GUIDELINES FOR THE TRAINING OF COMMUNITY VOLUNTEERS FOR SOCIAL MOBILIZATION AGAINST EBOLA

This is a guideline for training community volunteers to educate communities about the Ebola outbreak and to mobilize them to prevent and control the outbreak in their communities. The guidelines outline the key messages that community volunteers should be trained on to be able to effectively educate and mobilize communities about Ebola.

**OBJECTIVE:** To train community volunteers to increase community and family knowledge on the transmission and behavior change to prevent Ebola.

**TIME FOR TRAINING:** Two (2) hours


### 1. EDUCATION ABOUT EBOLA

**TRAINING SESSION OBJECTIVE:** Community volunteers mobilized to know the key facts about Ebola in Sierra Leone and to be able to answer questions from community members.

**How is Ebola Spread?**
- Ebola is a new disease for Sierra Leone. It has been in East and Central Africa, but this is the first time the disease has been in Sierra Leone.
- INITIAL human infection of Ebola is caused through contact with an infected bat or other wild animal that is often used as bush-meat.
- Ebola is spread from person to person through direct contact with bodily fluids such as blood, urine, stool, semen, genital fluids, saliva and sweat of a person who has Ebola or has died of Ebola.

**How is Ebola NOT Spread?**
- Ebola is NOT spread by the Government of Sierra Leone, NGOs, UN or other countries
- **Ebola is NOT spread by injections/vaccines**
- Ebola is NOT caused by witchcraft or a curse
- Ebola does NOT infect people based on tribe or religion
- Ebola is NOT spread through the air

**How can people prevent Ebola?**
- Avoid eating bush-meat and dead animals, especially monkeys, chimpanzees and bats
- Always wash hands with soap after touching sick people
- Do not touch the body of a person who has died from suspected Ebola
- Do not share sharp objects such as needles or razor blades
- Disinfect clothing and beddings of suspected Ebola patients with bleach, or soap
- Do not eat fruits that have been partly eaten by bats (“batmot”)

**What to do with a suspected Ebola patient in the community?**
- If a person in your community has suspected Ebola, immediately contact the nearest health facility
- If a person in your community dies from suspected Ebola, immediately contact the nearest health facility
facilities. The health facility has trained staff to ensure safe burial.

- If someone in your community has died of Ebola or suspected Ebola, the burial of the body should be done by trained burial team, to prevent onward transmission.
- If you have been in contact with someone with Ebola, report to the clinic or hospital.

**Can Ebola be treated?**

- Yes, the symptoms of Ebola can be treated.
- People CAN survive Ebola. The earlier people seek health care at the clinic or Hospital, the better their chances for survival.
- People who have received early treatment for Ebola, have better chances of survival.
- Treatment for Ebola is FREE in all treatment centers.

### 2. EFFECTIVE COMMUNICATION SKILLS FOR COMMUNITY EDUCATION

**TRAINING SESSION OBJECTIVE:** Community members mobilize to learn the key principles for effective communication for education in communities

Below are key skills for working with communities

- **GREET** all community members, and make sure community leaders are acknowledged. *Note: Introduce the “fist” or “elbowla” handshake and remember to advise everyone to wash hands with soap (or chlorine) immediately after social gatherings.*

- **INFORM** community members why you are in their community and that you are here to talk about Ebola

- **TEACH** community members the key facts about Ebola and how to promote behavior change

- **ASK** questions and allow plenty of time for community members to ask you questions

- **LISTEN** attentively to community members and make sure they feel comfortable asking any questions (treat all questioners with respect)

- **PRAISE** the community members for any health behaviors they are doing well to prevent Ebola

- **ADVISE** the community about any additional things they can do to prevent Ebola, as a way to reinforce messages

- **AVOID** causing undue fear or anxiety. Present facts as they are known
• CHECK community members knowledge by initiating discussions and be sure to have a question and answer session

3. FIVE STAGES OF BEHAVIOUR CHANGE

TRAINING SESSION OBJECTIVE: Community volunteers mobilized to know the key phases of behavior change, and how these phases may apply to changing behaviors that will prevent the spread of Ebola

As a health educator it is important to know the stages of behavior change. People often don’t change their behaviors quickly. It often takes time to learn why a certain behavior is bad or unhealthy, before their behavior will change. There are five main steps for behavior change outlined below.

• Pre-contemplation/Before Awareness stage: is the stage at which there is no intention to change behavior in the foreseeable future. Before communities are aware of Ebola, they may not seek health services when people are sick. They may also follow traditional burial practices, which can result in people being exposed to the Ebola virus.

• Contemplation/Awareness stage is the stage in which people know that a problem exists and are seriously thinking about overcoming it, but have not yet accepted to take action. When communities become aware of Ebola, they may still have lots of questions, but also want to prevent the spread of Ebola in their communities. This is the stage when people will understand the dangers and risks that Ebola presents, which will help motivate them to seek health services early if they have symptoms. This will also change their thinking about traditional burial practices.

