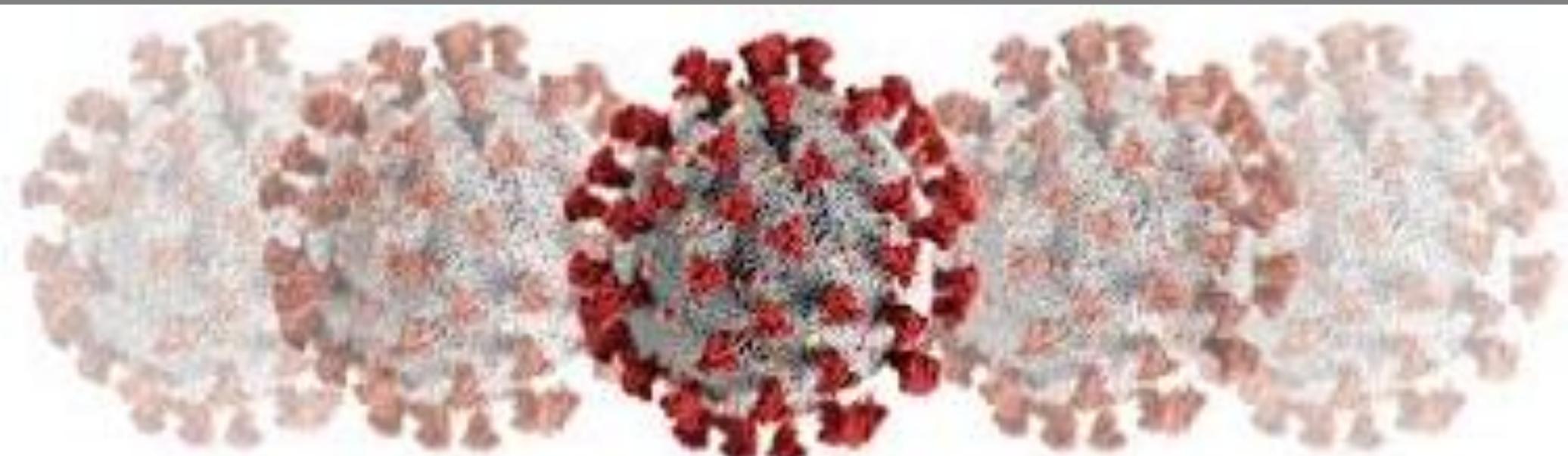# COVID-19: Social Mobilisation in Disease Outbreaks

Principles, lessons and examples from the Ebola response in Sierra Leone

6 April 2020

Contents

Executive summary

- In infectious-disease outbreaks, **social mobilisation (SM) is the process of engaging and empowering communities to be agents of change in tackling the disease spread and its effects in their own communities**. In a response that is often highly medicalised and centrally controlled, social mobilisation is essential in bringing about the behaviour change needed to stop the virus spreading from person to person. Effective social mobilisation takes a coordinated approach to working with trusted local leaders, existing community structures and networks, and a wide range of partners and allies in interrelated and complementary actions.

- **Acting early on social mobilisation is critical to successful containment.** Early misinformation and mixed messaging can badly damage a community's willingness to change behaviours and their trust in the wider response. Once eroded, this is hard to win back and can contribute to community resistance and counterproductive and risky behaviours, making disease containment impossible.

- In the 2014 Ebola outbreak in Sierra Leone, early mistakes in community engagement hindered efforts to contain the outbreak. Many lessons were learned over time about how to foster the community ownership necessary to end the outbreak. These lessons can be valuable to governments planning their social mobilisation approach for the Covid-19 pandemic. The Tony Blair Institute (then the Africa Governance Initiative) was embedded in the Sierra Leone national Ebola response system and advised response leaders on many of their national campaigns. In this document, we have summarised lessons and tools from those experiences

Checklist for leaders for effective social mobilisation

Establish social-mobilisation coordination structure and routine	☑	Set up a social mobilisation team in the national response hub, consisting of response officials, key civil-society partners and international partners, chaired by a community-engagement expert.
	☑	Roll out regular meetings and a simple reporting framework for receiving updates from the ground and reporting upwards.
Agree priority messages	☑	Develop a set of simple, clear messages that address the top-priority behaviour-change issues (in the first instance, social distancing, recognising symptoms, guidance on self isolation etc.), approved by technical experts.
	☑	Circulate the consolidated messages widely (across government, response partners, local partners, media outlets, religious groups etc.) in all relevant national languages to ensure coordinated messaging.
Establish and guide mobilisation teams in communities	☑	Work through existing community networks with deep local links and good geographic coverage (e.g. religious communities, local CSOs, CBOs, CHWs, extension workers) to establish teams of community mobilisers to popularise priority messages and establish systems for community self-enforcement.
	☑	Provide clear safety guidance for those organisations to train their CM teams on being active in communities without breaching social distancing. Consider allowing exceptions to lockdown/curfew rules for SM teams.

