Canine Rabies Blueprint – Communication

This section provides guidelines for raising awareness about rabies, and working with communities to understand how to prevent the disease from local to national level. It provides examples of successful initiatives, and guidelines for developing tools and materials appropriate to your own situation. It also provides guidelines on how to evaluate whether communication has been successful in changing the way people act to prevent rabies in the longer term.

- 4.1. Importance of an effective communication plan
 - o 4.1. Why should I develop an effective communication plan?
- 4.2. Developing a communication plan
 - 4.2.1. Assessing the science
 - 4.2.2. Defining the purpose of the communication
 - 4.2.3. Identifying and understanding who needs to be involved
 - o <u>4.2.4. Developing messages</u>
 - 4.2.5 Testing messages
 - 4.2.6. Choosing media and channels for messages
 - 4.2.7. Determining the best timing for delivering messages
 - 4.2.8. Launching the campaign
- 4.3. Evaluating the campaign and its impact
 - o <u>4.3.1. Process evaluation</u>
 - o <u>4.3.2. Outcome evaluation</u>
 - 4.3.3. Measuring the impact: how have the messages changed how people act?
 - 4.3.4. How do I interpret the results of a survey to measure impact?

4.1. Why should I develop an effective communication plan?

Raising awareness on rabies prevention and control is essential in preventing exposures and encouraging people to seek appropriate treatment. However, it is equally important to have a communication approach that contributes to all components of the overall rabies prevention strategy. From the very start, a rabies prevention strategy should involve consultation with communities, health and veterinary services, the media and relevant people outside the health field; these groups could be vital to implementing solutions. Everyone has their part to play, and engaging all the relevant people - as early as the first stage of defining the problems - will also help them take ownership of their part of the solution. This will ensure that rabies prevention remains a priority with them well into the future.

To work with some groups, you may need ethical clearance from a recognised institution. This is particularly the case if you are working with children. You should consult guidelines for this type of permission in your own country.

It is worth remembering, as an important general principle, that what you ask people to do must be:

- Clear they have to understand it in the same way as you intend
- Feasible it has to be possible for them to do as you recommend
- Encouraging it has to make people want to do as you recommend

The sample principle applies to communication to any audience, whether you are raising awareness amongst bite victims, dog owners, health professionals or policy makers.

4.2. Developing a communication plan

Communication planning consists of eight, interrelated steps that can be adapted to most settings. Following these steps, evaluation is a critical part of assessing the success of your campaign.

4.2.1. Assessing the science

Usually, the basis for health communication is scientific knowledge and epidemiological analysis. Here are some examples of important scientific evidence on which to base your planning.

Which animals are most likely to transmit rabies in my country/region?

If human rabies cases in your country is primarily caused by exposure to rabid dogs, efforts should be targeted towards preventing dog exposures. If the main source of rabies is wildlife, on the other hand, messages should be focused on wildlife.

The map below gives a general idea of which animals can transmit rabies to people in each continent, but, overall, more than 99% of humans rabies cases are caused by a dog bite.



In many countries, dogs are the animals most likely to infect humans with rabies. What do we know about dogs and rabies?

It has been established by scientists that the most efficient way of preventing rabies in humans is to vaccinate domestic dogs, see this <u>reference</u>.

If 70% of dogs in an area are vaccinated, and this figure can be maintained over time, the disease can be eliminated in dogs and therefore in people, see this reference.

What do we know about the people who are most at risk of rabies?

It has been shown that children are most at risk, but that in many rabies-endemic countries, some of the most at-risk children are not at school, see the study by Sambo et al. here.

In some countries the increasing risk of rabies infection is associated with poverty which makes the disease a priority public health concern.

Is local data already available for the region where I will be delivering my messages?

Government data – If rabies cases have to be reported by law in the country or region where you are working, the national or regional government may keep statistics on cases of rabid dogs and/or dog bites. In many rabies-endemic countries, however, these systems are not yet in place. Studies may have been conducted that can provide data to help you decide on the people who are most vulnerable and on who most needs to be involved in rabies prevention in a locality. Research institutes may maintain databases of rabies case data, even if it is not officially collected by the government. Health and veterinary services – Health or veterinary services may keep records on human and animal vaccination and treatment of dog bite cases. These can help in assessing the levels of dog vaccination coverage and the type of people most at risk of dog bites. They can also help you to assess whether the situation has improved after you have delivered messages related to the rabies vaccination campaign. Where no official data have been gathered at all, you may be able to conduct household surveys in a given area to estimate the number of dog bites and which groups are most likely to be bitten. Gathering baseline information is useful, especially at the end of the campaign to determine if the messages and interventions were effective in increasing knowledge and affecting behaviour change towards rabies prevention and disease elimination.

