



EBOLA RESPONSE LESSONS LEARNED SERIES

*A SMAC Community Mobiliser informs people in Tombo how to protect themselves and their families from catching Ebola.
Photo by SMAC*

SOCIAL MOBILISATION ACTION CONSORTIUM

INTRODUCTION

At the start of the Ebola response, public messaging on prevention was untargeted, insufficient and uncoordinated. While most approaches informed the public of what to do, none engaged the communities directly so they could understand the linkage between changing their own behaviour and stopping the spread of the virus.

To address this gap and empower communities to take charge of fighting Ebola, the Social Mobilisation Action Consortium (SMAC) was established with GOAL as the lead agency. The other partners consist of BBC Media Action, the US Centers for Disease Control and Prevention, FOCUS 1000 and Restless Development.

SMAC delivers evidence-based social mobilisation activities that engage communities and result in real behaviour change around safe burials, early treatment, and social acceptance of Ebola survivors. This behaviour change is facilitated by 2,366 community mobilisers, 1,989 trained religious leaders and 36 partner radio stations, covering every district in Sierra Leone.

METHODOLOGY

SMAC is the largest social mobilisation intervention in Sierra Leone's Ebola response. Through community mobilisers, religious leaders and radio, SMAC empowers communities to change their behaviours in order to get to zero Ebola cases. This multi-layered approach allows SMAC to repeat and reinforce messages across different channels, thereby reaching a wide audience.

FACT FILE

Project: Social Mobilisation Action Consortium (SMAC)
Community-based Action Against Ebola
Duration: October 2014 – December 2015
Location: Nationwide
Donors: DFID and Bill and Melinda Gates Foundation

GOAL Sierra Leone
89s Main Road
Congo Town, Freetown
Sierra Leone
www.goalglobal.org



Active in 10,052 communities nationwide, SMAC community mobilisers ignite communities to take ownership over preventing Ebola through an innovative approach entitled Community-Led Ebola Action (CLEA). This approach ‘triggers’ communities to take the necessary steps to protect themselves from Ebola, ensure safe and dignified burials, utilise available health services, and create a supportive stigma-free environment for survivors and vulnerable groups affected by the disease. The communities are empowered to devise specific community action plans, which can be enforced through the creation of by-laws.

Religious leaders from the Islamic Action Group and Christian Action Group, who are linked to 2,000 mosques and churches across the country, are using a faith-based model to promote Ebola prevention practices, particularly relating to funerals and burials. This has been extremely successful; before FOCUS 1000 began working with the religious leaders in October 2014, an estimated 50 religious leaders died of Ebola – most from touching or washing corpses. From then until June 2015, with SMAC’s engagement, there were fewer than five EVD-positive religious leaders and a marked decline in touching or washing corpses.

SMAC makes effective use of radio as the public’s preferred media channel for receiving information on Ebola. SMAC partner, BBC Media Action is producing radio programmes that create conversations between audiences, Ebola experts, survivors and national leaders, and is training partner radio stations to produce locally relevant content.

To assist the community mobilisers, religious leaders, traditional healers and radio stations to spread the right messages on Ebola prevention, SMAC has developed a comprehensive collection of training tools, campaign materials, research papers, posters, videos and other documents available on the [SMAC website](#).

SMAC is also implementing a ‘Digital Data Management System’ in six districts of Sierra Leone: Western Area, Kono, Moyamba, Bombali, Kambia and Port Loko. The data is gathered via mobile phone by 1,455 SMAC community mobilisers, religious leaders and partner radio station staff. SMAC shares real-time data with the National Ebola Response Centre, allowing decision makers to learn of the impacts and effectiveness of the activities being implemented from the ground-up.

CHALLENGES

Ebola has never before occurred in Sierra Leone, meaning people lacked the knowledge and experience of how to handle cases, and were often disbelieving of the existence of Ebola and scared of its effects. For many who become sick, especially those far from district towns and hubs, the norm is to wait, self-treat or visit pharmacies or traditional healers, rather than formal healthcare facilities. Convincing people to go only to formal health facilities was challenging, especially when at the start of the epidemic, Ebola services were greatly inadequate. Initially, there were only two Ebola Treatment Centres and four ambulances in the whole country, and often beds were full and ambulance and burial team responses were delayed. Inadequate services undermined public messaging and added to



BUSH-TO-BUSH SEARCH

To reduce the incidence of traditional healing during the Ebola crisis, SMAC partner FOCUS 1000 recently completed a ‘bush-to-bush’ campaign in Kambia and Port Loko districts. The exercise involved registering all traditional healers in the districts and asking them to search for sick people being treated in traditional healing shrines and to identify unsafe burials conducted recently.

