Community health and support related to Ebola
Objective:

• To discuss the negative consequences of the Ebola epidemic
• To identify activities that are supportive and could mitigate these negative consequences
Community – group of people residing within a defined geographic area (outside the health facility) directly or indirectly affected by the Ebola epidemic
Health needs and support – proportional to the burden of disease in the community

West Africa vs. Philippines

Response:
Psychological first aid → awareness activity
Negative consequences

Proportional to the disease burden:
• Physical – morbidity, mortality
• Economic – micro (household level), macro
• Psychological – grieve and bereavement, fear and anxiety (real or imagined)
  i.e. reaction of community around RITM ???
Drivers of negative consequences

- Contradictory information
  Authorities vs. experts
  Experts vs. experts
  Authorities vs. traditional leaders
  GO vs. NGOs/CBOs
Drivers of negative consequences

• Rumors
  examples:
  Ebola is caused by witchcraft
  Ambulances take away people that never return because they are killed
  Ebola is introduced to harm the opposition or for other political reasons
  Ambulances take away people that never return because they are killed
Drivers of negative consequences

- Mistrust in public health messages
  - Will not seek medical care
  - Threaten community workers
  - Uncooperative
Drivers of negative consequences

• Misconceptions

Hand sanitizers and chlorine are better than soap and water – increase demand
No one will care for them in isolation centers
Response activities

• Awareness raising on disease prevention and control
  - psychosocial approach when developing messages for different audiences and for the media
  - Supportive communication techniques
  - Towards behavior change
Response activities

- Disinfection of households and/or public places:
  - include PSS volunteers
  - reduce fears and change beliefs
  - supportive communication techniques
  - clarifying rumors and beliefs
  - provide sensitization messages
Response activities

- Isolation of suspected, probable and confirmed cases
  - include PSS volunteers
  - reduce fears and change beliefs
  - supportive communication techniques
  - clarifying rumors and beliefs
  - provide sensitization messages
  - Liaise with surveillance team for identified cases in the community
Response activities

• Case management
  - Sensitization of family members who may refuse transfer to and treatment in isolation center
  - Conducting targeted community sensitization activities to reduce fears and change beliefs in family members, neighbors, community members and stakeholders
  - Providing PSS for the affected families and discharged patients
  - Linking families who have been separated
  - Setting up activities for the affected families that foster “normalcy”
Response activities

• **Dead body management**
  - Liaising with surveillance team for suspected Ebola related deaths in the community
  - Identifying community stakeholders that may support the dead body management activities
  - Accompanying the family members when receiving explanations and information about illness and/or death of a loved one, when observing the disinfection process and when ordering body bags.
  - Use white body bags and ambulances (rather than black)
Response activities

• Reducing stigmatization in communities and support reintegration
  - "Certificate of EVD cure" for their social and family reintegration
  - Providing support to orphans and vulnerable children
  - Ensuring that patient and their family members receive support (incl. food, PFA and other needs) in this process (but do not make promises you cannot keep!)
Response activities

- Reducing fears and promoting empowerment and efficacy
  - Assess community beliefs and understanding of Ebola, including fears
  - Identify and prevent rumors and actions in the community that may harm the epidemic control efforts
  - Providing targeted community sensitizations (identified as resistant to sensitization messages and epidemic control efforts)
- Introduce the PPE (Personal Protective Equipment) to community members in order to demystify PPE (there is a normal person inside) and discourage unnecessary use of PPE
Response activities

• Reducing fears and promoting empowerment and efficacy
- Facilitate communication between patients and family through safely organized visits or telephone
- Document acceptance and non-stigmatizing people so as to positively transform beliefs and conceptions
- Facilitating community dialogue with stakeholders to promote community reintegration
- Distribution of financial support and assistance (i.e. discharge packages for patients whose property has been destroyed by disinfection)
- Support for community stakeholders in raising awareness
References:


• Briefing note: Psychosocial support during Ebola outbreaks, International Federation of Red Cross Red Crescent Societies Reference Centre for Psychosocial Support, August 2014
  www.pscentre.org