



# Quick Guide to Adapting the Strategic Communication Framework for Zika Prevention

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## Acronyms

<b>CDC</b>	Centers for Disease Control and Prevention
<b>EPPM</b>	Extended Parallel Process Model
<b>HC3</b>	Health Communication Capacity Collaborative
<b>KAP</b>	Knowledge, Attitudes and Practices
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Non-Governmental Organization
<b>SBCC</b>	Social and Behavior Change Communication
<b>SEM</b>	Social Ecological Model
<b>SMART</b>	Specific, Measurable, Attainable, Relevant and Time-bound
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

## Introduction

Developed under the Health Communication Capacity Collaborative (HC3), [\*Strategic Communication for Zika Prevention: A Framework for Local Adaptation\*](#) outlines a systematic process to guide the development of country-level communication strategies about Zika risk and prevention. The Framework provides a basic foundation and comprehensive illustrative content that can be adapted and expanded upon to create communication strategies tailored to the local context and the specific phase of the Zika response. This supporting document, *How to Adapt the Strategic Communication Framework for Zika Prevention*, provides concise, step-by-step guidance on how to adapt the strategic communication framework for your context.

### Before You Start

Both the Framework and this guide are intended to be used in multi-stakeholder participatory processes led by the Ministry of Health (MOH), with participation from a variety of international, national and sub-national actors.

- Organize a consultative process with a range of Zika stakeholders at the country level. Consider including:
  - MOH health promotion, family planning, maternal and child health, environmental health and/or vector control units
  - Health communication experts
  - Local and international non-governmental organizations (NGOs)
  - Donors/International NGOs
  - Health service providers
  - Civil society organizations
  
- Lead the stakeholders through the following four steps, outlined further in the rest of this document:
  - 1) Analyze Evidence: Understand the evidence base on Zika transmission, disease and prevention
  - 2) Utilize Models: Develop a model of behavior change for Zika prevention
  - 3) Tailor Strategy: Adapt the strategic communication framework to develop a country-specific strategy
  - 4) Implement: Develop an implementation plan

## Developing a Country-Specific Zika Communication Strategy

### Step 1. Analyze Evidence: Understand the evidence base on Zika virus transmission, disease and prevention

Understanding of Zika is evolving rapidly. Staying current with the latest information is essential for an effective response.

- Ensure all stakeholders have accurate, up-to-date information about Zika virus transmission and prevention, disease outcomes for specific audiences and the Zika context in their country.
- Check the [World Health Organization \(WHO\)](#) and [Centers for Disease Control and Prevention \(CDC\)](#) websites for the latest available evidence on the following topics, as well as any new topics that may emerge:
  - Modes of Zika virus transmission
    - Vector transmission
    - Mother-to-child transmission
    - Sexual transmission
    - Transmission via blood transfusion
  - Epidemiology of the Zika virus disease
  - Sequelae of Zika virus disease
  - Zika prevention
    - Mosquito bite prevention
    - Prevention of sexual and vertical transmission

### Step 2. Utilize Models: Develop a model of behavior change for Zika prevention

Behavior change models and theories help to understand why people act the way they do and why behaviors change. They are useful to guide program design and to help define the focus of the program, including what or who to address and how. Consider using the **Social Ecological Model** and the **Extended Parallel Processing Model** – two models relevant to Zika communication – to guide your efforts.

#### The Social Ecological Model

The Social Ecological Model<sup>1</sup> (SEM) (Figure 1) recognizes that behaviors take place within a complex web of social and cultural influences at multiple levels. In the context of Zika:

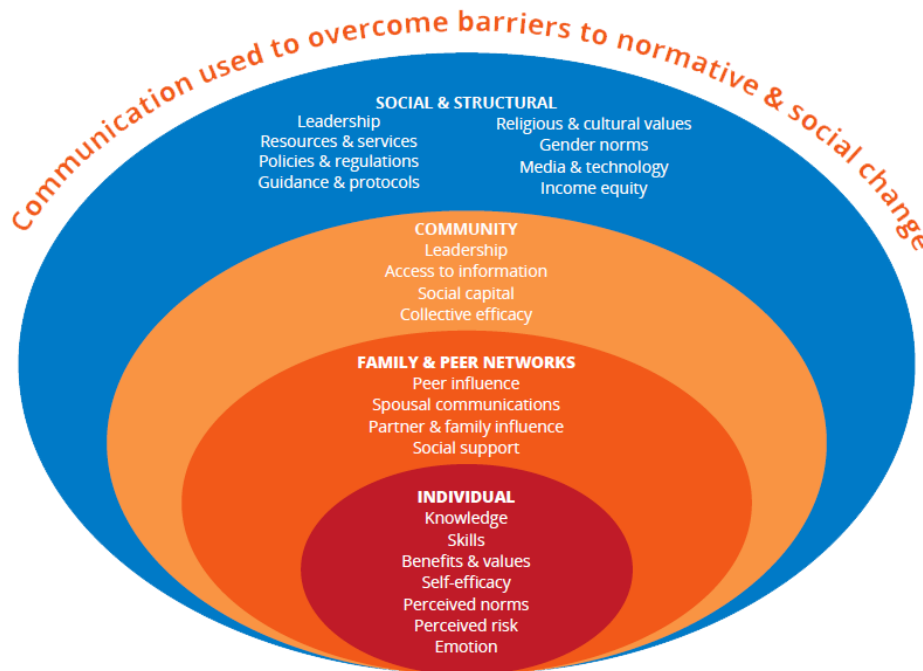
- Consider **individual**-level factors, such as level of knowledge on Zika prevention, risk and transmission; self-efficacy to prevent Zika transmission; perceived norms for vector control; and perceived risk to Zika.
- Examine **family and peer** networks, which influence contraceptive and/or condom use, actions to avoid mosquito bites, reducing breeding sites in and around the home, and family/peer support for those affected by Zika.
- Familiarize yourself with the **community** level, which involves community groups mobilized to combat Zika and community support structures to support those affected by Zika, along with local leadership, social capital and collective efficacy.

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<sup>1</sup> Kincaid, D.L., Figueroa, M.E., Storey D. & Underwood, C. (2007). A social ecology model of communication, behavior change, and behavior maintenance. *Working paper*. Baltimore: Johns Hopkins Center for Communication Programs.

- Observe the **social** and **structural** level, including the national Zika response plan activities, availability of health services (e.g., prenatal, newborn, family planning), information provided by media outlets, vector control services, water and sanitation services, and supply chain of repellants and insecticides, among others.

**Figure 1.** The Social Ecological Model



**The Extended Parallel Process Model**

The Extended Parallel Process Model (EPPM) stipulates that individuals must (1) feel threatened by the consequences of a particular behavior, and (2) feel able to take the necessary action to avoid that threat and believe the action will be effective in mitigating the threat in order to take protective action. The degree to which people feel threatened will determine their motivation to act. Action will not occur unless people’s confidence in their ability to take protective measures is high, and they believe those actions will actually be effective in reducing risk. To apply the EPPM to your context:

- Assess the local level of perceived **threat** in the following two domains:
  - Severity: Belief that the threat is harmful
  - Susceptibility: Belief that one is at risk
- Gauge the local level of perceived **efficacy/control** in the following two domains:
  - Response efficacy: Belief that solutions are effective
  - Self-efficacy: Belief about one’s ability to practice the solutions
- Use the table on the next page to determine the potential outcome of the behavior and the recommended strategy to use in each case. Many Zika-affected countries find themselves in a state of low threat, and focus on increasing perceived risk.