4.2.2. Defining the purpose of the communication

Ask yourself the following questions:

What do I want to change?

For example, if you want to encourage more people to bring their dogs for vaccination, you should concentrate on this message. If, on the other hand, you want to encourage people to apply essential first aid as soon as they have been bitten by a dog, you should concentrate your campaign on first aid measures.

How can I change it?

The objectives and specific messages you choose will always depend on the target population. With children, for example, an important message may be how to avoid being bitten by a dog. Ask yourself some of the following questions to help define the purpose of your messages:

- Who is the target population?
- What do they already know?
- What do they need to know?
- What do I want to change about the way they think and act in terms of rabies prevention?
- What do the data tell me about this issue?

4.2.3. Identifying and understanding who needs to be involved

4.2.3.1. Who could be involved and who could be consulted?



Consultation is necessary to decide on the intended audience and specific stakeholders. You need to know the characteristics of the people that you want to reach, such as their socio-demographic characteristics, their media or communication preferences and accessibility to rabies information sources.

Your messages will always depend on the people you are trying to convince, but there may be other groups who can influence them, both now and in the longer term. All these potential participants

should be identified in the planning stages. One way of doing this is to conduct a stakeholder analysis in the community. . You can then learn more about the potential stakeholders and consult at all levels. This identifies the people you need to reach, the people who can help you reach them and how important they are to the success of your campaign. It can also serve as a basis for involving them in the messages and solutions, so that they become their messages and solutions.

Click here for how to conduct a stakeholder analysis

If you are working in a specific locality, and only have a general idea of the people you need to speak to, it may be useful to hold community consultation meetings to help identify the key people you need to involve.

If you are planning a general campaign at national level, conducting a stakeholder analysis can still help you contact key people who can help you formulate the right messages. You may need to identify a small number of key people at first, and then ask them to recommend others.

If you are unclear how to go about this on a large scale, you might consider involving social scientists or communications experts in your campaign.

Make use of local knowledge wherever you can.

4.2.3.2. Deciding on the main participants

At this stage, the stakeholder analysis can help you identify primary, secondary, or tertiary target groups. This will help target the right messages to the right people. It will also help to prioritise people you need to consult, and to involve them in the messages from the start. To help identify them, ask yourself the following questions:

Who were identified in the analysis as the people who would most benefit from your message? Who are the main people whose behaviour you wish to change? These will be your primary participants.

In many cases, these will be the people most at risk, but not always. For instance, if you wish to increase participation in a dog vaccination campaign, your primary target population will be those who make decisions about whether or not dogs are vaccinated.

Example: In most places, children under 15 years of age are most at risk as they regularly come into contact with dogs. Young boys may also be the ones to bring dogs to vaccination points (though they may not be the ones who decide whether it should be done). It will therefore be important, in the next stage of planning, to find out more about how best to reach these children. In some countries, they may not attend school.

Who can most influence your primary participants? These are your secondary participants.

Example: In the case of children, it may be family members, peers, teachers, media and professionals, such as health workers, vets and traditional healers).



Photo courtesy of the Serengeti Carnivore Disease Project

Which other groups play a role in rabies prevention and control? These are your tertiary participants.

Example: In most locations, this group will involve people with decision-making roles, such as policy makers or community leaders. However, it could also involve people who have an influence in other ways, such as religious leaders. Again, the best way of finding out who these people are is to ask locally, through reliable contacts or - if you are working in a specific locality - through a community consultation workshop.

4.2.3.3. Understanding how the target population thinks. How can you ensure the messages will help change the way they think?

When you have identified the people you want to receive your messages, it is important you understand as much as possible about them. Rarely do all people relate to or understand messages in the same way.

Knowledge, Attitudes and Practice (KAP) studies can be useful in assessing what people know about rabies and how much they understand about preventing it. These surveys generally consist of a questionnaire, which can be completed by households in a given area or by a specific group of participants. They can:

Be the basis for tailoring messages.

