Risk Communication Guideline for Health Sector

In Public Health Emergency & Disaster

1st Edition
2019

MINISTRY OF HEALTH
BHUTAN

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Emergency Medical Services Division
Department of Medical Services
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FOREWORD

Bhutan remains highly vulnerable to natural hazards and disease outbreaks. This has triggered the need to strengthen the emergency preparedness and response plan. Risk communication by health professionals to communicate effectively with the public and the media to deliver right message is indispensable part of overall emergency preparedness plan.

The purpose of this guideline is to provide a resource for health professionals on the basic tenets of effective communication and media engagement. The guideline is also expected to provide an easy reference on the basic skills and techniques needed for clear and effective communications, information dissemination, and message delivery.

This guideline focuses on providing health professionals with a brief introduction on risk communication, identification of communication channels, content development, rumor management and working with media in disseminating right messages, before, during, and after a public health emergency.

Although this guideline identifies principles relevant to effective risk communication practices, it is neither definitive nor the final word on the subject. Differing circumstances may raise unique questions that must be dealt in unique ways. While this guideline cannot provide all the answers, it can assist in decision making that will lead to effective risk communication.

It is my hope and expectation that this guideline will provide a good reference for all health professionals involved in risk communication during public health emergencies.

(Dr. Ugen Dophu)
Health Secretary

ABBREVIATIONS

AHB	Annual Health Bulletin
BHU	Basic Health Unit
BMHC	Bhutan Medical and Health Council
BRCS	Bhutan Red Cross Society
DDM	Department of Disaster Management
DHO	District Health Officer
DMS	Department of Medical Services
DoPH	Department of Public Health
ED/ER	Emergency Departments/ Emergency room
EMS	Emergency Medical Services
EMSD	Emergency Medical Services Division
HEDCP	Health Emergency Disaster Contingency Plan
HEMC	Health Emergency & Management Committee
HEOC	Health Emergency Operations Center
HHC	Health Help Center (112)
HISC	Health Information Services Center
ICS	Incident Command System
IEC	Information, Education and Communication
JDWNRH	Jigme Dorji Wangchuck National Referral Hospital
KGUMSB	Khesar Gyalpo University of Medical Sciences of Bhutan
MoH	Ministry of Health
MS	Medical Superintendent
NEOC	National Emergency Operations Center
NGO	Non-Governmental Organization
PHE	Public Health Emergencies
PHEIC	Public Health Emergencies of International Concerns
PHENC	Public Health Emergencies of National Concerns
PSA	Public Service Announcement
RRH	Regional Referral Hospital
RRT	Rapid Response Team
SAR	Search and Rescue team
RCDC	Royal Centre for Disease Control
WHO	World Health Organization

INTRODUCTION

The frequency and impact of both natural hazards and public health emergencies (PHE) are growing and causing negative impacts on human health, economy and environment. Many countries including Bhutan is prone to several types of hazards. Hazard events result in disasters when risk factors such as vulnerability and inadequate capacity overlaps in space and time. The impact of PHE and disasters can be best avoided or prevented by reducing the risk and enhancing the preparedness. Risk communication is one of the key priorities for emergency preparedness, response and recovery.

In times of any PHE and disasters, the public wants to know what the responding agencies know and act during the event. They also need to know what health risks they face and what actions they can take to protect their lives and health. Timely provision of accurate information, and in languages and channels that people understand, trust and use, enables them to make choices and take actions to protect themselves, their families and communities. In such situation, every word count.

Risk communication needs detailed information about hazard characteristics and vulnerability for effective preparedness and response. However, this kind of information is often lacking which limit the capabilities for effective risk communication. During risk communication, it is important not only to have the proper information dissemination to the public, but the information received from the public also plays an important role.

BACKGROUND

Like other countries, Bhutan is exposed to several natural hazards such as earthquakes, landslides, seasonal flash floods and forest fires, which causes disasters and negatively affects communities, their livelihoods, infrastructure and the environment. Between 1994 and 2016, some 87,000 people were affected and over 380 deaths occurred due to natural disasters in Bhutan, mostly arising from the impacts of floods, windstorms, earthquakes, and GLOFs. Floods and storms account for about 95 percent of total deaths related to natural disasters; the remaining 5 percent resulting from earthquakes (DDM).

Besides, Bhutan is also equally prone to many disease outbreaks and other PHE including public health emergencies of international concerns (PHEIC). In 2012, the first Chikungunya fever was detected in Samtse Hospital and over the period of 33 weeks, 64 cases of Chikungunya were detected in Samtse, Gomtu, Sipsu and Phuentsholing areas. And in February 2010, Bhutan reported its first AI H5N1 outbreak in the poultry farm at Chukha district. Subsequently, several H5N1 outbreaks were reported in 2012 and 2013 from Chukha, Thimphu and Mongar districts. Although Bhutan has not detected human cases of avian influenza A (H5N1) so far, there is an on-going public health threat posed by the frequent outbreaks of AI (H5N1) in poultry.

