



# Behaviour change communication strategy for cholera & recommendations for sustainability of beneficiary communications activities

Sierra Leone Red Cross Society  
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Stakeholders:  
CBHP Department  
DM Department  
Communications Department  
PMER

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# 1. Executive Summary

This strategy outlines how the Sierra Leone Red Cross Society (SLRCS) can use communication to drive positive changes in cholera attitudes and practices.

The recommendations given are based on solid evidence gathered from KAP surveys, which highlight cholera communications in Sierra Leone have so far failed to go beyond simple awareness raising. This has left a population who can recite the key messages, but don't understand the reasons behind them or why they matter.

A range of beneficiary communications tools have been established, including a radio discussion show and listener groups, an SMS system and mobile cinema. If supported and planned properly, these tools will be key to delivering sustainable behaviour change, not just on cholera but across health and disaster preparedness in general.

For SLRCS to have a serious impact on future cholera outbreaks they should:

- § Develop messaging that goes beyond a list of do's and don'ts and explains why behaviours are important, focusing on less well known issues, such as food and water safety, which have been proven to increase the risk of catching cholera.
- § Use participatory approaches, that engage people in the learning process and highlight the wider benefits of permanent good practices to people's health.
- § Build behaviour change communication activities into existing programming and use the new tools as part of a wider package of community activity and support.
- § Develop cholera prevention, preparedness and response beneficiary communication plans to reduce and even prevent future outbreaks.
- § Maximise SLRCS's core strength of local presence and national influence by advocating for change at a policy and program level.

## 2. Overview of the situation

The 2012 cholera outbreak is the worst in Sierra Leone's history. By the end of October, the disease had spread to 12 of the country's 13 districts, killing nearly 300 people and infecting around 22,000. The country's Ministry of Health ranks cholera as one of the top-five threats to public health in Sierra Leone. The impact of an outbreak on the country's development is significant; it puts pressure on the already overloaded health infrastructure; impedes economic development and redirects humanitarian activities.

The Sierra Leone Red Cross Society (SLRCS) has been working hard to combat the current cholera outbreak since December 2011. When cases rose sharply in July and August 2012, they requested the support of the International Federation of Red Cross and Red Crescent Societies (IFRC). A Field Assessment and Coordination Team (FACT) arrived in early August, followed by health and sanitation emergency response units (ERUs) and regional disaster response teams (RDRTs) later that month.

Poor sanitation and food practices, inadequate access to safe water and low coverage of health facilities increase Sierra Leone's vulnerability to cholera outbreaks. Providing timely, accurate and appropriate information to the population on how they can address these vulnerabilities can have a significant impact in reducing infection and mortality rates. Recognising this, the British Red Cross deployed a beneficiary communications delegate with the mass sanitation module (MSM) ERU.

### 3. The communication response

A rapid assessment of existing communication activities showed that while good work was underway by the Ministry of Health and resident agencies, this had not moved far beyond basic key messages. Rather than replicate these activities, SLRCS, with BRC and IFRC, decided to focus on developing more nuanced, targeted and engaging communication activities that would have a greater relevance and impact with communities, as well as build SLRCS capacity.

Beneficiary communication activities were established that spanned three key areas:

1. Community participatory activities, supporting ERUs and SLRCS. Activities include;
  - A mobile cinema tour travelling country-wide visiting schools and communities showing a short film and engaging audiences in discussions about cholera prevention and providing hand washing and SSS demonstrations. To date, nearly 30,000 people have participated in the cinema, including 17,000 school pupils, and more than 15,000 bars of soap have been distributed.
  - Distribution of 500 wind-up, solar-powered radios to SLRCS community volunteers with the aim of improving community access to information and sparking social mobilisation on key issues, such as latrine construction.
2. Mass communication activities at a national level that reach a large audience. Activities include:
  - A weekly one-hour SLRCS chat show aired on national station SLBC. The show debates key issues such as the link between cholera and food, through interviews with SLRCS experts and live calls from the audience.
  - A national emergency SMS system used to send cholera prevention and treatment messages, targeted at areas of outbreaks, and providing localised information on where to get help.
3. Build the capacity of SLRCS to reduce the risk, and respond effectively to, future cholera outbreaks, through the development of long-lasting tools.