- Provide useful data for you to measure whether anything has changed after you have delivered the messages.
- Provide useful data to highlight any problems. For example, perhaps people understand your messages but are unable to act on them because of barriers such as cost of treatment.

KAP surveys measure:

- ▶ What people already know about rabies, dog bite treatment, the law on rabies in their country, the health and veterinary services, etc.
- How people think about dogs and other animals, vaccination, rabies compared to other diseases, etc.
- How they currently act if they are bitten by a dog, encouraged to vaccinate dogs, etc.
- Incidence of dog bites, number of dogs vaccinated, etc., so that you can measure this again after a period of time to see if your work has had a positive impact.

In some areas, it is useful (and may be important) to ensure a project worker visits households or participants to ask them the questions orally. This can:

- Ensure more questionnaires are completed and returned
- Overcome any issues of literacy
- Ensure, as far as possible, that everyone understands the questions in the same way

KAP survey questions should generally be delivered in the first language of the respondent. They may also be subject to ethical clearance, and you may need permission from a recognised authority. You should consult guidelines for this in your own country.

Click here for examples of rabies KAP studies.

Other methods of determining how people think: If you are planning a nationwide campaign, you can still ask the same types of question by:

- Commissioning a KAP survey in sample groups of the populations you have identified. In some countries, the government bureau of statistics is commissioned to produce studies on health issues, or you may be able to commission an independent organisation to undertake the study.
- Making use of similar studies undertaken for health awareness campaigns for other diseases in the same populations.

4.2.4. Developing messages

The aim of communication is to change the way people think and act. It must therefore be feasible for the participants to carry out the recommendations you are giving them. You will need to check whether services are available to people before you advise them how to seek treatment. Here is an example of how all the information you have collected in the preparatory stages can be developed into messages appropriate to the stakeholders or target people.

Look at the following message on rabies prevention:

Rabies Kills! Prevent Rabies! Take animals to get vaccinated. Avoid dog bites. Wash bite wounds with soap and water. Get medical care immediately after a bite.



Example of Rabies poster in Africa

Let's consider the following examples of different ways people might react to these messages:

Perceptions: "Take animals to get vaccinated" will not be effective if people do not believe vaccination or medical treatment of animals is necessary.

POSSIBLE SOLUTION: Communication may need to focus on why vaccinating dogs is the most effective way to prevent rabies in *humans*, particularly children.

▶ Cultural: The role of dogs can vary. In some localities, dogs are viewed as pets, where in others, they are seen as guard dogs. When this message was tested in Asia, "Take animals to get vaccinated" raised the issue of who should vaccinate the dogs (as many are not "owned" as pets).

POSSIBLE SOLUTION: Find out more about how dog populations are managed in the area, and focus messages on he basis of the information you gather.

▶ Economic - some people may not be able to afford to pay for vaccination for dogs or post-exposure vaccinations. "Get medical care immediately after a bite" may therefore not be feasible in some cases.

POSSIBLE SOLUTIONS: Initial messages can focus on ways of avoiding bites or limiting damage as much as possible. First aid messages such as "Wash bite wounds with soap and water" may need to be prioritised.

Understanding why treatment is important can help people make decisions. In some cases, people may be able to scrape together the money for treatment from some source, but prefer to spend this money on something they consider more important, perhaps treatment for another disease. It is important not to alarm people, and to find positive ways of communicating this information, but if they understand how the treatment saves lives, it can help them prioritise competing demands on their resources.

Ideally, data indicating that people cannot afford treatment should prompt consultation towards measures on how these barriers can be overcome. Referring back to your initial stakeholder analysis from stage 2 can help involve a broad cross-section of community participants in identifying workable solutions, for example, by bringing them together in structured workshops aimed at developing ways forward.

▶ Physical - in addition to whether or not they can easily access healthcare facilities, some populations may not have access to clean water. The message: "Wash bite wounds with soap and water" raised questions when it was tested in localities with limited clean water and soap.

POSSIBLE SOLUTION: it may be important to expand the message to say that washing a bite wound from a potentially rabid animal is advisable, even if the water is not clean, and that any attempt to wash out the virus just after the bite can help save lives. It might help to show a diagram of how the virus travels through the central nervous system to the brain. Again, the more people understand about why, the more it helps them to make important decisions.

How do I formulate messages?

The best way to write the messages is to involve representatives from the primary, secondary and tertiary participant groups you identified in 4.2.3. For example, if the aim is to make children more aware, parents, older teenagers or teachers can help. Here, again, you can draw on your initial stakeholder analysis, to identify other people who may be able to help.