	<b>High Efficacy</b> Belief in effectiveness of solutions and confidence to practice them	<b>Low Efficacy</b> Doubts about effectiveness of solutions and one's ability to practice them
<b>High Threat</b> Belief that the threat is harmful and one is at risk	<p><b>Danger Control</b> People take protective action to avoid or reduce the threat.</p> <p><b>Strategy:</b> Provide calls to action</p>	<p><b>Fear Control</b> 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><b>Strategy:</b> Educate about solutions</p>
<b>Low Threat</b> Belief that the threat is trivial and one is not at risk	<p><b>Lesser Amount of Danger Control</b> People know what to do but are not motivated to take action.</p> <p><b>Strategy:</b> Educate about risk</p>	<p><b>No Response</b> People do not feel at risk and do not know what to do about it anyway.</p> <p><b>Strategy:</b> Educate about risk and solution</p>

### Step 3. Tailor Strategy: Adapt the Strategic Communication Framework to develop a country-specific strategy

There are four main components to adapting the framework: the situation analysis, audience segmentation, strategic design, and monitoring and evaluation (M&E).

#### Situation Analysis

Carry out a local situation analysis of Zika epidemiology, national coordination and considerations for social and behavior change communication (SBCC) using the following as a guide.

- Examine Zika Incidence and Trends**
  - Are there geographic regions at higher risk for Zika, such as rural, urban or peri-urban areas, areas along transit routes, areas of drought and/or areas of insecurity or migration?
  - Are there trends from dengue and chikungunya surveillance data that could be used to predict areas at risk for Zika?
  - Is there a pattern of infection? For instance, does Zika peak in the rainy season?
- Understand Local Vector Control and Surveillance**
  - Has the national policy on vector control been updated to reflect this outbreak of Zika?
  - What vector control activities are currently being conducted for *Aedes aegypti* mosquitoes? What are the strengths and weaknesses?
  - How do communities and households access water? What is the frequency of the water supply?
- Assess Family Planning and Reproductive Health Access and Use**
  - What are the recommendations for women who want to become pregnant in a Zika-endemic country?
  - What are the biggest motivators and barriers to family planning and condom use?
  - What are the strengths and weaknesses of the health system to address the reproductive health needs of adolescent populations?

- **Determine the Roles of Healthcare Providers**
  - What are healthcare providers' attitudes related to Zika (e.g., perceived threat) and adolescent sexual and reproductive health?
  - What resources are available to healthcare providers to guide their counseling on Zika prevention, transmission, care and support (e.g., flip charts, talking points and job aids)?
  - What testing, prenatal, family planning and social support services are currently available to refer clients to?
  
- **Measure Individual Knowledge, Attitudes and Practices**
  - Has a knowledge, attitudes and practices (KAP) study been conducted about Zika? What do men, women and adolescents know, feel and do about Zika?
  - What is the perceived risk of Zika, what personal protective measures are people currently taking to prevent Zika and what is their self-efficacy to carry out these measures?
  - Are there common misconceptions or rumors about Zika, family planning or condom use?
  
- **Map Out Current and Planned SBCC**
  - Is there a national or subnational Zika communication strategy? What are the strengths and gaps?
  - What SBCC activities are currently taking place at national, regional or community levels regarding *Aedes aegypti* mosquitoes, Zika, dengue and/or chikungunya? Are they effective?
  - Who are the priority populations for Zika prevention and why? Are any specific populations targeted for messaging around sexual transmission (e.g., migrant workers or adolescents)?
  
- **Determine the Role of the Media**
  - What stories has the media written to date on Zika? Are they accurate and timely? Fear-based?
  - Has there been any media training on Zika? What topics did the trainings focus on? Where do journalists get their information on Zika?
  - What are the most effective channels to reach specific target audiences, including women of reproductive age, pregnant women and adolescents?
  
- **Understand Partnerships and Coordination**
  - Which stakeholders are working on Zika in the country, in which thematic areas (e.g., prevention, treatment, care and support) and with which populations?
  - Is there a coordinated system in place for implementing partners, donors and stakeholders to share updates on their efforts?
  - Are there cross-cutting working groups that connect vector control and maternal and reproductive health?
  
- ✓ Use the information collected in the situation analysis to develop a problem statement, segment your audience, inform your communication objectives, create key messages and prioritize activities based on the gaps identified.

## Audience Segmentation

Audience segmentation determines the specific population groups or subsets on which to focus when addressing the selected challenge.

