



Ebola Outbreak, Liberia:

Communication: Challenges and good practices

CONTENTS

Introduction.....	1
Key findings	1
Sources and limitations.....	2
Promoting Behaviour change.....	3
Communication channels	6
Community leaders and trust.....	8
Message content and guidelines.....	10
Lessons Learned	12
Annex	13

INTRODUCTION

Box 1. Effective communication is critical from the onset of any humanitarian emergency. However, the information needs of people affected by crises remain largely unmet and not enough capacity and resources are dedicated to address them meaningfully (BBC World Service Trust, 2008, Internews, 2011, CDAC/ACAPS, 03/2014).

After the Ebola outbreak was declared in Liberia in March 2014, early portrayal of Ebola as an incurable killer disease was met with intense mistrust, resistance and fear by many communities and early responders (The Guardian, 09/2014). As the outbreak spread, it was important to find appropriate ways to inform people how they could minimise the risk of catching the disease and what to do if it affected them and their families.

The way messages were developed and disseminated evolved with the epidemic. In Liberia the number of cases spread uncontrollably until September 2014, finally getting to zero in May 2015, before re-emerging twice on a very small scale. Communication remains a key aspect of community mobilisation efforts to address remaining Ebola-related issues, such as survivor stigma and complacency towards prevention

measures. This is the first of two reports that ACAPS is producing with the aim of identifying lessons learned and good practice in community-led communication processes. This report focuses on Liberia and the second covers Sierra Leone. The grey boxes indicate content that relates to communication in emergencies in general and is common to both reports. The report covers the changing behaviours of the affected population, the most effective channels for reaching communities, the most trusted actors for information delivery and the adaptation of messaging to the needs of affected populations. These insights suggest ways to better address communication needs in future outbreaks.

KEY FINDINGS

“The reality is you have got to get involved with communities beforehand, especially if you are going to have that trust which is fundamentally important to make these kind of changes”- Assistant Director-General of Polio and Emergencies, WHO (ODI event, 19/10/2015)

- + Funding for social mobilisation activities and focus on “bottom-up” community led-engagement campaigns came too late. These should have started at the onset of the emergency.
- + Radio stations were the first and most widespread source of information on Ebola for the majority of Liberians.
- + The increasing involvement of anthropologists helped better understand and address the socio-cultural and political dimension of the outbreak.
- + Liberians were often more afraid of the religious consequences of changing their behaviour than of catching Ebola. As a result, trusted community and faith leaders played a key role in containing the epidemic.
- + Disconnected top-down messaging approaches were largely ineffective. Two-way communication must be encouraged to better understand and respond to the concerns of local communities.

The ACAPS Ebola Project aims to support strategic decision making, programme design and advocacy work surrounding the Ebola outbreak by providing analysis on current priority needs and ongoing issues. Funded by the European Commission’s department of Humanitarian Aid and Civil Protection (DG ECHO), it builds on the contextual knowledge and sectoral analysis forged through the ACAPS Ebola Needs Analysis Project (ENAP).

SOURCES AND LIMITATIONS

SOURCES FOR INFORMATION PACKAGES IN LIBERIA:

As part of the analysis carried out for this report, ACAPS identified messages that were disseminated throughout the crisis. These messages came from the following sources:

- + UNICEF, Protect yourself, protect your family, protect your community from the Ebola virus, 04/2014
- + UNICEF, Protect yourself, protect your family, protect your community from the Ebola virus, Dos and Don'ts, 04/2014
- + Ministry of Internal Affairs, Gov't suspends Poro, Sande Activitie, 06/2014;
- + MSF, Message guide Ebola Virus Disease, 08/2014
- + UNICEF, Protect yourself, protect your family, protect your community from the Ebola virus, Things everyone should know and do, 09/2014
- + Government of Liberia, National Ebola response strategy, 09/2014
- + Social Mobilisation Sub-Committee, Key message guidance package for the EVD outbreak in Liberia, 11/2014
- + Reuters, Samaritan's Purse on home care kits, 20/10/2014
- + Ministry of Information, New site to bury Ebola victims, 12/2014
- + Social Mobilisation Sub-Committee, Key message guidance package for the EVD outbreak in Liberia, 01/2015
- + Social Mobilisation Sub-Committee, Key message guidance package for the EVD outbreak in Liberia, 06/2015

LIMITATIONS:

- + This report is based on secondary data review and a series of interviews with key informants (KIs). It is not an independent evaluation on the impact of information and communication initiatives during the Ebola outbreak. It cannot measure the reach of messages, an essential aspect of the response. Further research on this topic could be valuable to the humanitarian community.
- + This report provides key messages from authorities and international NGOs (see list page 15). Such messages from the early stages of the outbreak were especially hard to find, limiting the extent to which a comparative analysis is possible.
- + Communication is just one element of the response which contributed to containing the outbreak in Liberia. While this report and timeline does not mention each element individually, it recognises the role they played in the course of the epidemic.

PROMOTING BEHAVIOUR CHANGE

Box 2. The importance of behaviour change in breaking Ebola transmission

Lessons learned during the Ebola outbreak revealed that several factors were crucial in containing the outbreak in Liberia, Sierra Leone and Guinea (WHO, 08/2015, WHO, 04/2015, ACAPS, 26/08/2015). Among others, these included efforts to:

- + Rapidly isolate symptomatic individuals,
- + Trace their contacts,
- + Safely bury or cremate infected corpses,
- + Change attitudes and conducts related to protective practices and hygiene.

Ebola was new in West Africa. Populations did not understand why the disease suddenly arrived and what they could do to prevent infection. At times, and especially in earlier months, the prevalence of a number of “high-risk” behaviours helped the virus stay hidden and elude containment measures (WHO, 01/2015). Changing these behaviours was crucial.

In Liberia and Sierra Leone for instance, some mourners bath in or anoint others with water used to wash corpses, believing that doing so transfers powers (WHO, 01/2015). Funeral and burial practices in West Africa are therefore exceptionally high-risk in an Ebola outbreak context. Addressing such “high-risk” behaviours was particularly difficult, as it sometimes implied proposing changes to deeply rooted practices, traditional beliefs and customs which had been practiced for thousands of years (PI, 02/11/2015). The way to greet one another, to bury the dead and to care for the sick are practices closely linked to religious and cultural heritage, territory and identity (PI, 05/10/2015). It was therefore critical to identify and build outreach strategies which would successfully bring about change and reduce the risks of contracting and spreading the disease.

See the timeline on pages 4 and 5 for an overview of key events and announcements linked to behaviour change and information campaigns.