• Preparation is a stage that combines accepting to take action and behavioral rules. Individuals in this stage are planning to take action, but have not yet made the change. During an Ebola outbreak, this will be when some people in communities seek health services and when people die, communities question the traditional burial.

• Action is the stage in which individuals change their behavior, experiences, or location in order to overcome their problems or dangers. Action involves the most easily seen behavioral changes and needs a lot of effort, time and energy. During an Ebola outbreak, when people learn about Ebola and understand the risks, and methods for prevention, they will start to immediately seek health services for suspected Ebola, encourage Ebola contacts to be attending the health facility for 21 days after contact, and to seek support from health workers for safe burial if a person dies.

• Maintenance is the stage in which people work hard to maintain and make firm the gains attained during action. For behaviors that individuals are very used to, this stage will continue from six months to an indefinite time past the initial action.

4. FIVE PHASES OF GRIEF (PSYCHOSOCIAL)

TRAINING SESSION OBJECTIVE: Community volunteers mobilized to know the phases of grief, so they are prepared to handle different phases of grief, if they are working in communities that have already had deaths from Ebola.
Some communities may have already had people in their village die, or sick with Ebola, or they may even be suspected of having Ebola. In those communities, it is important for volunteers to understand the five phases of grief (coping) that individuals and communities will go through to deal with the loss and possible loss of families and friends to Ebola.

Grief is a normal process that occurs after the loss of a loved one and refers to the emotional distress associated with that loss. Sierra Leonean tradition considers grief as sacred and capable of providing powerful relief of tension, and also as a communal activity. In Sierra Leone, grief is often experienced as a collective community experience, instead of a private individual experience.

Given the complications that Ebola brings, grief might be difficult to express in the normal way. For example, when relatives can’t engage in traditional burials, or when hugging, shedding tears and kissing each other is not recommended. When these emotions are not allowed to be properly released one is left in a state of incompleteness. Complicated grief refers to a prolonged state of grief and indicates an inability of individuals to integrate the death into his or her life.

There are five stages of grief. The stages are not necessarily chronological. People may experience them in any order, and sometimes people will revert back to other steps. The different steps may overlap, such as bargaining for more time, while the individual is also in the acceptance stage.

1. **DENIAL/REFUSAL**—Ebola is a new disease to Sierra Leone. At first many individuals and communities will refuse to believe in the new disease, and be in denial of the loss they have experienced. This is an indicator that they are in shock and are coping by avoiding to deal with the reality/impact of the disease.

2. **ANGER**—Many individuals and communities will ask: "Why us? It's not fair!". This is when a lot of rumors and myths will be created in communities, about why THEIR community/tribe/district/political group got Ebola, and why others did not. Communities will ask; "How can this happen to me?"; "Who is to blame?"; "Why would God let this happen?" Once in the second stage, the individual realizes that refusal cannot continue. Because of anger, the person is very difficult to care for, due to wrong feelings of distractions and envy. Anger can show itself in different ways. People can be angry with themselves, or with others, or at health workers, government officials and especially those who are close to them. This anger will cause many people to blame other people for Ebola entering their communities. The health educator must observe the POWER OF SILENCE and allow community members to process their anger. It may not be therapeutic to answer ‘why?’ The role is to be supportive by offering a listening ear.

3. **BARGAINING/NEGOTIATING**—"I'll do anything for a few more years."; "I will give my life savings if...". The third stage involves the hope that the individual can somehow undo or avoid the reality that Ebola has entered their community. Usually, the negotiation for an extended life is made with a higher power. Psychologically, the individual is saying, "I know my loved one died or may die, but if I could just bring them back or do something to buy more time..."

4. **DEPRESSION**—During the fourth stage, the sorrowful person begins to know the reality of death and Ebola in their communities. Things begin to lose sense to the person who is sad. Because of this, the individual may become silent, refuses visitors and spend much of the time crying and sad. This process allows the person who is sad to separate from things of love and likings, possibly in an attempt to avoid further suffering. While the bereaved may plunge into
deep sadness, he or she may become apathetic (lack of feeling): "I'm so sad, why bother with anything?"; "I'm going to die soon so what's the point?"; "I miss the people who died, why go on?" It is normal to feel sad, unhappy, fear, and insecure when going through this stage. Feeling those emotions shows that the person has begun to accept the situation.

5. **ACCEPTANCE** - Reaching this stage of mourning is a gift not afforded to everyone. Death may be sudden and unexpected or we may never see beyond our anger or denial. This phase is marked by withdrawal and calm. This is not a period of happiness and must be distinguished from depression. Coping with loss is often a deeply personal and singular experience — people in communities will experience it differently.

Note to Trainer: This theory documenting the stages of grief and coping. It is not for counseling. It explains how the community and the individual behaves when dealing with Ebola deaths and their coping mechanisms. These stages of grief are stages that a community volunteer should expect, so there is the possibility you may encounter people expressing grief. It is therefore important to be sensitive to the community and the individuals and their burdens.