Running Order for today

1. Actions
2. Updates coming from the districts
3. Situation Room Analysis
4. Regular Updates - CJIATF
5. Regular Updates - Labs
6. Presentation on Ebola Messaging
7. Media and Communications
8. Actions and Directions
## UPDATES FROM THE DISTRICTS

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>ISSUE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAMBIA</td>
<td>• CASE MANAGEMENT/ONE ESCAPE QUARANTINE</td>
<td>• Six confirmed positive cases taken to the Goal treatment centre in Port Loko over the weekend.</td>
</tr>
<tr>
<td>BOMBALI</td>
<td>• UNSAFE BURIAL/ILLEGAL PRACTICE</td>
<td>• Reports confirm that an unsafe burial was conducted at Sanda Loko Chiefdom where in the people washed and buried the dead on their own.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• It is also reported that in Sendugu, Sanda Talaren Chiefdom, people washed and dressed the dead before calling on the burial team.</td>
</tr>
<tr>
<td>PORT LOKO</td>
<td>• CASE MANAGEMENT</td>
<td>One confirmed positive case in Kaffu Bullom Chiefdom.</td>
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</tbody>
</table>
Situation Room Analysis
There has been very slight decrease in the number of confirmed cases over the past week. 

*Confirmed Ebola Cases Nationally, Surveillance pillar / MoHS labs data, 26th Jan – 15th Mar*

*Numbers for the last week are from the MOHS daily situation report as validated numbers from surveillance pillar are not yet available*
NATIONAL DASHBOARD - SITUATION & CONTROL
Distribution of New Ebola Cases

Weekly Percentage Confirmed Case totals - 09 to 15 Mar 2015

- 0 - 1
- 2 - 3
- 4 - 7
- 8 - 15
- 16 - 80

- WESTERN AREA URBAN Cases: 5%
- WESTERN AREA RURAL Cases: 5%
- PORT LOKO Cases: 20%
- KAMBIA Cases: 7%
- BOMBALI Cases: 11%
- KONADUGU Cases: 4%
- MOYAMBA Cases: 0%
- BO Cases: 0%
- KONO Cases: 0%
- TONKOLILI Cases: 0%
- KAILAHUN Cases: 0%
- KENEMA Cases: 0%
- PUJEHUN Cases: 0%
- BONTHE Cases: 0%

EVD Weekly Confirmed Total - 55
Data source: Sierra Leone Ministry of Health
Over the past 3 – 4 weeks, the proportion of cases coming from contact lists has remained relatively high and the proportion from deaths in the community has been stable at ~ 17% (week 11 data not yet available)

EVD cases coming from contact lists: Surveillance pillar. EVD cases coming from swabs, MOHS Labs data
There has been a small increase in the number of negative blood tests, but compared with early Feb there are fewer non-EVD cases being tested. Over the past few weeks there has been a general decline in the alerts responded to the same day, driven by Western Area and to a lesser extent Bombali. Alert numbers are still low compared to early February.

**Number of suspect cases (negative blood tests), MoHS labs data**

<table>
<thead>
<tr>
<th>Week Commencing</th>
<th>Suspect Cases per week</th>
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</thead>
<tbody>
<tr>
<td>2/2/2015</td>
<td>458</td>
</tr>
<tr>
<td>2/9/2015</td>
<td>435</td>
</tr>
<tr>
<td>2/16/2015</td>
<td>423</td>
</tr>
<tr>
<td>2/23/2015</td>
<td>398</td>
</tr>
<tr>
<td>3/2/2015</td>
<td>358</td>
</tr>
<tr>
<td>3/9/2015</td>
<td>380</td>
</tr>
</tbody>
</table>

**Number of credible alerts responded to within 24 hours, R2**

<table>
<thead>
<tr>
<th>Week Commencing</th>
<th>alerts for sick people</th>
<th>alerts responded to within the same day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/2/2015</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>2/9/2015</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>2/16/2015</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>2/23/2015</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>3/2/2015</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>3/9/2015</td>
<td>89%</td>
<td>89%</td>
</tr>
</tbody>
</table>
People’s routes into the system are broadly similar compared with previous weeks, with a slight increase in alerts coming from the public and some reduction in the proportion coming from walk ins, 22% this week compared with 28% the previous week
There has been a steady increase in the number of burial alerts over the past 6 weeks.

% of burial alerts responded to in the same day

Number of EVD positive swabs from quarantined homes, Surveillance pillar

2  No deaths of EVD in quarantined homes in week 10

Issues affecting districts’ ability to quarantine effectively, R2

<table>
<thead>
<tr>
<th>District</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Koinadugu</td>
<td>Some complaints of delays in receiving first food package delivery.</td>
</tr>
<tr>
<td>Kambia</td>
<td>Some delays in food delivery at weekends due to implementing partner store in Port Loko not being open on a Sunday.</td>
</tr>
</tbody>
</table>
UK Update

Getting to zero
• National Plan sets the direction for all partners over the next few weeks. UK will be supporting planning and several components of ‘operational excellence’ eg quarantine and screening.
• Key focus will be a step change in Social Mobilisation. UK has supported new district soc mob plans for Western Area, Port Loko, Kambia, and is working with SMAC to support their implementation.

