

# Communication for Development: Responding to Ebola

June 2015



## The Western Area Surge in Sierra Leone



### Background

An unprecedented Ebola Virus Disease (EVD) epidemic began in Sierra Leone in the spring of 2014 in the rural district of Kailahun moving slowly at first, eventually affecting all 14 Districts and reached alarming rates as it spread rapidly through the densely populated capital of Freetown, in the Western Area.

With more than half of the cases of the epidemic persistently registered in the Western Area District of Sierra Leone, and cases continuing to rise, in late November 2014, the need for the 'Western Area **Surge**' was established.

### Strategy and Design

The overall goal of the **Surge** was to interrupt the alarming upward trend with intensive community engagement and improved service provision over the period 15th December, 2014 to 31st December, 2015 in order to break the chain of transmission.

The **Surge** was designed around the interdependence of supply and demand factors within the wider enabling environment. In the lead up to the **Surge**, it was evident that the supply side was not adequately delivering services. A lack of trust in the health system and the wider response had developed which undermined any further demand creation. Therefore, the first step in the **Surge** involved drastically increasing the quality and quantity of all services, and communicating this to build confidence and encourage the public to come forward at the earliest possible stage.

### *Supply: Services and Logistics*

In the two weeks leading up to the launch of the **Surge** on 14th December, capacity and procedures were improved to reduce delays between alerts and response in terms of the '117' Call-in services, ambulances, receiving centres, Lab tests, quarantine, burials, and psychosocial support. Huge improvements were made; for example, the 117 Call-in service increased from 12 operators with 16 lines to 60 operators with 90 lines; and the number of Ebola Treatment Units (ETUs) available were doubled from 10 to 20 and the number of beds for patients were increased from 316 to 849 by the end of December 2015.

One week before the launch of the **Surge**, a mass distribution of Malaria drugs to the community was led by the Ministry of Health in an effort to minimize misdiagnosis of Malaria-related fever and other symptoms.

### *Demand: Community Mobilisation*

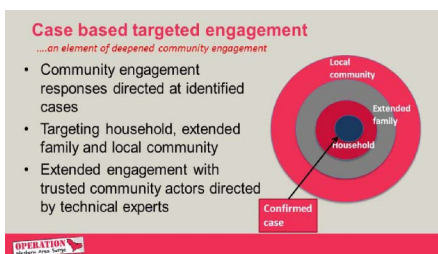
The presence and capacity of social mobilisers were increased, and coordination across communication and channels for engagement were improved. Partners drew on existing programs operating in both the rural and urban areas of the Western Area to increase the number of social mobilizers from hundreds to thousands. Traditional and religious leaders, women's groups, Councilors and large numbers of young people were consulted at the outset and engaged. More than 1,500 community mobilizers from various agencies were deployed under 'one plan' with integrated teams consisting variously of surveillance officers, contact tracers, quarantine and psychosocial counsellors. Different agencies took the lead as focal points for different sections and wards, reaching more than 11,000 households.

- Don't wait! Report for treatment early - at the first sign of symptoms
- Call 117 – it works
- Ambulances are decontaminated - Don't be afraid
- Your local holding and treatment centres are at [locations]....
- Public hospitals (Connaught, PCMH, Ola During etc) are available to treat non-Ebola cases
- Contact tracing is key to winning the fight – provide correct details of all patient contacts

Given the gap in service delivery prior to the **Surge**, the overall message to the public was “the system is working”. Key messages were crafted to reflect the main barriers and rumours the public were expressing at the time.

With generally low literacy rates, radio provided the widest reliable reach. For the first three days of the **Surge**, from 7 AM to 7 PM, 17 of the main national radio stations were linked for a simulcast on Ebola. In addition, a one hour program was simulcast every night of the **Surge** from 8 to 9 PM, on 54 radio stations which reached even more deeply into local communities. Key influencers, such as the President, Dr. Ernest Bai Koroma (who was considered the ‘Chief Community Mobiliser’) were regularly featured on radio and television and visited communities in the Western Area to convey urgency and credibility to the **Surge**. UNICEF also engaged their network of ‘U-reporters’ to support the **Surge**.

Full page daily newspaper ads were placed in 17 national hard copy and online papers, along with stories special messages from the President. Public billboards and e-billboards featuring the key messages were placed in strategic, high visibility locations. Posters and other materials were posted in key locations and distributed by community mobilisers.



### Enabling Environment

Special measures were announced by the President during the Surge, including:

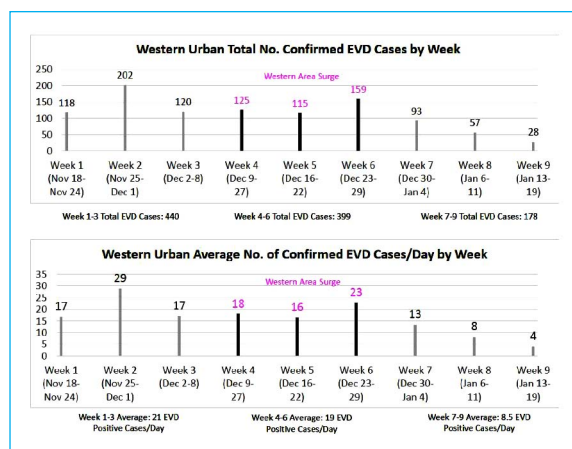
- Shops/restaurants closed after 6pm and on weekends;
- No motorbike movement after 6pm;
- Checkpoints on arterial roads;
- Neighborhood watch groups to report to Chiefs/ Councilors outsiders entering the community;
- Threat of sanctions for chiefs who don't comply.

### Results

The Western Area Surge coincided with a dramatic reduction in Ebola cases nationally, from 231 per week in late November to 32 per week in January 2015. The Surge resulted in a 48% increase in admissions and 27% increase in confirmed cases from that location. Positivity of corpses also dropped from more than 30% before to below 10% after the Surge, which is an indicator of early health seeking and reporting.

### Lessons Learned

Community mobilisation and the supply of services that are available, accessible and of adequate quality are interdependent – one cannot be successful without the other. Building community trust takes time, and requires listening to communities as well as overall consistency in the wider enabling environment.



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#### COMMUNICATION FOR DEVELOPMENT

Summarizing the impact of communication in responding to the Ebola epidemic

