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Risk Communication and Community Engagement Preparedness and Readiness Framework: Ebola Response in the Democratic Republic of Congo in North Kivu

This document was developed jointly by the Risk Communication and Community Engagement (RCCE) incident management team for the Ebola Virus Disease outbreak response in the Democratic Republic of the Congo in September 2018 by World Health Organization, UNICEF and International Federation of Red Cross and Red Crescent Societies, with inputs from GOARN Research (Social Science), US Centres for Disease Control, Social Science Humanitarian Action Platform, and Anthrologica.

It is intended to be used to guide RCCE work which is central to stopping the outbreak and preventing its further amplification. Unlike other areas of response, RCCE draws heavily on volunteers, frontline personnel and on people without prior training in this area. As such, the document provides basic background information, scopes the socio-economic and cultural aspects (that are known at the time of publication), and provides the latest evidence-based advice and approaches.

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1. <u>Introduction:</u>

Risk Communication and Community Engagement (RCCE) is an essential part of any disease outbreak response. Risk communication in the context of an Ebola outbreak refers to real time exchange of information, opinion and advice between frontline responders and people who are faced with the threat of Ebola to their survival, health, economic or social wellbeing. Community engagement refers to mutual partnership between Ebola

response teams and individuals or communities in affected areas, whereby community stakeholders have ownership in controlling the spread of the outbreak.

In the context of Ebola virus disease (EVD), it is particularly critical as the severe presentation of symptoms and the rapid deterioration of health can lead to fear and misunderstanding of the cause of illness and death. Some of the recommendations to stop the spread of Ebola may interfere with local beliefs and practices and cause disruption to the lives of local communities. The control of Ebola virus disease, like other viral haemorrhagic fever outbreaks, is resource intensive and requires adequate early detection of persons suspected of Ebola, rapid laboratory testing, treatment of patients who are confirmed of Ebola infection and follow up of their contacts for at least 21 days so that those who develop signs and symptoms of the illness are quickly identified and provided with treatment early. The funeral of persons infected with Ebola should be performed in a safe and dignified way and respect for grieving families. Early communication of risks of Ebola and engagement with local communities and health workers is pivotal to the prevention and control of an Ebola outbreak.

To effectively implement risk communication and community engagement, response teams must approach community leaders and members in a manner that seeks first to understand their perspectives, solicits their inputs, shares information, and engages them in the response to the outbreak. In addition, information must be shared in a manner that allows individuals and communities to learn (receive information and ask questions) and to make informed decisions about how to protect themselves, their families, and communities. Community leaders and members from many sectors of society must be a part of, and have an influence on, response efforts. Effective engagement involves on-going interactions that includes adjusting risk communication strategies in response to community signals. These signals include a range of individual and community responses such as (1) receptive of recommended behaviours or response teams; (2) reluctance to perform recommended behaviours or to engage with response teams; (3) refusal to interact with response teams and (4) resistance to engage with response teams. Fortunately, there are effective actions for managing these types of community responses. Essential in all community engagement is a commitment to listening to community concerns, providing recommendations, facilitating choices, demonstrating empathy, including affected communities in decision-making processes, and establishing alliance around common goals of protecting all persons.

This RCCE Framework sets out overarching considerations regarding RCCE for the preparedness and readiness to respond to an Ebola virus disease (EVD) outbreak. This framework describes work that is currently active in North Kivu, led by the Congolese health authorities and local bodies, and supported by other national and international partners. It provides a guiding framework for neighbouring provinces to inform readiness activities and provides preparedness considerations for other countries in the region. This framework highlights links between the RCCE response pillar with other technical areas of the health operations pillar, including: mental health and psychosocial support, community surveillance and contact tracing, safe and dignified burials, patient care, infection prevention and control, vaccination, and cross border movement.

For the readiness and preparedness activities, provinces neighbouring the epicentre of the outbreak in North Kivu and countries in the region have been prioritised based on the levels of risks assessed based on their trade links and proximity with North Kivu.

In DRC, the MOH and partners have identified 14 provinces to enhance their preparedness and readiness capacities with three levels of priorities. These are:

Priority 1: Sud Kivu, Ituri, Maniema, Tshopo

Priority2: Haut-Uele, Mongala, Nord-Ubangi, Sud-Ubangi

Priority3: Sankuru, Kasai, Kasai Central, Kasai Oriental, Bandundu, Lomani

Countries in the region are identified on the basis of two levels of priority. These include:

Priority 1: Rwanda, Uganda, South Sudan, Burundi

Priority 2: Angola, Congo, Central African Republic, Tanzania, Zambia

Figure 1 shows a diagram of how risk communication and community engagement involves every pillar of an outbreak response. RCCE is shown in the centre, not to imply that it is the central component of an outbreak response, but that it is integral of most components of a response.