Facilities
• Work on-going in line with national planning; two facilities closed in Kono; bed reductions in WA.

Funding
• Update from last week: DFID’s funding for early recovery is now set at up to £54m.
• Two more DEERFs agreed, in Bo and Makeni.
Development of a social marketing strategy to promote Ebola treatment-seeking behaviour in Sierra Leone

Presentation to NERC
March 17 2015

John Kinsman
Associate Professor in Global Health
Umeå University, Sweden
Project objective

- To develop and disseminate a set of culturally contextualised messages to promote Ebola treatment-seeking behavior.
- The messages will be both generic and targeted (gender-sensitive and urban-rural-specific).
Consortium partners

- **Umeå University, Sweden**
  - John Kinsman

- **Medical Research Centre (MRC), Sierra Leone**
  - Abdul Jalloh, Heidi Jalloh-Vos

- **Centre for Health Research and Training in Sierra Leone (CHaRT-SL)**
  - Osman Sankoh, Muriel Harris
Funder

- Research for Health in Humanitarian Crises (R2HC), managed by Enhanced Learning and Research for Humanitarian Assistance (ELRHA).
- Emergency Ebola Health Research Call worth £8 million programme (of which we have a small part!), funded equally by the Wellcome Trust and DFID.
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>PLAN START</th>
<th>PLAN END</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message database</td>
<td>ongoing</td>
<td>March</td>
<td>Jan</td>
</tr>
<tr>
<td>Start-of-study meeting</td>
<td>Jan</td>
<td>Jan</td>
<td>Feb</td>
</tr>
<tr>
<td>Engagement with stakeholders</td>
<td>Jan</td>
<td>March</td>
<td>March</td>
</tr>
<tr>
<td>Research assistant training</td>
<td>Jan</td>
<td>Jan</td>
<td></td>
</tr>
<tr>
<td>Field work - district 1</td>
<td>Jan</td>
<td>Feb</td>
<td>April</td>
</tr>
<tr>
<td>Field work - district 2</td>
<td>Feb</td>
<td>Feb</td>
<td>April</td>
</tr>
<tr>
<td>Transcription</td>
<td>Jan</td>
<td>Feb</td>
<td>April</td>
</tr>
<tr>
<td>Analysis</td>
<td>Feb</td>
<td>March</td>
<td>April</td>
</tr>
<tr>
<td>Message development workshop</td>
<td>March</td>
<td>March</td>
<td></td>
</tr>
<tr>
<td>Validation and refining of message</td>
<td>March</td>
<td>March</td>
<td></td>
</tr>
<tr>
<td>Dissemination</td>
<td>April</td>
<td>April</td>
<td></td>
</tr>
</tbody>
</table>
Where have we conducted field work?

• Areas where infections remain ongoing:
  • Urban parts of Freetown (Western Region)
  • Rural areas of Bombali district (Northern Region)

• This has given us a range of geographical and epidemiological settings, as well as several different ethnic groups.
## Interviews and FGDs

### Interviews:

<table>
<thead>
<tr>
<th>Role</th>
<th>Northern Region</th>
<th>Western Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imam/pastor, Traditional community leader, youth leader, women’s group</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Medical staff, including in hospitals and Primary Health Units; Community Health Workers; Health Management Committee</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Traditional healers</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

### FGDs:

6-8 ‘ordinary people’ per FGD

<table>
<thead>
<tr>
<th>Gender</th>
<th>Northern Region</th>
<th>Western Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male, &lt;25</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Male, 25+</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Female, &lt;25</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Female, 25+</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Key principles

- “The message is important; the messenger is more important.”

- “Messages must be within the constraints of the infrastructure that is available.”

  - Stephen Gauja, NERC, January 2015
Range of issues

- Many issues arising in formative research fit into the categories in SMAC’s *Consolidated Message Guide for Ebola Communication*
  - Burial teams
  - Get early treatment
  - Stay safe and protect your family while you wait
  - Celebrate survivors
  - Addressing stigma

- Operational issues vs messaging issues
Burial teams

“Even when they put them in the body bags, if you don’t want to cry you will cry, because when a person has died, though they are gone, the person should receive respect. But their way of handling is like throwing the dog in a dust bin, so actually, I don’t feel happy.”
# Burial teams: message

<table>
<thead>
<tr>
<th>Audience</th>
<th>Channel</th>
<th>Messenger</th>
<th>Message</th>
</tr>
</thead>
</table>
| Communities, with focus on older men and women (involved in the washings / burials) both urban, rural | Community meetings and sermons | Religious, youth and traditional leaders including cultural society leaders, both male and female | - *The Burial Teams are doing their job to keep our community safe. Let us cooperate with them.* > ”Leh join hand wi di burial team fo keep wi community safe”  
- *Trust the burial team: they will bury your loved one respectfully.* >” Believe say di burial team den de bury yu fambul wi respect |
**Assumption:**
Burial teams have been trained and cautioned on:

- How to behave to bereaved families and/or communities,
- 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.
New issues
(i.e. not in SMAC Consolidated Message Guide)

- Chlorine
- Ambulances
- 117
New issue: Chlorine

“*For a person who is sick, that chlorine has after-effect. If the person gets the effect of that chlorine, you find out that it is the chlorine that will kill the person.*”

- Misconception about Chlorine? Or do they really use too much?
<table>
<thead>
<tr>
<th>Audience</th>
<th>Channel</th>
<th>Messenger</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>General public</td>
<td>Posters distributed by NGOs, CBOs, DHMTs</td>
<td>Mr. Chlorine</td>
<td>• <em>I am Mr. Chlorine, your friend in the fight against Ebola</em> &gt; Mi na Mr. Chlorine, u padi pan di ebola fet</td>
</tr>
<tr>
<td></td>
<td>through PHUs to be posted at community</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>gathering points</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mr Chlorine
Operational issues

Assumption that:

• Ambulance, burial teams use chlorine in right way/dose
• Ventilation provided inside ambulance (AC?)
• Wait after spraying for some time before people board the ambulance.
New issue: Ambulances

“They always run with high speed, they drink alcohol and whenever they drink when they are running in high speed, and even when they talk to them to reduce the speed they will not listen. As we were told by the man that went and returned, at any village they go by, they will stop there and buy rum, stout (beer) and drink, and after they have drunk, they will just run with high speed, they will be not listen to any patient. When you say ‘driver slow down’, they just keep quiet and move with high speed.”
# Ambulance message

<table>
<thead>
<tr>
<th>Audience</th>
<th>Channel</th>
<th>Messenger</th>
<th>Message</th>
</tr>
</thead>
</table>
| General population, Male and female | Jingle (radio, mobile PA system) | Voice: both male and female survivors in one jingle | *Trust the ambulance, it is the best and safe way to go to the hospital. The ambulance is well ventilated so that the patient will not suffocate*

“Belif say di ambulance na di best en safe way fo go hospital. Fine breeze de inside di ambulance we e no go mek di patient choke”
Trust the **ambulance**, it is the best and safe way to go to the hospital.

**Belief say di ambulance,**
na di best en safe way fo go hospital
Operational issues

• Assumption that 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.
Relevance for today and tomorrow

- Dynamic situation – things have really changed over the course of the epidemic.
- Messages have also changed, according to the perceived needs of the day.
- Our data is quite current, even if some of the stories refer to incidents from a few months ago.
- We need to think about the relevance of the messages we develop for today, and for tomorrow.
Next steps

- Field testing and validation
- Refining of messages, early April
- Dissemination of final package by April 15
Media and Communications

Resistance to Anti-Ebola Steps Persists in Guinea, Sierra Leone

Issues

Complacency May Derail Progress Made into The Ebola Fight

Social Mobilization Is Key In The Fight Against Ebola

Ebola workers at MSF Pregnant women centre in Kissy on strike

“Schools Won’t Reopen If”

- President Koroma

1.1Bn Euros For Post Ebola

Post-Ebola Recovery Conference Underway
Media and Communications

International Media
- At least 10 Americans being flown to U.S. after possible Ebola exposure (REUTERS)
- American who contracted Ebola now in critical condition. (AP)
- Ebola scare patient in isolation at hospital (The Press-New Zealand)
- Care Differs for American and African With Ebola (NYT)
- Ebola fears send Danes home from Sierra Leone
- Ebola could Usher Thousands More Deaths – By Ushering in Measles (WIRED)
Sierra Leone Ebola hazard paymaster, Abdul-Rahman Wurie says January backlog pay for striking health workers at the High School Ebola centre is ready and February's is being processed. (FB)
Media and Communications

Next 72hrs.

• SLAJ Simulcast 8:00pm – 9:00pm daily

• SMAC interviews on FM 98.1 every afternoon

• CEO’s Press Conference on Wednesday at 2:00pm
Looking forward to Wednesday Brief

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>i-PACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUESDAY</td>
<td>CJIATF Labs</td>
</tr>
<tr>
<td>WEDNESDAY</td>
<td>UNMEER</td>
</tr>
<tr>
<td>THURSDAY</td>
<td>Soc Mob</td>
</tr>
<tr>
<td>FRIDAY</td>
<td>Surveillance</td>
</tr>
<tr>
<td>SATURDAY</td>
<td>Logistics</td>
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</tbody>
</table>
## Today’s Directions

<table>
<thead>
<tr>
<th>#</th>
<th>Action</th>
<th>Comments</th>
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End of Brief