1. **What is social mobilisation and why does it matter?**

Social mobilisation brings communities on board with the behaviour changes needed to reduce the spread of a disease and its impacts

The role of communications in outbreaks

"Effective communication is critical from the onset of any humanitarian emergency. The information needs of people affected often remain largely unmet, however, and not enough capacity and resources are dedicated to address them meaningfully"
ACAPS 2015
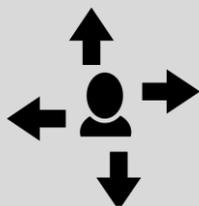
Aims to inform people through one-way information flows

- Used by authorities to communicate important information about the outbreak and response to the public

- Done through media channels and mass communication tools and aims to engage the public in response efforts, encourage necessary behaviours and influence perceptions

- Usually centrally planned and driven

The role of social mobilisation in outbreaks

"Social mobilisation is the task of mobilising all societal and personal influences on an individual and family to prompt individual and family action with respect to … behaviours"
WHO 2009
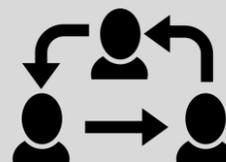
Aims to change behaviour through multiple channels for community engagement and feedback loops

- Works at community level to bring people on board with the changes and behaviours needed

- Aims to empower communities, their leaders and their people to be agents of change, owning their own solutions

- Is a means of providing vital information directly to communities and for communities in turn to have their voices heard and feed back on key response issues

During the Sierra Leone Ebola crisis, officials and external partners did not factor in people, communities, culture and traditions early enough

The early stage of the response

Was initially too focused on the medical and technical aspects of disease control

Did not take a sufficiently people-centric approach at first

Did not consider the cultural context enough at the outset

Challenges with community trust and behaviours

Surveys of public knowledge, actions and practices found that despite understanding the transmission risks, many people were unwilling to act in ways to stop Ebola:

- *Aug 2014 survey:* 100% of respondents knew about Ebola and 79% accepted the three main means of prevention, but only 36% would avoid physical contact with suspected cases[1]

Oct 2014 survey: 94.1% reported knowing that attending funerals and touching dead bodies was a primary means of transmission, but 33% rejected alternatives to these practices if a family member died[2]

Trust issues also impacted the response in Liberia:

- A large survey in Monrovia found that people who distrusted government took fewer precautions against Ebola and were less compliant with Ebola-control policies[3]

"We can't just focus on the medical response. Human emotions and opinions play as important a role as biology … It was only once we started to truly engage with local people & get local leaders to help spread vital health information that the virus came under control. Trust takes time, so if we want to stem the spread of coronavirus … we need to start now."

Chris Withington, former logistics and WASH specialist for MSF and DfID in Sierra Leone and Liberia

Top three short-term priorities for establishing social mobilisation in the early days of a response

1 — Establish Coordination Structures

- **Establish a social mobilisation team** (SM taskforce) in the central crisis-response hub, consisting of response officials, key civil-society partners and international partners with SM expertise.

- **Appoint a Chair with relevant expertise.**

- **Establish a regular rhythm of meetings and a simple reporting framework** for all partners to report to the SM taskforce in advance of its meetings.

- **Establish a reporting line to the response leadership** and a line of communication with the Office of the President/Prime Minister to coordinate on messaging content, activities and timelines.

2 — Determine Messaging

- **Understand the top behaviour-change issues in communities** by consulting actors on the ground.

- **Convene response and technical leaders to agree messages** to address priority behaviour issues, approved by technical partners.

- **Develop a consolidated message guide**, with clear, simple, direct messages in relevant national languages, and circulate widely to ensure consistent messaging.

- **Develop clear safety guidelines for community mobilisers (CMs)** on how to be active in communities without breaching social distancing. Consider exceptions to lockdown/curfew rules for CMs.

3 — Activate and Guide Mobilisation Teams in Communities

- **Identify existing community structures with deep local presence** (e.g. religious communities, local CSOs, CBOs, NGOs, CHWs, extension officer networks) that can run mobilisation.

- Have them **organise small CM teams with local community members** covering specific areas and provide guidance/training.

- **Mobilise the teams to share the guidance on social distancing** in their communities and set up mutual accountability to self-enforce/monitor cooperation.

- **Establish channels for CM teams to feed back issues raised** by communities and receive new instructions.

2. Key lessons on social mobilisation and communications

Mass communication must be paired with targeted, community-based approaches to be effective

Communications and engagement approaches in the Sierra Leone Ebola response

In the early stages of the response, the focus was on **mass communication campaigns** …	… over time, the approach evolved to focus on **community-led approaches**
• Led to a high level of awareness of the virus but little change in practices • Early messages designed to change the behaviour were counterproductive, as they failed to take into account deep-rooted cultural practices and beliefs and context-specific difficulties • Public messages on prevention were often reported to be untargeted, insufficient and uncoordinated	• "The increasing use of community-based communication marked a turning point in the response" (ACAPS) • Working at the grassroots level and bringing community opinion leaders and influencers into the response created opportunities for dialogue and participation through more direct and durable interpersonal communication

In the Covid-19 outbreak, person-to-person contact needs to be severely limited, so mass communications and community-delivered communication activities will be even more important.

Developing message content

Priority behaviour-change messages for Covid-19:
- Physical distancing
- Frequent and appropriate hand washing with soap
- Sneezing/coughing/spitting safely
- Self-isolation if someone becomes sick & extra caution by the caregiver
- Avoid touching face

Key considerations

- It is crucial to get messaging and communications right upfront.
- Messaging will evolve over time as the outbreak evolves and lessons are learned about what works.
- However, inaccurate, unclear, mistrusted messaging at the start of an outbreak will be hard to reverse and will erode trust.
- Poorly designed and delivered communications can exacerbate the spread of the disease.
- So it is important to deliver effective communications from the start.

Early message content should be designed to:

Help people understand the disease and risks
- Inform the community about the disease, about how it spreads, and what they can do to protect themselves and their families.
- Make clear the link between changing behaviour and stopping the virus.