This strategy assesses the results of Knowledge, Attitudes and Practices (KAP) surveys to provide recommendations to SLRCS on the key audiences, messages and channels to focus on to reduce the impact of future cholera outbreaks. It also looks more broadly at how beneficiary communications and the tools introduced can be integrated into SLRCS's community-based health promotion (CBHP) and disaster management (DM) programs.

## 4. Cholera knowledge, attitudes and practices in Sierra Leone

In September 2012, the IFRC carried out a cholera KAP survey of 405 households in Bombali and Tonkolili districts. The results of the IFRC KAP were compared with findings from other agencies' KAP and baseline surveys, as well as a mid-term review of the mobile cinema. Unless stated otherwise, all statistics given are from the IFRC KAP.

### 4.1 Knowledge is not understanding

Cholera is not a new disease in Sierra Leone and has been around since 1970. In general the population are well versed in the most common cholera messages; more than 90% can give the correct signs and symptoms of cholera; nearly all respondents could give at least 1 key time to wash their hands and less than 4% couldn't name any cholera key messages.

However when you look more closely there are clear inconsistencies. People can list the common causes of cholera, but the corresponding knowledge of how to prevent cholera is much lower as the table below shows:

<b>Causes cholera</b>		<b>Prevents cholera</b>		<b>Difference</b>
Dirty hands	56%	Cleaning hands after washing a baby	19%	<b>37%</b>
Dirty water	82%	Drinking treated water	56%	<b>26%</b>
Dirty food	73%	Cooking food properly	50%	<b>23%</b>

More than 80% of people think their drinking water is safe, but only 55% actually treat their water. Concern's data showed that 40% of respondents said they believed their water was safe because 'it looks clean'. This is particularly concerning as a study by CDC showed drinking untreated or unsafe water led to a significant increased risk of cholera. Eating foods and drinks purchased from street vendors was also associated with increased risk by CDC. This could be caused by food vendors lack of knowledge of how to prepare food safely. The IFRC KAP found there was a very low awareness within the population on hand washing before preparing food (42%) and the need to cook food properly (50%).

Additionally while high numbers of people know they should use a latrine, when asked at the mobile cinema where is a safe place to go to the toilet when there is no latrine, the common answers were river, the open and the bush, indicating people don't fully understand why a latrine is safe – i.e. to keep faeces away from contact with people.

### 4.2 Reality V actual practice

There is also a disconnect between what people say they do and the actual reality, particularly around issues of a sensitive nature such as defecation and hand washing. For example, 87% of respondents in the IFRC KAP said they used a latrine, but 60% of homes had evidence of open defecation. Additionally, while 89% of households (HH) said they wash their hands after the toilet, only 17% had hand washing facilities near the latrine.

### 4.3 Women are more at risk

Findings from all agencies indicate that women experienced higher rates of infection than men and children. In the IFRC KAP 61% of those who had experienced diarrhoea in the last 2 weeks were women. There could be several reasons for this; more surveys were completed by women; women are often the ones caring for sick people which exposes them to the bacteria; and women are also responsible for caring for children and given the low numbers of those who wash their hands after changing a baby this could leave them vulnerable. There could also be an increased risk for children, as only 23% of respondents said they wash their hands before feeding children.

### 4.4 People don't think they are vulnerable

While most people knew the signs and symptoms of cholera (90%) and that you can die from it (79%), worryingly 38% of respondents thought they or their family members couldn't get cholera. Unfortunately the longer an epidemic continues and a person remains unaffected, the more likely they are to believe they are safe or immune from infection.

Around 1 in 10 also believed common myths, such as cholera is spread through the breeze or caused by sugar or evil spirits. At the mobile cinema, people frequently asked questions such as 'what is cholera?' and 'How is it really spread?' or 'really prevented?' This indicates there is still a basic lack of understanding of the science behind cholera – only 0.5% of respondents correctly said that germs spread cholera - with many people seeming to believe they are either not at risk (cholera is just another disease amongst many) or prevention must be more complicated than simple hand washing and safe food and water.

### 4.5 Treatment

Only a small number of people (10) reported not seeking help when they or someone in their family was sick. Most respondents also knew about ORS (96%) and SSS (86%). However only 35% could give the correct WHO recipe for SSS and just 45% knew where their nearest ORP was located. Fast rehydration is key in reducing mortality rates so knowing how to make SSS and where to go for help are critical.

