

EBOLA | PREPAREDNESS IMPLEMENTATION KIT



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TABLE OF CONTENTS

ACRONYMS	5
ABOUT THIS I-KIT	6
What is This I-Kit?	6
Who Should Use This I-Kit?	6
Why Use This I-Kit?	6
What Does This I-Kit Contain?	7
CHAPTER 1. BACKGROUND AND CONTEXT	8
Ebola Virus Disease Basics	8
What are the Signs and Symptoms of Ebola?	8
What is the Incubation Period for Ebola?	8
How is Ebola Transmitted?	8
How did Ebola Spread in West Africa?	9
SBCC and Risk Communication Basics	9
What is SBCC?	9
Considering the SBCC Process	10
What Influences People’s Behavior?	10
Combining SBCC and Risk Communication for Ebola Communication	11
What are the Stages of Risk Communication?	11
What are the Capacities Needed for Risk Communication?	12
CHAPTER 2. EBOLA COMMUNICATION PREPAREDNESS STAGES AND GUIDANCE.....	14
Pre-Crisis Stage	14
Mapping and Coordination	14
Data and Tools	14
Training	15
Initial Stage	15
Rapid Implementation	15
Data	15
Messaging	15
Maintenance Stage	16
Data	16
Social Mobilization and Communication	16
Resolution Stage	16
Evaluation Stage	16
CHAPTER 3. COORDINATION MECHANISMS FOR EBOLA COMMUNICATION	17
Central Ebola Response Mechanism	17
Ebola Communication Pillars	17
Ebola Communication Coordination	19
Coordination Mechanism Functions	19
Ebola Communication Coordination Team	20
Ebola Communication Sub-Committees	20
Integrating Ebola Communication into the Emergency Response	20
Checklist: Setting Up an Ebola Communication Coordinating Mechanism	21
CHAPTER 4. CONDUCTING RAPID ASSESSMENTS FOR EBOLA COMMUNICATION RESPONSES	24
Field-Based Data Collectors	24
Using SMS Surveys	24

CHAPTER 5. COMMUNITY ENGAGEMENT THROUGH SOCIAL MOBILIZATION IN THE EBOLA RESPONSE...26	
Key Considerations for Effective Community Engagement	26
Selection, Recruitment and Placement	26
Mobilizers Enhancing General Community Engagement	26
Mobilizers Enhancing/Supporting Service Delivery	27
Best Practices in Social Mobilization: Sierra Leone, Nigeria and Liberia	27
CHAPTER 6. KEY CONSIDERATIONS FOR EFFECTIVE EBOLA COMMUNICATION30	
Managing Fear and Rumors	30
Ensuring Safe and Dignified Burial Practices	30
Confronting Stigma	30
Using Mass Media	31
Establishing Hotlines/Call Centers	31
Selecting Messaging and Materials	32
Monitoring and Evaluating SBCC	32
CHAPTER 7. EBOLA COMMUNICATION STRATEGY GUIDANCE AND ILLUSTRATIVE EXAMPLES.....34	
Step 1: Situation Analysis	34
Why Conduct a Situation Analysis?	34
How to Conduct a Situation Analysis	35
Illustrative Examples	35
Ebola Context	35
Audience and Communication Analysis	35
Individual, Family and Community Level	36
Step 2: Audience Segmentation	37
Illustrative Examples	37
Step 3: Message Strategy	41
Illustrative Examples	42
Step 4: Activities and Interventions	48
Types of Communication Activities	48
Illustrative Examples	49
Step 5: Monitoring and Evaluation	53
Indicators	53
Illustrative Examples	53
APPENDIX A. EBOLA COMMUNICATION RESPONSE TABLES57	
APPENDIX B. HOW MOBILIZERS CAN SUPPORT EBOLA EMERGENCY TEAMS67	
How Mobilizers Can Support Case Management Teams	67
Before the Ambulance Arrives	67
During Ambulance Visit	67
During the Patient’s Stay in the Holding Centre/Community Care Center/Ebola Treatment Unit	67
After the Patient’s Stay in the Holding Centre/Community Care Center/Ebola Treatment Unit	67
How Mobilizers Can Support Surveillance and Contact Tracing Teams	68
Before Surveillance Team or Contact Tracing Team Arrives	68
During the Surveillance Visit or Initial Contact Tracing Visit	68
After the Surveillance Visit or Initial Contact Tracing Visit	68
How Mobilizers Can Support Quarantine Officers	69
Before the Quarantine	69
During the Quarantine	69
After the Quarantine	69
How Mobilizers Can Support Burial Teams	70
Before the Burial Team Arrives	70
During the Burial Team Visit	70
After the Safe and Dignified Burial	70

APPENDIX C. EBOLA COMMUNICATION FRAMEWORK	71
APPENDIX D. HEALTH COMMUNICATION THEORIES	72
Extended Parallel Process Model	72
Social Cognitive Learning Theory	72
Diffusion of Innovations	72
EBOLA COMMUNICATION RESOURCES	74
Brochures	74
Checklists	74
Communication Plans	75
Contingency Plans	75
Datasets	76
Fact Sheets	76
Flipbooks	76
Forms	76
Guidelines	76
Infographics	77
Interventions Matrices	77
Message Development	77
Mobile Apps	78
Music	78
Posters	78
Preparedness Matrices	79
Radio Spots	79
Rapid Assessment Questions	79
Reports	79
Resilience Systems	80
Social Media	80
Strategies	80
Terms of Reference	81
Toolkits	81
Training Materials	81
Websites	82
REFERENCES	84

ACRONYMS

CCC	Community Care Center
CDC	Centers for Disease Control and Prevention (U.S.)
CHW	Community Health Worker
DERC	District Ebola Response Center(s)
DRC	Democratic Republic of the Congo
ECN	Ebola Communication Network
EPPM	Extended Parallel Process Model
ETU	Ebola Treatment Unit
EVD	Ebola Virus Disease
FBO	Faith-Based Organization
HC3	Health Communication Capacity Collaborative
HW	Health Worker
I-Kit	Implementation Kit
ICT	Information and Communication Technology
IPC/C	Interpersonal Counseling and Communication
KAP	Knowledge, Attitudes and Practices
M&E	Monitoring and Evaluation
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
MOHS	Ministry of Health and Sanitation (Sierra Leone)
NERC	National Ebola Response Center
NGO	Non-Governmental Organization
NTF	National Task Force
PAHO	Pan-American Health Organization
PPE	Personal Protective Equipment
SBCC	Social and Behavior Change Communication
SM	Social Mobilization
SMART	Strategic, Measurable, Achievable, Realistic and Time-Bound
SMS	Short Message Service
SOP	Standard Operating Procedure
TOR	Terms of Reference
TOT	Training of Trainers
UNICEF	United Nations International Children's Emergency Fund
UNMEER	United Nations Mission for Ebola Emergency Response
USAID	United States Agency for International Development
WHO	World Health Organization

ABOUT THIS I-KIT

What is This I-Kit?

This Ebola Communication Preparedness Implementation Kit (I-Kit) provides national and local stakeholders, as well as program managers, with key considerations and a roadmap for instituting and implementing critical, relevant, practical and timely communication for responding to the threat of an Ebola Virus Disease (EVD) outbreak.

The I-Kit guides countries in social and behavior change communication (SBCC) and risk communication activity planning, including communication plan development for every stage of an Ebola response.

For any country facing a major health crisis, national preparedness plans need to include and support communication efforts. Integration of communication into the preparedness agenda from the outset ensures that preparedness communication is harmonized, relevant, timely, financially supported and aligned among all of the preparedness technical teams.

Robust national communication preparedness plans maximize the effectiveness of Ebola communication and equip communication trainers and experts with a common set of tools and modules.

Who Should Use This I-Kit?

The I-Kit may be used by a variety of national- and international-level stakeholders and actors involved in the development, execution, and/or review of communication preparedness plans and trainings.

- **Officials, policy makers and leaders in ministries and other government entities whose countries are vulnerable to an Ebola outbreak** can use this I-Kit to identify their country's or region's communication needs for responding to an Ebola outbreak and/or to develop national communication plans.
- **Health communication experts in Ministries of Health and national or international organizations** can use the I-Kit to develop Ebola communication preparedness strategies tailored to their country's stage of outbreak and the resulting risk levels and communication needs. In many countries, the health promotion/

education division is responsible for community engagement and social mobilization (SM). While the public information/media engagement function might also be part of the health promotion/education division, it is also possible that it is located elsewhere within the Ministry of Health (MOH) or within another ministry altogether. Some countries may have a designated national emergency communication focal person to coordinate a response. That person in that role may be a medical officer, epidemiologist or health promotion officer. What is important is to bring all of the communication partners together so that efforts for Ebola are harmonized.

- **Communication and media stakeholders in the government and in national or international organizations** can use the I-Kit to understand how their efforts fit into the larger emergency risk communication efforts of the country and to train spokespeople on their role in the communication response.
- **National or global organization health communication trainers** can use the I-Kit to develop inclusive and participatory national communication strategies, orient key stakeholders on developing strategies, and/or train other stakeholders on how to develop and implement communication strategies for Ebola communication preparedness.

Why Use This I-Kit?

In the early part of the 2014–15 Ebola outbreak in West Africa, a lack of adequate and appropriate communication fuelled fear, panic and denial; spread misconceptions and myths; and contributed to the further spread of the disease. Communication was quickly acknowledged as a key element of any crisis or emergency preparedness plan.

This is why countries in West Africa and around the world are developing preparedness plans in the event that Ebola reaches their populations. The World Health Organization (WHO) is supporting these efforts and has prepared an Ebola Response Roadmap (<http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/>) for countries to follow when developing their responses to the Ebola epidemic.

Effective communication plays a critical role in:

- **Providing accurate and relevant information** and guidance to the public, particularly in emergencies
- **Dispelling myths** and misconceptions
- **Maintaining public trust**
- **Coordinating** all stakeholders
- **Helping communities** and countries recover from an emergency

Risk communication and SBCC should therefore be part of any Ebola plan to help countries tackle Ebola virus at all stages of an outbreak—from prevention and preparedness to crisis response to recovery (UNICEF, 2014).

What Does This I-Kit Contain?

This I-Kit includes core components.

1. **Background information** on Ebola, **SBCC and risk communication**, including several theories identified during UNICEF/CDC-led regional Ebola communication preparedness workshops
2. Information on the development and operationalization of **country coordinating mechanisms for communication** within the Ebola response
3. A review of the **stages of emergency communication preparedness**, and guidance for each stage, including key considerations
4. Key considerations and best practices for **community engagement for Ebola communication**
5. Information on **conducting rapid assessments** for effective Ebola communication responses
6. **Key considerations for planning Ebola communication activities**, particularly around establishing priorities and communication channels
7. A sample **Ebola communication strategy** that can be adapted to local situations
8. Guidance on options for **communication responses** in a variety of scenarios and response levels—provided in the form of an easy-to-use table, the options include appropriate and practical responses at the household, community, service and structural levels
9. Information for **mobilizers** about the best ways to prepare and mobilize Ebola emergency teams
10. A **strategic Ebola communication framework** that serves as a tool for stakeholders as they develop and implement SBCC for Ebola preparedness—the framework is a roadmap that can be tailored to local and national-level contexts to communicate critical information concerning Ebola, such as modes of transmission, levels of risk and methods of prevention
11. A review of relevant **health communication models**
12. **Links to relevant communication tools and checklists** for SBCC and risk communication implementation—to guide users through each stage of the strategic communication development process
13. Sample **best practices for controlling the outbreak** from countries that responded to the outbreak—this section also provides lessons learned about strategies and approaches
14. Other relevant **resources**, such as WHO guides and adaptable high-quality communication materials, in a compendium of resources

CHAPTER 1. BACKGROUND AND CONTEXT

Ebola Virus Disease Basics

EVD, formerly known as Ebola hemorrhagic fever, and commonly referred to as Ebola, is a severe, often fatal illness in humans. Ebola first appeared in Sudan and the Democratic Republic of the Congo (known at that time as Zaire) in 1976.

Ebola is transmitted to people through contact with wild animals—especially primates and bats, the latter of which are believed to be the reservoir host—and spreads person-to-person throughout a human population by close contact with bodily fluids. In the 2014–15 Ebola outbreak in West Africa, one in two people have survived the disease, when provided supportive treatment.

There is currently no cure for Ebola. However, if the sick person is treated early with constant hydration—people with Ebola can lose about 8–10 liters of fluid a day through vomiting and/or diarrhea—the chances of survival increase. At the moment, several clinical trials on a variety of treatment options and a number of vaccine trials are currently ongoing and are showing promise (WHO, 2015c).

What are the Signs and Symptoms of Ebola?

Symptoms for Ebola include fever, severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting and stomach pains. In the latter stages particularly, symptoms also include rashes, hiccups, and unexplained bruising or hemorrhaging.

Unfortunately, the early signs and symptoms (fever, body aches, and general weakness and fatigue) are also common in diseases such as malaria and typhoid fever—diseases endemic to the countries currently affected by Ebola. Therefore, it is important for potentially infected individuals to report whether or not they have had contact with the blood or body fluids of a person sick with Ebola, contact with objects that have been contaminated with the blood or body fluids of a person sick with Ebola (e.g., clothing or bedding), or contact with infected animals.

What is the Incubation Period for Ebola?

The incubation period for Ebola is 2 to 21 days from the time a person has been exposed to the virus to the onset of symptoms. A person who is infected

with Ebola can only spread the disease at the point that he or she starts to show symptoms.

How is Ebola Transmitted?

According to WHO, Ebola is introduced into the human population through close contact with bodily fluids of infected animals—particularly primates and bats (WHO, 2015c). Recent studies have pointed to the smaller insectivorous bats as the reservoir species that started the West African outbreak. A reservoir host can carry the virus without getting sick, but can infect humans in several ways, for example, through their feces or meat. Primates and some forest animals can also become ill, and can spread the virus to humans through the same routes as humans.

While Ebola is a zoonotic disease, the most common form of transmission of Ebola is through direct contact with a person who is symptomatic (i.e. showing symptoms). **Direct contact** means contact through broken skin or mucous membranes with body fluids, such as blood, urine, feces, saliva, vomit, sweat and/or semen of a person ill or dead. To date, no compelling evidence exists that suggests EVD is spread through air.

The more symptoms a person has, the greater the amount of virus that person is shedding. At the time a person dies from Ebola, he/she is shedding the most amount of virus. This is the primary reason why safe burial practices are so important. Items contaminated with blood or body fluids are also vectors of transmission for Ebola including, for example, bedding and clothing.

Of particular interest is evidence that Ebola remains in semen fluids for at least up to three months after the onset of symptoms, how much longer than that has still to be determined.

Although many people die from Ebola, recovery is possible and depends on early and consistent hydration, good supportive clinical care and a patient's immune response. It also appears that children are more resilient to Ebola than adults. People who recover from EVD infection, generally referred to as Ebola survivors, develop antibodies that last at least 10 years (CDC, n.d.).

How did Ebola Spread in West Africa?

The first reports of Ebola in the recent West Africa epidemic came from Guinea in December 2013. One year later, the disease had spread to nine countries, namely Guinea, Sierra Leone, Liberia, Nigeria, Senegal, the United States, Spain, Mali and the United Kingdom. A separate outbreak occurred in the Democratic Republic of the Congo (DRC). Unlike past Ebola outbreaks, which were small in comparison and in remote locations in African countries like the DRC or Uganda, this one had penetrated urban areas with large populations and crossed borders and oceans.

The outbreak started in an area with highly mobile populations and moved easily across the border of Guinea and Liberia. At the time, the disease was unknown to West African health care workers and public officials. The magnitude of the outbreak was in part due to the weakened health systems of previously war-torn or regionally unstable areas—namely Guinea, Sierra Leone and Liberia—that were unable to identify the virus and contain it quickly enough, and to the slow response of the international community.

In contrast, Nigeria and Senegal, with more robust health systems in place, were able to respond quickly to the threat and stop the disease from spreading in their respective countries.

As of May 10, 2015, there were a total of 26,724 total cases—suspected, probable, and confirmed—of Ebola from the West African outbreak and 11,065 reported deaths (the outcomes for many cases are unknown), and while the rate of the epidemic is slowing down, as of this moment, the number of infected continues (CDC, 2015; WHO, 2015b). For an updated count, see the WHO website: <http://apps.who.int/Ebola/en/Ebola-situation-reports>.

The outbreak countries were thrust into an emergency situation and needed to set up systems and facilities quickly. A large part of this effort involved “**risk communication**,” which involves providing the public and health care sectors with information quickly and efficiently. It must educate, inform and motivate appropriate behaviors, update risk information, build trust, and mitigate rumors and misinformation. In doing so, an understanding of SBCC is key.

SBCC and Risk Communication Basics

What is SBCC?

SBCC is an approach that promotes and facilitates changes in knowledge, attitudes, norms and beliefs, and promotes desired healthy and safe Ebola behaviors and practices. SBCC also supports broader social change to improve health systems and health outcomes through political dialogue, collective action and individual behavior.

Community resistance is one of the biggest obstacles to stopping Ebola. As such, SBCC is an essential component of the Ebola response to contain the disease. Using SBCC approaches, such as SM and mass media to engage communities, helped facilitate individuals and communities to change their behaviors in ways that helped contain outbreaks in the past (Hewlett & Amola, 2003).

Simply defined, SBCC uses the most powerful and fundamental human interaction—communication—to positively influence social dimensions of health and well-being. A **strategic SBCC approach** follows a systematic process to analyze a problem in order to define key barriers and motivators to change, create a strategy, and then design and implement a comprehensive set of interventions to support and encourage positive behaviors.

A **communication strategy** provides the guiding design for SBCC Ebola campaigns and interventions. Developing a strategy involves setting communication objectives, identifying intended audiences, and determining consistent messages for all materials and activities. This process includes identifying which **communication channels** can best reach the intended audiences. Channels include mass media, information and communication technology (ICT), participatory communication engagement approaches, and interpersonal counseling and communication (IPC/C) for service providers, among others.

In short, strategic SBCC is:

- Science-based
- Client-centered
- Participatory
- Benefit-oriented
- Service-linked
- Multi-channeled
- Technically high quality
- Advocacy-related
- Scalable
- Sustainable
- Results-oriented
- Cost-effective

Considering the SBCC Process

There are a number of models available to guide the planning of SBCC programs, most of which share the same basic common principles.

One of these models is the “**P Process**” (Figure 1), which provides a step-by-step roadmap to guide the user from a loosely defined concept about changing behavior to a strategic and participatory program that is grounded in theory and has measurable impact (CCP, 2014).

The P Process has five steps:

1. Inquire
2. Design the strategy
3. Create and test
4. Mobilize and monitor
5. Evaluate and evolve

Three **cross-cutting concepts** are embedded in the P Process, which, when integrated into the strategic process, ensure that SBCC approaches are most effective:

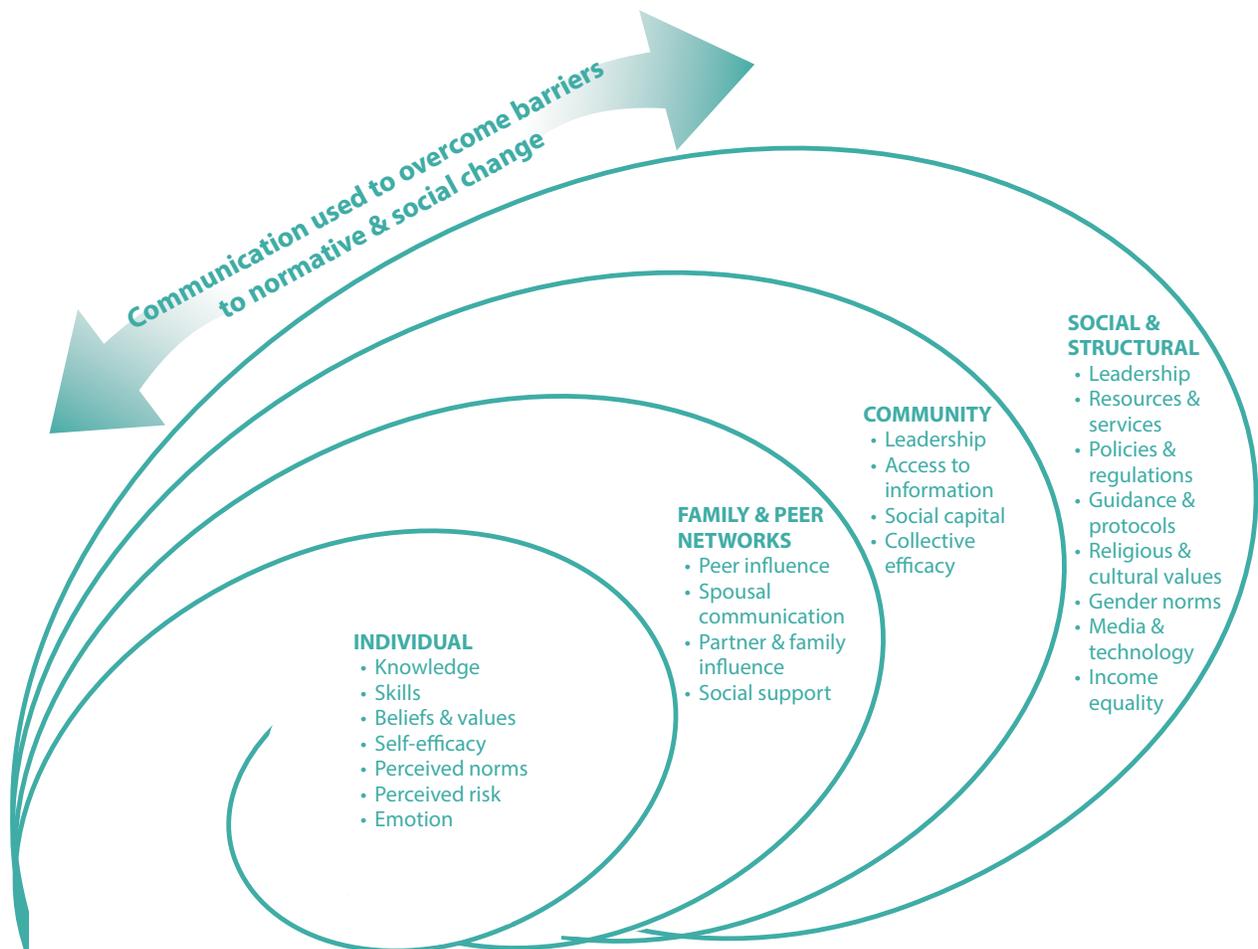
1. SBCC theory
2. Stakeholder participation
3. Continuous capacity strengthening

What Influences People’s Behavior?

Many factors influence a person’s behavior at the individual level and beyond it to the family, community and social/structural levels. The **Socio-Ecological Framework** (Figure 2) summarizes the levels of influence on behavior. As the framework illustrates, behavior change can happen through activities that target those four levels.

Take the example of a family living in an urban environment at risk of an Ebola outbreak. The program wants to help families avoid Ebola should there be an outbreak. Consider all of the factors at each level of the Socio-Ecological Framework that can influence these families’ abilities to make healthy decisions.

At the **family level**, each individual needs **information and skills** related to knowing: what Ebola is, how it is transmitted, what their risks are, how to respond when someone shows symptoms, how to practice safe burials, and how to get more information and treatment. In addition, families need to learn to embrace survivors and welcome them back into their homes and the community.



At the **community level**, leaders need to be mobilized and trained to provide proper guidance to community members and ensure acceptance without discrimination.

Setting up feedback loops between community members and services will provide vital information to service providers on community perceptions of services, and cultural and social practices. These mechanisms will better ensure that services are tailored to community needs and encourage health-seeking behaviors among community members.

At the **social/structural level**, systems should allow for quick containment of Ebola should an outbreak occur. This might include well-supplied treatment facilities, coordinating mechanisms, hotlines and volunteer training. It might also involve bylaws and policies that support containment. Supportive norms and policies around Ebola survivorship and treatment seeking will allow people to get information and access services with confidence.

At each level, there are factors that affect behavior in a positive way, called **facilitators**, and factors that affect behavior in a negative way, called **barriers**. Examples of barriers include treatment centers without adequate supplies, slow or poor quality service delivery, and condescending service providers that can influence individual, family and community behavior about trusting and using health care services. The facilitators and barriers in the Ebola context are described in more detail in Chapter 6, and within the Appendixes are the Illustrative Ebola Communication Strategy (Appendix A) and the Ebola Communication Response Tables (Appendix B). For a sample Ebola Communication Pathways, also see Appendix D.

Coordination between levels is important in order to build partnerships and collaborate with organizations and institutions that operate at different levels, so the team can plan a comprehensive approach to SBCC for its audience.

Used correctly, SBCC should bolster the Ebola communication response and ultimately strengthen health systems. In this case, we use the term “health systems” holistically to include individuals, households and communities that produce health and demand health services, as well as those health facilities that serve and promote health and well-being.

Combining SBCC and Risk Communication for Ebola Communication

An efficient and effective communication plan uses behavior change theory to help design and plan appropriate communication interventions. Program managers who find themselves in crisis situations need help with all aspects of communicating risk messages. Therefore, for the purposes of this I-Kit, the key elements of risk communication are encompassed in an SBCC framework and referred to jointly as Ebola communication.