Dispel misinformation and combat fear
- Target the most prevalent and dangerous rumours and misinformation.
- It is important not to make messages overly negative, which could result in fear and panic. Instead, use positive framing: "*We can beat this disease if…" "You can keep your family safe by …*"

Target the priority behaviour changes with practical advice
- Prioritise the human factors most likely to curb disease spread (e.g. social distancing, hygiene) and develop appropriate, practical advice messages.
- As well saying what not to do, explain what people can do[1]: "*It is safe to drop food to loved ones at a 2 metre distance …*"

Be aligned to the available response resources
- Advising people to undertake behaviours not available to them (e.g. hand washing when water is scarce) and promising response infrastructure that is not there (e.g. advice to call an ambulance if none will come) will erode trust. Provide alternative practical solutions that match available resources.

Be tailored to people's needs, concerns & preferences
- Understand the ways that the requested behaviour changes will impact livelihoods, communities, cultural practices, religious heritage, identity etc. and develop messages and solutions that adapt to address those.

Adapt and update based on evidence
- Be prepared to periodically adapt and update messaging based on the needs of the response, but also on monitoring and evidence of what is working and what people are receptive to.

Selecting communication channels

Key considerations	**Message delivery and communications should …**

- The more we know about how people receive, give, share and trust information in a community, the better we will be able to decide which communication channels to use and which initiatives to prioritise.

- People may access information through a range of methods from mass media (radio, TV) to more traditional channels (word of mouth, community leaders).

- Certain communication channels may have implications in terms of trust and reliability, which are important to consider in community mobilisation.

Be consistent, coordinated and repeated frequently
- All parts of government and the response must deliver clear, consistent and aligned messaging. Any perceived contradiction or lack of transparency will erode trust and lead to counterproductive behaviours.
- The same messages should be repeated frequently across different channels.

Be delivered by trusted, influential messengers
- Who delivers the message is as important as the message itself. Identify the national leaders and influencers that have the greatest credibility and following (e.g., well-known and respected religious leaders) and have them deliver certain messaging.

Be delivered in partnership with local media channels
- Local media (radio, TV, newspapers, social media) can be a major source of disinformation and fear spreading, so it is critical to engage with them early in the response and bring them onboard with sharing accurate messaging.

Use the communications channels people prefer
- Research the communications channels that people prefer to receive messaging. This may vary by country.
- Understand which channels have been effective previously (e.g. in prior emergencies, political campaigns, other public information campaigns).

Engage with local structures
- Endeavor to make links between what is likely to be a largely secular and biomedical health response and community-owned response.

Consider inequity of access and address this
- Consider different levels of access to communication channels and differing needs based on context (e.g. rural vs urban), literacy, language, gender. Consider who is most at risk and might not get access to the messages.

Note: See page 13 for an example of a consolidated message guide

Six lessons from the Sierra Leone Ebola response

1 — **Promote community ownership and agency**
- Engage community leaders early and work through existing structures – e.g. youth groups, faith orgs etc.
- **Channel resources to communities** so they can self-organise, self-help and innovate.

2 — **Ensure leaders are active from the outset**
- **Engage the nation's leader to act as "social mobiliser in chief"**, actively providing guidance, mobilising resources and building trust.
- Encourage trusted local leaders to be active and visible in their communities to boost local ownership.

3 — **Focus on building and maintaining trust**
- **Train all community-response personnel in building trust** and in empathetic communication.
- If any response personnel is seen to be unempathetic, blaming, overly directive etc, it can erode trust in the whole response.

4 — **Identify trusted messengers**
- People in "official" leadership roles (e.g. politicians) may not be trusted by communities. **Take time to identify people that have influence and legitimacy.**
- Community members, rather than outsiders, should be more effective at mobilising their communities.

5 — **Reach out to those at high risk of spreading the disease**
- Certain community members may pose a high risk of contracting and passing on the disease (e.g. traditional healers)[1.]
- **Identify likely high-risk groups** and engage them early.

6 — **Ensure two-way communication with communities**
- **CMs should listen to how people feel and understand the barriers to them taking the right action.**
- Put in place the structures for long-term engagement and follow up. Not just one-off interactions.

In the Covid-19 outbreak, person-to-person contact should be severely limited, but communities can still be engaged through socially distanced means e.g., mutual aid groups, using mobile phone networks and social media.
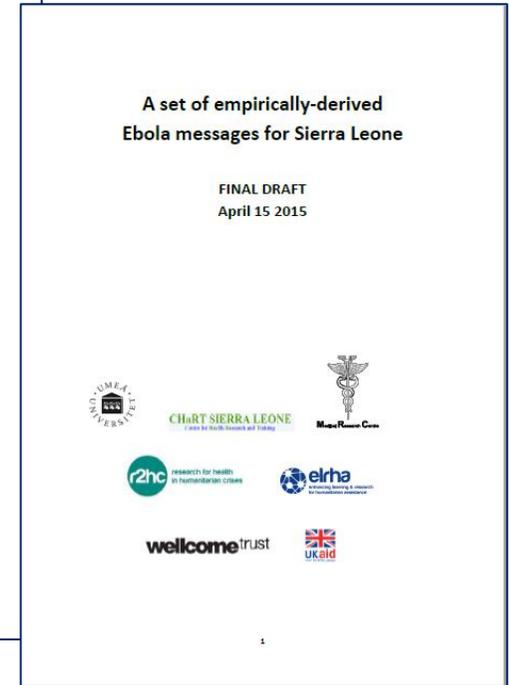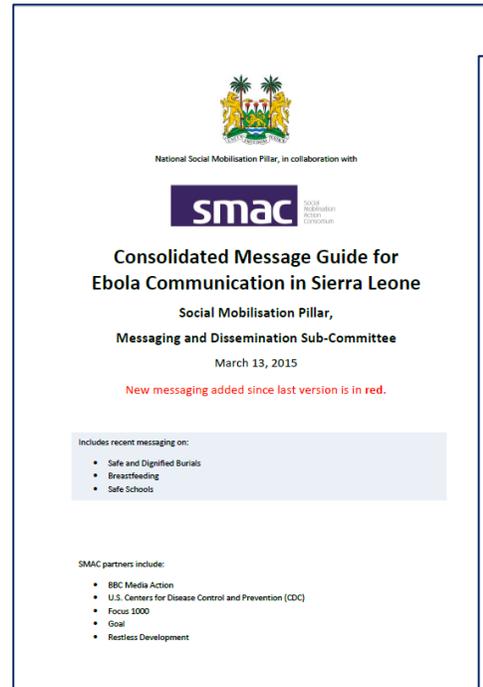
3. Critical tools of social mobilisation and communications

