergency situations, where the limited timeframe may affect an individuals’ motivation to think deliberately and critically about a message, the elaboration likelihood model can be used to identify topics where persuasive communication could be most effective.

Theory of Planned Behavior



According to the Theory of Planned Behavior, behavior is influenced by three factors:

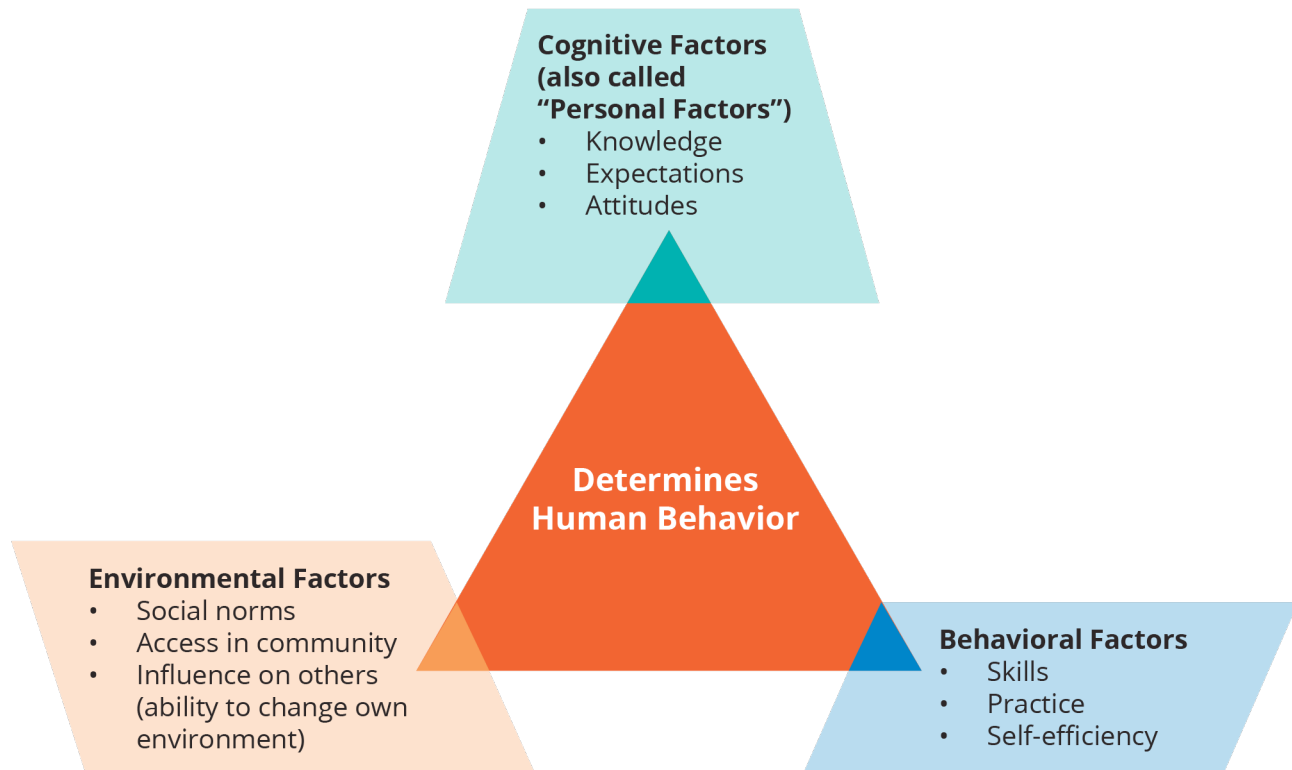
- **Attitude toward the desired behavior:** This is determined by the individual's belief that a beneficial outcome will occur if a particular behavior (the desired behavior) is practiced.
- **Subjective norms:** These relate to the individual's belief about what people in their reference groups (peers, family or social networks) think about the desired behavior as well as their motivation to comply with these norms.
- **Perceived behavioral control:** This refers to the individual's belief about his or her capacity to practice the desired behavior.

The theory of planned behavior acknowledges the individual's role in changing a behavior (attitude and perceived ability), as well as the influence of significant others (subjective norms) (Ajzen, 1991; Glanz & Rimer, 2005). In particular, this theory tells us that interventions should:

- **Highlight the short-term benefits** of the desired behavior as this improves attitude toward that behavior
- **Target close social networks** to promote a desired behavior and improve the individual's perceived norms

Find more on the Theory of Planned Behavior at http://www.healthcommcapacity.org/wp-content/uploads/2014/03/theory_of_planned_behavior.pdf.