EBOLA TIMELINE: SHIFT IN PUBLIC OPINION

Chronology: The Ebola outbreak was first declared in Liberia on the 30 March, when Liberian authorities reported their two first Ebola cases. The trajectory of the outbreak was then marked by a surge in the capital Monrovia in August 2014, followed by a sudden peak in late September – before the influx of international assistance – and an earlier decline than in Sierra Leone and Guinea (ODI, 10/2015). Liberia has been declared Ebola-free three times since then, only to reappear on a very small scale each time (WHO, 03/09/2015; WHO, 20/11/2015 Reuters, 3/12/2015).

Perceptions and fears: At the onset of the Liberia outbreak, assessment revealed that negative perceptions of the response and fear of the virus contributed to non-compliance with prevention measures and resistance (Oxfam, 18/12/2014). Misconception and denial of Ebola easily spread through local media, who often relayed the population’s belief of Ebola as being a hoax or a foreign weapon (national media, 06/2014, Information need p.14). International organisations and health workers were held responsible for the outbreak, in some places. Rumours of cannibalism, organ trafficking and international workers’ witchcraft were widespread (IFRC, 14/08/2014). Rumours were accentuated by certain faith leaders who reported Ebola as being a “plague” or “curse from God” (International media, 08/22014) When cases started appearing in Monrovia in early July, newspapers often covered supposed “cures” for Ebola, with little mention of prevention measures around the outbreak itself (WHO, 20/07/2015). There was a critical need to deliver information to communities to reduce the risk of contracting the disease.

Shifts in public opinion came in July and August, as the population experienced the trauma of witnessing dead bodies being dumped in the streets of the capital. A series of wide-scale communication campaigns were launched to inform the public, specifically designed to counter rumours and raise awareness of Ebola (PI, 30/09/2015). The return of survivors to their communities was another key element. Their return, in tandem with the communication efforts, allowed communities to see the disease as less of a death sentence and to accept that early care seeking increased chances of survival (PI, 08/11/2015). As cases started to decrease, the focus of much of the Ebola reporting became community mobilisation and the empowerment of affected communities in their fight against Ebola. These initiatives engaged community leaders and influential community members to discuss behaviour changes with those in their communities.

Liberia-Ebola outbreak timeline

CONFIRMED EBOLA DEATHS



28 December
A two-year old child dies of a mysterious illness in Guinea. Retrospective case-finding by WHO later identifies him as West Africa's first Ebola case.

31 March
A week after Ebola is officially declared in Guinea, the Ministry of Health declares the first official Ebola case in Liberia. MSF warns of this "unprecedented" spread.

Mid-May
With no reported cases for more than 21 days, top experts report that the outbreak appears to be slowing down. The virus is in fact spreading unreported.

17 June
The Ministry of Health confirms that the disease has reappeared in Liberia's capital, Monrovia.

23 June
MSF announces Ebola is "out of control" and calls for massive resource. Their teams have to turn ill people away from treatment centers because there are not enough beds.

30 July
As the virus spreads Liberia shuts schools and quarantines the worst-affected communities.

31 July
Reports emerge of the contamination and death of health workers at Liberia's leading hospital, including a prominent chief doctor.

4 August
By official decree all corpses of Ebola victims must now be cremated. This comes after Ebola victims are seen lying dead in the streets of Monrovia.

20 August
The entire West Point slum is put under quarantine triggering violent clashes between residents and the army. The quarantine is lifted 10 days later.

19 September
The UN Security council creates the UN Mission for Ebola Emergency Response (IUNMEER).

23 September
CDC estimates between 550,000 and 1.4 million people in West Africa may have Ebola by January 2015 if no additional response is sent.

Mid-October
Substantial funding and international aid slowly begins arriving in Liberia as US troops deploy.

Start of October
Following on advice from WHO, the IFRC and faith organizations churches, "safe and dignified burial guidelines replace "dead body management " procedures.

7 November
MSF announces a significant decline in Ebola cases for reasons which are not yet fully understood. A week later the state of emergency ends.

31 July
The Liberian Council of Churches urge its followers to stay at home and declare that "Ebola is a plague" caused by "corruption and immoral acts".

17 August
Armed men shouting that "there's no Ebola" in Liberia raid a quarantine centre in Monrovia, prompting at least 20 patients infected with the deadly virus to flee.

September
To counter rumours and provide important health warnings songs about Ebola play every day on the radio. This includes the hip hop song "Ebola is Real", produced by UNICEF, the MoH, a leading radio station and a trio of musicians.

October
Community leaders report that they are now fully engaged in behaviour change and social mobilisation activities. In Lofa County the Imam and local chief work together using messages from the Quran and the Bible to encourage good practices.

Key events and announcements Behavior change and campaigns

Sources: International media, local media, CAFOD, KAP survey, MoH Liberia, internews, BBC Media Action, WHO, MSF, UNICEF, Social mobilisation Pillar Liberia

 Sierra Leone
Guinea
Liberia



8 December
Compulsory cremation of bodies is relaxed. The government announces the creation of a cemetery that allows relatives, loved ones, and clerics to work with burial teams to offer safe and dignified burials.

January
Night curfews are lifted and the crematorium in Marshall, Margibi County closes.

16 February
After a six-month closure many schools in Liberia reopened their classrooms. Many had been converted into treatment centers at the height of the epidemic.

April
Clinics are set up to monitor the health consequences Ebola survivors face as patients report many lingering problems with their vision and joints fatigue.

9 May
Liberia is declared Ebola free, Liberians take to the streets with signs and posters with messages like "We will always overcome" and "We are the winner".

19 June
The virus reappears in the body of a 17 year old . WHO later confirms that resurgence of Ebola in Liberia is likely to have originated in a survivor still carrying the virus.

July
WHO declares the single-dose VSV-EBOV vaccine to be "highly effective" after it was trialed on more than 5,000 people.

3 September
Liberia is declared Ebola-free for a second time.

20 November
Three more cases of Ebola are confirmed in Monrovia after a 15 year old boy is admitted to the hospital with symptoms

8 December
The "Ebola Must Go" campaign is launched with the aim of eradicating the disease by increasing community mobilisation efforts and addressing survivor stigma.

March
Inter-faith prayer service for cremated Ebola victims are organised.

8 April
The UN mission in Liberia launches a "back to school" Ebola campaign with schools in Montserrado county.

May
The "Ebola must go" campaign shifts its focus on remaining vigilant in Ebola free-Liberia.

July
The majority of the estimated 20,000 workers and volunteers who fought Ebola are unable to find work, largely due to lingering stigma and fears about the virus.