Collaboration may take the form of a workshop, for instance. Click here for an example of a workshop format that can help develop messages and media for delivery.

If it is not possible to develop the messages in collaboration, they should at least be tested on representatives from these groups, to ensure they will be understood as you intend, and to maximise the chances of changing the way they think and act. However, testing messages should not be used as an automatic substitute for getting to know your target community and collaborating with them in the preparatory stages.

In which language(s) will your target group best understand the message? If possible, develop the message in these languages, rather than translating it from a stock message. It will make it more relevant to the participants. For example, a slogan may sound very catchy in one language, but mean nothing in another.

Is all your target population likely to be able to read? Even if they are, clear images can reinforce the message, but they should be clear and appropriate to the culture, and should be obtained from - or at least tested on - the target population. Images indicating behaviour can be reinforced even further by ticks and crosses, showing how and how not to do things correctly. Colours may mean specific things in different cultures (e.g. red for "no" or "danger").



Photo courtesy of Dr. Peter Maina, Kibera, Quênia

Do not use technical, scientific terms. Make sure your messages use words the general public (and especially children) will understand. Use short, clear sentences or phrases, make sure they are not ambiguous and try to minimise the chances of them being understood in a different way.



Photo courtesy of the Society of Animal Well-Being of Lusaka and by the Department of Veterinary Medicine of the University of Lusaka

4.2.5 Testing messages

Here are some of the factors to take into account in testing messages:

- Do people pay attention to the messages?
- Do people understand the messages?
- Do people remember the messages?
- Is it feasible for people to follow the recommendations in your messages? If not, you may need to find out what the barriers might be.
- Is there any evidence people will change their behaviour if they understand the messages?
- Are any parts of your messages sensitive or controversial?

- Are the messages relevant to the people you are trying to reach?
- Are the messages and images appropriate to the culture of the people you are trying to reach?
- What are the strong and weak points of your messages?

There are a number of ways of testing messages. The following are some examples:

- Focus groups: Groups of about 9-12 representatives from the target population provide feedback on the messages and graphics in an informal setting or a workshop. These workshops can also provide some insight into whether it is feasible for the target population to follow the recommendations.
- In-depth interviews: One-to-one interviews with individuals from the target population can provide even more detailed feedback, but they are time-consuming, and may only give feedback from a small sector.
- Expert/gatekeeper review: These are similar to in-depth interviews, where the topic is discussed with individuals who are local experts or "gatekeepers" who can assist in reaching the target groups.
- Surveys can provide quantitative (numerical) evidence of the suitability of a message, if this is required.
- Observational studies: For example, members of the target population can be observed navigating a website.
- Readability assessments: These are quantitative assessments which identify the reading level of the messages and material, and they may be country-specific if they are related to an educational system.

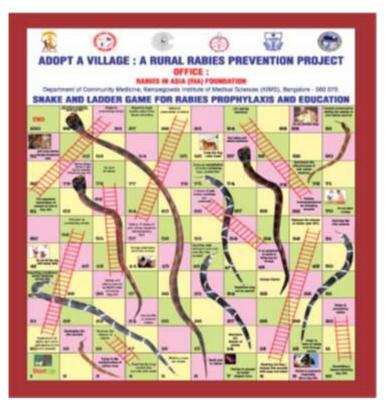


Photo courtesy of Dr. Asabe Dzikwi, University of Ahmandu Bello

4.2.6. Choosing media and channels for messages

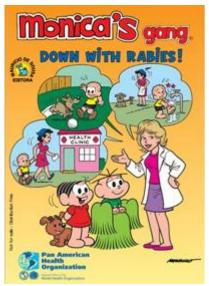
In your target area, which is the most common way for people to receive news or information?

There are many ways to reach audiences, each with different benefits and limitations, see here. This could be radio announcements, posters, fact sheets, face-to-face talks, publications, email, videos, websites, mobile phone messages, social media campaigns, etc. Paper-based materials may not be the most efficient in some localities, and other media such as radio may be more effective.



Snakes and Ladders board game with rabies prevention messages from India. Photo courtesy of Drs M K Sudarshan, D H Ashwath Narayana, N E Ramesh Masthi, and Praveen Kulkarni, Rabies in Asia Foundation

For children, make use of very visual and interactive media, like games, plays, puppet shows, cartoons, comic books, etc. See here to read about a puppet show developed for children in the Philippines and here for an example of early childhood interventions..



