

A set of empirically-derived Ebola messages for Sierra Leone

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CHaRT SIERRA LEONE
Centre for Health Research and Training



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Introduction

This document presents a set of Ebola messages that are based on the findings of qualitative interviews and focus group discussions conducted in current or recent ‘hotspot’ areas of rural Bombali District and urban Freetown. This field work, which took place during January and February 2015, aimed to provide an empirical basis for developing culturally contextualized messages that will promote Ebola treatment-seeking behavior. As such, all the messages presented below are derived from issues that emerged through the data, and thus they respond directly to community concerns about various aspects of the Ebola response and about Ebola itself.



Field testing of the messages is due to start on March 20 2015, but following a presentation of some of our preliminary findings at the NERC Daily Briefing on March 17, we have been asked by UNMEER and the NERC Social Mobilisation Pillar to fast-track the initial dissemination process. This document is the product of that request.

Many of the issues that have arisen in our formative research fit into the categories in SMAC's *Consolidated Message Guide for Ebola Communication*, and they are presented in this document on that basis:

- Burial teams
- Get early treatment
- Stay safe and protect your family while you wait
- Celebrate survivors, and addressing stigma

We also identified some issues that the Ebola response system is doubtless aware of, but which do not appear in any of the accredited messages in the *SMAC Consolidated Message Guide*:

- Fear of chlorine
- Fear of ambulances
- 117 prank calls

This document includes messages as well as suggested channels and messengers. For many of the messages we also consider the associated operational issues that need to be in place

in order to ensure the validity of the message. As NERC's Stephen Gauja has pointed out, *"Messages must be within the constraints of the infrastructure that is available."*

The project has been conducted by a consortium including the Epidemiology and Global Health Unit, Umeå University, Sweden; the Medical Research Centre (MRC), Sierra Leone; and the Centre for Health and Research Training, Sierra Leone (CHaRT-SL). Financial support was provided by Research for Health in Humanitarian Crises (R2HC), as part of their £8 million Emergency Ebola Health Research Call, funded equally by the Wellcome Trust and DFID. R2HC is managed by Enhanced Learning and Research for Humanitarian Assistance (ELRHA).

Methods

This is a 3-month study, running from January 15 to April 15, 2015. Our first activity was a meeting, held at the Family Kingdom Resort in Freetown in mid-January, attended by representatives from NERC, MoHS, CDC, and Focus 1000, at which we introduced our work to key stakeholders. Seven MRC research assistants and transcribers, all experienced in qualitative research, were then trained, after which field work was undertaken. The informant categories are presented below:

Interviews	Northern Region	Western Region
Imam/pastor, Traditional community leader, youth leader, women's group	5	5
Medical staff, including in hospitals and Primary Health Units; Community Health Workers; Health Management Committee	5	5
Traditional healers	2	2

FGDs, 6-8 'ordinary people' per FGD	Northern Region	Western Region
Male, <25	2	2
Male, >25	2	2
Female, <25	2	2
Female, >25	2	2

Interviews were conducted in Krio and other local languages. The data were transcribed directly into English, and data quality was ensured by comparing audio recordings with the English language transcriptions, with all transcription anomalies being corrected. All informants participated on a voluntary basis. Ethical clearance was provided for the study by the Sierra Leone Scientific and Ethics Committee on November 21 2014.

The data were subjected to thematic analysis by team members with expertise in Sierra Leonean culture and history, communications, and appropriate methodological skills. This process enabled us to ascertain which broad areas required messages to be developed, on the basis that community concerns had been raised about these specific issues. A workshop was then held in Freetown with members of all three participating institutions, and in consultation with stakeholders from MoHS and CDC, at which messages for promoting Ebola treatment-seeking behavior were developed, and suitable dissemination channels identified. We include both English and Krio versions of the messages, and we hope that local languages will be used wherever possible when they are disseminated.

The importance of the messenger

This process has made very clear the importance of the messenger and the channel used in putting across the message: *People like to hear messages in the flesh from people they trust.* We therefore recommend that quite a few of the messages are disseminated through community meetings, one to one strategies, and community leaders. This will of course require an effort to mobilise all these people, and it is critical that the message does not evolve away from what was intended as it goes down the chain and into the community. However, an additional focus on this person-to-person approach to messaging could prove to be very useful in helping to bring an end to the epidemic.

We are very pleased to present these messages, even though they have not yet been field tested. We will be presenting the field-tested versions by April 15 2015, but in the meantime, if there is a decision to adopt any of the messages in their current form, we would be grateful to be informed:

- John Kinsman (john.kinsman@umu.se)
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- Muriel Harris (muriel.harris@louisville.edu)

Thank you!

BURIAL TEAMS

Topic: Tension between burial teams and community

Audience: Burial Teams, Communities

Channel: Posters distributed by, for example, NGOs, CBOs, DHMTs through PHUs, to be posted at community gathering points, ataya base, court barrie, and NOT on people's houses; use local youth group to do the posting?

