



Beneficiary communication

Regional overview

Ebola operations

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Cover photos: Stephen Ryan / IFRC; Victor Lacken / IFRC; Moustapha Diallo / IFRC

P.O. Box 303
CH-1211 Geneva 19
Switzerland
Telephone: +41 22 730 4222
Telefax: +41 22 733 0395
E-mail: secretariat@ifrc.org
Web site: www.ifrc.org

IFRC Document reference

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Introduction

The 2014 outbreak of Ebola Virus Disease (EVD) in West Africa is the first time that the region has been affected by the disease, the largest in documented history. The outbreak has affected seven countries in Africa – Guinea, Liberia, and Sierra Leone have faced generalized epidemics, Democratic Republic of Congo¹ and Nigeria managed localized epidemics, and Mali and Senegal have responded to the early epidemic phase. The risk of further spread, both within the affected countries and beyond the region, continues to be a real threat.

The stark reality is that in the current outbreak, no single control intervention is sufficient to bring an epidemic of this size and complexity under control. To cease transmission, all the pillars of intervention must work together seamlessly and in unison; if one measure is weak, others will suffer. Therefore, unless transmission is prevented, then no amount of curative services will end the outbreak – aggressive contact tracing will not stop transmission if the powers of rapid case detection and rapid diagnostic confirmation are diminished in the absence of facilities for prompt isolation. High quality treatment may encourage more patients to seek medical care, but will not stop community-wide transmission in the absence of rapid case detection and safe burials.

Beneficiary communication (BenCom) and engagement is the pillar that underlies the success of all other control measures. It is the linchpin for successful control. In order to carry out contact tracing, early reporting of symptoms, adherence to recommended protective measures, and safe and dignified burials, community involvement and engagement are required.

Engaging communities in a meaningful dialogue and creating the space for their feedback is a priority in the prevention and response efforts of this outbreak. Establishing processes to engage with communities through established communication channels allows people to voice their understanding of the issues and provide feedback, while building trust and encouraging community-driven solutions. In addition, accurate and up-to-date information and knowledge is shared, which can literally save lives.

Traditionally, a variety of beneficiary communication approaches are employed across different phases of Red Cross Red Crescent programming; ranging from emergency response, recovery and development. Communications methods include high-tech solutions, as well as the use of time-tested media such as radio. Traditional methods of communication delivered through regular programming, such as community notice boards

¹ The virus outbreak in DR Congo is a different strain of Ebola to that currently affecting West Africa, and therefore not directly linked



and face-to-face meetings, are also commonly used.

This beneficiary communication plan guides the rolling out and scaling up of activities in response to the Ebola outbreak in West Africa in order to:

- ❑ Strengthen and focus our communication response in the three affected countries (Guinea, Liberia and Sierra Leone), guided by a behaviour and social change approach.
- ❑ Build community resilience through community-based volunteers as part of an early warning system in the post-Ebola phase.
- ❑ Intensify beneficiary communication activities in Benin, Burkina Faso, Gambia, Ghana, Guinea-Bissau, Côte d'Ivoire, Mali, Nigeria, Togo, and Senegal to help people understand the basic facts about Ebola as part of prevention and preparedness activities in the event of an Ebola outbreak.

Beneficiary communication includes, but is not limited to:

- ❑ working directly with communities to help build trust and understanding and promote social and behaviour change (community engagement);
- ❑ setting up multiple communication channels for dialogue and accountability between target population and aid providers including but not limited to electronic and print media to communicate with communities (interactive mass and community media), hotlines, door to door/house to house, phone-based systems;
- ❑ regular data gathering and assessments, including carrying out regular focus group discussions, knowledge, attitudes and practice (KAPs) surveys, etc.; and

- social mobilization: the process of engaging with and motivating a wide range of partners and key influencers (religious and community leaders) particularly at community level to raise awareness of and demand for a particular development/humanitarian objective through face-to-face dialogue. Red Cross Red Crescent volunteers and communities are at the core of this approach.

Description of the emergency

The current EVD outbreak in West Africa is unprecedented in terms of the number of cases, deaths and geographical spread and has been declared a public health emergency of international concern. Only recently have the number of new cases levelled off or declined in the three countries at the heart of the outbreak: Guinea, Liberia and Sierra Leone. There have been suspected cases in several other countries, as well as confirmed spread to Mali, Nigeria, Senegal, Spain and the United States, however the WHO has declared each of these countries to be currently Ebola-free. If not contained and eliminated, not only is there a risk that the EVD becomes endemic in the region, it could potentially spread beyond the West Coast of Africa.

Rumours, myths, lack of trust, and misinformation about Ebola are fueling anxiety and confusion at all levels, hindering an effective response. There have already been riots and attacks on Red Cross and other humanitarian teams.

This is the first time an outbreak of this size has been experienced in West Africa. In the past, outbreaks have been seen in remote forest regions of Africa, meaning they have been self-limiting and contained within a controlled area. Ebola is spread through direct “person-to-person” contact via bodily fluids. The disease is transmitted by direct contact with blood, faeces or sweat, by sexual contact or unprotected handling of contaminated corpses. To date, no clinically tested and approved treatment or vaccine is available for Ebola virus disease, which kills between 25 and 90 per cent of those infected, depending on the strain of the virus. The mean case fatality rate for the strain driving this outbreak is approximately 60 per cent.

There are several challenges unique to this outbreak that have contributed to the current spread. The list below details these challenges.

- Affected communities and government/health services are ‘new to the disease’ and unfamiliar with the complexity of dealing with Ebola and did not have the appropriate equipment, facilities and proce-

dures.

- ❑ Some socio-cultural practices, health behaviours and beliefs, including burial practices, can facilitate the spread of the disease.
- ❑ The outbreak started in an area where the three most severely affected countries share a border, making it a regional challenge for their respective National Societies and governments/health services, thus challenging normal control measures.
- ❑ Regional trade, interconnectedness of families and communities and fluid population movements within and between the affected countries is contributing to Ebola's geographical spread.