- ❑ Refer to your **situation analysis** to determine which specific population groups or subsets to target.
- ❑ Identify potential **primary audiences**. Primary audiences are the key people to reach with the communication intervention. Consider:
  - Who is most affected/at risk for Zika?
  - Who is best able to address Zika?
  - Who is able to make decisions on behalf of those affected?
  - Is addressing this group crucial to achieving the Zika program objectives?
  - How likely is this group to change within the timeframe of the SBCC program?
- ❑ Identify potential **influencing audiences** who can impact or guide the knowledge and behaviors of the primary audience, either directly or indirectly. Consider:
  - Family members and/or people in the community
  - People who shape social norms, influence policies or affect how people think about the Zika
- ❑ Identify which **characteristics** the priority groups have in common that set them apart from people not at risk or affected. Consider:
  - **Demographic** characteristics (e.g., age range, sex, occupation, marital status, media usage, wealth and education)
  - **Geographic** characteristics (e.g., region, residence [urban, rural or peri-urban], access to water, areas of conflict and Zika incidence and prevalence)
  - **Sociocultural** characteristics (e.g., language, culture, religion, place in society and ethnicity)
  - **Psychographic** characteristics (e.g., personality, values, attitudes, interests, lifestyle and health-seeking behavior)
- ❑ Determine how **gender** roles, relationships and norms affect Zika. Consider:
  - Who has decision-making power around sexual and reproductive health, household vector control and personal protective measures?
  - Are there differences in Zika KAP between men and women?
  - What are the social norms and expectations of how men and women should behave?
  - How are men and women affected differently by Zika?
  - How does gender inequity contribute to the Zika challenge?
- ❑ Refer back to the **situation analysis** and your **theoretical models** (e.g., SEM, EPPM) to analyze the key factors that influence the priority audiences:
  - What does the audience know about Zika and *Aedes* mosquitoes? Are there any gaps in knowledge? Are there common rumors, myths or misconceptions?
  - How harmful does the audience think Zika is? How at risk do they feel for contracting Zika? How severe do they feel the consequences are of contracting Zika?
  - Do they feel able to take personal protective measures? To use family planning?
  - What factors positively or negatively influence Zika-related KAP at the individual, family/peer, community and social/structural levels?

- ✓ Use the above information to **decide which audience segments** to focus on first.
- ✓ If necessary, consider a **phased approach** by focusing on certain audiences in a first phase and other audiences in subsequent phases. This phased approach could start, for example, by addressing the audiences that are the easiest to reach and most receptive to change.
- ✓ Consider how best to use your **resources** and on whom to focus. If resources are limited, you may need to focus on fewer segments and on segments with potentially greater impact.

Some or all of the primary and influencing audiences listed below may be relevant to your context.

Primary Audience Segments for Zika
<p><b>Pregnant women</b> Pregnant women are at risk of transmitting the virus to their baby during pregnancy, which can result in Zika congenital syndrome, including microcephaly.</p>
<p><b>Women of reproductive age who are not pregnant</b> Women in this audience need to make informed decisions on how to prevent Zika transmission and informed choices on how to avoid unintended pregnancy.</p>
<p><b>Adolescents</b> Adolescent girls experience high rates of unplanned pregnancy in many Zika-affected countries. Adolescent girls and boys need to know their risk of Zika transmission, how to effectively prevent Zika and how to avoid unintended pregnancy.</p>
<p><b>Male partners of women of reproductive age</b> Men play an important role in protecting their families' health, reducing breeding sites in their home and influencing decisions on contraceptive use. Zika virus can live in semen for an undetermined amount of time. Men who have been infected can transmit Zika to their sexual partners, who can then infect a fetus.</p>
<p><b>Healthcare providers</b> As providers of direct counseling, family planning and prenatal care services, healthcare providers often influence health decisions, including Zika preventative behaviors and family planning, and can influence stigma and discrimination against affected families. Healthcare providers need up-to-date, reliable Zika information in order to provide appropriate care and support.</p>
Influencing Audience Segments for Zika
<p><b>Community groups</b> Community groups can include religious leaders, local government, local leaders, community outreach groups and teachers. These groups influence norms and practices among households and communities. Community groups can also influence stigma and discrimination toward individuals and families affected by Zika.</p>

## **Journalists**

Journalists have the capability to rapidly communicate and/or miscommunicate vital Zika information to policymakers, civil society stakeholders, community leaders and citizens through popular news formats. They are also able to influence social norms around stigma and discrimination.

