EBOLA PREVENTION AND CONTROL COMMUNCATION STRATEGIC PLAN

APRIL 2014

Background

On Saturday, 15th March, 2014 the Directorate of Disease Prevention and Control (DDPC) of the Ministry of Health and Sanitation (MoHS) got an alert from the Guinean health authorities of an outbreak of unidentified viral disease in the forest region of their country near to our eastern borders. This was confirmed by WHO country office on the 19th March.

The Ministry of Health (MoH) of Guinea has notified WHO of a rapidly evolving outbreak of Ebola hemorrhagic fever in forested areas south eastern Guinea. As of 22 March 2014, a total of 49 cases including 29 deaths (case fatality ratio: 59%) had been reported. The cases have been reported in Guekedou, Macenta, Nzerekoreand Kissidougou districts. In addition, three suspect cases including two deaths in Conakry are under investigation. Four health care workers are among the victims. Reports of suspected cases in border areas of Liberia and Sierra Leone are being investigated.

Six of seven blood samples from suspect cases tested at Institute Pasteur in Lyon, France were positive for Ebola virus by PCR, confirming the first Ebola hemorrhagic fever outbreak in Guinea. Preliminary results from sequencing of a part of the L gene has showed strong homology with Zaire Ebola virus, additional laboratory studies are ongoing to confirm these findings.

An outbreak in neighboring Guinea and Liberia, coupled with the constant population movement and tropical rain forests in South-Eastern Sierra Leone, represents a very high risk that the outbreak would expand to Sierra Leone.

Therefore, strengthened prevention measures to inform districts and communities bordering Republic of Guinea and Liberia about the nature of the disease and necessary outbreak containment measures, should be undertaken to prevent an outbreak of the disease in Sierra Leone.

A 14 year old boy from Boidu in Kono district who was said to have attended a funeral of one of the outbreak's earlier victims in Guinea was reported to have died on his return. The symptoms of the disease are fever, diarrhoea; vomiting and bleeding. The disease can kill between 25 and 90 percent of those who fall sick depending on the viral strain.

To ensure a comprehensive and coordinated preparedness, prevention and response to Ebola outbreak, the DDPC has developed an operational emergency response plan with a focus on strengthening coordination at the national and district level; intensifying active surveillance (active case search and contact tracing); prompt case management and effective infection control; and public health education/ sensitization. The operational plan is being extracted from the five years Integrated Disease Surveillance and Response Strategic Plan to address the evolving needs. The operational plan contains four interventions: Coordination; Surveillance; Case Management and Logistics; and Communication/Social Mobilisation.

Based on the operational plan, the Health Education Unit in close consultation and collaboration with the stakeholders and partners under the National Advocacy and Social Mobilisation Committee, this communication strategic plan was developed to guide the implementation of targeted communication activities aimed at raising awareness, changing hygiene and health-seeking behaviours of individuals and communities and promote community participation for the prevention and control of Ebola.

Goal

The main goal of this strategic plan is to reduce the threat of an outbreak of Ebola hemorrhagic fever in all districts with special emphasis on the high-risk boarder districts (Kambia, Koinadugu, Bombali and Kono) by addressing "at risk groups" and "at risk behaviours" among Sierra Leoneans. The aim is to increase the level of knowledge on the causes, symptoms, modes of transmission and means of prevention of the disease including on what needs to be done if a suspect with Ebola is found in the community. Everybody in Sierra Leone needs to be knowledgeable of a possible outbreak of Ebola and the total population in communities becomes the crucial actors in responding to mitigate an potential outbreak and spread of the disease.