Social Cognitive Learning Theory



The Social Cognitive Learning Theory acknowledges the constant interaction that exists between the individual and his or her environment, both structural and social, to shape behavior. Three personal cognitive factors that are affected by the environment influence behavior:

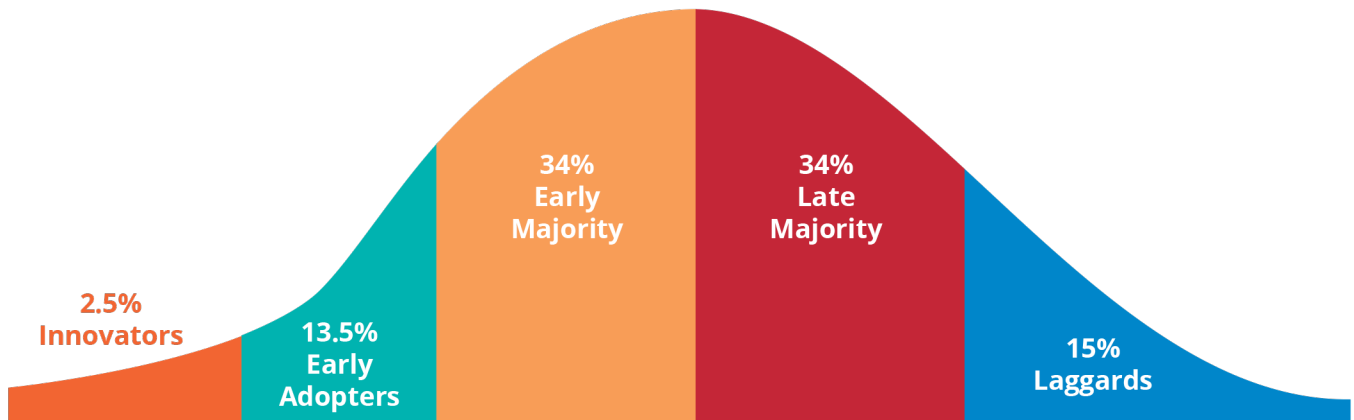
- **Observational learning:** Individuals are more likely to perform a desired behavior if they observe others modeling that behavior and experiencing the subsequent positive rewards.
- **Outcome expectations:** Individuals are more likely to practice a desired behavior if they believe the benefits of performing that behavior and outweigh the costs.
- **Self-efficacy:** Individuals are more likely to practice a desired behavior if they perceive that they have the necessary skills and capacity to do so (Bandura, 2001; Glanz & Rimer, 2005).

This theory may be more appropriate for the evaluation phase of an emergency or post-emergency, as it highlights the importance of creating an enabling structural and social environment. In particular, according to this theory, SBCC interventions should:

- **Promote role models who practice the desired behaviors** and experience resulting benefits. This can be done through entertainment education activities such a radio and TV dramas, and through community events in which people performing the desired behaviors are celebrated.
- **Promote the rewards and benefits** that can be expected from engaging in the desired behaviors.
- **Provide information, tools and skills** to increase people's perceived ability to engage in the desired behaviors.

Find more on the Social Cognitive Learning Theory at <http://www.healthcommcapacity.org/wp-content/uploads/2014/09/SocialLearningTheory.pdf>.

Diffusion of Innovations



This theory describes the process by which new ideas (innovations) are spread through a community or social structure (Glanz & Rimer, 2005). It sees innovations as being adopted initially by a minority of individuals who are more receptive to new ideas. Important to this theory is how certain ideas are spread throughout communities or societies through particular channels over time (Glanz & Rimer, 2005). Gradually, as more people pick up the new behavior, others follow. It stipulates that once a critical mass of approximately 20 percent of the population has adopted the new behavior, the vast majority (approximately 70 percent) of those remaining will do the same (Rogers, 2003). The theory also acknowledges that some people within society will adopt new behaviors very slowly, while others still will never change (Rogers, 2003; Glanz & Rimer, 2003).

Multiple factors can affect how quickly a certain idea spread, including:

- Its advantage
- Whether it is concordance with community/society
- How complex it is
- How easily it can be attempted
- Whether the change can be witnessed with observable effects (Glanz & Rimer, 2005, p. 28)

This theory can be helpful in situations where changes in ideas or behaviors in communities can make significant inroads into crisis situations. For example, changes in burial practices during an Ebola outbreak could be diffused throughout a community to address the spread of Ebola. Importantly, SBCC interventions in crisis situations should acknowledge how such diffusion happens and the factors that affect it in order to identify those behaviors or practices that are most amenable to change during emergency situations. In particular, this theory tells us that SBCC interventions should:

- Assess how, why and how quickly populations respond to the introduction of new ideas. Then, use these findings to inform activities.
- Work with leaders and other influential individuals in target communities to encourage them to adopt the new desired behaviors and promote them to the rest of the community.
- Use agents of change to “diffuse” the new behavior.
- Identify changes in ideas or behaviors that can be diffused by looking at the important factors that affect how quickly they can spread throughout communities.