The EVD outbreak has also resulted in the disruption or even suspension of other critical humanitarian services in the affected areas, including food security and nutrition programmes, water and sanitation activities, health services, and other community development programmes. There has been looming discontent amongst the affected populations. In addition, outbreaks of violence and violent attacks on humanitarians, including aid workers, have increased.

With this in mind, the ability to halt the further spread of the disease is highly reliant on the support and cooperation of communities, governments and health workers, on the rapid containment of cases in new areas, and on the scale up of the response and support from multiple actors and the international community.

Summary of the current response

The Red Cross is one of the few actors on the ground, and has extensive experience and pre-existing community engagement through its network of volunteers, making it one of the most effective actors responding to this outbreak. In total six emergency appeals have been launched by the IFRC since the onset of the outbreak, amounting to a total of more than 100 million CHF to support the response in Guinea, Liberia, Nigeria, Senegal and Sierra Leone, along with Ebola coordination and preparedness at regional and global levels. In the surrounding countries, preparedness operations have been supported through the IFRC's Disaster Relief Emergency Fund (DREF) and in the Côte d'Ivoire more extensive preparedness and prevention measures are taking place in close cooperation with partners and the Red Cross Society of Côte d'Ivoire.

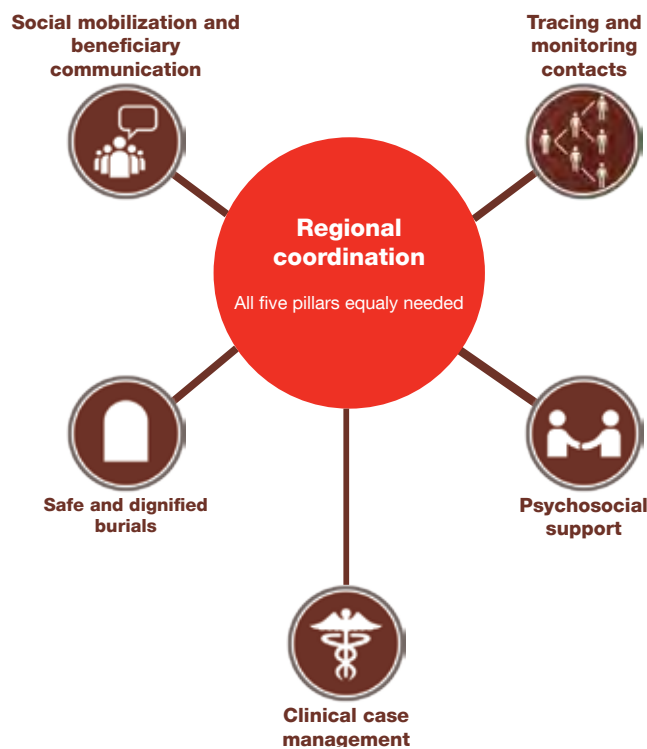
The National Red Cross Societies of Guinea, Liberia, Nigeria, Senegal and Sierra Leone have increased their response to the Ebola virus disease outbreak and are working with the Ministries of Health, WHO, Unicef and other partners in response to the needs. Surrounding countries are im-

plementing preparedness activities related to the repositioning of stocks and training of staff and volunteers.

The Red Cross Ebola response encompasses five pillars. To control the epidemic, all five pillars must be securely in place. Beneficiary communication and psychosocial support are essential if the other three main pillars, namely safe and dignified burials, contact tracing and case management are to be carried out successfully. Their effective integration is key to ensure the success of our response.

Beneficiary communication as part of all pillars

Achieving real community understanding, ownership and implementation of the Ebola response, particularly given the deep-rooted fear and stigmatization of patients, survivors and healthcare workers in the affected areas, requires sustained engagement and dialogue with the community. Beneficiary communication aims to encourage people to adopt preventive behaviours, identify possible symptoms early and seek care at a treatment centre.



Safe and dignified burials (SDB)

This is an important opportunity to engage with the community. The safe and dignified burial process the Red Cross uses is a critical step in breaking the chain of transmission, but this process can be difficult for families to accept due to deeply rooted cultural burial practices in the community. A member of each SDB team is dedicated to BenCom engagement. They provide key health information and encourage behaviour change among families and individuals that are most likely potential contacts and at risk of contracting the virus. The BenCom team member also collects information using RAMP (Rapid Mobile Phone Assessment).

Contact tracing

This is a vital opportunity for establishing a two-way communication with people who have been in contact with confirmed or suspected Ebola patients. Red Cross workers identify and monitor all people who have been in close contact with a patient and encourage them to ask questions, improve their understanding, recognize symptoms and to seek treatment if they exhibit symptoms in order to reduce the risks to the community.

Case management

Red Cross health workers in Sierra Leone are treating both suspected and confirmed Ebola patients in two Ebola Treatment Centres (ETC) in Kenema and Kono. The French Red Cross is running an ETC in Macenta, Guinea. In Liberia, the National Society has put in place a programme of community-based protection, designed to prevent transmission while waiting for medical help (ambulance) to arrive.

Early treatment results in higher survival chances. Community engagement is key to ensure people trust the health services, do not hide the sick people and go to the treatment centre as early as possible.

Beneficiary communication (community engagement, social mobilization and mass and community media)

These are core activities that encompass the way in which we work with communities to implement all pillars, including behaviour change communication and health education. It facilitates participation that extends beyond acceptance and knowledge and ensures knowledge is turned into action and acceptance. Beneficiary communication is targeted based on risk factors and focuses on two-way communication with those most affected. Red Cross volunteers, within their communities, are going door-to-door and working with elders and religious leaders to engage people and families in a meaningful dialogue to address stigma, dispel rumours or cultural misperceptions of the disease, bury the deceased safely and respectfully, and highlighting the importance of seeking early treatment. These types of approaches that emphasize community participation and partnership building between communities and participating agencies have proven to be more effective than top-down interventions.