There are a number of behavior change theories that provide stakeholders with guidance on developing programming for Ebola communication within a particular context. Information on the models is in Appendix E.

What are the Stages of Risk Communication?

During a public health crisis or emergency, communication becomes particularly challenging when fear is high. The role of communicators during an emergency like Ebola is to engage the public, help them make informed decisions about their risk and encourage them to respond effectively to that risk.

In risk communication, national and local government authorities need to provide information to the public in an understandable, timely, transparent and coordinated manner before, during and after a crisis. The objectives of risk communication are to enable people at risk to make informed decisions and actions in order to reduce the risk they face. Effective risk communications can instill and maintain the public’s trust in the local and national health system and convey realistic expectations about the health system’s capacity to respond and manage an outbreak. Risk communication also promotes effective exchange of information and opinion among scientists and public health experts during the alert phase, in order to better assess, manage and coordinate preparedness and response activities (WHO, 2012). Another key element of risk communication is to detect and manage the spread of rumors and misinformation.

Every emergency, disaster or crisis evolves in phases (Reynolds, Galdo, & Sokler, 2002). By understanding the pattern of the Ebola crisis, communication professionals can anticipate problems, predict and/or adapt to specific communication needs, and

communicate more effectively during each phase (PAHO, n.d.; CCP, 2015). While this I-Kit will focus on preparedness, it is important to understand the stages of emergency communication, which include the following:

1. Pre-Crisis

Many disasters and crises can be anticipated. As such, it is critical to ensure that systems are in place beforehand, including an SM and communication coordinating mechanism, an action plan and a call center. A foundational Ebola communication preparedness strategy can include basic messages that are tailored to the local context, communication protocols, available resources, and the roles and responsibilities of various actors. An important element of this phase is creating trust among all stakeholders.

2. Initial Phase

Once there is a confirmed Ebola outbreak, it is important to mobilize leaders, response staff and institutions to get information out quickly. Conducting mapping exercises and identifying trusted sources prior to such an event is crucial, because time is of the essence. Conducting rapid assessments continuously throughout the outbreak will help the team address the barriers that might spread the virus or contribute to a higher mortality count. Having accurate information and using credible and trusted spokespeople at this phase is key to minimizing confusion, rumors and misinformation. Spokespeople should be able to communicate scientific information and accurate facts in a way that is understandable to the general public.

3. Maintenance

As the crisis evolves and more information is known, social mobilizers/spokespeople should listen to stakeholders and pay attention to audience feedback, using that input to correct any rumors or misinformation. All public information communication plans should explain to social mobilizers/spokespeople the emergency recommendations and how to make decisions based

on risks and benefits, in close consultation with the health authorities at the incident management system or other emergency response center.

4. Resolution

During this phase, it is important to ensure that community members do not become complacent. Communicators should reinforce messages through communication campaigns or other mechanisms so that audiences understand that a new and desired behavior is necessary to prevent future outbreaks (Cranfield University & CCP, 2009).

5. Evaluation

This is the opportunity to carefully review how the communication strategy was implemented during the crisis; examine and record best practices, successes, challenges and lessons learned; and make changes as needed to more effectively address the issues if a similar crisis were to develop again. Gather lessons learned from all the partners and record these for future use.

For more detailed information on recommended actions within each of these stages, see Chapter 2: Ebola Communication Preparedness Stages and Guidance.

What are the Capacities Needed for Risk Communication?

Strategic communication needs to occur at every level within health systems, as well as in the environment that supports them. Ebola risk-preparedness plans need to include advocacy and feedback loops to policy makers, managers and service providers to allow for successful coordination of efforts and overall transformation of the way the country's health systems function.

Accomplishing this may require **policy changes**, as well as **capacity strengthening** for health communication managers and service providers. The following table shows the areas of capacity strengthening that will help to meet the needs of an Ebola outbreak communication campaign.

Capacity Strengthening Areas for Ebola Preparedness Communication	
Vision, Leadership and Governance	Ebola strategic communication preparedness emphasizes developing strategies, clarifying roles, managing competing demands and gaining commitments from stakeholders . Stakeholders can include communities, governments, international organizations, nongovernmental organizations (NGOs) and the private sector. Together, they will develop national Ebola communication preparedness strategies to prevent and contain Ebola.
Service Delivery	Ebola communication preparedness efforts usually include improving the skills of the service provider to enhance service delivery and quality assurance . Feedback loops need to be established between communities and health facilities with clear quality standards. In addition to standard technical training, health providers need to be well trained in IPC/C so that clients are motivated to practice safer Ebola behaviors.
Financing	For Ebola communication preparedness to gain traction, it is important to advocate for sustainable financing and develop mechanisms for financing through public/private partnerships and small grants using innovative communication approaches.
Human Resources	Capacity for Ebola communication preparedness should be built into the work force by engaging health care workers through training, incentives and, above all, motivation.
Health Information	An important part of Ebola communication preparedness is to ensure people use and share best practices and data to improve organizational communication and to make quick decisions during an emergency. Managing knowledge and information for managers, providers, clients and policy makers is critical. Everyone should have the latest information that is readily available.
Technology and Infrastructure	Ebola communication preparedness efforts should utilize innovative and appropriate technologies to reach out to managers, providers and clients.

CHAPTER 2. EBOLA COMMUNICATION PREPAREDNESS STAGES AND GUIDANCE

As mentioned in the previous chapter, crises evolve in phases (Reynolds, Galdo, & Sokler, 2002). Understanding the pattern of these phases as they occur during an Ebola crisis helps to anticipate problems, predict and/or adapt to specific communication needs and communicate more effectively during each phase (PAHO, n.d.; CCP, 2015). This chapter provides information on the stages of emergency preparedness and recommended SBCC actions to take within each phase. Remember that the primary role of SBCC during an emergency like Ebola is to engage the public, help them make informed decisions about their risk and encourage them to respond effectively to that risk.

Pre-Crisis Stage

At this stage, it is important to map and develop plans and structures that can be activated immediately to contain the spread of Ebola. This includes **mapping, building capacity, and developing national and local level assessments**, where needed.

Mapping and Coordination

- **Develop and maintain a map with organograms and an information flow** that identifies, geographically and thematically, the government and private and non-governmental organizations to deploy for media communication, SM and health promotion. It is advisable to map the information flows from the national to subnational levels, such as district and community levels. It is also advisable to obtain consensus regarding these maps, organograms and information flows in advance of an outbreak, and keep them updated as needed.
- **Develop and share standard operating procedures (SOPs) and terms of reference (TORs)** for an Ebola communication coordination mechanism that can be implemented easily and defines who does what and when. Consider the integration of SM into other emergency response areas, such as case management, contact tracing, quarantine and safe burials, as well as the re-integration of survivors back into the community.

- **Identify local partners**, such as groups or organizations that focus on youth or women; educational, religious and municipal institutions; and other community groups that can disseminate messages at the grassroots level.
- **Identify credible spokespeople**, such as religious leaders, health care workers and radio or television personalities, who can serve as trusted sources of information.
- **Identify key media**, government and health stakeholders who can accurately report on the crisis.
- **Identify all the channels of communication** available to spread the message and assess the reach and credibility of these channels.
- **Identify hard-to-reach, marginalized populations** and prepare a plan to reach out to them in case of emergency.
- **Consider the need for legal or political decisions, laws and decrees** to best manage roles and responsibilities during emergencies.
- **Consider a physical space for the emergency risk communications team** to work as part of the emergency response, such as an emergency communications cell. Identify key personnel, infrastructure, platforms, and logistical and financial resources for this space.

Data and Tools

- **Conduct cultural and social research** on the practices of populations within the country to learn about current burial practices, care-seeking behaviors, marginalized populations and other aspects that could affect Ebola containment.
- **Conduct research to identify and assess the most influential groups** and trusted sources of information, including religious and community leaders and others who could have influence on communities.
- **Identify and assess current state of preparedness assets** and create a plan for filling the gaps. Important assets to consider include:
 - Call center(s)
 - Mobile technology platforms
 - Human resources
 - Economic and equipment resources
- **Plan for and develop a basic Ebola messaging guide** to use in an outbreak, and prepare to

adapt and tailor it based on national- and local-level data.

- **Develop plans for routine monitoring of misinformation and rumors** about Ebola, and consider existing technologies to deploy. Also, consider setting up a media monitoring system for keeping track of behaviors and practices related to Ebola.

Training

- **Identify and train health** promotion staff, social mobilizers and volunteers, spokespersons and other high-level staff in SBCC and crisis communication. Training could include:
 - Community engagement approaches including two-way communication and integration of communication into an Ebola emergency response (e.g., case management, quarantines, safe and dignified burials, etc.)
 - Developing Ebola materials and messages
 - Conducting rapid assessments, rapid implementation and monitoring
 - Technologies that would help with message dissemination or data collection
- **Consider other training possibilities**, such as youth awareness workshops, community-based volunteer/training of trainer (TOT) workshops, and trainings for community leaders on the management of community-based Ebola responses.
- **Consider briefing and training media** so that they are well informed and familiar with key experts and officials who can explain and speak about the emergency.

Initial Stage

When there is a confirmed Ebola outbreak, it is important to mobilize leaders, response staff and institutions to get information out quickly. This is why conducting mapping exercises and identifying trusted sources prior to such an event is crucial.

Conducting rapid assessments continuously throughout the outbreak will ensure that the team addresses the barriers that might spread the virus. Having accurate information and using credible and trusted spokespeople at this phase is key to minimizing confusion, rumors and misinformation. Spokespeople need to communicate scientific information and accurate facts in a way that is understandable to the general public.

Some key actions at this stage are summarized below (CDC, 2014).

Rapid Implementation

- **Activate the emergency risk communications cell** and link up with the overall emergency response. Expand the team as needed.
- **Make the first announcement** about an Ebola outbreak immediately in order to establish leadership and acceptance as a credible source of information and advice.
- **Set up regular media briefings.**
- **Maintain close contact** with the MOH staff involved in incident management, case identification and investigation to ensure accuracy of information. The lead or chair of the committee should be part of the national incident management team to allow better synergies between all aspects of the response.
- **Ensure that the internal communication protocols are in place** and followed. To protect against potential stalls in communication, identify alternate contacts in the event that primary points of contact are unavailable or unreachable.
- **Enlist public opinion leaders** to speak, including the head of government and traditional and religious leaders, and when appropriate, include opposition leaders to show national unity of the response.
- **Ensure that the committee is tracking all rumors and feedback** from the public so these can be addressed immediately.

Data

- **Conduct rapid assessments**, and report results and suggested actions to central and localized SM committees.
- **Continue researching** the knowledge, attitudes and practices (KAP) related to Ebola and update any pre-outbreak studies.
- **Assess the impact** of the response interventions on communities' perceptions and reactions and adapt them as needed.

Messaging

- **Determine the most affected populations** and rapidly determine current perceptions and fears. If possible, utilize quick on-the-spot interviews with the public to get a reading of what their thoughts are and consult community or other leaders.

- Identify the actions that the public should take and incorporate those into the messages.
- Agree on set messages, depending on the severity of the situation, and ensure consistency and accuracy across institutions.
- Have spokesperson(s) make initial announcement and respond openly to all questions.
- Inform media as to when and how additional information will be provided.
- Roll out messages to the public, while also targeting local leaders, religious leaders and other multipliers. Listen to and address their concerns.

Maintenance Stage

As the crisis evolves and more information is known, social mobilizers/spokespeople should listen to stakeholder and audience feedback, and correct any misinformation. All public information should offer emergency recommendations and explain how to make decisions based on risks and benefits, in close consultation with the health authorities at the incident management system or other emergency response centers.

Considerations during this phase include:

Data

- **Continue researching** the KAP related to Ebola or updating any pre-outbreak studies; stay on top of rumors and misinformation and address them immediately in order to allay fears.

Social Mobilization and Communication

- **Deepen community engagement** and maintain two-way communication between the general public and social mobilizers, health officials and other trusted sources of information.
- **Ensure that all possible channels of communication** are used to maximum effect and that messages from all players remain consistent.
- **Ensure there is a mechanism in place** to allow social mobilizers and spokespersons to adapt responses based on information from rapid assessments and other data sources.

- **Ensure that both public and private physicians and health workers (HWs)**, as well as community and traditional leaders, are in sync with each other and the overall plan and distributing the same consistent and correct messages.
- **Ensure channels and mechanisms** for communicating with vulnerable and hard-to-reach populations are in place. Ensure staff members are paid (e.g., social mobilizers, communicators) on a consistent and regular basis.

Resolution Stage

During this stage, it is important to ensure that community members do not become complacent. This might also be a time when communication might be directed toward recovery of the health systems and the country, depending on the severity of the situation. Communicators should reinforce messages through communication campaigns or other mechanisms so that audiences understand that a new and desired behavior is necessary to prevent declines in other health areas and future outbreaks (Cranfield University & CCP, 2009).

At this stage, the following areas need to be considered:

- **Inform the public** that they still need to be vigilant about identifying and reporting any possible new cases and maintaining some of their newly adopted preventative and protective behaviors, such as hand washing.
- **Assess any problems** that may have occurred and address them in this phase. Continue best practices that were effective.
- **Coordinate with any health systems** recovery teams to ensure messages are coordinated.

Evaluation Stage

Carefully review the implementation of the communication strategy during the crisis; examine and record best practices, successes, challenges and lessons learned; and make changes as needed to address the issues more effectively if a similar crisis were to develop again. Gather lessons learned from all the partners and record these for future use.

CHAPTER 3. COORDINATION MECHANISMS FOR EBOLA COMMUNICATION

This section is designed to assist country teams in the development and operationalization of a country coordinating mechanism for communication within the Ebola response.

Coordinating mechanisms are critical to ensure that the country is prepared to act at the first sign of an initial Ebola case, and continue consistent and effective SBCC throughout an outbreak. A coordinated communication response during an outbreak can help convey realistic expectations about the country's capacity to respond and manage the outbreak. It also helps detect and manage the spread of rumors and misinformation, and promotes exchange of information and opinion among scientists and public health experts during an Ebola alert (WHO, 2012).

Central Ebola Response Mechanism

A central response mechanism should be in place to link local-level command centers to the national command center. During the 2014–15 West Africa outbreak, with international support, Guinea, Liberia and Sierra Leone set up coordinating mechanisms to contain the spread of the disease.

In Sierra Leone, for example, the government created a National Ebola Response Center (NERC) that, together with the United Nations Mission for Ebola Emergency Response (UNMEER), served as a robust command and control structure involving multiple implementing partners led by the Ministry of Health and Sanitation. The NERC oversaw 15 district Ebola response centers (DERCs) with a feedback loop between the NERC and the DERCs. These DERCs also coordinated with the district health management teams for technical aspects of the response, and were joined by national and international partners. Liberia and Guinea set up similar decentralized national structures, but the information flows and local-level structures varied among the countries.

Typically, a central Ebola response mechanism might consist of the following coordination focus areas or pillars:

- Case management, which typically includes contact tracing
- Safe and dignified burials
- Psychosocial support
- Media/communication
- Social mobilization/community engagement

For the purpose of this I-Kit, our focus is on the two pillars, **SM and media/communication coordinating mechanisms**, and how they link to the other response efforts.

Ebola Communication Pillars

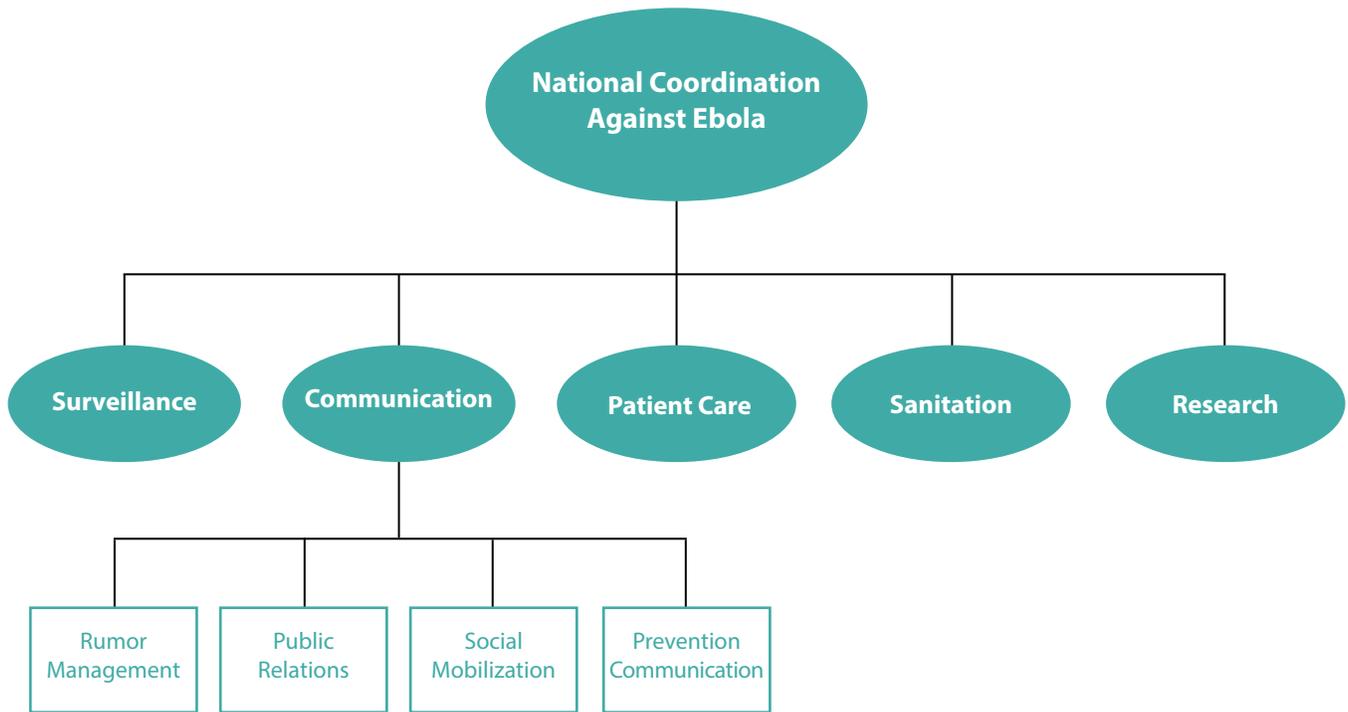
During the 2014–15 West Africa outbreak, the coordination mechanism for communication consisted of two distinct, but interrelated, pillars:

- **SM**, which engaged individuals and communities primarily through community influencers, public address systems, door-to-door campaigns, distribution of materials and discussions within community groups and other community initiatives
- **Media/communication**, which focused more on communication through national spokespersons and media, such as print, radio and other broadcasts

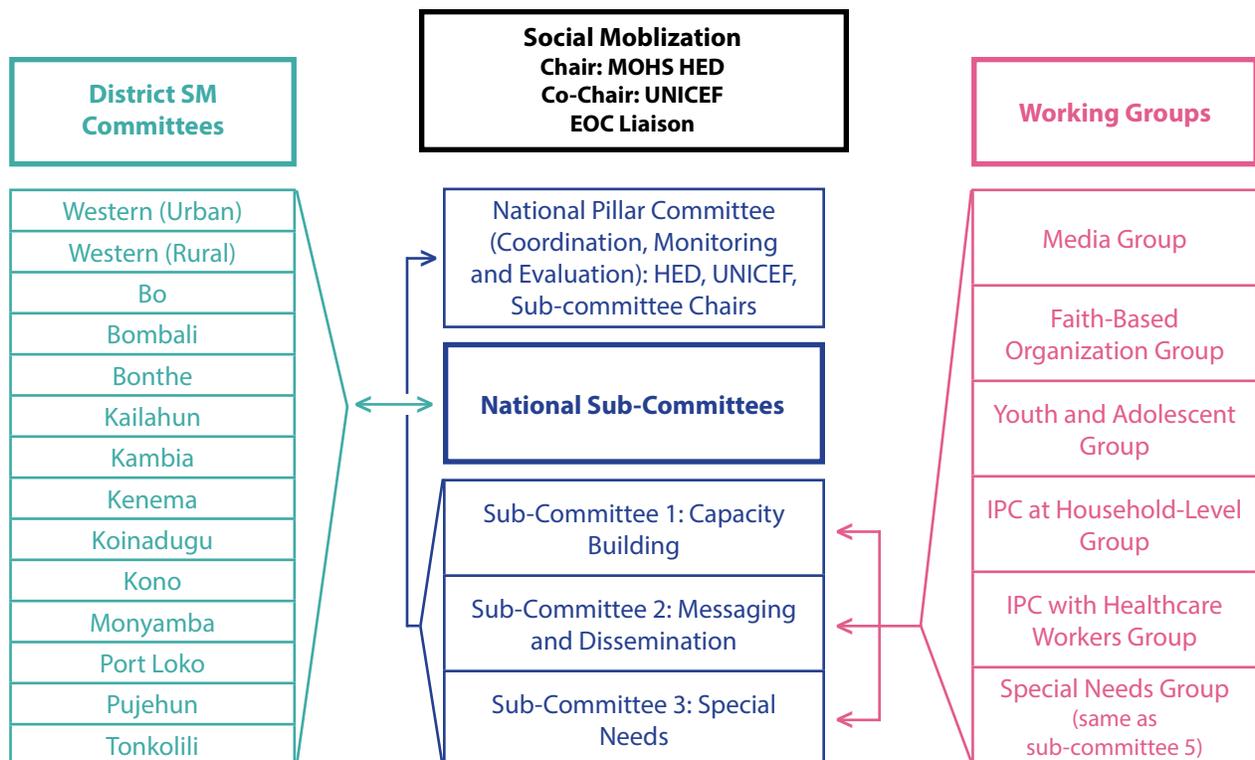
It is important to note that some implementing partners recognize the challenges in separating SM from media/communication, since this structure causes gaps in efficiency. As such, it is worthwhile considering development of a communication coordination mechanism that encompasses all types of communication, including SM/community engagement and media, perhaps with an overarching title, such as SBCC.

On the following pages are examples of the SM pillars and sub-committees developed in Sierra Leone, Guinea and Liberia during the 2014–15 outbreak.

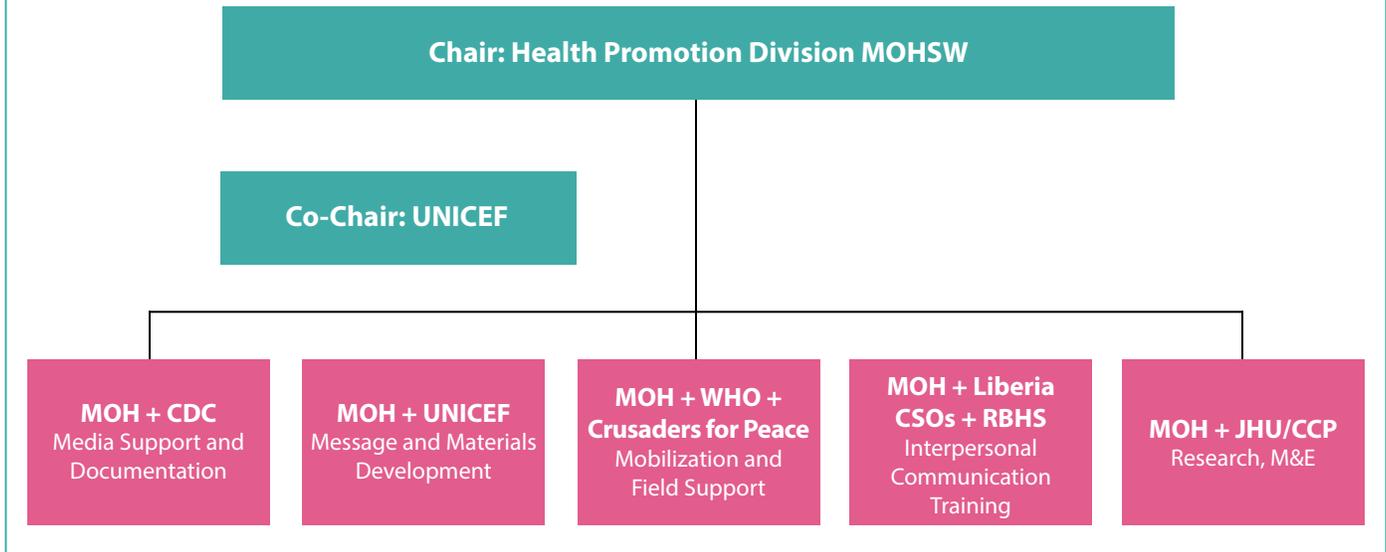
Guinea's Social Mobilization Pillar



Sierra Leone's Social Mobilization Pillar* National Emergency Management System (Ebola)



Liberia's Social Mobilization Pillar
National-Level Coordination Structure for EVD Response (Current)



Ebola Communication Coordination

At the time of the 2014-15 West Africa outbreak, the aim of SBCC was to engage communities with information and a responsive environment so that they could understand what was going on, take ownership of their situation and perform the necessary actions to prevent Ebola. It was critical to create a feedback loop between communities and health service providers to ensure effective and coordinated community engagement. This would ensure that treatment, surveillance, quarantine and burial services were understood and met the needs of communities.

