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Risk Communication and Community Engagement Preparedness and Readiness Framework: Ebola Response in the Democratic Republic of Congo in North Kivu

This document was developed jointly by the Risk Communication and Community Engagement (RCCE) incident management team for the Ebola Virus Disease outbreak response in the Democratic Republic of the Congo in September 2018 by World Health Organization, UNICEF and International Federation of Red Cross and Red Crescent Societies, with inputs from GOARN Research (Social Science), US Centres for Disease Control, Social Science Humanitarian Action Platform, and Anthrologica.
It is intended to be used to guide RCCE work which is central to stopping the outbreak and preventing its further amplification. Unlike other areas of response, RCCE draws heavily on volunteers, frontline personnel and on people without prior training in this area. As such, the document provides basic background information, scopes the socio-economic and cultural aspects (that are known at the time of publication), and provides the latest evidence-based advice and approaches.

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1. Introduction:

Risk Communication and Community Engagement (RCCE) is an essential part of any disease outbreak response. Risk communication in the context of an Ebola outbreak refers to real time exchange of information, opinion and advice between frontline responders and people who are faced with the threat of Ebola to their survival, health, economic or social wellbeing. Community engagement refers to mutual partnership between Ebola response teams and individuals or communities in affected areas, whereby community stakeholders have ownership in controlling the spread of the outbreak.

In the context of Ebola virus disease (EVD), it is particularly critical as the severe presentation of symptoms and the rapid deterioration of health can lead to fear and misunderstanding of the cause of illness and death. Some of the recommendations to stop the spread of Ebola may interfere with local beliefs and practices and cause disruption to the lives of local communities. The control of Ebola virus disease, like other viral haemorrhagic fever outbreaks, is resource intensive and requires adequate early detection of persons suspected of Ebola, rapid laboratory testing, treatment of patients who are confirmed of Ebola infection and follow up of their contacts for at least 21 days so that those who develop signs and symptoms of the illness are quickly identified and provided with treatment early. The funeral of persons infected with Ebola should be performed in a safe and dignified way and respect for grieving families. Early communication of risks of Ebola and engagement with local communities and health workers is pivotal to the prevention and control of an Ebola outbreak.

To effectively implement risk communication and community engagement, response teams must approach community leaders and members in a manner that seeks first to understand their perspectives, solicits their inputs, shares information, and engages them in the response to the outbreak. In addition, information must be shared in a manner that allows individuals and communities to learn (receive information and ask questions) and to make informed decisions about how to protect themselves, their families, and communities. Community leaders and members from many sectors of society must be a part of, and have an influence on, response efforts. Effective engagement involves on-going interactions that includes adjusting risk communication strategies in response to community signals. These signals include a range of individual and community responses such as (1) receptive of recommended behaviours or response teams; (2) reluctance to perform recommended behaviours or to engage with response teams; (3) refusal to interact with response teams and (4) resistance to engage with response teams. Fortunately, there are effective actions for managing these types of community responses. Essential in all community engagement is a commitment to listening to community concerns, providing recommendations, facilitating choices, demonstrating empathy, including affected communities in decision-making processes, and establishing alliance around common goals of protecting all persons.

This RCCE Framework sets out overarching considerations regarding RCCE for the preparedness and readiness to respond to an Ebola virus disease (EVD) outbreak. This framework describes work that is currently active in North Kivu, led by the Congolese health authorities and local bodies, and supported by other national and international partners. It provides a guiding framework for neighbouring provinces to inform readiness activities and provides preparedness considerations for other countries in the region. This framework highlights links between the RCCE response pillar with other technical areas of the health operations pillar, including: mental health and psychosocial support, community surveillance and contact tracing, safe and dignified burials, patient care, infection prevention and control, vaccination, and cross border movement.

For the readiness and preparedness activities, provinces neighbouring the epicentre of the outbreak in North Kivu and countries in the region have been prioritised based on the levels of risks assessed based on their trade links and proximity with North Kivu.

In DRC, the MOH and partners have identified 14 provinces to enhance their preparedness and readiness capacities with three levels of priorities. These are:

Priority 1: Sud Kivu, Ituri, Maniema, Tshopo

Priority2: Haut-Uele, Mongala, Nord-Ubangi, Sud-Ubangi

Priority3: Sankuru, Kasai, Kasai Central, Kasai Oriental, Bandundu, Lomani

Countries in the region are identified on the basis of two levels of priority. These include:

Priority 1: Rwanda, Uganda, South Sudan, Burundi

Priority 2: Angola, Congo, Central African Republic, Tanzania, Zambia

Figure 1 shows a diagram of how risk communication and community engagement involves every pillar of an outbreak response. RCCE is shown in the centre, not to imply that it is the central component of an outbreak response, but that it is integral of most components of a response.

Figure 1. Risk Communication and Community Engagement Principles and Practices must be integrated into all pillars of an Ebola outbreak response.

2. Goal:

The goal of this framework is to provide an overview of how RCCE resources and activities need to be prepared for across different response pillars among provinces and countries neighbouring North Kivu, Democratic Republic of Congo.

The purpose of proactively carrying out RCCE activities along with other activities essential for an Ebola outbreak response is to reduce deaths and illness caused by Ebola virus disease (EVD) and minimize disruption to daily lives of local communities. This is achieved through systematic gathering of informed social science knowledge to inform the response and active engagement with key stakeholders including community influencers, health care workers, and local communities.

3. Objectives:

The objective of this framework is to provide a guiding framework and create an enabling environment for preparedness. It shows the linkages between RCCE activities and other aspects of the response and how they can be coordinated.

The objectives of implementing different activities in RCCE are to foster community agency to contain the spread of EVD, ensure the participation of affected communities and build trust in the Ebola response through close collaborative work across response pillars.

The specific objectives include:

Create enabling environment and operational mechanisms for RCCE preparedness through:

1. Proactive and timely communication about Ebola and its prevention and control through the media, social media, social mobilization, and interpersonal communication.
2. Ensure access of population and frontline health workers to key lifesaving information and dialogue to enable them to make informed decisions to protect themselves, their families, and their communities.
3. Engage in active dialogue with community influencers, networks, and stakeholders in the prevention of spread of EVD through active listening to community concerns and promotion of awareness on EVD and safe practices.
4. Build capacities at international, national, and sub-national levels to support effective readiness and preparedness.
5. Incorporate other pillars of the response as support for the overall preparedness strategy.

4. Strategic approaches:

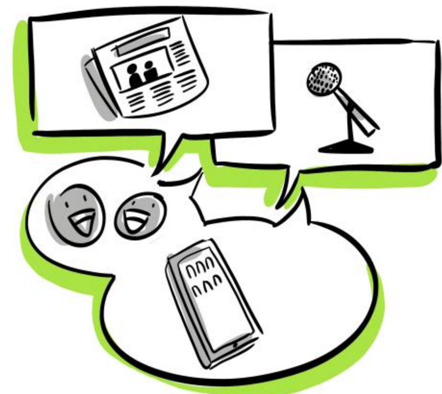
RCCE approaches take into consideration the linguistic-cultural-religious-social-economic background of the different stakeholders and the practices around the varying contexts. Each intervention will have to be designed according to the different stakeholder groups, considering their unique needs and levels of vulnerability.

An effective response involves strategic implementation of appropriate interventions carried out with support from different actors such as local organizations, whether governmental or nongovernmental, neighboring provinces and countries, and international partners. This framework describes the actions necessary to build effective international coordination, capacity and systems for preparedness, prevention and response to future EVD outbreaks.

4.1 At the international level

At the international level, priority actions include coordination with key partners to ensure unified support to countries and field teams; assurance that intervention decisions are informed by social science knowledge through provision of remote technical assistance; identification of surge capacity and facilitation of information sharing. These include:

1. **Coordination** of international support by WHO-UNICEF through various mechanisms including weekly partners calls and community of practice platforms for information sharing and joint development of tools to support field activities.
2. **Social science information**
    a. In close collaboration with social science partners within the Global Outbreak Alert and Response Network (GOARN) Social Science Working Group[1] develop tools for social science information collection within the Monitoring Emergency Use of Unregistered and Investigational Interventions for EVD (MEURI) framework[2], which includes ring vaccination and use of therapeutics.



    b. Community of practice platform is established to provide social science contextual information and tools (Social Science in Humanitarian Action Platform or SSHAP)3) to enable Ebola responders to be better equipped to response to the local needs. 3.

[1] GOARN SSR Group includes academic and public health institutions.
[2] http://www.who.int/emergencies/ebola/MEURI-Ebola.pdf
[3] http://www.socialscienceinaction.org/

Provide remote **technical and analytic support** to field teams regarding the development of strategic and technical guidance, including development of tools based on the identified needs. E.g. questions bank for conducting KAP surveys or rapid anthropological assessments

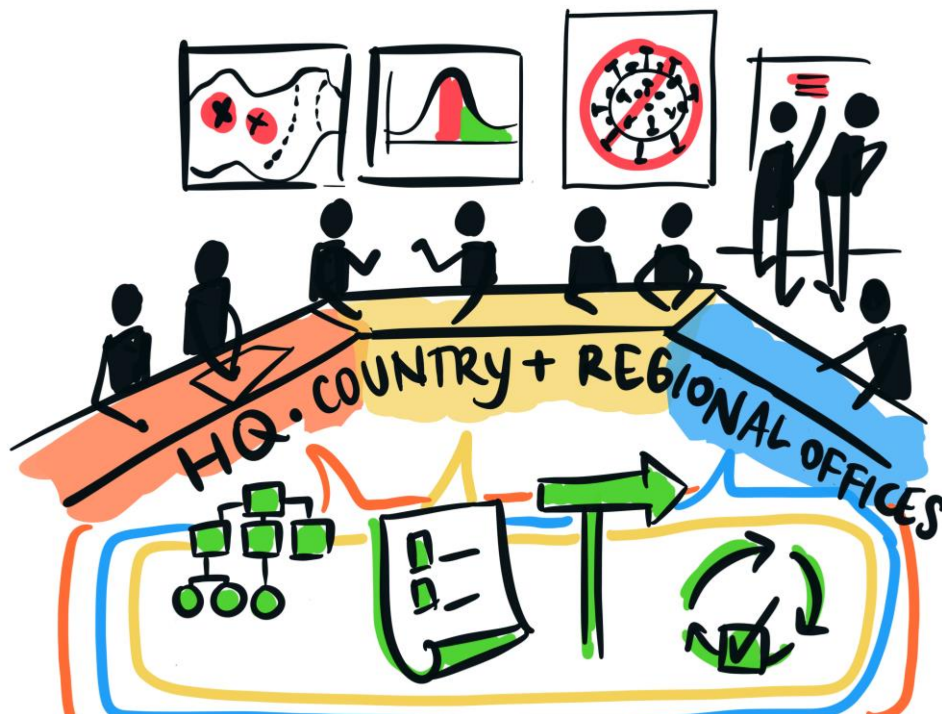
3. Surge capacity including deployment of technical expertise and surge capacity to ensure minimum RCCE capacity.