Your situation analysis may also identify a need to target additional segments. Some countries, for example, have included families affected by Zika, tire shop owners/operators and people who store water in drums as primary audiences, depending on their needs.

## **Strategic Design**

Strategic design has five essential pieces: audience profiles, communication objectives, positioning, key messages, and communication approaches and activities.

### **Create Audience Profiles**

- Tell the story of an imagined individual from each of your priority audiences to help bring the audience segment to life.
- Write a paragraph that describes his or her current behaviors, motivation, emotions, values and attitudes, as well as information such as name, age, sex, income level, religion, family members or relationships, and where they live.

### **Example Audience Profile: Pregnant Women**

Rosa is in her early 20s and has two children. She is currently pregnant and lives with her partner and his family. They live in a peri-urban area near a large city. She attends prenatal care visits at the local health clinic. She sells tortillas and her husband is a bus driver. Her family and children are her world. She is dedicated to making sure she has a healthy pregnancy. She has heard about Zika but does not know much about it. She has heard that babies in other countries are being born with microcephaly, and she is concerned that Zika might impact her baby. She is not sure how it could affect her family or her unborn child. She collects and stores water in large barrels and “pilas” because their water supply is intermittent. She gets mosquito bites mainly during the rainy season but they are around all year.

### **Establish Communication Objectives**

- Determine what you want the audience to know, feel and do as a result of the program.
- Prioritize objectives based on gaps identified in the situation analysis and the desired behavioral results.
- Ensure the objectives are specific, measurable, attainable, relevant and time-bound (SMART).

### **Example Communication Objective: Pregnant Women**

Increase the number of pregnant women who talk with their partner about condom use to prevent sexual transmission of Zika.

□ **Write the Positioning Statement**

- Describe the most compelling emotional and/or functional benefit of the behavior for the audience. Articulate what is most likely to inspire change.
- Use the positioning statement to provide direction for developing and framing messages and to ensure consistency.

**Example Positioning Statement: Pregnant Women**

Protect your unborn child by protecting yourself from Zika. Women and their partners need the available information to make informed decisions related to preventing Zika, including condom use.

□ **Identify the Key Messages**

- Outline the core information that will be conveyed to audiences in all materials and activities.
- Prioritize key messages based on your priority objectives, gaps identified in the situation analysis and the desired behavioral results. Select two to three messages for each topic.
- Refer to the positioning statement to frame messages appropriately and ensure consistency across channels and activities so that messages reinforce each other for a cumulative effect.
- Consider a phased approach that focuses on increasing awareness of the risks at the beginning of an epidemic, and shifts to focus on key calls to action as the epidemic grows and awareness, risk and self-efficacy shift.

**Example Key Message: Pregnant Women**

**Sexual Transmission and Zika Prevention**

**CALL TO ACTION**

If you are sexually active, use condoms consistently and correctly during pregnancy to prevent the transmission of Zika.

**SUPPORTING MESSAGES**

You can become infected with Zika virus through sexual activity with your husband or partner if he is infected, even if he does not know he is infected.

□ **Outline the Communication Approaches and Activities**

- Describe how your objectives will be achieved.
- Select approaches and activities based upon timeline, cost, ability to reach the intended audience, level of interaction with the audience, ability to personalize/tailor the information and level of control over content.