Coordination Mechanism Functions

An Ebola communication coordination mechanism at the national and local levels can provide the following functions:

- Coordinate initiatives at all levels
- Develop harmonized and coordinated messages and materials to promote appropriate behaviors
- Promote messages through mass media and trusted spokespersons
- Coordinate SM within the broader Ebola response at all levels
- Support structures at all levels that can quickly train mobilizers on interpersonal communication interventions

- Ensure that all mobilizers have sufficient support to safely conduct activities in their local contexts and have mechanisms to report feedback
- Monitor SM and communication activities and develop a mechanism to quickly analyze and inform responses and programs

While all countries affected in this outbreak created coordination mechanisms, each varied in structure. International communication experts on the ground identified the following as critical core functions of any coordination mechanism:

- **Leadership:** ensuring representation among responding agencies, harmonization of efforts, consistency of practice and awareness of activities
- **Strategizing:** creating/sustaining partnerships, developing and implementing response game plan and vision, and authorizing materials/activities/funding
- **Planning:** setting goals, supporting human capacity, leveraging resources, advocating for the role of communication/community engagement, providing technical assistance, organizing/inventory of resources, housing information management systems and capacity building

Ebola Communication Coordination Team

A central Ebola communication coordinating mechanism includes all the key players from the MOH; communication or information ministries; medical and nursing associations; international health and development organizations, such as WHO, UNMEER, UNICEF and the International Federation of the Red Cross; and all key international agencies working in the field of health and health communication. This coordination team needs to be able to mobilize immediately once the outbreak begins and meet on a regular basis to respond to ongoing developments.

Ebola Communication Sub-committees

The development of Ebola communication team sub-committees ensures that smaller groups focus on each aspect of the effort, while at the same time ensuring coordination, message consistency and information sharing. This is critical to help avoid confusion that can undermine public trust, raise levels of fear and anxiety, and hinder response measures.

For example, a **media sub-committee** might identify point person(s) for press conferences and message dissemination for the group as a whole, as well as a point person for any communication from each individual agency. The press and media personnel need to be partners in the process from the beginning so that news stories that are not controlled by the MOH are accurate, consistent with messages and policies, and do not create undue panic or perpetuate rumors.

A **community action sub-committee** could begin by creating a list of all national and local organizations including religious, sports and youth groups. This sub-committee can also develop a directory of mayors or other local elected leaders, religious leaders, traditional leaders and leaders of sectors, such as education, agriculture, fisheries, water, etc., to act as additional channels for message dissemination and SM efforts at the local level.

A social science research sub-committee could coordinate all the social science research and the monitoring and evaluation (M&E) activities related to the communication response. This committee can monitor social science research to ensure that all findings are shared and that any identified gaps are addressed. Similarly, this group can be responsible for developing the M&E framework and for ensuring that the dashboard containing this critical information

is updated regularly. Coordination units at the district level should be established or, if present, strengthened in areas of active Ebola transmission. Highest priority should go to areas of intense transmission, capital cities and major hubs in other transmission zones.

Such units should be hosted by the relevant district health authority, representatives of other government authorities, WHO, UNICEF, key NGOs and technical agencies, and other major implementing partners. This group can facilitate the implementation and monitoring of the full Ebola package—or complementary approaches, if necessary—in all affected localities.

Finally, roles and assignments will shift as the outbreak evolves. The team needs to remain flexible in light of the changing circumstances, taking on more responsibilities as needed. It should be clear to the team from the outset that their flexibility is critical to the control of the Ebola outbreak.

Integrating Ebola Communication into the Emergency Response

In order to facilitate greater efficiency in case management, contact tracing, quarantine, and safe burial teams, SM should be **integrated and coordinated with the emergency response**. Social mobilizers can explain to households what to expect from these emergency responders and what to do while they wait for them. Communities will then be better prepared and more willing to allow emergency responders—many of whom will be covered head-to-toe in personal protective equipment (PPE)—to enter households.

To integrate the teams, the central Ebola coordinating mechanism should include social mobilizers within trigger mechanisms for alerts that countries can develop (e.g., when there is a death or suspected Ebola case in a community). When there is an alert, mobilizers assigned to a particular area can join the response teams. They may arrive before the other teams to facilitate smooth entry into communities and family homes, and may stay after other teams leave, in order to answer any additional questions community members may have. For more information about integrating social mobilizers into the emergency response, see Chapter 5. Community Engagement in the Ebola Response.

Checklist: Setting Up an Ebola Communication Coordinating Mechanism

This checklist can help country teams think through the development and operationalization of a coordinating mechanism for communication within the national Ebola response. Teams should pay particular attention to how their answers address the Ebola communication response capacity at the national and subnational/district levels.

How to use this checklist: Review this checklist before and during planning for the Ebola communication components of a national Ebola preparedness response. The information can help country teams design more robust mechanisms for information sharing, intervention monitoring and feedback to ensure consistent and effective SBCC throughout an Ebola outbreak.

CHECKLIST: Which communication components need to be added or strengthened within the National Ebola Response Plan?

Central Ebola Response Mechanism

1. Does the central Ebola response mechanism include an SBCC pillar or pillars around SM/community engagement and media/communication?

2. Is the central response mechanism linked with:

- District-level Ebola response centers
- District-level health management teams
- National and international partners

3. Do the central/national and district levels have functional feedback loops for the quick dissemination of accurate information?

Social Mobilization/Communication Pillars

4. Is there a communication coordination mechanism that encompasses all types of communication, including activities that typically fall under SM/community engagement and media? This hybrid mechanism could fall under the title “social and behavior change communication.”

5. If there is not a communication pillar, are there other structural coordinating mechanisms that cover the focus areas of SM/community engagement and media/communications?

6. Are there TOR and/or SOPs for an Ebola communication pillar (or SM/media/communications) in the central Ebola Coordination mechanism?

7. Do the TOR/SOPs include these components:

- Engaging individuals and communities through community champions, door-to-door campaigns, distribution of materials and discussions within community groups, and other community initiatives.
- Communication through national spokespersons and media, such as print, radio and other broadcasts.
- Safety measures for social mobilizers.

Coordination Mechanism for Ebola Communication

8. Do the existing SM and communication pillars under the central Ebola Coordination mechanism engage communities with information and two-way communication to help them understand and take ownership of their situation and perform the necessary actions to prevent Ebola?

CHECKLIST: Which communication components need to be added or strengthened within the National Ebola Response Plan?

9. Do the Ebola Communication components under the central Ebola Response Coordination mechanism provide support for the following core functions at the national and local levels?

- Leadership:
 - Ensuring representation among responding agencies
 - Harmonization of efforts
 - Consistency of practice
 - Awareness of activities
- Strategizing:
 - Creating/sustaining partnerships
 - Developing and implementing response game plan and vision
 - Authorizing materials/activities/funding
- Planning:
 - Setting goals
 - Supporting human capacity
 - Leveraging resources
 - Advocating for the role of communication/community engagement
 - Providing technical assistance
 - Organizing/inventory of resources
 - Housing information management systems and capacity building

10. Are the Ebola Communication coordination mechanisms under the central Ebola Response providing the following functions at the national and local levels?

- Develop messages and materials to promote appropriate behaviors.
- Promote messages through mass media and trusted spokespersons.
- Coordinate SBCC initiatives to maximize reach and rapid dissemination of accurate information.
- Coordinate SM within the broader Ebola response at all levels, ensuring safe and efficient integration of mobilizers in case management, safe burials, quarantine and other areas as appropriate.
- Support structures at all levels that can quickly train mobilizers on interpersonal communication interventions.
- Ensure that all mobilizers have sufficient support to safely conduct activities in their local contexts and have mechanisms to report feedback.
- Monitor SM and communication activities and develop a mechanism to quickly analyze and inform responses and programs.

Ebola Communication Coordination Team and Sub-committees

11. Does the central Ebola communication coordination mechanism include the following key players:

- MOH
- Ministry of Information (Communication, etc.)
- Medical and nursing associations
- Intergovernmental/global health and development organizations, such as WHO and UNICEF, and international organizations, such as the International Federation of the Red Cross
- Key international agencies working in the field of health and health communication

12. Can the Ebola communication coordination mechanism be mobilized immediately?

13. Is the Ebola communication coordination mechanism able to meet regularly to respond to ongoing developments including rumors, new situations and additional outbreaks as they develop?

CHECKLIST: Which communication components need to be added or strengthened within the National Ebola Response Plan?

14. Have the following (or similar) sub-committees been considered for an Ebola communication coordination mechanism?

- Message Development Sub-committee to coordinate messages development and release of information among organizations, and to help avoid confusion that can undermine public trust, raise the level of fear and hinder response measures.
- Media Sub-committee to identify point person(s) for press conferences and message dissemination for the Ebola response group, and that includes point person(s) for communication from individual agencies participating in Ebola Response activities.
- Sub-committee on Community Action at the decentralized levels—this group could maintain a list of all national and local organizations to act as additional channels for message dissemination and SM efforts at the local level. This could include mayors; religious, sports, youth or other local elected and traditional leaders; and other development sectors, such as education, agriculture, fisheries, water, etc.
- Social Science Research/M&E Sub-committee to coordinate and monitor social science research to share all findings, to fill identified research gaps, to develop the Ebola Communication M&E framework and to ensure that the communication-related dashboard indicators are updated regularly.

15. Have coordination units been established, or, if they are already present, have they been strengthened at the district level in areas of active Ebola transmission, capital cities and major hubs in other transmission zones?

Integrating Ebola Communication into the Emergency Response

16. Does the central Ebola Response Coordination mechanism include social mobilizers within the trigger mechanisms for alerts that countries can develop, such that mobilizers assigned to a particular area can join the response teams?

17. Are social mobilizers being used to provide feedback mechanisms to and for the communities and help other responders to better support the communities?

18. Have SOPs for integrating SM into the national emergency response been developed?

CHAPTER 4. CONDUCTING RAPID ASSESSMENTS FOR EBOLA COMMUNICATION RESPONSES

Before designing an SBCC strategy, program managers conduct a situation analysis that includes formative research on knowledge, attitudes, norms, beliefs and practices in communities. In the urgency of an Ebola outbreak, the addition of rapid assessments can provide quick snapshots of situations on the ground to help localize and tailor SBCC initiatives and deepen community engagement. For example, rapid assessments can provide information on the latest rumors or trusted sources of information in a community, so that program managers can plan their SBCC activities accordingly. Keep in mind, however, that these rapid assessments are meant to complement, not substitute for, more detailed and thorough data collection analysis and may even inform program design and implementation.

When proper methods are used, results can be reliable and valid, but it is important to note that even though these may be “rapid assessments,” the data must be robust enough to be useful. It should not be so rapid that the data cannot form a reliable assessment. Further, pay attention to the ethical review processes for interviewing community members prior to conducting rapid assessments.

Several rapid assessment methodologies are described below.

Field-based Data Collectors

One way to conduct rapid assessments is to hire trained personnel who collect data through key informant interviews or focus group discussions. Results may alert programs to important emerging issues. For instance, prior to engaging in a vaccine trial in a community, the team needs to survey community members to gauge their perceptions of

vaccines, conducting trials and related issues. Data collectors can record answers using a mobile phone data collection service or paper-based reports, results of which can be analyzed and disseminated through a central coordinating mechanism at the national and local levels.

During the 2014–15 outbreak, for example, a UNICEF initiative involved monitors who observed and reported on community perceptions and SM initiatives through a mobile phone survey system called RapidPro (<https://www.rapidpro.io/>). In this way, monitors reported on both program effectiveness—such as the number of house-to-house visits social mobilizers made in a particular geographic area—as well as communication issues that would inform programs, such as whether they heard about resistance to safe burials in the community or exhumation of bodies.

Using SMS Surveys

Rapid assessments can also be conducted via SMS, where individual mobile phone users are asked to answer questions directly from their phones, rather than through data collectors in the field. Through existing relationships with mobile network operators, programs using a mobile surveying service can rapidly and remotely collect key data. For example, the Health Communication Capacity Collaborative (HC3) of Johns Hopkins Center for Communication Programs used a platform called GeoPoll (<http://research.geopoll.com/>) to collect data in Liberia, which was successful in getting thousands of responses within days. Customized SMS-based surveys can gather data from remote villages and traditionally hard-to-reach places as they only need mobile phone users (without data plans or internet access).

SMS Surveys – Sample Questions

Generally, SMS surveys should ask no more than 10 questions (five or six per survey are ideal). These should be written in the region's local languages and allow people to select answers using numbers on a mobile phone keypad. Below are sample questions used in HC3's SMS survey to quickly understand trusted sources and issues related to self-efficacy and stigma:

- Whom do you trust to talk about Ebola?
- Where do you trust information about Ebola to come from?
- How is Ebola spread?
- How likely are you to be infected?
- How confident are you that you can protect yourself from Ebola?
- What should you do if you have a fever or headache?
- Can people recover from Ebola?
- Do you know anyone who has recovered from Ebola?
- How likely will you be to welcome someone back who has recovered from Ebola?
- What information do you want to have about Ebola?

Resources: For more information on conducting a Rapid Assessment, see the additional resources on the Ebola Communication Network (ECN) <http://Ebolacommunicationnetwork.org/>. Also, see UNICEF's Rapid Assessment Sampling in Emergency Situations, at http://www.unicef.org/eapro/Rapid_assessment_sampling_booklet.pdf

CHAPTER 5. COMMUNITY ENGAGEMENT THROUGH SOCIAL MOBILIZATION IN THE EBOLA RESPONSE

Community engagement through SM is recognized as crucial for the Ebola response and “may have played a role in the decline in transmission rates” during the 2014–15 West Africa outbreak (Abramowitz, McLean, McKune, et al, 2015). Notably, while international and local health organizations coordinated community engagement efforts with local health departments and local leaders, communities also took matters into their own hands, and an organic community response surfaced as a way to cope with a lack of or late-arriving resources (Abramowitz et al, 2015).

According to the WHO in an article about lessons learned from the 2014–15 Ebola outbreak, “community engagement is the one factor that underlies the success of all other control measures...” (WHO, 2015a). The article goes on to state:

Contact tracing, early reporting of symptoms, adherence to recommended protective measures and safe burials are critically dependent on a cooperative community. Having sufficient facilities and staff in place is not enough. In several areas, communities continued to hide patients in homes and bury bodies secretly even when sufficient treatment beds and burial teams were available. Experience also showed that quarantines will be violated or dissolve into violence if affected communities are given no incentives to comply (WHO, 2015a).

Given these observations, it is critical that programs devote time and attention to community engagement. This chapter will therefore focus specifically on community engagement to create behavior change, which is part of the Ebola outbreak response.

Key Considerations for Effective Community Engagement

The following considerations and recommendations are based partly on the April 2015 SOPs that the Sierra Leone Ministry of Health and Sanitation (MOHS) and UNICEF developed with partners of the Social Mobilization Pillar within the NERC in the country (MOHS & UNICEF, 2015). Lessons learned up

to this point in the epidemic were incorporated in the SOP.

Selection, Recruitment and Placement

The first step in achieving effective community engagement is to ensure that there is a cadre of effective social mobilizers on the ground. Social mobilizers provide information and support to communities, and engage community members in strategic dialogues. These dialogues are typically designed to help community members uncover and reflect on the individual and community barriers and facilitators to containing Ebola and to promoting behavior change.

The most effective mobilizers are trusted people already living in the community, with outside mobilizers providing support. While all mobilizers should meet certain criteria for age, gender and language skills, prioritization in recruitment should go to Ebola survivors and Ebola-affected persons to promote prevention and build trust in the health system. Women also need to be actively recruited in order to ensure a gender balance and address potential gender-related sensitivities (for example, a woman social mobilizer might be more helpful in supporting a family when a female household member’s body needs to be prepared for a burial). In all cases, SM partners should consult and include local leaders—especially traditional, women’s, youth and religious leaders—to get input on the selection and recruitment.

Mobilizers Enhancing General Community Engagement

Below are general guidelines for community engagement in the Ebola response (MOHS & UNICEF, 2015).

- **Consider community leaders** as experts in their own culture, tradition and practices. Include them in planning, implementation and evaluation of programs and messaging. Engage well-respected leaders as key influencers.
- **Consider community empowerment approaches** and dialogues that help community members feel empowered to take action and/or develop action plans to prevent or end

Ebola in their community. Engage communities to analyze and take ownership of their own situations.

- **Do not preach, teach or blame.** Remember that SM is all about building trust. Take care not to bring undue stigma or attention to individuals or families affected by Ebola.
- **Include women, children and vulnerable groups,** people living with HIV, and those with special needs in developing and disseminating appropriate messages and approaches.
- **Identify activities and messages** through community dialogues and household visits, anticipating questions and concerns before they are raised.
- **Adopt participatory (two-way) communication** for all communication channels including radio call-ins, community dialogues and household visits. While there may be situations where megaphones and loudspeakers may be appropriate, particularly when the epidemic is surging, it is better to listen to and address community members' concerns accordingly.
- **Recognize and promote people in the community** who continue to practice behaviors that stop the spread of Ebola, and who help others do the same.
- **Address stigma, discrimination and rumors**—particularly those about survivors and affected families.
- **Consider community surveillance initiatives,** such as a community task force, to enforce the exclusion of strangers and assume a leadership

role in prevention (such as keeping community members away from sick people or the dead). In Liberia, the community task force was also responsible for alerting community members to the presence of Ebola, monitoring the health of the sick and their family members, engaging in reporting, and managing resource provisions for community-based quarantines and isolation (Abramowitz et al, 2015).

Mobilizers Enhancing/Supporting Service Delivery

Due to their roles as trusted sources of support and information on Ebola, mobilizers play an important intermediary role between the community and Ebola health services. For front-line service providers—ambulance teams, surveillance officers, contact tracers, swab teams and burial teams—mobilizers should actively play supporting roles. It is important, however, that mobilizers do not attempt to take on the work of these service providers, but rather help them operate smoothly while in communities.

Ideally, mobilizers should be included in all alerts and work in coordinated, integrated teams with other front-line service providers. Depending on the type of alert, the distance to the home and other factors, the timing of arrival of front-line responders may vary.

Steps mobilizers can take to support case management, quarantine and burial teams are included in *Appendix C. How Mobilizers Can Support Ebola Emergency Teams.*

Best Practices in Social Mobilization: Sierra Leone, Nigeria and Liberia

Sierra Leone's House to House Campaigns

The MOHS, in collaboration with UNICEF, WHO, other partners and line ministries, conducted a nationwide house-to-house family sensitization campaign in September 2014, with the specific objectives to:

- Reach 100 percent of households in the country with correct information on Ebola
- Increase community acceptance of Ebola affected persons, especially children
- Promote hand washing with soap at the household level
- Rebuild public confidence and trust in the health system
- Install neighborhood watch structures at the community level

Planning and preparation

Undertaking an ambitious intervention of this scale required a massive amount of planning and coordination in a very short period of time. A National Task Force (NTF) committee of the MOHS, including representatives of all partners in health care delivery and chaired by the Director of Disease Prevention and Control, was the key planning and implementation force. The Task Force created sub-committees for various

Best Practices in Social Mobilization: Sierra Leone, Nigeria and Liberia

aspects of the effort and met daily for weeks before the event. A comprehensive national and district SM plan was developed by the Task Force's SM sub-committee, in collaboration with the Health Education Unit, MOHS and partners.

To prepare a huge number of community mobilizers for this undertaking, a cascade-style training and orientation took place. Additionally, journalists were oriented and given bi-weekly briefings to promote reporting of correct information on the disease to reduce rumors, fear, panic and resistance among the general public.

Implementation

- **Visits.** More than 30,000 people in 7,136 teams reached 1.3 million people. The teams included MOHS technical personnel, as well as community volunteers, including teachers, youth and NGO/community-based organization staff, along with monitors and supervisors. Meeting with all members of the household, including children, the team discussed Ebola and provided a bar of soap to promote hand washing. The family then answered questions that allowed the volunteers to determine if there were potential Ebola cases or deaths in the household. Each household received print materials and a small sticker with an Ebola prevention message that was applied to their doorway. The team distributed more than 1.7 million pieces each of soap, household stickers, flyers and other materials, and visited over 94 percent of the households in the country during the three days.
- **Radio and Television.** There was a simulcast radio program broadcast each of the three days, linking 45 radio stations nationwide providing educational programming with talks by experts in 10 languages, as well as Ebola-related jingles, spots, songs and phone-ins by community members to ask questions and give feedback. Critical issues on Ebola prevention and control were discussed to educate the public on the disease during the three-day "sit at home" period. Television programs and talk shows were also aired. Prominent experts on the epidemic discussed contact tracing, reduction of stigma and discrimination against HWs and Ebola survivors, case management and safe burials.
- **Supplies and equipment.** To ensure that trust was reestablished in the health system, rapid response teams were set up to ensure that surveillance officers and contact tracers, food supply teams, specimen collection staff, and evacuation and burial teams provided the required service(s) within 2 to 24 hours of reporting. Additional beds were added in holding centers and treatment units for early isolation of suspected and probable cases, laboratory capacity was increased to test more specimens, and additional ambulances and burial vehicles were added to transfer cases and remove corpses from homes and communities.

Nigeria's Ebola Communication Response

In Nigeria, the most critical factor for responding swiftly to the Ebola outbreak was the leadership and engagement from the head of state and the Minister of Health, with a focus on rapid isolation, containment and extensive contact tracing. Generous allocations of government funds and their quick disbursement helped as well. Partnership with the private sector was yet another asset that brought in substantial resources to help scale up control measures that would eventually contain the Ebola virus.

Health and government officials rallied communities to support containment measures. House-to-house information campaigns and messages on local radio stations in local dialects explained the level of risk, effective personal preventive measures and the actions taken for controlling the epidemic. Media were trained, briefed and engaged as partners in the Ebola response. For his part, the President reassured the country's vast and diversified population through appearances on nationally televised newscasts. The campaign exploited the full range of media opportunities—from social media to televised facts about the disease delivered by well-known "Nollywood" movie stars (WHO, 2014a; Courage, 2014; Sifferlin, 2014).

Best Practices in Social Mobilization: Sierra Leone, Nigeria and Liberia

Liberia's Ebola Communication Response in Lofa County

Lofa County has one of the highest cumulative incidences of EVD in Liberia. Studies suggest that Ebola virus transmission decreased as early as August 17, 2014, following rapid scale-up of response activities in Lofa County after a resurgence of Ebola in early June 2014. The identified key to this local success story is local leadership and active community engagement. The comprehensive response strategy developed with participation from the local population in Lofa County might serve as a model to implement in other affected areas to accelerate control of Ebola (Sharma et al, 2014; WHO, 2014b).

CHAPTER 6. KEY CONSIDERATIONS FOR EFFECTIVE EBOLA COMMUNICATION

This section includes many challenges that need to be addressed during an Ebola outbreak, offers recommendations for addressing those challenges, and offers a selection of tools for program design and implementation. For more detailed information about communication responses to specific communication challenges, see Appendix B. Ebola Communication Response Tables.

The first reports of Ebola will generate immediate, intense and sustained demand for information by the public. Systems should be in place to respond with **one voice** from designated and credible spokespersons, giving **one consistent message** through multiple media channels.

Timely, transparent and regular dissemination of accurate information about Ebola, especially the means by which it is and is **not** transmitted, are key to establishing public trust and confidence at the beginning of the epidemic.

Managing Fear and Rumors

Here are some ways to help manage fear and rumors:

- **Conduct research early** (preferably even before an outbreak) to understand the current cultural context, burial practices, fears, rumors and understanding of Ebola and treatment centers.
- **Ensure that there is a system in place** for quickly assessing and communicating research findings and recommendations with other Ebola implementing partners and relevant taskforces from the national to the community level.
- **Develop a messaging guide** through a collaborative process with key stakeholders, including government, non-governmental organizations, faith communities, and others. Pretest the messages with key audiences and ensure that the guide includes responses to existing and potential rumors.
- **Craft messages to allay fears and to instill confidence** and non-discrimination, focusing on prevention- and treatment-seeking actions that are simple and actionable, in order to minimize potential risks.
- **Engage trusted persons** to openly talk about and dispel myths and rumors.

For samples of messaging to address common Ebola issues through communication, see Appendix A on page 57.

- **Ensure that there are established mechanisms** in place to convey these messages when needed, such as community volunteers, radio, mobile phone texts, community and religious leaders, and community activities.
- **Acknowledge what is not yet known** and communicate uncertainty as required.
- **Communicate correct knowledge on transmission** and risk and increase people's sense of self-efficacy for prevention.

Ensuring Safe and Dignified Burial Practices

The first step in promoting safe and dignified burial practices is to understand the existing burial practices in the community. Only then can the team develop a plan to dealing with burial issues.

- **Provide care and compassion for children** who have lost their caregivers (e.g., "we are all responsible for taking care of the community's children").
- **Review existing anthropological literature**, as well as rapid assessments.
- **Contact tracing, quarantine and SM efforts should be integrated** into safe and dignified burial protocols. For example, social mobilizers can facilitate entry of a safe burial team into a community and family, and explain the roles of the safe burial team, the process of preparing the body and the reason why this process is needed to protect other family members from getting Ebola.
- **Mobilizers and others refrain from wearing the full body PPE** during the initial visit with the bereaved family.
- **Social mobilizers can explain what the family can do** as the bodies are being prepared, such as pray for the family member with their community

religious leaders, choose personal items that can be buried with the body, as well as select coffins or grave markers if they wish or are able to do so.