4. Information management to ensure timely sharing of information across different levels and at different stages of the response across all the response pillars including organizations from affected communities and international partners supporting them. This helps to ensure that the information shared can influence strategy as needed.

4.2 At the national and sub national levels

At the national and sub national levels, the focus is on aligning the RCCE work across all EVD pillars of the response through close collaboration, frequent information sharing, and shaping strategy across the international levels. This includes:

1. **Coordination** with key stakeholders and partners enables RCCE responders from different agencies and across all response pillars to operate as a unified team through mapping of all partners, consolidation of resources (human and others) with minimum duplication and disruption. This is done through joint planning of activities and frequent information sharing.



2. **Rapid social science assessments** help inform responders of the local cultures, customs, concerns and risk behaviours and practices of communities. Incorporating social scientists as part of response teams can engage communities and learn about community concerns, priorities, and needs at all stages of the response. Real-time data collection can offer insights on many cultural and contextual factors that could help or hinder an effective response. Rapid social science assessments should be made operational through their incorporation into the response.
3. **Integrating mental health and psychosocial support (MHPSS) across all pillars of the response.** Community psychosocial support can be engaged to enhance RCCE through links with social science assessments, provision of technical inputs to the training needs of health workers, safe and dignified burial teams, community leaders and groups. RCCE actors must be equipped to collect, design, and deliver information in a way that is sensitive to the needs of people in acute crisis. This may require additional training on psychological first aid (PFA) for all responders. Community roll-out of skills in psychological first aid, community healing dialogues, and establishing community care coalitions will help empower communities to keep themselves and each other safe and build trust in the response.

4. **Engagement** of many stakeholders for the prevention of EVD.
   a. With directly affected communities
      i. EVD patients
      ii. EVD patients' families and contacts
      iii. Healthcare workers
      iv. EVD survivors
      v. Local community members where Ebola patients live or have died
   b. At risk communities and persons who are potentially exposed
      i. Contact tracing teams and vaccinators
      ii. Local transporters
      iii. Burial teams

    iv. Traditional healers, private health care providers, dispensaries
  c. Broader community
    i. Mass media, social media, mobile phones, community radios, traditional media (animators, etc.), interpersonal communication
    ii. Political, religious and traditional leaders
    iii. Teachers
    iv. Community networks (women, youth, private businesses)
    v. Refugees, internally displaced populations and vulnerable community groups

5. **Regular collection of community insights** through systematic listening, and monitoring of community perceptions and feedback (including questions, suggestions and rumours). Community intelligence is essential to regularly shaping the community engagement strategy, informing response actions, preventing the spread of rumours. This will ultimately improve community cooperation and trust in the response, and mitigate risk due to community anxieties, fears, and misperception.

6. **Building capacities** of local responders including members of community networks to support RCCE activities and approaches further improves trust and relationships with the affected community members. Training all frontline workers and response actors in risk communication and psychological first aid techniques can also reduce the spread of rumours and misinformation.

7. **Monitoring and Evaluation** of activities is essential to assessing the quality and coverage of RCCE activities. This is especially important to implement when there are areas that may be difficult to access to ensure population coverage of outbreak interventions.

5. Priority actions for readiness and preparedness

5.1 Within the first 1-5 months

1. **Establish coordination at the national level**
    a. Identify key partners.
    b. Activate a coordination mechanism for RCCE.
    c. Jointly develop an EVD RCCE readiness and preparedness plan.
    d. Map key stakeholders and partners. Identify key focal points for RCCE from other state/government organizations and NGOs at the national and sub national levels.
    e. Identify/map out key activities, priority population groups and key geographical areas for which the EVD RCCE related work needs to be immediately implemented.

f. Organize training for focal points for RCCE at sub national levels.
g. Assess the gap in human, material and financial resources and define a resource mobilization strategy.
h. Secure resources.
i. Producing communication materials and training manuals to promote services and preventive behaviours.
j. Prepare stand by partnership documents for response.

2. **Gather existing EVD messages and materials.** Review and field test the materials, ensuring that materials are communicated through channels of preference to community members, in their local languages.
3. **Set up a system for collecting community feedback** (through monitoring of the media and social media, setting up a hotline and through community dialogue etc.) and community-based listening mechanism (through identifying community-level stakeholders who can help inform of EVD related community discourses, EVD related rumours, etc.
4. **Develop a risk communication and community engagement plan.** The plan should take into consideration the preparedness at three levels:
   a. **Engagement through pubic communication:** Mass media, social media, and traditional media is normally used to communicate with big audiences and generally reach large groups of people e.g. through journalists, radios, TVs, social media, SMS, WhatsApp, theatres, etc. The narratives delivered must be culturally appropriate, simple and easy to understand while providing relevant information for informed decision making. This work should be coordinated with the communications department, via communications officers on the ground. The analysis of available communications means and audiences as well as the design of strategy should be undertaken jointly.

   b. **Engagement through influencers:** Those leading the response must make first contact with authorities and community representatives, after which point, key actors such as gatekeepers, decision makers and practitioners, both within homes and at the community level, must be contacted. Key actors such as religious leaders, community leaders, traditional healers, teachers, etc. must be the first group to be engaged and sensitized.

c. **Engagement through community networks:** Interpersonal communication which is done face-to-face with community members can be done through the engagement with community networks like women's group, youth group, parents group, private sector groups, etc. This may take the form of house visits, plays at the theatre, video projections in public community spaces which generate discussion. During such communication, dialogue must be established in such a way that it awards a voice to the participants, for example, through allowing the participants to ask questions. Following discussions, the response teams must devise possible solutions and approaches to the feedback received.

5. Obtain social science related information

a. Conduct rapid social science assessments through focus group discussions to obtain community knowledge and perception on EVD, on health seeking practices; etc.
b. Develop and prepare for conducting KAP surveys.
c. Collect relevant information/studies conducted in priority communities to have a better understanding on their health practices, beliefs and understanding on diseases, on patient care, on funeral practices, etc.

5.2 Preparedness –6-12 months

1. Maintain coordination with key partners and stakeholders.
2. Begin implementation of communication and engagement plan with key stakeholders (the media, HCW, political, religious, and traditional leaders).
3. Identify best ways of approaching different community networks and community groups (e.g. organize a meeting involving different community groups to seek their collaboration, provide them with briefings on EVD, recruit them for EVD response activities, etc.)
4. Systematically collect and review community feedback.
5. Review, update, and test EVD related strategies and activities including the messages disseminated (e.g. (what is the best way to deliver the messages on cause, symptoms, treatment, prevention, what actions can be taken if symptoms develop/suspect of EVD infection, etc. Translate messages into local languages.)
6. Review social science related information.
7. Utilize social science related information to increase effectiveness of the response
   a. Integrate social science intelligence into RCCE material around safe burials, hygiene etc.

8. Use intelligence to identify risky behavior around infection prevention and control
9. Integrate social science intelligence into Psychological First Aid (PFA) support, including the development of materials and activities.
10. Map population movement within the community and across jurisdictional borders (across provinces in DRC and across international borders).
11. Map resources and positive practices at the community level, establishing gaps in knowledge for capacity building, and even supporting locally-driven contingency plans are helpful and empowering preparedness activities.

6. Priority actions with stakeholders at high risk for EVD exposure:

Some of the stakeholders at high risk for EVD exposure include:

6.1 Workers in health care settings

Risk: Healthcare workers are at high risk since they are providing care for patients confirmed, probable or suspected of EVD.

Actions:

a. Work closely with clinical and Infection Prevention and Control (IPC) teams to improve knowledge and understanding of EVD, its prevention, diagnosis and treatment, to enable them to protect themselves and their patients from infection through the practice of universal precaution. Ensure the healthcare facilities have the medical equipment and supplies to implement IPC (e.g., gloves, gowns, masks, etc.).

b. Improve communication between HCW and their patients and family members of patients, community leaders, and networks to build and maintain community trust in the health system.

c. Offer vaccine consistent with national ring vaccination protocol. Make an informed decision about risks and benefits of receiving the vaccine.

d. Equip with Psychological First Aid knowledge and tools.

i. Provide active psychological first-aid based messages for reinforcement and encouragement.

Possible Performance Indicators:

- Decrease in the number of HCW among confirmed, suspected and probable EVD cases (among those at risk in a given area).
- Increase in the number of HCW who responded correctly to five questions related to EVD prevention (among those participating in sessions).
- Increase in the number of HCW demonstrating appropriate IPC behaviour (among those participating in training sessions).
- Increase in the number of HCW vaccination (among those offered vaccination).

6.2 Public transportation operators and traders

Risk: Persons exhibiting signs and symptoms of Ebola may use public transportation to seek health care so public transportation operators may be at increased risk.

Actions:

a. Improve basic understanding on EVD so they can recognize someone with Ebola.
b. Provide information to enable them to transport persons suspected of EVD to the nearest designated EVD treatment facility.
c. Offer vaccine consistent with national ring vaccination protocol. Make an informed decision about risks and benefits of receiving the vaccine.
d. Equip with Psychological First Aid knowledge and tools.