Consolidated agreed messages

Key considerations

- Effective communications in crises require clear, unequivocal, simple messaging from all parts of the response.

- Disinformation and mistrust are often rife, so it is vital not to allow conflicting or badly timed messaging to emerge different parts of government and the wider response architecture.

- The national SM taskforce should develop a set of agreed messages, based on technical expertise and wider consultation, that are accurate, standardised and in simple language.

- These should be based on a cultural understanding of which messages will work for the targeted communities.

- Any communications, talking points, mobilisation campaigns and awareness-raising activities should be built around these messages.

- Establish channels of coordination between different levels of government and the response structures (e.g. national, regional, district, cities etc) are crucial to ensure consistent and timely messaging.

National Social Mobilisation Pillar, in collaboration with

smac Social Mobilisation Action Consortium

Consolidated Message Guide for Ebola Communication in Sierra Leone

Social Mobilisation Pillar,

Messaging and Dissemination Sub-Committee

March 13, 2015

New messaging added since last version is in red.

Includes recent messaging on:
- Safe and Dignified Burials
- Breastfeeding
- Safe Schools

SMAC partners include:
- BBC Media Action
- U.S. Centers for Disease Control and Prevention (CDC)
- Focus 1000
- Goal
- Restless Development

A set of empirically-derived
Ebola messages for Sierra Leone

FINAL DRAFT
April 15 2015

CHaRT SIERRA LEONE

r2hc research for health in humanitarian crises

elrha enhancing learning & research for humanitarian assistance

wellcometrust   UKaid

Evidence of what messages "work":
In Sierra Leone, a consortium of partners conducted anthropological field work to develop culturally contextualised messages that promoted the right behaviours

Standard Operation Procedures (SOPs)

Key considerations

- Widespread social mobilisation involves multiple organisations mobilising large teams in communities across the country.

- These organisations and their teams are often the main point of interface and information between communities and the response.

- Given this highly dispersed model, it is vital that all organisations are on the same page about how to engage communities and the minimum standards required.

- A Social Mobilisation SOP, developed by the Pillar (see page 19 for detail on "pillars") in wide consultation, provides the operational standards that any organisation needs to sign up to if it wishes to undertake SM activities.

Outline of the SL SOPs for Ebola Social Mobilisation and Community Engagement

1. Scope and responsibilities of SM implementation partners and the responsible authorities

2. Responsibilities of implementation partners:
   a. Minimum requirement for SM pillar participation – registration, pillar participation, monitoring and reporting (see page 19 for detail on "pillars")
   b. Support and supervision to SM: selection, recruitment and placement; training and preparation; safety and security; payment and incentives to mobilisers

3. Prevention and behaviour change: minimum standards of good practice for community engagement
   a. Community-engagement approaches
   b. Messaging and awareness
   c. Child protection
   d. Psychosocial and mental-health support

4. Support roles in community Ebola service delivery: steps for mobilisers to support:
   a. Case-management teams - before/during/after ambulance visit and patients' stay in medical facility
   b. Surveillance and contact-tracing teams – before/during/after their visits
   c. Quarantine officers – before, during and after the quarantine
   d. Burial teams – before, during and after burial teams arrive

5. Annex: Flowcharts of SM role in case alerts, support to quarantine, support to safe burials

Note: This guide was developed for mainly face-to-face communications. However, many of the principles are still relevant for engaging communities and helping them self-organize into local social media/phone groups.

Training of community mobilisers

Key considerations

- Community mobilisers from within communities or outside them may be used to share message within their communities, be points of information, or undertake other response tasks like distributing soap, monitoring behaviours or reporting suspected cases.

- This workforce need to be trained to ensure they are armed with the right messages and information, practice proper IPC and have the highest chance of contributing to behaviour change

In Covid-19, the safest ways to engage or contact communities will need to be adjusted based on technical and medical advice.