Comic book with rabies prevention messages. Photo courtesy of Pan-American Health Organization

To determine how best to communicate your information, some of the following questions may be useful:

• Which communication channels are most common in the target area? These might include radio, audio visual presentations or videos, mobile phones if paper-based or computer-based information is not common. Radio

tends to be a good channel, as it overcomes problems such as people being unable to read or having no access to the internet.

- Which communication channels are most trusted by the target population? For example, most children trust their parents or their teachers to give them correct information.
- Which communication channels can we afford within our budget?
- Which communication channels are feasible? For example, promoting your messages via a website is not useful if your target population cannot access the internet.
- Which channels are we allowed to work with? There may be restrictions.
 - Can we combine a number of different communication channels?



Photo courtesy of the Society of Animal Well-Being of Lusaka and by the Department of Veterinary Medicine of the University of Lusaka

There is no best medium. It is important that we choose the appropriate medium that can best reach our intended stakeholders. It may be one particular medium or a combination.

You can download an extensive range of <u>ready-made materials</u> from the website of the Global Alliance for Rabies Control.

Improving media outreach

Media outreach is only one communication approach, but is essential for any campaign. Radio, television and other media personnel are often not aware of what you are doing unless you make them aware. You need to contact them, or even better, invite them to come and see your project/event. It is a good idea to involve journalists in the early planning stages, when you are consulting the community, and make them feel part of the solutions you are trying to plan. They are more likely to give your messages a high profile, and will represent and emphasise them correctly the more they understand the issues.



Photo courtesy of Global Alliance for Rabies Control

The media like appealing stories, particularly ones which are relevant to their readers or viewers. They look for stories that stimulate debate, controversy or conflict. They are often looking for a personal angle to the story. Reporters are regularly looking for new angles or twists that will attract public interest. In other words, it may not be enough to say rabies is a killer disease and you are trying to make people aware of it. You may need to provide more personal stories, or highlight something unusual about your approach.



Photo coutesy of Yuri Pedrosa, Rafts, Maranhão, Brazil

Before you contact the media, ask yourself some of the following questions:

- What are we doing that is new or different?
- Are there any new scientific data this year?
- Have we made any noteworthy improvements?
- Are there any new and interesting partners?

Do we have a personal story we could tell? Is there someone in our community who has been affected by rabies and who could tell their story, to highlight why prevention is essential?

For a toolkit designed to help you communicate with the media about specific events, see here.

You can also:

- Make a list of key media contacts, develop relationships with them, and communicate with them regularly. This will help you to obtain media coverage later on.
- Develop a plan for periodic media coverage of your initiative and make it newsworthy.
- Identify and train media spokespeople in your organisation.
- If you are organising training on rabies in the community, invite the media to send representatives, or organise specific training or information days for the media on rabies prevention.
- Track media coverage. Tracking your media coverage will help you identify any errors or gaps in your messaging. Tracking general media on rabies will also allow you to pick up on myths or misconceptions so that you can correct them. Collect examples of how you are represented in the media - it can help provide evidence of a successful campaign.
- Capitalise on breaking news. If you are tracking your media coverage, you will be able to pick up on other rabies stories in the media and provide comments. For example, a story on a mass exposure to a rabid animal would be a good time for your organisation/agency to reiterate the importance of your rabies prevention and control



Newspaper article from the Star of Mysore, India

A useful tool for reporters is a pre-packaged media kit. Consider including the following items:

- A media advisor (to announce a press conference or kick-off event)
- A press release
- Local, regional and national statistics about your issue
- Background information
- Biographies of your speakers
- Reproducible copies of charts or graphs used in your speakers' presentations

- Photographs they will be able to use without further permission. Include acknowledgement to photographer if required.
- Copies of other materials or reports on your initiative, which can be used as reference
 - Name and telephone number of someone who can be called to answer questions or verify information



Photo courtesy of Global Alliance for Rabies Control

Engage with potential partners

Look for partners who will bring resources, expertise or credibility to your initiative. Think about the roles individual partners can play in distributing your messages and in reaching your target areas. For example, you could reach children by engaging parents' groups, school groups or teacher training colleges. You could reach dog owners by targeting veterinarians. Choose partners who can bring a variety of skills and benefits to your initiative, and ask them to do something specific. It helps if the role they play in the partnership also achieves some of their own objectives.