### 4.6 Understand how people get their information

The IFRC KAP included several questions on information sources and barriers. By far the most common and preferred source of information is radio at 88%. Health facilities and word of mouth were the other key ways people get and like to receive information. Other popular information sources included mobile phone (15%) and PA systems (19%).

Communication efforts to date have clearly had an impact with 70% of HH able to recall at least 2 key messages. Most commonly remembered were hand washing (66%), you should go to a clinic if you have cholera (46%) and cholera treatment is free (44%). The least recalled messages were; wash fruits and vegetables (24%) and cook your food well (28%).

The most common barriers to people accessing information were ability to read (39%), lack of equipment, such as a radio or mobile phone (29%), and access to electricity or cost of batteries (33%). However ownership of equipment was fairly high, 77% of HH had access to a radio and 53% had access to a mobile phone. Around 50% of HH said somebody in the family could read and write.

## 5. Behaviour change communication recommendations

Good communication has the power to drive social change. When communication activities are well planned and work hand-in-hand with programs, sharing the same aims, they can change the behaviour, attitudes and beliefs of individuals and communities.

To achieve this level of impact however, communication activities must go beyond simply printing posters and recording radio jingles. They must:

- § Be based on evidence and be culturally appropriate
- § Be participatory
- § Be linked to the objectives of the program they support
- § Use a number of different communication channels and approaches
- § Aim to stimulate and measure behaviour and social change.

This section will provide a series of recommendations to SLRCS on how they can use communication activities to support their programs and drive positive behaviour change in relation to cholera practices. Safe practices in relation to cholera will also have much wider health benefits; hand washing does not just prevent cholera, but many other diseases too.

### 5.1 Move beyond disseminating key messages

While cholera is not new to Sierra Leone, findings from the KAP studies illustrate that there is still a lack of understanding about how the disease is spread, and this clearly has a major impact on peoples' ability to protect themselves. Disseminating simple key messages is fast and effective in the initial stages of an epidemic, while people's fear and so motivation to protect themselves, is high. However, infection rates in Sierra Leone are now in decline and people believe the epidemic is over. Therefore we need to move beyond simply disseminating key messages and focus on activities which explain why certain practices are important for preventing cholera from coming back. This is best achieved through prioritising communication activities which are participatory in nature as these give people a chance to discuss issues and ask questions and move through the process of learning.

#### Key recommendations

- § A new set of key messages should be developed, which build on the basic messages used in the emergency phase. These should focus on the why of cholera, as opposed to simply instructions on do's and don'ts. This messaging should be consistently used across all CBHP and beneficiary communication activities and so must be disseminated to the volunteers who carry out house-to-house visits and community activities, with training provided if necessary.
- § The mobile cinema should be continued in all districts but particularly those most prone to cholera outbreaks even when there are no cases of cholera. This activity has been proven to have a positive impact on people's knowledge and understanding. Each branch has now been equipped with their own mobile cinema equipment and financial and organisational support should be given to the branches to deliver at least one cinema activity per week. It is critical that the mobile cinema

retains its current interactive format of asking participants to answer questions and provide their own solutions to the issues they identify. This format is known as participatory development communication (PDC) and works as a method for securing community commitment to making positive changes.

- § The weekly radio show should continue to return to the topic of cholera at least once every six weeks to maintain a level of understanding amongst the population. Care should be taken to explain issues fully on the show in a way the general public will understand. Questions from listeners should also be analysed and if the same myths or questions are raised repeatedly these should be addressed through other community activities, such as hygiene promotion and the mobile cinema.
- § All SLRCS volunteers who received a wind-up, solar powered radio should be included in the cascading of the ECV training. This will ensure that when they facilitate listening groups around the weekly radio show and the topic is cholera they will have the knowledge to discuss transmission routes accurately and clearly.
- § Develop a radio drama series that utilises the power of entertainment-education (EE) to engage people in a fun way with key information about cholera prevention. The drama series will be aired each week on the Red Cross nar Salone radio show and will see the same characters encounter a different issue each week. Education delivered through entertainment is fun, exciting and engaging, which gives it a high recall factor and keeps people involved even after the show finishes as they discuss the topic with their friends.
- § Care should be taken to provide people with realistic advice that is relevant to their situation and takes note of peoples' limitations. For example, as well as telling people to use a latrine, advice should be provided on what to do when there is no latrine, or how to purify water when you don't have access to aquatabs or the alternatives to using soap for hand washing.