Current beneficiary communication response

The Red Cross strategy entails a mix of communication channels, including radio programming, SMS messages and face-to-face visits in communities. These activities have been carried out in each of the affected

countries since the first cases of Ebola were confirmed.

Presently all countries are broadcasting weekly radio programmes at either national or district levels. Communication materials have been developed and distributed. Volunteers have been trained and are active in interpersonal communication activities.

Large parts of the populations have been reached with Ebola prevention and awareness messaging through radio dramas and weekly live one-hour radio call-in shows that allow listeners to ask questions and receive answers about Ebola.

In addition, a number of partners are now engaging in social mobilisation and community engagement activities. Therefore, the Red Cross will focus on targeted engagement (including more targeted radio programmes and SMS) to promote behaviour and social change in high-risk communities.

Some of the key cross-country activities implemented are detailed below.

- ❑ Beneficiary communication operational delegates deployed to the affected countries since the onset of the emergency.
- ❑ New delegates have been brought into the beneficiary communication Ebola response table, expanding the global pool of delegates available for international deployments.
- ❑ National Societies members being trained to expand the pool of staff experienced in beneficiary communication.
- ❑ The European Union has funded the expansion of beneficiary communication for Ebola activities into 10 countries which share borders with the most severely affected countries.
- ❑ A country-level beneficiary communication work and implementation plan has been developed for each of the affected countries.
- ❑ Indicators and activity trackers have been developed for the programmes in each affected country.
- ❑ A training guideline manual has been drafted and tested in both Liberia and Sierra Leone and will be completed and distributed with a second revision during 2015. The guidelines include role-plays, theory for beneficiary communication and basics on mobile data collection.
- ❑ Data collection is included in the tasks of the beneficiary communication SDB team representatives.

Spheres	Guinea	Liberia	Sierra Leone
<p>Coordination and strategic planning</p>	<p>BenCom representative engaged in the management of reticence commission which is grouping UN organizations, CDC, MSF and the Ebola national coordination.</p>	<p>LNRC continues to participate in social mobilization coordination meetings under Liberia's IMS structure, including media, and messaging structures.</p> <p>Community engagement and communication, including social mobilization, is seen as a key element of the society's strategic approach to the campaign to end Ebola in Liberia.</p>	<p>Following a decision made at the senior levels of the National Society it was decided that the beneficiary communication operation within the communication department will include the activities related to community engagement, social mobilization, and mass media.</p> <p>The beneficiary communication programme is established within the communication department of the National Society and includes sub departments managing activities in the four operational spheres. The beneficiary communication workforce of the National Society includes five master trainers/supervisors to ensure the quality control of the activities.</p> <p>The Red Cross is an active member in the established social mobilization taskforce in all the 14 districts across the country are tasked with promoting safe and culturally acceptable burial practices as well as engaging communities about the need to isolate and appropriately treat those with clinical symptoms of EVD.</p> <p>The beneficiary communication and social mobilization officers are active at district level. Red Cross is working in 12 of 14 districts and has beneficiary communication and social mobilizations supervisors managing the programme.</p> <p>All the districts have developed individual plans to capture and harmonise all activities by different organizations.</p>

Spheres	Guinea	Liberia	Sierra Leone
<p>Mass and community media</p>	<p>The National Society has run a weekly radio show programme since May 2014 at Radio Télévision Nationale (RTG) de Guinée (RTG) initially in 3 languages (Malinké, Sousou and Pular) and now in three additional local languages mostly used in the forested areas of Guinea (most affected region), namely Kissi, Toma and Guerze. The RTG cover the entire territory of Guinea and programme is broadcasted 6 times a week.</p> <p>Interactive live radio shows are also produced in five provinces and the Guinean Red Cross is negotiating a collaborative partnership with the synergy of Guinean radios in order to expand its activities.</p> <p>Establishing a partnership with Internews Washington for a daily radio magazine. 56 shows have been produced with 840 calls the in last two months.</p>	<p>LNPRCS has already commenced Red Cross radio shows in all 15 counties, and plans to expand radio broadcasting to up to 45 community radio stations early in 2015. This is in addition to weekly national radio broadcasting</p> <p>Through community radio broadcasting, the society currently handles approx. 100 feedback and discussion calls per week.</p> <p>LNPRCS continues carrying out its sound truck activities, stopping at key areas such as markets, community gathering points, etc. for social mobilization activities by volunteers. Currently, the community engagement team is focusing on villages neighbouring Ebola hotspots.</p>	<p>Regular weekly TV and radio programmes nation-wide with talk and drama. Currently starting to produce radio shows at districts level. Radio programming in 14 districts, including in the capital city (6 agreements signed)</p>
<p>Telecoms</p>	<p>Ongoing negotiations with Telecommunications companies to set up SM Tera system.</p>	<p>LNPRCS has had initial discussions with the main telecom provider in Liberia towards the setting up of TERA. The process of establishing the humanitarian services is likely to take some months.</p> <p>Further meetings are scheduled with additional telecom providers.</p>	<p>Continuing TERA messaging with Airtel and in final negotiations to get the secondary provider, Africel. IVR and hotline system being installed in the National Society.</p>
<p>Interpersonal communication</p>	<p>Setting up BenCom mobile teams at provincial levels (these teams are responsible for social mobilization / community engagement when there is patient transfer to treatment.</p>	<p>1,915 volunteers have been trained and mobilized to conduct awareness sessions through household and public place visit as well as community meetings.</p>	<p>A beneficiary communication training of trainers (TOT) has been carried out for 14 districts representatives.</p> <p>There are 360 beneficiary communication</p>