Messenger: Burial Teams, family members, pastor/imam shown in the posters

Messages:

1. *Poster:* Burial Team in community (family members, pastor/imam shown) “we treat corpses with respect” / “wi respect dae dae bodi”
2. *Poster:* “Let us work together to ensure safe burial” (burial team, community members) – “Leh wi join an en gi wi pipul dem gud berrin”

Operational issues:

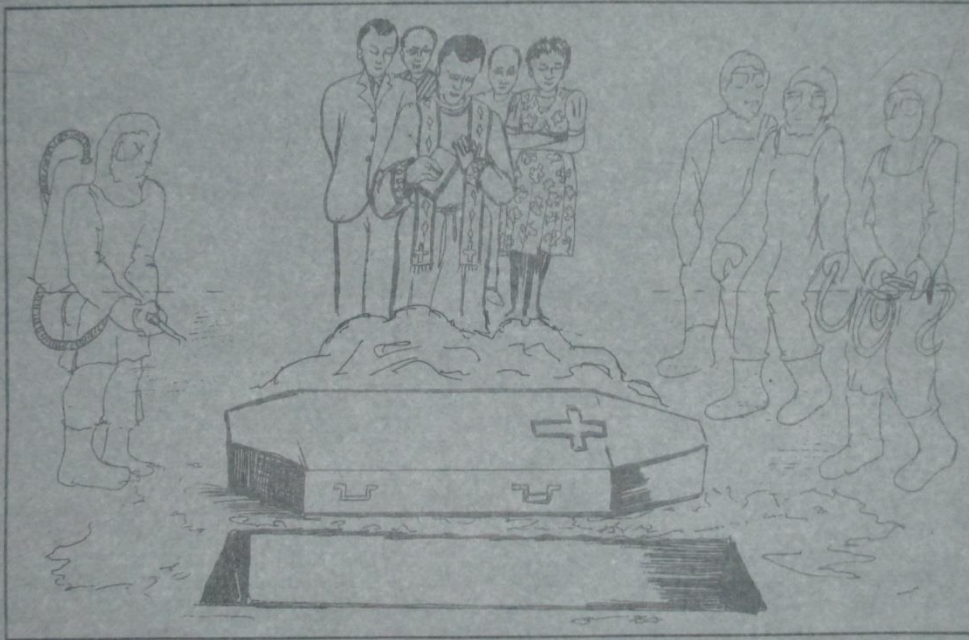
Burial teams must be trained and cautioned on how to behave to bereaved families and/or communities, and how to perform a respectful burial:

- Consult with family
- Wrap properly
- One identifiable grave
- Respectfully putting into the grave
- Work with pastors/imams
- Workers not under influence of alcohol
- Respectful attitude of workers

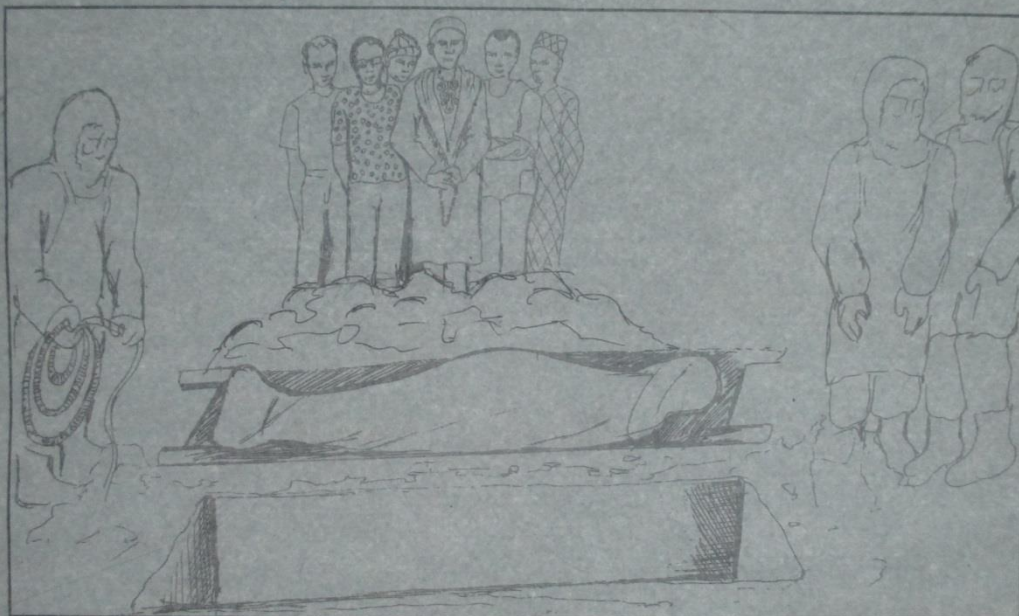
Risk: If assumption is not met, communities will not be willing to participate in safe burials with the risk of secret burials.

BURIAL TEAMS

“wi respect dae dae bodi”



“wi respect dae dae bodi”



BURIAL TEAMS

Topic: Tension between burial teams and community

Audience: Communities, with focus on older men and women (e.g. those involved in the washings / burials); both urban and rural; youths involved in harassing burial teams

Channel: Community meetings, sermons, radio

Messenger: Religious, youth and traditional leaders including cultural society leaders, both male and female

Messages:

1. The Burial Teams are doing their job to keep our community safe. Let us cooperate with them. > "Leh wi join hand wit di burial team fo keep wi community safe"
2. Trust the burial team: they will bury your loved one respectfully > "Believ say di burial team go berr yu fambul wi respect
3. Be patient, wait for the burial team, or you will be infected > "Duya una patient en wait fo di burial team, or una go catch di sick
4. The imam/pastor/chief says: "Not washing loved ones is acceptable in our tradition."