## 5.2 Focus should be given to less well-known topics

When using communication activities to educate on cholera, focus should be given to less well known topics with special emphasis on explaining how bacteria are spread by different transmission routes. If people understand clearly how cholera is spread, they will instinctively know and understand why and when they should wash their hands rather than simply remembering a list of key times. Additionally, safe practices that avoid cholera are also beneficial in preventing a wide range of diseases, from diarrhoea to typhoid, and so should be promoted to communities as behaviours that will benefit their overall health.

Key recommendations - Focus should be given to the following topics:

- § Explaining what is meant by safe water and how to make water safe – tackling the belief that water is safe if it looks clean.
- § Less well know hand washing times such as before feeding children and after cleaning a baby and focus on explaining transmission routes so people develop an instinctive understanding of when they should wash their hands.
- § Explain the importance of soap for hand washing and that water alone will not kill bacteria on the hands.

- § The link between food and cholera transmission and the steps that need to be taken to make sure food is free from cholera bacteria and safe to eat.
- § Explain the reasons behind why we need to use a latrine.
- § Stress the many other health benefits to be gained from understanding and following these practices, over and above preventing cholera.

### 5.3 Target key audiences

While communication activities will still reach the general population, special effort should be made to target key at-risk or risk-creating groups, for example women, mothers and food vendors. Special effort should also be made to reach those people who can act as agents of behaviour change or positive deviants within their communities, leading others by their good example.

Key recommendations – Target specially developed communication activities at:

- § The mobile cinema programme should be adapted to target mothers clubs and market trader associations focusing on issues specific to these audiences e.g. food handling and hand washing.
- § Young people should be a priority focus for SLRCS in the long term reduction of cholera infection rates. Young people learn and adopt new behaviours more easily and quickly than adults and the habits formed now will be carried into adulthood. Young people can also influence adult behaviour and lessons learned at school are shared at home and in the community. The mobile cinema has proven an effective tool for cholera education in schools and should be increased as well as integrated into existing school activities.
- § These topics can also be addressed on the radio show and mothers and food vendors invited onto the show to take part in the debate.

### 5.4 Communications must be part of and support program activities

Communication activities should not take place in a vacuum and must be integrated into CBHP and DM programs. Behaviour change communication activities will only work when they are part of a wider package of activities, for example encouraging communities to build latrines is most likely to succeed with follow-up training and materials provided.

Key recommendations

- § Mobile cinema should be used as part of a wider hygiene promotion plan. The mobile cinema has proven to be an ideal entry point into a community and can be used to identify their current knowledge, practices and beliefs, as well as highlighting their willingness to work together on solutions to community issues. The cinema should therefore not be a one-off event in a community, but should be targeted at communities where SLRCS wish to work and should be followed up with more dedicated community mobilisation activities. For example, if a community indicates they would like to build latrines in their community this should be followed up by the WATSAN officers. This will require that the outcomes from mobile cinema are discussed by all sectors working within a district on a regular basis and the



mobile cinema must be planned in advance as part of the overall cholera response – not just on an ad-hoc basis.

- § The mobile cinema should continue to be delivered in schools, where it has already reached 17,000 pupils. Pupils from the school peer education groups and school health clubs should be trained to deliver the mobile cinema within their own schools, with technical support and equipment loaned from the branch. This will expand the reach of this activity and providing young people with a fun, event that allows them to act as agents of positive change within their schools, families and wider communities.
- § The wind-up, solar powered radios should be used to set up radio listening groups within established structures. For example, these radios should go to ORP volunteers, mother and fathers' club facilitators, PLHIV groups and peer educators. The radios and the establishment of listening groups should be used to augment existing activities, not create new stand-alone actions. These listening groups should be used for social mobilisation, giving a community-based group the reason, time and support to discuss problems and make concrete, practical plan to address them, with facilitation support from the Red Cross volunteer.
- § The listening groups, radio shows and community health groups should all feed into each other. For example, the radio show could focus on the importance of latrines in fighting cholera, supporting and covering the work of the WATSAN officers in the field. The show could provide suggestions and practical advice on how to construct community latrines. These could be discussed by listener groups who would a plan to construct these in their community, supported by SLRCS with training and materials if possible. Equally listening groups can suggest topics for the radio show to cover, so it can provide advice and support on the issues affecting them. At the centre of this circular process must be the SLRCS program.
- § The SMS system, with its power to target individual villages, should be used to communicate about program aims and activities and request feedback from the population. The system can be used to advertise CBHP activities to a community, such as mothers clubs, mobile cinema events and village water committees. Additionally it can be used to ask questions, for example to assess levels of knowledge of ORP locations or how many latrines are available.