COMMUNICATION CHANNELS

Box 3. Understanding available communication in an emergency channels

Studies have shown that the more humanitarian actors know about how people receive, give, share and trust information in a community, the better they will be able to decide which communication channels to use and which initiatives to prioritise in the response (CDAC/ACAPS, 03/2014). Depending on the country context there could be a range of methods by which people access information, from mass media such as radio or television, to the more traditional channels such as word of mouth or community leaders. Certain communication channels may have implications in terms of trust and reliability, which are important to consider in community mobilisation activities (CDAC/ACAPS, 03/2014).

Radio stations were the first and most widespread source of information on Ebola for the majority of Liberians. Based on a "Knowledge, attitude and practices survey" carried out in March 2015, 93% of respondents reported that they first learned about Ebola through the radio (KAP survey, MoH, 03/2015). This was followed by interpersonal communication with family, friends and neighbours (39%) and house to house visits by health workers (36%) (KAP survey, MoH, 03/2015). Group discussions and experts suggested that in communities where messaging successfully reached population, radio reports, health visits and person-to-person interaction worked to mutually reinforce each other to create a strategic dialogue among communities (KAP survey, MoH, 03/2015, PI, 18/11/2015). This structured dialogue was key in encouraging behaviour change because it created a space to voice out concerns and fears and rebuilt confidence between communities and health workers (UNICEF, 08/06/2015, PI, 18/11/2015). However, for many KIs, funding for social mobilisation activities and focus on "bottom-up" community engagement campaigns came too late (PI 07/09/2015, PI 18/11/2015). They argue that it only became a priority after the number of Ebola cases threatened the stability of Liberia, and that authorities should start by engaging of community leaders and producing more targeted guidance (ICG, 28/10/2015, PI, 30/09/2015, Al Jazeera, 24/10/2014).

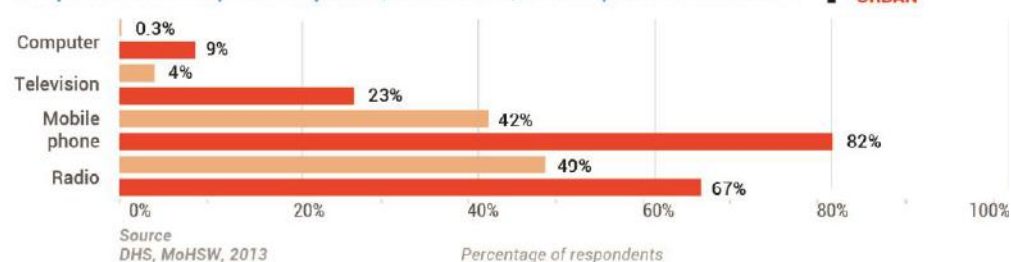
MEDIA AND TELECOMMUNICATION CHANNELS

Pre-crisis

Radio: Radio plays a key role in the community as one of the most, if not the only, source of news and information that people rely on (internews, 21/10/2014). The UN radio and the state broadcaster are the two largest radio broadcasters in the country, with close to nationwide coverage. There are also a number of local radio stations, many of them broadcasting in regional languages. Listening to the radio is often a group activity where members of the community listen to programmes together, discuss its content and call in to ask questions (IREX, 10/2015). In the past development actors have increased the capacity and financial sustainability of the major rural community radio stations, and used it to deliver important messages (USAID, 11/2013). Radio Community stations and UNMIL frequently run public service programming targeting health issues (Audiencescapes). Some of these health issues include malaria, which is responsible for 41% of deaths among children under five, HIV, measles, and Lassa fever, which has very similar symptoms to Ebola (CDC 2014, Journal of Emerging Infectious Disease 2010).

Mobile phones Mobile phones are becoming increasingly popular in Liberia, with ownership rising from 20% of households in 2007 to 65% in 2013 (National Demographic and Health Survey, 2013). Less than one percent of the population uses fixed-line telephones and most rely on one of the four main mobile-cellular network operators, which extend more or less successfully in the different parts of the country (CIA Factbook, 2014). They are often used to listen to popular radio programmes.

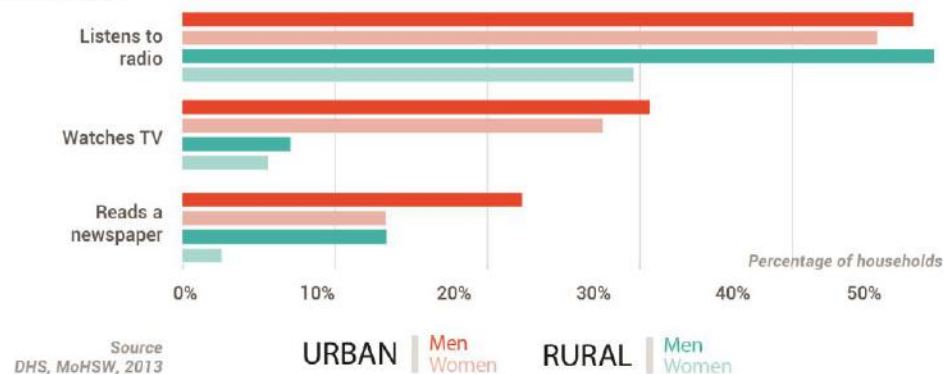
Graph 1: Ownership of Computers, televisions, mobile phones and radios



Access: Much of Liberia's communications infrastructure was destroyed by previous civil wars (1989-1996 and 1999-2003). Services overall are poor with limited internet connectivity, especially outside the capital (Thuraya, February 2015). Only 16% of households in urban areas have access to electricity, 1% in rural areas, severely restricting the role of many communication channels (Demographic and Health survey, GoH, 2013). This unequal information access partly explains the significant differences in the use of telecommunication channels among urban and rural communities. Written forms of communication are particularly ineffective in isolated rural areas, which often have much lower levels of education and higher illiteracy rates (26% for men and 58% for women) (National Demographic and Health Survey, 2013). Pocket radios and radios installed on mobile phones can sometimes be shared and serve entire villages. (LIWOMAC, September 2014). Women are particularly underrepresented in the media, accounting for only 13-16% of the total number of journalists in the country, and are much less present in radio programmes. Data from one of the largest mobile phone companies in Liberia, indicate that out of all of its registered subscribers only 35% are women (UNDEF, 10/2014).

Graph 2: Access to mass media

at least once a week...



During the Ebola outbreak

During the outbreak messages were disseminated on billboards, posters, leaflets, newspapers, on the radio and TV and via SMS and call-in hotlines (Internews,

26/03/2016). As the epidemic progressed, more targeted and informed messages were put through these channels. This corresponded to a period where more funding was available, more staff were dedicated to communication and the number of cases of Ebola was rising exponentially.