The priority behaviours that would be promoted are:

- Washing hands with soap and plenty of water at key times
  - After coming home from work, school, market, etc
- Practicing good food hygiene
  - Washing fruit and vegetables thoroughly under running water
  - Avoiding eating wild animals especially monkeys, chimpanzees and bats
  - Avoiding eating fruits that bats or wild animals have partly eaten
  - Avoiding eating animals found dead
- Maintaining good personal and environmental hygiene
  - Not sharing sharps such as needles and razor blades, etc
- No hunting, handling or consumption of wild animals such as monkeys, gorillas, chimpanzees, bats, etc and sick or dead wild animals
- Handling suspicious cases of Ebola during an outbreak
  - Report/go to the nearest health facility or stay at home and inform the nearest health facility, when you have any of following signs:
    - ✓ a sudden high fever;
    - ✓ diarrhea;
    - ✓ vomiting;
    - ✓ body weakness;
    - ✓ headache;
    - ✓ sore throat;
    - ✓ Abdominal pain;
    - ✓ Skin rash; and
    - ✓ internal and external bleeding may be seen in some patients.
    - ✓ In pregnant women, abortion (miscarriage) and heavy vaginal bleeding are common Ebola symptoms.
  - Knowledge about free Ebola treatment in all government health facilities
- Handling a suspicious patient/corpse

- Handling suspicious patients/corpses with gloves, glasses and masks
- Disinfecting clothing and beddings with bleach after handling the patients/corpses
- Washing hand with soap after touching the patients/corpse
- Do not wash their body
- Quick burial of suspicious corpse
- Avoiding funerals especially for the suspicious patients

- Practicing "no-panic led" behaviours
  - No hiding sick persons
  - No hiding dead bodies
  - Collaborating the monitoring of persons and families in contact with suspicious patients
  - Collaborating to the case tracking and management
  - No fleeing from the area

The main actors to be targeted as agents of change are:

- Media – Newspapers, TV and radio stations
- Households – All family members but especially for those engage in hunting and handling and preparing the meat
- Other contact/carers of suspicious patients ***(who are normally left out of health education/ hygiene promotion activities)*** e.g. taxi and motorbike drivers who transport the patients to the hospitals/health centres, traditional healers and hunting society
- Market traders especially market women who sell animal meats, vegetables and fruits
- Food vendors, restaurants and hoteliers operators who handle wild meats, vegetables and fruits
- Community leaders /chiefs and religious leaders
- Schools – teachers, pupils, school authorities and PTAs
- Community based organisations/NGOs
- Organisers of Funerals
- Health workers – health services /environmental health and community health workers

The Channels for the key messages are:

- **Mass Media channels:** such as television, radio, printed press, bill boards
- **Institutional channels:** including recognized public and private bodies such as the Government Ministries with outreach workers, Ward Committees and school structure (e.g. Ministry of Health and Sanitation, Ministry of Education, Ministry of Local Government etc), networks of development workers, NGOs, etc., for the dissemination of correct and timely information on Ebola towards a coordinated response including enforcement of regulations and by-laws.
- **Social media channels:** such as the use of the Internet, SMS text messages etc.
- **Socio-traditional and socio-cultural channels:** Opinion leaders (chiefs, religious leaders, notables, intellectuals, organized groups etc.) and other informal networks through the various forms and opportunities of traditional popular communication such as durbars, community/village meetings, collective work in the fields, vigils and wakes, talks, baptisms, markets, marriages, funerals, naming ceremonies, marriage ceremonies, journeys in public transports, churches and mosques etc.
- **Inter personal communication (IPC) channels** – through Community Based Volunteers, CSOs such as Red Cross, CRS, Save the Children and GOAL in Mothers groups in workshops, Group discussions, Forums, Theatres, Door to door outreach, Peer to Peer outreach etc.
- **Proximity Media channels:** PA systems, Mobile Vans – videos and community outreach, Community Radio (Talk shows with phone-ins and Jingles with resource persons), Posters and wall paintings depicting key desirable preventive behaviours and symptoms.

Communication Materials to be used for the campaign include:

- Posters
- Bill Boards
- Brochures (Fact Sheet and Q&A)
- Radio/TV announcement, programmes and jingles
- Theatre/community dramas
- Job aid/picture cards for community workers who will held community meetings and discussions

Monitoring of the activities

Periodical (monthly?) monitoring visits will be carried out in the districts where implementation is ongoing to assess the extent of progress of program implementation and whether beneficiaries increase their knowledge and practicing recommended behaviours. In addition, a study to investigate human perception and behaviours in relation to Ebola or hygiene practices can be also planned in 2014, if necessary.