## 5.5 Cholera needs to be addressed at key times & places

Cholera outbreaks can be predicted with a certain level of certainty in Sierra Leone. The most commonly affected areas are Freetown, Kambia in the north, which shares the border with Guinea and Pujehun in the South which shares the border with Liberia. Most commonly the outbreaks occur in the summer months of June, July, August and September, although they can happen at other times of the year. If the population were reminded before the traditional 'cholera season' to be extra careful and vigilant, the number of people infected and killed could be reduced. Equally, having a contingency plan in place to respond quickly when an outbreak does start is critical.

Recommendations

- § Run a cholera awareness campaign every June/July, using SMS, radio, mobile cinema and the media to remind people of the dangers and encourage preventative measures before an outbreak even begins.
- § Develop a cholera contingency plan to allow SLRCS to react quickly to any cholera outbreaks, with the aim of stopping them spreading more widely. When the first cases of cholera are reported, use SMS in the affected and surrounding areas warning people. The mobile cinema should be stepped up to 3-4 times per week, visiting the affected village and surrounding villages. The next available radio show should be dedicated to cholera and branches should be supported to run similar radio shows in on local stations in the affected areas.
- § Create a cholera communications contingency fund, with sufficient budget that can be accessed quickly to support these activities when needed.
- § SMS should also be used to alert people to their nearest ORP and reminding them of the signs and symptoms of cholera. The correct recipe for SSS can also be sent to be people's phones where it can be stored and accessed quickly when needed.
- § SLRCS must work with the Sierra Leone Ministry of Health to agree on a single recipe for SSS that all agencies stick to avoid confusing the public. This should be done immediately and not delayed until the next outbreak.
- § A bank of cholera IEC materials should be developed, field tested, printed and distributed ready to be used as and when outbreaks occur. Already available are leaflets, posters and training discussion flip charts. These materials should be used as part of a larger hygiene promotion package. For example, flip charts are used as a discussion tool by ORP volunteers or leaflets are handed out after the mobile cinema as a take-home reminder of what was covered at the event.

## 5.6 Use new communication channels

The KAP findings highlight there are communication channels that people prefer, such as radio, and those which they would like to receive more information through, such as mobile phone, community drama and public address systems. Additionally care should be taken to note people's barriers to accessing information, such as lack of equipment, ability to read and the cost of charging equipment or buying batteries.

### Recommendations

- § Radio should be a key part of how the SLRCS communicates on cholera. Radio cuts through issues of literacy and is the most common and accessible means of communication in Sierra Leone.
- § As well as the establishment of the weekly national radio show 'Red Cross nar Salone' on SLBC, training and funding should be provided to each branch to establish its own bi-weekly or monthly radio show which covers the same issues as the national show, but with a local focus. The radio shows should all be at least one hour long to allow for issues to be discussed in depth, not just repeating key messages, and be live to allow for audience participation and feedback. The national radio drama series should be shared with branches for airing on local shows.