Spheres	Guinea	Liberia	Sierra Leone
	<p>center, cases management or community deaths).</p> <p>BenCom training of trainers has been carried out in 8 provinces (64 people trained). Volunteers training at prefecture level (154 volunteers trained)</p> <p>Social mobilization sessions coupled with hygiene kit distributions are held in communities by BenCom volunteers.</p> <p>BenCom focal points were set up and now represent the National Society in communication commissions which includes partners in the Ebola response in each province in order to report on Red Cross activities.</p> <p>The society has been engaging with Imams to manage/avoid reticence within communities. Priests and Pastors will be approached to ensure community engagement.</p> <p>A total number of 1.1 million people have been reached through household visits, community, focus group discussions and community meetings.</p> <p>At least 55,800 people have been reached through SDB communicators.</p>	<p>Ongoing training for new communities, including topics related to contact tracing and PSS. Volunteers carry out regular visits to the quarantined families including monitoring body temperatures.</p> <p>Red Cross engagement with community leaders in the hotspots continues involving the Chief, the Imam, Women's Council Chairlady, and Youth Leader during all activities.</p> <p>Five trainers trained in BenCom SDB. Trainers are now training, supervising and supporting SDB teams.</p> <p>A BenCom representative is embedded in each LNRC SDB team in Liberia.</p> <p>Over 90,000 people have been reached through beneficiary communication activities in six counties.</p>	<p>volunteers trained and operational in the districts.</p> <p>54 volunteers are embedded in SDB teams. A total of 1,186,856 people have been reached through beneficiary communication and social mobilization programmes</p> <p>More than 2,000 people have been identified as mother and peer educator youth clubs members, and each of them will receive hygiene items to support their involvement in community social mobilisation.</p> <p>Construction of Community Red Cross information kiosks has started in Bombali and is planned for an additional three districts. In total, the Red Cross will construct 140 information kiosks and hand washing stations in all the 14 districts.</p>

Spheres	Guinea	Liberia	Sierra Leone
<p>Data gathering</p>	<p>KAP questionnaires have been translated in French and volunteers trained in data gathering in the coming week, SDB and BenCom KAP will be launched</p>	<p>Liberian Red Cross BenCom representatives have been supporting data collection in Liberia under SDB since October.</p> <p>LNFRCS intends to begin monthly mini-KAP surveys early in 2015, with the support of information management.</p>	<p>Programming mini-KAPs studies on a monthly basis.</p> <p>The recent mini-KAP survey undertaken in three districts indicates the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Only 15-40 per cent of people choose “take the person to the hospital” which would be potential mode of transmission. <input type="checkbox"/> Radio is by far the most trusted source of information. <input type="checkbox"/> 12 – 40 per cent of people still believe that they can prevent themselves from Ebola by bathing with salt and hot water. <input type="checkbox"/> 75 – 90 per cent of people believe that the ETC and ETU will take care of him/her (rehydrate, give medicines/ food, monitor status). <input type="checkbox"/> 40 – 85 per cent of people know about the Red Cross burial team. <p>Beneficiary communication continues to scale up at district level especially to on airing the radio programme and house to house visits.</p>



Victor Lacken / IFRC

The changing epidemic

Funerals, as they have been customarily practiced in this region, have been dubbed as “super-spreading events”, primarily because of the cultural practice of mourners touching the deceased, when the body is most contagious. While there are now more beds, medical personnel and protective equipment available to help isolate patients and conduct contact tracing, the single most important and practical step in decreasing the number of new cases has been the changes in burial practices.

The latest research suggests that if transmission through burial practices were eliminated, then the secondary infection rate would drop to less than one person per Ebola case, which has been the main goal of the Red Cross Red Crescent response.¹ According to WHO, at least 20 per cent of new Ebola infections occur during burials of deceased Ebola patients.

The combination of safe burials, case isolation, contact tracing, and better protection for healthcare workers are the keys to stopping the Ebola epidemic in West Africa. In particular, by building trust and respect between burial teams, bereaved families and religious groups, we are building trust and safety in the response itself.

Therefore, while we have been focusing on all pillars, the Red Cross leads on safe and dignified burials as the most effective intervention that is halting burial practices in which mourners handle bodies.

Targeted beneficiary communication

Building correct knowledge of the Ebola virus disease and its mode of transmission and addressing rumours and misconceptions within communities continues to be a challenge and in some locations denial that

¹ According to a recent study (Study undertaken by researchers from Yale University, Oregon State University, and the Ministry of Health and Social Welfare in Liberia) if transmission in the community or in hospitals could be eliminated through better isolation practices, each Ebola case would still cause 1.4 or 1.5 additional infections. But if transmission via burial practices were eliminated, the secondary infection rate would drop below one per Ebola case, the sole way to end the epidemic

the disease is real still persists. Due to the highly infectious nature of the disease many people are fearful and stigma remains high despite the major efforts deployed so far in awareness raising and education, thus there is still a significant need to scale up beneficiary communication activities.

At the very beginning of the outbreak, there was a need to spread the information widely and improve general knowledge about the disease. People were in disbelief that Ebola is real. As confirmed by the September national KAP survey in Sierra Leone and the most recent mini-KAP conducted by the Red Cross,² the majority of people now recognize that Ebola exists in their country.

Some key findings from the recent Red Cross mini-KAP done in three districts in Sierra Leone are detailed below.

- ❑ Although general knowledge about the disease has improved since the onset of the crisis, significant gaps can still be identified in some districts, around modes of transmission, treatment and referral mechanisms.³
- ❑ Ebola is viewed as a one-time event or a 'wave' which passed through their communities and people who have seen it 'go' believe infections are not likely to occur again.
- ❑ Religious leaders, despite their continuous activity, unhindered by Ebola-related restrictions, are still not seen as an effective source of information regarding the disease.
- ❑ Although misconceptions regarding the disease are much lower than what was encountered at the onset of the outbreak, there are still areas where the lack of proper information could prove a challenge for accepting prevention messages and treatment options in some districts.⁴

² The survey was conducted in three districts with the following criteria: high transmission, on-going transmission and low transmission.

³ in Kailahun district where only 35 per cent of respondents have identified the cause of the Ebola as a 'virus' and surprisingly Bombali and Port Loko the percentage is higher.

