Sierra Leone Emergency Management Program Standard Operating Procedures (SOPs) for Ebola Social Mobilisation and Community Engagement

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Contents

1. Background .......................................................................................................................... 2
   1.1 Scope .......................................................................................................................... 2
   1.2 Responsibilities .......................................................................................................... 2
   1.3 Authorities .................................................................................................................. 2

2. Responsibilities of Implementing Partners ......................................................................... 2
   2.1 Minimum Requirements for Social Mobilisation Pillar Participation ..................... 2
   2.2 Support and Supervision to Social Mobilisers ......................................................... 3

3. Prevention and Behavior Change ....................................................................................... 4
   3.1 Community Engagement Approaches ....................................................................... 4
   3.2 Messaging and Awareness ......................................................................................... 5
   3.3 Child Protection ........................................................................................................ 5
   3.4 Psychosocial and Mental Health Support .................................................................. 6

4. Support Roles in Community Ebola Service Delivery ......................................................... 6
   4.1 Steps for Mobilisers to Support Case Management Teams ..................................... 6
   4.2 Steps for Mobilisers to Support Surveillance and Contact Tracing Teams .......... 7
   4.3 Steps for Mobilisers to Support Quarantine Officers ............................................. 8
   4.4 Steps for Mobilisers to Support Burial Teams ......................................................... 8

Appendix A. Social Mobilization Integration - Suspect ebola Alert ................................... 12
Appendix B. Social Mobilization Roles to Support Quarantine ........................................ 13
Appendix C. Social Mobilization Roles to Support Burials .............................................. 14
1. Background

Social mobilisation and community engagement are essential to all aspects of the Ebola response, and will remain after other response efforts scale down. To stop Ebola transmission, communities and individuals themselves must make changes to some of their social and cultural practices. Social mobilisation and community engagement aims primarily to help communities and individuals understand and take ownership of their situation and take the necessary actions to prevent Ebola, thereby creating a demand-driven response. Effective community engagement also creates the feedback loop between communities and health service providers, ensuring that treatment, surveillance, quarantine and burial services are understood and meet the needs of communities.

1.1 Scope

The purpose of these Standard Operating Procedures (SOPs) is to provide operational guidance on the roles of social mobilisation and community engagement (SM/CE) Implementing Partners, as well as the conduct of social mobilisation activities in communities. This includes both prevention/demand-generation activities, and support to front-line service providers working in communities (surveillance officers, contact tracers, burial teams, swab teams, and ambulance teams).

1.2 Responsibilities

SM Implementing Partners (IPs), including managers, supervisors, mobilisers and community volunteers, shall adhere to the provisions of these SOPs when conducting SM/CE activities.

1.3 Authorities

It is the responsibility of the Ministry of Health and Sanitation (MoHS) to ensure that social mobilisation and community engagement activities are undertaken in accordance with these SOPs. Within the MOHS, the Health Education Department (HED) is responsible for leading on Ebola SM/CE activities. At District level, this District Health Management Team (DHMT) is the responsible line agency.

2. Responsibilities of Implementing Partners

Partners implementing SM/CE activities in the field are expected to effectively coordinate with other IPs, meet minimum requirements of reporting and participation in the Social Mobilisation Pillar, and provide adequate support and supervision for mobilisers.

2.1 Minimum Requirements for Social Mobilisation Pillar Participation

**Registration**

- Prior to beginning SM activities, IPs must register with the DHMT/District SM Pillar. The list of registered IPs will be shared with the District Ebola Response Centre (DERC).
- For proposed new activities, and/or activities in new locations, IPs must consult with the DHMT and the DERC. The DHMT may require adjustments to an IP’s proposed locations, to avoid duplication with existing SM activities and/or to address gaps in SM geographic coverage.
- IPs must consult Paramount Chiefs, Section Chiefs, Ward Councillors, Religious and other local leaders to get approvals for proposed activities before operations begin. All proposed activities must comply with local by-laws.