Figure 1. Risk Communication and Community Engagement Principles and Practices must be integrated into all pillars of an Ebola outbreak response.

2. Goal:

The goal of this framework is to provide an overview of how RCCE resources and activities need to be prepared for across different response pillars among provinces and countries neighbouring North Kivu, Democratic Republic of Congo.

The purpose of proactively carrying out RCCE activities along with other activities essential for an Ebola outbreak response is to reduce deaths and illness caused by Ebola virus disease (EVD) and minimize disruption to daily lives of local communities. This is achieved through systematic gathering of informed social science knowledge to inform the response and active engagement with key stakeholders including community influencers, health care workers, and local communities.

3. Objectives:

The objective of this framework is to provide a guiding framework and create an enabling environment for preparedness. It shows the linkages between RCCE activities and other aspects of the response and how they can be coordinated.

The objectives of implementing different activities in RCCE are to foster community agency to contain the spread of EVD, ensure the participation of affected communities and build trust in the Ebola response through close collaborative work across response pillars.

The specific objectives include:

Create enabling environment and operational mechanisms for RCCE preparedness through:

1. Proactive and timely communication about Ebola and its prevention and control through the media, social media, social mobilization, and interpersonal communication.
2. Ensure access of population and frontline health workers to key lifesaving information and dialogue to enable them to make informed decisions to protect themselves, their families, and their communities.
3. Engage in active dialogue with community influencers, networks, and stakeholders in the prevention of spread of EVD through active listening to community concerns and promotion of awareness on EVD and safe practices.
4. Build capacities at international, national, and sub-national levels to support effective readiness and preparedness.
5. Incorporate other pillars of the response as support for the overall preparedness strategy.

4. Strategic approaches:

RCCE approaches take into consideration the linguistic-cultural-religious-social-economic background of the different stakeholders and the practices around the varying contexts. Each intervention will have to be designed according to the different stakeholder groups, considering their unique needs and levels of vulnerability.

An effective response involves strategic implementation of appropriate interventions carried out with support from different actors such as local organizations, whether governmental or nongovernmental, neighboring provinces and countries, and international partners. This framework describes the actions necessary to build effective international coordination, capacity and systems for preparedness, prevention and response to future EVD outbreaks.

4.1 At the international level

At the international level, priority actions include coordination with key partners to ensure unified support to countries and field teams; assurance that intervention decisions are informed by social science knowledge through provision of remote technical assistance; identification of surge capacity and facilitation of information sharing. These include:

1. **Coordination** of international support by WHO-UNICEF through various mechanisms including weekly partners calls and community of practice platforms for information sharing and joint development of tools to support field activities.
2. **Social science information**
   a. In close collaboration with social science partners within the Global Outbreak Alert and Response Network (GOARN) Social Science Working Group[1] develop tools for social science information collection within the Monitoring Emergency Use of Unregistered and Investigational Interventions for EVD (MEURI) framework[2], which includes ring vaccination and use of therapeutics.
   b. Community of practice platform is established to provide social science contextual information and tools (Social Science in Humanitarian Action Platform or SSHAP)3) to enable Ebola responders to be better equipped to response to the local needs. 3.

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[1] GOARN SSR Group includes academic and public health institutions.
[2] http://www.who.int/emergencies/ebola/MEURI-Ebola.pdf
[3] http://www.socialscienceinaction.org/

Provide remote **technical and analytic support** to field teams regarding the development of strategic and technical guidance, including development of tools based on the identified needs. E.g. questions bank for conducting KAP surveys or rapid anthropological assessments

3. Surge capacity including deployment of technical expertise and surge capacity to ensure minimum RCCE capacity.

4. Information management to ensure timely sharing of information across different levels and at different stages of the response across all the response pillars including organizations from affected communities and international partners supporting them. This helps to ensure that the information shared can influence strategy as needed.

4.2 At the national and sub national levels

At the national and sub national levels, the focus is on aligning the RCCE work across all EVD pillars of the response through close collaboration, frequent information sharing, and shaping strategy across the international levels. This includes:

1. **Coordination** with key stakeholders and partners enables RCCE responders from different agencies and across all response pillars to operate as a unified team through mapping of all partners, consolidation of resources (human and others) with minimum duplication and disruption. This is done through joint planning of activities and frequent information sharing.