Confronting Stigma

Stigma leads to individuals suffering, attempting to hide the disease from others and in most instances, furthering transmission. If people are more afraid of the stigma resulting from getting a disease—becoming an outcast or being harmed or shunned by fellow community members—than the disease itself, they are less likely to report symptoms and seek care. From a communication perspective, program designers need to learn how to reduce stigma and help communities get beyond their fear to care for their own. Here are some suggestions:

- **Facilitate community discussions** to help address concerns and celebrate Ebola survivors when they return home. Community members can plan and discuss how they want to celebrate and recognize returning survivors. Offer survivors the opportunity to serve as community mobilizers.
- **Communicate correct knowledge on transmission and risk** and increase people's sense of self-efficacy for prevention.
- **Provide care and compassion for children** who have lost their caregivers (e.g., “we are all responsible for taking care of the community's children”).

Resources: Refer to *Appendix B. Ebola Communication Response Tables* for more information about addressing stigma. Also see the ECN, <http://Ebolacommunicationnetwork.org> for articles about stigma related to Ebola, including *What can be done to Reduce Stigma and Help Communities Go Beyond Fear*: <http://Ebolacommunicationnetwork.org/what-can-be-done-to-reduce-stigma-and-help-communities-get-beyond-fear/>, and *Let's Not Poison the Well – How the Media Can Help Combat Ebola-related Stigma*: <http://Ebolacommunicationnetwork.org/lets-not-poison-the-well-how-the-media-can-help-combat-Ebola-related-stigma/>.

Using Mass Media

Mass media will be key for getting messages out to the general public quickly, consistently and in a coordinated manner using credible and trusted sources.

- **Coordination is key.** Radio and TV announcements, press conferences, radio/TV spots and dramas, and other materials need to be coordinated at a central level to ensure consistency of information, addressing any rumors and reassuring the population that officials have the situation well in hand.
- **Media channels can reassure** people that the government and health systems are trustworthy and credible, and are responding rapidly.
- **Mass media can also inform** the public about all of the systems in place for reporting possible outbreaks and initiating immediate responses.
- **Messages on mass media need to link to messages** and campaigns on social media, mobile phone messages, and group and interpersonal messages at the community level. These should be messages that a central Ebola communication coordinating mechanism has approved.
- **Use only the key and designated credible spokespersons** identified in the planning stages. If there are trusted celebrities, performers or sports heroes who will speak out, use them as additional spokespersons for the campaign.

Establishing Hotlines/Call Centers

Hotlines and call centers can be crucial to providing correct and consistent information about Ebola, allaying fears and dealing with rumors and misconceptions, and dispatching services, such as case investigators, ambulances and burials teams, where needed. Before informing the public about the hotlines, make sure that they are operating well and can handle the volume of calls. If not, people will become frustrated and trust will decline.

- **Hotlines need to be set up and publicized once there is certainty that they are operating well** and staffed by well-trained staff who can provide consistent and accurate information.
- **The staff needs to be well trained in counseling techniques** to manage the fear and uncertainty that callers who are sick themselves or dealing with a sick relative will express. (A sample training manual is referenced in the resources below). Hotlines can also provide a critical link to the dispatch of ambulance and burial team services, as well as serve as a point of entry for case investigations and contact tracing.

- **Hotlines present a unique opportunity to monitor** incoming questions and to learn about current myths and misconceptions.
- There are many **advantages** to providing information and services through a telephone hotline:
 - It is accessible to mostly everyone
 - Available all hours of the day
 - Allows for anonymity
 - Costs less time and money than having to physically go somewhere to access these same services
- There are also **limitations and challenges** to this approach.
 - Cell phone network coverage is not always reliable and the connection is not always clear in all areas of the country.
 - Because the interactions are over the phone, the call agent cannot read a caller's body language or non-verbal communication.
 - The high volume of calls the centers receive, includes those from people abusing the toll-free number to place insincere or inappropriate calls.

Despite these challenges, the call center undoubtedly serves an important function. For some callers, **the call center is the first point of contact** in an emergency or when they are looking for help.

Resources: Refer to *Appendix C. Steps for Mobilizers to Support Ebola Emergency Teams* for more information on how SM can be integrated into the safe and dignified burial team response, as well as other emergency response areas. Refer also to WHO's *How to conduct safe and dignified burial of a patient who has died from suspected or confirmed Ebola virus disease*, www.who.int/csr/resources/publications/Ebola/safe-burial-protocol/en/.

For more information on how to set up a hotline, see the *Hotline* resources in the ECN, <http://Ebolacommunicationnetwork.org>.

Selecting Messaging and Materials

Health promotion messages and media need to evolve as the outbreak evolves and the community's needs change. Messages first provide simple information about the signs and symptoms of the disease; but within a short period of time, messages must change in order to communicate more complex and detailed information.

The more complex, practical information will answer questions, such as “How do I manage a family of children, infants, and toddlers, while in quarantine?”; “How do I transport someone to a hospital or clinic without spreading the infection?”; and “What does my community do with an exposed and infectious body when the health teams do not come to collect it?” (Abramowitz et al, 2015). An Ebola Communication Preparedness plan should consider mechanisms that not only share messages that promote awareness, but also answer challenging questions and respond to rumors and information in real time.

Here are general guidelines for messaging and materials during an Ebola response (MOHS & UNICEF, 2015).

- **Ensure that SBCC materials are consistent** with the messages approved by the MOH and central coordinating mechanism related to messaging.
- **Link SBCC materials** to a full range of communication channels, such as radio, social media, community theatre and dialogues.
- **Emphasize what communities can do** to stay safe and why they should make these choices.
- **Look for available evidence** through recent studies and surveys. This will provide data from all pillars for data on community perceptions.
- **Ensure that mobilizers understand** the local Ebola and health services context—such as data and issues related to number of cases and beds, availability of ambulances, medical and food supplies, and water and sanitation issues.
- **Note the literacy levels** in the area and consider pictorial materials with minimal text for low-literate audiences.
- **Ensure that SBCC materials and messages are up to date**, represent the current stage of the epidemic and address current local barriers to adopting Ebola prevention practices. Engage local communities in re-shaping the messages as the epidemic and context shifts over time.
- **Remove outdated or inappropriate materials** from public places and replace them with newer materials that reflect the current situation, target audience and culture.

Monitoring and Evaluating SBCC

Monitoring a program helps assess whether the program is reaching its goals. Monitoring answers the question: “Is the program achieving its goals?”

Evaluating a program helps assess its strengths and weaknesses. Evaluation answers the question: “What is the program doing?” **Both M&E activities are most successful when they are integrated into program planning as early in the process as possible.** Broadly, evaluation may fall into two categories.

Formative Evaluation assesses how to improve or strengthen a program (or other subject of interest). Needs assessments, implementation evaluation and process evaluation are examples of formative evaluation. Formative evaluation in general occurs prior to or during implementation of a program.

Summative Evaluation assesses the results of a program (or other subject of interest). Outcome evaluation or impact evaluation are examples of summative evaluation. Summative evaluation generally after implementation of a program.

- **Managers need to identify indicators** that reflect your SBCC objectives and plan. As much as is feasible, indicators should be **“SMART.”**

SMART is an acronym for:

- **Specific:** identifying a specific objective, behavior, etc., such as hand washing
- **Measurable:** something that can be measured, e.g., how many people do “X”
- **Attainable:** data which can be collected, e.g., via a SMS-based survey
- **Relevant:** data whose collection will help the program answer relevant questions
- **Time-bound:** identify the time-period of interest
- **Establish a central monitoring system** that captures data from the primary organizations on the ground. This is important since designated communication and SM teams may consist of members from various organizations with their own M&E systems. This central system might be in the form of a weekly questionnaire that SM organizations submit to the local and central communication pillar(s) on a weekly basis. The central coordinating team can then analyze the data and communicate their findings to the national and local coordinating committees.
- **Monitoring results should be shared** with spokespersons, technical experts and partners, and should be used to make regular adjustments in the communication messages.

CHAPTER 7. EBOLA COMMUNICATION STRATEGY GUIDANCE AND ILLUSTRATIVE EXAMPLES

In this section is step-by-step guidance on how to develop a communication strategy for Ebola. Use this section, along with Appendix A. Illustrative Ebola Communication Strategy, which provides a sample communication strategy.

The first step in deciding how and what to communicate during an Ebola outbreak, regardless of the outbreak stage, is to analyze and report on the current situation. This needs to happen quickly, which means the production of data should occur as

soon as possible. Rapid assessments can supply that data, which can later be supplemented with a more in-depth situation analysis (for more information about Rapid Assessments, see Chapter 4. Conducting Rapid Assessments for Ebola Communication Responses).

The illustrative examples that follow each step are based on global-level data, but countries can adapt them by replacing the content with information based on national and local studies and contexts.

Step 1: Situation Analysis

Why Conduct a Situation Analysis?

A good situation analysis provides a detailed picture of the current state of the health problem or behavior the campaign is trying to address. This information is crucial for making decisions about what the SBCC strategy will entail and how it will be implemented. Ultimately, it affects the success of the strategy.

A **situation analysis** is a study that identifies trends, forces and conditions related to problems. In the case of Ebola communication, it helps teams gain a deeper understanding of the opportunities available, challenges to address and barriers to change. A situation analysis examines: the people affected and their needs, social and cultural norms, potential constraints on individual and collective change, potential facilitators of individual and collective change, and the audiences' access to and use of communication channels (such as brochures, television and SMS). It also examines the status of the behavior in question, including the knowledge and practices of the audiences, as well as policies that impact the behavior. In short, a situation analysis answers the question, **"Where are we now?"**

A situation analysis should help to answer the following questions:

1. What is it about the situation—in terms of Ebola cases and their location—that demands a rapid and coordinated Ebola intervention?
2. What are the current social practices in this community/country around caring for the sick and around burial practices?
3. Who are the trusted sources and appropriate channels for health information?
4. What community resources and structures are in place that can be engaged in the Ebola response?
5. Who are the health personnel who need to be trained and mobilized? Are there specific communication skills that they need?
6. What is being done to keep basic health services safe and free of Ebola cross infection? Will basic health services remain open? If not, what should people be doing with non-Ebola health emergencies?
7. What are the basic needs (foods, money, water) for people, in case they are under quarantine?
8. What are the costs, or perceived costs, for health-seeking behaviors?
9. What are the best ways to reach priority groups with messages and interventions on Ebola knowledge, identification and monitoring of symptoms, and treatment and safe practices?
10. What do people know about Ebola (prevention and symptoms) and what rumors need to be addressed?
11. What communication interventions and messaging are already occurring?
12. What are the common myths and misconceptions about Ebola and how are they being addressed and monitored?

13. What processes are in place to incorporate community feedback about the strengths and weaknesses of a communication response to SBCC program managers and other decision makers?
14. What are the national-, regional- or district-level methods for warehousing communication-related information and sharing it broadly with other program managers and/or decision makers?
15. What are the logistics available to print material quickly on a large scale, transport and feed volunteers and social mobilizers, and run roadshows and other engagement activities?
16. What policies, plans and resources are already available, and how can more be obtained for surge capacity?

How to Conduct a Situation Analysis

First, decide on a framework for presenting findings in a useful way. Here is a simple framework to help focus the search for information:

Audience and Communication Analysis

- Individual family- and community-level
- Health system-level
- Societal- and political-level

Resources

For more specific step-by-step instructions on conducting a Situation Analysis, see *How to Conduct a Situation Analysis* (<http://www.thehealthcompass.org/how-to-guides/how-conduct-situation-analysis>) and *How to Conduct a Root Cause Analysis* (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1292997/>). For more information on conducting focus group discussion, see the Research section in the ECN (<http://ebolacommunicationnetwork.org/latest-materials/>).

Illustrative Examples for Step 1

Ebola Context

The current outbreak in West Africa (first cases reported in March 2014) is the largest and most complex outbreak since Ebola was first discovered in 1976. There have been more cases and deaths in this outbreak than in all others combined. It has also spread between countries, starting in Guinea then spreading across land borders to Sierra Leone and Liberia, by air to Nigeria and by land to Senegal and Mali. The most severely affected countries—

Guinea, Sierra Leone and Liberia—have very weak health systems lacking in human and infrastructural resources, having only recently emerged from long periods of conflict and instability. On August 8, 2014, the WHO Director-General declared this outbreak a Public Health Emergency of International Concern.

A separate, unrelated Ebola outbreak began in Boende, Equateur, an isolated part of the DRC.

While KAP studies and other research efforts are still ongoing in the three primary Ebola countries, as of this writing (December 2014), a sample of the **preliminary data from Liberia, Guinea and Sierra Leone** shows that:

- **Rumors, misconceptions or inaccurate knowledge of Ebola transmission persist** and there is a lack of trust of both national and foreign government assistance.
- **Fear and panic** lead to stigma and reduced health-seeking and substandard care practices.
- **Fear of death, of health care workers** and of the disease by frontline HWs lead to either suboptimal care for patients or substandard implementation of protective measures.
- **Lack of understanding about Ebola** is coupled with denial, mistrust and rejection of proposed public health interventions arising from misinterpretation of the cause of the new disease.
- **Public health interventions to reduce the spread of the disease** (e.g., early isolation, no care for sick person, safe burials) are seen as highly intrusive and go against social/cultural patterns, which makes interventions difficult to accept.
- **There is a lack of experienced health care workers** and capacities for rapid response.
- **There is high exposure to Ebola** through household care and customary burial procedures.
- **There are close community ties** and movement within and across borders, leading to difficulties in tracing and following up of contacts for the three countries.

Audience and Communication Analysis

Decisions affecting Ebola prevention and treatment are made at various levels: the individual, family and community level; the health system level; and the society or policy level. It is helpful to look at the

factors affecting Ebola prevention and treatment behaviors at each of these levels separately. Many sources were consulted to provide this global Ebola situation analysis.

Individual, Family and Community Level

Common reasons for unsafe practices related to Ebola transmission are listed in following table on the next page.

Harmful Practice	Common Reasons for It
Unsafe burial practices	<ul style="list-style-type: none"> Religious and traditional beliefs in preparing the dead body for burial, including one or a combination of washing, touching, kissing and dressing bodies Extreme aversion to cremation based on religious/traditional beliefs and customs
Close contact with bodily fluids of a sick Ebola patient	<ul style="list-style-type: none"> Lack of knowledge about Ebola transmission and how to protect oneself and others from Ebola Rumors and misconceptions about Ebola transmission and protection Denial of Ebola Avoidance of Ebola treatment units (ETUs) or other health facilities due to fear of never leaving, fear of cremation, leading to improper home care of Ebola patients by CHWs and family members Lack of knowledge about the handling of items used by someone who was sick or died from Ebola Distrust of government and foreign assistance, including protection and treatment messages and services Lack of knowledge about unsafe transportation (e.g., taxis that have carried people sick with Ebola)
Poor hygiene and sanitation practices	<ul style="list-style-type: none"> Lack of knowledge about proper hygiene and sanitation as protection from Ebola Lack of water, soap or chlorine
Avoidance of ETUs or other health facilities	<ul style="list-style-type: none"> Fear of never coming out or seeing family members again Distrust of government and foreign assistance, including protection and treatment messages and services Fear of getting Ebola at a health facility, if accessed for reasons other than Ebola
Stigma of Ebola survivors and HWs	<ul style="list-style-type: none"> Fear that they will get Ebola from them For the survivors: initial belief that one couldn't survive Ebola, so survivors seen as ghosts
Improper handling of Ebola patients by health care workers	<ul style="list-style-type: none"> Lack of proper training and/or knowledge about safety procedures (e.g., removing PPE) Fatigue due to working too many hours, leading to mistakes Misdiagnosis of Ebola and belief that early signs and symptoms are the result of malaria or typhoid fever
Eating bushmeat	<ul style="list-style-type: none"> Lack of knowledge about transmission of Ebola through the slaughter and preparation of bushmeat Traditional practices and cultural preferences for bushmeat

Step 2: Audience Segmentation

Segmentation is the process of identifying groups of people who share similar interests and needs relative to the behavior that the campaign intends to change. Segmenting allows for targeting limited resources and focusing on groups that can create the most change. It also helps ensure choosing the most effective and appropriate activities for specific audiences and customizing messages and materials.

The first step in audience segmentation answers the question, “**Whose behavior must change in order to change the health situation?**” The answer is in the key findings collected from the situation analysis.

Primary audiences are the key people to reach with messages. These may be the people who are directly affected and need to practice the desired behavior. Or they may be the people who can make decisions on behalf of those who would benefit from the behavior. Primary audiences can be further segmented into sub-audiences. For the Ebola crisis, primary audiences will be communities and HWs.

Influencing audiences are people who can impact or guide behaviors of the primary audience. Influencing audiences can include people in the community who shape social norms, influence policies or affect how people think about the behavior. It is crucial to prioritize influencing audiences by how much they may be able to impact change. For example, elders and community leaders are likely key influencing audiences, but their level of influence (low, moderate, strong) may depend on country context.

Audience profiles paint a picture of the intended audience and help guide communication messaging and activity planning. Profiles should embody characteristics of specific audiences and tell a story of imagined individuals who can represent intended audiences. Basing decisions on what the imagined person might or might not do, allows for

more intimate knowledge of that audience segment and leads to better-defined and better-focused communication strategies.

An audience profile should consist of a paragraph with details on current behaviors, motivation, emotions, values and attitudes, as well as information, such as age, income level, religion, sex and place of residence. It should model the primary barriers to the desired behavior faced by the audience segment. Further, it can include a fictitious name and photo that represents this person to help visualize who this person is and tell his or her story.

If the information gathered in the situation analysis lacks detail on any audience segments, additional research should be conducted to address gaps. For example, for all health provider audiences, it may be especially important to conduct formative research around provider attitudes and other drivers of their behavior (such as policies, training, supervision, or resources). Such information can better inform the audience profile and the strategy.

Resources

For more specific step-by-step instructions on audience segmentation, see *How to Segment an Audience* (<http://www.thehealthcompass.org/how-to-guides/how-do-audience-segmentation>).

Illustrative Examples for Step 2

Audiences for Ebola communication include household decision makers; health care workers and community health volunteers; faith, community and traditional leaders; political leaders; and others. [Note: The information on audiences is gleaned from studies in several countries. The team will need to consult or conduct local research on Ebola beliefs and practices and health provider KAP in any specific location. Use this local research to define the primary and influencing audiences and to inform the audience profiles and strategic design.]

Primary (Key) and Secondary (Influencing) Audience Segments & Rationale for Their Selection

PRIMARY AUDIENCES

Primary Audience 1: Household decision makers

Decision makers at the household level need to understand the risks of Ebola, the signs and symptoms of the disease, how it is transmitted, and what to do if they or someone they know is suspected to have Ebola or to have died from it. Understanding the risk and having the skills and confidence to act will mitigate the fear that can lead to denial, belief in myths and misconceptions, and unhealthy behaviors, and motivate them to take action to protect themselves and their families. [Note: If needed, one can divide these audiences into even more targeted groups. For example, messages can be targeted based on how close Ebola is to the family/community, if there are no known cases in the area, etc.]

Primary Audience 2: Health care workers who provide care to the community

Health care workers need to understand how to protect themselves in the face of Ebola both within a health care setting and within communities, since many treat sick peers, relatives and neighbors at home after putting in long hours at clinics. Many of these health care workers are overworked, fatigued and, therefore, prone to make mistakes. In many cases, fear of contracting Ebola and the stigma of Ebola has led to workers leaving their jobs or to providing substandard care. They need to have the support, equipment and training to care for a suspected Ebola patient properly.

INFLUENCING AUDIENCES

Influencing Audience 1: Faith and traditional leaders

Faith and traditional leaders can bridge religious and cultural practices with safety practices. They can be recruited and trained to provide information about Ebola and spread the practice of proper community actions, such as safe burials and treatment seeking. They can also serve as a link to local officials for contact tracing. These often-trusted sources can also play a key role building trust and dispelling myths and misconceptions.

Influencing Audience 2: Community mobilizers

Community norms play a large role in changing unsafe behaviors and reducing stigma of Ebola survivors and people working to contain Ebola and treat the sick. It is crucial to help communities manage their fear of Ebola by providing them with the knowledge and skills to protect themselves and their families and peers.

Influencing Audience 3: District health teams and policy makers

District health teams and policy makers can ensure that facilities have proper equipment and staff and that ETUs are set up quickly should an outbreak occur. They can ensure that coordinating mechanisms for hotlines, safe burial practices and hand-washing stations are in place when needed, and that HWs are properly trained. They can prioritize SBCC programs that increase awareness about Ebola.

Examples of Audience Profiles

Primary Audience 1: Household Decision Makers

Marietta, 40, mother, rural Liberia

Marietta is married, with three boys, ages 20, 16 and 8. She attended school as a girl for only a short time, leaving to help her family with household chores after her mother died as a casualty of the war. Her literacy level is low. She is a devout Christian, attending church every Sunday and teaching her own family about her faith, which is also rooted in local and traditional values and practices. The nearest health center is 10 kilometers away but she started going there for care after a trusted peer, a health care worker, told her to do so. Marietta's house has an old latrine and she gets water from a nearby stream. When Ebola struck her community, she consulted her family members and peers for support and advice, but the mixed messages confused and scared her even more. She heard about a hotline but does not have a mobile phone to call. She reached out to her religious and traditional leaders in the community for advice.



Amelie, 30, Kinshasa, DR Congo

Miriam is 30 years old and has given birth to seven children. She believes the old ways are good ways since they have worked for generations. The government opened a health center in her village; however, she rarely seeks health care at the government facility, preferring to seek assistance from her long-trusted healer. She does not know much more about Ebola than the fact that it existed in her country. She heard from her neighbor that it was a government conspiracy and that Ebola does not really exist. Last year, Miriam's brother passed away and her family organized a funeral service that lasted many days and nights, and many members of the family help prepare the body for burial.



Oliver, 25, married father of one, Kadoma, Zimbabwe

Thomas is 25 years old with one wife. A devout Christian, he believes it is his role to make all of the important decisions for his family after consulting with his wife. As is the tradition, family elders also have certain expectations and offer advice and wisdom. Both he and his wife have to work long hours. Thomas owns a radio and likes to use it for getting information, and usually keeps it on while he is working in his butcher shop. Thomas also often meets with his friends at a local bar after work to share stories, local gossip, and information. Thomas heard that there is an Ebola outbreak in West Africa, but is getting conflicting information about how it spread and what to do to prevent it. He is fearful that it will reach Zimbabwe one day.



Mohammad, 40, married father of three, rural Guinea Bissau

Mohammad completed seven years of formal education and works for a local merchant. His home has electricity, a tin roof and a toilet. He watches TV with neighbors and has his own mobile phone. He is a respected Muslim in the community, and allows his faith to guide him and his family in their daily decisions. He practices traditional customs during key life events, such as marriages, births and deaths. He has political ambitions and is on friendly terms with the local leaders. He had heard about Ebola in West Africa and wants to get involved to prevent it from coming to his community.



Examples of Audience Profiles

Primary Audience 2: Health Care Worker

Djiba, 30, health care worker, rural Mali



Djiba has been a health care worker for five years because she wants to see the conditions in her community improve. She works very hard even though the pay is very little. She is married with two children. When an Ebola case appeared in a neighboring community, Djiba became frightened. She learned what she could do to protect her family and community, but she is scared about transmission. To complicate matters even more, her husband is against her working because he thinks she might bring Ebola home to the family, and other community members are starting to avoid her.

Influencing Audience: Faith and Traditional Leaders

Moussa, 57, religious leader in Niamey, Niger



Moussa is 57 years old and has four children. He serves as a religious leader in his village. The men and women in his community look to him for his knowledge and wisdom on life matters as well as religious matters. He welcomes opportunities to improve health in his area, and new health programs often consult him before launching. He has a healthy, hard-working family with a very productive farm.

Emmanuel, 60, traditional leader, near Accra, Ghana



Emmanuel is a respected local leader of a district near Accra, Ghana. He enjoys dispensing advice and being held in high regard by the members of his community. He has many friends and colleagues in the private sector and in high government positions. Emmanuel works hard to ensure the community is safe and recently supported the development of a new health facility. His wife works with the Ministry of Education.

Step 3: Message Strategy

The message strategy is one of the most important elements of a communication strategy. It drives the rest of the program and ensures synergy, consistency and coordination of objectives and messages across all stakeholders and partners.

A message strategy is designed for each primary and influencing audience, and includes (a) communication objectives, (b) positioning and (c) key messages.

Communication objectives are measurable statements that clearly and concisely state what the target audience should know or think, what they should believe or feel, and what they should do. It should also include the timeframe required for the change. “SMART” communication objectives, as mentioned earlier are Specific, Measurable, Attainable, Relevant and Time-bound. The available evidence on the factors that drive or inhibit the primary and influencing audiences should determine the communication objectives. It is also critical to make the objectives measurable and related to indicators listed in the M&E plan. These measurable objectives help to determine whether the goal of the program was achieved.

Positioning is the heart of the SBCC strategy. It identifies the most compelling and unique benefit that the behavior offers the target audience. Positioning is often the emotional “hook” upon which the SBCC strategy hinges. It presents the desired behavior in a way that is both persuasive and appealing to the audience, and shapes the development of messages, which helps programs determine what communication channels to use. Positioning ensures that messages have a consistent voice and that all planned activities reinforce each other for a cumulative effect.