Popular media initiatives: National and local radio stations conducted live talk shows discussing the Ebola virus, preventative measures and ways communities could work more closely to protect populations (AWDF, 09/12/2015). In November 2014, BBC Media Action launched a weekly radio program called "Kick Ebola from Liberia" with the aim of providing information on how to avoid getting Ebola and break the chain of transmission (BBC media action, 17/11/2014). It was broadcasted across 26 partner radio stations, 112 times a week, with the vast majority of the country being able to listen to the show on a regular basis (BBC Media Action, 23/03/2015). The programme included discussions with the general public or known and trusted figureheads, and debates around safe burial practices. Viewers were encouraged to participate by submitting questions and contributions via text messages and Facebook. International organisations like the ICRC and UNICEF also funded initiatives that used popular culture to reach a wider audience. UNICEF, for instance, worked with local musicians to produce the song "Ebola is Real," which urges Liberians to take measures against the disease (CNN, 21/10/2014).

Use of mobile phones: While not commonly used until the peak of the crisis, technology served as a valuable tool for addressing the threat posed by rumours and misinformation and the need to quickly refute them. In November 2014 UNICEF launched the "U REPORT", a mobile phone application which enabled young people to access vital information and services (UNICEF 20/11/2014). U-report provides young people access to basic information on Ebola prevention and services available near them. In 2015, in collaboration with UNICEF, internews created the "DeySay" SMS system which uses text messages to monitor, track and report rumours relating to Ebola across different counties (Internews, 2015). The service was used by both the media and social mobilisation groups to adapt Ebola messaging. Through mobile phones, remote data collection was also made possible with different survey platforms to conduct real time assessments (GeoPol,30/09/2015). In the recovery phases, these assessments focused on economic recovery, including quarantine restricted areas.

ORAL COMMUNICATION

“what was needed was well-contextualised narrative storytelling material which fosters empathy and trust and at the same time shares key messages embedded throughout the story”- Humanitarian communications programme manager

Pre-crisis

Communication channels include oral traditions and expressions that are used to pass on knowledge, collective memory and social values (PI, 30/10/2015). Community structures in Liberian villages vary considerably, and community and faith leaders are central authority figures in Liberia. While English is the official language, it is spoken by only 20% of the population. There are 16 major ethnic groups in Liberia which use over 20 indigenous languages, often without a written form. Many more also speak “Liberian English”, a simplified version of the language (PI, 08/12/2015).

During the Ebola outbreak

Story-telling and entertainment education: Research suggests that communications which capture the imagination are more effective outreach tools, as people who are engaged in a storyline are more open to both receiving information and to considering a change in attitude and behaviour. This type of communication has been used extensively in the past for other health related challenges, such as HIV/AIDS prevention and stigma reduction (World Bank, 06/08/2014). It was particularly key in the Ebola outbreak, especially among communities which are used to communicating orally (IOM, 07/01/2015). Working with the series of its ‘Spread the Message, Not the Virus’ graphic stories, IOM trained over 700 community health volunteers to use the stories to communicate key messages through interpersonal communication sessions centred on guided reading (IOM, 07/01/2015). Some of the stories targeted community leaders, while others were designed for everyone. While no formal evaluation was conducted, supervisions of the volunteers’ activities were encouraging, the participants being engaged by the story telling, listening attentively and asking questions related to both the story and Ebola in general (PI, 08/12/2015).

Combined approach: Research suggests that embedding key messages through cultural programmes and mass media was one of the most effective tools in reaching a wider audience (World Bank, 06/08/2014). Starting December, BBC’s “Kick Ebola out of Liberia” programme created the show “Mr Plan Plan” whose aim was to portray the conflicts and challenges faced by Ebola-affected communities. Among other messages, it highlighted how families could develop a plan of action to be better prepared faced with Ebola, actively seek treatment and practice safe burial rituals (BBC media action, 10/2015). Episodes of the show Mr Plan Plan were aired several times a day on 22 radio stations, including UN radio and the state broadcaster (BBC media action, 10/2015).

COMMUNITY LEADERS AND TRUST

Pre-crisis

Political authorities: There is often a high level of mistrust between the Government, international actors, and the local population following years of civil war (1989–2003), which killed more than 200,000 people and displaced over a million (HRW, 22/04/2013, ACAPS, 4/02/2015). When former dictators Samuel Doe and Charles Taylor were in power, they severely curtailed the rights of Liberians, burned down newspapers and targeted opposition groups (Search for Common Ground, 18/08/2013, AlJazeera, 14/10/2015). The collective trauma associated with the civil war continues to deeply influence the way people relate to and interpret official information, consequently informal networks are sometimes more reliable than government sources in providing information (CAFOD, 11/2014). Under the governance of President Ellen Johnson Sirleaf, the relationship between communities and the government has allegedly improved, along with a growing sense of civic pride (PI 01/2015). According to the KAP survey, trust is thought to have continued throughout the crisis (KAP survey, MoH, 03/2015). However, there continues to be frequent complaints about mismanagement of funds and corruption (HRW, 22/04/2013).

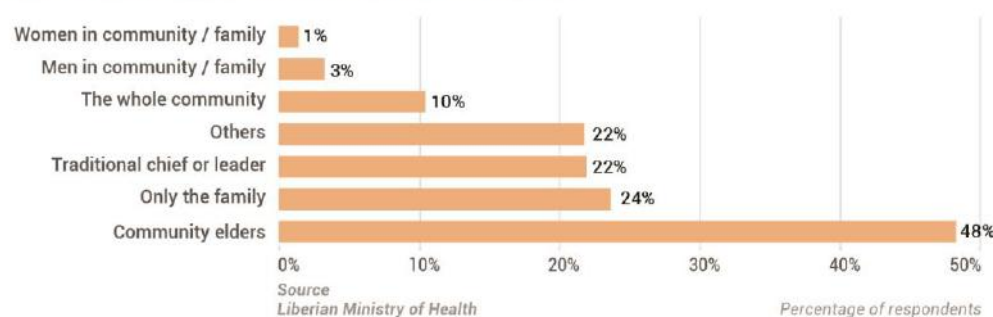
Local customs and religion: Estimates on the religious demography of Liberia vary. In 2008, official records state that the population was 85.6% Christian and 12.2% Muslim but other studies suggest that 40% of the population are of other traditional religions practiced among the 16 major ethnic groups of Liberia (Berkley Centre 2013). These beliefs have merged with other religious practices, and often overlap

(Journal of Region, Conflict and Peace 2012). Secret societies hold an important spiritual and societal role in Liberia, and are associated with leadership and authority. The Sande (for women) and Poro (for men) are the two most widely known indigenous secret societies. They serve as institutions to youth and run so called 'bush schools'. In rural areas, approximately 72% of women belong to the Sande Society, compared to 39% in urban areas (ADC, 2015). These groups are known to conduct traditional burial practices when one of their members dies, including some where mourners bath in or anoint others with rinse water from the washing of corpses, believing that doing so allows the transfer of powers (WHO, 01/2015).