Possible Performance Indicators: Public transport operators do not become infected with Ebola while transporting suspected Ebola patients to a treatment facility. A high proportion of public transport operators receive a vaccine, when offered.

6.3 Traditional and alternative healers

Risk: Persons exhibiting signs and symptoms of Ebola may seek care from traditional and alternative healers.

Actions:

a. Map out different types of healing – herbalists, witchdoctor, feticheur, etc. and their role in the context of EVD, their ability to identify risk practices and negotiate change.
b. Improve basic knowledge and understanding of EVD.
c. Provide training on universal precaution to enable them to protect themselves and their patients/clients.

d. Develop a referral system and provide information to enable referral of patients suspected of EVD to the nearest designated Ebola Treatment Centres (ETCs).
e. Equip with Psychological First Aid knowledge and tools, as traditional and alternative healers are often the first point of call for health and psychosocial.
    i. Train in PFA
f. Utilise as platforms for disseminating health advice and communication.

Possible Performance Indicators:

- Increase in the number of traditional and alternative healers engaged and participating in the response (among those identified).
- Decrease in the number traditional and alternative healers among all confirmed, suspect and probable EVD cases (among those contacted).
- Increase in the number of referrals coming from traditional and alternative healers (among those who visit traditional healers and may have EVD).
- Increase in the amount of accurate, relevant and useful information about EVD disseminated by traditional and alternative healers.
- Decrease in the practice of risk behaviours among traditional and alternative healers.

6.4 Personnel in pharmacies, dispensaries and mobile drug vendors

Risk: Persons suspected of EVD and family members are likely to visit dispensaries for self-medication.

Actions:

a. Improve basic knowledge and understanding of EVD.
b. Have knowledge and information to enable referral of patients suspected of EVD to the nearest designated ETC.
c. Equip with Psychological First Aid knowledge and tools.

Possible Performance Indicators:

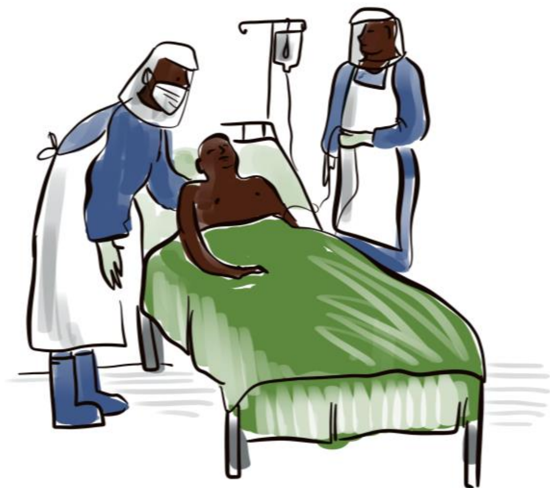
- Decrease in the number of pharmacy and dispensary personnel who become infected with EVD.
- Increase in the number of referrals to ETCs from pharmacies and dispensaries (among those who visit pharmacies and dispensaries and may have EVD).

6.5 Persons who are sick, their family members, and immediate contacts

Risk: Someone exhibiting signs and symptoms of Ebola and family members caring for them are high priority for outreach.

Action:

a. Improve basic knowledge and understanding of EVD to limit the spread of EVD. Key is for them to recognize signs and symptoms of EVD and observe IPC measures when providing care for their loved ones.
b. Encourage them to immediately get to ETC to minimize spread to others along the way (call hotline; ambulance, public health authorities), and by extension, protect their families and communities from becoming infected.
c. Get appropriate medical care and laboratory testing for Ebola.
d. Inform of the advantages and disadvantages of early testing and medical treatment for EVD and stress that the only way for a person to know whether they have been infected with EVD is to be tested.



e. Confirmed cases receive offer of therapeutics to optimize survival. They make an informed decision about treatment.
f. Negative cases and/or contacts of confirmed cases, receive offer of vaccine. They make an informed decision about whether to get vaccinated or not.
g. Give encouraging messages, provide hope for the family members, explain how well patients are cared for in the ETC by explaining in detail activities which take place within ETCs, including the roles of involved medical personnel, the food which will be served, the hygiene of showers and toilets and regulations for visitors.
h. Equip with Psychological First Aid knowledge and tools.

Possible Performance Indicators:

- Increase in the number of individuals who recognize signs and symptoms of Ebola as soon as they emerge.
- Increase in the number of individuals who get to an ETC quickly and in a manner, that minimizes exposure of others.

- Increase in the number of individuals who are offered and receive appropriate therapeutics or vaccines.
- Increase in the number of individuals who survive an Ebola infection.
- Decrease in the number of incidents of hostility within communities towards the response, indicating acceptance.

6.6 Contacts of persons who died and are classified as probable EVD cases

Risk: Persons who have been in contact with someone who died and is classified as EVD probable case.

Action:

a. Improve basic knowledge and understanding of EVD so that they understand their risk.
b. Encourage them to watch for signs and symptoms of Ebola and to get tested.
c. If symptoms emerge, encourage them to go to ETC right away per local protocol that would minimize spread to others along the way (call hotline; ambulance; public health authorities).
d. Get appropriate medical care and laboratory testing for Ebola.
e. Carefully explain what happens when patients are brought into an ETC, including that the patient should expect to be visited daily and ask whether there is a person within the ETC who they would most trust to do this work.
f. Confirmed cases receive offer of therapeutics to optimize survival. They make an informed decision about treatment.
g. Negative cases receive offer of vaccine, if appropriate, and is part of the national protocol for ring vaccination. They make an informed decision about whether to get vaccinated or not.
h. Equip with Psychological First Aid knowledge and tools.

Possible Performance Indicators:

- Increase in the number of individuals who recognize signs and symptoms of Ebola and report to public health authorities per local protocols for monitoring.
- Increase in the number of individuals who get to Ebola treatment facilities quickly and in a manner, that minimizes exposure of others.

- Increase in the number of individuals who are offered and receive appropriate therapeutics or vaccines.
- Increase in the number of individuals who survive an Ebola infection.
- Decrease in the number of incidents of hostility within communities towards the response, indicating acceptance.

6.7 Religious and traditional leaders

Risk: Religious and traditional leaders are often involved in the mourning and burial rituals of persons who have died. If a person has died of Ebola, then a safe and dignified burial is recommended for reducing risks.

Action:

a. Improve basic knowledge and understanding of EVD so they understand their risk.
b. Encourage safe and dignified burials among family members who have lost someone due to Ebola and negotiate the change of risk practices during the burial process.

c. Participate in safe and dignified burials, as appropriate.
d. Equip with Psychological First Aid knowledge and tools.

Possible Performance Indicators:

- Increase in the number of referrals from religious and traditional leaders for Safe and Dignified Burials (among all burials identified).
- Increase in the appropriate engagement and participation of leaders in Safe and Dignified Burials.
- Decrease in the incidence of risk practices.

6.8 People routinely moving across borders (other provinces and neighbouring countries - Uganda and Rwanda)

Risk: While people moving across borders may not be at increased risk of exposure of EVD, if they get EVD and travel while they are symptomatic, they can spread the disease to many others.

Action:

a. Improve basic knowledge and understanding of EVD so they understand their risk.
b. Encourage them to watch for signs and symptoms of Ebola.
c. If symptoms emerge, encourage them to get to an ETC right away per local protocol that would minimize spread to others along the way (e.g., call hotline; ambulance; public health authorities).
d. Get appropriate medical care and laboratory testing for Ebola.
e. Confirmed cases receive offer of therapeutics to optimize survival. They make an informed decision about treatment. Provide practical information across these groups that lays out how they can seek care whilst abroad.
f. Equip with Psychological First Aid knowledge and tools

Possible Performance Indicators:

- Individuals recognize signs and symptoms of Ebola and report to public health authorities per local protocols for monitoring.
- Individuals get to Ebola treatment facilities quickly and in a manner, that minimizes exposure of others.
- Individuals are offered and receive appropriate therapeutics.
- Individuals survive an Ebola infection.

ANNEXES

Annex 1: Talking Points for Ebola Response Teams When Engaging with Communities

Many teams, many partners, with one purpose: What is being done to stop Ebola and why

Stopping an outbreak of Ebola requires many people working together. This fact sheet explains how teams work with communities to help stop Ebola.

Many men, women, and children in our communities in the Democratic Republic of Congo (DRC) have died from an outbreak of Ebola virus disease – a terrible disease that, with old and new approaches combined, can be stopped. Ebola is different from many other diseases we face because it uses the actions we take that **connect us** as family and community (like caring for the sick and burying the dead) to make more people sick. Ebola can be stopped if we take the right steps to stop it. Some of these steps require people with special skills working on teams, and we have invited them to DRC to join us. Here is a brief summary of what the Ebola response teams do and why they do it. Community leaders and community members can stop this Ebola outbreak by working together with the Ebola response teams.

- **Disease Investigation teams** look into all reports of sicknesses and deaths that might be Ebola. They investigate alerts they receive from communities and healthcare centers about someone who may be sick with Ebola or may have died from Ebola. Once cases are confirmed by laboratory teams, this information from investigation teams will help us understand who, where, when and why people are affected by Ebola. It also helps us understand when an outbreak has started, whether our efforts are working or not, and when an outbreak is over. Moreover, the identification of possible cases of Ebola help all of us to adopt measures to protect your community from the disease.