- § Several SLRCS branches already have community drama groups and these should be supported and rolled-out country-wide as a means of engaging local communities in learning about cholera in an interactive manner.
- § The distribution of the wind-up, solar powered radios and subsequent establishment of listener groups should be monitored closely. If successful more funding and support should be sought to allow more radios to be distributed to more communities. The listener groups must be pushed to be a catalyst for community mobilisation and change in the community – they must not be allowed to become simply discussion groups.
- § Every effort should be made to establish the TERA SMS system with the country's major telecommunications providers. TERA will allow the SLRCS to send SMS messages directly to people's mobile phones, for free, and targeted to specific geographical areas, such as villages and chiefdoms. The system is capable of responding to new outbreaks within minutes, can provide a reminder of safe practices and where to go for help at key times and request feedback from the population, allowing SLRCS to respond quickly and intelligently.
- § Each branch should receive funding to deliver the mobile cinema. Currently branches are struggling to deliver the event as much as they would like due to difficulty transporting the equipment. A small fund would allow branch health officers to pay for fuel or private vehicle rental once per week to travel to schools and communities and run the cinema event.

## 5.7 Advocate for key changes

Advocacy is about persuading decision makers at both national and local levels to make changes to their policies and programs in order to address a key issue or problem. This works best when the changes asked for are based on evidence and appeal to the hearts, minds and best interests of those in charge.

The SLRCS is formally recognised as an auxiliary to the Sierra Leone Government and already has excellent working relationships with key state departments, such as the Ministry of Health and the Office of National Security. SLRCS also attends a number of coordination meetings at both national and district level and has a trust worthy and respected reputation with the authorities. Coupled with their strong local presence and knowledge, SLRCS is in a unique position to advocate for positive change at both a local and national level.

### Recommendations

- § SLRCS should advocate at a local level on the key threats they see in communities that cause increased vulnerability to cholera – for example, lack of latrines and solid waste disposal and poor access to clean water. Using their links to DHMTs, religious leaders, village chiefs and local mayors SLRCS should select key issues and work with decision makers to bring about positive changes to programs and policy. Examples could be the installation of hand washing stations in all markets within a district or chiefdom or increased funding for latrine construction.

- § SLRCS should select one key issue in relation to WATSAN that they can advocate strongly on at a national policy level, that would reduce cholera infection rates (as well as many other diseases). This issue should be something they can act as an expert on and provide evidence to back up their calls for change. For example, stronger regulation of food vendors or more national budget for latrine construction.
- § If necessary, support can be sought from the Africa Zone advocacy manager who can provide training, guidance and advice on successful advocacy strategies.

## 5.8 Develop a behaviour change communications log frame

In order to take any of these recommendations forward, a clear work plan, budget and timeframe will need to be developed. However it is absolutely critical that in the long term these are integrated within existing CBHP and DM strategies, plans and budgets.

Communication activities will also require ongoing monitoring to measure their impact and ensure they are contributing to the overall planned results of the cholera operation. This monitoring system must be regular and manageable and be able to track which activities are working well and which may need adapting. The impact of communication activities in relation to encouraging behaviour change will also be evaluated in the second KAP survey due to be carried out in March 2013.

## 6. Sustainability beyond cholera

Not only will the efforts to improve cholera-related behaviours have a wider health impact, the tools introduced and lessons learned can be used across all SLRCS programs, including CBHP, disaster management, humanitarian values and organisational development. The radio show, mobile cinema, SMS system and listening groups can just as easily be used to tackle malaria rates, flooding risks or violence in the community as they can cholera. These tools will have long term value to the national society, provided they are resourced and supported beyond the end of the cholera operation. A list of all donated equipment and materials can be found in Annexe 1.

Of critical importance will be the continued engagement of all the operational departments in the integration, management and use of these tools in long term programming. All beneficiary communication must be the result of joint working between the technical experts who provide the content and the communication experts who can craft it into a format the public will engage with and understand.

### Overall recommendations

- § Each operational department must take ownership of these new activities and see them as tools to help them achieve their aims, not as something separate, managed and delivered by the communication department.
- § Activities such as the mobile cinema, SMS and the radio show & listening groups should be included within the revised CBHP and DM plans, log frames and budgets due to be presented to partner national societies (PNS) in January 2013. This will secure both technical and financial support for the future of these activities.

