

LASSA AND EBOLA SOCIAL AND BEHAVIOR CHANGE LESSONS LEARNED WORKSHOP

A Report from STOP Spillover Sierra Leone
June 2023



*Photo Caption: Participants from the SBC Lessons Learned workshop held in Kenema, Sierra Leone in November 2022
(Tetra Tech)*

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STOP SPILLOVER

Strategies to Prevent Spillover (or “STOP Spillover”) enhances global understanding of the complex causes of the spread of a selected group of priority zoonotic viruses from animals to humans. The project builds government and stakeholder capacity in seven Asian and African countries to identify, assess, and monitor risks associated with these viruses and develop and introduce proven and novel risk reduction measures. “Spillover” refers to an event in which an emerging zoonotic virus is transferred from a non-human animal host species (livestock or wildlife) to another animal species, or to humans. STOP Spillover is a five-year project (2020 – 2025) funded by the United States Agency for International Development (USAID).

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EXECUTIVE SUMMARY

The Strategies to Prevent Spillover (STOP Spillover) Sierra Leone team conducted a workshop in Kenema in November 2022 to review lessons learned from past Lassa and Ebola Social and Behavior Change (SBC) interventions. The purpose of the workshop was to identify key lessons learned and promising SBC practices for Lassa and Ebola, to inform future SBC efforts. Forty multi-sectoral stakeholders from multiple levels (national, district, and community representatives) reviewed past SBC interventions, tools, and approaches used to reduce Lassa and Ebola risks. The results of this workshop will inform the design of an SBC strategy and action plan to support the implementation of specific STOP Spillover interventions to reduce Lassa and Ebola spillover risks in communities around Gola Rainforest National Park (GRNP).

Key lessons identified during the workshop include the efficacy of direct community engagement and the importance of local traditional leaders, local language communication channels including radio and jingles, the importance of rumor management and mitigation, and audience segmentation. Written materials including posters are less useful in community settings, but the 117 hotline was identified as a positive platform upon which to build. The importance of community bylaws in changing risk-related behaviors was emphasized.

Workshop participants recommended that the STOP Spillover team focus on strengthening collaboration among One Health partners at the local level and engage the Ministry of Education to introduce Lassa and Ebola lessons in school health modules in primary and secondary schools in Sierra Leone. They also identified key gaps in current SBC approaches, including the need to identify barriers related to the adoption of appropriate community hygiene and sanitation practices, food storage practices, and ways to sustainably reduce the consumption of rats, bats, and other wild animals that may serve as reservoirs of zoonotic diseases. Finally, community members and One Health actors alike decried the lack of effective, tailored, targeted information, education, and communication (IEC) materials, and the paucity of Lassa and Ebola SBC actors working at the community level.

INTRODUCTION

The STOP Spillover Sierra Leone team conducted a workshop in Kenema on November 1-2, 2022 to review lessons learned from Lassa and Ebola Social and Behavior Change (SBC) interventions by key SBC implementers, partners, and stakeholders in the country. The purpose of the workshop was to identify key lessons learned and promising SBC practices for Lassa virus (LV) and Ebola virus (EBV), paving the way for future social norms change and behavior change efforts. Workshop participants reviewed SBC interventions, tools, and approaches that have been used to reduce Lassa and Ebola spillover and amplification risks (see the full workshop agenda in Annex 1). The results of this workshop will inform the design of an SBC strategy and plan to support the implementation of specific STOP Spillover interventions designed to reduce Lassa and Ebola spillover risks at the high-risk human-wildlife interface in communities around the Gola Rainforest National Park (GRNP) in Eastern Sierra Leone.

The workshop brought together 40 multi-sectoral stakeholders from the national level [i.e., the Ministry of Health and Sanitation (MOHS), the Ministry of Agriculture and Forestry (MAF), the Environmental Protection Agency (EPA), and Universities], the district-level (i.e., District Health Management Team (DHMT) officers, the District Extension officer, the Regional EPA officer, and Gola Rainforest National Program officers), and the local level (i.e., women's groups, farmers' groups, media, chiefs, hunters, wild meat traders, and traditional healers). The full list of participants can be found in Annex 2.

WORKSHOP OBJECTIVES

1. To review SBC interventions, tools and approaches that stakeholders and organizations have used to reduce Ebola and Lassa spillover risks, and to identify which SBC approaches worked well and why.
2. To identify lessons learned and specific promising practices which should inform future SBC efforts to improve the likelihood of specific target audiences adopting practices and behaviors that will reduce Ebola and Lassa spillover risks.
3. To strengthen collaboration and coordination at the national, district, and community levels to develop, design, and roll out effective, contextually relevant SBC interventions to promote the adoption of priority behaviors, strengthening the country's capacity to reduce spillover risks.