**Pillar Participation**

- IPs must attend weekly SM Pillar meetings.
Sierra Leone Standard Operating Procedures (SOPs) for Ebola Social Mobilisation and Community Engagement

- IPs must submit the completed Social Mobiliser Mapping Template to the DHMT/District SM Pillar Chair, including the names, contact numbers and locations of all mobilisers and supervisors. Any changes must be immediately communicate to the DHMT/District SM Pillar.
- IPs are expected to participate in weekly/daily SM Pillar planning exercises to coordinate SM activities in chiefdoms/wards/communities. IPs are expected to follow agreed plans.

**Monitoring and Reporting**
- IPs must submit a completed SM Weekly Reporting Form to the DHMT/District SM Pillar by the deadline each week.
- IPs must demonstrate evidence of a functioning monitoring and supervision system for tracking and verifying the work of the mobilisers they support.
- DHMT may request the schedule of an IP's mobiliser activities, and make periodic supervision visits to monitor this work.

**2.2 Support and Supervision to Social Mobilisers**

**Selection, recruitment, and placement**
- IPs should consult local leaders—Paramount Chiefs, Section Chiefs, Ward Councillors, Headmen, women’s leaders, youth and religious leaders – to get their input on selection and recruitment of mobilisers.
- Criteria for selection of mobilisers should include active, existing, trusted people already living in the community, and criteria for age, gender and language skill composition. Outside mobilisers can be deployed to provide support to local mobilisers based in the community.
- IPs should actively recruit female mobilisers and ensure good gender balance within all teams.
- IPs should prioritize Ebola survivors and Ebola-affected persons as mobilisers and participants in SM activities, based on their willingness to participate.
- For quality engagement and support, mobilisers should be expected to cover a realistic number of households/communities. It is not possible to build trust and quality engagement if mobilisers are spread across too many households/communities.

**Training and preparation**
- All IPs are responsible for ensuring that their staff and mobilisers are fully oriented on the guidance contained in these SOPs.
- IPs must ensure their staff have the required knowledge, attitudes, behaviours, skills and supervisory support to undertake community engagement. Mobilisers (both staff and volunteers) in every district must receive comprehensive training on Ebola prevention, transmission and services; community-led approaches; inter-personal skills; safety and security; child protection; referral to social services; gender issues in community work; and monitoring. IPs should ensure that their training manuals, approaches and messages align to the MOHS-approved messages and approaches.
- Mobilisers must have access to up-to-date information, via IEC materials, contact with supervisors, regular meetings, and refresher trainings/supportive supervision that share new messages, emerging good practices, and information for referral to available social services.
- IPs and the DHMT should conduct periodic joint supervision in implementing communities.

**Safety and Security**
- Mobilisers are expected to avoid and pre-empt risks associated with the Ebola virus or violence, however they must be prepared for the possibility. IPs must take responsibility to provide their
mobilisers with adequate information, guidance, and support. Mobilisers should be trained on core areas of safety and security including: entering and exiting communities; protection against Ebola; negotiating with communities; and emergency protocols.

- IP staff should provide support and supervise mobilisers on a regular basis, including regular field visits and by telephone. IP staff should have knowledge of mobiliser whereabouts when they are doing SM/CE work.
- Mobilisers must be identifiable with the IP supporting their work. This may include, but is not be limited to, I.D Card, t-shirt, hat, or letter of engagement.
- Mobilisers should have emergency telephone contacts at section, chiefdom, district and IP levels available at all times during their deployment
- IPs should ensure that mobilisers are properly introduced to key stakeholders, know the local by-laws and receive a security update from local community members.
- Mobilisers should always be equipped with soap and/or 70% alcohol-based hand sanitizer, a charged mobile phone and top-up vouchers, transportation/ enough money for transport, and their mobilisation IEC materials and tools.