- **Laboratory teams** work to collect small amounts of blood from patients and test them for Ebola. The results of each Ebola test can be life-changing for patients. A negative test result (meaning a person <u>does not</u> have an Ebola infection) might mean peace of mind for a person who might be worried they have Ebola, or permission for an Ebola survivor to leave an Ebola Treatment Center after successfully fighting the infection. A positive test result (meaning a person has an Ebola infection) could mean going to a life-saving Ebola Treatment Center and information for loved ones and contact tracers to better understand and reduce risks of new potential Ebola cases. An effective laboratory system has effective ways for collecting and transporting blood samples from health clinics or hospitals to the laboratories and trained laboratory workers to perform tests along with needed equipment and supplies. **Risk Communication and Community Engagement (also called Social Mobilization) teams** work to share accurate information about Ebola and its symptoms along with what people can do to protect themselves and their communities from it. To do this, the teams reach out to community members in several ways, such as radio,

posters, billboards, face-to-face visits, and community meetings. They may also need to collect information to better understand the community and its concerns, so that the response can adapt to the local context. They also work with volunteers, community leaders, and religious leaders to help all the Ebola response teams engage with the community. None of the teams can be successful without the community's support.

- **Contact tracing teams** work to find all the people who came into contact with a person who was sick with or died from Ebola and visit them for taking temperature and looking for signs of Ebola every day for 21 days, as it can take that long between when someone catches Ebola until they start feeling ill or showing signs. If any of these people start to show signs of Ebola, the team can get them to the special healthcare they need to improve their chance of living and keep them from spreading the disease to others. If a person is sick with Ebola and stays in the community, they might spread the disease to others. Contact tracing helps keep the whole community safe and it works – it has been used in all previous Ebola outbreaks over the past 40 years to successfully control Ebola.

- **Vaccination teams** work to tell about and offer Ebola vaccine to people in the community who may have been exposed to Ebola. Since Ebola is a serious disease, during outbreaks, special permissions are given to offer this vaccine to the people who are most-at-risk in order to help stop the outbreak, including:
    - People who have been in direct contact with a person who was sick with or died from Ebola (a "contact")
    - People who have come in contact with them ("contacts of contacts") and
    - First-line responders, such as traditional healers, heath workers, at-risk outbreak responders—those who are most likely to come in contact with sick people.

  For many years, there was no Ebola vaccine. In the last few years, new vaccines have been developed, and so far, they seem to be effective at helping prevent Ebola if a contact gets a vaccine soon after being exposed to Ebola virus. Most of the vaccines are still being studied to understand how well they work to prevent Ebola and how safe they are for people to get. Right now, vaccines are not intended for the general population. Getting the vaccine does not offer guaranteed protection (e.g., it is possible for someone who gets vaccinated to still get an Ebola virus infection, possibly becoming infected before getting the vaccine). Therefore, a vaccinated person should still follow all recommendations to stay protected from Ebola.

- **Infection Prevention and Control (IPC) teams** work to help health workers and clinics or hospitals recognize people with Ebola and care for people who have an Ebola infection in a way that keeps health workers and other patients from getting infected. Because Ebola is a disease many health workers have never seen or treated before, they may not know much about the virus and its symptoms. This team provides training that covers hand washing, triage of patients, putting on and removing protective clothing and gear, and cleaning up body fluids that can spread Ebola. The training also helps health providers to be better prepared for safely caring for patients with different kinds of infectious

diseases. Because most health clinics or hospitals do not have the special training or medicines needed to help patients survive, they encourage health workers to send patients showing signs of Ebola to specialized Ebola Treatment Centers.

- **Clinical care teams at Ebola Treatment Centers (also known as ETCs)** work to give Ebola patients proper care and new medicines that can increase their chances of surviving. The health workers are trained and the centers are specifically designed to take care of patients with Ebola without getting anyone else sick. The clinical team has the best chance of saving a person's life, if the person gets to the ETC soon after becoming sick. In order to protect families and communities, the ETC must follow specific safety procedures when facilitating contact between patients and families. ETC staff will guide families on how to safely provide support and care to a family member that is receiving treatment.

- **Psychosocial Support teams** offer social and emotional support to Ebola survivors, grieving family members including orphaned children, and community members hurt by Ebola. They can help a community deal with loss and encourage communication to reduce stigma while increasing family and community members' understanding of the risks of Ebola. In addition, they can help understand what families need right away and connect those families with community service providers.

- **Safe and Dignified Burials (SBD) teams** work with family members and community members to make funeral and burial arrangements that are dignified and safe. These teams are made up of people (e.g., DRC Red Cross volunteers, civil protection workers, or others) who have received special training on how to care for the body of someone who has died from Ebola. During outbreaks of Ebola, it is important to give all deaths a safe and dignified burial because it is not always possible to know what has caused a person's death. Because Ebola virus can spread from the body fluids of the person who has died, funeral and burial practices must be different from typical customs so that everyone is kept safe. SDB teams work with the family to incorporate customary rituals but in a way that is safe. The team also works with the family to remove and replace items from the home (such as clothes, linens, mats soiled with blood, urine, feces, or vomit) that may have Ebola virus on them.

- **Border Health and control point teams** work to reduce the spread of Ebola by preventing people who have symptoms or exposures from traveling from one country to another or from affected areas to unaffected areas within the country. Because many people routinely travel from one community to another or cross into other countries for business or personal reasons, it is important to let people to travel safely. That means NOT to travel when they are sick, when they are most likely to infect other people. Border health teams also train border agents to screen travelers, which includes taking temperature and looking for signs of illness. Some border stations also offer chlorinated water hand washing stations. The teams often work with communities to map how people move in and around their communities.

With all of these teams and partners working together, we can stop the suffering caused by Ebola.

INTERNAL DOCUMENT - FOR ALL WHO ARE WORKING AS PART OF THE EBOLA RESPONSE

“People don't care how much you know until they know how much you care.”

― John C. Maxwell

The incident command structure of an outbreak response can make us become very focused on accomplishing tasks. While we do have tasks to perform, we cannot complete these tasks successfully without community support. A key part of gaining their support is letting them know that we care about them. In an area of instability and conflict, knowing who you can trust can make a difference between life and death. It therefore makes sense that outsiders, who are strangers to the local people, may be viewed with caution. Team members need to clearly explain WHY you are there, WHY you care, and WHY you are doing what you are doing. Please understand that you may be asking people who have lost of a loved one or cherished community member to take steps that may be difficult for them to do. Acknowledge their pain and grief and let them know you are there so that they and other community members may be spared further loss and pain. All of our communication and engagement efforts with local people must LEAD with **declarations of care** including why we are there and why we’re doing what we do.

What	Why
Leadership & Response Coordination Team	To protect the people of DRC from a preventable and deadly disease. To support local leadership and response in a way that respects cultural and social context. To care for all the people working to help others. *(To have the right people doing the right things at the right time in the right way for the best results)*
Partner Coordination Team	To bring people and institutions together to care for the communities facing the threat of an Ebola outbreak. To coordinate partner activities in a way that allows everyone’s strengths to be used in the best way.
Risk Communication and Community Engagement Team	To share information about Ebola in a way that invites community members to become actively engaged in protecting their community from Ebola, and to facilitate this engagement.
Disease Investigation Teams (Surveillance)	To find people affected by Ebola so we can help them and the community stop the Ebola outbreak.
Contact Tracing Team	To protect people who are most at-risk of Ebola infection. To reach people who may have been in contact with a person who had Ebola, let them know of their exposure (and risks), tell them what to do (know and watch for signs of Ebola), meet with contact tracers for 21 days, and, if they start having signs or symptoms, seek health care at an Ebola Treatment Center.

Vaccination Team	To vaccinate people who are most at-risk of Ebola infection. To offer contacts and contacts of contacts a chance to protect themselves by receiving a vaccine.
Infection Prevention and Control Team (IPC)	To protect health workers from Ebola so they are able to care for people in DRC without getting infected with the virus or spreading the virus to other patients. To keep health workers and their patients protected from Ebola. To train health workers on steps to care for patients without spreading Ebola from one patient to another. To provide health clinics and hospitals with the supplies they need (e.g., gloves and gowns called personal protective equipment).
Laboratory Team	To test blood samples of sick patients to determine if they have Ebola or not so that they can get the medical care that they need. To test samples from people who have died to see if they died of Ebola. To test blood samples from patients who have recovered from Ebola to show that they no longer have the disease.
Clinical Care Team (Ebola Treatment Center)	To give the people exposed to Ebola the best chance for surviving. To provide compassionate care for patients and their families suffering from an Ebola infection. To offer medicines that may help patients survive.
Psychosocial Support Team	To offer social and emotional support for families, children, and communities affected by Ebola.
Safe and Dignified Burials Team	To demonstrate compassion for those who have lost someone they love; To mourn the loss and honor their life in a way that keeps everyone safe from Ebola.
Border Health Team	To reduce the spread of Ebola across borders without stopping healthy people from traveling.

Annex 2: Talking points on for community engagement on patient care and deaths.

Protocol and Talking Points for communication with families and communities about patients in an Ebola Treatment Center (ETC)

Protocol

- Interactions with family members should employ Ebola Psychological First Aid Action Principles of Prepare, Look, Listen, and Link
- A communicator, counsellor, or healthcare worker at the ETC should engage with the patient and their family member(s) when the patient is admitted to the ETC. Specific points of initial discussion include:
    - How family member can interact with the patient
    - How family member can be provided information about patient's progress
    - Who else the family member wants involved in the care of the patient or who will be there to support the family member (e.g., spiritual leader, friend,)
    - How the family member wants to keep community members informed about the patient's progress

    This information should be documented and shared with other team members (especially those who may not have directly participated in the discussion)

- Health care workers should provide at least a daily update to the family member(s) about the patient's progress.
- While the patient is in the ETC and if the family has given permission to the ETC staff to communicate with spiritual leaders or others about the progress of the patient, then those communications must occur regularly.
    - OPTION: Invite community leaders or religious leaders to visit the ETC so they can see the care being provided directly
    - OPTION: Provide updates via phone, whatsapp, or text to leaders in the community who can share information with other community members
- The ETC counsellor should contact the family members at a frequency appropriate to keep the family informed of the patient's wellbeing while the patient is at the ETC. Counsellors should have conversations with family members **to prepare** for survival or burial while the patient is receiving care.
    - For survivors: Documentation of concerns, needs, and wishes of the patient and family members should be noted and responded to. Linkages to service providers should be coordinated.