“At first the traditional healers underestimated the virus, but after seeing terrible numbers of people dying, they understood the importance of desisting from their practice and touching,” said John IM Kamara, secretary for the Sierra Leone Indigenous Traditional Healers Union in Port Loko district.

GOAL Sierra Leone
89s Main Road
Congo Town, Freetown
Sierra Leone
www.goalglobal.org



community unwillingness to seek formal health services and mistrust in the response. In addition, people were being asked to do things that went against human instinct, traditional and cultural norms; to stay Ebola-safe, people could not touch loved ones who were sick, nor conduct the usual rituals when a family or community member died, leaving people feeling as though they had let people closest to them down and failed to respect their lives in accordance with their religious beliefs.

Port Loko and Kambia districts, which were Ebola hotspots towards the end of the epidemic, were particularly difficult to work in, as traditional beliefs and rituals related to the sick and the deceased are more common in these areas, and there is greater resistance to and mistrust in outside assistance and formal healthcare services.

TRANSFERRABLE LESSONS

SMAC's innovative approach 'triggers' communities to assess the outbreak, its effects and likely impacts, thereby creating a sense of urgency to develop community action plans and change their behaviours. The approach can be transferred to other contexts that require mass behaviour change, for example, to improve sanitation or sexual and reproductive health, address climate change issues, or control the transmission of other communicable diseases. Standard messages are adapted for local relevance and then communicated using multiple channels, allowing for repetition and constant reinforcement.

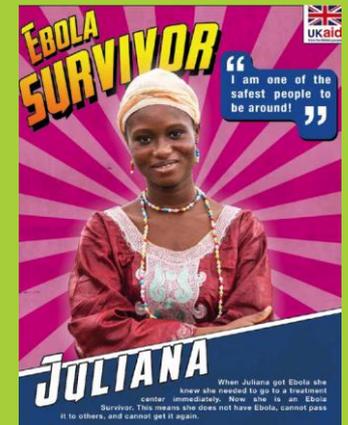
Christians and Muslims live harmoniously in Sierra Leone, but they have become deeply unified in their fight against Ebola. Both have successfully conveyed Ebola prevention messaging by selecting verses from the Bible or the Quran that refer to plague or sickness and linking them to Ebola.

'Village task forces' can be trained inspire behaviour change through leading by example. These trusted community members include the headman, women's leader, youth leader, imam, pastor and traditional healer. Using influential or famous people for public service announcements, and taking mobile radio equipment into communities to encourage greater engagement was also effective.

Given the rapidly evolving epidemiology of the virus, SMAC messaging had to evolve quickly. The emphasis is now on remaining vigilant and avoiding complacency as Sierra Leone counts to 42 days of zero cases. The media is a powerful channel for transmitting these evolving messages.

"People appreciate us at the radio station much more since we have taken this new approach to programming," said John Abass Koroma, a radio producer at Radio Bankasoka, who was trained by BBC Media Action to work on an Ebola-focused programme.

"Even we journalists didn't understand the seriousness of Ebola at the beginning – we could have had much more impact if we had engaged in this sort of work earlier," he continued.



TOP 5 LESSONS

1. Messaging must be culturally- and regionally-appropriate, repetitious and available in relevant languages
2. Trusted members of communities serve as great role models of behaviour change
3. The media is a powerful tool for sharing Ebola information – practitioners should be trained to report effectively and responsibly, using audience participation
4. Guidance to religious leaders should not be over-prescriptive so as to foster the development of community-specific mobilisation strategies
5. Digital data collected by SMAC community mobilisers, religious leaders and radio stations should inform ongoing response activities from the ground-up

GOAL Sierra Leone
89s Main Road
Congo Town, Freetown
Sierra Leone
www.goalglobal.org