**Payment and Incentives to Mobilisers**

- Payments and incentives (monetary and non-monetary) should be provided as part of a package of training and supervision. Payments should only be made to mobilisers who are working according to structured work plans with clear deliverables.
- Making payments that are out of proportion to the work and the standards of other IPs may set unrealistic and unsustainable expectations that can have a negative effect on all IPs. The goal is for IPs at district level to align mobiliser payments to ensure a coordinated, consistent approach.
- IPs should consult the Incentives and Payment Guidance for additional guidance.
- IPs should discuss and agree with mobilisers in advance about the type, method and amount of payments and incentives, and make sure expectations are clear.
- IPs should ensure agreed payments that are due to mobilisers are paid on time.
- The behaviour change required for ending Ebola transmission must be based on the voluntary actions of communities. Community members must not be paid to attend meetings in their own communities, or be monetarily compensated for following Ebola-safe guidelines or by-laws.

**3. Prevention and Behavior Change**

While IPs may use a variety of SM/CE approaches to achieve the goal of social and behavioural norm change, all IPs should follow the minimum standards of good practice for community engagement.

**3.1 Community Engagement Approaches**

- Consider community leaders as experts in their own culture, tradition and practices. Include them in planning, implementation and evaluation of programmes and messaging.
- Engage community residents as mobilisers.
- Work through existing community structures. It is essential that local leaders are adequately consulted (see above). Engage well-respected leaders as key influencers.
- Engage communities to analyse and take ownership of their own situations. Consider community empowerment approaches (such as the Community Led Ebola Action (CLEA) model and others) that help community members develop action plans to prevent or end Ebola in their community.
- Do not preach, teach or blame. Remember that SM is all about trust-building.
- Take care not to bring undue stigma or attention to individuals or families affected by Ebola.
- Specifically include women, children and vulnerable groups, people living with HIV, and those with special needs, in developing and disseminating specific messages and approaches that are appropriate. Ensure that mobilisation activities align to the Special Needs Sub-Committee Toolkit.
for Social Mobilisation on how to target special needs groups specifically, and how to draw in people with special needs into mainstream mobilisation work.

- Identify activities and messages to be conveyed through community dialogues and household visits, anticipating questions and concerns before they are raised.
- Adopt participatory (two-way) communication for all communication channels including radio call-ins, community dialogues and household visits. While there may be situations where megaphones and loudspeakers may be appropriate, particularly when the epidemic is surging, it is better to listen to and address community members’ concerns accordingly.
- Facilitate community discussions to help address concerns and celebrate Ebola survivors when they return home. Community members can plan and discuss how they want to celebrate and recognise returning survivors. Offer the opportunity for survivors to be engaged as community mobilizers.
- Recognise and promote people in the community who continue to practice behaviours that stop the spread of Ebola, and who help others do the same.
- Approaches should address stigma, discrimination, and rumours – particularly those about survivors and affected families.

3.2 Messaging and Awareness

- Ensure that IEC materials are consistent with the MoHS-approved messages in the Consolidated Messages Guide.
- All IPs must follow the agreed process to obtain MoHS approval for new IEC materials through the national SM Pillar Messaging Sub-Committee. See the Consolidated Messages Guide for details on the approval forms and process.
- Linking IEC materials to a full range of communication channels such as radio, social media, community theatre and dialogues. Participatory (two-way) communication is best.
- Check the ‘Big Idea of the Week’ (http://nerc.sl/?q=document-types/ebola-big-idea-week) to ensure messaging is consistent with current media campaigns.
- Emphasise what communities can do to stay safe, and why they should make these choices.
- Look for available evidence through recent anthropological studies, KAP survey, and ask around from all pillars for data on community perceptions and to assess current perceptions/fears/rumours.
- Ensure that mobilisers understand the local Ebola and health services context through information from the DHMT/DERC/Command Centre, pillar and inter-pillar meetings—including data and issues related to number of cases and beds, availability of ambulances, availability of medical and food supplies, water and sanitation issues and others.
- Note the literacy levels in the area (e.g., urban areas are generally more literate than rural areas). Local languages (Krio, Mende, and Temne) are not commonly written, so pictorial materials with minimal text are best.
- Ensure that IEC materials and messages represent the current epidemic, are not outdated, and address current local barriers to adopting Ebola prevention practices. Engage local communities in re-shaping the messages as the epidemic and context shifts over time.
- If materials are outdated or inappropriate, remove them from public places and replace them with newer materials that reflect the current situation, target audience and culture.

