

Model for a C4D Ebola Framework

Groups of participants

Micro participants

Primary:

- Everybody
- Family of suspect case/victims
- Health personnel
- Funeral personnel

Secondary:

- *Specify depending on local contexts*

Tertiary:

- Local leaders
- Village development committee
- *Specify depending on local contexts*

Meso participants

- Community health workers
- Media
- Health authorities

Macro

- National authorities

Risks and Objectives

Who?		Behaviour Risk	Behaviour Objectives
Primary	Everybody	<ul style="list-style-type: none"> • Ignorance of symptoms • Lack of physical hygiene (hand washing with soap, use of latrines, use of sterilized water) • Handling or consumption of sick or dead monkeys or other wild animals • Attendance to gatherings • Panic-led behaviours (non-collaborating to case tracking, fleeing the area) • Dangerous traditional practices (depending on local context: scarification, etc.) 	<ul style="list-style-type: none"> • Knowledge of symptoms • Improvement of physical hygiene (hand washing, use of latrines, use of sterilised water) • No handling or consumption of sick or dead monkeys or other wild animals • No gatherings • Collaborating with case tracking, non-fleeing from the area • Avoidance of dangerous traditional practices (depending on local context)
	Family of suspect case/victims	<ul style="list-style-type: none"> • Non recognition of symptoms • No referral of suspect case • No hygiene around suspect case • Unhygienic handling of corpse • Late burial of victims • Organisation of funeral • Panic-led behaviours (hiding the sick person, hiding the dead body, non-collaboration to the monitoring of persons in contact with the victim, non-collaborating to case tracking, fleeing the area) 	<ul style="list-style-type: none"> • Recognition of symptoms • Referral of suspect cases • Adoption of hygienic measures around suspect cases • Hygienic handling of corpse • Quick burial of corpse • No funeral organised • No hiding of sick persons, no hiding of dead bodies, collaborating to the monitoring of the persons in contact with victims, collaborating to case tracking, no fleeing from the area
	Health personnel	<ul style="list-style-type: none"> • Ignorance of how to identify suspect cases • Ignorance of how to handle case • Lack of hygiene practices in handling the case • Fear of handling the case • Abandonment of professional duties • No sanitation of victim's household • Late burial of victims • No case tracking 	<ul style="list-style-type: none"> • Capacity to identify suspect cases • Capacity to handle suspect cases • Adoption of hygiene practices in handling the case • Confidence in handling the case • Conducting proper sanitation of case's household • Quick burial of victims • Conduction of case tracking
	Funeral personnel	<ul style="list-style-type: none"> • Unhygienic handling of corpse • Late burial of victims 	<ul style="list-style-type: none"> • Hygienic handling of corpse • Quick burial of victims

Secondary	<i>Specify depending on local contexts</i>	Secondary participants do not support primary participants in key practices	Secondary participants support primary participants in key practices
Tertiary	Local leaders Village development committee <i>Specify depending on local contexts</i>	They are not involved in Ebola-related activities	Village chiefs mobilise community initiatives for fight against Ebola Local leaders conduct peer-to-peer to encourage community members, to take responsibility for contributing to the fight against Ebola (<i>specify depending on local contexts</i>)

Example of Activities and Results

	Agent of change	Current situation	Activity and expected results
MESO	Community health workers	They are not involved in Ebola-related activities	<p>Community health workers conduct door to door and group discussion on Ebola prevention and fighting.</p> <p><i>Results:</i></p> <ul style="list-style-type: none"> • Understanding of the disease improved • Knowledge of symptoms improved • Knowledge of key practices improved (refer to above list of behavioural objectives for each category) • Trust towards health authorities improved • Possibility to debate available • Possibility to get clarifications from experts available • Sense of self confidence improved • Community mobilisation improved

	Media	<p>Media products with no or incorrect information on Ebola</p> <p>Spreading panic: media products based on sensationalism regarding the high risk of the crisis.</p>	<p>Media products feature correct information about Ebola</p> <p><u>Media products based on positive communication: focusing on the fact that that simple measures exist to prevent getting infected as families and health staff and that everybody should collaborate. Avoid reports on fatality but focus reports on safe handling of cases.</u></p> <p><i>Results:</i></p> <ul style="list-style-type: none"> • Understanding of the disease improved • Knowledge of symptoms improved • Knowledge of key practices improved (refer to above list of behavioural objectives for each category) • Trust towards health authorities improved • Possibility to debate available • Possibility to get clarifications from experts available • Rumours dispelled • Panic prevented
	Health authorities	No involvement in Ebola prevention and fight	<p>Health authorities train health personnel on safe handling of Ebola cases and follow up actions at family level</p> <p><i>Results:</i></p> <ul style="list-style-type: none"> • Capacity to identify suspect cases • Capacity to handle suspect cases • Adoption of hygiene practices in handling the case • Confidence in handling the case • Conducting proper sanitation of case's household • Quick burial of victims • Conduction of case tracking
MACRO	National authorities	Media products based on sensationalism regarding the high risk of the crisis.	<p>Authorities should be vigilant and encourage media to use positive communication</p> <p><i>Results:</i></p>

			Media use positive communication
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Quality principles of C4D in Emergency¹

- Announcing early - even with incomplete information – prevents rumors and misinformation.
- Transparency: communicating facts as they are available
- Dialogical communication: creating mechanisms which allow population to express their concerns and recommendations for the response activities
- Using general messages for the wide population and specific messages to specific groups (for instance health personnel must protect themselves from contact with patients, who is responsible for burial of corps must do it quickly, avoid direct contact with the corpses and wash their hands after)
- Practicing positive communication: in this type of outbreak panic can be very dangerous. It is important to focus information on positive aspects (existence of simple preventive measures, stories describing appropriate behaviours successfully being adopted by the population) rather than stories based on virus lethality.
- Proactively preventing and fighting rumors: mechanism must be put into place to detect early diffusion of rumours regarding the disease and control measures; response activities are prepared ahead and triggered quickly when need be.

Moreover, usual good principles for quality programming in C4D remain valid, specifically:

- Aiming for a change at multiple levels: individual, social and community participation
- Being measureable by indicators for each of these three levels
- Being equitable through the creation of mechanisms aiming at ensuring participation of the most vulnerable and marginalized populations
- Using of a mix of communication strategies, channels and agents of change
- Promoting a dialogical communication

¹ Adapted from « *World Health Organization Outbreak Communication Planning Guide* »