During the Ebola outbreak

Influence of religion and tradition: During the epidemic, there were times where surveys revealed a rapid progression of the virus despite high basic awareness of Ebola and messages around prevention methods (CDC, 10/2014). Research suggests that many Liberians heard and understood the health messages coming from the authorities, but were often more afraid of the religious consequences of changing their behaviour than of catching Ebola (PI, 30/10/2015). Many communities were outraged by authorities removing and cremating bodies, or burying them in unmarked mass graves (CAFOD, 11/2014). As seen in the graph, village elders and traditional chiefs or leaders were often the most influential in how burials were carried out, one of the most important sources of the spread of Ebola. On these matters, people were often more likely to listen and trust their Imman and Pastors than health authorities (PI, 30/10/2015). As a result, many of those with Ebola chose to remain with their families and burials were undertaken in secret.

Graph 3: Actors responsible for burial rites and rituals



Role of faith leaders in the response: Only belatedly was there a recognition that trusted community leaders and religious leaders needed to be at the forefront, in all phases of public health action (SciDevNet, 2015). While the Inter-Religious Council of Liberia was called by the president at a relatively early stage after the outbreak, faith leaders did not consider themselves fully engaged until September, at the peak of the crisis (CAFOD, 11/2014). At that time, a range of different initiatives were developed to ensure coordinated messages. One of the more significant initiatives at the peak of the crisis was led by UNICEF and involved working with faith leaders to adapt messages from the Koran and Bible to discuss behaviour changes in the communities (Global Ebola Response, 05/2015). Religious services, Friday prayer and Sunday church services became key opportunities for transmitting messages about prevention measures and safe burials.

Social mobilisation: Community-level initiatives in the Ebola response made a significant difference in controlling the outbreak, particularly in rural areas where traditional leadership structures dominate (SciDevNet, 2015). Community engagement activities were conducted on maintaining vigilance against Ebola, encouraging early reporting of deaths, and promoting early healthcare seeking behaviour (UNICEF, 22/05/2015). This was sometimes done through structured dialogue sessions which allowed the community to decide what response strategies would work best for them (Global communities, 2015). UNICEF was one of the main organisations coordinating door-to-door activities, through general community health volunteers (gCHVs) and UNICEF staff (PI, 30/10/2015). They trained social mobilisers to build trust and engage community members including traditional authorities, community volunteers and Trained Traditional Midwives (TTMs) (UNICEF, 22/05/2015).

MESSAGE CONTENT AND GUIDELINES

Box 4. Public opinion during the Ebola outbreak:

Public opinion changed considerably during the outbreak. In popular culture and international media coverage, Ebola was often portrayed in the early months as a biological apocalyptic threat rather than a containable public health crisis with a need for international support (New York Times, 5/10/2014, HPN, 15/10/2014). This was particularly the case when foreign nationals were affected or got treatment in their own country (The Guardian, 20/10/2014). Fear-mongering and alarmist outbreak narratives were reminiscent of early coverage of HIV/AIDS in the mid-1980s, and played on collective fears and traumas (HPN, 15/10/2014). This was also the case in effected countries, which dealt with the news of an outbreak with fear, disbelief and an abundance of inconsistent messages.

Some of these fears and reactions sprung from realistic dangers, such as the fear of being sick, dying and not having access to care.

Many reactions and behaviours were also borne out of rumours and misinformation (IFRC, 14/08/2014). In response to these concerns efforts were made to communicate clearer messages around Ebola, focusing on protective practices and hygiene.

INFORMATION NEEDS OF COMMUNITIES

During the outbreak there was a critical need to deliver information to communities, to reduce the risk of contracting the disease. KIs involved in the Ebola response often reported that the precise nature of this information need was not fully understood at the onset of the emergency (PI, 09/09/2015, 25/11/2015, 28/10/2015). In the "National Knowledge, Attitudes and Practices (KAP)" study on Ebola Virus Disease in Liberia, in March 2015, (KAP survey, MoH, 03/2015) participants were asked what additional information they needed. The most frequent questions they raised were:

1. How to protect others in the house if a household member is suspected of Ebola
2. How to get information on care and treatment options for those with the disease
3. Understanding the cause / origin of the disease

4. Getting information on ways to prevent the disease
5. Additional information on home-based care for someone who is sick and suspected of having Ebola
6. Understanding the signs and symptoms of the disease
7. Obtaining information about Ebola survivors
8. Obtaining information on safe burials of those suspected/confirmed to have died from Ebola
9. Giving support and care for those quarantined because they have been exposed to Ebola
10. Additional information on possible Ebola vaccines

MESSAGE DEVELOPMENT PROCESS

Understanding and adapting to the local context: To better understand the needs of communities, anthropologists were increasingly involved in providing analysis on how to better engage with some of the socio-cultural and political dimensions of the Ebola outbreak. For instance, in August 2014, WHO commissioned an ethnographic study in Montserrado, Margibi and Bong counties which provided recommendations on culturally-sensitive interventions (WHO/24/08/2014). The Ebola Response Anthropology Platform was active in linking anthropologists from around the to work with health and humanitarian organisations to design, deliver and monitor more locally responsive and socially informed interventions and research (Ebola Response Anthropology Platform).

Coordinating: At the beginning of the outbreak, the government coordinated with UNICEF and partners on both national and county level co-chairing weekly social mobilisation task force meetings, and participating in various processes (UNICEF, 4/06/2014). In September 2014, a "Message and material development committee" was formed to create key message Guidance Packages. These provided government agencies, response committees and teams, media outlets, partners, and community leaders with accurate and consistent information to use when communicating about Ebola in Liberia (social mobilisation sub-committee, 10/11/2014). In late November 2014, following the height of the Ebola outbreak in Montserrado, the country's National Incident Management System began working to decentralise the Ebola response. This involved creating county-level coordination mechanisms and social mobilisation working groups, led by a member of the county health team as Social Media focal point. The scope of these working groups was to coordinate the social

media efforts of partners at county level, identify unmet needs and avoid duplications (WHO, 04/2015, PI, 08,12/2015).