⁴ According to the September national KAP study, nearly one-third of respondents believe that EVD is transmitted by air or through mosquito bites. About 2 in 5 respondents believe that they can protect themselves from Ebola by washing with salt and hot water while nearly 1 in 5 believe that spiritual healers can successfully treat the disease.

Below is a general analysis of the priority risky behaviours and recommended behaviours .

A generic framework which has to be tailored to each localized epidemic and based on regular assessments of the situation, such as below:

Target	Behaviour risk	Behaviour objectives
Primary Everybody	<ul style="list-style-type: none"> <input type="checkbox"/> Non recognition of symptoms <input type="checkbox"/> Myths and misinformation about transmission <input type="checkbox"/> Low risk perception <input type="checkbox"/> Lack of physical hygiene (hand washing with soap, use of latrines, use of sterilized water) <input type="checkbox"/> Attendance to gatherings <input type="checkbox"/> Panic-led behaviours (non-collaborating to case tracking, fleeing the area) <input type="checkbox"/> Dangerous traditional burial practices (washing, touching and kissing the body.) 	<ul style="list-style-type: none"> <input type="checkbox"/> Knowledge of symptoms <input type="checkbox"/> Methods of transmission known and myths addressed <input type="checkbox"/> Improvement of physical hygiene (hand washing, use of latrines, use of sterilised water) <input type="checkbox"/> Collaborating with case tracking, non-fleeing from the area <input type="checkbox"/> Avoidance of dangerous traditional burial practices (depending on local context) <input type="checkbox"/> No washing of dead bodies <input type="checkbox"/> Do not touch person who suspected of Ebola, Ebola patients or those who have died due to Ebola <input type="checkbox"/> Do not believe or spread the following rumours: <ul style="list-style-type: none"> ▪ <i>washing the body with hot water and salt kills the virus; or</i> ▪ <i>Drinking herb tea with honey cures Ebola.</i> <input type="checkbox"/> Positive/supportive attitudes toward survivors and persons/families affected by Ebola <ul style="list-style-type: none"> ▪ <i>Encourage sick persons to seek health care instead of seeking treatment by religious leaders or community based druggists/nurses”</i> ▪ <i>Seeking medical treatment/health care early</i>
Primary Family of suspect case/ victims	<ul style="list-style-type: none"> <input type="checkbox"/> Non recognition of symptoms <input type="checkbox"/> Misunderstanding of disease and belief in myths <input type="checkbox"/> No referral of suspect cases <input type="checkbox"/> No hygiene around suspect case 	<ul style="list-style-type: none"> <input type="checkbox"/> Recognition of symptoms <input type="checkbox"/> Methods of transmission known and myths delegitimized <input type="checkbox"/> Early referral of suspected cases to health facilities/ETU

Target	Behaviour risk	Behaviour objectives
Primary Family of suspect case/victims	<ul style="list-style-type: none"> <input type="checkbox"/> Unhygienic handling of corpse <input type="checkbox"/> Late burial of victims <input type="checkbox"/> Organisation of traditional funeral <input type="checkbox"/> Panic-led behaviours (hiding the sick person, hiding the dead body, non-collaboration to the monitoring of persons in contact with the victim, non-collaborating to case tracking, fleeing the area) 	<ul style="list-style-type: none"> <input type="checkbox"/> Handling of corpse with an assistant of burial teams <input type="checkbox"/> No washing of dead bodies <input type="checkbox"/> Adoption of hygienic measures around suspect cases (e.g. disinfect clothing and beddings of suspected Ebola patients with bleach) <input type="checkbox"/> Quick referral of burial teams for rapid burial of corpse <input type="checkbox"/> Early referral of sick persons and dead bodies, collaborating the monitoring of the persons in contact with suspicious patients, collaborating with surveillance and case management teams, <input type="checkbox"/> Encourage sick persons to seek health care instead of seeking treatment to religious leaders and traditional healers. <input type="checkbox"/> Quick reporting of sick persons to ascertain illness <input type="checkbox"/> Adoption of hygienic measures around suspect cases <input type="checkbox"/> Hygienic handling of corpse <input type="checkbox"/> No hiding of sick persons, no hiding of dead bodies, collaborating to the monitoring of the persons in contact with victims, collaborating with case tracking, no fleeing from the area <input type="checkbox"/> Isolation of suspected cases in house (if no treatment unit is available nearby) or in the treatment unit
Primary Health personnel	<ul style="list-style-type: none"> <input type="checkbox"/> Ignorance of how to identify suspect cases <input type="checkbox"/> Ignorance of how to handle case <input type="checkbox"/> Lack of hygiene practices in handling the case <input type="checkbox"/> Fear of handling the case <input type="checkbox"/> Abandonment of professional duties <input type="checkbox"/> No sanitation of victim's household <input type="checkbox"/> Late burial of victims <input type="checkbox"/> No case tracking 	<ul style="list-style-type: none"> <input type="checkbox"/> Capacity to identify suspect cases <input type="checkbox"/> Capacity to treat suspect and actual cases <input type="checkbox"/> Adoption of hygiene practices in handling the case <input type="checkbox"/> Confidence in handling the case <input type="checkbox"/> Conducting proper sanitation of case's household <input type="checkbox"/> Quick burial of victims <input type="checkbox"/> Conduction of case tracking

Target		Behaviour risk	Behaviour objectives
Primary	Funeral personnel	<ul style="list-style-type: none"> <input type="checkbox"/> Unhygienic handling of corpse <input type="checkbox"/> Late burial of victims 	<ul style="list-style-type: none"> <input type="checkbox"/> Hygienic handling of corpse <input type="checkbox"/> Quick burial of victims
Secondary	Specify depending on local contexts	<ul style="list-style-type: none"> <input type="checkbox"/> Secondary participants do not support primary participants in key practices 	<ul style="list-style-type: none"> <input type="checkbox"/> Secondary participants support primary participants in key practices
Tertiary	Local leaders Specify depending on local contexts	<ul style="list-style-type: none"> <input type="checkbox"/> They are not involved in Ebola-related activities 	<ul style="list-style-type: none"> <input type="checkbox"/> Village chiefs mobilise community initiatives for fight against Ebola <input type="checkbox"/> Local leaders conduct peer-to-peer to encourage community members, to take responsibility for contributing to the fight against Ebola (specify depending on local contexts)



Victor Lacken / IFRC

Strategic approach in the three affected countries

To scale-up the current beneficiary communication response, the following will be implemented:

- ❑ Reinforced data management and information/feedback management structure to ensure all information collected from people and communities is used in a timely manner, to ensure community driven programming.
- ❑ Strengthened coordination activities with key governmental, non-governmental and UN partners.
- ❑ Strengthened regional management team as part of the coordination team.

From a technical health point of view, the main objective is to try and prevent both the first and second levels of transmission.

Goal

Eliminate the Ebola virus disease in the three most affected countries.

Behavioural objectives

- ❑ Stop first and second level infections.
- ❑ Report suspected cases immediately.
- ❑ People with symptoms must present to the nearest health centre/ ETU within 24 hours for appropriate diagnosis and treatment.
- ❑ Avoid physical contact with blood and body fluids of infectious people or people who died of Ebola.
- ❑ Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola or a suspected case.

Communication objectives

1. Ensure that people in the most affected areas (hotspots) have access to messaging from a minimum of two of the operational spheres (See figure 2) with the potential of access to all four spheres and are also able to feedback into the response with a minimum of two operational spheres.
2. Raise awareness on the seriousness of the situation and the importance of the key preventive action during the outbreak, with focus on promoting safe burials.
3. Ensure that members of all communities receive clear, accurate information about the signs and symptoms of Ebola, where to get help and what action they need to take if they or someone they know has symptoms.
4. Reduce unnecessary fear of catching Ebola and therefore reduce stigmatization, denial, resistance, and rumors.

Based on the results from the KAP surveys around EVD, most people get their information through friends and neighbours, radio, health centres or health workers and Red Cross volunteers or staff, which are their most trusted source of information.

Radio programmes as a way of disseminating messages should especially be used, since 90 per cent of people have access to this medium. Sustaining frequent radio programme combined with strengthened community work through the volunteers and complemented with a mix of other communication mediums including, television, IEC materials, interpersonal communication etc., will allow a broader section of the communities to have access to different forms of information.

However, as radio is seen as the most appropriate medium for connecting with the communities, all responders to the Ebola crisis are providing programming that is congesting the airwaves with a mix of correct and incorrect messaging.

This highlights the need for a more comprehensive, but targeted communication plan that utilizes a broader range of communications tools, focusing on our core competitive advantage, namely community interaction and interpersonal communication through the volunteers.

Red Cross is one of the few organizations active in all five pillars of the response. The overall beneficiary communication model works as a constant feedback loop where we engage, listen and respond. This is not a one-off action; the communication must be on going. Beneficiary communication collects, analyses and feeds back information to communities in order to engage them and influence behaviour change, in close

coordination with all other programmes.

Beneficiary communication and safe and dignified burials (most-severely affected countries)

A beneficiary communication volunteer is embedded in each of the SDB teams. The volunteer utilizes the time during the process to talk with the community about their understanding of the SDB process, their understanding of Ebola in general and answer any questions the community members may have. This is also be an opportunity to provide IEC materials.

The information gathered using face-to-face dialogue which is recorded using mobile phones allows the Red Cross to gather information that will allow us to assess the current situations and perceptions in the communities as well as gathering data about the family and the affected person. The process strengthens our accountability to the community and families. The collection of data enables us to gather information relating to the affected persons Ebola status and location of burial.

Strategic approach in the region

Preparedness programme in West Africa (EU supported programme)

Benin, Burkina Faso, Côte d'Ivoire, Mali, Nigeria, Gambia, Ghana, Guinea-Bissau, Togo, and Senegal

The overall goal is to contribute to halt the chain of transmission of Ebola virus disease through effective implementation of social mobilization and beneficiary communication activities for the prevention, preparedness and control of the outbreak.

Specific Objective 1:

Ensure community understanding, engagement, ownership and implementation of prevention, preparedness and control measures through effective social mobilization and beneficiary communication interventions.

The main objective is to reduce the threat of an outbreak of Ebola in the surrounding countries by addressing “at risk groups” and “at risk behaviours” among the population of the targeted countries. The aim is to increase the level of knowledge on the causes, symptoms and modes of prevention of the disease including what needs to be done if one suspects that they have contracted Ebola.

This proposal focuses on building a regional community engagement campaign through the involvement of media, production of communication material to be adapted locally and the coordination and cross-fertilization of approaches and strategies.

Media platforms such as radio and mobile phones can communicate preventive, life-saving and risk-mitigating information rapidly and efficiently to crisis-affected communities on a large scale and help countries at risk prevent any possible outbreak. This proposal will support National Red Cross Societies to engage these critical actors in behavioural and social interventions that are centred in community participation efforts.

Beneficiary communication activities are detailed in the list below.

- ❑ A comprehensive regional communication campaign to be adapted locally for social mobilization and community engagement interventions.
- ❑ Capacity building and support mechanism addressing the needs of front line Red Cross volunteers, community based volunteers, including behaviour change communication capacity building.
- ❑ Production and dissemination of communication material, with focus on radio and audio-visual products to be adapted locally.
- ❑ Support (or create if not yet available) community engagement/feedback spaces/mechanism (hotline, radio interactive programmes, rapid survey, SMS systems etc.) to enable communities to develop their own solutions to cope with the crisis (i.e. funeral rituals).
- ❑ Engagement of trusted opinion leaders/artists/celebrities to legitimate communication (training, coaching and roles' definitions).
- ❑ Put in place systems for gathering, sharing and use of positive stories and good practices (i.e. survivors, community initiatives).
- ❑ Strengthen partnerships between media (including community/private/public media), public authorities, and responders to ensure early sharing of information and prompt management and reaction to rumours.
- ❑ Engaging and strengthening community media, including for long term capacity and work with them to enhance understanding of how they can play a helpful role in the crisis and improve their understanding of issues related to the disease and where to go for accurate information.
- ❑ Provision of simple, accurate information on EVD, preventive measures, its nature and transmission and guidance on how to react if a person develops symptoms.

Specific Objective 2:

Strengthen regional coordination and technical support to ensure a well-coordinated response, harmonised approaches and methodologies in the implementation of the necessary prevention, preparedness and control measures.

Activities

- Develop a regional framework to support programmes in affected countries.
- Maintain a global task force to ensure a high level of rapid information sharing.
- Develop agreed methodologies to be applied across the affected areas within all sectors.
- Develop coordinated key concepts and messages to be applied by all programmes.
- Maintain close operational contact with National Societies in the region and ensure close coordination and agreement on overall strategies.
- Actively participate in coordination forums at regional level.
- Support interventions in non-Ebola affected neighbouring countries and districts.
- Engage and coordinate with other responders both Red Cross and external to deliver cohesive programme delivery.

Communication objectives

1. Ensure that people in the non-affected countries have access to messaging from a minimum of two of the operational spheres with the potential of access to all four spheres that allows the community to feedback into the response with a minimum of two operational spheres.
2. Raise awareness of key preventive action and awareness of the Ebola virus and processes to follow if Ebola is identified in their communities.
3. Ensure that people and communities receive clear, accurate information about the signs and symptoms of Ebola, where to get help and what action they need to take if they or someone they know has symptoms.
4. Reduce unnecessary fear of catching Ebola and therefore reduce stigmatization, denial, resistance, and rumors.

Learning from the affected countries and operations over the last 6–8 months, the activities in the ten target countries will aim at:

Sowing hope, not fatalism

- ❑ Positive messages stressing what can be/is being done and highlighting stories of survivors (may have to draw from other countries) who sought care early, that can also motivate citizens to seek medical care if they, or family members, are experiencing illness.

Setting expectations

- ❑ Rather than framing the threat as resolved – with the release of the confirmed Ebola patient – messages will foreshadow possibility that there may be more cases.

Redefining success

- ❑ Instead of defining success as “no additional cases” in the future, success will be defined by the adapting of healthy behaviours by the population.

Build reassurance/confidence in health authorities

- ❑ Regularly describe concrete actions authorities are taking to protect people, why these actions are necessary, and how they work.

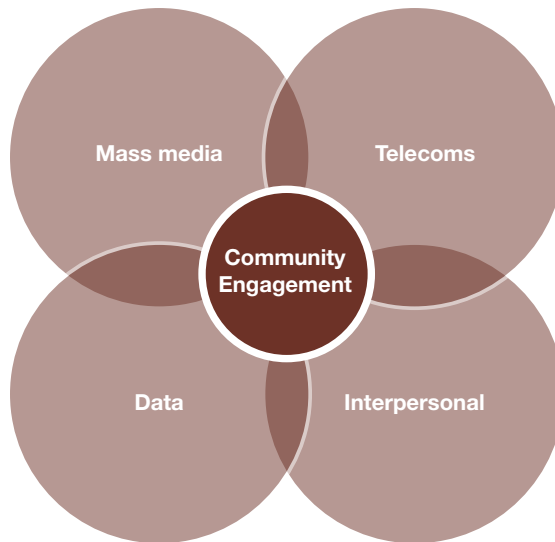
Empower citizens

- ❑ Let them know they have a role to play in keeping themselves and their communities safe.
- ❑ Describe what people can do to “protect yourself, your family, your community.”

Lower fear/stigma of the disease and patients

- ❑ Highlight experiences of citizens who were subject to contact tracing, how they were monitored, and if confirmed positive, how they were free of disease.
- ❑ Help people understand how disease is NOT spread.
- ❑ Describe how patients are treated and cared for.
- ❑ If possible, provide information about how the patient is able to be in contact with family/community (cell phone or visits with protective gear for family). This lowers the fear of isolation.
- ❑ Explain steps being taken by authorities to protect others from exposure.

Figure 2: Strategic operational spheres



Sphere	Technology	Location
Mass and community media	Radio	HQ and field
	TV	HQ
	Sound trucks	Field
Telecoms	IVR	HQ
	TERA	HQ
Interpersonal communication	Community engagement - volunteers	Field
	Live drama	Field
	Murals	Field
	Billboards	Field
	Mobile cinema	Field
	Outdoor media / IEC	HQ / Field
	Posters	Field
	Pamphlets	Field
	Flyers	Field
Data gathering and management	Collection	Field
	Management	HQ

Strategic Operational Sphere 1: Broadcast mediums.

Scale up radio shows and broadcasts, focusing on promoting key Ebola prevention and hygiene practices and the risks associated with not following them. A main focus would be on using radio as it has greater penetration and reach as compared to television in the region. Apart from the national radio stations, the region has a large number of community radio stations spread across, both urban and rural areas. As well as the radio shows, short “spots” would also be developed. The spots would focus on what can be done to reduce and fight Ebola, trying to motivate people to take the necessary steps identified in the campaigns. The spots would also help in creating public visibility around the issue.

- ❑ Radio broadcasts branded as “Radio Red Cross” with a focus on “talk back”.
- ❑ On going scheduled spots (30 sec) to be played throughout the day on broadcasts of the radio stations.
- ❑ Development of radio dramas can be effectively used to disseminate key information as well as promote behavioral change.

Depending on the country and access people have to TV, develop live programming and use of television for key informational dissemination and feedback.

- ❑ TV Broadcasts branded as “TV Red Cross” with a focus on “talk back”.
- ❑ On going scheduled spots (30 sec) to be played throughout the day on broadcasts of the TV stations.
- ❑ Development of TV dramas can be effectively used to disseminate key information as well as promote behavioural change.



Strategic Operational Sphere 2: Telecommunication mediums.