3.3 Child Protection

- All IPs should adopt a clear referral process and the standard form for referring vulnerable children they find in communities immediately to the Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA).
3.4 Psychosocial and Mental Health Support
- All IPs should adopt a clear referral process for identifying and referring persons in need of psychosocial and mental health support they find in communities immediately to available services.
- Mobilisers should not be counseling persons requiring psychosocial first aid, unless trained in PFA. Training of mobilisers should include specific instructions on the limits of their skills set and appropriate referral mechanisms.

4. Support Roles in Community Ebola Service Delivery
Due to their roles as trusted sources of support and information on Ebola, mobilisers play an important intermediary role between the community and Ebola health services. For front line service providers – ambulance teams, surveillance officers, contact tracers, swab teams, and burial teams – mobilisers should actively play supporting roles. Mobilisers should not attempt to take on the work of these service providers, but rather help them operate smoothly while in communities.

While some alerts come directly from the community, mobilisers should be included in all alerts from the DERC, and ideally work in coordinated, integrated teams with other front line service providers. The DERC and DHMT/SM Pillar will coordinate IPs in response to alerts so they do not duplicate efforts or overwhelm the community. Depending on the type of alert, the distance to the home and other factors, the timing of arrival of front-line responders may vary. The guidance below is provided in no particular order.

4.1 Steps for Mobilisers to Support Case Management Teams
The mobiliser may be notified by the family or community, the DERC, the SM Pillar or their supervisor that a sick person has been reported in a home, and that an ambulance has been dispatched.

Before the Ambulance Arrives:
- Express concern and help the family to stay calm. An ambulance in the community can be a scary experience.
- Listen to the family’s concerns. Express gratitude for keeping themselves and their community safe by reporting the sick person using the alert system.
- Stress that the sick person has not yet been confirmed to have Ebola. This cannot be confirmed until after testing.
- Discuss what can be done to stay safe and protect the family while waiting for the ambulance, including not touching the sick person, their body fluids, and items they have touched; supporting the sick person to drink liquids and Oral Rehydration Solution (ORS); and keeping a safe distance. (Refer to the Consolidated Messages Guide.)
- Prepare the family and community for what they can expect when the ambulance arrives, and inform them when the ambulance is expected to arrive.
- Explain what will happen in the process, including 1) why the ambulance team members will be in full Personal Protective Equipment (PPE) and use chlorine, 2) the procedures for transporting the patient to an ETU/holding centre, 3) the process for testing, 4) the conditions at the centre, and 5) how they can find out about their family member after he/she is taken away.

During Ambulance Visit:
- Make introductions and help facilitate the conversation between the ambulance team and the family. Ask for the ambulance siren to be switched off after arrival.
Sierra Leone Standard Operating Procedures (SOPs) for Ebola Social Mobilisation and Community Engagement

- Remind the family that they may ask any questions they have about the process. Allay fears about the use of PPE and chlorine.
- Stay with the family to support them, providing compassion and support while the family member is removed from the home.
- Follow up with the family to ensure they understand clearly where their relative is going and what is happening. Ensure that all contact details have been exchanged before the ambulance team leaves. If available in the District, provide information on the Family Liaison Office/Desk at the DERC.
- Do not act as an ambulance team member. Only ambulance team members with proper training are allowed to use PPE and provide ambulance services.
- Where negative events or experiences are registered, provide a detailed incident report to your supervisor or the DERC for immediate action.
- Where the family/community experience is positive, equally, provide feedback to the DERC.

