# EPIDEMIC READY: COMMUNITY ENGAGEMENT KEY IN FIGHT AGAINST EBOLA

## Documenting best practices and lessons learned in Community Engagement and Accountability (CEA) to prevent epidemics in West Africa

**West Africa** / 2017

Community engagement is essential at all stages of epidemic preparedness and response.

Trusted, clear and effective communication and engagement approaches are critical to ensure that fear, panic and rumours do not undermine response efforts and lead to a disease spreading even more quickly. Good community engagement can also help responders to gain an insight into the perceptions and behaviours of different groups, and to develop effective and targeted messaging.

Engaging with communities before an epidemic is important to promote healthy practices and to understand their cultural and social norms and community dynamics, information which proves invaluable when responding to outbreaks.

## The project

At the height of the Ebola virus disease epidemic in West Africa, a project funded by the European Union was initiated which aimed to halt transmission and stop the disease spreading to neighbouring countries in the region through community engagement and social and behaviour change communication.
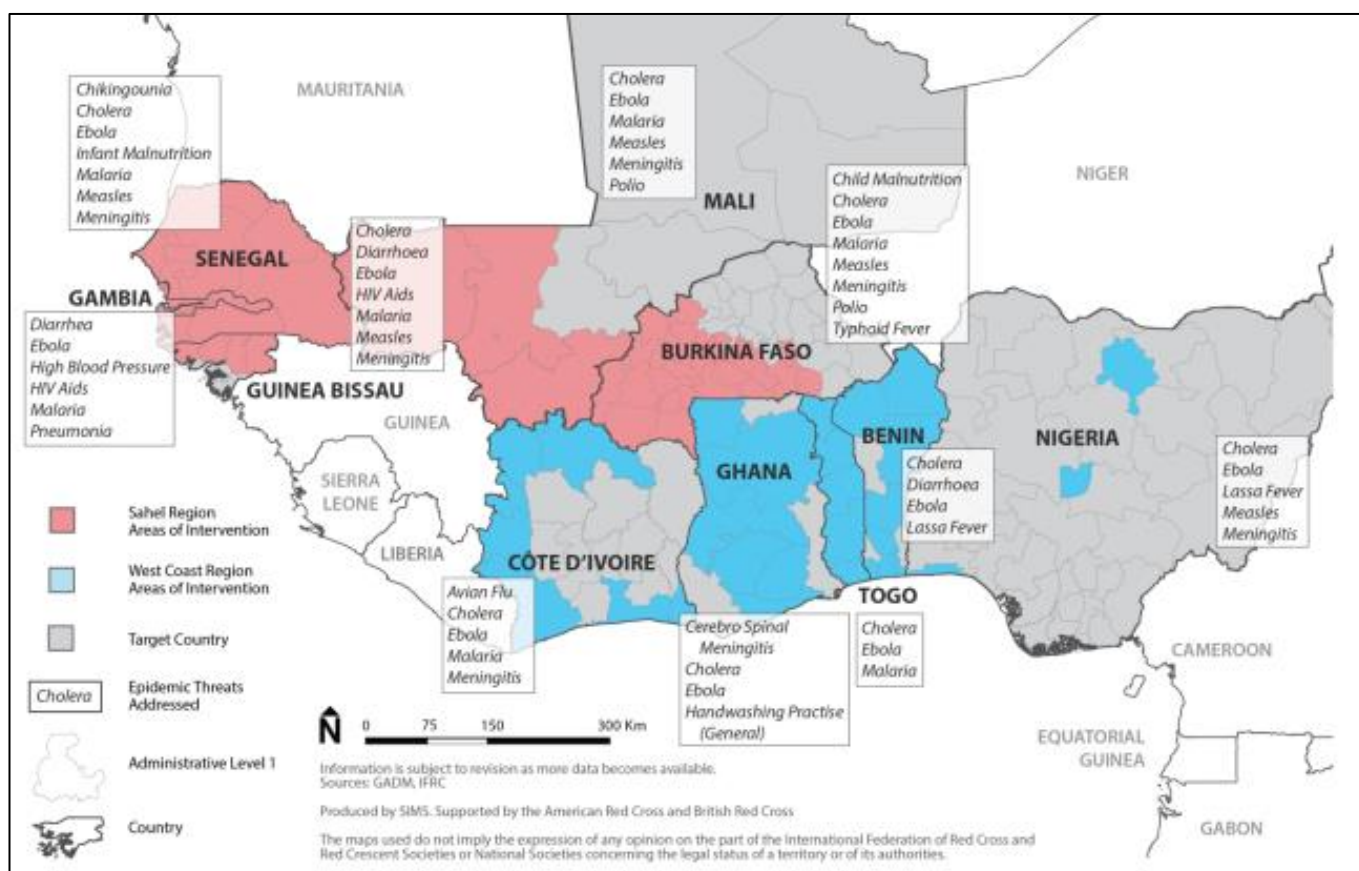


**Figure 1: Epidemic threats addressed through community engagement activities in each target country under the EU-funded project 'West Africa Ebola and other epidemic Preparedness Project' 2014 – 2016.**

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Implemented from 2014 – 2016, the "West Africa Preparedness Project: Ebola and other epidemic Beneficiary Communication and Social Mobilization, Response and Prevention" project used community engagement to improve the prevention, preparedness and control of Ebola.

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.

Target countries included in the project were Nigeria, Senegal, Guinea- Bissau, Gambia, Burkina Faso, Mali, Benin, Togo, Ghana and Cote d'Ivoire (Figure 1).

Key project activities included stakeholder and media mapping, assessment of risk perception, knowledge, attitudes and practices, and identification of trusted sources of information and commonly used communication channels. Using this information, social and behaviour change communication (SBCC) plans were developed and implemented in partnership with government, media outlets and telecommunications providers. SBCC activities and messages were continually adapted based on feedback from communities, to ensure that they were effective at addressing myths, rumours, stigmas and misinformation.

## What is CEA?

Community Engagement and Accountability (CEA) helps to put communities at the centre of what we do by integrating communication and participation throughout the programme cycle or operation.

CEA is the process of and commitment to providing timely, relevant and actionable life-saving and life-enhancing information to communities. CEA emphasises listening to and acting on community needs, feedback and complaints. CEA helps us gain a better understanding of people's perceptions and behaviours, so we can better address unhealthy practices. CEA also supports communities to speak out about the issues that affect them to influence decision and policy-makers.

CEA is not a stand-alone project; it is an approach that needs to be integrated across all National Society programming, from health to WASH to disaster management. Community-driven programmes are more effective, accountable and sustainable and improve the trust and acceptance of National Societies and their volunteers.

## A five step process for community engagement

A five step process (Figure 2) was used to ensure community-driven programming, which emphasises engagement, listening and acting on community feedback. Activities and outputs at each step are shown below.
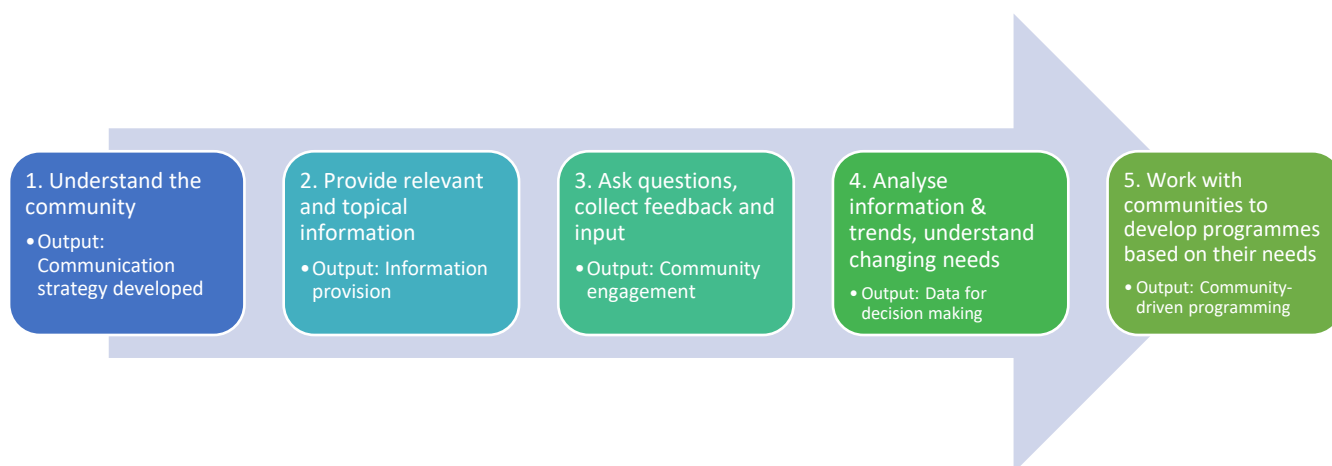


| 1. Understand the community | 2. Provide relevant and topical information | 3. Ask questions, collect feedback and input | 4. Analyse information & trends, understand changing needs | 5. Work with communities to develop programmes based on their needs |
| --- | --- | --- | --- | --- |
| • Output: Communication strategy developed | • Output: Information provision | • Output: Community engagement | • Output: Data for decision making | • Output: Community-driven programming |

Figure 2: Five step process for community engagement used in the EU funded Ebola preparedness project.

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# Data for decision making: adaptive, effective programming

One major success of the project was development of harmonized, contextualized tools and approaches for data and feedback collection, project monitoring and responsive programming that changed based on feedback. This approach, called 'Model E', is a detailed breakdown of the five steps for CEA and was developed through extensive consultation with the 10 West African National Societies.

Data was collected using a variety of different tools and mechanisms, and then analysed to enable country teams to make programmatic decisions (such as the revision of messages to address community needs, rumours and myths; Figure 3). In Burkina Faso, information was collected on the beliefs and practices of community members. This helped to improve the social and behaviour change communication strategy and impact, and enabled the creation of a database for the use of the entire National Society.

Another tool used for data collection were KAP (knowledge, attitudes and practice) surveys, including questions on common and trusted sources of information and barriers to accessing information. KAP surveys were also used to design specific, appropriate CEA activities and messages, for monitoring project activities and to measure change at the end of the project.
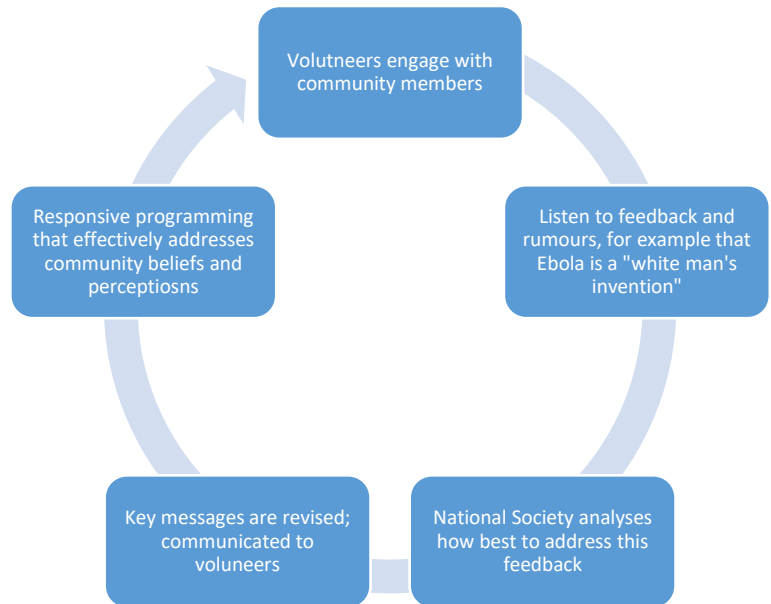


**Figure 3: Example of adaptive, community-driven programming in Nigeria to address rumours and beliefs.**

# Snapshot: selected results from endline KAP surveys
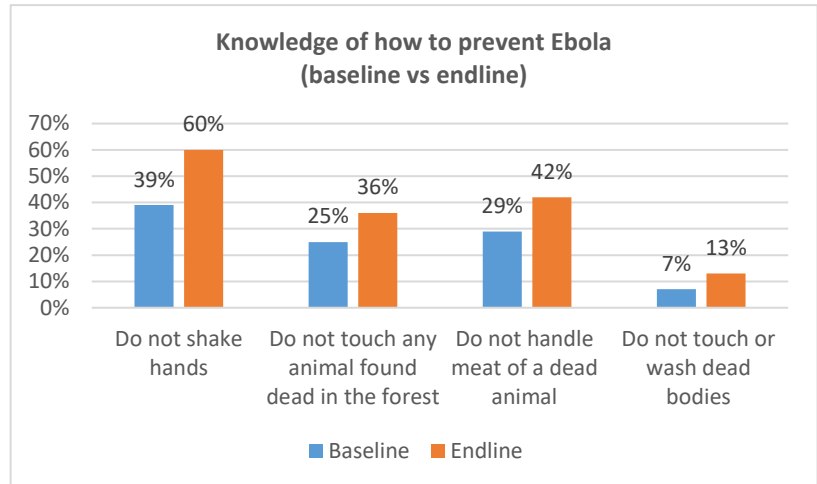
## Ghana

*Trusted communication channels and sources of information were identified. Most trusted channels included radio, church, TV and family. Approximately half of the people in target communities in Ghana could not 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).*
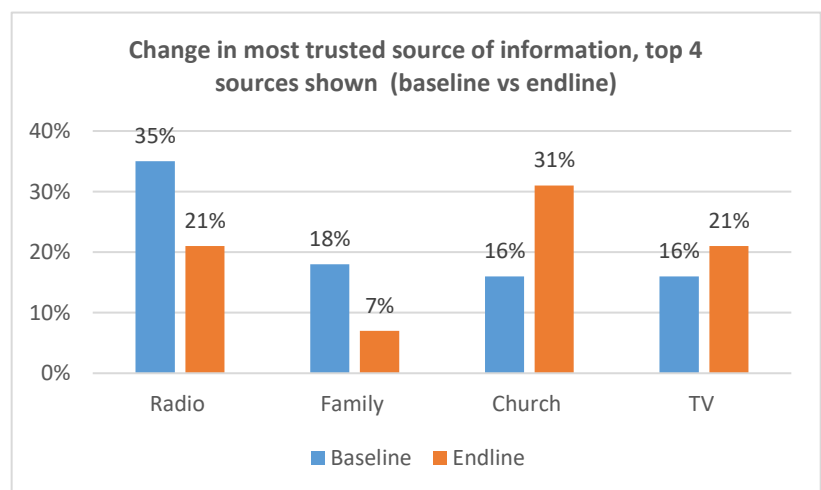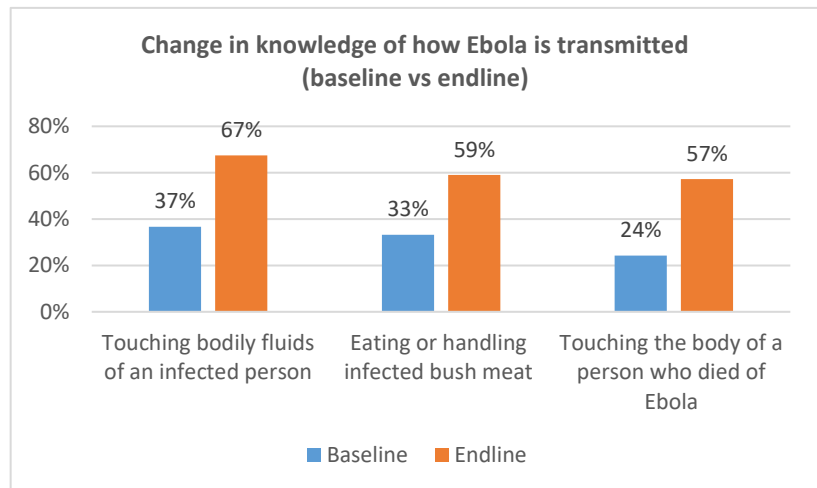
## Burkina Faso

*Significant improvement in knowledge of how to prevent Ebola was reported at the end of project in Burkina Faso. 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 the meat of a dead animal, an increase of 13% from the baseline.*
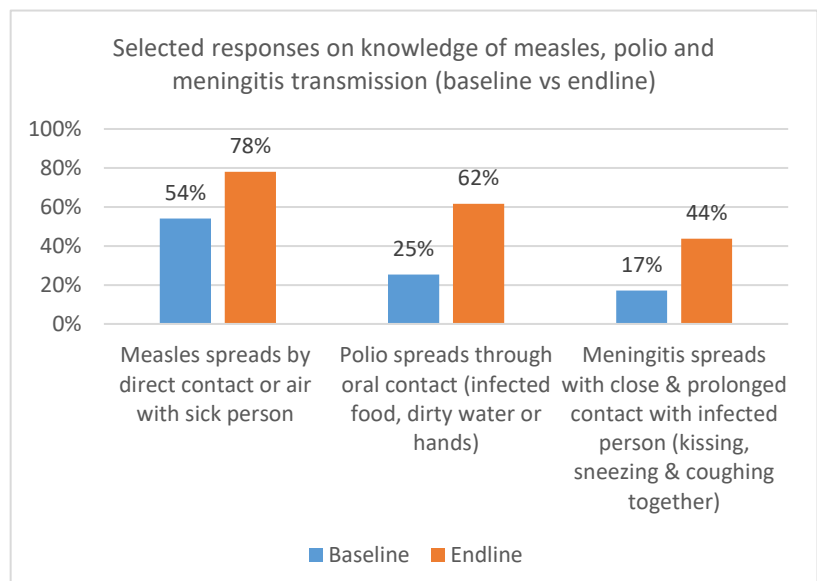
**Knowledge of how to prevent Ebola (baseline vs endline)**

| Category | Baseline | Endline |
|----------|----------|---------|
| Do not shake hands | 39% | 60% |
| Do not touch any animal found dead in the forest | 25% | 36% |
| Do not handle meat of a dead animal | 29% | 42% |
| Do not touch or wash dead bodies | 7% | 13% |

## Gambia

*Increased knowledge of how Ebola is transmitted was reported at the end of the project in Gambia. A significant improvement was seen in the number of people who knew that touching the body of a person who died from Ebola was dangerous, 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 by the end of the project.*

**Change in knowledge of how Ebola is transmitted (baseline vs endline)**

| Category | Baseline | Endline |
|----------|----------|---------|
| Touching bodily fluids of an infected person | 37% | 67% |
| Eating or handling infected bush meat | 33% | 59% |
| Touching the body of a person who died of Ebola | 24% | 57% |

## 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 from a sick person though direct contact or through the air. At the endline survey, 62% of respondents said that polio spreads through oral contact with infected food, dirty hands or dirty 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.*

**Selected responses on knowledge of measles, polio and meningitis transmission (baseline vs endline)**

| Category | Baseline | Endline |
|----------|----------|---------|
| Measles spreads by direct contact or air with sick person | 54% | 78% |
| Polio spreads through oral contact (infected food, dirty water or hands) | 25% | 62% |
| Meningitis spreads with close & prolonged contact with infected person (kissing, sneezing & coughing together) | 17% | 44% |

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## Main achievements

- **Communities mobilised and empowered** to prevent and stop the spread of epidemics, through provision of relevant, clear and tailored information and meaningful dialogue to reduce anxiety and fear, and address stigmas, rumours or cultural misperceptions. Almost **600,000 beneficiaries** were directly reached through household visits, focus group discussions and community meetings.

> "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.**

- Improved understanding and buy-in across **National Societies** for **scaling-up and incorporating community engagement** into existing and future long-term and emergency programming. There is now a common understanding of the importance of listening and gaining the trust of community members by enabling them to express their needs, to share weaknesses and strengths and how they can contribute through active participation.

- **Strengthened capacity of National Societies** staff and volunteers to communicate and engage with communities. In total, more than **3000 staff and volunteers were trained** across the ten project countries in community engagement and social and behaviour change communication, including interactive radio shows.

- Development of a **harmonized, contextualized approach and tools for CEA activities**, including data collection at community level, project monitoring, feedback mechanisms and responsive programming. This approach (Model E) was developed by West African National Societies themselves through extensive consultation, and has strengthened National Society capacity to prevent and respond to Ebola as well as other epidemic disease threats.

- **Increased capacity** of National Societies in designing, planning and implementing KAP (knowledge, attitude and practice) surveys **using mobile-phone technology for data collection** and monitoring (WhatsApp). These experiences and skills remain with the National Society and can be utilised for other programming, in future epidemics or health emergencies.

- **Health communication products and materials** specific to the priority epidemic diseases and health issues in each country were developed. This includes short radio spots, longer radio programmes, posters, flyers and video documentaries – all in local languages and tailored to the different contexts in each country.

- Improved awareness and understanding of the importance of accountable and transparent programming. In communities, this translated into **improved trust and respect for the Red Cross**.

- **Stronger relationships** between National Societies, the Ministries of Health and other key stakeholders (e.g. WHO, UNICEF). Engaging with partners was a key activity throughout the project, and brought increased visibility and credibility to Red Cross' activities and improved their profile within communities (mainly through the work of community-based volunteers).

### Using radio as a platform for engagement, information sharing and debate

More than 10,000 interactive radio programs anchored by both Red Cross volunteers and media practitioners were conducted across all 10 project countries. Use of radio allowed National Societies to scale-up their audience, raise the profile of the Red Cross and improve engagement with communities.

Importantly, the live radio shows were interactive allowing two-way communication so that National Societies could listen, answer, guide and address people's specific health and information needs. Often the radio shows included quizzes and drama performances. Radio shows were well received; with increasing numbers of phone calls and SMS messages from community members every week.

Radio shows provided a platform for engagement and debate around issues that concerned the community, as well as an opportunity to pass relevant information to communities on disease transmission, prevention and risky behaviours.

# Challenges, lessons learned and recommendations

## CEA must be integrated into and led by programmes and operations

While the West Africa Ebola Preparedness Project was led by communication and health teams within National Societies, it was not always well integrated across the full range of programmes and operations. This led to a tendency for CEA (or beneficiary communication as it was known at the time) to be seen as a stand-alone project. This limited the potential for CEA to become a sustainable approach to how National Societies work with communities. Given community-driven programmes are more effective and accountable, and improve the trust and acceptance of National Societies and their volunteers, it is critical that CEA be integrated across all programmes and operations. CEA is not something that can be implemented on its own, or in a silo, and requires the participation and commitment of everyone involved in delivering programmes and operations. CEA must be seen as an approach that puts communities at the centre of health, WASH, disaster management or any other programming.

## Buy-in and understanding of CEA takes time but is critical – especially for those in leadership and decision making roles

In many countries, it took significant time and continued effort for both CEA and the project to be understood by National Society staff and leadership, and for them to recognize the fundamental importance of effective communication and engagement with communities. Without this understanding and buy-in, momentum for project implementation and integration with other departments or teams was difficult. Buy-in and support from leadership is key to being able to embed CEA in all programming.

## Relationships with MoH and other stakeholders are important

At both country and regional level, a large number of different actors and sectors working in disease prevention and response meant that coordination and cohesive programming could be difficult. Close collaboration with the Ministries of Health (MoH) and other stakeholders (such as the WHO and UNICEF) strengthened project activities and ensured CEA strategies, activities and messages were coherent and aligned with national and regional policies direction. This showcased the close link and added value that National Societies have with communities.



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

## Build and share CEA capacity

Significant training and capacity building of staff and volunteers in CEA was required at the beginning of the project. In addition, regular follow-up and reminders on the importance of feedback mechanisms and accountability was found to be important. Consistent, high quality, effective CEA requires skilled staff and volunteers. Capacity building – targeted at the right level (e.g. experienced staff or volunteers who may have a low education level) – must be a priority from the beginning. Once a National Society has capacity, skills and experience in CEA, these can be 'spread' to other sectors and in ongoing and future programming. CEA specialists are also then ready to be mobilised in future epidemics or disasters.

## Take advantage of technology and use data for decision making

Data collection using mobile phones allowed for faster, more accurate information throughout the project. This improved data could be used for timely decision making to guide and revise activities and messages, ensuring that programming was responsive to changes in the context and community feedback. Mobile messaging applications (WhatsApp) were used by National Society staff for regular communication on project activities and progress, and for rapidly sharing information (e.g. warning for a cholera outbreak in a project location).

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## Strong project management from day one is vital for successful programming

Throughout the project, challenges were faced with uncertainties on implementation modalities and MoUs and financial and reporting procedures. There were delays in project kick-off and implementation, and misunderstandings from National Societies on core project activities and strategic direction. Strong and consistent project management, timely and transparent communication, and a clear understanding of project agreements and responsibilities is vital for successful programming.

## Recognise diversity, and make sure messages and strategies are tailored and relevant

Within each country, the project areas were large and included many different languages, cultural beliefs, superstitions, fears and practices. Even within communities and families, different people had different perceptions and beliefs. To be relevant and effective, communication and engagement strategies need to be tailored to suit the groups most at risk of disease in each individual context. Communities are not homogeneous; certain groups may be hidden or stigmatised. Think about gender, age, chronic health conditions, ethnicity, socio-economic status, literacy levels as well as those with physical or learning disabilities. Extra effort is required to identify, engage and mobilise these groups.

> "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.**

## Accountable programmes constantly collect, analyse and share feedback

At the beginning of the project, feedback mechanisms were not well understood nor were their procedures and tools set-up to collect and use feedback. Harmonized, context-specific and user-friendly tools were developed collaboratively by CEA teams across the 10 project countries. It is important to plan from the beginning how you will gather feedback directly from communities, including two-way communication and opportunities for complaints. Along with being documented, feedback must be acted upon and the outcome or decision shared back with the person who originally gave the feedback. Feedback can be formal or informal, as well as positive or negative. In the Ebola preparedness project, staff involved in the radio shows found informal feedback from beneficiaries on-air to be very useful.

## Extend preparedness project timeframes: behaviour change takes time



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

Social and behaviour change interventions as part of epidemic prevention and preparedness take time. One challenge the project faced was a relatively short timeframe that in many project areas was not long enough for behaviour change or impact to be meaningfully measured. Often, having knowledge of a disease or how to prevent it does not necessarily translate into actual practice or behaviour change. There may be socio-cultural barriers that need to be addressed, for example if there are very strong traditional beliefs or practices. Or the environment to enable change is missing, for example if communities have limited access to water for handwashing or appropriate latrines. Project timeframes also need to be long enough to measure the impact of project activities.



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## Always identify and engage influential, community opinion leaders

In project communities, understanding decision making dynamics, who influences others and who are trusted sources of information was important to be able to successfully engage with communities and bring about social and behaviour change. Involving community opinion leaders throughout the entire project cycle increases community participation, understanding, engagement and ownership.

> "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 because of the messages passed to them by Red Cross".
>
> **Chief Emmanuel Kuriga, Niger state, Nigeria.**

## Communities feel valued when National Societies listen before acting

Interactive programmes which engage communities help to strengthen the relationship between National Societies, volunteers and communities. They build trust, confidence and ownership of the community, which can help to improve long-term resilience. One project staff member commented "Because the Red Cross team is always ready to listen to their opinions, ideas and needs, the community sees them as partners and friends, and not like an NGO which only comes to offer gifts. People feel valued because they can make contributions and can express the challenges they face.

### Moving forward: recommendations for action

1. **CEA should be a core part of epidemic preparedness, prevention and response:** When we work with communities, and listen openly to their concerns, feedback and beliefs, we understand them better. This builds trust between communities and National Societies and ensures health information is targeted, accepted, understood and acted upon.

2. **Build CEA capacity in advance:** Building capacity to prevent and prepare for epidemics before they happen needs to be a priority. High quality, effective community engagement requires skilled staff and trained volunteers. Community engagement specialists should be trained and ready to be mobilised in the case of an epidemic or emergency.

3. **Use technology:** Mobile data collection allows for faster, more accurate information which can be used for timely decision making. Programming that is responsive and is revised based on community feedback is effective and relevant.

4. **We all have a responsibility to ensure good CEA:** Accountability and community engagement cannot be outsourced to one department, it needs everyone's commitment to succeed. From volunteers to programme managers to the Secretary General. Without senior management leadership it is very difficult to integrate CEA across a National Society.

5. **Work together:** Close collaboration between National Societies, Ministries of Health and other stakeholders strengthens epidemic prevention and preparedness and ensures strategies, activities and messages are coherent and aligned with national and regional policies, contributing to long term sustainability of actions.

6. **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. It also takes time to secure the buy-in, support and recognition from decision makers on the fundamental importance of effective engagement with communities.

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