Contents of Sierra Leone Zero Ebola Campaign Training Guideline

1. Background to the campaign, learning objectives, campaign objectives
2. Information on Ebola
3. The Zero Ebola Campaign
4. The role of the Zero Ebola Campaign Team
   a. Compositions of team and their role before, during and after the house-to-house visits
   b. Monitoring, Supervision, Data Collection & Data Management
   c. Tasks of Supervisors
5. Frequently asked questions – including checklists for campaign teams
   a. Social mobilisers from communities – knocking door to door
   b. Religious leaders/paramount chiefs – asked by the community
   c. Ward/district authorities – asked by the community
6. Standard operating procedures and response to alerts
7. Training session outline:
   a. Managing individual, family and community emotions and reactions to the Stay at Home Campaign
   b. Communication skills for effective engagement
   c. Building trust with communities during the Stay at Home campaign
   d. Getting ready: applying the knowledge skills through role play
   e. Review of objectives

Other communication tools and channels

National leader activity	• Presidential speeches, visits to affected areas and response sites (travel restrictions permitting), press conferences, press releases, etc
TV and radio shows / print media	• National simulcast: simultaneous broadcasting of identical content across multiple media channels • TV & radio (national and local): regular shows dedicated to beating the disease (updates on the outbreak, preventative messages, working together, etc) e.g. live talkshows, phone-ins, dedicated radio programmes, Q&A sessions with leaders, broadcasting town hall–style meetings • Covid-19: Play pre-recorded questions from audiences/journalists
Mobile phones	• SMS messages and WhatsApp broadcasts to people advising them how to avoid getting infected, and what to do if they have symptoms • Can be used to engage audiences in radio phone-ins and gather community feedback on the response
Religious sermons	• Consult religious scholars from the local dominant religions to incorporate faith elements to public-health messages and provide examples from religious texts to support them • Engage them to integrate messages in their sermons (if delivered remotely during Covid-19)
Social media	• WhatsApp, Facebook, Twitter, Instagram through various government, response and partner platforms
Visual campaigns	• Posters, T-shirts, billboards, painted street signs, leaflets Examples: https://ebolacommunicationnetwork.org/recommended-resources-for-the-community/

4. Structuring social-mobilisation coordination

The "pillar" structure: how it worked during the 2014/15 Ebola response in Sierra Leone

- Pillars are thematic technical groups that facilitate coordination between technical partners and the response system in a humanitarian crisis.

- In Sierra Leone they were tasked with setting policy around the technical interventions of the response, coordinating district branches of the pillars, mobilising assets for their area, and providing analysis on the public-health situation on the ground.

- They were a platform for coordination between the various technical, development & CSO actors.

- Each pillar was co-chaired by a GoSL Ministry and a representative of a relevant international agency.

- Social mobilisation was one of seven "pillars" in the response.

- Social mobilisation and communications underpins many of the activities of other pillars and coordinate closely with each other to develop messages, and with the other pillars to support their work.

Four pillars (plus food security) provided needs-based services to the affected individuals, households and communities

Contact Tracing, Surveillance & Laboratories	Case Management	Child Protection, Gender, Psychosocial	Safe & Dignified Burials

Social Mobilisation

Media & Communications

Logistics, Food & Vehicles

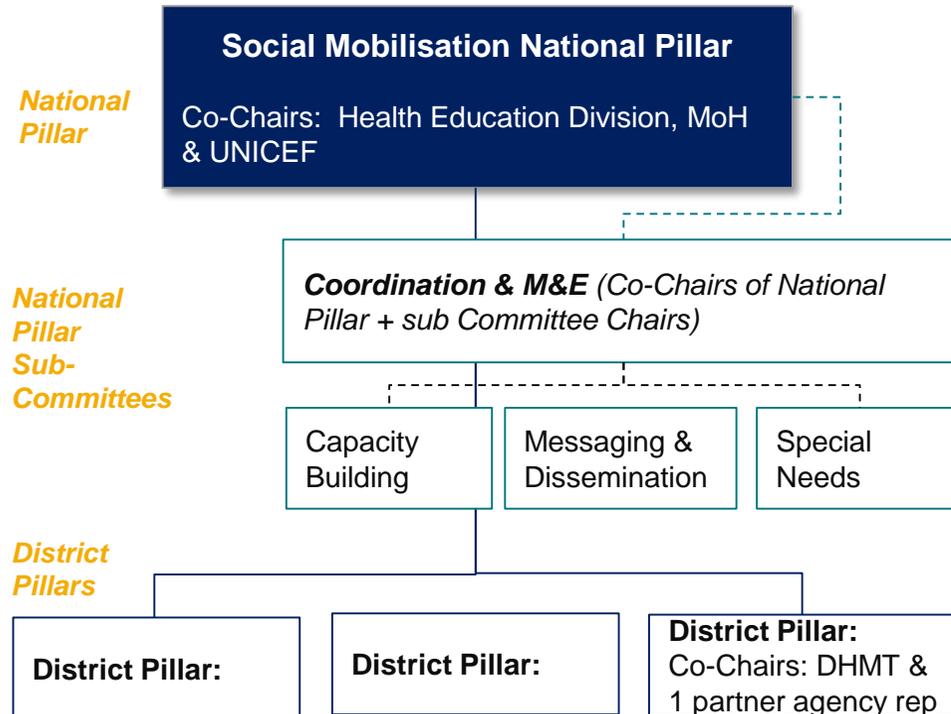The remaining pillars were cross-cutting & supported all of their work

The pillar structure evolved throughout the response (growing from an original four pillars to seven), and other outbreaks have required different pillar structures. Pillars should be established for the specifics of the response needs
https://www.un.org/ebolaresponsedrc/content/concept-operations-%E2%80%93-un-scale-strategy

Sierra Leone's Social Mobilisation National Pillar during the 2014/15 Ebola response

"Social mobilisation was a particularly difficult area of coordination…as it attracted a large proportion of the NGOs." [1]

National Pillar

Social Mobilisation National Pillar

Co-Chairs: Health Education Division, MoH & UNICEF

National Pillar Sub-Committees

Coordination & M&E *(Co-Chairs of National Pillar + sub Committee Chairs)*

Capacity Building	Messaging & Dissemination	Special Needs

District Pillars

District Pillar:	District Pillar:	District Pillar: Co-Chairs: DHMT & 1 partner agency rep

The Social Mobilisation Action Consortium (SMAC) was a group of five agencies that coordinated their activities to help eliminate Ebola. This consortium had national coverage, with over 36 radio stations, 4,000 religious leaders and thousands of community mobilisers on-the-ground, and Ebola survivors. Through its "Community Led Ebola Action" (CLEA), SMAC moved away from pure awareness-raising towards community-led behaviour change and face-to-face communication.