Developing content: ACAPS could not find Liberia-specific key message guidance that pre-dated September 2014. Several communication actors highlighted that the production and dissemination of key messages was very slow at the onset of the epidemic, beyond general Ebola guidelines from MSF and selected posters adapted by UNICEF (see list in annex). In September, WHO technical guidance was adapted for Liberia through the Ministry of Health Social Welfare and partners working as part of the Social Mobilization Subcommittee. The message guidance was meant to be a complete list of messages, to be used by all partners in their communication efforts. Various materials were to use only these messages or, if new messages were desired, to obtain approval of the Message and Material Development Committee. These new messages, if appropriate, would be added to the guidance after being reviewed by the committee (PI, 08/12/2015). Messages were adapted to different audiences, and into some of Liberia's local languages, when they were shared on the radio. Media outlets that were using the guide were encouraged to provide feedback to increase its effectiveness (National Guidelines, 10/11/2014). While the specific messages evolved as the epidemic progressed the categories of needs, which they were grouped under in these guidance documents, remained the same (National Guidelines, 10/11/2014, National guidelines 11/2014, National Guidelines 01/2015, 06/2015). These included:

- + Overarching messages about the severity and transmission of Ebola
- + Risk reduction and prevention practices
- + Available care and services and case identification
- + Safe and dignified burial
- + Survival and stigma

Challenges: Even if overarching key messages accurately addressed most of the communication needs reported in the KAP survey, KIs described using disconnected top-down health messages during such public health emergencies as challenging (PI, 28/10/2015, 30/10/2015 19/11/2015). Early stages of the outbreak and response were marred by problems with communication, community engagement and trust. These became gradually better integrated into community engagement strategies and message phrasing, at later stages of the outbreak.

ADAPTING MESSAGING DURING THE OUTBREAK

"At first a lot of actors focused on "Dos and Don'ts" with the greatest emphasis on the Don'ts, and this was not particularly effective..." – Humanitarian communications programme manager

Based on publically available guidelines and guidance packages distributed throughout the epidemic, in the following section we look at how two particularly significant communication needs were addressed in key messages. First, the number one communication need reported by communities: "what to do when someone gets sick". Second, "what to do if someone dies", a crucial element for containing the disease. Dividing guidance packages in the different periods of the outbreak allows us to look at the evolution of messages transmitted by authorities, and the rumours and fears among communities. This provides an insight into some of the most significant adjustments made to the messages to meet those key needs.

See annex below for an outline of the evolution of different types of messages, rumours and fears during three different phases of the crisis

- + **Putting priority messages first:** In earlier messages the importance of avoiding contact with bodily fluids was often mentioned, alongside other messages around the origin of Ebola and main modes of transmission. This included guidance on the importance of not eating, or entering into contact with, bush meat (National Guidelines, 10/11/2014). In later guidance more focus was put on human to human transmission. Informants noted that even if bush meat is linked to the origin of the current outbreak, the focus on bush meat sometimes obscured the fact that *"Ebola is spread mainly through bodily fluids"* (Ebola Incidence Management System Coordinator, 29/12/2014). As a result, messaging around how to adapt one's behaviour around this fact were more urgently needed to prevent infection (ICG, 10/2015; ODI, 2015).
- + **Addressing counterproductive messaging:** Early guidance on safe burials included the use of cremation and the need for people to be buried immediately, in order to avoid resistance from community dwellers (Ebola brochure UNICEF, 26/09/2014; Ministry of Information, 04/08/2014). However, such messages

designed to radically change the behaviour of communities were later considered counterproductive, as they pushed traditional unsafe burial practices underground (PI, 05/10/2015). This can be seen through the many rumours around the continuation of secret burials and the perception that Ebola was a myth designed to change cultural practices and religion (See rumours in communication need 1 WHO/24/08/2014). Rumours often revealed fears that people would be forcibly cremated and buried anonymously, independently of whether or not they had Ebola. The fact that rumours about secret burials continued throughout the epidemic accentuated the need for more social mobilisation and reinforcement of key messages (PI, 01/10/2015).

- + **Reconciling faith and behaviour change:** September 2014 guidelines specified that *"Persons (...) must be buried immediately"*, with no funeral service or rituals (Ebola brochure UNICEF, 26/09/2014). Starting November, guidelines highlight the *"different ways Christian and Muslim families can take part in these different parts of the safe burial to make sure that the family member is buried in a respectful way"* (the only rule being not to touch the body). It specifies that *"the family will have time to say prayers, speeches or songs for their loved one"* (Social Mobilisation Sub-Committee, 11/2014). December guidelines incorporated the word *"dignity"* by mentioning that relatives, *"loved ones and clerics can now work with the safe burial teams and victims can have safe and dignified burials"* (Ebola Incidence Management System Coordinator, 29/12/2014).
- + **Integrating more positive and inclusive messaging:** KIs highlighted the negative tone of many of the key message at the beginning of the outbreak. For example, General Ebola guidelines from August insisted: *"Do not touch anyone that has died with the signs and symptoms of Ebola. Do not wash anyone that has died with the signs and symptoms of Ebola. Do not bury anyone that has died with signs and symptoms of Ebola"* (General Ebola guidelines, UNICEF, 09/2014). As the outbreak progressed, guidelines moved on to more supportive and encouraging overarching messages, focusing for example on the higher survival rates of those that receive help sooner. The latest guidelines in June 2015 highlight that *"Keeping Ebola out of Liberia is everybody's business. You can protect yourself, your family, and your community (...). Continue the good practices of hand washing, safe burial, and not touching sick people or dead bodies"* (National guidelines, 01/06/2015).

- + **Making messages more practical:** During the Ebola outbreak people were sometimes prevented from accessing information because health and containment messages were not widespread enough and the content inappropriate, especially in situations where affected communities did not have access to proper healthcare. While earlier guidelines focused on the importance of getting patients to treatment centres, September 2014 messages started provided more detailed information about how to take care of a sick person at home and while waiting for help, beyond avoiding contact with body fluids. Simpler instructions were given regarding the need for one person to give care to the sick person, and given plenty of liquid (communication need 1).
- + **Increasing transparency and accountability about practices:** At the beginning of the Ebola outbreak, patients admitted to Ebola Treatment Units did not survive, fuelling fear of these facilities (UNMEER, 12/12/2014). There were also many suspicions around ambulances and health practitioners. In guidelines produced at the peak of the crisis, there is more focus on the purpose of treatment centres, the use of products such as chlorine and the actions that health workers take when looking after sick patients. This increased focus on practices was meant as a way to address widespread fears about seeking treatment, especially at times where cases were rapidly (CDC, 10/2014).

