

Communication for Development: Responding to Ebola

June 2015



Background

An unprecedented Ebola Virus Disease (EVD) epidemic began in Sierra Leone's Kailahun district in the spring of 2014 and reached its peak in November of that year. The epidemic has been characterized by WHO as “the largest, most complex and most severe we’ve ever seen”.

The EVD outbreak led to an immediate need to ensure that all persons suspected to have Ebola be admitted to an isolation health care facility as soon as possible.

However, there were too few facilities to handle this sudden surge and the health system was initially not able to meet the demand. To address this challenge, UNICEF and the Ministry of Health and Sanitation (MOHS) quickly established 46 local EVD Community Care Centers (CCCs) for rapid isolation, diagnosis, protection, and care. The intervention also provided psychosocial support for patients and families and ensured a link to contact tracing, active case finding, safe burial, and community education. The key actions facilitated

Community Care Centers, Community Dialogue and Engagement: Key Ingredients in Sierra Leone

by the establishment of the CCCs were **Early referral, Early diagnosis, Early treatment and Early recovery, the 4Es.**

Social mobilization worked to engage and encourage communities and families to take personal responsibility for the 4Es response, improve health seeking behaviors of self and others, and increase the utilization of the CCCs.

Implementation

Engaging the community in establishing the CCCs

To facilitate rapid implementation and buy-in, the team developed a strategy to ensure that the process for establishing CCCs in a community followed a Standard Operating Procedure (SOP) developed by UNICEF and partners. This was implemented in three phases (below).

Red Phase	Amber Phase	Green Phase
Meet with Paramount Chiefs and Leaders to form a Management Committee	Orient leaders, community selects sites and identifies staff.	Build the CCC, hire local staff, mobilize communities, sustain the dialogue

The process began with engaging and working in close collaboration with the District Health Management Teams (DHMT) and holding meetings with community leaders to discuss the purpose of the CCC, consider the implications, confirm their buy-in, and form the CCC Management Committee. Meeting attendees also identified community members who could potentially serve as

staff in the CCC. Engagement with the community leadership was decentralized which was vital for on-going support.

“I have gone to the Ebola center (CCC) myself when my child had fever. It’s not very far from home and the nurse was so helpful and kind, gave me all the information on Ebola and told me not to worry. They provide treatment and protect my child”

- Mother of 5 children

Ensuring acceptance and support through community dialogue and engagement

After the establishment of the CCCs, it was essential to engage and build

the trust of the communities. This was accomplished via various social mobilization approaches, including community dialogue sessions, meetings with Paramount Chiefs and religious community leaders, house to house visits, and distribution of Social Behavior Change Communication (SBCC) materials with key messages to motivate and engage communities to go to CCCs.

Interventions

Specific social mobilization

interventions also included:

- Design and roll out of key messages;
- Identify cases in the communities through active case surveillance linked to intensified social mobilization activities;
- Activate the Neighborhood Watch / Support groups by engaging local leaders and mobilizing women and youth for active case finding at community level; and,
- Implement “hotspot busting” of a particular area with two or more cases and run intensified social mobilization activities there.

The social mobilization efforts built confidence in communities by mobilizing and empowering them through dialogue as partners in the Ebola response. This in turn worked to improve the dignity of patient care, decrease pain and suffering, and address the on-going psychosocial support needed in association with the EVD epidemic, including the physical protection of affected children.



Results

The program set up 46 fully functional CCCs during the height of the epidemic. Due to the intensive social mobilization efforts, the percentage of persons reporting within 48 hours of the first symptoms increased as did the level of trust in and satisfaction with the CCCs. Social mobilization processes

were continually informed and adjusted using qualitative and quantitative studies. Focus group discussions identified community perceptions and utilization of CCCs.

Best Practices: What Worked

- **Well-planned community meetings** and dialogues emphasize the leadership and role of key influencers and are a source of constant encouragement;
- **Involving influentials** is vital in order to create a supportive environment;
- **Establishing meticulous community-based active surveillance** allows the community to meet expectations of care and increase utilization of the CCCs; and
- **Social investigation** of the outbreak and response was vital in improving the health-seeking behavior.

“The cases of Ebola are going down, even as a community we always tell people to go to the CCC”

- Respondent 1, FGD

“People survive Ebola in the CCCs and are protected”

- Respondent 2, FGD

Key Achievements

- Triage of 14,195 patients between Nov 2014 and March 2015;
- Over 80% of the clients were walk-ins to the CCCs;
- 71% reported knowing about CCCs through one of the campaign efforts;
- Health seeking behaviors improved;
- Risk perception increased;
- CCC utilization increased;
- CCCs were accepted by the communities;
- Community ownership increased; and,
- Knowledge about the signs and symptoms of EVD increased.

“The communities feel the sense of ownership for the CCCs, they have empowered the communities to improve their own and their families risk perception and seek treatment as soon as possible at the CCC”

- Mr. Lansana Conteh, Health Education Manager, Health Education Division, MOHS

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To learn more, contact:

Kshitij Joshi, Chief of Communication for Development
kjoshi@unicef.org

Mr. Lansana Conteh, Health Education Division Manager
Ministry of Health and Sanitation
Lans592@yahoo.co.uk

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Summarizing the impact of communication in responding to the Ebola epidemic