The risk for Bhutan to be affected by PHEIC is high considering the increasing number of international travelers, porous borders and also the increasing number of Bhutanese travelling abroad. Given this situation and the limited capacity of the country to cope with such outbreaks,

even one case of such a disease in Bhutan can be a PHE. The health facilities in Bhutan are already over stretched and will within no time be overwhelmed, if any PHE or disaster occurs.

Recognizing the risks from PHE and disasters in Bhutan, the Ministry of Health (MoH) and its stakeholders has developed health emergency contingency plans in health sectors. Risk communication is one of the core components of emergency contingency plan.

Risk Communication is also one of the 19 core capacities of IHR (2005) that needs to be developed and implemented in the country. The IHR recognizes risk communication as a critical pillar for developing national core capacity during PHE. In addition, the IHR-Joint External Evaluation (JEE) conducted in December 2017 recommended to develop a multi-hazard risk communication plan/guideline.

WHY THIS GUIDELINE WAS DEVELOPED?

The objectives of this guideline are to assist the users to:

i. effectively communicate public health risk & services related information to the general public before, during and after public health emergencies
ii. develop effective communication messages to promote positive behavioral change of general public

WHO SHOULD USE THIS GUIDELINE?

This guideline is intended to be used by:

i. health policy and decision-makers responsible for managing PHE

ii. health professionals responsible for risk communication before, during and after PHE
iii. Partner agencies like DDM, emergency response services (Fire, Police, SAR) and other stakeholders
iv. Media houses that may have to communicate health-related messages to the general public in times of PHE and disasters

WHAT IS RISK COMMUNICATION?

Risk Communication refers to the real-time exchange of information, advices and opinions between experts or officials and people who face a threat (hazard) to their survival, health or economic or social well-being (WHO). The fundamental goal of risk communication is to provide timely, relevant and accurate information in clear and understandable terms, targeted to the people at risk before, during and after the PHE and disasters.

In PHE and disasters, effective risk communication allows people at risk to understand and adopt protective behaviour. It allows authorities and experts to listen to and address people's concerns and needs so that the advice & information they provide is relevant, trusted and acceptable. It deploys the most appropriate and trusted methods of communication such as website, email, mainstream and social medias, hotlines, text messages (SMS), and others.

Risk communication used to be viewed primarily as the dissemination of information to the public about health risks and events, and instructions on how to

change behaviour to mitigate those risks. Today, risk communication is recognized as the two-way and multi-directional communications and engagement with affected populations so that they can take informed decisions to protect themselves and their loved ones.

SOURCES OF INFORMATION

The sources of information for the risk communication should be credible and trustworthy to generate confidence of public and allay fears.

The direct sources of information may preferably be local authorities and government agencies, health focal points, media spokespersons at the incident or disaster sites. In times of PHE, Ministry of Health should take a lead role in collecting, verifying and disseminating information prior to communicating the risk.

Table 1: Possible sources of information for risk communication in times of public health emergencies

SN	***Agencies***	***Source of information***
01	Ministry of Health	Emergency Medical Services Division (HEOC/HHC)
		Relevant programs in Department of Public Health
		Royal Center for Disease Control
		Dzongkhag Health Offices
		Health facilities
02	Ministry of Home and Cultural Affairs	Department of Disaster Management SAR
03	Royal Bhutan Police	Traffic, Fire
04	Ministry of Agriculture and Forests	National Center for Animal Health Bhutan Agriculture and Food Regulatory Authority

COMMUNICATION CHANNELS

The choice of channel for communication will vary depending on different interests, values, levels of intelligence, education and understanding of target audiences. Choosing appropriate communication channel is important as a means for the timely release and wide reach of information to variety of audiences. The timely release of information and transparency in decision-making are essential for building and maintaining trust between authorities, affected populations and communication partners. The channel should enable authorities to get the key messages to targeted audience.

The following questions are important to be considered while deciding and choosing the channel for risk communication:

- What is the preferred type of channel of the target audience?
- How much detailed information can it convey?
- How many people can it reach at once?
- How easily can people access the information via this channel?
- Which channel would best express the required tone of your key message?
- Will it address certain category of population who need special consideration (homeless people, differently abled persons, migrant workers, mentally

ill, and geographically isolated communities with less access to communication technologies)?

The table below provides a general guideline on the choice of appropriate channels depending on specific target populations for risk communication:

Table 2: List of appropriate communication channels

Channels	General public	Response & community partners	Elected officials, policy makers	Migrant workers	Elderly	Children	People with medical needs	Homeless	Differently abled person	Remote communities
Website	✓	✓	✓			✓	✓		✓	✓
Email		✓	✓							
TV	✓		✓	✓	✓	✓	✓		✓	
Radio	✓	✓	✓	✓	✓	✓	✓		✓	✓
Print media	✓		✓		✓	✓	✓	✓	✓	✓
Social media	✓	✓	✓	✓	✓	✓	✓		✓	✓
Community meetings	✓			✓ (with interpret ation)	✓	✓				✓
Phone hotlines (112)	✓	✓	✓	✓	✓	✓	✓		✓ (for blind)	✓
Text messages	✓	✓	✓	✓	✓	✓	✓		✓ (for deaf)	✓
Flyers/pamphlets	✓			✓	✓	✓		✓		✓
Conference calls		✓	✓							
Schools & ECCD	✓					✓			✓	✓
Health care providers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Adapted from:

http://www.nwcphp.org/docs/perrcolate/erc/index.html

TARGET AUDIENCES

The identification of target audience for risk communication is important to develop tailor-made risk communication messages that are adapted to specific needs. This will ensure effective outcome in terms of achieving desired behavioral change in people for risk prevention and management. Target audiences are classified as follows:

1. Primary target audience
   People/groups who are directly affected by or require the greatest exposure to your message.

2. Secondary target audience
   People/groups who would also benefit from the hearing the message, particularly as a means of supporting or influencing the primary target audience.

3. Stakeholders
   Stakeholders are agencies, organizations or people that have an immediate role in an event of emergencies. Both the stakeholders and communication partners in the country need to be identified. All these groups must understand the concept of risk communication including its coordination mechanism during PHE to reduce the risk and promote protective behavior in the affected community.

Table 3: Classification of Target audiences for risk communication.

Target groups	Audiences	Examples
Primary	• Affected or at-risk population • Frontline workers	○ People affected by flood or those at risk ○ RRT, SAR, RBP, Volunteers, Other health workers
Secondary	• Health officials • Institutions • Local leaders	○ Doctors, Nurses, Health Assistants, Laboratory personnel. ○ Schools, Monasteries, Universities ○ Gups, Mangmis, Tshogpas
Stakeholders	• Ministry of Health	○ Emergency Medical Service Division ○ Policy and Planning Division ○ Health Promotion Division ○ Royal Center for Disease Control ○ Communicable Disease Division ○ Health facilities
	• Ministry of Home & Cultural Affairs	○ Department of Disaster Management ○ Department of Law and Order
	• Ministry of Information & Communication	○ Department of Information and Media ○ Dept. of Information Technology & Telecom
	• Media Houses	○ Television Stations ○ Radio Station ○ Print media
	• Development partners	○ WHO ○ UNICEF ○ NGOs ○ CSOs

Roles and responsibilities of stakeholders need to be documented for delivery of effective risk communication. Following are the some of the expected roles of stakeholders in risk communication:

- To assess and understand risk perception in concerned sector
- To identify issues related to PHE and address through appropriate risk communication strategies
- To educate their own community for risk reduction and safe behaviour practices
- Identify appropriate control measures for reducing risk of PHE
- To coordinate with other sectors as part of multi-sector risk communication

The detailed Terms of References (ToR) for the stakeholders are as reflected in the Annexure 1.

CONTENT DEVELOPMENT

Preparing a strategic message and delivering it effectively to target audience is essential to a successful risk communication. The purpose of developing effective messages is to inform the public about an PHE and disaster succinctly, generate or build confidence in the people and stimulate public actions.

Ideally, a good message for risk communication should contain the following:

1. Express empathy.
   Demonstrate that people involved in risk communication understands how people/target audience feels and legitimizes their emotions.
2. Describe the situation.

Explain circumstance under which the situation emerged and explain responsibilities of all the organizations who are involved in mitigating the risk.

3. Share what is known about the situation.
   Share only the confirmed facts and address who, what, when, where, why and how aspects of the situation. Speculations and guesses must be avoided at all times.
4. State what is not known about the situation.
   Clearly state what is not known about the situation. Efforts should be made to communicate on steps being taken in addressing the gaps in the information. Also provide assurance that the findings of information gap would be communicated as soon as the information is available.
5. State your organization's commitment to helping people throughout the emergency.
6. Source of additional information
   Guide audience on sources of additional information such as website, social media and hotline numbers, etc.

Table 5: Suggested template for development of Risk Communication messages:

SN	Message Content	Examples
1	What is the public health issue?	Measles outbreak
2	Who are at risk?	Contacts, care givers, health workers,
3	What is the risk to the target audience?	Morbidity
4	Which concerns and perceptions do the target audiences have?	Morbidity, mortality, psychological concerns

5	What can the target audiences do to protect themselves?	Care givers, health workers and contacts should wear proper personal protective equipment and isolation of patients to prevent spread of Measles.
6	What is uncertain about the risk?	Availability of vaccine, diagnostic tests, drug for treatment, transmission route, etc.
7	What is being done to reduce uncertainty?	Establish available evidence, acknowledge uncertainty
8	What is being done to manage the risk?	Provide IEC on the disease in the affected community

Following are some the do(s) and don't(s) to establish good risk communication message:

Do(s):

1. Keep your message simple, short, clear and concise
2. Only include relevant information in the initial messages. Only provide what's critical for the public to know.
3. Ensure timely release of messages without sacrificing accuracy
4. Get the facts right
5. Repeat the key facts often, using simple non-technical terms
6. Communicate in national language and if possible, use local dialects
7. Ensure that all sources disseminate the same facts. Inconsistent messages will increase anxiety, quickly undermining expert's advice and credibility
8. Practice honesty, openness and transparency

9. Provide supporting information where available (evidence, photos and videos etc.)
10. Promise or guarantee only what can actually be delivered
11. Counter rumor and misinformation

Don't (s):

1. Avoid technical jargon: Jargon creates a barrier between the sender and receiver
2. Avoid information overload
3. Avoid speculation and assumptions
4. Avoid discussion of money and liability: Instead, use statements like "Our focus right now is on containing the situation."
5. Do not use humor

RISK COMMUNICATION TEAM AND MEDIA SPOKESPERSONS

i. Risk Communication Team

The Risk Communication Team will be a part of Rapid Response Team (RRT) consisting focal persons from key stakeholders:

a. National level

The Risk Communication team will comprise of the following members:

- Representative from HPD
- Representative from EMSD
- Representative from PPD
- Representative from RCDC
- Representative from DoPH (relevant program)
- Co-opt members depending on nature of the event

b. District level

The Risk Communication team at district level will comprise of the following members:

- DHO
- Medical Officer
- Representative from Nursing

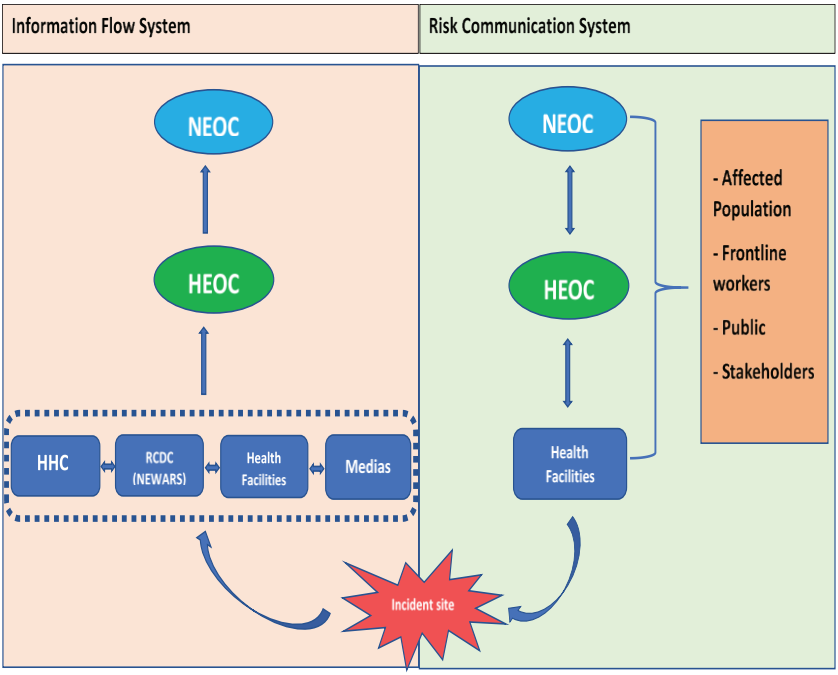
- The team will be guided by the relevant programs from MoH

ii. Media Spokespersons

- At ministry level, Health Secretary will be the Media Spokesperson. In absence of Health Secretary, the Head of DMS or Head of DoPH will act as aMedia Spokesperson.
- At Regional Referral Hospitals, Medical Superintendents will act as a Media spokesperson. In absence of MS, Offtg. MS will be a media spokesperson
- At District level, DHOs will act as Media Spokespersons. In absence of DHOs, CMOs will act as a Media Spokesperson.

RISK COMMUNICATION MECHANISM

Risk communication mechanism has been built upon the existing plans such as Health Emergency & Disaster Contingency Plan and hospital emergency contingency plans. The overall mechanism can be understood from the above flowchart which has been divided into two components as follows:



i. Information Flow system

In times of PHE or disasters, the HEOC is expected to receive information from the HHC, RCDC, health facilities from the affected area, and the various medias including social media.

2. Risk Communication system

In the event of disease outbreak / disaster occurring at the incident site, the health facility emergency contingency plan will be activated. The Incident Commander and Information management team will be responsible for the risk communication.

If the event is beyond the coping capacity of that affected district, the Incident Management Team will inform HEOC.

Accordingly, HEOC will be activated and RC team will take actions towards mitigation of risk to the affected populations and the communities at-risk.

If the event is beyond the coping capacity of HEOC/MoH, the HEOC will inform NEOC/DDM for further support. If the emergency has potential to become PHEIC, the HEOC in consultations with NEOC will seek support of relevant stakeholders including WHO and other international partners.

RUMOUR & MISINFORMATION MANAGEMENT

Rumours are false or inaccurate information circulating without any authenticating evidence that have potential to further increase public health risk and harm the credibility and diminish trust of an agency. The greater the uncertainty or lack of information, the greater the likelihood that rumors will spread. The best way to manage them is to identify them early on and neutralize them with clear, official statements made immediately and openly, backed up with solid evidence and statements from experts. The following are the ways to address rumours and misinformation:

- Use credible media spokespersons to address rumours
- Identify the rumours which the agency and stakeholders care about
- Target the sources of rumours and prevent the spread beyond the original source
- Listen to the public concerns and meet the demand and need of the audiences; silence increases ambiguity and confusion, simply denying the rumours does not eliminate ambiguity

- ❖ Communicate and engage early; the longer the misinformation remains, the more difficult it becomes to correct
- ❖ Be transparent and show empathy
- ❖ Provide information on what is being done and keep media updated frequently with accurate information
- ❖ Stay consistent with messages and let the community know that they are part of the solution
- ❖ Deny the rumour with conviction backed by evidences.
- ❖ Accentuate the positive; responding to rumours with positive information can be an effective way to turn negative into positive

COMMUNITY ENGAGEMENT

Communities must be at the heart of any public health interventions, especially in emergencies. Community engagement involves those affected in understanding the risk they face and involves them in response actions that are acceptable.

The rationale for community engagement:

- Everyone has a right to know about risks to their health and well-being
- Culturally appropriate information can help make informed decisions to reduce the health risks
- Action taken by individuals, families and communities affected are key to controlling the PHEs.

How to Engage Community in Communicating Risk?

- Understand the community's culture, perception, economic condition, demographic trends, and past experiences

- Seek support of the local leaders and other influential figures including religious heads in the affected area for mobilizing the community
- Involve the community to make decisions to implement and manage social and behavioral change.
- Disseminate relevant risk communication messages through community awareness and meetings

RISK COMMUNICATION PLAN

1. In Pre-Emergency Phase

Table 6: Risk Communication plan in pre-emergency phase

Priority areas	Key activities	Responsible Agency
a. Enhance coordination	(i) Develop SoPs on Risk Communication including roles and responsibilities of agencies (ii) Identify and form Risk Communication Team consisting focal persons from all key stakeholders with clear ToR (iii) Develop positive media relationship for risk information dissemination (iv) Create and maintain social media accounts like Facebook, Twitter, Wechat, websites and regularly post pro-active health promotion and communication messages for recognition and credibility (v) Test and maintain communication flow between NEOC, HEOC and other relevant EOCs for real-time communication. (vi) Maintain functional hot line numbers (vii) Seek financial and technical support from national and international agencies to initiate and implement risk communication plan	EMSD

Enhance capacity development	i) Build media communication skills of the risk communication team and focal persons (interview techniques and public speaking) ii) Sensitize all team members and focal persons about their roles and responsibilities. iii) Conduct briefings, training/learning sessions for media personals, front line workers, enforcement personnel. iv) Sensitize journalists on risk communication on public health emergency and other reporting v) Conduct simulation exercise at regular intervals to validate existing risk communication protocol and tool for better preparedness	EMSD, PPD
Communication material development and message dissemination	(i) Assess and review communication needs of the target audience (ii) Update/develop a risk communication toolkit package for different target audience in different events/phases which includes fact sheets, posters, press releases, media advisory, TV and radio spots, video animations, Public Service Announcement (PSA), presentations, SMS, social media contents, situational analysis report, FAQs (iii) Disseminate pre-event messages through relevant channels to reach different target audience about the imminent PHE for necessary preparedness and response.	EMSD

2. During emergency phase

Table 7: Risk communication plan during the emergency phase

Priority areas	**Key activities**	**Responsible Agency**
Collection and assessment of information	i. Collect information about PHE or disaster event. ii. Verify the magnitude of the event as quickly as possible iii. Activate the communication response (protocol and SOP).	Risk Communication Team (EIR, EMSD; EPR, EMSD and relevant Programs under DoPH)
Dissemination of risk communication messages	i. Acknowledge the public health event with empathy. ii. Explain to and inform the public in simple and clear terms about the risk, risk reduction and management. iii. Provide timely and accurate facts, including where the crisis occurred. iv. Say what is being done now. v. Give credible answers regarding the magnitude of the crisis, including possible threats to the public. vi. Share the possible duration of the crisis. vii. Share on how and where to get more information. viii. Explain about who will fix the problem, and when. ix. Counter rumor and manage misinformation	Risk Communication Team (EIR, EMSD; EPR, EMSD and relevant Programs under DoPH)

3. Post emergency phase

Table 8: Risk communication activities during the post emergency phase

Priority areas	Key activities	Responsible Agency
After Action Review	i. Conduct lessons learned workshop to assess the success and shortcomings of the risk communication and methodologies used during the event (users and providers) ii. compile and analyze the media reports of the event iii. - Document and disseminate the results of the lessons learned through workshops with the various stakeholders within and outside the ministry	EIR, EMSD and relevant programs under DoPH
Revision of plans, SoPs and policies	i. Incorporate lessons learned from the event in the risk communication guidelines, SOPs and other plans and policies of the ministry	EIR, EMSD and relevant program sunder DoPH
Enhance preparedness	ii. Conduct training and awareness programs to various stakeholders including media houses with revised agenda incorporating the lessons learned from the current event	EIR, EMSD and relevant program sunder DoPH

MONITORING & EVALUATION (M&E)

A systematic monitoring and evaluation (M&E) of risk communication in PHE is essential to improve and sustain existing risk communication system. It helps understanding the community behavior, needs and barriers during the risk communication in a better way. The M&E from target audiences can offer valuable lessons in managing risk and monitor for unintended consequences of communication, emerging questions, concerns, and misconceptions. It allows for an organization to address these issues in a timely

manner. Another important outcome of M&E is to enable programs involved in planning and mobilizing resources to strengthen or improve risk communication during PHE and other emergencies in future.

What to monitor and evaluate?

It is important to monitor and evaluate adequacy of communication resources, including budget, human resource, logistics, etc. for carrying out effective risk communication. The model for monitoring and evaluating risk communication capacity include five risk communication indicators against five levels of capacity in terms of sustainability as given in table 9. This is in line with the IHR Joint External Evaluation (JEE) tool.

Table 9: Evaluation of risk communication based on five indicators against capacity

Scoring	Risk Communication Systems (plans, mechanisms, etc.)	Internal and Partner Communication and Coordination	Public Communication	Communication Engagement with Affected Communities	Dynamic Listening and Rumor Management
No Capacity					
Limited Capacity					
Developed Capacity					
Demonstrated Capacity					
Sustainable Capacity					

Important attributes which could be monitored for effective risk communication are acceptability and adaptability of risk communication methods adopted among the target

audiences. Following protocols can be included for monitoring the effectiveness of the risk communication plan in PHE:

1. Media monitoring, including television, radio, mainstream print, and specialized print
2. Internet monitoring, including social media and related websites
3. Ongoing exchange of information with key partners, such as DDM, RBP and development partners
4. Public opinion monitoring and collection of other relevant information

M&E Indicators for Risk Communication

M&E indicators should include process, output, outcome and impact indicators. The process/input indicators are what were done, the output is who was reached, the outcome is what affect that reach had, and the health impact is the higher-level result of the risk communication activity. Widely accepted risk communication indicators may be adopted and used for evaluating risk communication plan. The examples of output level indicators are as given in the Annexure IV.

Evaluation includes the following activities during and after event:

Initial phase of event:

1. Assess the situation to plan the level of public information and media response that will be required.

After event:

1. Evaluate responses, including communication effectiveness.
2. Discuss, document, and share lessons learned or sometimes called a "hot wash" and challenges.
3. Determine specific actions to improve risk communication and risk response capability.
4. Evaluate the performance of the risk communication plan.
5. Implement links to pre-crisis activities.

Frequency of M&E for Risk Communication

Risk monitoring should occur at all points. Ideally, risk communication should be evaluated and monitored at the initial phase of the events and when the event is over. However, periodic evaluation of risk communication should be conducted at regular intervals.

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ANNEXURES

ANNEXURE I: TERMS OF REFERENCES

a. Terms of Reference for Health Emergency Management Committee

- Review situation arising out of a Public Health Emergency (PHE) event
- Review the risk communication plan with regard to the concerned PHE event
- Notify the concerned or relevant ministries/ departments to roll out the risk communication plan.
- Provide advice/approval for development of Risk communication messages and channels of communication for all the types of audiences and the additional sources of information (based on the type of Emergency/ PHEIC).
- Advise on activation of HEOC of MoH.

b. Terms of Reference for EMSD

- Build capacity and skills of health workers on Risk communication
- Act as lead for Risk Communication Team in times of PHE and disaster
- Conduct Sensitization and Awareness on Risk communication
- Facilitate simulation and mock drills including risk communication component
- Establish mechanism for networking with Dzongkhag Health sectors and Gewogs
- Coordinate with other sectors in enhancing risk communication for the community
- Take stock inventory of existing structures/systems for Risk communication

- Conduct communication needs assessment (public need to know, what to know)
- Prepare information for the available hotline (112) and other reliable sources for information 24x7
- Review and update HEMC on the situation arising out of PHE
- Provide HEMC with updates on risk communication guidelines
- Produce and distribute timely press releases and other media materials with PPD & HPD
- Identify gaps in key areas of risk communication and work toward filling those gaps
- Post updated RC guidelines and FAQs on MoH's website and social medias
- Organize meeting(s) as and when required to review the situation

c. Terms of Reference for PPD

- Update websites and related web-links with support from EMSD, HPD and relevant programs
- Mobilise Resource and coordinate donor support
- Coordinate and arrange press conferences
- Contribute as a part of Risk Communication Team

d. Terms of Reference for Health Promotion Division

- Facilitate/support EMSD in creating awareness on Risk communication
- Lead in the development of tools for Risk communication messages
- Ensure use of simple language so that they are understood by audience
- Contribute as a part of Risk Communication Team

e. Terms of Reference for RCDC/CDD

- Provide technical information on the public health emergencies
- Translate and integrate knowledge gained through research/evaluation into practice
- Conduct surveillance and risk mapping for Risk communication (as an input)
- Contribute as a part of Risk Communication Team

f. Health Facilities

- Provide technical information on the health emergencies
- Facilitate risk communication in their respective catchment area

g. Media House

- Assign focal persons for the emergency to liase with MoH and relevant organization
- Coordinate with partner organizations to ensure message timeliness, accuracy and consistency;

h. District Health Offices

- Act as a media spokesperson for district health sector
- Review and update to HEOC on the situation arising out of a Public Health Emergency (PHE) event
- Post FAQs and messages on the website in coordination with the Dzongkhag administration
- Train health and other concerned officials on Risk Communication
- Disseminate health IEC or advisory messages in local TV channels and other mediums

ANNUXURE II: 77 MOST FREQUENTLY ASKED QUESTION S BY JOURNALISTS/MEDIA IN AN EMERGENCY

77 MOST FREQUENTLY ASKED QUESTIONS BY JOURNALISTS IN AN EMERGENCY

1. What is your name and title?
2. How do you spell and pronounce your name?
3. What are your job responsibilities?
4. Can you tell us what happened? Were you there? How do you know what you are telling us?
5. When did it happen?
6. Where did it happen?
7. Who was harmed?
8. How many people were harmed?
9. Are those that were harmed getting help?
10. How are those who were harmed getting help?
11. Is the situation under control?
12. How certain are you that the situation is under control?
13. Is there any immediate danger?
14. What is being done in response to what happened?
15. Who is in charge?
16. What can we expect next?
17. What are you advising people to do? What can people do to protect themselves and their families – now and in the future – from harm?
18. How long will it be before the situation returns to normal?
19. What help has been requested or offered from others?
20. What responses have you received?
21. Can you be specific about the types of harm that occurred?
22. What are the names, ages and hometowns of those that were harmed?
23. Can we talk to them?
24. How much damage occurred?
25. What other damage may have occurred?
26. How certain are you about the damage?
27. How much damage do you expect?
28. What are you doing now?
29. Who else is involved in the response?
30. Why did this happen?
31. What was the cause?
32. Did you have any forewarning that this might happen?
33. Why wasn't this prevented from happening? Could this have been avoided?
34. How could this have been avoided?
35. What else can go wrong?
36. If you are not sure of the cause, what is your best guess?
37. Who caused this to happen?
38. Who is to blame?

39. Do you think those involved handled the situation well enough? What more could or should those who handled the situation have done?
40. When did your response to this begin?
41. When were you notified that something had happened?
42. Did you and other organizations disclose information promptly? Have you and other organizations been transparent?
43. Who is conducting the investigation? Will the outcome be reported to the public?
44. What are you going to do after the investigation?
45. What have you found out so far?
46. Why was more not done to prevent this from happening?
47. What is your personal opinion?
48. What are you telling your own family?
49. Are all those involved in agreement?
50. Are people over-reacting?
51. Which laws are applicable?
52. Has anyone broken the law?
53. How certain are you about whether laws have been broken?
54. Has anyone made mistakes?
55. How certain are you that mistakes have not been made?
56. Have you told us everything you know?
57. What are you not telling us?
58. What effects will this have on the people involved?
59. What precautionary measures were taken?
60. Do you accept responsibility for what happened?
61. Has this ever happened before?
62. Can this happen elsewhere?
63. What is the worst-case scenario?
64. What lessons were learned?
65. Were those lessons implemented? Are they being implemented now?
66. What can be done now to prevent this from happening again? What steps need to be taken to avoid a similar event?
67. What would you like to say to those who have been harmed and to their families?
68. Is there any continuing danger?
69. Are people out of danger? Are people safe?
70. Will there be inconvenience to employees or to the public? What can people do to help?
71. How much will all this cost?
72. Are you able and willing to pay the costs?
73. Who else will pay the costs?
74. When will we find out more?
75. What steps need to be taken to avoid a similar event? Have these steps already been taken? If not, why not?
76. Why should we trust you?
77. What does this all mean?

ANNEXURE III: ROLE OF MEDIA DURING PUBLIC HEALTH EMERGENCIES/DISASTERS

"It is through the media that most people first hear of a major incident. In fact, most of what they ever learn about it will probably come through TV, radio or newspapers. The media, therefore, is a major contributor to shaping the public's view on risk." ~UK Resilience: Communicating Risk

According to WHO's Effective Media Communication during Emergencies, *"Effective media communication is in fact a crucial element in effective emergency management and should assume a central role from the start."* Effective media communication can help an organization or government to deal with an emergency more effectively by establishing public confidence in their efforts and ability. Effective media communication allows for better process of information exchange that is aimed at bringing about trust and promoting understanding of the relevant issues or actions. Effective media communication helps in:

- *building, maintaining or restoring trust;*
- *improving knowledge and understanding;*
- *guiding and encouraging appropriate attitudes, decisions, actions and behaviours; and*
- *encouraging collaboration and cooperation.*

Therefore, the role of media should never be neglected. During emergencies and disasters, media will always play a crucial role in informing people. A risk or disaster may be identified but in order to communicate risk with people, it is therefore, very essential that media are involved. According to CDC's Crisis Emergency Risk Communication (2014), Media are the best mechanism or means of reaching the

audience at risk. However, not every medium of communication can be effective as expected. Therefore, it is very important that we must know which medium to use in order to reach the target audience.

For people residing in rural communities, communicating risk through print media would not be a best option. Since most people are illiterate, reading and understanding any risk will be a challenge. Therefore, the best way to reach out to those people are through other mainstream media like TV and Radio. While on the other hand, communicating risk with younger generation is much easier if done through social media.

Today with advent of Web 2.0 or social media, people are allowed to create and exchange information that is in fact generated by the user themselves. Social media like Twitter and Facebook are becoming essential tools of communication. Due to its effectiveness and reliability, many young people and educated lot use social media for exchange of information. Although mainstream media are considered to be the most effective, especially during emergencies and crises, the role of social media should be equally considered. Media also allow people to give live information during and after any disaster. It is known as 'citizen journalism.' Where mainstream media cannot reach, social media like YouTube and other video sharing apps can allow users to stream any events live and share it with other users. This in turn acts as a valuable information to people, especially during disasters and emergencies.

Getting Information to the Media during Emergency: Media Relations

1. Press Release
2. Press Conference
3. Interviews (Telephonic and live)
4. Email Distribution
5. Websites
6. Social Media

ANNEXURE IV: OUTPUT LEVEL INDICATORS FOR M & E

Outputs (example)	Indicators (example)	Desired Target
Public messages development	• Number of key messages developed and printed during the public health emergency	03
	• Number of key messages developed for online	03
Number of releases of public information	• Number of Press conferences held	01
	• Number of Press release made	02
	• Number of interviews conducted	03
	• Number of messages developed and broadcasted	03
	• Number of products (brochures, posters) distributed	300
Number of media outreach	• Number of likes and shares in Facebook Pages	300
	• Number of public messages viewed online in a time period	15,000
	• Number of messages published in printed media	05
Number of community outreach activities conducted	• Number of campaigns and awareness programs conducted	02
	• Number of phone calls received at hotline number (112)	100
	• Number of text messages (SMS)sent	1000
Community organization engagement	• Number of community organization invited	10
	• Numbers of local leaders invited	15
	• Number of CSO invited for the engagement	05
Rumors and misinformation monitored	• Number of websites screened for rumors or misinformation	05
	• Number of mobile apps screened for rumors or misinformation	03
	• Number of rumors in the community screened	02
Internal and Partner Communication and Coordination conducted	• Number of meetings proposed with partners	02
	• No of partners invited to involve in implementing risk communication	10

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