Find more on the Diffusion of Innovations at http://www.healthcommcapacity.org/wp-content/uploads/2014/03/diffusion_of_innovations_kim.pdf

Using SBCC and Communication Theories in Emergencies

These SBCC and communication theories provide researchers and practitioners with frameworks for understanding human behavior, potential for change and how changes in behavior may happen over time. These theories also define structures and systems for understanding influences on behavior and communication, including reasoning, motivations, barriers and efficacy, etc. Importantly, they identify (1) the multilevel social influences on human behaviors and practices, and (2) the fact that changes in behavior often take place through a series of processes and over time (Glanz & Bishop, 2010).

In emergency situations, time is often a limitation. Drawing on established theories about human behavior – particularly human behavior, communication and information seeking in emergency situations – can provide a preliminary step forward in the design and development of SBCC strategies. Importantly, theory can be used both in the planning and evaluation stages of a program. For example, major components of each of the theories defined in the previous section can be used to inform:

- Issues to address in communication materials
- Which communication channels to target
- Particular at risk populations
- Indicators to include in M&E plans

Prior to choosing a theory to apply, it is important to start with a problem and then work iteratively to identify relevant theories and research to inform the SBCC strategy. To apply and adapt theories effectively, it is best to understand (1) how the theories were defined and (2) how they have been used in other situations. Often, this requires some investigation into other programs that have used the theory to inform their SBCC strategy.

While SBCC and communication theory can be applied to multiple populations and communities in different situations, it is also important for researchers and program developers to have an established, complex understanding of:

- Population characteristics
- Community/societal context and history
- Community/societal dynamics (Glanz & Rimer, 2005)

Emergency SBCC Challenges and Strategies

In the table below are some challenges that may be encountered during an emergency communication response, accompanied by some possible solutions for addressing them. The challenges and solutions presented are not exhaustive and may not be relevant or appropriate for every context. However, this information is included in an attempt to help you anticipate and prepare for potential difficulties.

Emergency Communication Response Challenges and Possible Solutions

Challenge	Possible Solutions
<p>Accessing Marginalized Groups An important consideration during an emergency response is to ensure that even marginalized groups are reached. People may be marginalized due to a number of reasons: profession, ethnicity, race, religion, location and economic means. Individuals who are marginalized are not only less likely to be reached by the general emergency response, but they are also less likely to be involved in decisions that affect their wellbeing.</p> <p>During an emergency, the priority is often that of getting messages out to the general public as quickly as possible, and this may lead to the exclusion of marginalized groups.</p>	<ul style="list-style-type: none"> • During preparedness, work with the government and relevant agencies to map known marginalized groups in the country and advocate that they be included and reached in an emergency response. • Identify and create partnerships with humanitarian organizations that can reach or are already reaching these groups. Examples of possible partners include the International Committee of the Red Cross, Medecins Sans Frontières, United Nations humanitarian agencies and local organizations. These organizations can be a vehicle for disseminating information, materials and activities to hard-to-reach communities. • Discuss with local leaders who the marginalized groups are and how they can best be reached. • Where possible, involve representatives of marginalized groups in the rapid needs assessment and as part of social mobilization teams.
<p>Reaching Mobile Populations Like with marginalized groups, mobile populations are difficult to reach and they are unlikely to reap the benefits of many of the planned behavior change activities. Nonetheless, mobile populations are an important target group as they too may be affected by the emergency, and could be responsible for spreading it to other areas.</p>	<ul style="list-style-type: none"> • Choose media channels that can be accessed from different locations, such as mobile phones or radio, and having established hotlines. Ensure, however, that the mobile populations concerned have access to and use such channels. • When delivering mid-media activities, or other activities where large groups of people participate, supplement the activity with simple print media for low literate populations that can be taken away. If people who are mobile attend these events, they will have a reminder of the key messages to take away and share with family and friends. • If you are able to access some mobile populations for a short time, provide them with some basic information and training that can enable them to disseminate key messages to their communities.
<p>Lack of Trust The fear and anxiety that accompany emergencies can lead to a lack of trust in the information provided, in service provision and in other community members. Lack of trust can therefore affect the way in which individuals respond to messages and activities.</p>	<ul style="list-style-type: none"> • Ensure a harmonized approach to messaging. Develop clear, factual messages and share them with all partners so that communities hear the same messages from all sources. • Engage mobilizers to serve as liaisons between community members and the emergency response teams so that there is a feedback loop between them • Involve respected community members, such as leaders, in your strategy. Work with them so that they understand the problem, contribute to the development of solutions and trust the emergency response. If leaders trust the emergency response and accompanying messages, which they contributed to develop, this will also support trust among their community members.