Operational issues:

Burial teams must be trained and cautioned on how to behave to bereaved families and/or communities, and how to perform a respectful burial:

- Consult with family
- Wrap properly
- One identifiable grave
- Respectfully putting into the grave
- Work with pastors/imams
- Workers not under influence of alcohol
- Respectful attitude of workers

Risk: If assumption is not met, communities will not be willing to participate in safe burials with the risk of secret burials.

BURIAL TEAMS

Topic: Burial teams – family members have been offering money to burial teams, and burial teams have been asking for money

Audience: Communities, burial teams

Channel: Posters distributed by NGOs, CBOs, DHMTs through PHUs, subsequently distributed by local youth groups, to be posted at community gathering points (attaya base, court bari – not on houses)

Messenger: Burial teams, family members

Messages: “Safe burial is free –Do not pay or receive money for safe burial” - “Safe berrin na free, e no right fo gi or tek moni fo am”. With picture: burial team and family exchanging money with red X through it

Operational issues:

Assumption: staff should be disciplined if involved in corruption (DERC, NERC)

Risk: if discipline is not enforced then people will continue to pay/receive money and/or conduct secret burials

BURIAL TEAMS

Topic: Burial teams – family members have been offering money to burial teams, and burial teams have been asking for money

Audience: Communities, burial teams

Channel: Radio, Mobile PA system, Town Crier

Messenger: Neutral friendly voice both male and female in one jingle

Messages: “Safe burial is free – Do not pay or receive money for safe burial” - “Safe berrin na free, e no right fo gi or tek moni fo am”.

Operational issues:

Assumption: staff should be disciplined if involved in corruption (DERC, NERC)

Risk: if discipline is not enforced then people will continue to pay/receive money and/or conduct secret burials

GET EARLY TREATMENT

Topic: Early treatment and prevention

Audience: Communities

Channel: Posters distributed by NGOs, CBOs, DHMTs through PHUs subsequently distributed by local youth groups, to be posted at community gathering points (attaya base, court bari – not on houses)

Messenger: Ebola survivors

Messages: picture / caricature of survivor with certificate saying: “I survived bikuss I went to the hospital early” > “Na because ar go hospital quick, na dat mek ar well”

Operational issues: Generic: Need good attitude of health care workers; Accessibility and availability of the services; Authorities should treat rumors promptly and provide adequate information. Provide an environment to improve patient confidence and trust.

GET EARLY TREATMENT

Topic: Early treatment and prevention

Audience: Communities

Channel: Jingle (radio, mobile PA system),TV spot

Messenger: Ebola survivor, health worker, traditional/religious leader

Messages: *In one radio jingle (90 seconds commercial, three people talking):*

1. Testimony survivor: *do not do home treatment*
2. Corroboration by a health worker: *if you go early you have a higher chance to survive*
3. Endorsement of religious /traditional leader: *we should do this!*

Operational issues: Generic: Need good attitude of health care workers; Accessibility and availability of the services; Authorities should treat rumors promptly and provide adequate information. Provide an environment to improve patient confidence and trust.

GET EARLY TREATMENT

Topic: Early treatment and prevention

Audience: Communities

Channel: Community meetings, radio discussion

Messenger: Health care workers, traditional/religious leaders (male/female), youth leaders, women's leaders, Survivors

Messages (topic guide for community members):

1. Ebola is a new disease in our country. It has caught us by surprise, so there were problems in the beginning. But things have improved very much since.
2. Address rumors quickly.
3. Reiterate the dangers of keeping suspected cases in the home. Patients are more likely to die if treatment is not immediately sought. Many survive the disease when they report early.
4. If you suspect someone with Ebola, call 117 or the district response number for immediate action

Operational issues: Generic: Need good attitude of health care workers; Accessibility and availability of the services; Authorities should treat rumors promptly and provide adequate information. Provide an environment to improve patient confidence and trust.

GET EARLY TREATMENT

Topic: Addressing misconception about killing of patients within the health care system

Audience: General population, focus on urban

Channel: Poster, Radio jingle, Radio discussions, PA system

Messenger: Featuring as the person passing on the message:

1. Traditional healer (because they are recognized and trusted but they are not *of* the health system)
2. Mami queen
3. Youth role model/music star
4. Survivors

Messages:

1. Wea yu sick, nor fraid fo go hospital, den go hol yu fine [Don't be afraid to go to the hospital when you're sick. You'll be well looked after.]
2. Wea yu sick, nor fraid fo go wit di ambulance, den go hol yu fine [Don't be afraid to go in the ambulance when you're sick. You'll be well looked after.]

Operational issues:

- Messengers must be known and trusted
- Giving feedback to families about patients is needed; the national database of patients must be used effectively
- To facilitate two-way communication, we suggest a channel (117 or another number) for people to enquire about family members, and give the opportunity to report concerns
- Logistics of producing and distributing the posters
- To promote community confidence on use of the ambulance, only one suspected case should (ideally) be transported at a time
- Increasing confidence in health system must be matched by good service, otherwise the people will feel betrayed, and distrust is perpetuated

GET EARLY TREATMENT

Topic: Addressing misconception about killing of patients by health system. Showing what happens in the system: 'seeing is believing'. Transparency about the process reduces doubt, denial and fear.