## Example Communication Approaches and Activities: Pregnant Women

STRATEGIC APPROACH	ILLUSTRATIVE ACTIVITIES
<p><b><u>Community Engagement</u></b></p> <p><b>Purpose:</b></p> <ul style="list-style-type: none"><li>• Create a safe space for pregnant women to connect with their peers face-to-face in a safe environment and small group setting for peer support, to ask questions, share experiences and learn from one another.</li></ul>	<ul style="list-style-type: none"><li>• Integrate Zika issues into community forums, such as prenatal groups, mothers' clubs and discussion groups.</li><li>• Work with community leaders, health workers, religious leaders and NGOs to identify organized groups with which to catalyze open discussion on Zika risks and prevention.</li><li>• Develop a series of topics and questions for discussion during group sessions.</li></ul>

- ✓ See [Strategic Communication for Zika Prevention: A Framework for Local Adaptation](#) for comprehensive examples of strategic design by audience segment for local adaptation. A strategic design template has been included at the end of this document for your use.

### Monitoring and Evaluation

M&E provides data on the program's progress toward achieving set goals and objectives, helps ensure the program is reaching intended audiences with information and services, and helps establish whether the program is having the desired effect.

- Develop an **M&E plan**.
  - Select and adapt indicators based on the communication objectives, audience, feasibility and access to data sources.
  - Outline how and when data will be collected, and what will happen to the data once they have been analyzed.
  - Ensure M&E activities are budgeted for appropriately.
  - Consider expanding existing M&E efforts related to dengue, chikungunya and family planning to incorporate Zika.
- Monitor** the program continuously during implementation.
  - Identify what has been done, when, how and with whom.
  - Disaggregate data by specific groups, such as women who are pregnant, adolescents and/or women of reproductive age.
- Evaluate** the program once completed.
  - Determine the program's effect on behavior change among the intended audience.
  - Document how observed changes are associated to the intervention and to what extent.
  - Assess implications for scaling up or replication in different contexts.
- Use** the M&E data.
  - Build M&E review processes into existing program management activities so that data are collected, disseminated and used regularly.

### Example Indicators: Pregnant Women

<b>Process Outputs</b>	Number of radio spots aired that include key Zika prevention messages for pregnant women Number of pregnant women reached with Zika prevention messages during group antenatal care sessions
<b>Intermediate Outcomes</b>	Proportion of pregnant women who can recall key messages about Zika prevention Proportion of pregnant women who are confident in their ability to discuss sexual transmission of Zika with their sexual partner
<b>Behavioral Outcomes</b>	Proportion of pregnant women who sought prenatal care Proportion of pregnant women and/or their households that have carried out the recommended vector-control behaviors in their home in the past month
<b>Health Outcomes</b>	Number of suspected cases of Zika in pregnant women Number of confirmed cases of Zika congenital syndrome, including microcephaly

### Step 4. Implement: Develop an implementation plan

The implementation plan details the **who, what, when** and **how much** of your communication strategy.

- Determine **partner roles, responsibilities and communication** (“who”).
  - Who will serve as the coordinating body for your program? Should a committee be set up or is there an already established entity that can perform this function?
  - What are the competencies needed to implement your communication strategy? Which potential partners have these necessary competencies?
- Clearly **outline activities** with a focus on major milestones (“what”).
  - Which phase of the outbreak (before, during, after) are you in? What information, messages and audiences should be prioritized to respond appropriately to that phase?
  - What are the major milestones for the activity? What activities need to be implemented, what are the intermediate steps and the necessary sequence?
- Establish a **timeline** (“when”).
  - When will each activity be implemented?
  - Are there weather and climate conditions to consider for Zika communication?
- Determine a **budget** (“how much”).
  - What is the total amount of funding available? For each activity?
- Complete** the implementation plan.
  - Distribute the plan among partners to ensure coordination.
- ✓ **Now you are ready to implement** your Zika communication strategy in your country.
  - Promote a continued coordinated response by fostering connections among vector control, family planning services, prenatal services, young people’s organizations, NGOs, religious groups and the media.