Key Messages outline the **core** information to convey to audiences consistently and across all activities. Messages cut across all channels and must reinforce each other across these channels. Effectiveness increases when all SBCC approaches (e.g., community mobilization and mass media) communicate harmonized key messages expressed in different ways and build on each other. Well-designed messages are specific to the audience

and clearly reflect both positioning and a specific element that drives or inhibits behavior (a behavioral driver). Key messages clearly describe the desired behavior, which must be “doable” for the audience.

For Ebola, it is critical that messages:

- Instill confidence
- Are created considering communication channels
- Are not discriminatory
- Do not instill fear
- Focus on preventive and treatment seeking actions that are simple and actionable to minimize potential risks
- Are in compliance with national policy and legal measures, and services offered to affected and quarantined communities, including food aid, water provision and safe burials
- Focus not only on local media coverage, but also on international media outlets
- Be based on rapid situational analysis and continuous monitoring of the crisis
- Allow people to evaluate risks and make informed choices

One of the most efficient methods of developing consistent key messages is to use a **message map**. A message map is the basis for all communications relating to an organization, a specific project or an initiative (Melcrum, n.d.). As a visual aid, it allows the team to prepare and organize answers to the questions they are most likely to hear from the news media and from the public during a crisis (Cawley, 2010).

Developing and using message maps achieves several important risk communication goals. They:

- Identify stakeholders early in the communication process
- Anticipate and address stakeholder questions and concerns before they are raised
- Organize thinking and preparation of prepared messages in response to anticipated stakeholder questions and concerns
- Develop key messages and supporting information within a clear, concise, transparent and accessible framework
- Promote open dialogue about messages, both inside and outside of the SM committee

- Provide user-friendly guidance and direction to spokespersons
- Ensure that there is a central repository of consistent messages
- Encourage all stakeholders and partners to speak with one voice

Resources

For existing key messages on Ebola, see *WHO/UNICEF Social Mobilization: Key Messages, Ebola Guidance Package, the Ebola Message Guidance*

Package (Liberia); UNICEF’s 20 Lessons Learned to Inform C4D Responses to Ebola Outbreaks, West Africa, 2014 and messaging guides for SMS messaging for Ebola, on the ECN, www.Ebolacommunicationnetwork.org.

For additional guidance message mapping, see *Message Mapping, Risk and Crisis Communication*.

Illustrative Examples for Step 3

Begin in the table below and on the next page.

Reminder: When deciding on your message strategy:	
<p>Do not:</p> <ul style="list-style-type: none"> • Focus on the risks and fear without providing doable actions that people can take • Rely heavily on information, education, communication (e.g., posters, slogans) 	<p>Do:</p> <ul style="list-style-type: none"> • Use multiple channels with emphasis on participatory approaches and real-time feedback (e.g., hotlines, radio call-in shows) • Manage fear by increasing skills and ability to take action

Message Strategy for Primary Audience 1: Households

Objectives

Pre-crisis

- By <month, year>, 80 percent of the population can recite at least three signs and symptoms of Ebola.
- By <month, year>, 80 percent of the population can recite that Ebola is transmitted by close contact with bodily fluids from a person who is sick or has died from Ebola.

Initial Phase

- By <month, year>, more than 90 percent of the population state that it is possible to recover from Ebola by seeking prompt medical care and services and know how to access Ebola services.

Maintenance

- By <month, year>, 80 percent of the population can accurately reject at least three misconceptions and identify three means of prevention about Ebola.
- By <month, year>, more than 90 percent of the population believe that people who seek prompt medical care and services within 24 hours becoming ill have a greater chances of recovering/surviving from Ebola.
- By <month, year>, 90 percent of suspected Ebola deaths are buried according to safe burial practices.
- By <month, year>, less than 40 percent of the population will agree with discriminatory statements or actions toward Ebola survivors.

Recovery

- By <month, year>, less than 30 percent of the population will have a discriminatory attitude toward Ebola survivors.

Positioning

Ebola is real, but you can protect yourself, your family and your community. Together we can stop the spread of Ebola.

Key Promise

If you want to protect yourself, your family and your community from Ebola you can:

- Learn the signs and symptoms of Ebola
- Learn the different ways Ebola is spread and how Ebola is not spread
- Learn how to protect yourself and your community
- Know how to access appropriate health services, if needed
- Continue to protect yourself, your family and your community until Ebola is finished

Key Messages

Signs and Symptoms:

- Know the signs and symptoms of Ebola. If someone has a fever that starts quickly with any of the other signs, do not wait, call <hotline number> for free and tell your community leader.
- The signs and symptoms of Ebola look like other sicknesses, such as malaria and typhoid. Ebola can come with fever that starts quickly and with weakness, headache, body pain, sore throat, vomiting, running stomach, rash, red eyes and/or bleeding from the nose or mouth.
- If you are infected with Ebola, it can take 2-21 days before it starts to show on you (before signs show).

Transmission

- Any person, from any country, household, religious group or culture can catch Ebola.

Reminder: Key messages must be tailored to specific contexts. Different regions or ethnic groups have different reasons for health and burial practices and beliefs. To be effective, messages must address relevant fears, concerns and practices. They should be based on evidence from studies designed to shed light on people's beliefs and practices. Key information and actions audience members can take should be provided in a simple, easy-to-understand, non-threatening, respectful way.

Message Strategy for Primary Audience 1: Households

Key Messages

- Ebola is spread person to person through body fluids of a person who is sick with or has died from Ebola. Body fluids are things like blood, feces, urine, vomit, sweat, spit/saliva, tears, semen and vaginal fluid.
- Ebola enters the body through your mouth, nose and eyes, or small cuts or openings in the skin. When we touch a person who is sick with Ebola, or touch the body of a person that has died with Ebola, we can easily spread it to ourselves. We can also spread it to others by touching them after touching someone sick with Ebola.

Protection

- You can protect yourself by always washing your hands with soap and clean water or water mixed with chlorine.
- You also protect yourself when you keep a distance from sick people, their personal things or their blood, vomit, feces, urine, sweat or spit/saliva. Do not touch them! Call <hotline number> for help and/or tell your community leader.
- You also protect yourself by not touching, bathing or helping to bury anyone who has died. Even though this is not our normal way, this is one of the best ways to make sure we end Ebola.
- Keep a distance from the personal things that the person touched when he/she was sick and/or were used to clean their blood, vomit, feces, urine, sweat or spit/saliva. Do not touch or use these things!
- After you call <hotline number>, a trained team will burn or spray these personal things with strong chlorine water. This will keep you, your family and your community safe. The house, latrine and area the sick or dead person was using must be sprayed with strong chlorine water by a trained team. Call <hotline number> for help and/or tell your community leader.

Safe Burial

- When someone dies from Ebola, there is a lot of Ebola virus living in the dead body.
- Ebola can be easily spread from the dead body to other people when we care for our dead family members the way we are used to.
- Ebola can spread when we touch or kiss the dead body, wash the dead body, when we plait or cut the hair of the dead body, when we dress the dead body, brush the dead body's teeth or bury the dead body by ourselves.
- Any person that touches the dead body can catch Ebola!

Stigma

- The Ebola virus is a hard thing for all of us. It has taken away our culture of caring and being concerned for each other. We are afraid to talk about it because people can reject us—our family members, our community members, and our health care workers. This is especially true for those that have gone through and survived Ebola. It is important that we all help each other.
- People who have survived an infection with the Ebola virus are no longer carrying the live virus and cannot infect other people (except through sex, because semen and vaginal fluid can still carry the live virus for up to three months).
- People who survived the Ebola virus cannot get infected with the same virus again, so they are the safest people. They can help provide care for other people who may have been infected with Ebola or children who have been exposed to Ebola.
- Welcome survivors and anyone whose lives have been touched by Ebola back into the home and the community. Encourage and help them to participate in community activities.

For more sample messages, see the ECN (www.Ebolacommunicationnetwork.org) and search for Messages.

Message Strategy for Primary Audience 2: Health Care Workers

Objectives

- By <month, year>, 100 percent of health care workers can accurately provide information on the signs and symptoms of Ebola.
- By <month, year>, 100 percent of health care workers can describe how to distinguish Ebola from other diseases which present with fever like malaria and typhoid.
- By <month, year>, 100 percent of health care workers can accurately provide information on how Ebola is transmitted.
- By <month, year>, 80 percent of health care workers will feel confident that they can follow guidelines to safely care for an Ebola patient.

Positioning

With the proper protective equipment, I can protect myself from Ebola while being able to provide appropriate care for people who have been infected. In addition, I can do it with confidence and compassion.

Key Promise

If you want to care for your patients and protect yourself, your family and your community from Ebola, you can:

- Learn the signs and symptoms of Ebola to help triage patients and protect your health facility
- Learn the different ways Ebola is spread and how Ebola is not spread to assess and inform your patients and their family members
- Learn how to correctly use proper infection prevention and control methods and appropriate PPE to protect yourself and your other patients

Key Messages

Signs and Symptoms:

- Know the signs and symptoms of Ebola. The signs and symptoms look like those of other sicknesses like malaria and typhoid. Ebola can come with fever that starts rapidly and with weakness, headache, body pain, sore throat, vomiting, running stomach, rash, red eyes and/or bleeding from the nose or mouth.
- Once someone is exposed to Ebola, it can take 2-21 days before it starts to before signs show.

Transmission

- Any person, from any country, household, religious group or culture can catch Ebola.
- Ebola is spread person to person through body fluids of a person who is sick with or has died from Ebola. Body fluids are things like blood, feces, urine, vomit, sweat, saliva/spit, tears, semen and vaginal fluids.
- Ebola enters the body through the mouth, nose and eyes, or small cuts or openings in the skin. When we touch a person that is sick with Ebola to help them or touch the body of a person that has died with Ebola we can easily spread it to ourselves. We can also spread it to others by touching them after touching someone sick with Ebola.

Message Strategy for Primary Audience 2: Health Care Workers

Key Messages

Protection:

- It is more important than ever before to practice effective infection prevention and control. Ensure that your facility has all the equipment it needs, that all the clinic staff has appropriate training on infection prevention and control, and that policies and systems are in place to ensure that it is practiced correctly and consistently.
- By knowing the signs and symptoms and modes of transmission of Ebola, you can effectively triage suspected cases of Ebola before they enter a non-Ebola facility. If you have a suspected or probable case of Ebola, call for an ambulance to refer to a community care center or Ebola treatment unit for proper diagnosis and treatment. This will help keep Ebola out of other health facilities and will keep these facilities safe for both you and your non-Ebola patients.
- If you will be working with Ebola patients ensure you have and know how to use personal protective equipment. This is for your own protection and the protection of your family and your community.
- If you ever feel any symptoms of Ebola, isolate yourself immediately and call for help from trained personnel. The quicker you isolate yourself the less risk you pose to your family and your community. The quicker you call for help, the better your chances of survival.

Message Strategy for Influencing Audience: Faith and Traditional Leaders

Objectives

- By <month, year>, 80 percent of traditional leaders can accurately provide information on the signs and symptoms of Ebola.
- By <month, year>, 80 percent of traditional leaders can accurately provide information on what to do in case of an Ebola outbreak.
- By <month, year>, 80 percent of faith leaders encourage congregations to allow for safe burial practices.
- By <month, year>, 80 percent of faith leaders motivate families to take action to protect themselves from Ebola.
- By <month, year>, 80 percent of faith leaders include welcoming Ebola survivors back into the community as part of their religious teachings.

Positioning

Traditional leaders: Traditional leaders are trusted voices in their communities. They can use their power to help protect the community from Ebola.

Faith leaders: God intended for people to protect themselves and their children from diseases such as Ebola. Given the emphasis on proper burials in religious texts and traditions, religious leaders have the moral authority to help families adopt safe burial and other related practices.

Key Promise

Understanding how Ebola is transmitted and taking action to protect communities from Ebola can save countless lives. Doing everything you can to support your communities in protecting them from Ebola can help you fulfill your mission.

Key Messages

Protect your Community

- Support efforts to eliminate Ebola by helping to identify ways communities can effectively protect themselves consistent with religious beliefs, and share that information with followers, members, families, friends and community members.
- Support efforts in advocacy and implementation of Ebola elimination campaigns.
- Share information with followers, members, families and communities.

Message Strategy for Influencing Audience: Faith and Traditional Leaders

Key Messages

Safe Burial

- When someone dies from Ebola, there is a lot of Ebola virus living in the dead body.
- Ebola can easily spread from the dead body to other people when we care for our dead family members the way we are usually do.
- Ebola can spread when we touch or kiss the dead body, wash the dead body, when we plait or cut the hair of the dead body, when we dress the dead body, brush the dead body's teeth or bury the dead body by ourselves.
- Any person that touches the dead body can catch Ebola!

Stigma

- The Ebola virus is difficult for all of us. It has taken away our culture of caring and being concerned for each other. We are afraid to talk about it because people can reject us, our family members, our community members and our health care workers. This is especially true for those that have survived Ebola. It is important that we all help each other.
- People who have survived an infection with the Ebola virus are no longer carrying the live virus and cannot infect other people (except through sex, because semen can still carry the live virus for up to three months).
- People who survived the Ebola virus cannot be infected with the same virus again, so they are the safest people. They can help provide care for other people who may have been infected with Ebola or children who have been exposed to Ebola.
- Welcome survivors and anyone whose lives have been touched by Ebola back into the home and the community. Encourage and help them to participate in community activities.

Step 4: Activities and Interventions

After all of the research, planning and decision making, it is time for the team to plan how to engage in SBCC through activities and interventions. Develop messaging and select channels simultaneously in order to effectively communicate with the intended audiences. Below are additional recommendations.

Carefully select activities based on the type of messaging, ability to reach the intended audience through a variety of media/channels that they use, and the timeline, costs and available resources.

Use findings from the situation analysis to guide selection of activities and interventions.

Consider including facility-based communication channels, as audiences may spend substantial amounts of time in health center waiting areas.

Any SBCC program should include activities across a range of intervention types and communication channels. No matter which channels are selected, they should all communicate mutually reinforcing messages. It is also important to consider linkages with other programs and systems. The following are examples of potential areas for linkages when designing an SBCC program for Ebola:

- NGOs/Faith-based organizations (FBOs), community leaders, municipal authorities and civil society organizations
- Mothers'/women's groups, men's groups, youth groups, sports clubs
- Pre-service education, continuing education and in-service refresher training initiatives for clinical and non-clinical providers and health practitioners
- Other cross-sectoral programs (e.g., agriculture, sports, education, economic empowerment)

Types of Communication Activities

Advocacy operates at the political, social and individual levels to mobilize political and social commitment for social and/or policy change. It aims to create an enabling environment to ask for greater resources, encourage fair allocation of resources and remove barriers to policy implementation.

Advocacy can also inform policy decisions related to Ebola. For example, after listening to the community about their perceptions around safe burial, this

information can be conveyed to policy makers to help ensure that the safe burial policies address both the health and safety precautions, as well as the community and family desires for dignified and culturally acceptable burials.

Social and Community Mobilization brings relevant sectors, such as organizations, policy makers, networks and communities, together to raise awareness, empower individuals and groups for action, and work toward creating an enabling environment and effecting positive behavior and/or social change. Community mobilization is a participatory process through which individuals, groups or organizations plan, carry out and evaluate activities to improve lives of community members. A successful community mobilization effort not only solves problems, but also increases the capacity of a community to identify and address its own needs. It can also include activities such as rallies, public meetings, folk dramas, folk songs and sporting events.

IPC/C is based on one-to-one communication and is often done with a trusted and influential communicator such as a religious leader, counselor, teacher, health provider or even a volunteer. Training and counseling tools or job aids can also help congregants/clients and counselors improve their interactions. Personnel tasked with implementing IPC/C training, tools and aids should be trained in IPC/C techniques, including how to integrate key messages and how to use the tools and job aids effectively.

Call Centers provide rapid information before, during and after an outbreak, and are a vital part of containing it. The operators address misinformation, rumors and stigma, and provide critical information on how to prevent Ebola and where to go for help.

ICTs are platforms for enabling communication and promoting the exchange of information through technology. ICTs include computer technologies, mobile and smart phones, and the use of SMS, as well as social media, such as Facebook, Twitter, LinkedIn, blogs, e-Forums, Springboard and chat rooms. This approach also includes web sites, e-mails, listservs, eLearning, eToolkits and message boards.

Digital media can disseminate tailored messages to the intended audience on a large scale while also receiving audience feedback and encouraging real-time conversations, thus combining mass communication and interpersonal interaction. SMS and cellular technology are ideal for communicating with HWs and for aiding surveillance teams to supply data quickly. Digital communication can also be used for rapid research, for example using SMS technology.

Mass Media can reach large audiences cost-effectively through radio, television and newspapers. According to a review of mass media campaigns, those that follow the principles of effective campaign design and are well executed can have a small to moderate effect, not only on health knowledge, beliefs and attitudes, but on behaviors as well. Given the potential to reach thousands of people, a small to moderate effect size will have a greater impact on public health than would an approach that has a large effect, but only reaches a small number of people. Closed circuit media should be considered if there is a benefit to re-airing TV spots in health care facility waiting rooms (via VCR or DVD player) or through the use of radio-listener groups (for radio spots, etc.). Mass media can also reach a large number of community volunteers or community mobilizers with messages that may be relevant for the broader audience, as well.

Entertainment Education, utilization of the power of drama and music to command attention and speak to the heart, is well documented. Well-written TV and radio drama and entertaining spots can attract people and model the sought-after behaviors. Using top scriptwriters and famous actors can catch people's attention, and persuade them to change their behaviors. Popular musicians can also be enlisted in the cause and create songs with messages. These can go viral: seen on YouTube, shared through cell phones via Bluetooth technology and used as ring tones on phones to create discussions and further spread the message.

Support Media/Mid-Media's reach is less than that of mass media and includes posters, brochures and billboards. Mid-media is an important tool in creating consistency with a uniform set of messages and a common look and feel of a campaign. By using a consistent campaign theme, mid-media can extend and reinforce the messages on the mass media, with a more durable set of materials.

Other helpful tips for designing SBCC interventions:

- **Engage stakeholders and key audiences** in the design of interventions that reflect their views and realities.
- **Design interventions that allow key audiences to discover** for themselves, rather than just be told what is right—such as facilitated discussions using cue cards.
- **Design interventions that discuss barriers** and how to overcome them.

Illustrative Examples for Step 4

Here are suggested approaches, activities and illustrative examples as choices for communicating to primary and influencing audiences about Ebola. Your team is not expected to use all (or even most) of them; these suggestions are merely a starting point. Close collaboration with communication professionals can help ensure that design and execution are innovative and compelling.

Messaging about Ebola should be consistent with national and local efforts. It can be integrated into maternal, newborn and child health (MNCH) efforts. Importantly, find out what others are doing (or willing and able to do) to increase Ebola communication and to collaborate and coordinate with them. It is advisable to do a mapping exercise of the NGO activities by region, if possible, to facilitate collaboration and coordination.

Intervention: Mass Media			
Intervention Area	Illustrative Activities	Purpose	Intended Audience
Local mass media	<ul style="list-style-type: none"> • Develop radio and TV spots on Ebola (e.g., of community members speaking about how Ebola is real; do-able actions that protect from Ebola; survivors sharing what they have learned about Ebola; faith leaders discussing safe burial practices; health care workers promoting compassionate care and health seeking) • Integrate Ebola into a multi-episode radio drama serial on MNCH • Develop a radio distance-learning program for community health workers (CHWs) or community volunteers • Produce radio call-in shows with Ebola as a health topic and an expert available to answer audience questions 	<ul style="list-style-type: none"> • Increase awareness and knowledge of Ebola and how to protect from Ebola • Increase acceptability of safe burial practices • Depict role models practicing desired behaviors • Stimulate social dialogue about everyone's role in protecting from Ebola • Answer listener questions to further dispel myths and provide accurate information • Shift social norms around Ebola and reduce stigma 	<p>Households</p> <p>Broader communities</p> <p>Spots will also reach some health providers, faith leaders and political leaders</p>
Print media	<p>Develop/adapt:</p> <ul style="list-style-type: none"> • Brochures/leaflets on Ebola • Stickers with a hotline number to remind households to call for help if they suspect Ebola • Posters with illustrations that show signs and symptoms and how to protect from Ebola and encourage health seeking • Ebola protection action cards for community volunteers • Circulars with religious justification on safe burials 	<ul style="list-style-type: none"> • Increase awareness about Ebola • Reminders with key information 	<p>Households</p> <p>Community volunteers</p> <p>Religious and traditional leaders</p>
Digital media and mHealth	<ul style="list-style-type: none"> • Host an Ebola hotline (phone and/or SMS-based) • Produce SMS service for Ebola information, reminders of when and where to go for help, encouragement • Develop SMS messages reminding households of proper hygiene and sanitation practices with links to Ebola information and the hotline number • Where appropriate, social media pages on Ebola • Develop short video clips and short FAQs that model Ebola protection practices and education (accessible on basic and smart phones) 	<ul style="list-style-type: none"> • Increase awareness • Dispel myths and misconceptions • Stimulate social dialogue • Increase knowledge and skills 	<p>Households</p>

Intervention: Community-Based Services, Outreach and Community Approaches			
Intervention Area	Illustrative Activities	Purpose	Intended Audience
CHW outreach	<ul style="list-style-type: none"> • Train CHWs to conduct community-based Ebola education and counseling • Establish CHW radio listening groups for distance learning program • Develop/adapt materials and job aids (practice dolls, flipbooks, pamphlets, checklists, referral cards, etc.) to provide guidance on Ebola and counseling, including problem solving • Develop songs, logos, buttons, badges and other items that support the central positioning and promotion of acceptability 	<ul style="list-style-type: none"> • Improve knowledge and skills • Provide peer-supported learning opportunities • Ensure quality counseling, education and referral • Provide incentives 	CHWs
Community approaches	<ul style="list-style-type: none"> • Hold community dialogues around Ebola • Invite respected clergy and health professionals to speak and answer questions • Use FBO events to promote safe burial practices • Organize community events that promote actions that protect from Ebola as the norm and reduce stigma—such as community theater, etc. 	<ul style="list-style-type: none"> • Encourage social dialogue on relevant Ebola topics • Increase social support for health seeking and actions that protect from Ebola • Decrease stigma • Create/improve environment for cultural shift 	Households Communities
Peer Educators/ Champions	<ul style="list-style-type: none"> • Identify satisfied users as community advocates • Coach peer educators/ champions on key messages • Identify “everyday heroes” —e.g., grandmothers in the community who support improved hygiene and infection prevention practices and are helping to ensure the health of their families—and celebrate them at community events and through community and mass media • Identify family members who have suffered the loss of a loved one to Ebola. After they are no longer infectious themselves, have them speak at community meetings, in mass media, at work where appropriate, and one-on-one with their neighbors about how Ebola is real and what can be done to prevent its spread. 	<ul style="list-style-type: none"> • Encourage social dialogue on preventing Ebola • Increase social support for improved home hygiene 	Women, grandmothers and other caregivers Fathers and communities

Intervention: Structural			
Intervention Area	Illustrative Activities	Purpose	Intended Audience
Policy and guidelines	<ul style="list-style-type: none"> Disseminate up-to-date guidelines for use at all health facilities Update monitoring and supervision tools to include Ebola indicators Twitter feed on Ebola, progress and lessons learned, and other relevant information 	<ul style="list-style-type: none"> Increase knowledge Ensure appropriate guidelines Ensure practice matches policy 	Health district and facility decision makers and implementers
Pre-service, in-service, on-the-job and refresher training	<ul style="list-style-type: none"> Integrate Ebola counseling into pre-service, in-service, on-the-job and refresher training (for all providers including doctors, nurses, midwives, physician assistants, CHWs, and pharmacists) Build confidence of HWs in their ability to protect themselves from Ebola and other infectious disease through provision of and proper training with PPE and other infection prevention equipment and supplies 	<ul style="list-style-type: none"> Increase awareness and improve practice 	Health providers
Intervention Area	Illustrative Activities	Purpose	Intended Audience
Digital/distance learning	<ul style="list-style-type: none"> Develop short video clips and print FAQs that model education and counseling and can be disseminated via video, smartphones, tablets and online Create a toll-free network for HWs to be able to access accurate information, to discuss cases and to receive counseling for themselves Use Twitter or other social media as a discussion forum to share program implementation ideas, problems and solutions 	<ul style="list-style-type: none"> Increase and refresh knowledge and skills 	Health providers Supervisors of CHWs
Other continuing education	<ul style="list-style-type: none"> Offer Ebola counseling workshops and online courses that include up-to-date guidelines and best practices Disseminate updated Ebola job aids 	<ul style="list-style-type: none"> Increase awareness and improve practice 	Professional associations for health providers

Step 5: Monitoring and Evaluation

M&E is a critical component of program activities. M&E provides empirical, culturally relevant, contextual information and allows for collaboration (as needed) in the assessment of immediate, intermediate, and long-term effects of project activities. Monitoring results can be used to determine whether programs goals are being met. Evaluation results can identify activities that are or are not successful, and identify means for improvement.

A program plan should include a full M&E plan. The M&E plan should assess indicators directly related to the SBCC objectives. The Pathways Framework (Appendix D) includes examples of initial and

behavioral outcomes. Specific indicators for the outcomes are used to determine whether objectives are being met.