Audience: General population, rural and urban

Channels:

1. Photo album showing the different steps in the process of Ebola treatment, disseminated through the Chief/community volunteers, CHWs, or other 'person-to-person' volunteers. One album made for urban areas, and one for rural areas, so people relate to the *context* of the photos. Sufficient numbers of copies need to be distributed in each community to ensure widespread dissemination.
2. Murals (if under full control of MoHS)

Messenger: MoHS and partners. (The photo album needs to be visually self-standing, but the logos of MoHS and partners should be visible to show who has produced it).

Messages: Flow of photos showing the process from falling sick to either confirmed Ebola or not. Needs to show:

- Ambulance interior
- Smiling medics
- Blood tests and/or swab
- Holding centre (inside and outside)
- ETC (inside and outside)
- Lying in bed with drips, water/ORS and/or tablets
- Food
- Phone conversation with family members
- Going home.

Operational issues:

- Enough need to be produced so as to ensure wide access
- Logistical issues of production and distribution
- Product needs to be robust, laminated
- Permission and consultation will be needed to have institution's and people's images shown
- Needs to be presented in a very non-threatening, compassionate, and positive way
- In reality, medics may not be so friendly and smiling – could undermine the message

GET EARLY TREATMENT

Topic: Addressing misconception and worries about health system.

Audience: General population including traditional, religious, cultural, youth, women leaders

Channel: Community meetings (participatory theatre)

Messenger: Youth groups

Messages: *Drama for community meetings or comic book:* script to include 1 bad story, gone too late, dies at gate of treatment centre; 1 good story, goes early to the centre, gets treatment and food, explains about IV treatment and injection for pain, survives, gets a certificate and care package.

Operational issues: Assumptions: sufficient qualified staff with supervision to ensure validity of message; should also have counseling skills, enough food + medicine, give feedback to families; Professionals available to train youth groups how to do participatory theatre

GET EARLY TREATMENT

Topic: Denial of Ebola and uncertainty over symptoms

Audience: General population, urban and rural

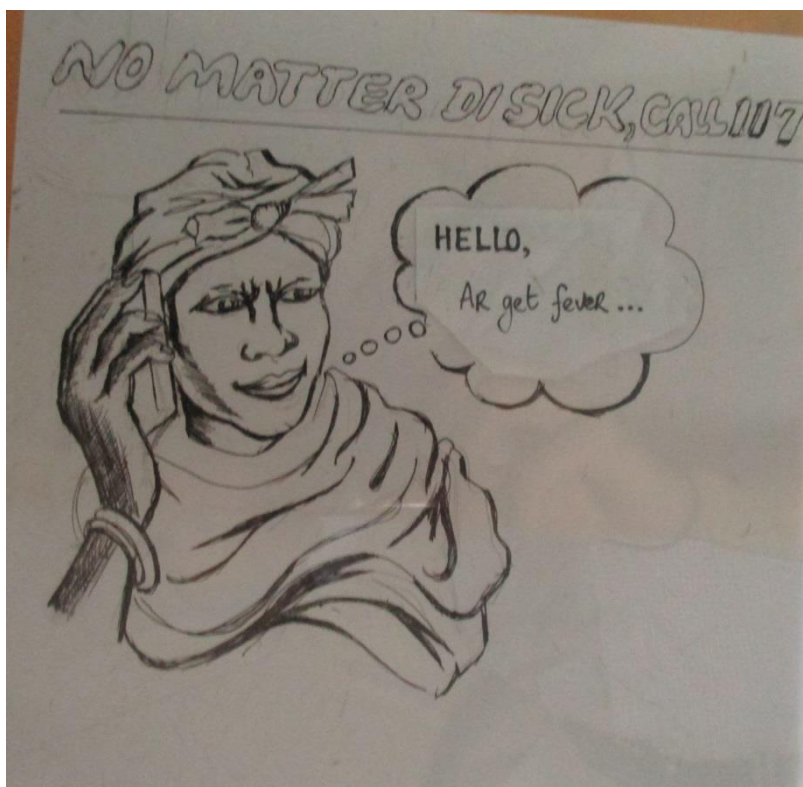
Channel: Posters, Radio jingle, What's app, Cars with loud speakers, Town criers/Chief, Button and/or wristband

Messenger:

1. POSTER: Ordinary woman calling 117 (because women are the primary care givers)
2. AUDIO: Music artist

Messages: *No matter di sick, call 117* [Call 117 for any illness you have]

Operational issues: What training or additional resources for 117 may be needed to cope with this? If 117 extends beyond Ebola, additional training would be required for operators. 117 could be overloaded.



GET EARLY TREATMENT

Topic: Countering worries about health system.