Purpose of Social Mobilisation Pillar

- **Facilitates coordination** and communication at various levels
- **Leads strategic planning** that is responsive to current EVD response and supports implementation and visioning for transition and recovery phases
- **Strengthens quality of technical response**, including joint technical support missions and synthesis, sharing and integration of relevant social and behavioural data at district level response
- **Facilitates learning and sharing** of best practices
- **Guides culturally appropriate/sensitive design, production and dissemination of key messages**
- **Strengthens local capacity** for sustained efforts at Getting to Zero, preparedness, and transition and recovery
- **Liaises with key partners** at national and district levels on implementation of communication strategies

National SM Pillar Members:

- National representatives of partner agencies (e.g., UN agencies, INGOs etc.)
- Research partners
- Media partners

District SM Pillar Members:

- District representatives of partner agencies (e.g. UN agencies, INGOs, local NGOs)
- CSOs and community groups (youth groups, teachers' groups, religious leaders & orgs)
- Local radio and media representatives
- District security agencies (Police & ONS etc.)

Meetings and reporting rhythms of the Social Mobilisation Pillar

MEETINGS	Frequency
National Pillar Coordination Committee	Weekly meeting (Tuesday afternoons)
National Pillar Sub Committees	Weekly meeting
District Pillars	Weekly meetings as a minimum; some district pillars met daily or three times per week
Working Groups	Met as needed

REPORTING	All partners reported against a common set of indicators so that all activities across the country conducted by different actors could be aggregated
Partners	Required to register in order to conduct activities; required to report on activities to the district or national SM pillar
District Pillars	Required to report on activities to the national pillar by 10am each Monday
Working Groups	Formed ad hoc, with meetings held as needed

5. Annex

Examples from Sierra Leone campaigns

Messages used in the Sierra Leone Ebola response

Structure of Liberia social-mobilisation pillar

Repository of materials applicable for Covid-19

➢ IDinsight Data collection practices and recommendations for COVID-19

➢ WHO guidelines on communicating risk in public health emergencies

➢ CDC website on Health Communication –Risk Communication

➢ CDC Crisis and Emergency Risk Communication Manual (CERC)
  ➢ Chapter on developing communication plans -
  ➢ Chapter on community engagement
  ➢ Chapter on messages and audiences

➢ CDC One-Page Guideline on CERC in an Infectious Disease Outbreak   -

➢ CDC short guideline on 'Engaging the Community with Credibility

➢ IFRC Short guideline for community health volunteers in COVID-19

➢ Online course from the IFRC for health and first volunteers in COVID-19

➢ IFRC Community Health Volunteer Manual on Behaviour Change

Examples of major communications and operational campaigns used during the Ebola response

Campaign	Background and objectives of each campaign
Throughout: Ebola Big Idea of the Week	A weekly campaign theme to address rumours and misconceptions and reinforce important messaging. Designed to get everyone (media outlets, journalists, response staff) on the same message week by week "Big Ideas" included: • Protect yourself, family and community; know early symptoms • Get early treatment • Make a plan for yourself, family and community • Stay safe, be vigilant
Dec 14: Western Area Surge	Surge of response activities in reaction to the sharp escalation of cases around SL's capital Freetown, aiming to get early-stage cases out of the community, reduce transmission and "bend the curve"
Feb 15: Western Area Surge 2	Follow-up campaign aiming at early removal of all suspected cases from the community, two complementary areas of focus: - Heightened Social Mobilisation & Deepened Community Engagement - Strengthened Surveillance & Intensified Contact Tracing
Mar 15: Zero Ebola Campaign	A nationwide campaign to revitalise energy in the response and combat fatigue and complacency and reduce cases in the four remaining districts. Social mobilisers aimed to tackle negative attitudes and behaviours that promote high exposure to Ebola virus in the communities
Including Stay at Home (3 days)	A national three-day stay-at-home campaign to allow house-to-house visits to share messages, and to actively search for suspected cases in the few remaining "hotspots" districts
Women in Yellow day	Women in Yellow: To recognise the role of women as agents of change in fighting Ebola, all women were asked to show their solidarity by wearing yellow on the day before the Stay at Home began

Social mobilisation and communications tools:
Western Area Surge, Dec 2014 – **Key Activities**

Campaign message themes targeting key behaviours

- "If in Doubt, Call" – *encouraging reporting of suspected cases to the alerts system*
- "Get Help, Protect Your Loved Ones, Break the Chain" – *encouraging reporting*
- "While You Wait, Stay Safe, Take Control" – *encouraging safe practices while waiting for an ambulance / surveillance officer*
- "Honour the Dead by Protecting the Living" – *encouraging safe burial practice*

Communications activities

Media and public-information campaigns
- Two weeks of radio activity with one-hour daily slots on six major radio channels
- Two-day simulcast (simultaneous broadcast) with a full day of content about the campaign across multiple media channels
- Outdoor visibility/mass campaign by local NGO consortia

Social-mobilisation activities

- A surge of social-mobilisation activities at community level undertaken by community mobilisation, coordinated by the SMAC partners, local NGO/BCO consortia, municipal administrations.
- Communities were responsible for coordinating local teams in spreading message and house-to-house case finding and for reporting alerts to Surveillance & Contact Tracing teams.
- The SMAC partners communicated approved messages to local leadership structures (both formal and informal, including local chiefs, youth groups etc) by the SMAC partners. Messages were then communicated to household by trusted leaders, not outsiders.

