# Communication for Development: Responding to Ebola

**June 2015** 





# **Background**

An unprecedented Ebola Virus Disease (EVD) epidemic began in the Kailahun District of Sierra Leone in the Spring of 2014 and reached its peak in November. The epidemic was characterized by the WHO as "the largest, most complex and most severe we've ever seen".

By July 2014 the epidemic had spread to the capital, Freetown, and the number of EVD cases had surpassed those of Guinea and Liberia. Schools were shuttered, the borders with Guinea and Liberia were closed, and the military was deployed to enforce curfews in heavy outbreak areas. It was time for more drastic and creative action.

The Ministry of Health and Sanitation (MOHS) and key government officials decided, with Presidential approval and support from UNICEF and other partners, to take unprecedented action: shut down the entire country for three days and visit every household. At each home, health professionals were to discuss family members' knowledge

# House to House Campaign: Covering the Country in Sierra Leone

about EVD, the source and means of spread of the virus, and the behaviors required to stop the spread of the disease at both the household and community level. This was called the "House to House Family Sensitization on Ebola Campaign" or "Ose to Ose Ebola Tok".

# The Intervention

Supported and launched at the highest level, His Excellency the President, Dr. Ernest Bai Koroma, went on National television and radio on the evening of 18 September and declared a "sit at home" for the period from 19 to 21 September 2014 to facilitate the implementation of the nationwide House to House Family Sensitization Campaign. Council chairmen and traditional leaders replicated this symbolic launch with similar events at districts and chiefdoms across the country. The MOHS, in collaboration with UNICEF, WHO, other partners, and line Ministries, conducted the campaign.

# **Goals and Objectives**

The **goals** were to:

- Achieve community ownership and participation in the EVD response;
- Engage the community in contact tracing and mitigating transmission risk; and.
- Lay a foundation for health sector recovery via interactive confidence building.

The **objectives** of the campaign were to:

• Reach 100% of households in the country with correct information on EVD;

- Increase community acceptance of EVD affected persons, especially children:
- Promote hand washing with soap at the household level;
- **Rebuild public confidence** and trust in the health system; and,
- Install neighborhood watch structures at community level.

"The Ebola fight was in the communities, not in the Ebola ward"

- Mr. Roeland Monasch, UNICEF Representative

# **Planning and Peparation**

This ambitious intervention 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 mechanism. The NTF created subcommittees for various aspects of the effort, and met daily for weeks. The NTF's Social Mobilization Subcommittee created a comprehensive national and district social mobilization plan in collaboration with the Health Education Unit, MOHS and the partners. Preparing community mobilizers involved a cascade style training approach and journalists were briefed to ensure reporting of correct information.

# **Implementation**

#### Home visits

Trained teams moved from house to house to disseminate information on EVD, with the campaign reaching 94% of over 1.3 million households in the country. Over 30,000 people in 7,136 teams carried out this effort, including teachers, youth, and NGO/CBO staff along with monitors and supervisors.

In each home, the team discussed facts about Ebola transmission and provided a bar of soap to promote hand washing. The team then asked questions to determine if there were any potential Ebola cases or deaths in the household. Each household received a small sticker with an Ebola prevention message which was applied to their doorway.

#### **Influentials**

To underline the importance of the campaign, a team of government officials and NGO leaders visited their constituencies to ensure the quality and coverage of the campaign.

#### Radio and Television

The team broadcast a radio program from 7.00 AM to 7.00 PM each of the three days, simulcasting on 45 radio stations nationwide and providing educational programming with messages and talks by experts in 10 languages. Listeners could call in with questions. Television programs and talk shows were aired during the three day "sit at home" period addressing specific issues and engaging experts. The home visits, engagement of community and national leadership, and mass media aimed to saturate information in all parts as of the country.

# Supplies and equipment

To be certain that there was trust in the health system, the NTF set up rapid response teams to break the chain of transmission of EVD. The teams ensured that all technical personnel involved in the effort performed their jobs efficiently and effectively.

# Monitoring and coordination

The team developed a number of monitoring tools and coordinated the many moving parts of the massive program to track activity at all levels. All of the activities were coordinated through the traditional MCHW coordination body with expanded partnerships outside MOHS.

# **Results**

As a result of this innovative and unprecedented national mobilization campaign, the team visited over 94% of the households in the country during the three days and the knowledge of

EVD and its prevention increased significantly. The chart shows the coverage of households within districts.

# **Lessons Learned**

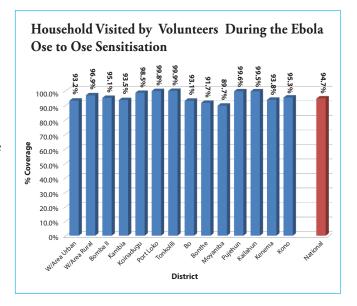
- High level political commitment from the outset is key;
- Coordination by a National Task Force and regular coordination meetings facilitate planning and smooth implementation of the activities;
- Orientation of paramount chiefs and traditional leaders is essential for community acceptance and cooperation;
- Launching at the national level ensures participation of politicians, opinion and religious leaders;
- Additional support from partners enhances the campaign at the local

level;

- Daily briefing meetings during implementation identifies problems and immediate actions to resolve them;
- Frequent use of community radio attracts people to listen to the messages;
- House to house discussions
  with family members increases
  awareness and acceptance resulting
  in identification of EVD cases and
  voluntary visits to facilities; and,
- Engaging with media prior to and during the campaign ensures that misconceptions and rumors are addressed in real time.

#### **Work cited**

"Final House to House Sensitization Report", Ministry of Health and Sanitation, Sierra Leone, 2014.



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# COMMUNICATION FOR DEVELOPMENT

Summarizing the impact of communication in responding to the Ebola epidemic