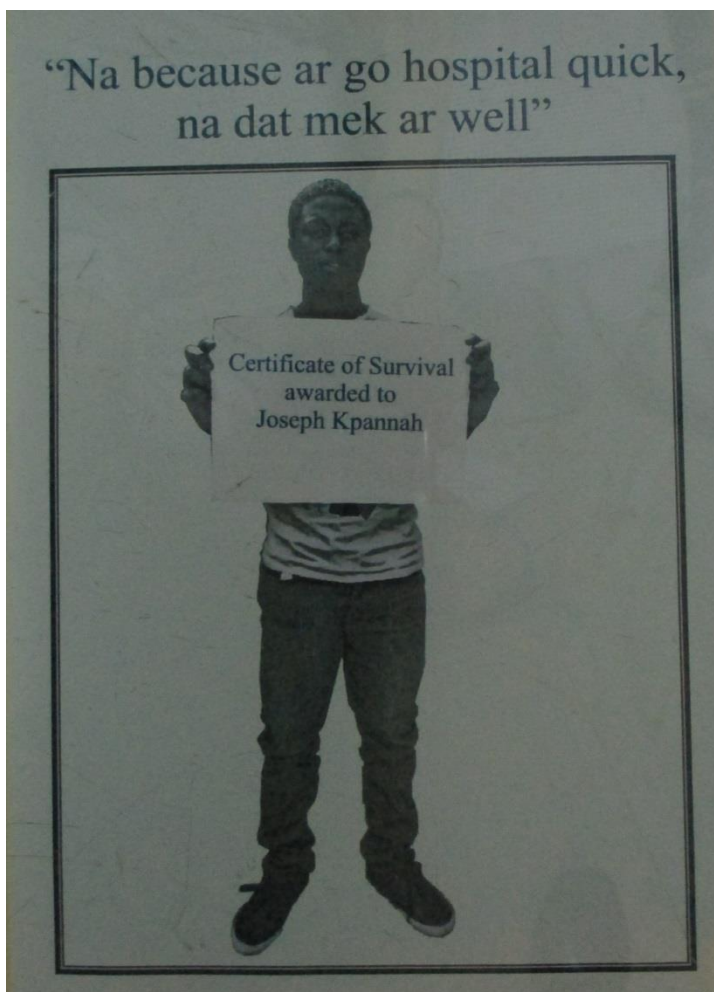
Audience: General population including traditional, religious, cultural, youth, women leaders

Channel: Posters distributed by NGOs, CBOs, DHMTs through PHUs to be posted at community gathering points, ataya base, court barrie, and NOT on people's houses. Use youth group to do the posting?

Messenger: HCWs and survivors

Messages:

1. *Poster:* Go to the hospital early to increase your chances of survival > "If you go hospital quick chance de say yu go well"



GET EARLY TREATMENT

Topic: 'SEEING IS BELIEVING', Addressing doubts and disbelief: Our formative research indicated that people who initially did not believe in Ebola, but who do believe now, have had direct experience of it. We want to make use of these people's experiences to convince others of the reality of Ebola

Audience: General population, urban and rural

Channel: Testimonials and stories, tracking the evolution from non-belief in Ebola to belief, disseminated through:

- Face to face
- Drama
- Radio jingle
- Button and/or wristband

Messenger: Survivors, health workers, and traditional healers who previously hadn't believed that Ebola is real, but who now believe it because of their own experiences.

Messages: Theme of the testimonials: *Noto pass you see before you believe se - Ebola de* [You don't have to see someone with Ebola to believe that it is real.]

Operational issues:

- Need to recruit survivors, health workers and traditional healers who previously hadn't believed that Ebola is real to tell their stories. May be challenging to identify health workers to stand in public and say they didn't believe in Ebola
- Speakers need to be screened to minimize the risk of their perpetuating misconceptions to do with Ebola
- Loose canons: testimonials going counter to the intended direction – can be minimized by screening
- When explaining why they hadn't previously believed, this could perpetuate their previous thoughts in other people's minds – can be minimised by focusing on what made them believe in the end, not on the reasons they didn't believe.

GET EARLY TREATMENT

Topic: 'SEEING IS BELIEVING': Visual complement to the previous verbal message

Audience: General population, urban and rural

Channel: Poster with the message text alongside photo

Messenger: Female survivor holding their certificate as they are discharged.

Messages: *Noto pass you see before you believe se - Ebola de* [You don't have to see someone with Ebola to believe that it is real.]

Operational issues: Logistical issues of production and distribution; Possible stigma for the survivor being depicted

STAY SAFE AND PROTECT YOUR FAMILY WHILE YOU WAIT

Topic: A prevention message for caring safely for people after calling 117. This is an *actionable* set of steps for keeping a household safe. People want to have directions for what to do in this highly stressful situation.

Audience: General population, hotspots – main focus on women, as primary carers. (Aiming to reach household and family members of suspected cases)

Channel: Leaflet (tri-fold, step by step pictorial); Plastic bags; Radio discussion; Community meetings; Ose to ose; Sermons

Messenger: MoHS and partners; Pastors, Imams, Traditional healers and community leaders (male/female)

Messages: While waiting for the ambulance:

1. Nor touch di sick posin [Don't touch the patient.]
2. Put di sick posin wan sai, en mek wan posin de wach am. [Isolate the patient, and choose one person to take care of them.]
3. Gie di sick posin wata. [Give water to the patient.]
4. Wea u gie wata en if u get for see bot am, wer klin plastic bag nay u an, en nor touch u face. [When giving water and cleaning up, cover your hands and arms with clean plastic bags, and don't put your hand up to your face.]
5. Wea u de pull di plastic, duya try nor for touch di wata en oda tin wea de komot na di bodi. [When removing the plastic, make sure you don't touch any of the fluids.]
6. Wen u pull di plastic, was u ol an wel wit soap en wata. [After removing the plastic, wash your hands and arms well with soap and water.]
7. Use stik fo put all watin u use, wisi posin nor go touch am. [Use a stick to transfer any soiled materials in a place where nobody will touch them.]
8. Wae di ambulance kam, duya gie dem all watin u use pan di sik posin, den go no watin for do wit am. [When the ambulance arrives, be sure that they take the plastic and anything used by or for the patient for safe disposal.]
9. Tel u fambu en u padi den [Pass this message on to your family and friends!]