Social mobilisation and communications tools:
Western Area Surge, Dec 2014 – **Structures**

Ongoing Social Mobilisation in Western Area

Community Mobilisation
- 920 SMAC Community Mobilisers engaging with 100% communities across WA urban and rural
- 250 youth mobilisers conducting door-to-door in slum areas

Traditional/opinion leaders
- 730 Ward Committee Members
- 92 Headmen (WA rural) and 19 Tribal Head (WA urban)

IEC Materials
- Factsheets
- Posters
- Flipbooks
- Billboards
- Video compilation

Outdoor Mass Social Mobilisation
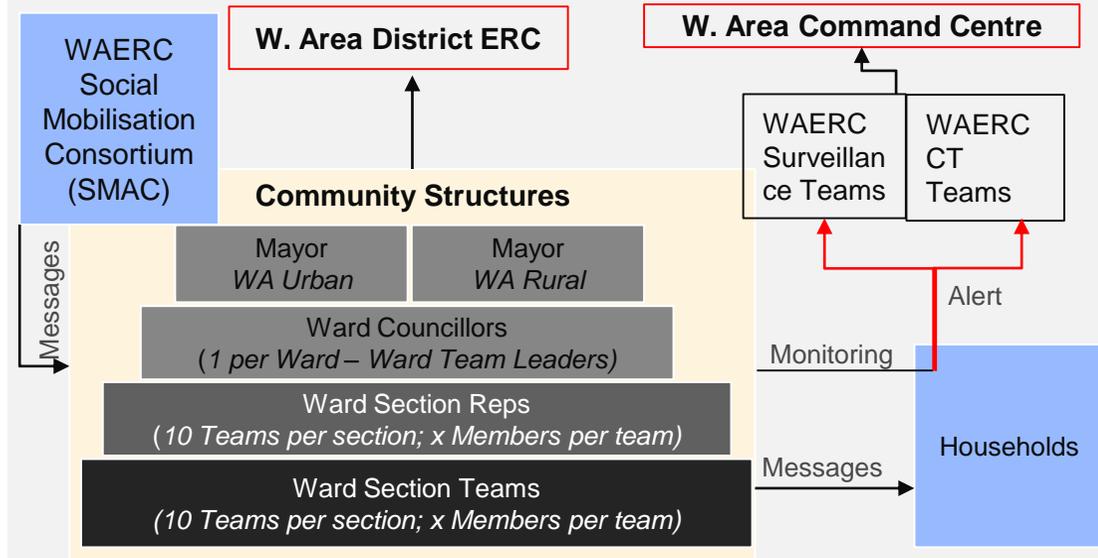- 525 volunteers engaged

Religious Leaders
- 1,200 SMAC Religious Leaders engaged in 100% communities across WA urban and rural

Media Engagement
- BBC MA (SMAC) national radio shows
- BBC MA (SMAC) supporting 11WA radio station to produce Ebola content
- - IRN 48-hours simulcast
- Six radio stations broadcasting daily one-hour slots

Community – WAERC Linkages

WAERC Social Mobilisation Consortium (SMAC)

W. Area District ERC

W. Area Command Centre

WAERC Surveillance Teams

WAERC CT Teams

Community Structures

Messages

Mayor *WA Urban*

Mayor *WA Rural*

Ward Councillors (*1 per Ward – Ward Team Leaders*)

Ward Section Reps (*10 Teams per section; x Members per team*)

Ward Section Teams (*10 Teams per section; x Members per team*)

Alert

Monitoring

Households

Messages

Community Driven – Wad Led Structure

Ward Councillors

Tribal Heads & Headsmen

Each ward divided into 5 zones

Zone 1	Zone 2	Zone 3	Zone 4	Zone 5
2 Ward CM	2 Ward CM	2 Ward CM	2 Ward CM	2 Ward CM
5 YL	5 YL	5 YL	5 YL	5 YL

2 Community Monitors (CHOs)

Working closely with DSOs in active case finding

Social-mobilisation messaging comes from trusted community leaders
CM = Committee Members; YL = Youth Leaders

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Social mobilisation and communications tools:
March 15 – Stay at Home (part of the Zero Ebola Campaign)

Key messages: (based on advice from SM pillar)

1. **We appreciate** the positive work and sacrifice that you and your community have made, and your great strength in the face of this crisis. We recognise your loss and your suffering.
2. **We hear you and understand** that you may be tired, and that you are ready for life to get back to normal. But now is not the time to rest, it is the time to be more vigilant and continue to push to zero.
3. **We are not finished yet**, we must continue to work together – all of us, everywhere – to end Ebola in this country. We must all continue to practice safe burials, and to call 117 immediately if we or others feel sick.
4. **We must not risk reversing our progress** by going back to our old practices now: Until we are all at zero, none of us are at zero.
5. **We have seen the progress in some Districts and communities.** They have shown that they have the collective power to stop Ebola. If these communities can do it, all of us can do it.
6. **Women are agents of change** and champions in the Ebola fight. Our mothers, sisters and daughters have played key roles in helping our families to get early treatment and to make the right decisions. We must recognise the role of women, and listen their stories of strength and sacrifice.
7. **The choice is ours -** Only WE can protect our families and communities. We must commit to reporting all suspected cases as soon as we notice symptoms, and to refuse to allow unsafe burials and other unsafe practices in our communities.
8. **Survivors are helping to fight Ebola** by sharing their stories, acting as living examples of hope with early treatment, and providing support to those who are sick. We can only end this together.

