RED CROSS MOBILISES 600,000 COMMUNITY MEMBERS IN FIGHT AGAINST EBOLA

Red Cross Red Crescent best practice in Community Engagement and Accountability (CEA) to prevent, prepare for and respond to epidemics in West Africa

Preparing for and preventing epidemics

Preventing outbreaks of disease is a key priority for the International Federation of Red Cross and Red Crescent Societies (IFRC). Stopping an outbreak before it spreads out of control saves lives, protects livelihoods and supports long term development.

Along with causing 11,000 deaths, the 2014 to 2016 West Africa Ebola virus disease outbreak severely impacted health systems and cost Guinea, Liberia and Sierra Leone an estimated $2.8 billion[1].

A key lesson in the response to this outbreak was the critical importance of engaging with and mobilising communities to bring the epidemic under control.

A volunteer engaging community members in Togo. Credit: TRCS/IFRC

Trusted, clear and effective communication and engagement approaches proved critical to ensuring that fear, panic and rumours did not undermine response efforts and lead to Ebola spreading even more quickly. Good community engagement also helped responders to gain an insight into the perceptions, behaviours and priorities of different groups, which lead to more effective and targeted messaging. Engaging with communities before epidemics hit also helped to promote long-term healthy practices and provided information on cultural and social norms and community dynamics, information which proved invaluable when responding to outbreaks.

What is CEA?

Community Engagement and Accountability (CEA) is the process of and committee to putting communities at the centre of Red Cross and Red Crescent programming and operations[1]. It is about providing timely, relevant and actionable life-saving and life-enhancing information to communities. CEA emphasises listening to and acting on community needs and feedback. CEA helps gain a better understanding of people's perceptions and behaviours, to better address unhealthy practices. CEA also supports communities to speak out about the issues that affect them to decision-makers.

See IFRCs CEA guide and toolkit for more information.

[1] http://www.worldbank.org/en/topic/macroeconomics/publication/2014-2015-west-africa-ebola-crisis-impact-update

Red Cross Red Crescent: value of local action through community-based volunteers

In countries where there is a high risk of epidemics, the Red Cross Red Crescent plays an important role and has a unique position in prevention, monitoring and responding to outbreaks.

National Societies have strong networks of volunteers at community level, and through their auxiliary status are also part of the national systems and structures (for example, health and disaster management) working to reduce and control epidemic risks.

Community-based volunteers are at the 'front-line' of epidemic preparedness and response. Volunteers engage and communicate with communities, promote healthy practices and prevent the spread of disease. Trained volunteers can be mobilized quickly to respond to a disease threat within their communities, and can rapidly identify suspected cases of disease and refer them to health facilities.

"We did not know what quarantine was and why it is important for stopping Ebola. Many people would not allow any of their family to be quarantined. But the Red Cross community engagement volunteers have convinced us about the importance of quarantine, and we now accept it in our communities."

Mrs Khadidiatou Baro, Abidjan, Cote d'Ivoire.

EU funded epidemic preparedness project in West Africa

In 2014 at the height of the Ebola virus disease epidemic in West Africa, the European Union and IFRC initiated a one-year project which aimed to contribute to halting transmission and stop the disease spreading to 10 neighbouring countries across the region (Nigeria, Senegal, Guinea- Bissau, Gambia, Burkina Faso, Mali, Benin, Togo, Ghana and Cote d'Ivoire). As the threat of Ebola reduced, the project scope was expanded to incorporate other important epidemic diseases (e.g. cholera, meningitis, Lassa fever) and the timeframe extended from one to two years.

At the core of the project was a five step process (Figure 1) to ensure community-driven programming, emphasising engagement, listening and acting in response to community feedback. Red Cross and Red Crescent National Society capacity was also strengthened, through the training of staff and volunteers.

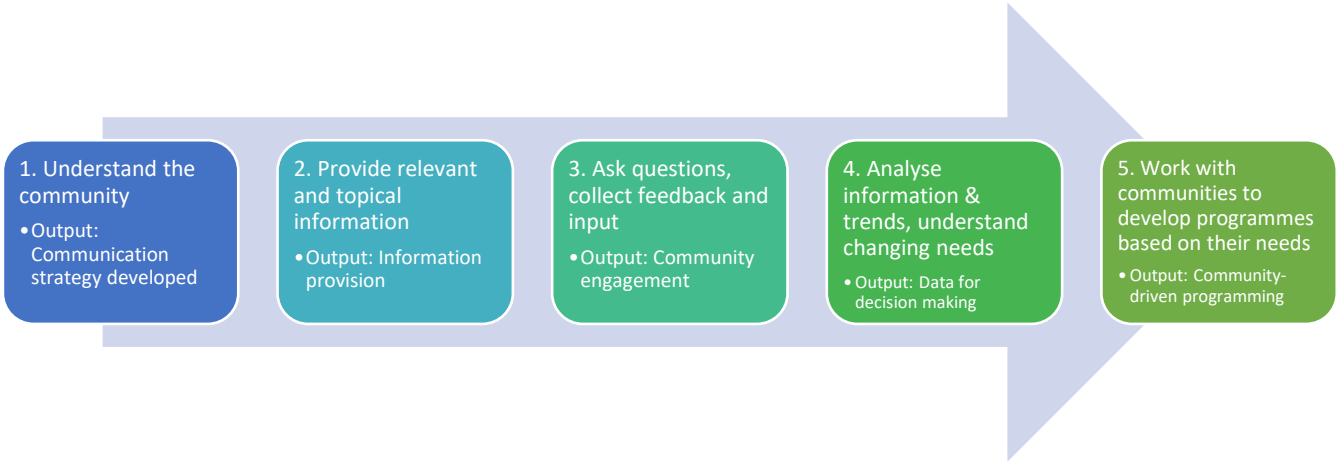


Figure 1: The five step CEA process used in the EU-funded Ebola and epidemic disease preparedness project in West Africa 2014 - 2016.

"Meningitis used to be considered a curse. The Red Cross volunteers have made people believe that meningitis is really an illness."

Jean Kodolou, Pagouda, northern Togo.

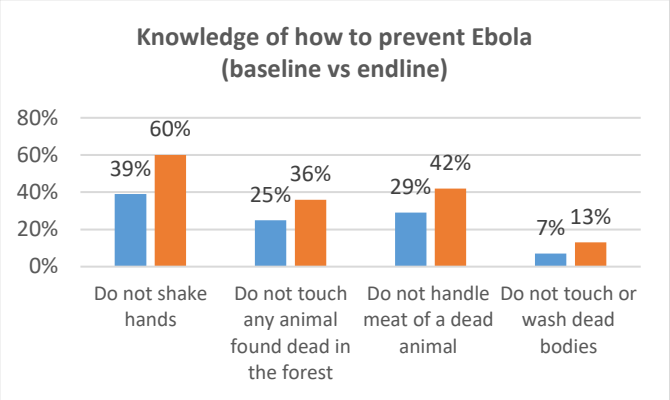
"People in my community are now aware of the importance of keeping their water source clean and protecting left-over food from rodents. Many people have now built toilets in their houses as a result of the messages passed to them by Red Cross".

Chief Emmanuel Kuriga, Niger state, Nigeria.

Snapshot: selected results from endline KAP surveys

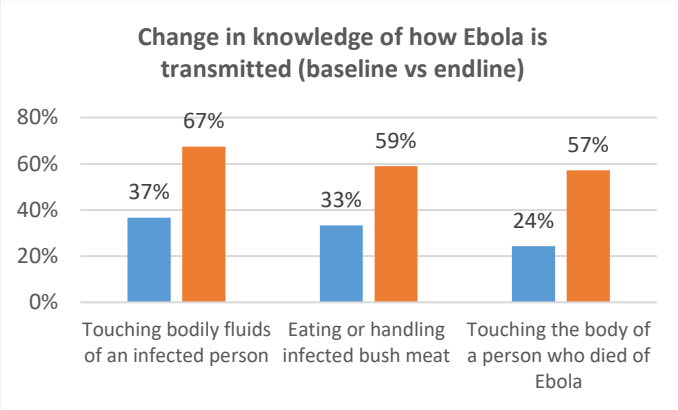
Burkina Faso

Significant improvements in knowledge about preventing Ebola were reported at the end of the project. There was a 21% increase in people who knew that not shaking hands was a way to prevent Ebola. 42% of respondents knew not to handle meat of a dead animal, an increase of 13% from the baseline.



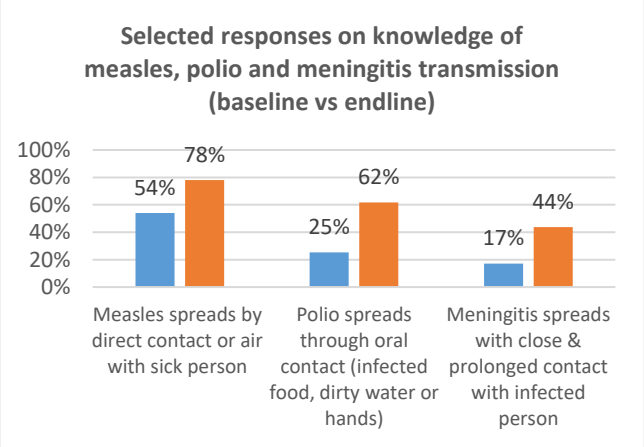
Gambia

Increased knowledge of how Ebola is transmitted was reported at the end of the project. A significant improvement was seen in people who knew that touching the body of a person who died from Ebola, from 24% of respondents at the beginning of the project increasing to 57% at the end. 30% more people knew that touching the bodily fluids of an infected person can transmit Ebola at the endline.



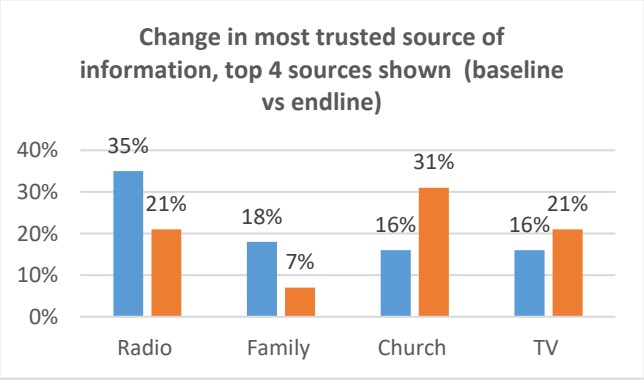
Mali

Improved knowledge of the main transmission routes for measles, polio and meningitis was reported in Mali. There was a 24% increase in people who identified that measles spreads by direct contact or through the air from a sick person. At the endline survey, 62% of respondents said that polio spreads by oral contact with infected food, or dirty hands or water – an increase of 37% from the baseline. 44% of respondents said that meningitis spreads by close and prolonged contact with an infected person – an increase of 27% from the baseline survey.



Ghana

Trusted communication channels and sources of information were identified. Most trusted channels include radio, church, TV and family. Approximately half of people in target communities cannot read or write; therefore, verbal and traditional channels were still important. Sources of information changed during the year (e.g. in planting season many farmers are in the fields and do not listen to radio much) and due to other events (e.g. during political campaigns many people do not enjoy listening to radio because there is too much political debate between different parties).



Key achievements

Main achievements of the EU funded West Africa Ebola preparedness project in relation to community engagement and accountability were:

- **Almost 600,000 direct beneficiaries** in target communities across the 10 project countries were mobilised to prevent and stop the spread of epidemics. Relevant, clear and tailored information together with meaningful dialogue was used to reduce anxiety and fear, address stigma, rumours and cultural barriers and to improve knowledge.
- **Strengthened relationship between National Societies, Ministries of Health and other key stakeholders** (e.g. WHO, UNICEF). Coordination and collaboration is key for coherent, aligned messages and programming.
- Improved understanding and **strengthened capacity of National Society staff and volunteers** to effectively communicate and engage with communities, and use mobile-phone technology for data collection and monitoring.
- **Health communication products developed,** specific to the priority epidemic diseases and health threats faced in each country. Materials included radio programmes (including quizzes and drama), posters, flyers and video documentaries.

An interactive radio programme as part of the EU-funded West Africa Ebola and other epidemic disease preparedness project. Credit: IFRC

Moving forward: recommendations for action

1. **Red Cross Red Crescent volunteers key to fighting epidemics:** A rapid community-based response by Red Cross and Red Crescent volunteers can be the difference between an isolated outbreak and a national catastrophe. Building capacity to prevent and prepare for epidemics before they happen must be a strategic and funding priority – and this needs to include good community engagement skills and approaches.
2. **Invest in community prevention:** Responding to epidemics is much costlier than preventing them. Community-based health and engagement activities that build community knowledge on how to prevent key epidemics, can stop outbreaks spreading out of control, which saves lives, protects livelihoods and supports development.
3. **Use technology:** Identify technology that can improve epidemic response in advance and be ready to mobilise it when needed. For example, mobile data collection allows for faster, more accurate information which can be used for timely decision making and ensures community feedback can be acted on and responded to quickly.
4. **Work together:** Close collaboration between National Societies, Ministries of Health, donors and other stakeholders such as local media strengthens epidemic prevention and preparedness and ensures strategies, activities and messages are coherent and aligned with national and regional policies – and so more sustainable.
5. **Changing behaviours takes time:** People do not change life-long habits overnight, so epidemic prevention and preparedness project timeframes need to be long enough to allow trust to be built with communities and for this change to be seen and measured. This also ensures communities are at the centre of and driving prevention and response.

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