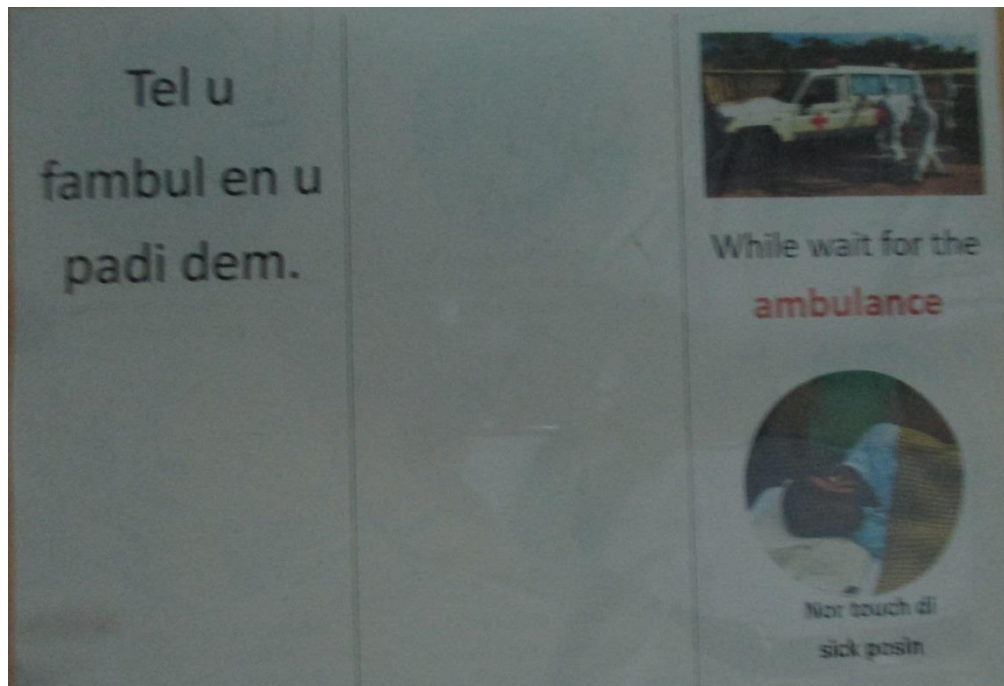
Operational issues:

- Ambulance staff must give full information about (not) using spaces and materials that have been sprayed once the patient has been removed
- Rural: fewer rooms to isolate people, and less access to plastic covering
- Logistics and production of leaflets and plastic bags and cups
- Facilitating community work, and ensuring credible spokespeople etc

STAY SAFE AND PROTECT YOUR FAMILY WHILE YOU WAIT

Risks:

- We are accepting that people *will* touch their loved ones – it is unavoidable. Therefore we need to provide people with materials and means to do this safely.
- While giving water and cleaning up, some people may not adopt the recommendations and therefore become infected.



[Higher quality version of the leaflet available from Abdul Jalloh, MRC]

STAY SAFE AND PROTECT YOUR FAMILY WHILE YOU WAIT

Topic: This topic addresses the need to reinforce prevention of transmission and provides practical guidance to families when somebody dies at home.

Audience: General population, especially where unsafe burials persist, both urban, rural

Channel: Leaflet (tri-fold, step by step pictorial); Plastic bags; Radio discussion; Community meetings; Ose to ose; Sermons

Messenger: MoHS and partners; Pastors, Imams; Traditional healer and community leaders (male/female)

Messages:

1. If posin die na os, nor touch im bodi. [If someone dies at your home, do not touch their body.]
2. Call 117, bia wait teh den kam. [Call 117 and be patient while you wait.]
3. Beliv say wea di burial team kam, den go treat u posin wit respect. [Have confidence when the burial team arrives, they will treat your loved one respectfully.]
4. Duya lisin gud gud wan to watin di burial team di tell u en duya du watin den say. [Listen carefully to the advice that the Burial Team gives you, and follow what they say.]
5. Gie di burial team all tin wea di die man bin use en all tin wea u use pan di die man, den go no watin for do. [Be sure that they take the plastic and any soiled materials for disinfection or safe disposal.]
6. Tel u fambu en u padi dem [Pass this message on to your family and friends!]

Operational issues

Burial teams must continue to ensure that they are doing respectful burials:

- Consult with family
- Wrap properly
- One identifiable grave
- Respectfully putting into the grave
- Work with pastors/imams
- Workers not under influence of alcohol
- Respectful attitude of workers.