LESSONS LEARNED

"The biggest lesson learned is involving the communities from the very first moment and adapting the messaging to their needs (...) if a team of anthropologists had been here at the beginning, lives could have been saved, including among frontline workers." – Social Mobilisation Expert

- + **Prioritise communication early in the response:** For many KIs, funding for social mobilisation activities and a focus on "bottom-up" community engagement campaigns came too late (PI 07/09/2015, PI 18/11/2015). They argue that it was only after the number of Ebola cases was

threatening the stability of Liberia, that authorities started engaging community leaders and producing more targeted guidance (ICG, 28/10/2015, PI, 30/09/2015, Al Jazeera, 24/10/2014).

- + **Use mass media:** Radio stations were the first and most widespread source of information on Ebola for the majority of Liberians, and a strategic channel to relay health messages. 93% of respondents reported that they first learned about Ebola through the radio (KAP survey, MoH, 03/2015). Providing targeted training and mentoring to community radio station to further improve and diversify their content can help address issues linked to Ebola in both the crisis and the recovery phase (BBC Media action, 23/03/2015, IREX, 2015).
- + **Understand and adapt to the local context:** In Liberia the collective trauma associated with the civil war continues to deeply influence the way people relate to and interpret official information. In addition, there are 16 major ethnic groups, 20 indigenous languages and a diverse range of oral traditions. Anthropologists played a pivotal role in helping responders better understand and address some of the socio-cultural and political dimensions of the Ebola outbreak.
- + **Put faith leaders at the forefront of the response:** During the outbreak there were times where surveys revealed a rapid progression of the virus despite high basic awareness of Ebola and prevention methods (CDC, 10/2014). Research shows that Liberians were more afraid of the religious consequences of changing their behaviour than of catching Ebola. As a result, trusted community and faith leaders played a key role in containing the epidemic and should be at the forefront in all phases of the response.
- + **Make use of story-telling and entertainment education:** Research suggests that communications which capture the imagination were more effective outreach tools, as people who were engaged in a storyline were more open to both receiving information and to changing their attitudes and behaviours. This was particularly the case in the Ebola outbreak, especially among communities used to communicating orally. It provides an opportunity to embed key messages and leverages a traditional form of communication within that culture. (IOM, 07/01/2015).

- + **Take a gender specific approach:** Preliminary data suggests that women died in greater numbers than men at the beginning of the outbreak, due to their traditional role as caregivers and because they had less access to communication channels (UN Women, 10/2014, Huffington Post, 15/10/2014). Analyses of previous Ebola outbreaks in Central and Eastern Africa indicate the role of gender-related factors as key determinants of exposure and infection. More effort could have been made to mainstream gender into health information campaigns (Harvard, 06/2015). This includes interventions through the radio, a key tool for reaching isolated, often illiterate women (UN Women, 10/2014).
- + **Adapt top-down messaging to the needs of communities:** Disconnected top-down health messaging approaches were largely ineffective. Key messages needed to be practical and relevant to the communication needs of affected communities. Feedback mechanisms and two-way communication must be encouraged to better understand and respond to the concerns of communities.

ANNEX

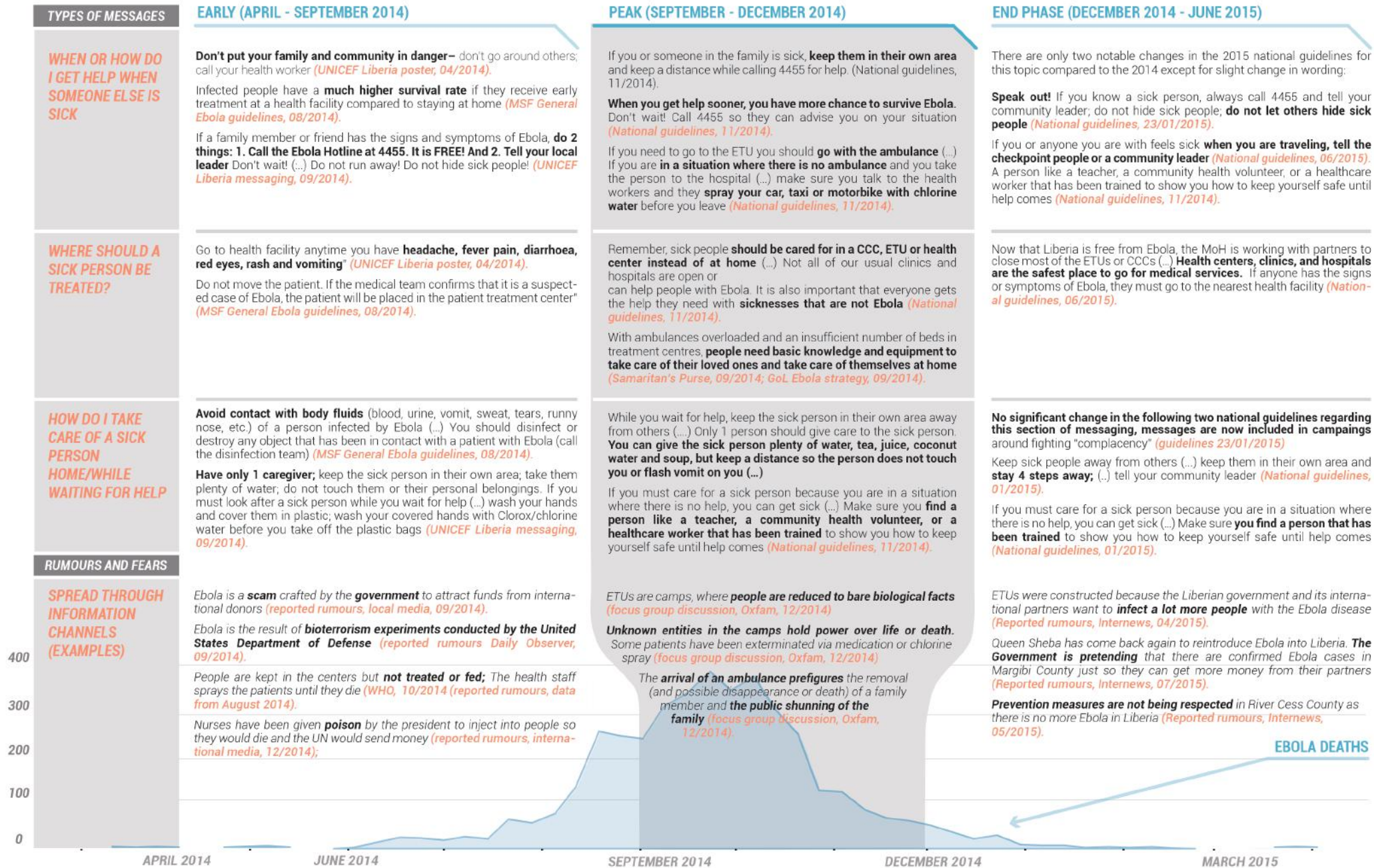
Information need 1: "What to do if someone gets sick?"
Information need 2: "What to do if a person dies from Ebola?"