Indicators

M&E indicators may include those for process, output, outcome and impact. The process/input indicators measure what was done, the output measures who was reached, the outcome measures what effect that reach had and the health impact measures the higher-level result of the campaign. The following table describes these different types of indicators and offers examples of specific measures of these indicators.

Types of M&E Indicators and Examples of Specific Measures			
Process Indicators	Program Output Indicators	Behavioral Outcome Indicators	Health Impact Indicators
Measure what was done through the program	Measure who was reached through the program activities	What effect that reach had on behaviors	Measure changes in health outcomes
Example: Percent of social mobilizers trained in communication and community engagement; Number of radio spots broadcast during a specific time period	Example: Number of households who were included in the door-to-door SM campaigns; Proportion of target audience who report having heard radio broadcast spots	Example: Percent of people who know at least five Ebola signs and symptoms; Rate of increase in the target audience who wash their hands	Example: *Reduction in the number of Ebola cases or reduction in case fatality
*This indicator will address association of the communication intervention, but not causation.			

Illustrative Examples for Step 5

The following are the types of indicators that your program might include in an M&E plan. Base your indicators on your program's SBCC objectives and plan. Select only indicators that will uncover whether the campaign is succeeding and those that are feasible to measure. Keep in mind that in order to measure how your programs' activities changed behaviors you will need to compare measures before (baseline) and after the activities.

Knowledge of Ebola Prevention

- Percent of people who know three correct ways

Ebola infection can be prevented

- Percent of people who can describe actions that they can personally take to prevent Ebola infection (to themselves or within their community)
- Percent of people who can identify at least five Ebola signs and symptoms
- Percent of people who report their use of reliable sources of information

Trust in Health System/Workers

- Percent of people who report that health care workers in clinics and hospitals care about their patients

- Percent of people who report that the MOH is responsible for assuring health services
- Percent of people who say they would go to a clinic or hospital for a non-Ebola health emergency
- Percent of people who report that if they suspected that they or someone they knew was infected with Ebola that they would alert authorities, i.e., that they would call their local hotline, inform a HW, or community leader
- Percent of people who agree that case finding and contact tracing teams are trying to protect people from Ebola
- Percent of people who say they or someone in their family have been to a health provider in the last four weeks
- Percent of homes where case finders or contact tracers have been refused entry
- Percent of people in hotspot areas who have been reached by case finders/contact tracers through any mode of communication (radio programs, SMS, public service announcements, religious/community leaders)

Case Management

- Length of time from when a person calls the hotline to report a suspected Ebola case until the time the suspected case is picked up by transport to a CCC/ETU
- Length of time from the time a person calls the hotline to report a dead body until the burial team arrives at the home
- Percent of people who report that they will call the hotline or inform a HW or leader if they suspect a family member may be infected with Ebola
- Percent of people who report that they will call the hotline or inform a HW or leader if they suspect someone they know outside their family may be infected with Ebola
- Percent of people who agree that CCC/ETUs keep people informed about infected relatives
- Percent of CCCs established following a community dialogue process aligned with SOPs
- Percent of traditional healers who agree that early care/use of CCCs increases chances of survival
- Percent of people who agree that CCC/ETUs keep patients' family members informed about the patients' well-being

- Percent of people who feel they would be stigmatized if they report a family member to CCC/ETU
- Percent of people in hotspot areas who received messages about the presence of CCCs/ETUs through any mode of communication (Radio programs, SMS, public service announcements, religious/community leaders)
- Percent of identified traditional healers sensitized on effective case management (questionable if this is necessary or possible)
- Percent of calls received through the national hotline which are motivated by erroneous rumors/beliefs
- Top five rumors being reported by the hotline (code by content: Ebola transmission, ETUs, CCCs, HWs' behaviors, treatment inside units)
- Percent of traditional healers who report that they would refer someone whom they suspected might be infected with Ebola to a CCC/ETU

Safe Burial

- Percent of safe burials
- Percent of bodies that have not been washed by families
- Percent of people who participated in a funeral/burial during which they washed or had direct contact with the dead body during the ceremony
- Percent of people who have participated in funeral/burial rituals where there was no unprotected contact with the deceased
- Percent of people who can accurately describe the benefits of safe burials
- Percent of people whose household experienced a known or suspected Ebola death in their home who called the call center/the appropriate authority for safe burial
- Percent of deaths that have been registered with local authorities
- Percent of bodies that have not been touched by anyone other than Ebola emergency response teams wearing PPE during burial practices
- Percent of burials whose cause of death was undetermined
- Percent of burials led by a sensitized religious leader
- Percent of communities willing to engage in alternative burial practices
- Percent of identified religious leaders who have publically promoted safe and dignified burial practices

- Percent of identified religious leaders who have publically opposed safe and dignified burial practices

Personal Care/Isolation of Sick

- Number of times people wash hands with soap and water on an ordinary day
- Percent of people that agree that using water and soap to wash hands prevents infection
- Percent of people that can regularly access a hand washing station with soap or chlorine water
- Percent of people that report avoiding direct contact (bare hands) with Ebola-infected relatives or friends
- Percent of people that report avoiding direct contact (bare hands) with bedding, clothing, or other items which may have been contaminated by an Ebola-infected person
- Percent of people that can accurately describe how they would get to a CCC or ETU if they thought they may be infected with Ebola
- Percent of people that can accurately report how they can avoid touching clothing or personal belongings of people infected with Ebola
- Percent of people that agree that if someone touches personal belongings of someone infected with Ebola that they can become infected
- Percent of people who have received messages about hand washing with soap or chlorinated water
- Percent of people who have received messages about using CCCs to isolate Ebola infected people
- Percent of people who accurately describe how they should care for family members who have a fever with vomiting and/or diarrhea
- Percent of people who accurately describe what they would do if they experienced fever with vomiting and/or diarrhea
- Percent of people who can accurately describe what they should do if they were exposed to a person who was infected with Ebola

Community Action

- Proportion of leaders (religious, traditional, political, etc.) engaged in community mobilization for Ebola control and prevention
- Proportion of community who report their community can be free of Ebola in the next X months

- Proportion of community who report that [selected prevention activity, e.g., safe burial practices, isolating those with EVD] will help their community to be free of Ebola in the next X months.
- Number of people that affirm that their leaders speak publically about effective Ebola prevention
- Percent of people who report their leaders provide accurate information about Ebola
- Percent of people who have cared for non-family dependents (children, elders, disabled) left behind by Ebola-infected care takers
- Percent of people who have cared for non-family members who survived Ebola
- Percent of people who report that they've corrected another's misinformation about Ebola by providing accurate information
- Proportion of community that reports they have referred others to reliable sources of information

Stigma

- Proportion of respondents who hold at least one form of discriminatory attitude towards Ebola survivors
- Proportion of respondents who would not welcome back a neighbor after surviving and recovering from Ebola
- Percent of people who feel they would be stigmatized if they report someone to an ETU
- Percent of people who would welcome someone back into their community after they recovered from Ebola
- Percent of teachers who would welcome a student who survived and recovered from Ebola in his or her classroom
- Percent of teachers who would permit a student whose family member had survived and recovered Ebola in his or her classroom
- Proportion of respondents who would share a taxi ride (or other small space) with a person whom they suspected or knew had survived and recovered from Ebola

Operations and Management

- Percent of rapid response team members who can accurately identify their supervisor (who they report to) and to whom their supervisor reports
- Percent of rapid response team who can accurately identify at least three partner organizations
- Percent of districts with community managers in place

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- Percent of social mobilizers paid on time
 - Proportion of social mobilizers who report having received compensation they expected when they expected
 - Percent of districts with a map (or contact information, etc.) of key religious, health, community, and traditional influencers
 - Percent of districts with a map (or contact information, etc.) of all NGOs and other groups providing support in the district
 - Percent of affected districts with established SM coordinating mechanisms and funding

- Percent of SM partners reporting each week on activities conducted
- Number of policies (bylaws, etc.) enacted to control Ebola (e.g., fine for traditional burial practices, travel restrictions, enactment of cross-border data sharing agreements for contact tracing)
- Percent of women who have participated in SM trainings
- Percent of social mobilizers trained in rapid response or other methods using ICT
- Proportion of Ebola rapid response teams that include social mobilizers

APPENDIX A. EBOLA COMMUNICATION RESPONSE TABLES

These tables provide an at-a-glance guide for addressing common Ebola issues through communication. Many of the messages included in this matrix were adapted from the Message Guide for Ebola Communication, Social Mobilization Sub-Committee, Version 3, January 23, 2015, developed by the Republic of Liberia Ministry of Health in partnership with UNICEF, WHO, CDC, Johns Hopkins Center for Communication Programs and the Health Communication Capacity Collaborative, Population Services International Liberia, Liberian Red Cross, African Union, International Federation of Red Cross and the Red Crescent Societies, the Beneficiary Communication, USAID and UNFPA.

Denial of Ebola		
<p>Key Considerations: When fear of a disease is high, but people lack the confidence and skills to do anything about their fears, one common result is denial of the problem. When dealing with the issue of denial, consider the following:</p> <ul style="list-style-type: none"> • Manage fear by balancing the risk of getting Ebola with action items to protect from Ebola. Messages should include a place to get more information (e.g., community leader, hotline number). • Community members tend to trust and listen to HWs, religious leaders, family and friends—consider campaigns that engage HWs, local role models or change agents to discuss the facts about Ebola and how to model positive behaviors. 		
<p>Important people to involve in your communication efforts: HWs, CHWs and volunteers, Ebola task forces, district health teams, Ebola survivors, local champions, religious and community leaders, and mass media</p>		
Common Causes/ Contributing Factors	Sample Message Response	Sample Activities and Implementation
<p>Lack of accurate information about Ebola/rumors</p> <p>High fear, low confidence and skills to take action to protect oneself, resulting in denial</p>	<p>Ebola is real. However, you can protect yourself, your family and your community. Early treatment of Ebola increases your chance of survival and may prevent spread to your family and your community.</p> <p>Do not touch a sick person with Ebola or someone who has died from Ebola.</p> <p>Speak with your local community leader if you suspect Ebola in your community or call the Ebola hotline (XXXX) for advice.</p> <p>Ebola causes sudden high fever, extreme tiredness, headache, body pain and loss of appetite. If you fall sick with these symptoms after contact with a person with Ebola or after attending a funeral, go to the nearest health facility.</p>	<p>HW and CHW training on Ebola communication, radio distance-learning program for CHWs or community volunteers</p> <p>Community and religious leader training about Ebola and their role in stopping transmission</p> <p>Call-in radio show with trusted sources (e.g., HWs) talking about Ebola prevention, and Ebola survivor stories</p> <p>Community and school activities such as community theater and games that teach about Ebola</p> <p>Print materials, such as Ebola protection action cards, Ebola job aids, hording boards, posters, etc.</p> <p>Call center with hotline number to answer questions about Ebola</p> <p>Religious sermons that teach about Ebola, but do not blame community members for Ebola</p>

Lack of Trust

Key Considerations: When there is a confidence issue, consider the following:

- **Identify trusted sources of information:** usually these are religious leaders and often community leaders, but consider that high-level political leaders might not be the best spokespeople if there is a confidence crisis.
- **People are always afraid of what they do not know:** provide information about Ebola early on and the concrete steps people can take to protect themselves. Speak about how early treatment can increase chances of survival, but that to date there is still no specific cure.
- **Give community members a role in their community:** hold community dialogues and seek input about compassionate care of Ebola, Ebola treatment centers and burial practices—include messages about how everyone is “in this together.”

Important people to involve in your communication efforts: HWs, CHWs and volunteers, Ebola task forces, district health teams, Ebola survivors, local champions, religious and community leaders and mass media

Common Causes/ Contributing Factors	Sample Message Response	Sample Activities and Implementation
<p>Untimely or lack of accurate and appropriate communication about Ebola and Ebola interventions in the community (e.g., new ETUs in community, intimidating appearance of workers in PPEs, etc.)</p> <p>Effects of years of civil strife and wars</p> <p>High fear, low confidence and skills to take action to protect oneself</p> <p>Rumors</p>	<p>Provide messages about what Ebola is, how it spreads and what people can do about it. Include messages about how Ebola is not spread, for example, through witchcraft, Westerners and governments. Always give them an action they can take, such as calling a hotline or informing a community leader.</p> <p>Also important are messages that foster community ownership, for example, “We are in it together.”</p> <p>Include messages on ETUs or other treatment centers, health care workers and burial teams, for example: ETUs are special and safe health centers that give the best care for Ebola.</p> <p>HWs in the ETU can give treatment for the signs and symptoms of Ebola. Early treatment for the signs and symptoms of Ebola can help the person to survive—right now, there is no special cure.</p>	<p>Convene and train national- and local-level community and religious leaders to share Ebola messages and dispelling rumors</p> <p>Broadcast call-in radio show and radio drama series with trusted sources (e.g., religious leaders) dispelling rumors and restoring trust</p> <p>Create community Ebola task forces and assign trusted community leaders who can serve as point persons for Ebola information</p> <p>Produce community ETU Entry Guidelines that include language on informing community members in advance about the arrival of ETUs, the role of the treatment centers, HWs, burial teams, etc.</p> <p>Ensure community ownership of community-level Ebola treatment centers and burials, hold dialogues with communities to get their input and communicate results back to the community</p> <p>Produce a sermon guide that includes the facts about Ebola and what community members can do to prevent it, get treatment and support a loved one</p> <p>Ensure feedback mechanisms (provide phone credit for family to call, ensure on staff of the center to be the liaison, allow family to come to the center) from the center to the family or friend of the patients</p>

Lack of Trust		
Common Causes/ Contributing Factors	Sample Message Response	Sample Activities and Implementation
	<p>Many new ETUs are being built so that sick people can get the care that they need to keep families and communities safe.</p> <p>The HWs in ETUs wear special protective clothing called PPE (overhaul suits) to keep them safe while they are taking care of the sick people.</p> <p>The burial teams know this kind of safe burial is very difficult for the family and the community and are trained to show respect to the body and the family.</p> <p>While you cannot visit your sick friend/family member in the isolation part of the center (red zone), you will be called to tell you how he/she doing OR you can go to the center and talk to the staff who take care of him/her.</p>	

Resistance to Safe and Dignified Burials

Key Considerations for safe burials are:

- Messages for safe burials need to be comprehensive (see Sample Message Response for a list of topics).
- Ensure that health experts consult with community members and religious leaders on what safe burials mean and together decide how they can safe yet remain meaningful for the community both traditionally and spiritually.
- Ensure that cemeteries for people who died from Ebola are chosen through consultation with the community.
- Not all burials practices are at risk. When there is no washing and no touching there is no reason to forbid practices.
- “Small” things are highly important as very symbolic, such as the color of body bags (e.g., important to ensure that no black ones are given to people working in Muslim communities).

Important people to involve in your communication efforts: Religious and community leaders, mass media, district health teams, Ebola task forces, local champions

Common Causes/ Contributing Factors	Sample Message Response	Sample Activities and Implementation
Religious/traditional customs related to burials	<p>Messages should touch on:</p> <ol style="list-style-type: none"> 1. Why safe burials are important 2. What safe burials mean 3. Who the burial teams are and what they do 4. How the family can take part in safe burials to make sure it is respectful 5. How the burial teams spray the body and get it ready for burial when a person dies in an ETU 6. How the burial teams wash the body and get it ready for burial if a person dies at home 7. How the body is moved and laid to rest in the ground 8. Information about the cemetery that will be used for Ebola victims <p>Ebola is spreading from person to person through traditional burial practices.</p> <p>Tradition is important, but everyone must find a way to respect the dead and observe burial rites without putting themselves or anyone else in danger of catching Ebola.</p> <p>When someone dies from Ebola, the Ebola virus in the body is still alive. Ebola can be easily spread from the dead body to others if we continue to care for our dead family members the way we are used to.</p> <p>Ebola can spread when we touch, wash, plait or cut the hair of, dress, brush teeth or bury the dead body.</p> <p>Safe burial is important because it helps stop the spread of the Ebola virus.</p>	<p>National and local level convening and/or training of community and religious leaders to discuss their role in promoting safe burial</p> <p>Call-in radio show with religious and traditional leaders about safe burials and dispelling rumors</p> <p>Ensure community ownership of safe burials; hold dialogues with communities to get their input, and communicate agreed upon safe burial practices back to the community</p> <p>Create a sermon guide that includes information about safe burials</p> <p>A Fatwa over the status of Ebola victims and Ebola has been issued make sure the imams have a reference tool</p>

Resistance to Safe and Dignified Burials		
Common Causes/ Contributing Factors	Sample Message Response	Sample Activities and Implementation
	<p>Safe burial is for everyone! If someone in your family dies, call XXX (or contact XXX) to bury them.</p> <p>Burial is safe only when a trained team handles the body. [Provide information on the steps they take to prepare the body].</p> <p>The burial teams know this kind of safe burial is very difficult for the family and the community and are trained to show respect to the body and the family.</p>	

Fear of Health Facilities and Ebola Treatment Units

Key Considerations: Fear of health facilities and ETUs can lead to hiding Ebola victims and/or having them treated at home by untrained workers. These untrained workers can be individuals that the victims would normally turn to for help, such as traditional healers, and off-duty health facility workers (sometimes anyone who works for a health center is consulted, even if that person is in maintenance). Often, they will not wear protective clothing.

When addressing the avoidance of ETUs and health facilities, consider the following:

- Collaborate with health systems strengthening teams and agencies that work in MNCH, HIV/AIDS or other health areas to promote safe usage of health facilities.
- Address communities before ETUs are built and hold dialogues with community members; ensure that communities understand what the ETUs are and what they do, and why HWs wear PPEs; and make sure that community members have a role.
- Always communicate clear steps that community members can take when they or someone they know is ill, such as informing a community leader, calling a hotline, etc.

Important people to involve in your communication efforts: Ebola survivors, HWs, CHWs and volunteers, Ebola task forces, district health teams, local champions, community leaders, mass media

Common Causes/ Contributing Factors	Sample Message Response	Sample Activities and Implementation
High death rates and lack of trust in foreign- or government-led facilities	Consider messages that reflect how we are “in this together,” giving the community the real sense they have a role to play in ending Ebola. They could include messages about what to do or where to go when sick with an illness that is not Ebola, and the benefits of doing so.	Radio dramas and radio discussions with HWs and trusted leaders who dispel rumors and explain the purpose of the ETUs, HWs wearing PPEs and the safety of health facilities
Lack of respect or information to communities and the family of victims	Governments and agencies need to work with community leaders and other members to communicate about incoming ETUs and PPEs to communities so they do not inflame panic.	Promote information on what to do when sick with something other than Ebola and provide clear benefits in mass media, with stories of community members who have been treated
Misunderstandings/ lack of information about incoming ETUs and PPEs in communities, and lack of community buy-in	Messages need to focus on how early treatment can increase the chances of survival. Some examples include: <ul style="list-style-type: none"> • ETUs are special and safe health centers that give the best care for Ebola. • HWs in the ETU can give treatment for the signs and symptoms of Ebola. Early treatment for the signs and symptoms of Ebola can help the person to survive—right now, there is no special cure. 	Create community-level activities that promote dialogues about visiting ETUs or health facilities, prompting discussion and reflection; incorporate survivor stories
Misunderstandings about survival rates; lack of information of whether health centers are safe places to go when sick	<ul style="list-style-type: none"> • Many new ETUs are being built so that sick people can get the care that they need to keep families and communities safe. • The HWs in ETUs wear special protective clothing called PPE (overhaul suits) to keep them safe while they are taking care of the sick people. 	Ensure community ownership of ETUs and other treatment or health facilities; hold dialogues with communities to get their input and communicate agreed-upon safe burial practices back to the community

Fear of Health Facilities and Ebola Treatment Units		
Common Causes/ Contributing Factors	Sample Message Response	Sample Activities and Implementation
<p>All of these contribute to the perception that ETUs are places where people go to die and health facilities are places where you can catch Ebola</p>	<ul style="list-style-type: none"> • At the ETU, people that are tested who are known to have Ebola are kept in their own area so the Ebola does not spread to anyone else. • The HWs in the ETU take good care of Ebola patients. Sick people get plenty of food, water and medicine to take care of pain when they are in ETU. <p>Remember, if anyone is sick, call XXX (or see X) so they can advise you on the best health services and send the help you need.</p> <p>While you can't visit your sick friend/family member in the isolation part of the center (red zone); you will be called for you to know how he/she doing OR you can still go to the center and discuss with the staff who take care of him/her</p>	<p>Promote stories about survivors and others who are stigmatized (e.g., HWs, burial teams) through mass media, videos, and community events</p> <p>Try to organize visits for communities or families to ETUs to help demystify them. Alternatively, create short videos of the ETUs and show them to alleviate fears</p> <p>Provide a bridge between the patient and his/her family and community—this might include establishing a cadre of community health volunteers who can guide community members to services when they are ill and interface with staff and the family for patient visits or calls</p>

Ebola Stigma

Key Considerations: When working to reduce stigma, consider the following:

- When communicating about Ebola at any time, include the chances for survival and promote Ebola survivor stories.
- Ensure that those people who are working with Ebola victims are celebrated and encourage communities to welcome them.
- Communicate correct knowledge about transmission and risk (a person who is not sick is not a risk to me, even if the person has recovered from Ebola, as long as I do not have unprotected sex with them within three months of their recovery).
- Increase people's sense of self-efficacy for prevention (I know what I can do to protect myself and my family).
- Promote the role of people who have survived Ebola (survivors are assets to my community).
- Promote care and compassion for children who have lost their caregivers (we are all responsible for taking care of the community's children).

Important people to involve in your communication efforts: Local champions, religious and community leaders, Ebola survivors, HWs, CHWs and volunteers, Ebola task forces, district health teams, mass media

Common Causes/ Contributing Factors	Sample Message Response	Sample Activities and Implementation
<p>Lack of information about transmission risks from survivors and fear of catching Ebola from survivors, myths about witchcraft (e.g., Ebola victims had been cursed.)</p>	<p>If you have survived Ebola, you cannot catch the same kind of Ebola again.</p> <p>Ebola survivors do not have Ebola but they should not have sexual contact for three months after testing Ebola-free (or longer depending on the WHO recommendations). If you cannot wait, make sure you use condoms correctly and throw them away!</p> <p>The Ebola virus is a hard thing for all of us. It has taken away our culture of caring and being concerned for each other.</p> <ul style="list-style-type: none"> • We are afraid to talk about it because people can reject us, our family members, our community members and our health care workers. • This is especially true for those that have gone through and survived Ebola. It is important that we all help each other. <p>Welcome survivors and anyone whose lives have been touched by Ebola back into the home and the community. Encourage and help them to participate in community activities.</p> <p>Survivors and others that have been touched by Ebola can help us. Their stories can help us learn and give us hope.</p>	<p>Promote stories about survivors and others who are stigmatized (e.g., burial teams, HWs) through mass media, videos and community events</p> <p>Provide accurate information about survivor transmission risks (e.g., abstinence or safe sex for three months after they are declared “Ebola free”)</p> <p>Implement community activities, such as community dialogues or participatory community theater, which foster discussion about people who are stigmatized—including healthcare workers, burial teams, and survivors—prompting reflection on how they are treated and feel and how the community can support them</p> <p>Implement a “hero” campaign that celebrates survivors and people who work with Ebola victims. Publicly award them certificates, distribute t-shirts with positive messages, etc.</p>

Ebola Stigma		
Common Causes/ Contributing Factors	Sample Message Response	Sample Activities and Implementation
	<p>Health care workers, burial teams, social workers, mobilizers, and contact tracers are working hard to end Ebola in Liberia.</p> <p>Welcome them and allow them to do their work.</p> <p>We can help survivors and others touched by Ebola when we tell others the truth about how Ebola is spread and how to protect ourselves, our families and our communities.</p>	<p>Recruit community member volunteers to help Ebola survivors re-integrate into the community</p>

Complacency

Key Considerations: When cases start to decline and countries and communities begin to celebrate these achievements, there is a real risk that people will begin to get complacent about reducing their risk to Ebola, and may start engaging in behaviors that put them at risk. It is important that messages reflect on the fact that even one case is too many, and that people need to continue to protect themselves from Ebola. As one person from Guinea put it, “Ebola, you know, is like a forest fire. You have got to get every single ember out because that one ember you forget can reignite the whole thing.”

This is also a good time to reflect on the good behaviors that people are doing to protect from Ebola—such as hand washing and sanitation —and these should be encouraged to continue, even when there are no cases.

Finally, it is important to not re-ignite the fear of Ebola—balance risk with steps of what to do to continue to prevent Ebola.