- § Within these plans, the link between these new tools and existing activities such as vigilance committees and house-to-house visits must be made clear. They should be contributing to the same overall outcomes and so must work together and complement one another – not be delivered as separate entities.
- § A session on these tools and beneficiary communication planning, monitoring and reporting should be included within the CBHP January 2013 workshop.
- § More widely, the SLRCS would benefit from an overall health education and social mobilisation strategy which analyses all activities and advises on how their impact could be maximised. This should also look at the training needed to deliver this.
- § With these new activities comes increased workload and while this should be spread across the operational departments, a lot of the delivery and preparation will fall to the communication department. As beneficiary communications and public relations have very different aims (one is about education and encouraging behaviour change and the other is about building reputation and promoting the work of the SLRCS) these two functions should be split within the communications department. An SLRCS beneficiary communications officer role should be created which would focus solely on the day-to-day running of these tools and providing technical support to the CBHP, DM & HV programs.

#### Weekly Red Cross nar Salone radio show

- § A corporate sponsor should be sought for the weekly Red Cross nar Salone radio show. Currently 1 hour of airtime costs \$50 per week is funded until October 2013. Mapping of donors should start now and a proposal developed by Easter of 2013.
- § Each operational program (CBHP, DM, HV and OD) has contributed to the development of a radio show schedule for 2012-2013. These departments should also commit to providing financial and human resources to spread the workload of the show. The kind of support required includes; expert guests for the show; a volunteer to act as reporter for each show; volunteers to take part in the radio drama; financial support for promotional materials; financial support for airtime if a corporate sponsor is not secured for 2013-2014.

#### Mobile cinema

- § Funding for mobile cinema needs to be included within the CBHP and DM program budgets. Funds are provided until March 2013 from the cholera operations budget.
- § Cost recovery options for the mobile cinema could be investigated. For example, at the end of the cinema activity an actual fictional movie could be shown for a small fee collected from any audience members who wish to stay.
- § New video content will need to be sourced for the mobile cinema so it can be used for more than just cholera. This content will need to be found, translated and dubbed into local languages and this will require both financial and time resources. Funding needs to be included for this in CBHP and DM budgets.
- § The mobile cinema is only as good as the people delivering it and so activities in all districts must be monitored by the CBHP team and support and training provided to ensure facilitators have the information and skills they need.

## SMS system

- § It is critical the right level of support from all levels of SLRCS is provided to this project to ensure its long term success. Corporate relationships with the telecommunications companies should be managed by senior SLRCS staff; operational teams must manage the technical content and scheduling of messages, including coordination with the Ministry of Health, Office of National Security and other UN and NGO agencies; and communications should be trusted to craft simple messages that will resonate with the public.
- § While the SMS system is free to run, it will require a reliable internet connection and budget must be found to ensure that this is always available for the purposes of sending SMS. This cost should be shared between the CBHP and DM budgets.
- § SOPs must be developed covering SMS and sign off procedures for messages. A bank of SMS on different topics will be provided by the IFRC; however these will need to be approved by the relevant Ministries and Government departments.

## 7. Log frame and budget

To be developed with SLRCS following approval of this document.

## 8. Conclusion

While cholera may be on the decline in Sierra Leone it is not gone forever, and we can be sure of future outbreaks. To limit their impact, SLRCS must continue to communicate on cholera, helping communities to prevent, withstand and respond to this disease.

Communication should be targeted, participatory and focus on explaining why, rather than just giving instructions. By engaging people in the learning process and explaining why certain practices are risky, they will be more likely to actually change their behaviour.

Established activities should be continued, such as the mobile cinema and the weekly radio shows, but they must be integrated into wider programming and resourced and monitored properly. SLRCS should maximise the power of new technology, such as the SMS, but also make the most of their own strength, by advocating to decision-makers for solutions to some of the problems that increase Sierra Leone's vulnerability to cholera.

Most importantly, if this strategy is to have an impact and support SLRCS to improve cholera practices then it must be translated into a clear plan of action, with budget, time frames and named persons and departments responsible for delivery.

The cholera operation has afforded SLRCS an opportunity to establish new communication tools that help them improve the efficiency and reach of their programs. These have been adopted by SLRCS enthusiastically and with obvious competence and should benefit the society long into the future, provided they are supported with the creative input, funding and manpower they need to grow.

## Signoff

Cholera behaviour change communications plan agreed by:

	Signature	Date
Secretary General Emmanuel TOMMY		11/12/12
CBHP Haja Kultimi KARIM		11/12/12
Communications Patrick MASSAQUOI		11/12/12
Disaster Management Constant KARGBO		
IFRC Head of Operations Hler GUDJONSSON		11/12/2012