Mobile telephones have reached a high percentage of the population in all of the Ebola affected countries, with some of the population owning a phone for each of the networks. With increases in network coverage area and the substantial drop in the prices of handsets and call charges, even in very remote, rural areas people have access to mobile phones.



- ❑ SMS – Push SMS’s sent to mobile subscribers with messages having a defined call to action.
- ❑ SMS – Pull SMS’s will allow communities to respond to calls to actions and questions asked by the Red Cross.

Parts of the populations in all of the affected Ebola countries are either semi-literate or illiterate. The use of voice recorded messaging in local languages allows a wider part of the communities to receive information first hand.

- ❑ Centralized integrated voice response (IVR) system with menu of relevant messaging developed by operational programmes.



Strategic Operational Sphere 3: Interpersonal mediums.

Community level frontline communicators provide the most effective opportunity for carrying out communication with families and communities. Face-to-face communication allows the field staff to motivate and follow-up with families and communities and provides a platform for two-way dialogue in which people can have their doubts, queries, concerns and needs addressed on the spot. This includes discussions and interactions with communities to educate people about Ebola and to ensure that they are implementing key actions to prevent and contain Ebola. It also involves passive contact tracing, meaning, if cases are found at the community level they will be referred or notified. This is done using a PSS approach. Social mobilization should include a full communication plan and rumour management strategy.



Information, education, communication (IEC) materials/outdoor media will support interpersonal communication and give credibility to the household and community level communicators. Outdoor media in the form of murals and sound trucks placed and delivered in strategic areas will give access to a wider part of the community. The current IEC materials such as posters and banners would need to be continually revised and distributed to the counties.



Public viewings of videos or films have proven to be

extremely popular in some of the affected countries. People come together at these clubs to watch football matches, movies and also exchange information and gossip. Community dramas are entertaining, engaging and if followed by a well-facilitated discussion, can help promote deeper understanding and positive attitudes among audiences.



As Ebola is contracted by person-to-person contact, the bringing together of large crowds for these activities may be questionable in the current environment. In areas where there are limited alternatives to disseminate messaging and engage with communities it may be the only way to deliver the messaging.

Community leaders, celebrities and other community senior members are used to disseminate information about activities in the community as well as key messages. Identifying sports and music personalities that youth and all parts of the population identify with can also create a following for specific messaging.



Strategic Operational Sphere 4: Data collection and management.

Utilizing RAMP data management and gathering tool in all activities. Embedded in the SDB Teams will be a BenCom volunteer tasked with the process of engaging with the community during the body removal process. BenCom volunteer will also be tasked with gathering information using a set of questions within the RAMP system. The information will allow the Red Cross to gather information that will allow us to assess the current situations and perceptions in the communities as well as gathering data about the family and the affected person. Mini-KAPS will be carried out using district, province, county BenCom representatives and volunteers.



To scale-up the current BenCom/community engagement response the following will be implemented.

- Establish a regional management team** or role in other coordination teams .
- Baseline and planning:** Understanding the community knowledge,

attitudes, practices and behaviors, communities access to communication mediums, mapping the media environment and developing appropriate communication strategies.

- ❑ **Preparation:** Establishing relationships and agreements with National Societies participants and service providers (broadcast, etc). Deployment of electronic communication systems and development of messaging.
- ❑ **Dissemination:** Initial engagement with communities with the dissemination of information using various communication channels both new and traditional methods.
- ❑ **Dialogue and community engagement:** Implementation of two way communication with communities using both new and traditional communication channels.
- ❑ **Data collection and analysis for programmatic decisions:** Utilize systems of data and information management to inform communication with communities and revise programmes regularly.
- ❑ **Programme revision:** for effective community-delivered engagement programming, implement the recommendations from analysis of community engagements.
- ❑ **Inclusion of BenCom /Community Engagement in all activities** relevant to the EVD response.
- ❑ **Build capacity** and scaling up of BenCom /Community Engagement knowledge and skills in 10 countries.
- ❑ **Establish Broadcast media activities** in all of the affected and preparedness (television and radio) – where relevant.
- ❑ **Establish Telecommunication activities** in 10 countries (TERA and IVR) – where relevant.
- ❑ **Produce IEC materials relevant for each country** taking into account language and local customs.
- ❑ **Carry out interpersonal activities:** door-to-door / house-to-house and focus group discussions.
- ❑ **Build training resources** to support countries in the scale up.
- ❑ **Increase human resources:** local and international staff.
- ❑ **Identify gaps** in and relevant standardized messaging for each country.
- ❑ **Increase of physical resources** such as vehicles and office space.
- ❑ **Increase volunteer base and capacity** in BenCom/community engagement through training of trainers.
- ❑ **Initiate and participate in coordination activities** with UNMEER, WHO, Unicef, ECOWAS, MFWA, WANEP).

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

For further information on beneficiary communication, please contact:

Accra, Ghana

Norbert Allale

Head of emergency operations, EVD operation

Mobile: +221 77 740 6205

E-mail: norbert.allale@ifrc.org

Dakar, Senegal

Will Rogers

Beneficiary communication coordinator, EVD operation

Mobile: + 221 77 740 8161

E-mail: will.rogers@ifrc.org

Geneva, Switzerland

Ombretta Baggio

Beneficiary communication coordinator, EVD operation

Mobile: + 41 79 708 4827

E-mail: ombretta.baggio@ifrc.org

Conakry, Guinea

Yvonne Kabagire

Beneficiary communication delegate, EVD operation

Mobile: +224 62 834 5334

E-mail: yvonne.kabagire@ifrc.org

Monrovia, Liberia

Stephen Ryan

Beneficiary communication delegate, EVD operation

Mobile: +231 77 799 0377

E-mail: stephen.ryan@ifrc.org

Freetown, Sierra Leone

Alif Iman Nurlambang

Beneficiary communication delegate, EVD operation

Mobile: +232 7 923 6192

E-mail: alif.nurlambang@ifrc.org