Going back to your initial stakeholder analysis can help you identify suitable partners. They may include:

- Animal welfare groups
- Department/Ministry of Education
- Ministries of Health and Agriculture
- Agricultural/farming associations
- Immunisation programmes
- Medical professionals
- Medical schools
- Professional associations such as veterinary associations
- Local health staff
- Non-profit organisations
- Micro financing groups
- Pet organisations or companies

- Public health organisations
- Public health schools
- Teaching organisations
- Veterinary clinics
- Veterinary schools

4.2.7. Determining the best timing for delivering messages

Identifying the most feasible time to deliver your messages is important and needs to be determined on a case-by-case basis. You may wish to choose specific times of year to conduct more proactive rabies prevention outreach (in the form of a campaign), whereas during outbreaks, you may need to rely on rapid risk communication (e.g. there may be more rabies exposures in certain months if there is seasonal transmission).

Rabies prevention and control messaging lends itself well to being included with the global World Rabies Day initiatives in September. In the Philippines, the month of March was enacted by national law as Rabies Awareness Month, and activities to raise awareness on rabies prevention and control were held in the different parts of the country. However, rabies exposures in some places may be more prevalent in the summer months, warranting rapid communication during times of greater or mass exposure. More than one time of year can be selected.

How can you determine the best timing for delivering the message?

To determine the best timing for delivering rabies prevention and control messages in your area, ask yourself the following questions:

- ▶ What time of year do most rabies cases occur?
- Are there other events during that time period which would conflict with rabies messages?
- ▶ Are there other events during that time period that would complement rabies prevention and control messages?
- Could rabies messages be promoted during the same time period as other public health messages?
- ▶ Could your messages be promoted during World Rabies Day?
- ▶ What other activities are happening in your area around World Rabies Day?
- ▶ Can we make a news "hook" that would attract attention during this time period?
- ▶ How can we sustain our messages after the initial launch?
- ▶ How can we promote our messages year round?



Photo courtesy of Dr. AsabeDzikwi of the University Ahmandu Bello

4.2.8. Launching the campaign

At the point where you are ready to launch your campaign, you should ask yourself a number of questions:

- How, when and where should we announce the campaign for the greatest impact?
- Who are we aiming to impress with the campaign? Invite important audiences to the launch, such as funders, politicians, local decision-makers and most importantly representatives of the groups you hope to reach.
- Should we have an event with the launch? This can help raise the profile of the campaign.
- How do we obtain media coverage?
- Which partners need to be included in the launch, and how do they wish to be acknowledged / thanked?
- Can you persuade a respected celebrity to take part in the campaign? In India, for example, a well-known cricketer helped to raise the profile of a rabies prevention campaign. Singers are another example.
- How can we maintain media and partner interest in the campaign long-term?

Click here for an implementation checklist.

4.3. Evaluating the campaign and its impact

Evaluation is usually the first step to be cut in health communication initiatives if funding is limited, but it is critical in demonstrating success, identifying areas of improvement, and justifying funding for future years. The results can influence politicians and decision-makers to lobby for change and provide a solid foundation for expanding the communication campaign to other regions. Most importantly of all, evaluation demonstrates whether your messages have really impacted the way people think and act.

4.3.1. Process evaluation is usually initiated during the implementation phase and helps to track how well your initiative functioned, considering factors like partner involvement, media response, how well you reached your target population, and how well you were able to remain within budget. Bear in mind that this can tell you a lot about the scale of your campaign, but does not provide evidence of whether it has changed the way people act.

Here are some examples of questions you can ask, depending on the type of campaign:

How many areas/localities participated in rabies prevention activities?

- How many events took place?
- How many people participated in these events?
- How many of your target group (e.g. children/farmers) were made more aware of rabies prevention?
- How many community groups/members of target communities participated in events or promoted rabies prevention messages?
- How many government agencies groups participated in events or promoted rabies prevention messages?
- How many partners participated in events or promoted rabies prevention messages?
- How many international agencies collaborated in your project (e.g. OIE, WHO, FAO)?
- If you had a project website, how many people visited it, and how long did they stay?
- How many people downloaded materials from your website, if they were available?
- How many people asked questions (e.g. in person, by phone or email)?
- How many awareness materials were distributed?
- How many people did you and your partners reach via email lists or social media?
- How many media articles or news reports covered your project?
- How many people are likely to have read about your project in the media?
- How many partners are willing to work with you again?
- Was the expense justified by the outcomes?