METHODS

The workshop was facilitated by the USAID-funded STOP Spillover Sierra Leone Country Team. Representatives from Breakthrough ACTION, GOAL Ireland, Njala University, the Ministry of Health and Sanitation (MOHS), and the Environment Protection Agency (EPA)

presented key findings from knowledge, attitudes and practices (KAP) surveys conducted on Lassa fever (LF) and Ebola virus disease (EVD), and shared their experiences with SBC interventions related to Lassa and Ebola in Sierra Leone. The workshop included group discussions and sharing of key findings from formative research on Lassa and Ebola, and lessons learned from SBC interventions.

TECHNICAL DELIBERATIONS

To achieve workshop objectives, representatives from Njala University (Prof. Jia Kangbai and Prof. Roland Suluku) and Breakthrough ACTION presented key findings from Lassa and Ebola surveys conducted in Sierra Leone. Prof. Jia Bainga Kangbai of the University of Njala presented findings and lessons learned from a cross-sectional survey on Lassa control strategies among 240 participants in Kenema District in three chiefdoms (Nongowa, Dodo, and Lower Bambara). Fatima Bockarie of Breakthrough ACTION presented findings from formative research (individual key informant interviews) conducted in July 2022 to examine the environmental and behavioral determinants of LF. The study explored community members' perceptions, knowledge, and behaviors associated with rodents in general and rats that carry LF specifically.

Day 1: Lassa Virus

Presentation highlights from previous formative research (Lassa):

- Community knowledge of LF is high but there are gaps in information reaching communities.
- Some community members perceive wild rats to be safe to eat, while rats living within their homes and in town are usually considered dangerous.
- Studies pointed out that the specific carrier for Lassa fever, *Mastomys natalensis*, is found in both the bush and in towns, and community members frequently confuse it with other rat species that people eat (Bonwitt et al., 2016).
- Local authorities are the main source of health information for many households.
- There are many misconceptions about LF and EVD (confusion over symptoms).
- Attitudes toward pest control and deforestation contribute to rats moving into areas where people live.
- Community members are not able to identify the specific rodent that carries Lassa virus (especially male rodents).
- It is difficult for people to discard potentially contaminated (rat-infested) food due to resource constraints.
- Few partners promote WHO recommendations for preventing LF (2017) – including proper food storage and plugging up cracks and holes in homes to reduce rat entry, as

well as personal and environmental cleanliness to reduce rat infestations in communities and households.

- Few workshops and consultative meetings focused on LV have been organized at the community level.
- There is a need for more consistent, sustained education on LV causes and symptoms.
- Many farmers do not have specific places to store food.
- Some community members associate rats primarily with garbage, dirty areas, rural areas, and poor hygiene and sanitation, while others perceive that they are a widespread problem that affects everyone.

After presentations by SBC implementers, facilitators formed breakout groups where workshop participants discussed and identified key findings and lessons learned from the studies presented. Participants were divided into four groups (community members, women, NGOs, and Government sectors) to allow them to freely communicate and participate in the workshop. This exercise helped participants to identify key learnings from each presentation. Participants were encouraged to speak in and use the language in which they were most comfortable. Community members spoke in Mende, which was translated into Krio by group representatives.

TABLE 1: SMALL GROUP DISCUSSIONS ON LASSA FORMATIVE RESEARCH

| Key findings from studies presented | Other Lassa studies we are aware of? | Key findings from other studies | Gaps needing further exploration | Suggestions for filling gaps |
|---|--------------------------------------|---------------------------------|--|--|
| Poor cleaning and hygiene practices in communities. | None | None | Reasons for poor cleaning and hygiene practices. | <p>Conduct qualitative research on local hygiene practices.</p> <p>Document effective community practices and bylaws that result in improved hygiene practices.</p> <p>Improve environmental hygiene through stakeholders' engagement.</p> |
| Improper storage of food and water to keep it away from rats. | None | None | Proper storage of food and water from rats is not widely practiced as due to poor knowledge of best practices. | <p>Promote proper storage of food and water in the community.</p> <p>Design innovative storage facilities for Lassa prevention.</p> |
| Rats are a source of food and protein. | None | None | Poor knowledge of the rat that causes Lassa. Most community members erroneously believe that LF is caused by the long-mouth rat. Other types of rats do not cause Lassa fever. | <p>Engage and orient community stakeholders on ways to prevent and control Lassa, focusing on "sticky" community norms, such as eating rats, eating wild or swamp rats, eating animals found dead or sick, etc.</p> <p>Training and awareness raising on safe disposal of rodents.</p> |

| Key findings from studies presented | Other Lassa studies we are aware of? | Key findings from other studies | Gaps needing further exploration | Suggestions for filling gaps |
|---|---|--|---|--|
| | | | No safe rat disposal measures identified from findings. | |
| Limited LF infection, prevention and control (IPC) measures at the community level. | None | None | <p>Poor knowledge of cultural and social barriers in households limiting IPC practices.</p> <p>Identify the barriers to adopting Lassa prevention and control measures.</p> | <p>Dialogue with communities to promote IPC measures.</p> <p>Conduct a barrier analysis and use findings to design interventions to address the problem.</p> |
| There is a need to intensify awareness of infection, prevention, and control (IPC) measures for LF at health centers. | The Preventing Emerging Pathogenic Threats (PREEMPT) project conducts field studies in Sierra Leone, humanely trapping and collecting samples from <i>Mastomys</i> rats, the host species for Lassa virus | Preliminary PREEMPT laboratory findings indicate that Lassa virus may be more widely distributed in rodents than previously thought. | Reasons for limited IPC materials at health facilities. | Conduct studies on IPC usage at health facilities. |

| Key findings from studies presented | Other Lassa studies we are aware of? | Key findings from other studies | Gaps needing further exploration | Suggestions for filling gaps |
|--|--|--|--|---|
| | in the wild, and testing them for the virus. | | | |
| Signs and symptoms of Lassa and malaria are almost the same, resulting in delayed treatment for LF patients. | None | None | Reasons for misunderstanding the signs and symptoms of Lassa and malaria. | The Ministry of Health and other government institutions and partners working on Lassa fever should support interventions that increase awareness of the similarities and differences between Lassa and malaria signs and symptoms. |
| Confusion between Lassa fever signs and symptoms and Ebola signs and symptoms in communities. | None | None | Reasons for delay in seeking medical care and diagnosis (fear that it is Ebola). | Continued community engagement on Lassa and early care seeking. |
| Community members had a high awareness of Lassa fever but limited knowledge of details about the disease. | FGD on Lassa Fever | There was increased awareness about Lassa prevention and control in communities visited. | Periodic KAP surveys and barrier analyses, followed by interventions that address problems identified from the findings. | Regular community engagement and radio programs around Lassa fever awareness and control measures. |
| Limited LF health education and | None | None | Conduct SBC formative research to | As knowledge may be relevant to risk perception, sense of |

| Key findings from studies presented | Other Lassa studies we are aware of? | Key findings from other studies | Gaps needing further exploration | Suggestions for filling gaps |
|--|--------------------------------------|---------------------------------|---|--|
| knowledge-sharing events at the community level. | | | <p>identify barriers to adopting preventive measures on Lassa (proper storage of food/grains, eating rats) and Ebola (eating sick animals, hunting with dogs).</p> <p>Inactive community by-laws and biases from community leaders (chief).</p> <p>Fewer project interventions in some communities.</p> | <p>vulnerability, and prevention practices for Lassa fever, supporting campaign activities that promote comprehensive knowledge of Lassa fever may be an effective prevention strategy.</p> |
| Limited IEC materials on Lassa at the district and community levels. | None | None | <p>Limited IEC materials on Lassa at the district and community level because of funding.</p> <p>Few partners working on Lassa.</p> | <p>One Health institution and partners to review, develop, print, and pre-position IEC materials on Lassa fever in all communities and chiefdom levels through the health in-charges meeting.</p> <p>Investigate reasons for inadequate/limited IEC materials.</p> |

Experience sharing formed a major part of the workshop. STOP Spillover One Health - Design Research and Mentoring Working Group (OH-DWG) members and key stakeholders including representatives from the MOHS and Breakthrough ACTION presented key findings from past LF studies and SBC efforts. The MOHS Health Education Division representative detailed SBC activities related to recent Lassa Fever cases in Tonkolili District in March 2022. Breakthrough ACTION shared their experiences related to proposed Lassa SBC interventions.

Past and current SBC approaches used in Lassa programs:

- Conducted Knowledge, Attitudes and Practices (KAP) assessments using the Lassa fever risk communication rapid assessment tool.
- Used research data as the basis for designing Lassa fever messages.
- Interpersonal communication using existing community engagement mechanisms (dialogues, meetings).
- Interactive radio discussions to provide regular information to the public (radio is still the most preferred source of information).
- Awareness raising by Community Health Workers (CHW) and influencers on Lassa fever using information, education and communication (IEC) materials.
- Using CHWs to track down and correct rumors and misinformation.
- Design and display posters with Lassa Fever prevention messages

What Worked Well

- Coordination and planning meetings between national and district teams.
- Timely engagement and prompt review and distribution of IEC materials /messages.
- Interactive radio discussions to provide regular information to the public.
- Internal and partner communication and coordination at the national level.
- Effective monitoring and management of rumors and misconceptions.
- Proactive involvement of local authorities and instituting by-laws.
- Interpersonal communication using existing community engagement mechanisms.

What Did Not Work Well

- Use of posters, flyers, wristbands, and t-shirts with Lassa Fever prevention messages.
- Print media publications (newspapers, newsletters, etc.)
- Weak/poor inter-pillar communication and coordination (risk communication pillar, laboratory pillar, surveillance pillar, IPC etc.)
- Communication and coordination among the MOHS, MAF, EPA and partners at the district level.
- Late mobilization of partners to support SBC activities on Lassa fever because of the limited number of partners working on SBC for Lassa fever.
- Difficulty identifying the specific rat that carries the Lassa virus; community members continue to consume rats.

TABLE 2: BREAKOUT GROUP FINDINGS ON EXISTING LASSA SBC MATERIALS (POSTER)

| What does the message ask the audience to do? | What do you like about this material? | What do you not like about it? | If information is missing; what would you add? | What would you change in this material to make it more appealing? | Who is the intended audience? | How might you adapt this to tailor it to another audience? |
|--|--|---|--|---|---|--|
| Keep a cat at home to drive rats away. | Short, simple straightforward and pictorial. | Messages and graphic pictures are crowded and busy on the poster. | Message on survivor stigma and 117 toll-free hotline number. | Separate the messages for each behavior to target key audiences and add messages on when and how to contact the 117 toll-free number. | Household heads | Tailor messages for specific audiences. |
| Wear gloves or plastic to safely dispose of dead rats. | | | | | Cleaners, boys, porter, Household heads | |
| Wear gloves when burying dead rats in a dug pit. | | | | | Cleaners, boys, porter, Household heads | |
| Cover your food properly. | | | | | Housewives, cooks, children | |
| Seek care early. | | | | | Communities / everyone | |
| Do not touch the dead body of a Lassa fever patient. | | | | | Family members, religious leaders, societal heads | |

Day 2: Ebola virus

Some myths and misconceptions about Ebola, presented by the EPA Communications Manager from experience during the 2014 -2016 Ebola outbreak in Sierra Leone included:

- Ebola isn't real.
- Governments fabricated the Ebola scare to reduce population growth.
- If you go into a clinic, you'll be given an injection to speed up your death.
- Ebola can be cured by home remedies (eating raw onion, pepper, ginger and garlic and/or even smoking can heal or curtail the Ebola disease).
- Ebola can be treated at home.
- Ebola is a death sentence.
- Body parts are being harvested in Ebola isolation units.

Following this presentation, four groups were created (groups of community members – men, youth, and women groups; government, and NGOs) to discuss and share experiences with regard to myths and misconceptions about Ebola.

TABLE 3: THEMES FROM EBOLA MYTHS SMALL GROUPS DISCUSSIONS

| Myths around Ebola cure | Conspiracy theories/ mistrust | Other examples of myths and rumors | Main channels spreading misinformation | How have we addressed or rebutted rumors and misconceptions | What worked well |
|--|---|--|---|---|---|
| <p>Bitter cola nuts, hot pepper, lime, coconut water, traditional medicine, and ginger cure Ebola.</p> | <p>Reduction of population.</p> | <p>Politicians want to use Ebola to rig elections.</p> | <p>Social media and messaging platforms (WhatsApp, Facebook).</p> | <p>Media monitoring and rumor management. Increased awareness raising using key channels of communication.</p> | <ul style="list-style-type: none"> ● Use of radio, jingles and airing in local languages. ● Stakeholder and community engagement. ● The SMAC approach (Community Led Ebola Action approach to trigger collective action at the community level, to influence behavior change and reduce transmission of Ebola). ● Community by-laws. ● Public health restrictions. ● Media monitoring and rumor management. |
| <p>Washing with salt and hot water prevents Ebola spread.</p> | <p>Ebola in West Africa is not natural and is a type of chemical warfare.</p> | <p>Removal and sale of human parts and blood.</p> | <p>One-to-one, markets, local gatherings.</p> | <p>Media monitoring and rumor management; Awareness raising using key communication channels.</p> | <p>Radio discussion programs to reduce rumors and misinformation.</p> |

| Myths around Ebola cure | Conspiracy theories/ mistrust | Other examples of myths and rumors | Main channels spreading misinformation | How have we addressed or rebutted rumors and misconceptions | What worked well |
|-------------------------------|---|------------------------------------|--|---|---|
| Drinking alcohol cures Ebola. | Ebola is man-made. | Chlorine kills Ebola patients. | Key influential stakeholders (religious leaders, traditional leaders, etc.). | Media monitoring and rumor management. Increased awareness raising using key channels of communication and community engagement. | Radio discussion programs to address rumors and misinformation. |
| Garlic cures Ebola. | Ebola was created by scientific research. | Ebola is not curable. | Political figures, religious and traditional leaders. | Media monitoring and rumor management. Increased awareness raising using key channels of communication (radio, television and social media). | Community engagement and radio discussion program to reduce rumors and misinformation. SMAC Approach (Community Led Ebola Action approach to trigger collective action at a community level, to influence behavior change and reduce transmission of Ebola). |

Key findings from formative research conducted on Ebola:

- There is limited current research and few current interventions to prevent/reduce Ebola spillover risks.
- Engagement with youth, elderly men, and women, and decision-makers in rural communities is the first key step to enhancing success in any intervention.
- During the Ebola outbreak, people secretly buried their relatives because they could not witness their burial.
- Patients died of chlorine suffocation.
- People eat wild meat because meat is difficult to get these days and they don't have an alternative source of protein.
- Despite awareness of the disease, misconceptions, and discriminatory attitudes toward survivors were common.
- Widespread misconceptions – believing that washing with salt and hot water can prevent Ebola (41%).
- Stigmatization and discrimination against survivors were high and stands at 95%.
- Inconsistency in our communications and gaps in knowledge sharing at the initial stages.
- The Social Mobilization Action Consortium (SMAC) enhanced coordination between partners and outreach to communities, deploying a community mobilizer in all communities.

Highlights from Ebola presentations - MOHS, Njala University, GOAL

Representatives from Njala University (Dr. Jia Kangbai), and MOHS (Alie Tommy), presented key findings (what we know) from Ebola surveys they conducted. Following this presentation, participants split into four groups to discuss and share experiences with regard to the key findings from these Ebola studies.

TABLE 4: KEY FINDINGS FROM WORKSHOP PARTICIPANTS

| Key findings from studies presented | Any other Ebola Studies we know of? | Key findings from the other studies | What gaps need further exploration? | Suggestions for filling those gaps |
|---|-------------------------------------|-------------------------------------|--|--|
| Person-to-person transmission is the only known source of transmission of Ebola in Sierra Leone. | None | None | Limited knowledge of animal host(s) of Ebola. | Increase awareness using key communication channels (radio, television, community dialogue). Conduct research to identify other sources of Ebola transmission. |
| Though people were knowledgeable about Ebola, they did not readily comply with prevention and control measures. | None | None | Identify reasons for denial or compliance. | Work with community structures (CHW, village development committee) in all outbreak interventions. |
| Handwashing was not practiced after Ebola. | None | None | Complacency that Ebola is over. | Conduct regular community dialogue and radio discussion programs to increase awareness and benefit of hand hygiene. |
| Ebola started in Sierra Leone in 2013 (Ebola was completely new in Sierra Leone). | None | None | Adherence to IPC was poor among health workers; what might motivate them to improve? | Conduct training for health workers to promote and increase awareness on IPC practices. Conduct formative research to inform reasons why there is poor adherence to IPC practices among health workers. |

| Key findings from studies presented | Any other Ebola Studies we know of? | Key findings from the other studies | What gaps need further exploration? | Suggestions for filling those gaps |
|--|-------------------------------------|-------------------------------------|--|--|
| Use of by-laws (hand washing, hunting, logging, farming and mining in some restricted forest reserved communities) helped to reduce Ebola cases. | None | None | Stigma and discrimination. | <p>Conduct formative research among Ebola survivors to identify any stigma or any negative associations they experience, and with community members and key influencers to determine why these stigmas exist and how to eliminate them.</p> <p>Activate and enforce community by-laws.</p> |
| Rumors, misinformation, and Ebola misconceptions led to non-compliance of people. | None | None | There were no systems in place for tracking and management of rumors during the Ebola outbreak at health facilities. | Conduct regular media monitoring and management of rumors. |

TABLE 5: REFLECTIONS FROM DAY 1 & 2 LASSA AND EBOLA SBC DISCUSSIONS.

| What were the key components of the most effective interventions? | What were common elements of less effective approaches? | What stood out as a promising practice? Why? | If you had to develop an SBC strategy for Lassa or Ebola, what would you take away from the last two days that you would include? | What additional information do you need? |
|---|---|--|--|--|
| Community stakeholder engagement. | Use of posters, flyers, wrist band, and t-shirts. | Use of jingles in different local languages because a wider population is reached with fewer resources. | <ul style="list-style-type: none"> • Use findings from KAP or formative research to design interventions. • Use research findings on communications channels that people most prefer to receive messages. • Supporting campaign activities that promote comprehensive knowledge of Lassa fever and Ebola may be an effective prevention strategy. | Current data on Lassa and Ebola |
| Communication, coordination and collaboration between partners and local authorities. | Print media publications (newspapers, newsletters, etc.). | The use of media such as television, radio, and social media (WhatsApp, Facebook, etc.). | Use existing platforms (One Health Platform) and community structures (community health workers, Community Led Action mobilizers, chiefdom task force). | Information about the platforms and community structures (database, manuals, plans, etc.). |
| Rumor monitoring and management of information to the populace on health issues. | None | <p>The use of the online rumor and misinformation system (dashboard) for Ebola, COVID- 19, and polio.</p> <p>The use of social media (WhatsApp, Facebook) and 117 phone calls.</p> | <ul style="list-style-type: none"> • Audience profiling and segmentation. • Lessons learned and barrier analysis to inform communication strategy. | Need information on the misconception of Lassa. |

Key Ebola lessons learned (previous and current) on SBC approaches that have been used by actors in Sierra Leone (Breakthrough ACTION, MOHS, Njala University, GOAL Ireland):

- There is a level of knowledge about Ebola, with gaps in terms of definitive identification of the original source of Ebola.
- People in “official” leadership roles (e.g., politicians) may not be trusted by communities. It’s best to involve trusted community members, rather than outsiders, as they are more effective at mobilizing their own communities.
- Use multiple channels (like posters, flyers, radio and television) and adopt participatory and interactive approaches (community dialogue or stakeholder engagement).
- Communities are active agents in outbreak response interventions. Communities are seen as critical agents and equal partners in an emergency response, as they are often best placed to assess risk and identify mitigation steps in their contexts through collective action planning.
- Identifying trusted communication channels using locally respected community mobilizers and providing thorough training (a mix of classroom and field-based) is not a waste of time but time-efficient in a rapidly evolving emergency.
- Communities themselves have the power and the agency to halt the spread of Ebola, and their collective actions are at the heart of an effective Ebola response. Examples include actively providing guidance, mobilizing resources and building trust by encouraging trusted local leaders to be active and visible in their communities to boost local ownership.

What did we learn - What worked?

- The country reduced death during Ebola by allowing people to watch the burial of their relatives because of the disbelief that their loved ones are not being taken care of, and traditional practices for performing burial rites.
- Enforcement of Ebola by-laws such as hand washing practices, restriction of movement from one district to another and one community to another, ban on bushmeat trade and consumption, enforcement of safe and dignified burial etc.
- The use of 117 toll free lines increases quick notification measures.
- The deployment of Social Mobilization Action Consortium Mobilizers in all districts and communities to promote rapid responses to community issues.
- Joint multi-sectoral efforts among partners and communities with unified prevention and control approach helped combat the spread of Ebola.

What did not work?

- Efforts to persuade people to stop eating bush meat failed because they were not offered an alternative means of food or income.
- There were difficulties in the containment of the Ebola outbreak in Sierra Leone as a result of weak surveillance systems and poor public health infrastructure.
- Diverse messages and approaches were used by government stakeholders and partners at the initial phase during the Ebola outbreak. This created distrust and non-compliance to health control measures.
- Ignoring cultural values of people at the initial stages (attending the burial process of their relatives).

Promising Practices

- Conduct barrier analysis at the start of a behavior change program to determine activities and messaging for an intervention.
- Use mobile phones to report suspected disease outbreaks.
- District and chiefdom-level stakeholders' meetings on EVD by-laws (hunting, logging, farming, and mining in some restricted forest reserved communities).
- Interactive radio discussions on Ebola, Lassa, and other disease control and preventive measures.
- Monitoring of EVD rumors, misinformation, and concerns through social listening dashboard (online rumor and misinformation dashboard).

RECOMMENDATIONS FOR STOP SPILLOVER

1. Participants recommended that the STOP Spillover project team strengthen the collaboration among One Health sectors (Ministry of Health, Ministry of Agriculture, and Environment Protection Agency) and other partners to increase awareness of zoonotic diseases (especially Lassa and Ebola) in Sierra Leone and work with the Ministry of Education to introduce Lassa fever and Ebola lessons in school-health modules, especially in primary and secondary schools in Sierra Leone.
2. The STOP Spillover project should work with One Health sectors (Ministry of Health, Ministry of Agriculture, Environment Protection Agency) and other organizations and partners to build on community lessons learned and remaining challenges to reduce spillover risks.
3. Improve communication and coordination among key stakeholders by working with existing SBC stakeholders and partners for sustainability, using existing channels and messaging systems (Radio, WhatsApp, Facebook, etc.).
4. Leverage successful approaches (community engagement, use of local language jingles, culturally and contextually appropriate communication channels, and audience segmentation) and avoid written SBC materials that are less effective in community settings.
5. Build on existing rumor management systems and the 117 system where appropriate, to facilitate communication.

ANNEXES

Annex I: Workshop Agenda (November 1-2, 2022)

| Workshop to review lessons learned on Lassa & Ebola social and behavior change (SBC) interventions. November 1-2, 2022 | | |
|--|--|--|
| AGENDA | | |
| Time | Topic | Facilitator |
| 8:30-9:00 | Registration | Country Team |
| 9:00-9:30 | <p>Welcome statements:</p> <ul style="list-style-type: none"> • Silent Prayers • Participant introductions • Chairman’s opening remarks • Welcome remarks followed by breakfast • Note takers and recording (Alpha Jabbie) | Edward Magbity, Country Team Lead, STOP Spillover Project Sierra Leone |
| 9:30-9:45 | <ul style="list-style-type: none"> • Workshop objectives and agenda review • Workshop norms and procedures • Participant expectations (participatory!) | Momoh Jabbie, RAC Specialist |
| 9:45 - 10:00 | Group photo | All |
| 10:00-10:30 | <p>Warm-up: What is SBC? (Facilitated Brainstorming)</p> | Francis A. Suma, District One Health Risk Communication Lead/DSMC. |
| 10:30 – 12:30 | <p>Activity I: What Do We Know: Key findings from a KAP study on Lassa</p> <p>Presentation followed by break-out group discussion</p> <p>Small group discussion</p> | Prof. Jia Kangbai, Njala University Breakthrough ACTION |

Workshop to review lessons learned on Lassa & Ebola social and behavior change (SBC) interventions. November 1-2, 2022

AGENDA

| Time | Topic | Facilitator |
|------------|--|---|
| | What for you were the key takeaways from the study presented? | Prof. Roland Suluku, Njala University |
| 12:30-1:30 | LUNCH | All |
| 1:55- 3:30 | <p>Activity 2: Sharing experiences of SBC Interventions related to Lassa</p> <p>A) Presentations followed by small group work</p> <ul style="list-style-type: none"> ● What formative research was used to inform the design of your SBC ● Which approaches were used ● What worked well, ● What didn't work as well ● Key lessons learned ● Promising practices <p>B) SMALL GROUP WORK</p> <p>Participants break into small groups and review one SBC material on Lassa and provide feedback:</p> <ul style="list-style-type: none"> ● What does the message ask the audience to do? ● What do you like about this material? ● What do you not like about it? ● What, if any, information is missing (what would you add)? | <p>Harold Thomas, National One Health Risk Communication Patrick Lansana, Lead, Ministry of Health</p> <p>Breakthrough ACTION GOAL Sierra Leone</p> |

Workshop to review lessons learned on Lassa & Ebola social and behavior change (SBC) interventions. November 1-2, 2022

AGENDA

| Time | Topic | Facilitator |
|-----------------------|--|--|
| | <ul style="list-style-type: none"> • What is confusing (any words or images that are difficult to understand)? • What would you change in this material to make it more appealing to you? • Who is the intended audience? <p>How might you adapt this to tailor it to another audience?</p> | |
| 3:30- 3:45 | Feedback sessions | All |
| 3:45- 4:00 | Closing and wrap-up of day one | |
| DAY TWO AGENDA | | |
| 8:30 – 9:00 | Registration | Country Team |
| 9:00- 9:20 | Recap of day one | Alpha Jabbie, WLE Specialist |
| 9:20- 10:00 | Tea Break | |
| 10:00 - 11:30 | <p>Activity 3: Participants share experiences of myths and misconceptions about Ebola</p> <ul style="list-style-type: none"> • Small group work discussion on the above topic | <p>Fatima Bakarr Sesay – EPA, Communications and Outreach Manager</p> <p>Co–Lead: Francis A Suma - DSMC and District Risk Communication Lead</p> |
| 11:30 –12:00 | Feedback from group work | All |
| 12:00-1:00 | Activity 4: What Do We Know: Key findings from Ebola KAP or SBC studies | Prof. Jia Kangbai, Njala University |

Workshop to review lessons learned on Lassa & Ebola social and behavior change (SBC) interventions. November 1-2, 2022

AGENDA

| Time | Topic | Facilitator |
|-------------|---|---|
| | <p>Presentation followed by small break out group's discussion</p> <p>Small group discussions</p> | <p>Breakthrough ACTION</p> <p>GOAL Sierra Leone</p> |
| 1:00-1:30 | <p>Feedback session: any other research conducted on Ebola, key takeaways, gaps needing more exploration</p> | |
| 1:30- 1:45 | LUNCH | All |
| 1:45-3:00 | <p>A) Sharing experiences of SBC Interventions related to Ebola</p> <p>Presentations followed by small group work</p> <p>B) SMALL GROUP WORK</p> <p>Participants break into small groups and reflect on both experiences presented on day one and day two of Lassa and Ebola SBC interventions: What were key components of most effective interventions? Why? Common elements, promising practices</p> | <p>Harold Thomas, National One Health Risk Communication Lead/HED Program Manager, Ministry of Health</p> <p>Breakthrough ACTION</p> <p>GOAL Sierra Leone</p> |
| 3:00- 4:00 | <p>Activity 4: Partnerships, Collaboration, Coordination</p> | Suna Tucker, FWA Specialist |
| 4:00- 4:40 | Wrap-up and next steps, announcements | Momjah Jabbie, RAC Specialist |
| 4:40- 4:45 | Closing remarks | Edward Magbity, Country Team Lead, STOP Spillover |

Annex 2: Workshop Participants

| No | Name | Location | Organization | Gender |
|----|----------------------|----------------|--|--------|
| 1 | Bona Fafia | Freetown | Ministry of Health | M |
| 2 | Mohamed A. Conteh | Freetown | Ministry of Agriculture | M |
| 3 | Fatmata Bakarr Sesay | Freetown | Environment Protection Agency | F |
| 4 | Dr. Jia Kangbai | Bo, Njala | Njala University | M |
| 5 | Ibrahim Sorie Koroma | Freetown | Health Education Division, Ministry of Health | M |
| 6 | Alie Tommy | Freetown | Ministry of Health | M |
| 7 | Prof. Roland Suluku | Njala, Moyamba | Njala University | M |
| 8 | Sia Jamie Hemore | Freetown | Sierra Leone Advocacy Development Network | F |
| 9 | Aminata Abdulai | Freetown | Girls Network | F |
| 10 | Orando G. Musa | Kailahun | District Health Management Team | M |
| 11 | Vamba Kanneh | Pujehun | District Health Management Team | M |
| 12 | Francis A. Suma | Kenema | District Health Management Team | M |
| 13 | Satta Kanneh | Kenema | Mentima Women Development Association | F |
| 14 | Miatta H. Jusu | Kenema | Women Empowerment Association for Progress | F |
| 15 | Mohamed Kawa | Kenema | Gola Rainforest National Program | M |
| 16 | Mohamed M. Kanneh | Kenema | Environment Protection Agency | F |
| 17 | Jenneh K. Sheriff | Kenema | Kingsway corner Market women Chairlady | F |
| 18 | Alhaji Yayah Swarray | Kenema | Youth in Action for Development and Human Rights | M |
| 19 | Amadu Jusu | Kenema | Gola Rainforest National Program | M |
| 20 | Fatmata Dassama | Kenema | Community Based Organization | F |
| 21 | Umaru Dabor | Kenema | Kenema District Council | M |
| 22 | Joe Mammah | Kenema | Ministry of Agriculture, Extension Officer | M |
| 23 | Francis M Kalleh | Kenema | Local Authority | M |

| No | Name | Location | Organization | Gender |
|----|--------------------------|----------------|-------------------------------------|--------|
| 24 | Francis Bundor | Kenema | District Health Management Team | M |
| 25 | Magdalene Sannoh | Kenema | Bushmeat Trader, Fisheries Market | F |
| 26 | Mohamed Mansaray | Faama | Farmer – Nomo Chiefdom | M |
| 27 | Lansana Mansaray | Faama | Hunter/Youth Leader – Nomo Chiefdom | M |
| 28 | Chief Madam Nancy Feika | Gegbwama | Town Chief, Gegbwama | F |
| 29 | Alpha Sheriff | Kuawuma | Youth Leader, Tunkia | M |
| 30 | Mariama Mansaray | Joru | Community Health Worker/Student | F |
| 31 | Lucia Momoh | Lalihun | Community Health Worker/Farmer | F |
| 32 | Chief Samai Njallay | Mapuma Koya | Town Chief/Traditional Leader | F |
| 33 | Mamie Bambara | Perri Guara | Bushmeat Trader, Perri | F |
| 34 | Florence Kanneh | Gegbwama | Community Health Worker, Tunkia | F |
| 35 | Chief Kenneh Ansumana | Belebu | Town Chief | M |
| 36 | Chief Madam Mamie Sannoh | Njaluahun Koya | Town Chief | F |
| 37 | Mustapha Kallon | Freetown | GOAL Ireland | M |
| 38 | Fatima Bockarie | Freetown | Breakthrough ACTION | F |
| 39 | John I. Koroma | Freetown | Breakthrough ACTION | M |
| 40 | Gratiano Nyuma | Freetown | Breakthrough ACTION | M |

Total Participants: 40 (not including STOP Spillover staff)

Male: 23 (57.5%)

Female: 17 (42.5%)

Annex 3: Workshop Evaluation

| Assessment questions | Number of responses for each assessment score (1 = very unsatisfactory; 2=unsatisfactory; 3=satisfactory, 4= very good, 5 = excellent) | | | | |
|--|---|---|---|----|---|
| | 1 | 2 | 3 | 4 | 5 |
| What is your overall assessment of the workshop? | | | 1 | 12 | 2 |
| Did the workshop achieve its intended objective | | | | 12 | 3 |
| Workshop met expectations | | | | 8 | 7 |
| Workshop will be useful to my work | | | | 11 | 4 |
| Timeliness of invitation | | | | 9 | 6 |
| Appropriateness of workshop venue | | | 8 | 7 | |
| Quality of workshop materials | | | 3 | 6 | 6 |
| Quality of workshop presentations | | | | 8 | 7 |
| Quality of group work | | | | 10 | 5 |
| Time keeping | | | 6 | 9 | |

| Assessment questions | Number of responses for each assessment score (1 = very unsatisfactory; 2=unsatisfactory; 3=satisfactory, 4= very good, 5 = excellent) | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Time allotted to each session | | | 8 | 7 | |
| Quality of refreshments served | | | 8 | 7 | |
| Relevance of presentation to objectives | | | | 9 | 6 |

Topics participants found most interesting:

1. Sharing experiences of SBC intervention related to LF & EVD (34%)
2. Myths and misconceptions about Ebola (31%)
3. Key findings from LF and EVD research (29%)
4. Lessons learned from EVD and LF research (3%)

Suggestions to improve future workshops:

1. Add more time (three days) (mentioned nine times)
2. Ensure sufficient time in each session for fruitful deliberations (mentioned three times)
3. Improve equipment and DSA allowance (mentioned once)
4. Encourage OH actors to take the lead in planning the event (mentioned once)
5. Extend invitations to UNICEF, WHO, and FAO
6. Extend invitations to butchering/slaughtering houses

Photo Gallery