Communications activities:

- Simulcast across national and district media channel: Distribution of press kits and key tag lines to all participants in radio simulcast to ensure alignment in targeted messaging.
- Local and national radio stations broadcasting content on leading radio program and time slots.
- Social media engagement via Facebook and Twitter.
- TV interviews on prime time by response leaders and grassroots personalities.
- Local media outlets briefed on the operational plan.
- Government and response official media appearances (radio, tv, print, social media).
- Integration in weekly press briefings and State House Communication activities.

Social-mobilisation activities:

- During movement restrictions in the three-day "Stay At Home", teams of three response staff consisting of one health worker + one trained social mobiliser + one community taskforce member visited every house:
    - Hotspot Districts – Active Case Finding, Conversations and Messaging, Distribution of Soap
    - No/Low Transmission Districts – Conversations and Messaging, Distribution of Soap
- IEC (Information, Education, and Communication) materials developed by SMAC were distributed at district level, and highlighted the Yellow Ribbon Campaign and women's contributions/ownership

Sources:

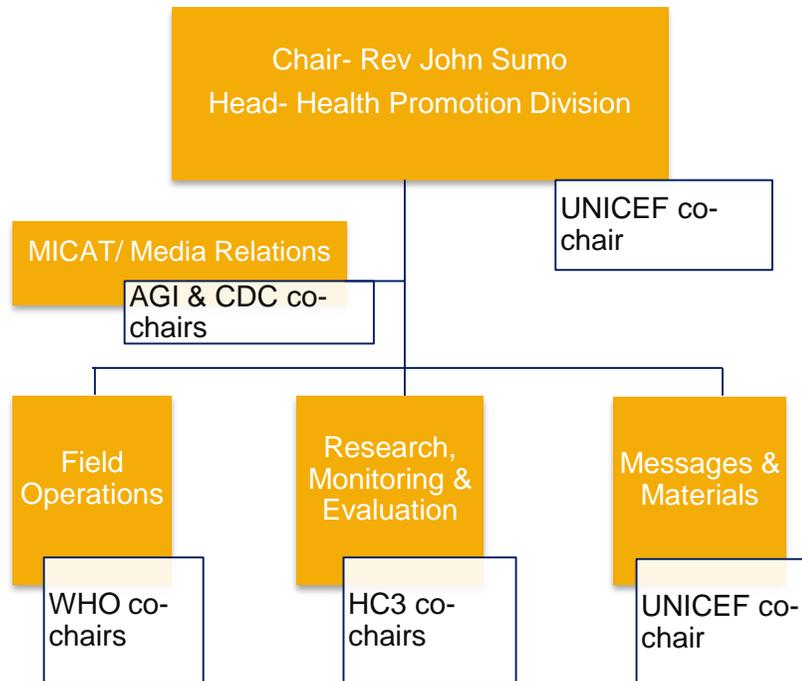# Types of messages used in the Sierra Leone Ebola response to target different response behaviours

Messaging categories (developed based on research by ACAPS):

- Overarching messages about Ebola (awareness, cause/origin, modes of transmission, signs and symptoms, perceived risk)
- Ebola prevention (including messages on the 117 national Ebola hotline, contact tracing, quarantine, protecting one's family while waiting for help, vaccination and borders)
- Ebola medical care (including information on early treatment at treatment centres, ambulances and chlorine)
- Safe, dignified, medical burial practices (including information on burial teams)
- Stigmatisation and discrimination (including information on celebrating survivors, understanding the risks of breastfeeding and sexual transmission and understanding negative EVD test results)
- Post-Ebola (including messaging in campaigns to fight Ebola complacency and safe school reopening)

Sources:

Structure of the Social Mobilisation Pillar in Liberia's Ebola response

Social Mobilisation Pillar - Liberia (March 2015)

Function	Roles & Responsibilities
Message & Materials Team	• Coordinate activities to develop messages and educational materials • Track information and materials needs • Guide audience-focused message development • Review and approve messages and materials
Field Operations Team	• Maintain inventory of county and field mobilisation resources; receive, categorise and share field input • Identify field support needs and link to resources • Gather and share timely feedback from field workers to inform health promotion and psychosocial actions • Support trainers and support structures that are training others on interpersonal communication interventions
Media Support Team- merged with MICAT committee	• Develop materials needed to support accurate news coverage • Identify and support systems to share health and IMS information throughout government • Support increased public awareness of accurate information and progress in stopping the epidemic • Support 3x weekly press conferences
Research, Monitoring & Evaluation	• Spearhead all Social Mobilisation & Health Promotion research activities • Design an M&E Framework to collect data, including the development of data collection tools and establishing databases • Encourage partners to share research findings in a timely fashion • Collect and share data about social mobilisation/health promotion • Identify research gaps

Sources: