



Enhanced Capacity Building Training for Frontline Staff on Building Trust and Communication

**Facilitator's Guide
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TECHNICAL CONTRIBUTORS

Dr Philippe Barboza, Epidemiologist, Department of Global Capacities Alert and Response (GCR), WHO Geneva

Ms Pamela Lupton-Bowers, founder and managing director of PLB Consulting Ltd., adjunct professor for the International Institute for Humanitarian Assistance at Fordham University, New York. An IAF Certified Professional Facilitator, Neuro Linguistic Programming Practitioner, and Master Trainer in Team Management Systems (TMS)

Mr Khoti Wanangwa Gausi and Dr Aileen Kitching, National Contact Tracing Leads, WHO, Sierra Leone

Dr Cheikh Niang, Professor of Anthropology, Institut des Sciences de l'Environnement (ISE), Université Cheikh Anta Diop, Dakar, Senegal

Professor Douglas Paton, School of Psychology, University of Tasmania

Dr Mikiko Senga, Technical Officer, Department of Pandemic and Epidemic Diseases (PED), WHO Geneva

Dr Daniel J. Siegel, MD, Executive Director, Mindsight Institute, Clinical Professor, University of California, Los Angeles (UCLA) School of Medicine

Ms Sally Smith, Community Mobilization Advisor, UNAIDS, Geneva

Dr John Parrish-Sprowl, Professor of Communication Studies, Indiana University, Purdue University, Indianapolis

Dr Susan Parrish-Sprowl, psychotherapist and health communication consultant

Ms Khadija Bah-Wakefield, Social Anthropologist, WHO, Sierra Leone

Dr Beth Fisher-Yoshida, lecturer in the Social and Organizational Psychology Program, Columbia University

PILOT PROJECT TEAM

Mohanad Alhami, Danielle Atkins, Frank Asiedu, Saffea Gborie, Augusta Kamara, James King, Asiya Odugleh-Kolev, Olagai Simon, Aminata Sharif and Khadijah Suleman

Notes for Trainers

INTRODUCTION

This training guide is designed to fill a gap in the current response to Ebola Virus Disease (EVD). Community engagement takes place at the interface between affected and at-risk individuals, families and response staff, and the agencies that are providing direct support and services. Community engagement is built on the connection between people. As these connections need to be created and/or reinforced, particularly during emergencies, it is important to be mindful about what people say to each other and how they feel, as well as the impacts these have on conversations and relationships. Fear has the capacity to create reactivity, which can prevent people from connecting and working constructively with others.

Recent scientific research helps response staff to understand the ways in which fear is made evident, how it affects peoples' ability to think, talk and relate, and what can be done about it. By understanding the body's mechanisms underlying emotions, thoughts and the way we talk, frontline staff can develop better ways to connect with communities and move from being reactive to being receptive, selecting their language with care. This understanding has several effects: it helps to manage fears and concerns; it creates the possibility for a greater sense of community; it facilitates collaboration; it helps build better relationships; it contributes to addressing stigma; and it strengthens community systems. Consequently, community engagement approaches, strategies, skills, language and tools



UNFPA contact tracing mentors. Photo: WHO/Odugleh-Kolev

(which include intrapersonal, interpersonal and group communication), need to be planned, discussed and factored in when designing, implementing and evaluating public health interventions.

Three consecutive Knowledge, Attitude and Practice (KAP) surveys in Sierra Leone (<http://www.focus1000.org/index.php/projects/current-projects-initiatives>) have shown that awareness is high, yet some communities are still not complying with the EVD control measures meant to keep them safe. As the number of EVD cases reduces, the challenge will be to move from mass mobilization to targeted approaches that enable communities to partner with response agencies to reach zero transmission. This training course addresses the communication skills needed by frontline staff such as surveillance officers, case investigators, contact tracers, burial

teams, social mobilizers and their supervisors. The premise is that trust and distrust emerge from communication and that every conversation can be optimized through frontline staff being receptive to families and communities, demonstrating effective listening, showing care and being empathic. Because communication is systemic and occurs among a range of frontline staff and the families and communities they work with, it needs to be understood as a system of linked interactions and conversations that must be managed well. Consequently, this training programme can be used by any frontline staff to enhance the quality of their interactions and thereby support and augment their work.

The scale and complexity of the current Ebola epidemic in West Africa and the responses needed to: a) stop disease transmission in the health care and community setting; b) isolate and care for those infected; and c) bury the deceased in a safe and dignified way, places enormous demands on the health, social, economic and political systems of affected countries. In addition, EVD is transmitted by the very acts of care, kindness and compassion that families give to each other when they are sick or when they carry out the last rites for the deceased. Being unable to touch and hold others causes tremendous grief, fear and anxiety. These feelings can often emerge as anger as individuals try to retain control of their immediate circumstances and reduce their vulnerability.

EPIDEMIC MANAGEMENT

The goal of epidemic management is to control an event as quickly as possible by halting disease transmission and minimizing loss of life. An epidemic is most likely to be controlled when it is detected early and response measures are initiated quickly. The following measures limit and control the spread of EVD:

1. Rapid identification of new infections through surveillance (case investigation and contact tracing).
2. Diagnosis and care of infected individuals in isolation wards.
3. Community engagement in, and support for, risk reduction and protective actions.

Ultimately, to stop an outbreak of an infectious disease, community members need to trust and work alongside each other and with frontline response staff; however, fear can get in the way. Highly stressful situations and experiences trigger chemical and physiological changes as well as emotional responses that can severely affect the ability of individuals to process new information, weigh multiple options and prioritize actions. Effective community engagement will therefore need to activate the body's natural "social engagement systems" by addressing and linking intrapersonal, interpersonal and group communication interventions to help individuals and communities move from reactive to receptive mental and emotional states. In turn, this will help to create connectivity and empathy, and promote interactions that address stigma and discrimination as well as supporting collaboration, collective problem-solving, decision-making and, ultimately, the acceptance and uptake of Ebola prevention and control behaviours.

BUILDING TRUST

An unknown disease or an epidemic that spreads quickly and widely can raise the levels of fear, anxiety, stigma and discrimination amongst affected populations. Poor and/or inappropriate communication or expressions of stigma between and amongst response staff and communities can lead to misunderstandings, delayed decision-making, loss of trust and the proliferation of rumours and suspicion about what local authorities and response partners are doing. It could even sometimes result in communities reacting against the presence of response staff. People in emergency situations often find themselves under extreme pressure and stress. Managers and technical staff need to factor in the following:

- ▶ lack of information is associated with anxiety, irrespective of exposure to risk
- ▶ when there is lots of information, help with prioritization and interpretation is needed
- ▶ face-to-face interaction helps deal with emotions and repetition is necessary
- ▶ asking people to verbally articulate their fears and express concerns helps them manage their fears

- ▶ people are more likely to pay attention to information from others they already know and who they feel are concerned about their well-being.

WHAT DOES THE TRAINING COVER?

This training programme needs to be linked to national standards or guidelines for contact tracing, case investigation and social mobilization and focuses on the process of engagement and interaction in Ebola response.

The goal is to build the capacity of frontline staff to engage with communities in ways that build trust and contribute to Ebola prevention and control.

Specific objectives:

1. To build trust and improve the quality of relationships between frontline staff and communities.
2. To help frontline staff explain to families and neighbouring communities the importance and benefits of self-reporting at the onset of signs and symptoms of Ebola and the consequences when diagnosis and treatment are delayed.
3. To help frontline staff support the behavioural adaptation of communities to prevent ongoing transmission within households and adjacent communities.

Expected outcomes:

- ▶ greater receptivity of frontline staff to families and communities
- ▶ increased trust between frontline staff and communities
- ▶ improved compliance to epidemic prevention and control measures
- ▶ reduction in episodes/expressions of stigma and discrimination towards Ebola patients, survivors and their families.

WHO IS THE TRAINING FOR?

This workshop is intended for frontline workers in Ebola response who come into contact with affected/at-risk families and communities. Following this course, participants will:

- ▶ understand the connection between how people think, feel and behave



"This exercise is not easy, but it's our work. We have to do it. The more we sit, the more Ebola continues to spread." – Teacher Abu Bakar Kanu (centre), accompanied by Alhaji Blalie (L) and Godfrey Bannister (R), visit residents in Lumley, Freetown, during the three-day house-to-house Ebola awareness campaign. Photo: WHO/Nyka Alexander

- ▶ recognize how managing one's own emotions can help others to manage theirs
- ▶ have some essential skills enabling them to coordinate family and community conversations to help people understand and act on health advice.

The course is expected to take one day and an ideal group size is 25–28 participants. Figure 1 illustrates the flow and timing of the course.

HOW TO USE THIS GUIDE

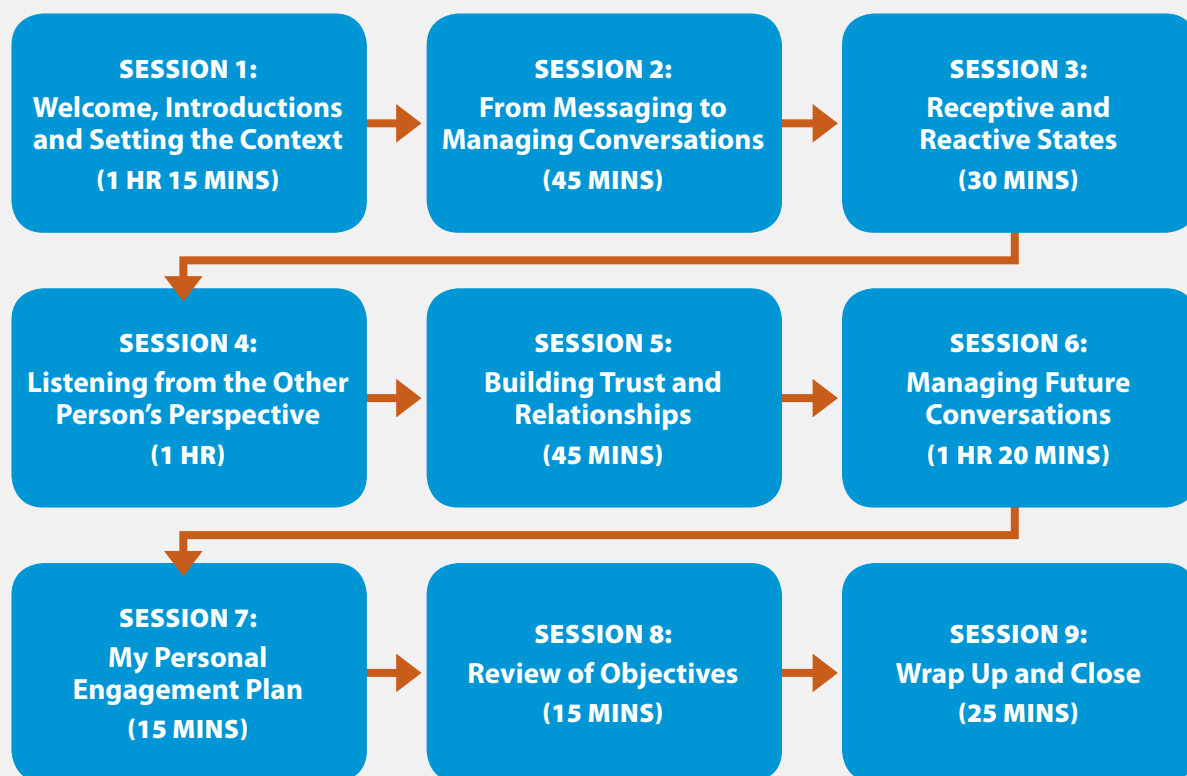
This training supports the implementation of technical standard operating procedures for contact tracing, social mobilization and safe and dignified burials. It is highly recommended that this training is integrated into the first set of training for these groups at the start of epidemic response. This training can also be used at any point to assess the quality and experiences of community engagement and to reinforce good practice and address specific challenges.

Please watch the accompanying video "Understanding and Managing Fear", which covers some of the scientific background you need to understand, adapt and deliver the training.

This manual will help you, the facilitator, plan and deliver the training. The one-day course should take between 6 and 7 hours depending on the time spent on debriefing and discussion.

Each session has defined objectives (what we aim to achieve), a purpose (why we are doing this session)

Figure 1: Learning flow



and key learning messages (what the learners should take home). Additional information and steps you will need to complete are included in the “Note to Facilitator” section; these will help to ensure each session is a success.

Under “Tools Required”, you will find a list of supplies to bring to the session. Make sure you have enough materials for all the participants (see Annex 1 for a handy checklist).

The “Duration” will guide you on the length of time needed to complete the session. This is broken down into smaller segments under the “Activities” sections.

Proverbs are distillations of local wisdom and Annex 13 contains some proverbs from Sierra Leone that help to explain concepts and ideas from the different sessions. These are only suggestions and you may need to select different ones to suit you and the participants.

Finally, this training relies on facilitating adult learning. Each group will have its own dynamics and participants will bring their own professional and personal experiences, expectations and learning styles. You will need to be ready to adapt and respond to each unique experience.

Good luck!

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