During the Patient’s stay in the Holding Centre/CCC/ETU:
- Regularly check with family members, to make sure the family has the latest updates on the status and location of the patient. Follow up with ETU/Family Liaison Desk/other pillars/partners if the family is not receiving this information.
- Do not provide test results or other medical information. Do not speculate on the nature of the treatment. The mobiliser’s role is to ensure that the family members have access to case management professionals who can give them the accurate information, and to advocate for the information to be shared with the family in a timely manner.
- In case of a death in the Holding Centre/CCC/ETU, the SM Pillar should be notified, and local mobiliser sent as liaison person, to ensure appropriate steps are followed (see Section 4.4 below).

After the Patient’s stay in the Holding Centre/CCC/ETU:
- Follow up with those discharged from the holding centres as Ebola negative, to help them reintegrate in the community and address stigma and discrimination. Help them to understand that even though they tested negative, they will now be on a contact list and receive follow up visits from the contact tracers. This point can often be confusing. Clarify questions and concerns from the community and those discharged. Refer to the Consolidated Messaging Guide.
- Follow up with the family if the patient has died in the centre. Help to link them to other pillars/services, especially psychosocial support. Provide information on how they can take part in the safe and dignified burial (see below).
- Accompany survivors’ home from the ETU/CCC, and help support them to re-integrate into the community. Make regular follow-up visits to survivors after they are discharged, and refer them to other pillars/services if needed. Consider their role as mobilisers in future.
- If you hear of any concerning practice in the ETU, feedback to the DERC.

4.2 Steps for Mobilisers to Support Surveillance and Contact Tracing Teams
As local community members, mobilisers can help surveillance officers and contact tracers gain community entry and trust, and learn important information about communities and families. Some of this information can be shared, while respecting the privacy of individual community members.

Before Surveillance Team or Contact Tracing Team Arrives:
- Mobilisers must be included within every surveillance team. This may include both 1) a local mobiliser already on-site, and/or 2) a mobiliser accompanying the surveillance team from the outside.
Because they live in the community, the mobiliser will often be first to arrive at the family home. Express compassion and concern for the family, and help them to stay calm. While the family waits, discuss the key Ebola prevention methods, and how to keep themselves safe. Discuss the signs and symptoms of Ebola and what to do if signs or symptoms occur. Prepare the family for what they can expect during the surveillance or contact tracing visit. Explain that everyone who has had contact with a confirmed or suspected Ebola case must observe the 21 days of quarantine for their own and their community’s health and safety. This does not mean they will all contract Ebola.

Listen to the family’s concerns and answer questions. Explain the case investigation process, including 1) who will come, and why they need to talk to the family, 2) why it is important to trust the surveillance officer and share their information, 3) what they can do if they are feeling uncomfortable with the questioning. Explain the line listing and contact tracing process, including 1) who will come, and what questions they will ask, 2) how often they will visit after the initial visit, 3) why it is important to work with the contact tracer because they are there to help.

**During the Surveillance Visit or Initial Contact Tracing Visit:**
- Make introductions and help facilitate the conversation between the surveillance team and the family.
- Remind the family that they may ask any questions they have about the process.
- Provide the surveillance team with additional relevant information about the community and families, based on mobiliser’s longer-term presence there. Always respect privacy, and do not disclose confidential information (e.g. a family member’s HIV status).
- Listen and facilitate. Look for signs of discomfort and look for ways to allay fear and anxiety.
- Help to engage others in the household for fuller stories related to the contact, using your experience, trust and knowledge of the community.
- Do not take on the role of the surveillance officer. Do not burden the family or community by asking them to recount the details of the events that took place over and over again. You are not a trained case investigator. Your role is to help facilitate the trained professionals to access the information they need, and to advocate for the families to be treated in a respectful and compassionate way.