The views expressed in this report should not be taken, in any way, to reflect the official opinion of the European Union, and the European Commission is not responsible for any use that may be made of the information it contains

WHAT DO WE DO IF SOMEONE GETS SICK?

HOW OFFICIAL MESSAGES IN LIBERIA EVOLVED DURING THE EPIDEMIC



WHAT DO WE DO IF A PERSON DIES FROM EBOLA?

HOW OFFICIAL MESSAGES IN LIBERIA EVOLVED DURING THE EPIDEMIC

TYPES OF MESSAGES

HOW TO HANDLE A DEAD BODY?

Do not touch anyone that has died with the signs and symptoms of Ebola. **Do not wash** anyone that has died with the signs and symptoms of Ebola. **Do not bury** anyone that has died with signs and symptoms of Ebola" (*General Ebola guidelines, UNICEF, 09/2014*).

When a person dies of Ebola, the body is highly contagious (...) That's why **nobody should touch the body** without special protection (...) If someone dies at home, **you should contact the burial team** to manage the body correctly and disinfect the house" (*General Ebola guidelines MSF, 08/2014*).

WHO IS ALLOWED TO BURY THE DEAD?

Only the medical or logistical teams, properly protected with gloves, masks, goggles, complete outfit for the body, can handle the bodies" (*MSF, 08/2014*).

ARE SAFE BURIALS COMPATIBLE WITH FAITH AND TRADITION?

Persons (...) must be buried immediately (no funeral or rituals) service or rituals (*Ebola brochure UNICEF, 26/09/2014*).

The Government of Liberia through the Ministry of Internal Affairs announces that effective as of June 30, 2014, the **operations of all Poro and Sande Groves within the Republic of Liberia are temporarily ordered suspended** for a period of 90 days; "This is to ensure that there is no outbreak of the Ebola virus in any Poro or Sande grove in Liberia", especially through their practices of traditional burials (*Ministry of Internal Affairs, 06/2014; 05/09/2014; CAFOD, 07/2015*).

WHERE ARE PEOPLE BURIED?

By presidential decree and based on international expert's advice **the corpses of Ebola victims in Liberia will now be cremated under a controlled method to avoid resistance from community dwellers** over the burial of victims of the virus (*Minister of information, 04/08/2015*).

RUMOURS AND FEARS

SPREAD THROUGH INFORMATION CHANNELS (EXAMPLES)

People are **going into the hospitals and coming out in body bags** (reports from town of Bamutu 12/08/2014)

Ebola is **not real and is a strategy to stop Muslims from performing their normal rituals** of worship, particularly those that relate to the burial of their dead (focus group discussion 24/08/2014).

People are **getting killed by health workers** who are selling their kidneys overseas (focus group discussion 24/08/2014).

Ebola is a **money machine** (KI, 19/11/2015).

PEAK (SEPTEMBER - DECEMBER 2014)

Ebola can spread when we touch the dead body; wash the dead body; when we plait or cut the hair of the dead body; when we dress the dead body; brush the dead body's teeth; or bury the dead body by ourselves. **Any person that touches the dead body can catch Ebola**"; **"When a person dies at home, call 4455 and tell your community leader so you can have a safe burial"**. (*National guidelines 11/2014*)

Burying **all of the people that die in a way that is safe** is one of the best ways to end Ebola in Liberia. (*National guidelines 11/2014*)

The dead body can only be buried safely by **specially trained teams**. There are many different parts to make sure there is a safe burial"; **Burial teams are supervised and have chlorine sprayers (...)** (they) **also wear special protective clothes** (the overhaul suits) to keep them safe." (*National Guidelines, 11/2014*)

Any grove or society found operating beyond September 17, 2014, will be ordered immediately closed while **persons operating such groves will be prosecuted** under the laws of Liberia" (*Ministry of Internal Affairs, 05/09/2014*.)

There are **different ways Christian and Muslim families can take part in (...)** safe burials (...) The only rule is **to make sure that no one touches the body** " [If a person dies at home] **the burial team will talk with the family and the religious leader...and make sure that everybody understands** "; **"the family will have time to say prayers** speeches or songs for their loved one" (*Guidelines, 11/2014*)

"For fear of cremation, do not stay home to die," (*Assistant health minister, news conference, 10/2014*)

*** Areas have been demarcated in Liberia for Christian and Muslim burials**, while a place has been earmarked to erect a **memorial monument for those victims of the Ebola virus diseases that were cremated before now** * (*Ebola Incidence Management System Coordinator, 29/12/2014*).

"Ever since the disease appeared in our community [in September], **everybody now believes that Ebola is real**" (*Focus group discussion, KAP survey, 04/2015*)

"People who are dying of other causes are **being cremated or burned anonymously**" (*international media, 11/2015*)

Ebola victims who died later came back to life in Nimba County (*African news outlet 24/10/2014*)

Corrupt health workers produce **fake death certificates** in order to hide the presence of Ebola and let families keep infected bodies (*international media, 14/10/2014*)

END PHASE (DECEMBER 2014 - JUNE 2015)

No significant change in the following two national guidelines regarding the procedures for handling a dead body. Safe burials are integrated with other messages around fighting "complacency": (guidelines 23/01/2015) and "Remaining Vigilant in Ebola Free Liberia"(01/06/2015)

Keeping Ebola out of Liberia is everybody's business. You can protect yourself, your family, and your community (...) Continue the **good practices** of hand washing, **safe burial**, and **not touching sick people or dead bodies** (*National guidelines, 01/06/2015*)

Relatives, loved ones and clerics can now work with the safe burial teams and victims can have **safe and dignified burials** (...) (*Ebola Incidence Management System Coordinator, 29/12/2014*).

Safe burial is when only trained teams handle the dead body. **The burial team will tell the families all of the things that will happen to make the burial safe and make sure that everyone understands the steps**' (*National guidelines, 01/2015*).

"Families can still pray and make decisions about the funeral the only rule is to make sure that no one touches the dead body. **There are many ways Christian and Muslim families can take part in the safe burial**' (*National guidelines, 01/2015*).

"When Ebola dead body was too plenty in Monrovia, the government had a hard time finding place to bury dead bodies. Bodies needed to be cremated or burned to keep the city safe. **The Government of Liberia has established a new government cemetery/graveyard (...)** so that all Liberians have a place to safely and respectfully bury their loved ones" (*National guidelines, 01/2015*)