Inter-religious councils and the Council of Paramount Chiefs to be informed and engaged

Risks

Burial teams may not always conduct respectful burials and this can undermine community confidence in the Ebola response.

SURVIVORS AND STIGMA

Topic: Survivors and Stigma

Audience: General Public including traditional, cultural, religious, youth leaders

Channel: Radio drama and drama in the community, where possible involving Ebola survivors

Messenger: Youth groups, women's groups, Men's groups (males in particular), Ebola survivors

Messages: Drama (Two scenes, one showing the community not welcoming the survivor (gossip, laughing, turning their back), and the other showing the whole community coming out dancing, clapping (General Jubilation) welcoming the survivor back into the community. Inside the drama there is a song including the following phrases:

1. "Kabo to una homes, una wokplace en una community, una wi broda en sista dem way don survive Ebola" (Welcome our brothers and sisters who have survived Ebola back into their homes, jobs and communities)
2. "Nor Laf or run from porsin way bin don get Ebola" (Do not laugh at or avoid Ebola survivors)
3. "Nor kongosa porsin way bin don get Ebola" (Don't Spread gossip about Ebola survivors).

SURVIVORS AND STIGMA

Topic: Survivors and Stigma

Audience: General public

Channel: Jingle (radio, mobile PA systems) and Poster (picture of survivor, same text)

Messenger: Male and female Ebola survivors

Messages:

1. “Kabo to una homes, una wokplace en una community, una wi broda en sista dem way don survive Ebola” (Welcome our brothers and sisters who have survived Ebola back into their homes, jobs and communities)
2. “Nor Laf or run from porsin way bin don get Ebola” (Do not laugh at or avoid Ebola survivors)
3. “Nor kongosa porsin way bin don get Ebola” (Don’t Spread gossip about Ebola survivors).

SURVIVORS AND STIGMA

Topic: Survivors and Stigma. The messages address self-stigma and empower the survivor.

Audience: General public

Channel: community meetings, jingle (radio, mobile PA systems), Posters distributed by NGOs, CBOs, DHMTs through PHUs subsequently distributed by local youth groups, to be posted at community gathering points (attaya base, court bari – not on houses)

Messenger: Ebola survivors, working as contact tracer / community care centre assistant

Messages: “Mi na Ebola survivor, a dae ep fo tap Ebola na dis community” (I am an Ebola survivor, I am helping our community to fight Ebola)

SURVIVORS AND STIGMA

Topic: Addressing stigma of people working in the Ebola Response (HCWs, burial team members, ambulance staff, CC/Holding/Treatment centres)

Audience: Communities

Channel: Posters distributed by NGOs, CBOs, DHMTs through PHUs subsequently distributed by local youth groups, to be posted at community gathering points (attaya base, court bari – not on houses)

Messenger: People involved in the response (shown on poster).

Messages:

- *Poster 1:* An Ebola response worker in his/her work setting (e.g. taking care of a patient) “Di Ebola workman den na i champion den!” (Our Ebola workers are our heroes!)
- *Poster 2:* nurse in her uniform, wearing gloves, next to several survivors + certificates in front of one of the centres saying “Nurse Susan na hero, e hep plenty Ebola Survivor dem for liv” (Nurse Susan is a hero, who helped many Ebola patients survive)



CHLORINE – NEW TOPIC

Topic: Fear of chlorine in ambulances, by burial teams

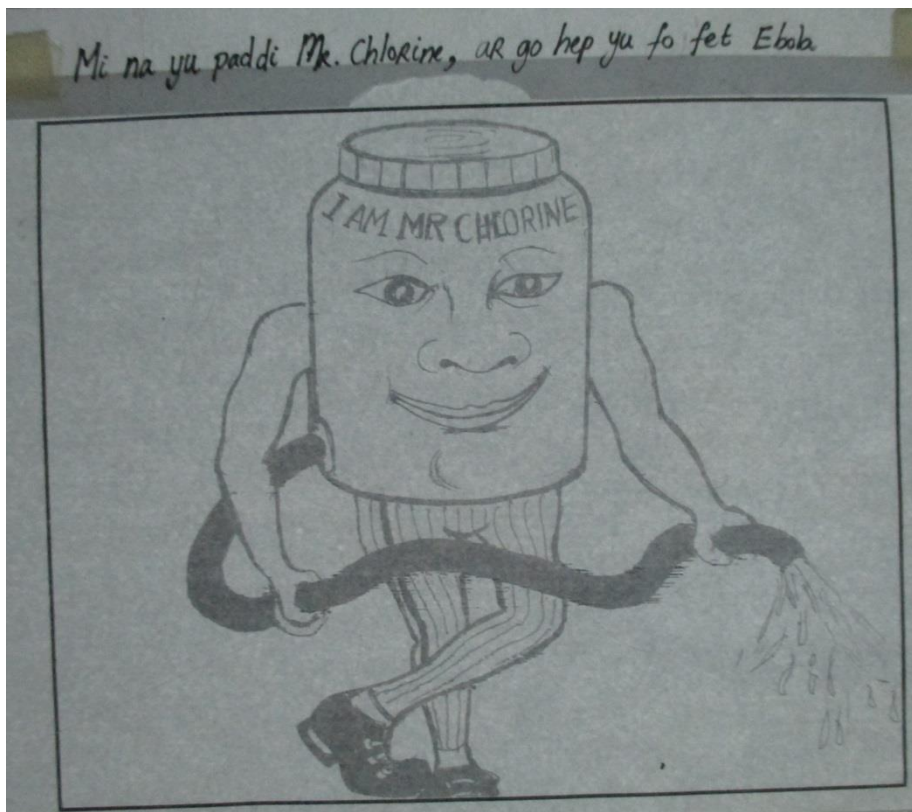
Audience: General public

Channel: Posters distributed by NGOs, CBOs, DHMTs through PHUs subsequently distributed by local youth groups, to be posted at community gathering points (attaya base, court bari – not on houses)