**After the Surveillance Visit or Initial Contact Tracing Visit:**
- Work with the family and community to coordinate any additional visits in such a way that communities are not over-burdened by outsiders and visitors.
- Follow up with the households and ask people if they have any questions they did not feel comfortable asking at the time of the visit, but which they might want to share privately.
- Do not take on the role of a contact tracer. Do not offer to take temperatures, fill forms, or do other work of contact tracers that you have not been trained to do.
- Where negative events or experiences are registered, provide a detailed incident report to your supervisor or the DERC for immediate action.
- Where the family/community experience is positive, equally, provide feedback to the DERC.

### 4.3 Steps for Mobilisers to Support Quarantine Officers
Mobilisers are not directly responsible for maintaining quarantine. However, they can provide assistance to families and service providers throughout the quarantine process. Mobilisers play a role in preparing the community and providing two-way information flow. Mobilisers keep up a dialogue with quarantined
families so that they understand why they are quarantined, and the risks posed to themselves and their communities if they leave the quarantine. Mobilisers answer questions, provide advice, relay information to the DERC about gaps in services, and maintain a trusted point of contact for families if they experience problems.

**Before the Quarantine:**
- After being alerted and briefed by the surveillance team, arrive at the family home/community as quickly as possible.
- Listen to community members, answer questions, and help them to stay calm. Express concern and sympathy.
- Prepare the family for what they can expect during the quarantine. Explain that everyone must observe the 21 days of quarantine for their own and their community’s health and safety.
- Discuss the signs and symptoms of Ebola and what to do if signs or symptoms occur.
- Explain the quarantine process, including 1) what a quarantine is, and why it is important, 2) the use of chlorine and the disinfection process, 3) how long the quarantine will last, 4) how to stay safe and minimise contact during quarantine, 5) how the family/community nutritional needs will be met during quarantine, 6) how the family will be able to communicate with family members in the ETU.
- Do not raise expectations about the food/non-food items that a family will receive.
- Do not take on the role of a Quarantine Officer. Mobilisers can assure family members that their needs will be met, and let them know that the quarantine officer will be able to provide more details.

**During the Quarantine:**
- Attend daily integrated partner meetings at ward/community level to receive the latest information on quarantine services and plans for the day.
- Continue an on-going dialogue with families and provide consistent advice and encouragement.
- Pay special attention and provide additional support to pregnant women and others with special needs in quarantined homes.
- Work with the family and community to coordinate visits of the different service providers in such a way that communities are not over-burdened by outsiders and visitors.
- Provide up-to-date information to families on the quarantine and distribution process, locations of distribution points, and timing of distributions.
- Be a key point of contact with families, keep returning to troubleshoot problems and provide two-way information flow, and effectively use the contacts agreed with the DERC.
- Check with family members who have sick relatives in the ETU, to make sure the family has the latest updates on the status and location of the patient and can communicate with them. Follow up with other pillars/partners if the family is not receiving this information.
- Based on the needs of the community members, link to other pillars/services, especially psychosocial support and religious community
- Report any incidents or concerns to the DERC immediately.

**After the Quarantine**
- Work with the family and community on re-integration into the community and help reduce stigma.
- Where negative events or experiences are registered, provide a detailed incident report to your supervisor or the DERC for immediate action.
4.4 Steps for Mobilisers to Support Burial Teams

The mobiliser may be notified by the family or community, the DERC, the SM Pillar or their supervisor that a death has occurred in the community. If notified directly by the community, the mobiliser must immediately ensure that the family calls in the burial alert to DERC (117/District hotline).

Before the Burial Team Arrives:

- Meet the family in the home as quickly as possible.
- Express compassion and condolences for the family’s loss. Express gratitude for keeping themselves and their community safe by reporting the death using the alert system.
- Advise the family that if they can access a coffin or shroud quickly, the burial team can use it in the burial. The burial team cannot wait for these items to be found and so the family should act quickly.
- Maintain regular contact with the DERC and/or burial team to update on the progress and expected arrival time. For female deaths, request the need for a female burial team member to be present.
- While the family waits, clearly explain how and why they must keep a safe distance from the body and minimise contact with the room/items that have been utilised by the deceased.
- Listen to the family’s concerns. Offer to help the family to contact a religious leader or community leader to be present during the conversation.
- Prepare the family for what they can expect when the burial and swab teams arrive. Explain that all bodies will be prepared for a safe burial, whether or not it is Ebola.
- Explain the swab and burial team process, including 1) what is a swab and when the results are usually available, 2) what is a safe and dignified burial and why it is important, 3) how and why the burial teams spray the body and prepare for burial whether at home or at another facility (e.g., ETU) 4) how the body is moved and laid to rest, 5) how they can learn about the burial location/time. Refer to the Consolidated Messages Guide.
- Discuss with the family that while tradition is important, as long as Ebola is in Sierra Leone everyone must find a way to respect the dead and observe burial rites without putting themselves or anyone else in danger of catching Ebola.

During the Burial Team Visit:

- Make introductions and help facilitate the conversation between the burial team and the family.
- Remind the family that they may ask any questions they have about the process. Allay fears about the use of chlorine and PPE.
- Stay with the family to provide compassion and support while waiting for professional counsellors.
- Do not act as a burial team member. Only burial team members with proper training are allowed to use PPE and provide burial services.
- Help the burial team to do their work without disturbance, for example by limiting large crowds and helping to keep people at a safe distance at all times.
- Explain that family and community members can watch the burial process and pray for the deceased from a safe distance. Be aware of District-specific guidance related to burial attendance.
- Explain that clothes and other objects can be placed inside the grave as per the family’s wishes.
- Using the burial script as a guide, help facilitate the conversation between the religious leaders and the community for safe burials.

After the Safe and Dignified Burial:

- Ensure feedback to the community such as where the body will be taken and liaise with the burial team about viewing times.
Sierra Leone Standard Operating Procedures (SOPs) for Ebola Social Mobilisation and Community Engagement

- Liaise with other partners and pillars to ensure that the families receive the death certificate and laboratory test results, and explain if it was an Ebola or non-Ebola death. Explain that if the death was Ebola-positive, they will now be listed as contacts (see Surveillance above).
- Within two days of the burial (see Burial Pillar SOP), visit the family to 1) ensure that they are aware of the grave location, 2) inquire about their satisfaction with the burial process and get feedback on their experience, and 3) address additional support needs as necessary.
- Where negative events or experiences are registered, provide a detailed incident report to your supervisor or the DERC for immediate action.
- Where the family/community experience is positive, equally, provide feedback to the DERC.
Appendix A. Social Mobilization Integration - Suspect Ebola Alert

Social Mobilization Integration – Suspect Ebola Alert

Alert logged

Case investigation team (CIT) interviews person with Ebola symptoms

Determined Suspect Ebola

Command Centre confirms holding center bed, dispatches ambulance

House is sanitized, removal of bedding, clothes, mattresses – burnt

CIT collects list of contacts and give to contact tracers (CT)

SM arrives to explain what to expect – e.g., case investigation, contact listing, etc., set expectations, answer questions and encourage trust and information sharing. As needed, contact the headmen or other community leaders. Explain to HH about Ebola transmission and the ways in which they can protect themselves and others from Ebola. Keep in mind that the family may be frightened or grieving at this point, so it is important to show compassion.

Ambulance takes person to the holding facility/EMC for Ebola test & treatment

SM to facilitate entry for ambulance team. Explain when ambulance is to arrive and how to remain safe, explain expectations (wearing PPE, taking to holding center). Provide contact info to ambulance driver, feedback to family.

Lab Test for Ebola

Not Ebola

Patient is discharged – referred for treatment somewhere else

SM liaises with the family prior to the burial team to discuss the burial process

See Safe Burial flow chart

Confirmed Ebola

Ambulance takes patient to an Ebola Management Center

HH and contacts are quarantined

CTs visit HH and contacts two times a day for 21 days*

Died

Released

SM liaises with the community and family to encourage re-integration and welcoming

See Quarantine flow chart
Appendix B. Social Mobilization Roles to Support Quarantine

Social Mobilization Roles to Support Quarantine

**Remember:**
- Mobilisers are not directly responsible for maintaining quarantine. Do not take on the role of the quarantine officer.
- Mobiliser role is to provide two-way information flow, maintain a trusted point of contact for families, answer questions, and refer concerns to relevant pillars/partners.

**HH/community must be quarantined**

- Surveillance teams inform and discuss quarantine with HH/community leaders
- Teams ensure that HHs are medically safe - household disinfection

**Contact Tracers visit HH and contacts twice a day for 21 days**

- Work with family to coordinate visits of contact tracers and other service providers to ensure families are not overburdened by visits.
- Provide families with up-to-date information on distribution timing, location and process.

**Contact Tracers conduct initial line listing**

- Teams install security cordon demarking the area
- Teams organize delivery and distribution of essential supplies

- Food/water for each HH member (special items for infants, pregnant women)
- Hygiene kits and non-food items
- Contact information if someone

- After quarantine, work with family and community to reduce stigma and discrimination.

**Stay with the family during line listing and facilitate discussion with contact tracers and case investigators.
- Help to explain the contact tracing process and what to expect.**

**Attend daily integrated daily meetings for quarantine plans for the day.
- Continuously visit and dialogue with families to ensure two-way information flow and provide encouragement.
- Check with families who have sick relatives in ETU to ensure they have updates and can communicate with the patient.
- Listen to families, troubleshoot issues.
- Refer issues and problems to relevant pillars/partners.
- Address misinformation and rumors
- Report all incidents to the DERC immediately.**
Appendix C. Social Mobilization Roles to Support Burials

Social Mobilization Roles to Support Safe Burials

1. **Death alert**
   - Death alert is received through caregiver network.
   - Swab team swabs the body.
   - Burial team puts on PPE.
   - Burial team burns materials used by the deceased – bedding, mattress, clothes, etc. – a safe distance from HH.
   - Burial team sprays the body and area with chlorine solution.
   - Burial team respectfully places body in bag and sprays the bag with chlorine solution.
   - Burial team places the body in a coffin, if one is provided by the family.
   - Burial team transports the body to burial site.

2. **Burial site preparations**
   - Burial team puts on PPE.
   - Clothes or other items may be placed in the grave.
   - Burial team slowly lowers coffin/bag into a pre-dug grave.
   - Burial team places plague or grave marker on the grave.
   - If family is not there, burial team informs family of the grave location.

3. **Burial**
   - Within 2 days of the burial, visit the family to:
     1. Ensure they know the grave location.
     2. Ask about their satisfaction with the burial process and get feedback.
     3. Address additional support needs.
   - Report all incidents to the DERC immediately.

**Remember:**
- Mobilisers are not part of the burial team, and are not allowed to use PPE or perform burial services.
- Family can pray from a safe distance.
- Family coffin can be used, but body is put into a bag before placed in the coffin.
- Religious leaders and mourners can attend the burials (no more than 10).
- All should stay at least 5 meters from the site. No burials after 18:00.
- Family can place a memorial or grave marker near the grave.

- Meet the family in the home as quickly as possible.
- Express condolences and gratitude for reporting.
- Wait with family for the burial team and explain the swab and burial team process.
- Contact DERC to request special support (e.g. women).
- Remind family they may quickly gather coffin/shroud.
- Help to contact religious leader.
- Make introductions and facilitate conversation.
- Stay with the family, providing compassion and support.
- Explain that family members can watch at a safe distance.