You can also ask qualitative questions by asking for feedback from participants and partners, such as:

- Did you consider the campaign well-organised?
- Did you think the messages were appropriate to the culture?
- Did the partnership help further your own work?
- What would you change about the campaign if it were to be repeated?
 - **4.3.2.** Outcome evaluation shows you the extent that communication goals and objectives have been met. It can help you to determine what you might change or improve in the future to make your project more effective. Evaluating the outcomes of the project can be done by
- Conducting a large survey (a quantitative assessment)
- Holding a small discussion or focus group with members of the target population (a qualitative assessment).

It can be useful evidence for funders and sponsors, who need to be assured that you have fulfilled the objectives they funded.

If you have conducted a KAP survey (Knowledge, Attitudes and Practice) as part of your preparations, you can conduct the same survey with the same population after you have delivered your messages, to determine how much more they know about rabies prevention than they did before. This can provide you with figures to show that your messages have increased people's knowledge.

If you use this method of evaluation, it is only valid if you have conducted a KAP survey **prior** to your campaign. If no KAP survey was conducted, there is no baseline data to use when identifying how much your messages have changed what people know and think about rabies.

4.3.3. Measuring the impact: how have the messages changed how people act?

This can only be assessed over time. If your goal is simply to improve what people know about rabies, then an outcome evaluation (4.3.2) is sufficient, immediately after the messages have been delivered. However, if you want to provide evidence that your messages have actually changed people's behaviour, as well as what they know, you will need to:

- Gather data at some point in the future, perhaps six months or a year after the messages have been delivered
- Measure it against something which can tell you whether things have really changed. For example, do
 people know more about rabies and has this reduced the number of dog bites or increased the number of
 people seeking treatment/bringing their dogs for vaccination?

For example, you could repeat the same KAP survey on people's knowledge, attitudes and practices, and gather data on dog bites, treatment or vaccination:

- Before you deliver the messages
- Immediately after you deliver the messages
- At least once at a point somewhere in the future, perhaps six months or a year.

4.3.4. How do I interpret the results of a survey to measure impact?

The following example illustrates how these methods can assess impact:

Aim of message campaign: To increase the numbers of people bringing in dogs for vaccination, to reach the 70% threshold required to keep the area canine rabies free.

First scenario:

If, after six months or a year

- Little or no change in the number of dogs being vaccinated
- People's knowledge has not increased substantially, or has deteriorated.

Your messages have had little impact in changing behaviour and may not have been understood.

Next steps: Consider why the messages have failed to get through. It could be because the way in which you delivered them was confusing, or because you targeted people who have no influence on whether dogs are vaccinated.

Second scenario:

If, after six months or a year

- There is little or no change in the number of dogs presented for vaccination.
- People's knowledge of rabies prevention has been retained.

Your messages may have been successful, but there are likely to be other reasons why people have not brought their dogs in for vaccination.

Next steps: If your rabies prevention programme is going to be sustainable, it is essential you conduct further research to find out what these reasons are, and it is important to ask the opinions of the communities concerned. These data can also be important in providing evidence of the need for further projects to collaborate with the community in looking at ways to overcome some of these barriers. The data can also provide interest groups, decision-makers and politicians with important evidence in lobbying for change.

Reasons may involve:

- Affordability
- Prioritization of other expenditures
- Difficulties accessing vaccination services (long distances, transport costs, lost work hours)

Third scenario:

Your messages have been successful, but will need reinforcement if

- Substantial progress has been made towards reaching the 70% threshold of vaccinated dogs, but the threshold has not yet been reached
- People's knowledge about rabies has been maintained.

Next steps:

- Consider whether your messages have targeted the right people
- Consider whether the messages or the way in which they were delivered could be improved.
- Reinforce the messages at intervals
- Monitor increase in dog vaccination coverage until the 70% threshold has been reached.

Fourth scenario:

Your campaign has been a major success if, after six months or a year:

- The 70% threshold of vaccinated dogs has been reached.
- The KAP survey shows people have retained their knowledge about rabies prevention.

Next steps:

- Monitor the situation annually if possible to make sure the 70% coverage has been maintained.
- Concentrate future messages on making sure people understand the importance of continuing to vaccinate their dogs regularly.