Messenger: Mr. Chlorine

Message: I am Mr. Chlorine, your friend in the fight against Ebola. > Mi na yu paddi Mr. Chlorine, ar go hep yu fo fet Ebola (*picture: Mr. Chlorine as drum with hands and feet, smiling*)

Operational issues: Ambulance, burial teams use chlorine in right way/dose. Ventilation provided inside ambulance (AC?) and/or teams wait after spraying for some time before people board the ambulance.



FEAR OF AMBULANCES – NEW TOPIC

Topic: Fear of ambulances

Audience: General public

Channel: Posters distributed by NGOs, CBOs, DHMTs through PHUs subsequently distributed by local youth groups, to be posted at community gathering points (attaya base, court bari – not on houses)

Messenger: Ambulance staff / family members / patient

Message: A belief say di ambulance na di best en safe way fo go hospital. Fine breeze de blow inside the ambulance (Trust the ambulance, it is the best and safe way to go to the hospital to receive treatment. The ambulance is well ventilated so that the patient will not have trouble breathing). Picture showing AC/airflow in the ambulance.

Operational issues:

- Ambulance for burial team is different from ambulance for carrying sick people?
- Ambulance staff are doing the right thing:
 - No use of siren
 - No over speeding
 - Adapting speed to the road condition
 - No alcohol on the job
 - Respectful behavior
 - Not taking bribes
 - Not taking passengers or loads
 - Being on time
 - Following the protocols
 - Not overdosing chlorine
 - Drivers know the terrain
 - Ambulance staff explains to patients and family about the ventilation in the ambulance



FEAR OF AMBULANCES – NEW TOPIC

Topic: Fear of ambulances

Audience: General public

Channel: Jingle (radio, mobile PA system)

Messenger: Voice both male and female survivors in one jingle

Message: “Min a survivor, A beliv say di ambulance na di best en safe way fo go hospital. Fine breeze de blow inside de ambulance (Trust the ambulance, it is the best and safe way to go to the hospital to receive treatment. The ambulance is well ventilated so that the patient will not suffocate)

Operational issues:

- Ambulance for burial team is different from ambulance for carrying sick people?
- Ambulance staff are doing the right thing:
 - Well ventilated Ambulance
 - No use of siren
 - No over speeding
 - Adapting speed to the road condition
 - No alcohol on the job
 - Respectful behavior
 - Not taking bribes
 - Not taking passengers or loads
 - Being on time
 - Following the protocols
 - Not overdosing chlorine
 - Drivers know the terrain
 - Ambulance staff explains to patients and family about the ventilation in the ambulance

FEAR OF AMBULANCES – NEW TOPIC

Topic: Fear of ambulances

Audience: General public

Channel: Community meetings, sermons, radio discussion

Messenger: Religious leaders (male/female), youth leaders, women's leaders

Message (talking points):

- “For trus de ambulance” (Trust the ambulance).
- “Di ambulance na di best en safe way fo go hospital” (The ambulance is safe and reliable).
- “De healthcare wokmen dem frenly, den go hol yu fine” (The health workers are friendly. They will take care of you in a nice way. “Fine breeze de blow inside the ambulance” (there is ventilation inside the ambulance).

Operational issues:

- Ambulance for burial team is different from ambulance for carrying sick people?
- Ambulance staff are doing the right thing: no use of siren, no over speeding, adapting speed to the road condition, no alcohol on the job, respectful behavior, not taking bribes, not taking passengers or loads, being on time, following the protocols, not overdosing chlorine. Drivers know the terrain. Ambulance staff explains to patients and family about the ventilation in the ambulance.

117 PRANK CALLS – NEW TOPIC

Topic: 117 - Prank calls (85% of all calls to 117 are defined as 'prank calls' – our informants also discussed this issue)

Audience: General public

Channel: Jingle (radio, mobile PA system, text messages (SMS))

Messenger: Neutral friendly voice both male and female in one jingle

Message: "Lek Mama Salone – no mek kalo kalo call to 117, e de hambug the Ebola response." (Be a good citizen – don't make fake calls to 117, it disrupts the Ebola response)

COMMUNITY-BASED CHANNELS FOR DISSEMINATING MESSAGES

- 1) TBAs
- 2) Contact tracers (students, teachers, etc – educated people; but these people will be out of a job when this is over – more useful in rural areas than urban areas?)
- 3) CHWs
- 4) Imams and pastors
- 5) Doctors and nurses
- 6) Youth groups
- 7) Chief + Town crier
- 8) Nasser Ayoub and other musicians doing jingles
- 9) Community mobilisers
- 10) Mami queen
- 11) Traditional healers and their association