      OPTION: Consider engaging community leaders and spiritual leaders in introducing the family member back in to the community so that they are welcomed and celebrated as a survivor. Community leaders should give messages such as:

        - People who have recovered from Ebola are no longer contagious and should not be stigmatized.

    - People who have survived Ebola give hope to other who are still fighting this disease.
    - Dealing with Ebola is scary and people who are survivors need support from their friends, family, and community.

  OPTION: Consider inviting survivors to speak with their community about their experience at the ETC.

  - For deaths: Documentation of conversations about desired funeral practices and burials can be accomplished safely. Asking about typical approaches and timelines is essential for adapting these customs for the safety of all involved. If a spiritual leader is involved in their family's support network, invite them to participate in the planning of the funeral and burial.

    OPTION: A specially trained burial team from the Red Cross, which often includes a counsellor, will accompany family members (and body) back to community for a safe and dignified burial. They will bury the body respecting local practices but in a safe manner.

- The ETC should provide information to the community about how many patients they are caring for, how many are receiving treatment, how many patients have survived and been discharged, and how many patients have died (and the circumstances leading to their death, for example came to the ETC late in the progression of the disease.

Talking Points

To family members of person admitted to ETC:

- **Ebola is serious.** Ebola virus is a serious disease that requires special medical providers, treatment and facilities.
- **Your family member can survive Ebola. ETCs offer the best chance for surviving and the services are free.** A person with Ebola is best cared for in an Ebola Treatment Centre (ETC). The ETC has the people who are trained and equipped to care for your family member.
  - If you brought your family member to the ETC, especially if you spotted the signs and symptoms of Ebola early, you have given him or her their best chance for surviving this very serious disease.
  - Depending on how sick your family member is, they may be offered medicines that have been newly developed and we hope they make your family member recover. We however, cannot guarantee the outcome of the patient because it depends on a number of factors related to their health. We however hope for the best.
- **If your family member is very sick, they may be isolated to keep you from becoming sick.** However, speak with the ETC staff about ways to safely communicate with your family member (by phone, from a distance, or dressed in personal protective equipment). Clear and frequent communication between you and ETC team members is helpful in caring for your family member. You know your family member better than we do so you are an important member of the team caring for your family member. Depending on how sick your family

member is, you may or may not be able to visit with them. We know you want to speak with your family member and that they will want to speak with you. The ECT staff will share information with you often. When you have questions, please ask them.

- **This is very difficult. We are here to support you.** The ETC has staff who are trained counsellors who can help you during this stressful time. Also, if you have spiritual leaders or friends or other people who you need or want support from, then please let the ETC know that they are there with you for support.
- **Keep others informed.** Many people in your community will want to know how your family member is doing. Sharing information about your family member's progress in the ETC can help people in your community cope with their concerns for your family member and for you. Many people may want to know how to support and encourage you through this process. Phone calls, text messages, or Whatsapp messages with general information about your family member's progress can help people know what is going on. If there are specific people in your community who you want the ETC to know about your family member's progress, please tell the staff who to contact. You and your family member must give permission for any information to be shared with others.
- **Preparing for survival or death.** While the aim is for everyone to survive Ebola, we know that this does not always happen. Surviving Ebola comes with challenges that require support. Losing a family member to Ebola involves much grief, loss, and dealing with funeral and burial arrangements, which are different for people who have died from Ebola. The counselling team at the ETC will support you in either of the situations you face. Let's work together for the best possible outcome for your family member, your family, and for your community!

Protocol and talking points for communication with families and communities about patients who die in an Ebola Treatment Center (ETC) OR people who die in the community who may have had Ebola

About patients who die in an Ebola Treatment Center (ETC)

Protocol

- The ETC healthcare worker and counsellor should communicate with the family members about the death of the patient.
  - Contact and inform family of death, encourage family members required for burial to proceed to the ETC.
  - ETC informs surveillance commission of death and the need for SDB response
- The ETC counsellor should assess needs of family members and coordinate appropriate care and support. Specific areas of action include:
  - ETC counsellor/staff help family to identify needs for the burial (e.g. cultural requirements, burial site) with the aim of a culturally appropriate and safe burial.
  - Identifying any immediate needs of the family and linking relevant service providers to meet them.
    - Prior conversations with family members about typical approaches and timelines for funerals and burials has occurred so that the counsellor can anticipate and communicate to the SDB team what

materials, persons and procedures are expected by the family. ETC counsellors or SDB team members need to also explain to the family what parts of a traditional funeral or burial would not be safe (e.g., touching or kissing the deceased).
    - If a spiritual leader has been supporting the family members while the patient was in the hospital, he or she should be invited to be involved in planning the funeral and burial.
    - All SDB team members are trained in psychosocial support and community engagement principles, so supports for family members and community members is available.
  - Identifying the best way to notify the community of the loss and to notify them of funeral and burial arrangements.

Talking Points

- **We are very sad to tell you that your family member has died (passed away).**
- **We are here to support you.** Losing a family member to Ebola involves much grief and loss**.** The ETC counsellors can help you. Are there other people we can call to help you? How can we help?
- **Because the Ebola virus can spread from the bodily fluids of the person who has died, it is important that we help you with the funeral and burial arrangements to protect you, your family members and your community from further spread of this disease.** Losing a family member to Ebola involves dealing with funeral and burial arrangements, which are different for people who have died from Ebola. Many people may want to know about funeral and burial arrangements. We want them to know and participate, but because your family member died of Ebola, we need to make arrangements in a way that keeps everyone safe from Ebola.
- **Keeping you and others protected from Ebola virus that is in the body of your family member takes many steps.** We want you to know what is happening and why. For your information, here are the steps:
  - A health worker makes sure that your family member is confirmed dead.
  - The health worker tells the hygiene team that your family member has died.
  - The hygiene team gets a body bag and writes your family member's name and age on it. This is done so that when the body is put inside, everyone can know who the person is.
  - They hygiene team puts on protective clothes (overall suits) and enters the room where your family member is.
  - The hygiene team sprays the body, the clothes, and the area with chlorine water to kill the Ebola virus.
  - After they spray the chlorine water, they hygiene team will carefully put your family member into the body bag that has their name and age on it. The body bag is very strong. The body is put inside this strong bag to make sure that any body fluids, like blood, poo-poo, or vomit cannot leak out because these fluids spread Ebola.

    - When the body is inside the bag, the hygiene team will zip it closed and spray the outside of the bag with more chlorine water to make sure there is no Ebola virus on the bag.
    - The bag must stay closed; it cannot be opened. This is to make sure that any body fluids that might come from the body do not get out of the bag and spread the Ebola virus.
    - The hygiene team carefully takes the body (in the body bag) to the morgue until it is time for burial.
- **We want to help you share this sad news with others.** Many people in your community will want to know about your family member's passing. Because they may want or need support when hearing this news, we want to be thoughtful in how best to share this sad news with them. What do you think is the best way to share this information?

For people who die in the community who may have had Ebola

Protocol

- Communications occur that tell people to take all people exhibiting Ebola signs and symptoms to an Ebola Treatment Centre for care.
- Communications occur that tell people to call the Ebola hotline or public health authority when a person has died in the community from an unknown cause or after someone has died of a sickness.
- Hotline responders, public health authority staff, community counsellors, and SDB community engagement staff are trained in community engagement approaches and psychosocial support principles Ebola Psychological First Aid (Ebola PFA).
- Hotline responder and/or public health authority
    - Asks questions about how person died (e.g., ask questions about what Ebola signs and symptoms the person may have shown)
    - Collects contact information of caller (family member's name and phone number; name of deceased)
    - Provides instructions on what to do with the body until an investigative team can arrive. Responder should also tell person that investigative teams will arrive as soon as they can, but that sometimes there are delays that are outside of their control. Responder should ask the person to be please be patient and confident that the investigative team will come as soon as possible.
- Investigation team visits the family/health facility and validates or invalidates the suspect case based on a clinical assessment
    - If the case is validated as a suspected case, the investigator informs the alert cell, which in turn activates an SDB response. If the case is invalidated, the family can proceed with a normal burial.
    - Provides contact information, family needs, access, security and burial location to the SDB team lead, and requests family to begin grave preparations.
- Investigation team and/or psychosocial support team begin negotiations for an SDB response with the family. This should include:
    - Arrangements are made to deliver safe and dignified burial in a way that involves family members and community members in a safe manner. A key

part of this is making community members aware of the funeral and burial arrangements so that they can participate. Family members, spiritual leaders, and/or community leaders will likely need to be involved in these communications.

- Upon arrival, SDB team leader discusses the protocol the team will follow for a safe and dignified burial. The team leader will consult with the family to offer options for viewing the body and/or integrating necessary cultural practices for the family to feel that the burial was carried out properly.
- Confirmed case results in activation from Surveillance Commission
    - Contact tracers and vaccine team members interact with the family to let them know of their risks, to encourage symptom monitoring, know how to seek care if signs emerge, and, if eligible, offer vaccination.
- SDB team leader calls family member to discuss/negotiate safe and dignified burial that will meet family and community needs for participating in the funeral and burial in a safe manner.
    - Community deaths can be traumatic. Involving community leaders, religious leaders, and/or counselling team members before, during and after the SDB activities is strongly encouraged. Emphasis should be placed on involving others from the community to help the community deal with the loss, and on communicating to reduce stigma while increasing family and community members' understanding of the risks of Ebola.
- Psychosocial support team members should contact family members before or after the burial to see if the family has any immediate needs. Once needs are identified, linkages to community service providers should be made.

Talking Points

- **We are very sad to hear that someone in your family has died (passed away).**
- **You and your family are at risk of the disease; we can help to protect you.** We want to help you to protect yourself and your family from the Ebola virus that is in the body of your family member**.** [Need instructions about what you want people to do with the body while waiting for a SDB team – Cover the body and keep people away from it?
    - When someone dies from Ebola, the Ebola virus in their body is still alive and multiplying in the dead body.
    - Ebola can be easily spread from the dead body to us and to other people when we care for our dead family member the way we are used to.
    - Ebola can spread when we touch the dead body; wash the dead body; when we plait or cut the hair of the dead body; when we dress the dead body; brush the dead body's teeth; or bury the dead body by ourselves.
    - Any person that touches the dead body can catch Ebola!
    - The dead body can only be buried safely by specially trained teams.
    - Burying all of the people that die in a way that is safe is one of the best ways to end Ebola in DRC.
- **We want you to learn the signs and symptoms of Ebola and act early if the signs appear.** Since you have likely been caring for your sick family member, there is a chance that you have been exposed to the virus, which can take up to 21 days to show up as symptoms in your body. So, for the next 21 days, a public

health person will contact you to see if you have any symptoms of Ebola. (You may be offered a vaccine.)

- **We are here to support you.** Losing a family member involves much grief and loss**.** Losing a family member from Ebola virus can be more stressful because you may be afraid of becoming sick or being treated differently by the community. There are counsellors who can help you. They can help you address immediate needs and link you to others who can help too.
- **We want to help you make funeral and burial arrangements.** Losing a family member involves dealing with funeral and burial arrangements, which are different for people who may have died from Ebola. We need to help you make funeral arrangements in a way that keeps everyone safe. A trained team will help you to give your loved one a safe and dignified burial. Before their arrival, we need to understand your needs—do you have any specific cultural needs or requests that should be planned for.
- **We want to help you share this sad news with others.** Many people in your community will want to know about your family member's passing. Because they may want or need support when hearing this news, we want to be thoughtful in how best to share this sad news with them. What do you think is the best way to share this information?

Let's work together to honor your family member, support your family, and inform/involve your community.

Annex 3: Degree of community related incidents and recommended actions:

Community signals and recommended actions

COMMUNITY SIGNALS[1]	ISSUES[2]	RECOMMENDED ACTIONS
RECEPTION to perform recommended behaviours and to engage with response teams	1. Concern about the health threat facing the community 2. Understanding and agreement with recommended behaviors and response activities 3. Commitment to action	1. Involve community leaders and members in promoting recommended behaviors and response activities 2. Provide regular information to community about behaviors/activities and their effects. (progress reports)
RELUCTANCE to perform recommended behaviours/ reluctance to engage with response teams	1. Lack of understanding 2. Emotional reactions to events 3. Uncertainty 4. Lack of confidence in the actors of response (the "Foreign")	1. Active listening and understanding community concerns 2. Explanation about disease, signs and symptoms, prevention 3. Provide recommendation on the basis of local perceptions and come to mutual agreement about actions to take 4. Reinforce individual and collective choice 5. Highlight local actors in the response
REFUSAL to perform recommended behaviours/ refusal to engage with response teams	1. Fear and mistrust in the response 2. Firm rejection of recommended behaviours 3. Rejection of services (e.g. safe and dignified burials, vaccines, etc.) 4. Inability to take on different view points 5. Information to diffuse Ebola outbreak by some influential local actor (nurse, opinion leader …)	1. Seek understanding on community understanding/reason of mistrust 2. Prioritise listening to understand point of views to reduce negative emotional reactions 3. Demonstrate empathy and establish alliance 4. Come to mutual agreement about actions to take in a participatory manner 5. Raise awareness and introduce influential local actors in the information loop on the epidemiological situation and the community response actions
RESISTANCE to engage with response teams	1. Aggressive, resistance, disruptive action in the community towards responders or response activities with real threat of violence. 2. Protests and demonstrations 3. Threat and violence	1. Prioritise protection of responders 2. Reduce potential for harm on responders 3. Link with adequate national/provincial authorities, leaders and so on (in a safe place) to try and negotiate access and identify way forward. If possible invite a representative of the community to represent the community. 4. Inform local leaders before going to their areas of responsibility

[1]Multiple signals can co-exist in one community at the same time and can change over time.
[2]Local contextual factors influence every response where "outsiders" participate so responses must take time to understand the local context (e.g., politics, economics, conflict, power structures, trust of authorities, etc.)

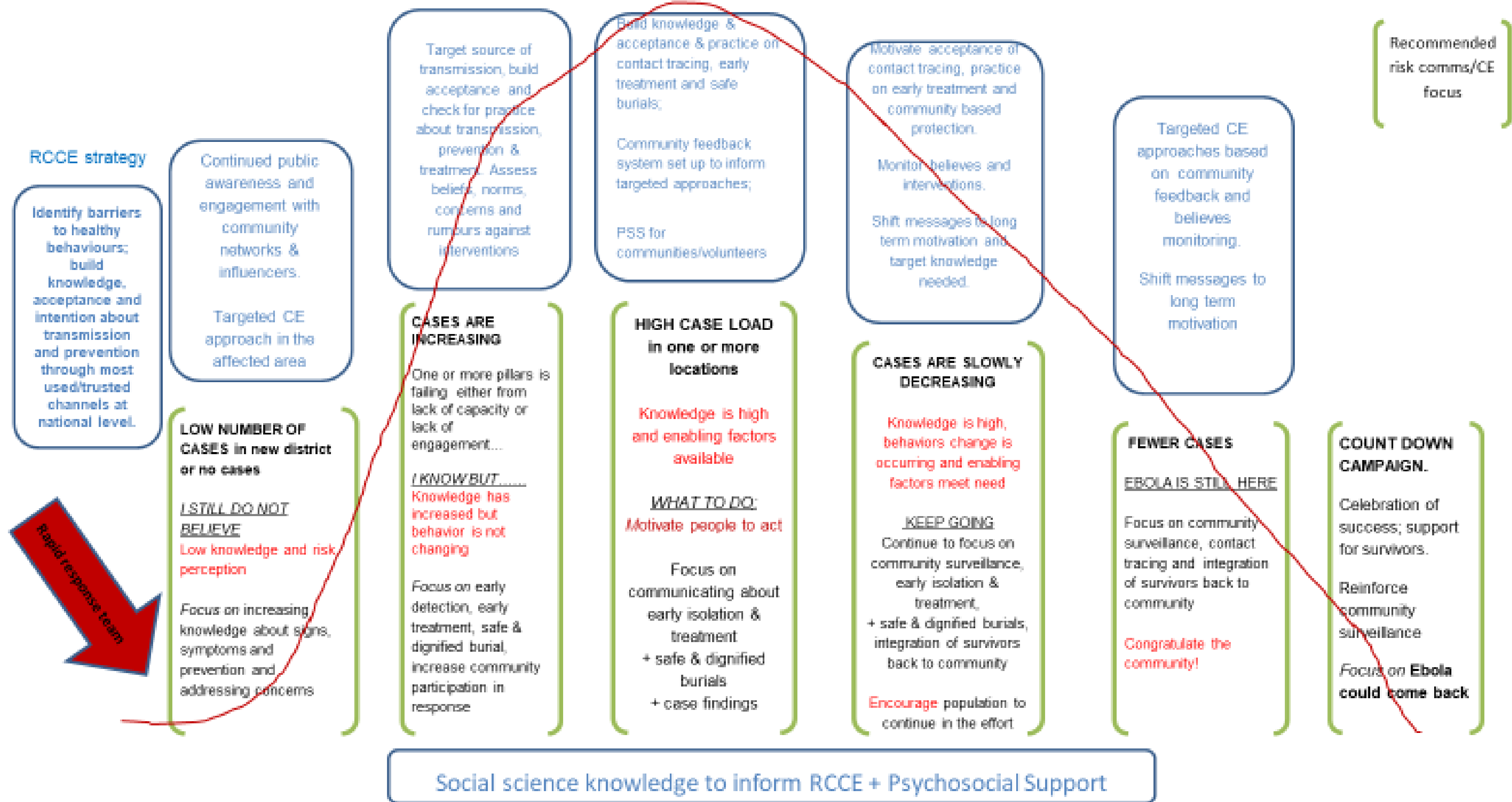
Annex 4: Monitoring and Evaluation Framework for Ebola Response:

This framework provides an example of the criteria and indicators for monitoring risk communication and community engagement response activities.

7. Checklist table for Risk Communication and Community Engagement							
Criterion	**Definition**	**Standard (Target/Min)**	**Minimum**	**Component**	**Mandatory**	**Type (Yes/No ; #)**	**Remarks**
Social Mobilization teams active in affected areas	Team comprising local frontline paid mobilizer/ volunteers with 1-2 community leaders/influential people are trained and ready to engage in health education and promoting preventive behaviours.	5 teams of 2 each/ village of 25,000 people or 1 team for 500 people or 100 HHs (5 people per HH) to be reach or engage twice a week	At least once a week engagement with each HHs	Activity – recruitment, training and mobilization of SM team	Yes	Yes	Describe SM team composition
Community engagement (CE) dialogues for feedback and local action for prevention	Local community teams (2-3 people such as leader, religious person, teacher, youth, women's group) formed to discuss how community can protect itself against current disease outbreak	Each village or lowest admin cluster (e.g. ward) has at least 1 team covering 10,000 people ~90-100 HHs per team (or should this be 5,000 covering 50 HHs per team?) – this means	CE team meets with community at least once a week	Activity – CE team formed/ reactivated, trained on the disease and ways to stop transmission, has set up a system to meet and report weekly to commission	Yes	Yes	Describe CE team composition and their role in community led action

Anthropologist/social researchers deployed to support RCCE teams with community intelligence	Researchers (national/international) deployed understand local preventive, care seeking, treatment, burial and patient recovery practices	At least 1 researcher per operational hub (hub - defined by WHO)		Activity – protocols available and used to understand local, cultural, linguistic, religious practices around prevention and care	Yes	Yes	Description of anthropologists area of expertise
Risk communication campaign launched over the outbreak period	Local radio, TV, social media (one or a combination of media) spots and materials developed and disseminated at least 5 times a day in affected area	Population in affected areas reached or exposed to media messages 5 times a day/ with a minimum reach of 2 times a day	Population reached at least 2 times a day by preferred local media (radio, TV, social media)	Activity – materials pre-tested and produced with relevant preventive and treatment seeking messages	Yes	Yes	Describe which media or combination of media is used
Response to community incidents	Team (comprising of at least 2-3 persons) able to respond to community incidents following intervention of other response teams (contact tracing, SDB, vaccination, ETCs, etc.)	Each reported community resistant incident responded to within 24 hours.	Each reported community resistant incident responded to within 48 hours.	Documentation of community resistant incidents.	Yes	Yes	

Annex 5: IFRC Risk Communication and Community Engagement (RCCE) Recommended Approach During Different Stages of an Ebola Outbreak



Annex 6: Mental health and psychosocial support 'Theory of Change' framework

THE RISK, THE PROBLEM, THE CHALLENGE:

Increased EVD morbidity & mortality, caused by:

- An already displaced population – living in emergency conditions & often mobile, including across borders;
- High insecurity & limited humanitarian access;
- Poorly resourced primary referral health facilities (including ETCs);
- Health workers directly affected/infected with EVD has reduced workforce capacity;
- Communities distrust health workers, humanitarians, iNGOs, UN & other international actors;
- Communities are fearful, anxious, stressed & experiencing conflict-related MHPSS concerns, including high SGBV amongst women
- EVD Misinformation EVD, including
    - EVD spread & infection
    - Where to seek help
    - Signs & symptoms
    - Diagnosis
    - Treatment available
    - Vaccination
    - Burial practices

Coordination of areas of work needed to identify roles, responsibilities & links amongst different coordination groups – i.e., essential health services, risk communication, social mobilization, community engagement & Mental Health and Psychosocial Support (MHPSS)

AUDIENCE TO BE REACHED:

- Community and primary health care workers, including in ETCs
- Private health service & drug providers
- Public transport operators
- Political & religious leaders, traditional healers, community networks
- At Risk communities in affected & surrounds areas
- EVD survivors & their families
- Coordination Groups (pillars / working groups) :
    - RCCE
    - Surveillance & contact tracing
    - MHPSS
    - Clinical & IPC
    - Surveillance
    - Vaccination
    - SDB

KEY ACTIONS TO REACH THE AUDIENCES:

Informed by social & behavioural science knowledge & research and resources adapted accordingly

Training for health workers:

- Universal precaution & IPC
- Communicating about EVD (concerns, diagnosis, treatment, prevention)
- Psychological First Aid (PFA) & identifying people needing focused mental health care
- Responding to GBV, Clinical Management of Rape
- Referral to ETCs and MHPSS services
- Self care

Supportive resources for health workers:

- Technical support from coordination groups for EVD, essential health and MHPSS
- Information-Education-Communication (IEC) materials – pamphlets, posters, instruction and information resources for)

- **Training for political & religious leaders, traditional healers and community networks:**
- Communicate about EVD, sign & symptoms, prevention, treatment, SDB, vaccine & referral for treatment
- Psychological First Aid
- How to lead community healing dialogues How to integrate key messages about EVD, international aid efforts & psychosocial support
- Safe & dignified burial procedures
- Communicating with bereaved people
- Self care
- Community contact tracing

Training for burial teams:

- Psychological First Aid (PFA)
- Safe & dignified burial procedures
- Communicating with bereaved people
- Self care

Supportive resources for burial teams:

- IEC materials for communities
- IEC materials for bereaved families (covering EVD & MHPSS)

Collaboration of Coordination Groups:

- Across different response pillars & technical areas
- Supported with technical trainings & resources – and jointly attended where relevant
- Joint mapping assessing of health, ETC & MHPSS services & referral procedures
- Regular coordination meetings
- Regular coordination group leaders collaboration - meetings & monitoring missions
- Cross-coordination groups offer peer review of resources & training initiatives under development
- Shared community training resources & materials

- **Mass media** (radio, social media, posters, community performances
- **IEC materials** about EVD, help-seeking and referral
- **Hotline** address concerns, rumours and misconceptions

- **Community support networks/groups**

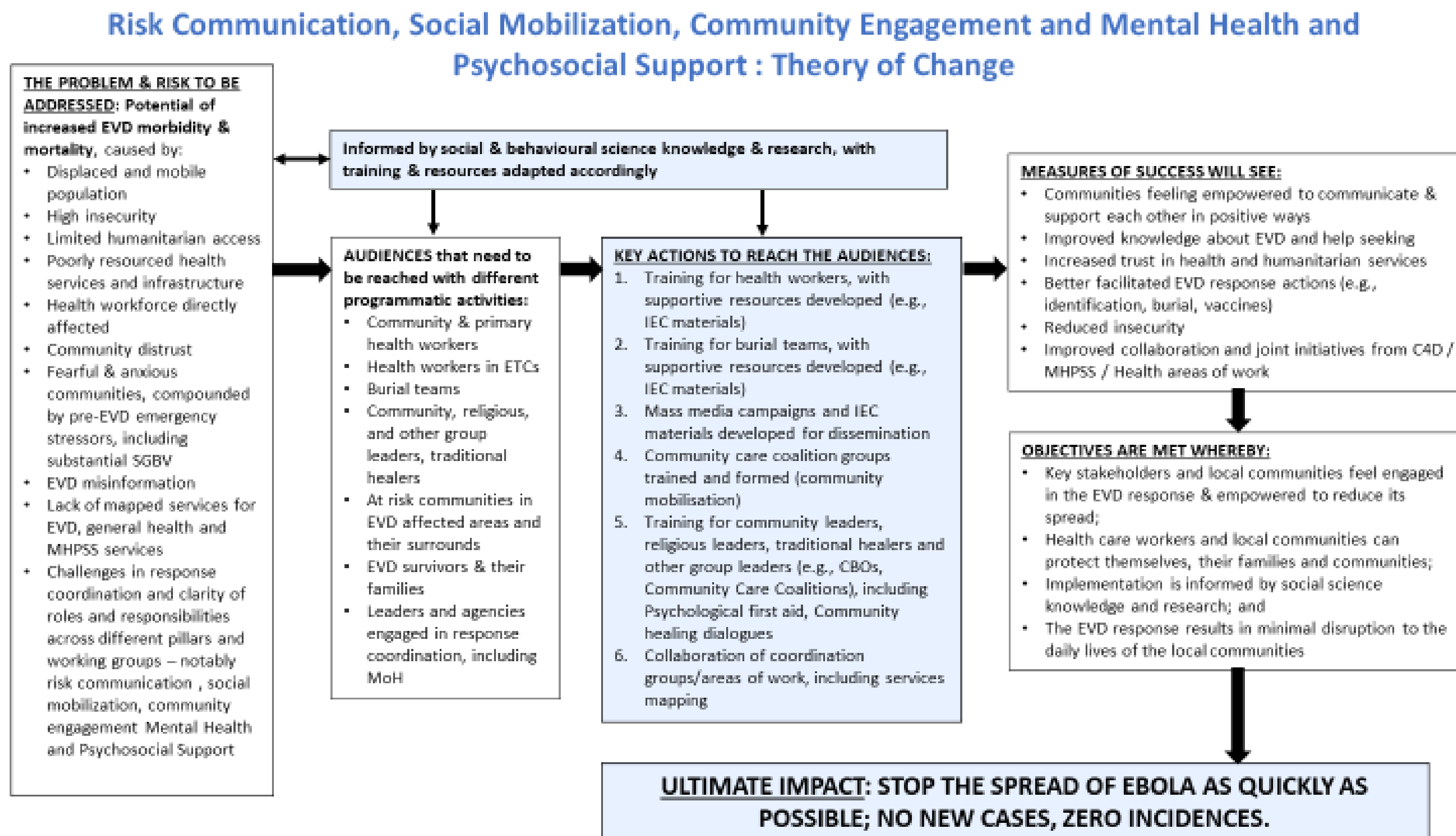
MEASURES OF SUCCESS:

- Communities and their leaders report feeling empowered to communicate & support each other in positive ways
- Communities can identify X signs and symptoms of EVD
- Communities report accurate knowledge on where to seek help & information about EVD
- Communities report increased trust in health and humanitarian workers
- # EVD tests for diagnoses
- # Safe & dignified burials
- # MHPSS referrals
- # Vaccines
- # Security incidents reduced

- Joint Coordination Group Field Strategy (with implementation schedule)
- Mapping document of ETC, Health & MHPSS services
- # Individual (C4D/MHPSS/Health) Coordination Meetings
- # Joint Pillar Trainings

ULTIMATE IMPACT: STOP THE SPREAD OF EBOLA AS QUICKLY AS POSSIBLE; NO NEW CASES, ZERO INCIDENCES.

Annex 7: Risk Communication, Social Mobilization, Community Engagement and Mental Health and Psychosocial Support: Theory of Change



Annex 8: Developing message maps

<table>
<tr><td colspan="3">Change objective:

Change domain: Knowledge/Attitude/Skill: Select 1, 2 or all 3

Target audience: General population of affected/at-risk areas

Date: XX/XX/XXXX (state this clearly as the message map will change with time as an outbreak evolves)</td></tr>
<tr><td>Message 1</td><td>Message 2</td><td>Message 3</td></tr>
<tr><td>✓ Sub point</td><td>✓ Sub point</td><td>✓ Sub point</td></tr>
<tr><td>✓ E.g. Fact</td><td>✓ E.g. What does this mean?</td><td>✓ E.g. More information to elaborate on main message</td></tr>
<tr><td>✓ E.g. Example</td><td>✓ E.g. Why this is important</td><td>✓ E.g. How or a demonstration</td></tr>
</table>

Use the example below to develop the relevant message map:

<table>
<tr><td colspan="3">Change objective: Describe how to prevent Ebola

Change domain: Knowledge/Attitude/Skill: All 3

Target audience: General population in the affected community

Date: XX/XX/XXXX</td></tr>
<tr><td>Message 1: Ebola is infecting people in your community.</td><td>Message 2: Ebola spreads easily amongst people.</td><td>Message 3: We can protect ourselves and our loved ones from Ebola.</td></tr>
<tr><td>This disease has occurred in the country several times before, but this outbreak is new and serious.</td><td>Ebola is a dangerous disease which can kill one in two people who are infected. But knowing the symptoms and getting treatment early can increase your chances of survival.</td><td>Because Ebola is caused by a virus and spread by coming into contact with the bodily fluids of someone who is infected or someone who has died from Ebola, there are things we can do to protect ourselves.</td></tr>
<tr><td>XXX people are sick and XX have died. Many more could be sick, and people who travel from here to other places can carry the disease to other villages</td><td>The Ebola virus spreads from person to person through the bodily fluids (urine, stools, blood, vomitus, sperm) of infected persons. If a person does not have the symptoms of Ebola</td><td>The best ways of protecting ourselves include:

Always washing our hands (as advised) with soap and water, and frequently.</td></tr>
</table>

and countries.	(XXXXX), they are not able to pass the disease to you.	Being alert to notice the symptoms of Ebola early on (explain symptoms) and calling the hotline or going to the Ebola Treatment Unit. Not participating in traditional funerals and encouraging everyone to adopt the safe and dignified funeral practices.
The government is mounting a response with our national and international partners. That's why you will see us in the community to bring this deadly disease under control.	Everyone is at risk of getting Ebola during an outbreak. But the most likely ways of getting infected with Ebola occur when you have close contact with or provide care to someone who is infected with Ebola, or by handling the body of someone who has died from Ebola. You must be especially careful in these instances and follow the advice you are given.	We now have a vaccine that has been used with good effects in the African context to protect from the deadly disease. Please take the vaccine if you are asked to do so. If you have been in contact with someone else who is suspected of having Ebola, health workers will want to make sure that you have not contracted the disease, and if you have, provide you with the best treatment possible. Please cooperate with them. They will want to know how you are feeling, will ask you to stay at home and will be in contact with you for 21 days. Please call the hotline if you have any questions.

- ☐ Align risk communication and community engagement interventions across different components of the EVD outbreak response pillars.
- ☐ Ensure response teams are informed on the key cultural and social considerations, as outlined in this document. Request that social scientists and risk communication officers review strategies and continually adapt them to the local context.
- ☐ Consider the context and implications of all response interventions on vulnerable populations – advise response pillar leads when actions may lead to increased stigmatization, potentially negative reactions from the community or fear.
- ☐ Be mindful that a proportionate effort to support the health system is maintained to address other health issues during the outbreak response period.
- ☐ Consider impacts of remuneration for health-care workers, volunteers and response staff – consider staff payments with fairness as appropriate across agencies.
- ☐ Ensure supervisors are informed of fair staff management plans (e.g. payments, compensatory time off, psychosocial support, etc.), especially when hiring from local community workers.

- ☐ It may be difficult to establish trust with sick patients and/or family members when wearing PPE. Make sure to speak to patients in a tone that is customary for providing comfort and building trust when speaking to family or community members.
- ☐ Ensure appropriate explanation is provided to patients and their families on the importance of collecting samples, how to understand the result, treatment, the care they will be provided with and isolation if this measure is necessary.
- ☐ Ensure regular and timely communication with and feedback to family, friends or other relations of patients who are admitted regarding their health status. Make note of contact information for patients and their family members and inform the family as soon as possible about any change in patient status.
- ☐ Keep in mind that families in the affected areas may seek self-treatment or traditional medicine when ill – engage with traditional healers to explain patient care to individuals or family members if appropriate.
- ☐ Do not make promises regarding if a family member will recover – this may lead to mistrust if the patient does not recover.
- ☐ Maintain fairness when providing treatment to patients and ensure adequate explanation to patients receiving investigational therapeutics. Due to marginalization of vulnerable populations, appearing to favour or disfavour persons may encourage social tensions and rumours.
- ☐ Make considerations for patients to ensure they can receive timely information regarding their health status and family. Allow family members to view patients or provide for basic needs of their family member (eg. clean clothes, food, etc.) as per appropriate IPC protocols.
- ☐ If a patient dies, be sure to inform the family as soon as possible. This information may need to be relayed through a trusted family member, traditional healer or community representative in a manner that respects local customs of death and grieving. Delays in communication may lead to mistrust or rumours linking treatment centres to death, which can prevent people from seeking help.
- ☐ Store body bags in an appropriate location. The presence of body bags may keep communities away from health care centres or start rumours connecting health centres to inevitable death.

- ☐ Consider the cultural or social context during specimen collection, especially when collecting bodily fluids or samples from deceased persons.

- ☐ Ensure to involve essential community members when collecting specimen from deceased persons, according to IPC protocols. Women may need to be engaged in the process

- ☐ Ensure patients are provided with clear, appropriate and timely information regarding the collection of samples and the testing process.

- ☐ If collecting patient specimens in the community, make sure to provide clear and appropriate information to family or community members on the specimen collection process to reduce fears.

- ☐ Timely relay of test results to clinicians and family members is key to maintaining community trust.

- ☐ Engage the community members in the process and ask for their support to help with the identifying contacts. Identify cultural sensitivities that might arise when working in the community and discuss potential solutions with key members of the community.
- ☐ Consider hiring contact tracers and other volunteers from the local community. Be sure to pay careful attention to minimize marginalization of vulnerable groups and tensions between ethnic groups.
- ☐ Ensure the community and religious leaders and traditional healers are aware of contact tracing activities in their communities. Address community concerns, rumours and misperceptions.
- ☐ Explain clearly the reasons for contact tracing with contacts and the community. Appropriately communicate the specifics of contact follow-up, including timing and duration of follow-up, who will conduct follow-up visits or phone calls if relevant, when contacts can expect the follow-up period to be completed, and details about who can be contacted if they or a family member falls ill during or after the follow-up period.
- ☐ Remember that contacts are dealing with stress, fear and stigma – treat them with respect and try to understand the reasons behind their behaviours or reactions. If contacts refuse follow-up, work with trusted community or family members to clearly communicate the importance of contact tracing and address any concerns.
- ☐ Engage with psychosocial and social mobilization teams so that they can provide mental health and psychosocial support to the contact(s).
- ☐ Consider providing compensatory packages with food and basic items for contacts to support them during the 21 days follow-up period. Be sure to pay careful attention to minimize marginalization of vulnerable groups and tensions between ethnic groups.
- ☐ Ensure adequate, clear and timely communication with the community and community representatives around safe and dignified burial procedures for any deaths that occur in treatment centres or in the community.
- ☐ Ensure that safe and dignified burial teams respond timely to alerts from the community and address community concerns, fears, or misperceptions.

- ☐ Discuss local burial practices with local faith and community leaders to understand specific needs for appropriate burial and grieving practices. Burials should be adapted to consider local customs and religions in addition to following infection prevention protocols.

- ☐ Make sure to explain to family members the need for immediately conducting a safe and dignified burial – families who typically wait a certain period of days post death for mourning or until family inheritance is settled may not agree with the timing of the burials.

- ☐ Ask the family if there are any specific requests regarding a dignified burial and follow the latest burial guidance and protocols. Ensure community leaders, elders and influential community members are engaged in the burial process according to local customs.

- ☐ Identify trusted family or community members, traditional healers, and faith and family representatives to participate in the burial rituals according to local custom.

- ☐ Plan logistics and burial supplies in accordance with local religion, customs and beliefs. Provide coffins or body bags as per local customs.

- ☐ Discuss alternatives with community members regarding accompanying deceased family members who are taken by burial teams. Families may feel distressed to not accompany the deceased who were taken by burial teams.

- ☐ Give the family an opportunity to view the body and consider alternatives to body preparation practices.

- ☐ Make sure to provide access to psychosocial support services for safe and dignified burial teams in addition to the community. Ensure teams are managed fairly (e.g. through payments, compensatory time off, etc.).

- ☐ Ensure that partners are updated on the activities across all relevant response pillars.

- ☐ Ensure that rumours, concerns and other issues from the community reported by partner agencies are addressed within the risk communication, social mobilization and community engagement pillar.

- ☐ Ensure that all partners fairly compensate volunteers and team members, particularly when hired from the local community.

- ☐ Be careful with incentives provided to family members, contacts, survivors or field teams (e.g. food, allowances, etc.) to ensure fairness, limit stigmatization and reduce marginalization of vulnerable populations.

- ☐ Ensure standardized and coordinated interventions to maintain fairness. Keep in mind that stigmatization will also affect the contacts and families of people sick with Ebola and their villages or communities.

- ☐ Establish mechanisms to listen to and address community concerns, rumours and misinformation. Keep the community updated on the response. Involve trusted community influencers as much as possible to disseminate information.

- ☐ Make sure to involve traditional healers, community leaders and influencers in the response as much as possible.

- ☐ Ensure that the changing needs of the community are communicated back to key social mobilization, risk communication and community engagement focal points and are addressed through the overall response.

- ☐ Inform and advise outbreak response pillars about cultural or social specifications to consider for implementing the response.

- ☐ Ensure standardized and coordinated messaging, community engagement and risk communication interventions across response pillars and partner agencies.

- ☐ Continually adapt the risk communication and social mobilization strategy to address community concerns and rumours.

- ☐ Explain to community members about the vaccine, who will be considered for the vaccine and how it will be administered in their community. Refer to the Frequently Asked Questions on the Ebola Virus Vaccine document.

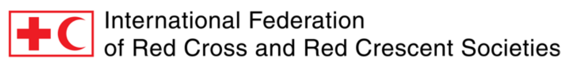
- ☐ Provide information to the community through different community entry points, such as local healers and community gatekeepers, and maintain sensitivity to local complex forms of leadership.

- ☐ Explain why vaccination is only being given to individuals at highest risk, such as individuals in geographic proximity to confirmed case, contacts, contacts of contacts, health workers, and frontline responders.

- ☐ Clearly provide information to persons being considered for the vaccination before discussing their consent.

- ☐ Ensure to address individual concerns, fears, and questions related to vaccination.

- ☐ Make efforts to avoid coercive or persuasive communications without allowing individuals to make an informed decision regarding vaccination.



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