Important people to involve in your communication efforts: Local champions, religious and community leaders, mass media, Ebola survivors, HWs, CHWs and volunteers, Ebola task forces, district health teams

Common Causes/ Contributing Factors	Sample Message Response	Sample Activities and Implementation
<p>Cases and deaths start to visibly decline, fatigue with living in a high-risk crisis situation, desire to return back to normal</p>	<p>One person with Ebola is too many! We must continue to be careful until there is no Ebola.</p> <p>All major outbreaks of Ebola have started with one person. As long as there is one person with Ebola, all of us must continue to be careful and protect ourselves, our families and our communities.</p> <p>All of the difficult and new things we are doing—like hand washing, keeping a distance from sick people, calling for help, allowing safe burials of our loved ones, welcoming survivors—are working, but Ebola is still here.</p> <p>Ebola is real. You can protect yourself, your family and your community.</p> <p>Learn the signs and symptoms of Ebola.</p> <p>Learn the different ways Ebola is spread.</p> <p>Learn how Ebola is not spread. Learn how to protect yourself and your community What has been achieved for Ebola can also be useful for more common disease (hand washing, assuming that capacities for that will be sustain).</p>	<p>Radio call-in shows with HWs discussing what people can do to stay safe, even when there is only one case</p> <p>Train HWs and CHWs on the messages to continue staying safe even when we have only one case</p> <p>Promote “We must continue...” messages via a variety of media, including radio, hording boards, t-shirts, and community events</p> <p>Incorporate messages about “continuing to stay safe” even as cases decline in discussion groups and community activities. Create discussion guides about complacency that show different scenarios—those who stayed safe and others who were complacent</p> <p>Implement a “hero” campaign that celebrates people who continue to play it safe</p> <p>Consider a campaign that compares one character that continues preventative measure with another who becomes complacent (maybe the latter gets a fever and fears it is Ebola)</p> <p>Provide message guides to community leaders, HWs, HW volunteers, religious leaders and others, who can work together to promote continuing efforts to protect against Ebola</p> <p>Develop sermon guides that promote continued efforts to protect against Ebola, using scripture or verses</p>

APPENDIX B. HOW MOBILIZERS CAN SUPPORT EBOLA EMERGENCY TEAMS

The mobilizer may be notified by the family or community, the DERC, the Social Mobilization Pillar or their supervisor that a sick person has been reported in a home, and that an ambulance has been dispatched.

How Mobilizers Can Support Case Management Teams

Before the Ambulance Arrives

- Express concern and help the family to stay calm. An ambulance in the community can be a frightening experience.
- Listen to the family's concerns. Express gratitude for keeping themselves and their community safe by reporting the sick person using the alert system.
- Stress that the sick person has not yet been confirmed to have Ebola. This cannot be confirmed until after testing.
- Discuss what can be done to stay safe and protect the family while waiting for the ambulance, including not touching the sick person, their body fluids and items they have touched; supporting the sick person to drink liquids and oral rehydration solution (ORS); and keeping a safe distance. (Refer to Liberia's Consolidated Messages Guide at <http://ebolacommunicationnetwork.org/ebolacomresource/message-guide-for-ebola-communications-version-3/>.)
- Prepare the family and community for what they can expect when the ambulance arrives, and inform them when the ambulance is expected to arrive.
- Explain what will happen in the process, including: 1) why the ambulance team members will be in full PPE and use chlorine, 2) the procedures for transporting the patient to an ETU/holding center, 3) the process for testing, 4) the conditions at the center and 5) how they can find out about their family member after he/she is taken away.

During Ambulance Visit

- Make introductions and help facilitate the conversation between the ambulance team and the family. Ask for the ambulance siren to be switched off after arrival.

- Remind the family that they may ask any questions about the process. Allay fears about the use of PPE and chlorine.
- Stay with the family to support them, providing compassion and support while the family member is removed from the home.
- Follow up with the family to ensure they understand clearly where their relative is going and what is happening. Ensure that all contact details have been exchanged before the ambulance team leaves. If available in the district, provide information on the Family Liaison Office/Desk at the DERC.
- Do not act as an ambulance team member. Only ambulance team members with proper training are allowed to use PPE and provide ambulance services.
- If negative events or experiences are registered, provide a detailed incident report to your supervisor or the DERC for immediate action.
- If the family/community experience is positive, it is equally important to provide feedback to the DERC.

During the Patient's Stay in the Holding Centre/Community Care Center/Ebola Treatment Unit

- Regularly check with family members, to make sure the family has the latest updates on the status and location of the patient. Follow up with ETU/Family Liaison Desk/other pillars/partners if the family is not receiving this information.
- Do not provide test results or other medical information. Do not speculate on the nature of the treatment. The mobilizer's role is to ensure that the family members have access to case management professionals who can give them the accurate information, and to advocate for the information to be shared with the family in a timely manner.
- In case of a death in the holding center/CCC/ETU, the Social Mobilization Pillar should be notified, and local mobilizer sent as liaison person, to ensure appropriate steps are followed (see *How Mobilizers Can Support Burial Teams*).

After the Patient's Stay in the Holding Centre/Community Care Center/Ebola Treatment Unit

- Accompany survivors home from the CCC/ETU.
- Follow up with those discharged from the

holding centers as Ebola-negative, to help them reintegrate in the community, and address stigma and discrimination. Help them to understand that even though they tested negative, they will now be on a contact list and receive follow up visits from the contact tracers. This point can often be confusing. Clarify questions and concerns from the community and those discharged. Refer to the Consolidated Messaging Guide.

- Follow up with the family if the patient has died in the center. Help to link them to other pillars/services, especially psychosocial support. Provide information on how they can take part in the safe and dignified burial (see below).
- Make regular follow-up visits to survivors after they are discharged and refer them to other pillars/services if needed. Consider their role as mobilizers in future.
- Report to the DERC any concerning practice in the ETU.

How Mobilizers Can Support Surveillance and Contact Tracing Teams

As local community members, mobilizers can help surveillance officers and contact tracers gain community entry and trust, and learn important information about communities and families. Some of this information can be shared, while respecting the privacy of individual community members.

Before Surveillance Team or Contact Tracing Team Arrives

- Mobilizers must be included within every surveillance team. This may include both 1) a local mobilizer already on site and/or 2) a mobilizer accompanying the surveillance team from outside the community. Because they live in the community, the local mobilizer will often be first to arrive at the family home.
- Express compassion and concern for the family, and help them to stay calm.
- While the family waits, discuss the key Ebola prevention methods and how they can keep themselves safe. Discuss the signs and symptoms of Ebola and what to do if signs or symptoms occur.
- Prepare the family for what they can expect during the surveillance or contact-tracing visit. Explain that everyone who has had contact with a confirmed or suspected Ebola case must

observe the 21 days of quarantine for their own and their community's health and safety. This does not mean they will all contract Ebola.

- Listen to the family's concerns and answer questions.
- Explain the case investigation process, including 1) who will come and why they need to talk to the family, 2) why it is important to trust the surveillance officer and share their information and 3) what they can do if they are feeling uncomfortable with the questioning.
- Explain the line listing and contact tracing process, including 1) who will come and what questions they will ask, 2) how often they will visit after the initial visit and 3) why it is important to work with the contact tracer because they are there to help.

During the Surveillance Visit or Initial Contact Tracing Visit

- Make introductions and help facilitate the conversation between the surveillance team and the family.
- Remind the family that they may ask any questions about the process.
- Provide the surveillance team with additional relevant information about the community and families, based on the mobilizer's longer-term presence there. Always respect privacy, and do not disclose confidential information (e.g., a family member's HIV status).
- Listen and facilitate. Look for signs of discomfort and look for ways to allay fear and anxiety.
- Help to engage others in the household for fuller stories related to the contact, using your experience, trust and knowledge of the community.
- Do not take on the role of the surveillance officer. Do not burden the family or community by asking them to recount the details of the events that took place over and over again. You are not a trained case investigator. Your role is to help facilitate the trained professionals to access the information they need and to advocate for the families to be treated in a respectful and compassionate way.

After the Surveillance Visit or Initial Contact Tracing Visit

- Work with the family and community to coordinate any additional visits in such a way that communities are not over-burdened by

outsiders and visitors.

- Follow up with the households and ask people if they have any questions they did not feel comfortable asking at the time of the visit, but which they might want to ask privately.
- Do not take on the role of a contact tracer. Do not offer to take temperatures, fill forms, or do other work of contact tracers that you have not been trained to do.
- Where negative events or experiences are registered, provide a detailed incident report to your supervisor or the DERC for immediate action.
- Where the family/community experience is positive, equally, provide feedback to the DERC.

How Mobilizers Can Support Quarantine Officers

Mobilizers are not directly responsible for maintaining quarantine. However, they can assist families and service providers throughout the quarantine process. Mobilizers play a role in preparing the community and providing two-way information flow. They can also keep up a dialogue with quarantined families so that they understand why they are quarantined, and the risks posed to themselves and their communities if they leave the quarantine. Mobilizers answer questions, provide advice, relay information to the DERC about gaps in services and maintain a trusted point of contact for families if they experience problems.

Before the Quarantine

- After being alerted and briefed by the surveillance team, arrive at the family home/community as quickly as possible.
- Listen to community members, answer questions, and help them to stay calm. Express concern and sympathy.
- Prepare the family for what they can expect during the quarantine. Explain that everyone must observe the 21 days of quarantine for their own and their community's health and safety.
- Discuss the signs and symptoms of Ebola and what to do if signs or symptoms occur.
- Explain the quarantine process, including 1) what a quarantine is and why it is important, 2) the use of chlorine and the disinfection process, 3) how long the quarantine will last, 4) how to stay safe and minimize contact during quarantine, 5) how the family/community nutritional needs will be

met during quarantine and 6) how the family will be able to communicate with family members in the ETU.

- Do not raise expectations about the food/non-food items that a family will receive.
- Do not take on the role of a quarantine officer. Mobilizers can assure family members that their needs will be met, and let them know that the quarantine officer will be able to provide more details.

During the Quarantine

- Attend daily integrated partner meetings at the ward/community level to receive the latest information on quarantine services and plans for the day.
- Continue an ongoing dialogue with families and provide consistent advice and encouragement.
- Pay special attention and provide additional support to pregnant women and others with special needs in quarantined homes.
- Work with the family and community to coordinate visits of the different service providers in such a way that communities are not over-burdened by outsiders and visitors.
- Provide up-to-date information to families on the quarantine and distribution process, locations of distribution points and timing of distributions.
- Be a key point of contact with families, keep returning to troubleshoot problems and provide two-way information flow, and effectively use the contacts agreed with the DERC.
- Check with family members who have sick relatives in the ETU to make sure the family has the latest updates on the status and location of the patient and can communicate with them. Follow up with other pillars/partners if the family is not receiving this information.
- Based on the needs of the community members, link to other pillars/services, especially psychosocial support and religious community.
- Report any incidents or concerns to the DERC immediately.

After the Quarantine

- Work with the family and community on re-integration into the community and help reduce stigma.
- Where negative events or experiences are registered, provide a detailed incident report to your supervisor or the DERC for immediate action.

How Mobilizers Can Support Burial Teams

The mobilizer may be notified that a death has occurred in the community by the family, community, the DERC, the Social Mobilization Pillar or their supervisor. If notified directly by the community, the mobilizer must immediately ensure that the family calls in the burial alert to the local hotline, for example, in Sierra Leone, to the DERC (117/District hotline).

Before the Burial Team Arrives

- Meet the family in the home as quickly as possible.
- Express compassion and condolences for the family's loss. Express gratitude for keeping themselves and their community safe by reporting the death using the alert system.
- Advise the family that if they can access a coffin or shroud quickly, the burial team can use it in the burial. The burial team cannot wait for these items, so the family should act quickly.
- Maintain regular contact with the DERC and/or burial team to update on the progress and expected arrival time. For female deaths, request the need for a female burial team member to be present.
- While the family waits, clearly explain how and why they must keep a safe distance from the body and minimize contact with the room/items that were used by the deceased.
- Listen to the family's concerns. Offer to help the family to contact a religious leader or community leader join the conversation.
- Prepare the family for what they can expect when the burial and swab teams arrive. Explain that all bodies will be prepared for a safe burial, whether or not the case of death was Ebola.
- Explain the swab and burial team process, including 1) what is a swab and when the results are usually available, 2) what is a safe and dignified burial and why it is important, 3) how and why the burial teams spray the body and prepare for burial whether at home or at another facility (e.g., ETU), 4) how the body is moved and laid to rest and 5) how they can learn about the burial location/time. Refer to the Consolidated Messages Guide.
- Discuss with the family that while tradition is important, as long as Ebola is present, everyone must find a way to respect the dead and observe burial rites without putting themselves or anyone else in danger of catching Ebola.

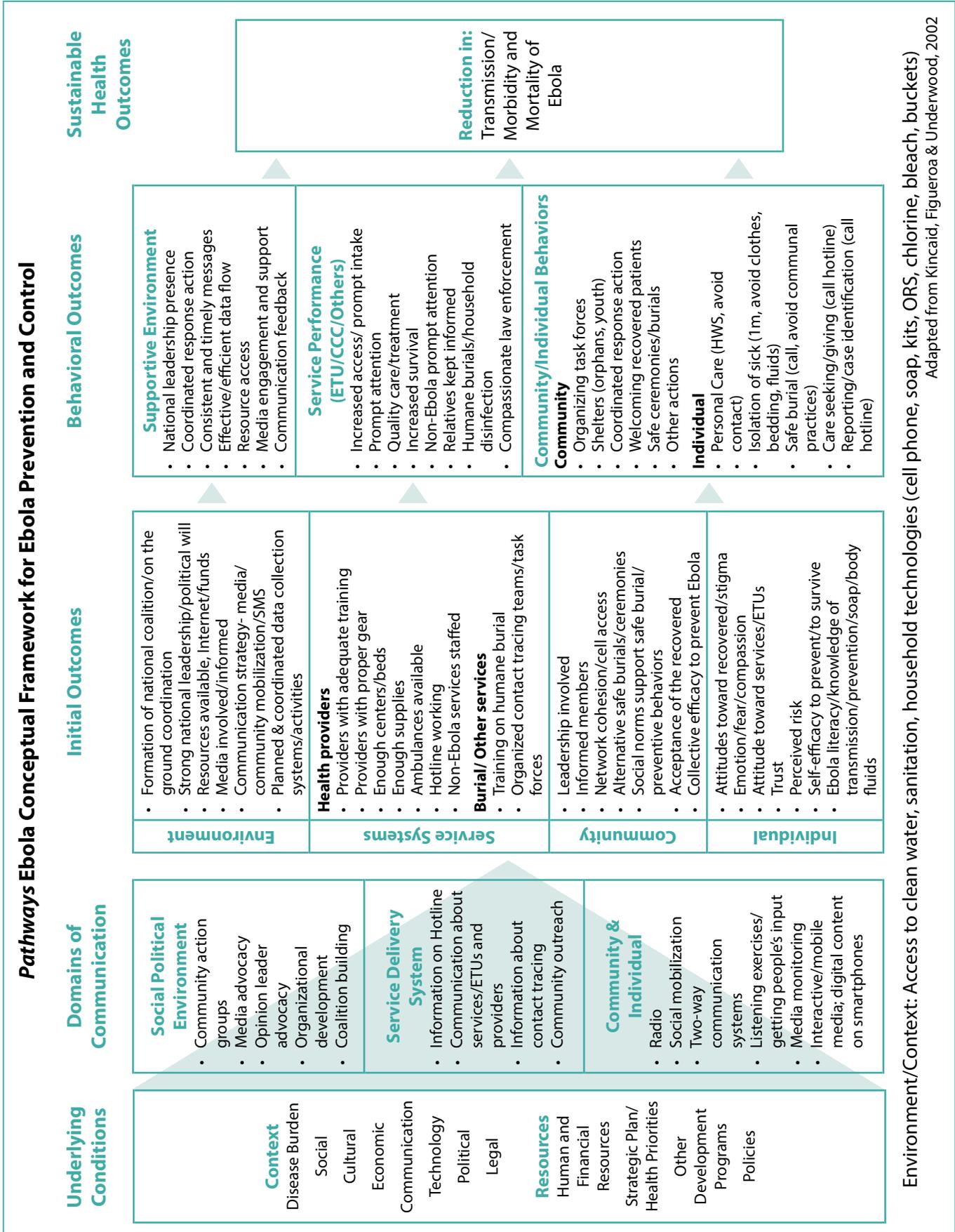
During the Burial Team Visit

- Make introductions and help facilitate the conversation between the burial team and the family.
- Remind the family that they may ask any questions they have about the process. Allay fears about the use of chlorine and PPE.
- Stay with the family to provide compassion and support while waiting for professional counselors.
- Do not act as a burial team member. Only burial team members with proper training may use PPE and provide burial services.
- Help the burial team to do their work without disturbance, for example, by limiting large crowds and helping to keep people at a safe distance at all times.
- Explain that family and community members can watch the burial process and pray for the deceased from a safe distance. Be aware of District-specific guidance related to burial attendance.
- Explain that family can ask to have clothes and other objects placed inside the grave if they wish.
- Using the burial script as a guide, help facilitate the conversation between the religious leaders and the community for safe burials.

After the Safe and Dignified Burial

- Ensure feedback to the community, such as where the body will be taken and liaise with the burial team about viewing times.
- Liaise with other partners and pillars to ensure that the families receive the death certificate and laboratory test results, and explain if it was an Ebola or non-Ebola death. Explain that if the death was Ebola-positive, they will now be listed as contacts (see Surveillance above).
- Within two days of the burial (see Burial Pillar SOP), visit the family to 1) ensure that they are aware of the grave location, 2) inquire about their satisfaction with the burial process and get feedback on their experience, and 3) address additional support needs as necessary.
- Where negative events or experiences are registered, provide a detailed incident report to your supervisor or the DERC for immediate action.
- Where the family/community experience is positive, equally, provide feedback to the DERC.

APPENDIX C. EBOLA COMMUNICATION FRAMEWORK



APPENDIX D. HEALTH COMMUNICATION THEORIES

Extended Parallel Process Model

This theoretical model explains the balance of perceived threat and efficacy, and is important for developing fear management approaches. It stipulates that 1) people must feel like the threat to their health is real and serious, and 2) during this time, people must feel like they can take action to evade the threat.

People’s confidence in their ability to act and in their beliefs about how effective their actions will be must be high. If people are in a state of heightened concern (proportionate to the threat) and high efficacy, they will take steps to minimize the threat. However, if concern is high but efficacy is low, this often leads to denial and beliefs in myths and misconceptions, as was seen early on in the Ebola outbreak (Krenn & Limaye, 2013).

The Extended Parallel Process Model (EPPM) is especially relevant to risk communication because it analyzes the relevance of efficacy when people are overcome by fear.

	High Efficacy: Belief in effectiveness of solutions and confidence to practice them	Low Efficacy : Doubts about effectiveness of solutions to one’s ability to practice them
High Threat: Belief that the threat is harmful and that one is at risk	Danger Control: People take protective action to avoid or reduce the threat. <i>Strategy: Provide calls to action</i>	Fear Control: People are too afraid to act and just try to reduce their fear to make themselves feel psychologically better. <i>Strategy: Educate about solutions</i>
Low Threat: Belief that the threat is trivial and that one is not at risk	Lesser Amount of Danger Control: People know what to do but are not really motivated to do much. <i>Strategy: Educate about risk</i>	No Response: People don’t feel at risk and don’t know what to do about it anyway. <i>Strategy: Educate about risk and about solutions</i>

Social Cognitive Learning Theory

This theory argues that people change their behavior when they believe that the benefit of performing the behavior outweighs the cost (World Bank, n.d.). People also change their behavior when they have the confidence and skills to perform the behavior (World Bank, n.d.). If people know how to protect themselves from Ebola and believe that carrying out these protective steps will benefit them in the long run, they are more likely to adopt these protective behaviors.

People also change behavior when they see other people like them modeling the correct way to perform the behavior and the resulting realistic outcomes (World Bank, n.d.). Different communication approaches, such as entertainment education and reality programming, can promote these model characters, leading to higher levels of confidence and skills for dealing with Ebola.

Diffusion of Innovations

This theoretical model describes how a new idea or positive health behavior (e.g., safe burials) can spread through a community or social structure. This model works best when communicators need to make a quick impact on entire communities and have access to well-respected traditional, religious or community leaders, who can adopt the new idea (e.g., safe burials) and “diffuse” or spread the concept to community members (HC3, 2014).

Theories used for Ebola communication do not need to be complex, but should reflect evidence and specific context of the target population (Krenn & Limaye, 2013). Risk communication interventions may also use one or a combination of multiple theories as a foundation for its strategies and approaches.

Resources: If one theory does not cover all behavior change communication, how does one find out which one will best help design an intervention? A useful tool is Theory Picker: <http://www.orau.gov/hsc/theorypicker/index.html>.

For a deeper look at some of the theories and their application, here is a collection of research briefs: http://www.healthcommcapacity.org/hc3-project-materials/#!/resource_type=72

EBOLA COMMUNICATION RESOURCES

Community engagement is necessary to halt the spread of Ebola. People need to understand how to protect themselves and their families, care for and transport the sick, and enable officials to safely bury the dead.

These featured materials are examples of communication tools being used in communities now. Before using them in a new community or context, communication materials should always be tested with a group of community members to be sure the material is understood and the message(s) will be understood. Often adaptations in language and graphics are needed to tailor materials to local needs.

Brochures

Ebola Brochures (Community level)

http://ebolacommunicationnetwork.org/latest-materials/#!/resource_types=149&audiences=139

Checklists

Ebola Risk Communication Plan Checklist

PAHO, English/Spanish, 2014

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=270&gid=27956&lang=en

This checklist identifies 10 key components and tasks for both countries and the international community that should be completed within 30, 60 and 90 days respectively from the date of issuing this list. Minimal required resources—in terms of equipment and material, as well as human resources—are defined. Key reference documents, such as guidelines, training manuals and guidance notes, will help the technical experts to implement required action in the key components.

Consolidated Ebola Virus Disease Preparedness Checklist

WHO, English, 2014

<http://www.who.int/csr/resources/publications/ebola/ebola-preparedness-checklist/en/>

The consolidated checklist for EVD preparedness aims to help countries to assess and test their level of readiness. It can be used as a tool for identifying concrete action to be taken by countries and

how they will be supported by the international community to close gaps. It is based on efforts by various national and international institutions, including WHO, CDC and UN OCHA. The checklist identifies 10 key components and tasks for both countries and the international community that should be completed within 30, 60 and 90 days respectively from the date of issuing this list (Note: this checklist will be updated based on the feedback received from countries).

Responding to the Avian Influenza Pandemic Threat: Recommended Strategic Actions

PAHO, English/Spanish, 2009

http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_05_8-EN.pdf

Given the potential impact of pandemic influenza, this document offers detailed plans on what to communicate, how to communicate, who should be doing the communicating, and how to plan and revise for all pandemic phases and for all audiences. When an outbreak or pandemic emerges, communication goals shift to focus on accompanying containment activities, ensuring that the public, in part via media, is provided health messages and supports recommendations, and that health personnel are informed, prepared, and ready to act. Given the anticipated social disruption of a pandemic, communication activities must be well in place before its arrival in order to support and activate public health contingencies and ultimately save lives. Each section of this guide focuses on a target audience and will require an action plan detailing how each activity is to be carried out. The plan also should include the goals, methods, participants and costs for each activity. Subsequent annexes serve as examples and provide additional information on such topics as key messages, ways of dealing with the media and basic aspects of risk communication.

Ebola Management Checklists for Health Care Workers

CDC, English, 2014

http://ebolacommunicationnetwork.org/latest-materials/#!/resource_types=188&audiences=119

This set of checklists offers health care workers guidelines in treatment of Ebola. The set includes

information on medical services, health care coalitions, a hospital checklist, provider preparedness and health center preparedness.

Ebola Risk Communication Plan Checklist - Ghana English, 2014

<http://www.thehealthcompass.org/project-examples/ebola-risk-communication-plan-checklist>

Adapted from the Pan-American Health Organization (PAHO) checklist, this checklist includes steps to develop and implement and national risk communication strategy for Ebola.

Think Ebola

CDC, English, 2014

<http://www.cdc.gov/vhf/ebola/pdf/could-it-be-ebola.pdf>

Checklist instructs medical personnel to “think Ebola” because early recognition is critical for infection control. It includes instructions of what to do in four areas: initiate, identify, isolate and inform.

Check List for Creating a Communication Strategy for Pandemic Influenza

PAHO, English, 2005

Lays out the steps for preparedness for a pandemic influenza outbreak, including strengthening risk communication activities. Pre-pandemic, it is important to implement and communication strategy and encourage pre-pandemic planning.

Communication Plans

Communication Plan for Announcing First Case of Confirmed Ebola

CDC, English, 2014

<http://ebolacommunicationnetwork.org/ebolacomresource/templated-plan-for-announcing-first-case-of-confirmed-ebola-3/>

This document describes possible health communication activities supporting the public announcement of this first case of Ebola diagnosed in your country.

Social Mobilization and Behavior Change Communication for Pandemic Influenza Response: Planning Guidance

UNICEF/USAID, English, 2009

<http://www.globalhealthcommunication.org/tools/88>

The guideline provides a framework for planners to develop country-specific SM and behavior change communication strategies for pandemic influenza.

These strategies incorporate communication objectives, participant groups, desired behaviors, types of messages, selection of channels, and approaches to communication planning and implementation in support of country-level efforts for pandemic influenza response.

Liberia Ebola Response Strategic Communication Plan

English, 2014

<http://www.thehealthcompass.org/project-examples/liberia-ebola-response-strategic-communication-guide>

Some objectives of this plan are to support adoption of protective measures, increase self-efficacy among the population, engage key partners and build health literacy.