Challenge	Possible Solutions
<p>Stigma Some emergencies are caused by diseases that become stigmatized. An example is Ebola. During emergencies, stigmatization can increase fear, rumors and distrust, affecting the way in which people react to response activities. After emergencies, stigmatization reduces the ability of communities to rebuild themselves. Supporting communities to welcome survivors should be a key consideration in emergency responses as this promotes community cohesion and reduces the likely spread of rumors and distrust.</p>	<ul style="list-style-type: none"> • Include survivors in your community outreach activities. Although initially people may be fearful of survivors, seeing them as recognized and helpful members of their community can help reduce fear and stigma. • Promote testimonials of survivors as a way of showing that the disease is not necessarily deadly if treated promptly and effectively. • Take extra precautions to support survivors. Stigma can have unexpected negative effects including the rejection of survivors by their communities and families.
<p>Weak Health Systems In some case, fragile governments and health systems, lack of adequate structures, personnel and coordination, leave countries unable to respond effectively to an outbreak.</p>	<ul style="list-style-type: none"> • Map all relevant partners and stakeholders as part of the preparedness phase to determine where strength and weaknesses lie. Having a clear idea of which partners do what and where allows for a better understanding of the strengths and weaknesses within the system and for the development of strategies to address those weaknesses. • Use current coordination mechanisms within countries, if they exist, to coordinate response related activities. Some countries may not have established effective national coordination systems, but some form of coordination mechanism may still exist through UN agencies and international partners. Assess how these function and capitalize on their existence to support a more coordinated approach to the emergency response. • Conduct a knowledge management assessment and set up a knowledge management mechanism for sharing research finding, best practices, and program materials among partners.
<p>Physical and Mental Effect of the Crisis Situation Emergencies inevitably change the way communities live. They spread fear and may cause personal trauma to many. Further, some emergencies will cause people to become displaced and live in crowded settings such as transit centers or refugee camps, and affect livelihoods. The numerous repercussions from an emergency include: mental health, violence and gender-based violence (GBV), illness outbreaks, increased poverty. Although not apparent at the start of an emergency, these possible ramifications must be taken into consideration by a detailed preparedness and response plan.</p>	<ul style="list-style-type: none"> • Identify and establish a collaboration mechanism with existing organizations that already operate in the problem areas, which are likely to evolve from the crisis. This includes organizations that work with microfinance, survivors of violence and of GBV, with people and communities affected by mental health, and with particular health problems that can spread in crowded settings. Although the role of these organizations may not be relevant in the initial response phase, as the emergency evolves and its consequences on the lives of people and communities emerge, these organizations can provide invaluable support to the overall emergency response. • Establish referral systems between partners to ensure that all those affected by the sequels of the emergency can be referred to and assisted promptly by the most appropriate services. • Identify a roster of partners and the types of assistance they provide to pinpoint requests for assistance.

Challenge	Possible Solutions
<p>Inability or Reluctance to Declare a State of Emergency at the Proper Time Some emergencies may have severe consequences on the country's economic and social landscape. Government may therefore be reluctant to accept and declare the emergency, which will delay and hamper any response effort.</p>	<ul style="list-style-type: none"> • Ensure government partners are included in the development of a preparedness plan. Although they may still be reluctant to declare a state of emergency once an outbreak occurs, involving governments from the start increases their understanding of the importance of a prompt response and may allow partner organizations to identify allies within the government. • Meet with relevant government representatives to discuss the advantages and disadvantages of declaring an emergency. Repeated meetings with decision makers can be a way of highlighting how denying the emergency will be more detrimental to the country than taking immediate action. • Use alternative channels to reach communities and support them in taking protective action. Although the government may not officially announce the state of emergency, communities and individuals are likely to be already aware of the risks they are facing. Working with partners who are present on the ground, setting up networks of social mobilizers, and passing through local leaders can help to promote risk reduction behaviors among affected populations even without an official government announcement.
<p>Misinformation and Rumors Fear and inconsistent messaging provided by authority figures are just a couple of reasons rumors and misinformation can start, and spread, in communities and beyond. It will be critical to put systems in place to monitor rumors and misinformation and to address them rapidly.</p>	<ul style="list-style-type: none"> • Conduct media monitoring to understand what information is out there, including monitoring social media. • Set up rumor logs at health facilities and/or use mobile technology to monitor rumors and misinformation at the community level. • Ensure national and community level spokespeople are clearly identified and trained to communicate effectively; ensure that others are not acting as spokespeople on behalf of the government. • Ensure a mechanism is in place for consistent messages to address rumors and misinformation are communicated at all levels.