# Strategic Design Template

AUDIENCE	
AUDIENCE PROFILE	
COMMUNICATION OBJECTIVES	
<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> </ol>	
POSITIONING	
KEY MESSAGES	
<p>Topic 1:</p> <ul style="list-style-type: none"> <li>• Message 1</li> <li>• Message 2</li> </ul>	
<p>Topic 2:</p> <ul style="list-style-type: none"> <li>• Message 1</li> <li>• Message 2</li> </ul>	
STRATEGIC APPROACH	SPECIFIC ACTIVITIES
Approach 1	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> </ol>
Approach 2	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> </ol>

## Resources

### **CDC Key Messages: Zika Virus Disease,**

<http://www.cdc.gov/zika/pdfs/zika-key-messages.pdf>

A comprehensive and regularly updated list of essential information regarding various aspects of Zika.

### **Comportamientos Clave a Promover en el Marco de la Respuesta al Zika** (in Spanish only)

This technical document developed by UNICEF complements the Technical Note "Risk Communication and Community Engagement for Zika Virus Protection and Control." It provides a framework for risk communication and community participation actions with a focus on knowledge, attitudes and practices.

### **Counseling Guide: Preconception, Prenatal and Post Partum Counseling in the Context of the Zika Epidemic** (in Spanish only), <https://www.usaidassist.org/resources/gu%C3%ADa-de-consejer%C3%ADa-zika>

This Spanish language counseling guide developed by the ASSIST project focuses on family planning, prenatal and post-partum care in the context of Zika. Based on national and international counseling norms, it has been designed specifically to assist health care practitioners who provide care to women of reproductive age in the regions affected by the Zika virus.

### **Knowledge, Attitudes and Practice Surveys Zika Virus Disease and Potential Complications Resource Pack,** <http://www.who.int/csr/resources/publications/Zika/kap-surveys/en/>

This WHO resource responds to a request by governments and response partners as a way to rapidly obtain valuable and insightful information in order to tailor interventions to better address people's needs at the community level, thereby contributing to the overall public health response to Zika virus and its potential complications. It can be used in communities with Zika virus transmission or those at risk.

### **Risk Communication and Community Engagement for Zika Virus Prevention and Control,**

<http://www.who.int/csr/resources/publications/Zika/community-engagement/en/>

This document is an interagency collaboration led by UNICEF in partnership with WHO and the IFRC. Its purpose, under the WHO Strategic Response Framework, is to serve as a tool for country teams, key collaborators and other response stakeholders including INGOs, NGOs and civil society organizations.

### **Vírus Zika: Informações ao Público,** <https://www.ufrgs.br/rscontraaedes/documents/cartilha-informacoes-ao-publico.pdf>

This booklet is an example of community engagement messaging and provides key preventive, care- and information-seeking messages for the general public, pregnant women and those caring for newborns, including newborns with microcephaly. The booklet was produced by the Brazil MOH and is written in Portuguese.

### **Zika Communication Network (ZCN),** <http://www.Zikacommunicationnetwork.org/>

ZCN strives to support communities currently affected – and those that will soon be affected – by Zika by connecting responders with state-of-the-art knowledge and tools that they can readily use or adapt to their particular context and response plan.

**Zika Virus and Complications: Questions and Answers**, <http://www.who.int/features/qa/Zika/en/>

This a comprehensive list from WHO of FAQs related to the Zika virus. Topics include the mosquito protection, mosquito monitoring, sexual transmission, travel, GBS, microcephaly, pregnancy and Zika virus response.

**Zika Virus Infection: Step by Step Guide on Risk Communications and Community Engagement**,

[http://iris.paho.org/xmlui/bitstream/handle/123456789/18599/zikavirusinfection\\_2016\\_eng.pdf?sequence=1&isAllowed=y](http://iris.paho.org/xmlui/bitstream/handle/123456789/18599/zikavirusinfection_2016_eng.pdf?sequence=1&isAllowed=y)

This document by PAHO offers suggested risk communication actions for Zika virus infection and health issues related to the disease. The target audience of this material includes ministries of health and other health sector actors who will be able to adapt the provided information to the needs of their countries and audiences, with input from their national communication and social mobilization teams.

**#MosquitoNã**o, <http://Zikazero.mec.gov.br/>

For an example of a Zika SBCC campaign, see the Brazil Ministry of Education's dedicated website. It contains print materials and a video gallery. The website and materials are in Portuguese.