Template Communication Plan for First Case of Ebola Diagnosed in [name of country]

English, 2014

<http://ebolacommunicationnetwork.org/ebolacomresource/templated-plan-for-announcing-first-case-of-confirmed-ebola-3/>

This document describes possible health communication activities supporting the public announcement of a first case of Ebola diagnosed in a country. It lists communication goals, key assumptions and considerations, messages, guiding risk communication principles, primary communication channels, audiences, audience-based channels and examples of activities.

Contingency Plans

Plan de Contingence du Système des Nations Unies pour une Epidémie de Fièvre Hémorragique a Virus Ebola

UN, French, 2014

<http://www.thehealthcompass.org/sbcc-tools/plan-de-contingence-du-systeme-des-nations-unies-pour-une-epidemie-de-fievre-hemorragique>

Plan includes:

- Focusing on border regions that have more than 70 percent of the epidemic
- Providing motivational incentives to HWs
- Ensuring the safety and protection of all national and international staff involved in the fight against Ebola
- Strengthening the capacity for monitoring, tracking contacts, case management and capacity laboratory

- Involving all sectors including the private made in the implementation of immediate interventions defined in the national response plans against the epidemic
- Exchanging experiences and sharing resources in the sub-regions

Datasets

Ebola Datasets

Humanitarian Data Exchange, English, 2014
<https://data.hdx.rwllabs.org/ebola>

Up-to-the-minute datasets on the reach of the virus, health facilities, etc.

Fact Sheets

Community-Level Ebola Fact Sheet

CDC, English, 2014
<http://ebolacommunicationnetwork.org/ebolacomresource/ebola-factsheet/>

This fact sheet can be used to explain Ebola at the community level. Information includes description of Ebola, signs and symptoms, diagnosis, treatment, transmission and prevention.

Are You Ready for Ebola?

APHA, English, 2014
<http://ebolacommunicationnetwork.org/ebolacomresource/apha-get-ready-campaign-for-ebola/>

APHA's Get Ready campaign helps Americans prepare themselves, their families and their communities for all disasters and hazards, including pandemic flu, infectious disease, natural disasters and other emergencies. This fact sheet addresses Ebola.

Ebola Fact Sheets

Various producers, 2014
<http://www.medbox.org/ebola-facts-advice/listing>

A collection of 58 Ebola fact sheets created by WHO, CDC, and various Ministries of Health.

Ebola Facts

International SOS, English, 2014
https://www.internationalsos.com/ebola/index.cfm?content_id=400&language_id=ENG

Information about the virus, its spread, detection, treatment, previous outbreaks and different strains of Ebola.

Flipbooks

Things Everyone Should Know and Do

MOH Liberia, WHO, UNICEF, English, 2014
<http://ebolacommunicationnetwork.org/ebolacomresource/things-everyone-should-know-and-do-gchv-flipbook-for-interpersonal-communication/>

Flipbook with information for community members about the signs and symptoms of Ebola, how it spreads, how one can protect oneself, what to do if a family member has signs of Ebola, how to care for an Ebola patient and how to handle a dead body.

Forms

Traveler Evaluation Form

Cote d'Ivoire MOH, French
<http://www.thehealthcompass.org/project-examples/fevre-ebola-evaluation-detat-de-sante-du-voyageur-ebola-traveler-evaluation-form>

Rapid assessment form for travelers to and from Cote d'Ivoire.

Guidelines

Crisis and Outbreak Communication Pandemic Flu and Other Disasters

PAHO, English, 2007
<http://www.thehealthcompass.org/sbcc-tools/crisis-and-outbreak-communication-pandemic-flu-and-other-disasters>

- Elements of this presentation are:
- Understanding of crisis/outbreak communication
- Communication crucial to managing crisis
- Explain WHO Outbreak Guidelines
- Working with the media

Effective Media Communication during Public Health Emergencies – A WHO Handbook

WHO, English, 2005
http://www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/

The handbook describes a seven-step process to help public health officials and others to communicate effectively through the media during emergencies. The process is based upon the belief that it is better to take action to positively guide events and situations before they occur than to respond after they develop. By implementing such an approach, public health organizations and officials will be in a much stronger position to guide media coverage and ensure that their messages become highly visible and clearly heard.

Safe and Dignified Burials

WHO, English, 2014

<http://www.who.int/csr/resources/publications/ebola/safe-burial-protocol/en/>

This protocol provides information on the safe management of dead bodies and burial of patients who died from suspected or confirmed EVD. These measures should be applied not only by medical personnel but also by anyone involved in the management of dead bodies and burial of suspected or confirmed Ebola patients. Twelve steps have been identified describing the different phases. Burial Teams have to follow to ensure safe burials, starting from the moment the teams arrive in the village up to their return to the hospital or team headquarters after burial and disinfection procedures.

Ebola Response Roadmap

WHO, English, 2014

<http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/>

WHO issued this roadmap for scaled-up response to the Ebola outbreak. The goal is to stop Ebola transmission in affected countries within six to nine months and prevent international spread. The roadmap will assist governments and partners in the revision and resourcing of country-specific operational plans for Ebola response, and the coordination of international support for their full implementation.

Advice for Individuals and Families

WHO, English, 2014

<http://www.who.int/csr/resources/publications/ebola/guidance-for-general-public/en/>

This Ebola guidance gives hands on advice for households on how to act around a person suspected to have Ebola.

Infographics**Ebola Infographics for the Community**

Various, English, 2014

http://ebolacommunicationnetwork.org/latest-materials/#!/resource_types=76

These seven infographics help community-level communication in spreading understanding of Ebola. Included are the following:

1. KFF/JAMA – The 2014 Ebola Outbreak
2. CDC: Together We Can Prevent Ebola
3. CDC: Facts About Ebola (Spanish) Infographic

4. CDC: Facts About Ebola Infographic
5. CDC: Stopping the Ebola Outbreak Poster
6. CDC: West Africa Outbreak Infographic
7. DC: Contact Tracing Infographic

Interventions Matrices**Plan d'Action de Lutte contre la Maladie à Virus Ebola en Cote d'Ivoire**

Cote d'Ivoire MOH, French, 2014

<http://www.thehealthcompass.org/project-examples/plan-daction-de-lutte-contre-la-maladie-virus-ebola-en-cote-divoire-action-plan>

Matrix lists activities, expected results, organization responsible for the activity, timing and cost for each activity under eight objectives

Message Development**Ebola in West Africa: Combating Both Virus and Myths**

US Department of State, English, 2014

<http://www.thehealthcompass.org/project-examples/ebola-west-africa-combating-both-virus-and-myths>

Results of a focus group about the myths surrounding Ebola and a list of messages designed to combat those myths.

Key Message Guidance Package for the Ebola Outbreak in Liberia

WHO, UNICEF, Healthy Life, MOH Liberia, English

<http://www.chgn.org/wp-content/uploads/2014/11/Liberian-MOH-key-message-guidance-Nov-2014.pdf>

The purpose of this document is to provide government agencies, response committees and teams, and media outlets with clear, accurate and consistent information to use for raising awareness, mobilizing communities and promoting safe behaviors to stop the spread of Ebola in Liberia.

Key Messages for Social Mobilization and Community Engagement in Intense Transmission Areas

WHO, English, 2014

<http://www.who.int/csr/resources/publications/ebola/social-mobilization-guidance/en/>

This guidance provides key community messaging for areas of intense transmission of EVD. The exponential rise of Ebola cases and deaths in West Africa makes clear the urgent need for practical messaging and engagement of individuals, families, and key stakeholders in a community. The messages

should be used to inform, educate and engage different audience groups depending on their level of risk, vulnerability, presence in contact areas, care of patients with Ebola or engagement or attendance of burials.

Message Guide for Ebola Virus Disease

Médecins sans Frontières, English, 2014

<http://www.medbox.org/communication-tools/message-guide-ebola-virus-disease/preview?>

This guide brings together the main messages that CHWs need to know. All activities at the health facilities should utilize the Information Education Communication materials as tools explaining them to patients and the community. In addition, this guideline may be used in outreach and supported by Information Education Communication materials.

Ebola Awareness Talk and Poster

International SOS, English, 2014

https://www.internationalsos.com/ebola/index.cfm?content_id=398&language_id=ENG

Short, image-based courses and posters that do not require high levels of literacy. These are designed for affected areas to communicate key messages about Ebola in 29 languages.

Messages for the Preparedness Phase Countries Neighboring Liberia, Sierra Leone, and Guinea

<http://www.thehealthcompass.org/project-examples/messages-preparedness-phase-countries-neighboring-liberia-sierra-leone-and-guinea>

List of messages that sow hope, lower fear and stigma, set expectations, redefine success, build reassurance and confidence in health authorities and empower citizens.

Mobile Apps

Ebola App, What You Need to Know

International SOS, English, 2014

<https://www.internationalsos.com/en/7484.aspx>

This app offers links to the latest news and development on Ebola, outbreak outlook, maps showing affected areas, live International SOS Twitter feed, educational video on staying safe while traveling, push notifications for key information to keep you informed and safe, and access to the International SOS Ebola website with downloadable resources.

Ebola Virus Disease Prevention App

Innovative Technologies for Development Foundation (IT4D), English, 2014

<http://www.ebolaprevention.org/>

Features include up to date information, outbreak maps, prevention information and hot zone detection.

EpiInfo

CDC, English, 2014

<http://wwwn.cdc.gov/epiinfo/>

Physicians, nurses, epidemiologists and other public HWs lacking a background in information technology can use this app to allow the rapid creation of data collection instruments and data analysis, visualization and reporting using epidemiologic methods. This is a suite of lightweight software tools and applications.

Music

Africa Stop Ebola

Malinke, Bambara, Sousou, Lingala, 2014

<http://ebolacommunicationnetwork.org/multilingual-video-promotes-positive-action-to-prevent-ebola/>

A dozen African musicians, including the Guinean Mory Kanté, the Ivorian Tiken Jah Fakoli, the Malians Salif Keita and Amadou and Mariam, as well as some Congolese musicians produced a song called "AFRICA STOP Ebola" to educate people in Ebola prevention. Written both in French and in indigenous languages spoken widely in the affected regions in Africa including Malinke, Sousou, Bambara and Lingala. Messages from the song are very simple and resonate well even with the local contexts: "Trust doctors," "do not touch sick or dead people" and "practice good and safe hygiene sanitation."

Ebola in Town

D-12, Shadow, English, 2014

<https://soundcloud.com/search?q=ebola>

Song about Ebola reaching one's country and steps to take to avoid infection.

Posters

Ebola is Real! Together We Can Stop the Spread

UNICEF; Ministry of Health Liberia; WHO, English, 2014

<http://www.medbox.org/ebola-iec-material-english/ebola-is-real-together-we-can-stop-the-spread/preview?q=>

Poster depicting signs and symptoms of Ebola and ways to help stop the spread.

Ebola Posters (Community)

Ministries of Health of Sierra Leone, Senegal, Liberia; CDC; UNICEF, English/Garon/Soninke/Yoruba/Igbo/Mende/Gusilay/Manjaku/Fonyi/Bandial, 2014
http://ebolacommunicationnetwork.org/latest-materials/#!/resource_types=80&audiences=139

Selection of posters from Sierra Leone, Senegal and Liberia, as well as generic posters from the CDC and UNICEF, covering Ebola detection, prevention, care and treatment.

Infection Control Posters for the African Health Care Setting

CDC, English/French/Portuguese, 2014
<http://ebolacommunicationnetwork.org/ebolacomresource/cdc-infection-control-posters-for-the-african-health-care-setting/>

These eight signs were designed to be hung in various parts of healthcare facilities to improve infection control. The posters are available in English, French and Portuguese. There is a simple statement and a black and white image on each sign.

Preparedness Matrices

Public Health Events of Initially Unknown Etiology: A Framework for Preparedness and Response in the African Region

WHO, English, 2014
<http://apps.who.int/iris/handle/10665/112832>

The specific objectives of the framework are to: describe the core functions and responsibilities of country-level structures—that is, the Emergency Management Committees and Rapid Response Teams—for effective Public Health Event management, call attention to the critical importance of preparedness activities and methods to enhance response capacity, outline the step-by-step Public Health Event response activities, and provide key indicators for M&E of national preparedness and response activities. The target audiences for this framework include senior policy makers and decision makers, Emergency Management Committees leadership and members, and Rapid Response Team leadership and members.

Ebola Preparation and Response Scenario

English, 2014
<http://www.thehealthcompass.org/project-examples/ebola-preparation-and-response-scenario>

This document was used in a workshop in West Africa to help program managers learn how to develop

preparedness and response plans for a potential Ebola outbreak. It includes an outbreak scenario and potential actions and responses by many parties to the outbreak.

Generic Algorithm to Aid Action Planning at District and Regional Levels - Ghana

English, 2014
<http://www.thehealthcompass.org/sbcc-tools/generic-algorithm-aid-action-planning-district-and-regional-levels>

Matrix for planning response, action, people responsible, completion of action and long-term priorities.

Radio Spots

Ebola Radio Messages

CDC, 2014
 English/French/Fullar/Guerze/Kissi/Kono/Krio/Limba/Loko/Madingo/Malinke/Mende/Susu/Thenne/Toma/Wolof, 30 seconds each.
<http://ebolacommunicationnetwork.org/ebolacomresource/ebola-radio-health-messages/>

Seven radio messages in different languages (English, French, Fullar, Guerze, Kissi, Kono, Krio, Limba, Loko, Madingo, Malinke, Mende, Susu, Thenne, Toma, Wolof). Radio messages include spots on prevention, risk and stigma. Transcripts are included. These spots will be most useful when read by a local voice and adapted for local dialect and context.

Rapid Assessment Questions

Ebola Preparation and Response Scenario

<http://www.thehealthcompass.org/project-examples/ebola-preparation-and-response-scenario>

List of questions to use as a guideline for identifying and responding to an Ebola outbreak.

Reports

Rapport De Mission Exploratoire - Analyse de la préparation à la riposte contre l'épidémie de la maladie à virus Ebola dans l'Ouest de la Côte d'Ivoire

Médecins sans Frontières, French, 2014
<http://www.medbox.org/analyse-de-la-preparation-a-la-riposte-contre-lepidemie-de-la-maladie-a-virus-ebola-dans-louest-de-la-cote-divoire/download.pdf>

Results of a study undertaken by Médecins sans Frontières to assess the country's readiness to combat Ebola virus.

Ebola Mobilization in Siruigi, Guinea

English, 2014

<http://www.who.int/features/2014/ebola-siguiri-guinea/en/>

Brief report on mobilization of Ebola team in Guinea, outlining levels of mobilization and activities in mosques.

MMWR Ebola Virus Disease Outbreak - Nigeria, July-September 2014

CDC, English, 2014

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6339a5.htm?s_cid=mm6339a5_w

Description of Ebola outbreak in Nigeria includes statistics and also organizational structure of the Nigeria Ebola Response Incident Management Center.

Study on Public Knowledge, Attitudes, and Practices Related to Ebola Prevention and Medical Care in Sierra Leone

CRS, UNICEF, Focus 1000, English, 2014

http://newswire.crs.org/wp-content/uploads/2014/10/Ebola-Virus-Disease-National-KAP-Study-Final-Report_-final.pdf

This study shows that comprehensive knowledge about the disease is low and there are serious misconceptions and stigma towards Ebola-infected persons.

Resilience Systems

Global Resilience System: Ebola

OVIAR Global Resilience Systems, English, 2014

<http://resiliencesystem.org/ebola-information-faqs-and-research>

The Global Resilience System (GRS) is a rapidly growing planet-wide aggregation of nested sub-system of Resilience Systems, which are focused on protecting and improving the health, human security, resilience and sustainability of human populations and the viability of their ecosystems. This page lists Ebola information, FAQs and research.

Social Media

Social Media for Ebola

US DHHS, 2014

<http://www.hhs.gov/social-hub/index.html>

List of Twitter and Facebook hashtags and pages.

Strategies

Plan de Communication pour la Prévention contre l'Épidémie de la Fièvre Ebola

MOH Côte d'Ivoire, French, 2014

<http://www.thehealthcompass.org/project-examples/plan-de-communication-pour-la-prevention-contre-lepidemie-de-la-fievre-ebola>

Objectives of the strategy are: At least 95 percent of the political and administrative authorities of religious leaders and traditional leaders and communities support the campaign; 100 percent of all selected mobilizers, supervisors, health professionals and media professionals selected structures are able to convey correct messages on the prevention and fight against Ebola; at least 95 percent of the social networks involved in awareness for the campaign; and 100 percent of the population and especially of the areas at risk are informed about the prevention and fight against Ebola.

Concept Note on Communication Strategy for the Ebola Crisis for Countries in East and Southern Africa

CCP Tanzania, English, 2014

<http://www.thehealthcompass.org/project-examples/concept-note-communication-strategy-ebola-crisis-countries-east-and-southern-africa>

This concept note, developed for Tanzania, but applicable to other countries in East or Southern Africa, focuses on quickly developing an effective communication strategy for addressing Ebola. It does not address other aspects of handling Ebola, such as treatment, quarantine control, infection prevention, medical staff training, monitoring, logistics and epidemiology. It also does not include how to plan for potential social, economic and security disruptions, although the decisions made by technical experts on how to handle many of these issues should then be addressed through the communication strategy.

PAHO Strategic and Operational Plan for Responding to Pandemic Influenza

PAHO, English, 2005

<http://www.thehealthcompass.org/sbcc-tools/paho-strategic-and-operational-plan-responding-pandemic-influenza>

Lays out the steps for preparedness for a pandemic influenza outbreak, including strengthening risk communication activities. Pre-pandemic, it is important to implement and communication strategy and encourage pre-pandemic planning.

Ebola Communication Strategies (Health Care Workers)

WHO, English, 2014

http://ebolacommunicationnetwork.org/latest-materials/#!/resource_types=168&audiences=119

Four strategies for health care workers, dealing with the outbreak, etc.

Terms of Reference

Terms of Reference for Ebola Response Multi-Partner Trust Fund

UNDP, English, 2014

<http://mptf.undp.org/factsheet/fund/EBO00>

This document describes the TOR for the Ebola Response Multi-Partner Trust Fund, which includes stop the outbreak, treat the infected, ensure essential services, preserve stability and prevent outbreak in unaffected countries.

Toolkits

Communication for Behavioural Impact (COMBI) – A Toolkit for Behavioural and Social Communication in Outbreak Response

WHO, English, 2012

http://www.who.int/ihr/publications/combi_toolkit_outbreaks/en/

This interagency (FAO, UNICEF, WHO) toolkit is useful for anyone wanting to design effective outbreak prevention and control measures in community settings. Although it is primarily intended for risk communication, developmental communication and health promotion/education personnel working in multidisciplinary teams to investigate and respond to disease outbreaks, it is also useful for epidemiologists, clinicians and public health officers who need to understand the local contexts and dynamics of an outbreak.

The toolkit contains a seven-step approach, with corresponding tools, checklists and templates for designing behavioral and communication interventions that support the development of outbreak prevention and control measures that are not only technically-sound, but are also culturally appropriate, relevant and feasible for communities to act upon—to limit loss of life and minimize disruption to families, communities and societies.

Training Materials

Guidelines for the Training of Community Volunteers for Social Mobilization against Ebola

English, 2014

<http://www.thehealthcompass.org/sbcc-tools/guidelines-training-community-volunteers-social-mobilization-against-ebola>

This is a guideline for training community volunteers to educate communities about the Ebola outbreak and to mobilize them to prevent and control the outbreak in their communities. The guidelines outline the key messages that community volunteers should be trained on to be able to effectively educate and mobilize communities about Ebola.

Risk Communication Self Instruction Course

PAHO, English/Spanish/Portuguese

<http://www.bvsde.paho.org/tutorial6/i/index.html>

The purpose of this course is to create and strengthen skills for the communication of health risks associated with the environment, using methodologies with theoretical and practical approaches applicable in Latin America and the Caribbean. Specific objectives are:

1. To learn the background, myths, components and processes of risk communication.
2. To recognize the importance of risk perception and the factors that influence it, besides the key actors and their roles.
3. To prepare, conduct and evaluate a risk communication plan, in response to the needs of the different communities and their specific problems, including crisis situations and emergencies.
4. To promote processes of sustainable community participation that will ensure the continuity of the activities resulting from the risk communication plan.

Exercice de Simulation - CIV

French, 2014

<http://www.thehealthcompass.org/project-examples/exercice-de-simulation-civ>

This is an outline and a set of questions and answers for a simulation exercise involving households and Ebola virus patients in order to assess readiness.

Pandemic Influenza Communications Exercise
Pandemic Influenza Communications Exercise -
Facilitator's notes

PAHO, English/Spanish

http://www1.paho.org/English/ad/resources_PAHO_DOCS_Eng.htm

Simulation exercise on risk and outbreak communication, originally used in the Sub-regional Communication Workshop held in Bogota, Colombia.

Ebola Health Care Manuals for Service Providers

Various producers, 2014

http://ebolacommunicationnetwork.org/latest-materials/#!/resource_types=150

These manuals cover viral hemorrhagic fever, infection control, and psychosocial support during an outbreak of EVD and injection waste management.

Ebola Training Courses for Health Care Workers

CDC, English, 2014

<http://ebolacommunicationnetwork.org/latest-materials/>

Learning courses for health care workers on all aspects of Ebola.

Ebola Outbreak Response Training Package
Adapted for Liberia

WHO, English, 2014

<http://www.medbox.org/ebola/ebola-virus-disease-outbreak-response-training-package-adapted-for-health-facilities-trainingliberia/toolboxes/preview>

Explains case management, triage and infection control for health care workers.

gCHV Training on Ebola Flipbook and IPC

WHO, UNICEF, Healthy Life, MOH Liberia, English, 2014

<http://www.thehealthcompass.org/project-examples/gchv-training-ebola-flipbook-and-ipc>

The learning objectives of this presentation are for the trainee to be able to tell others:

- Signs and symptoms of Ebola
- How Ebola is spread and how to prevent the spread
- What to do if someone has the signs and symptoms or has died from Ebola
- What to do if you have to wait for a help team
- About testing, treatment centers, contacts and help teams.

The trainee will also know how to:

- Use the poster and flip book to give IPC on Ebola
- Keep a record of your work on Ebola

Risk Communication Training

CDC, English

<http://www.thehealthcompass.org/project-examples/ebola-risk-communication-plan-checklist>

This is a presentation outlining the basics of risk communication, including components, role in infectious disease outbreak, communicating the right level of risk, capacities needed to conduct effective risk communication, and coordination and consistency.

Websites

Ebola Communication Network

HC3, English, 2014

<http://ebolacommunicationnetwork.org/>

The ECN is a collection of health communication materials designed to help address the spread of the Ebola virus in West Africa. The ECN collects Ebola communication resources from a variety of sources, including USAID, UNICEF, CDC and WHO.

Ebola Websites for Health Care Workers

CDC, The Lancet

http://ebolacommunicationnetwork.org/latest-materials/#!/resource_types=147&audiences=119

This is a list of websites with information, questions/answers and updated statistics about Ebola.

Disaster Awareness Websites

English, 2014

http://ebolacommunicationnetwork.org/latest-materials/#!/resource_types=147

These sites provide up to date information of the Ebola status of various countries, as well as general disaster awareness information for workers and the general public.

Trending Topic: Ebola SBCC Materials

HC3, English, 2014

<http://www.thehealthcompass.org/trending-topics/ebola-sbcc-materials-0>

Collection of posters, strategies and brochures designed to inform the public and health care community about Ebola's causes, treatment and symptoms.

Ebola Toolbox

Medbox, English, 2014

<http://www.medbox.org/ebola/toolboxes/listing>

This website includes resources for planning and preparedness, clinicians, health care workers, the general public and community leaders.

Ebola Messages for the General Public

WHO, English, 2014

<http://www.who.int/csr/disease/ebola/messages/en/>

A list of messages for the general public along with poster-format downloadable files.

CDC Ebola Communication Resources

CDC, English/French/Spanish, 2014

<http://www.cdc.gov/vhf/ebola/resources/index.html>

Latest, most updated CDC resources including audio, video, infographics, posters, brochures and banners – all downloadable, all in English, some in French and Spanish.

2014 West African Ebola Outbreak: Feature Map

WHO, English, 2014

<http://www.who.int/features/ebola/storymap/en/>

An interactive timeline that links to key events, stories and further reading.

Ebola Outbreak 2014: Information Resources

US DHHS, English, 2014

http://www.nlm.nih.gov/news/ebola_resources_2014.html

Comprehensive list of US organizations, international organizations, situation reports, resources, etc.

NGA Ebola Map

National Geospatial Agency, English, 2014

<https://nga.maps.arcgis.com/home/webmap/viewer.html?webmap=8c8dae9c136c4e05b495587fa1c4ea86>

Geospatial map of Liberia, Guinea, and Sierra Leone noting treatment facilities, airfields, public transportation, religious institutions, embassies and refugee camps that can be used by managers and policy makers to help in making programmatic decisions and plans. [Registration required to use this site.]

Ebola Information for Children

Nemours Foundation, English, 2014

http://kidshealth.org/kid/health_problems/infection/ebola.html

Page written in simple language for schoolchildren, explaining Ebola and what children can do to prevent infection.

Ebola Information for Teens

Nemours Foundation, English, 2014

http://kidshealth.org/teen/infections/bacterial_viral/ebola.html

Basic information on Ebola, answering questions, written in a style appropriate for adolescents.

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