



# Ebola Virus Disease Care Group Module

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**EVD Lesson Plans #5-9**, stories, activities and picture boxes for an EVD flipchart are provided below. Lessons #1-4 are being developed at a later date since they deal with Ebola readiness in countries that have not yet seen active cases.

### Understanding the Lesson Plan Format



Each lesson begins with **objectives**. These are the behavior, knowledge and belief objectives that are covered in the lesson. Most objectives are behavioral objectives written as action statements. These are the practices that we expect the caregivers to follow based on the key messages in the flipchart.

Under the objectives, all of the **materials** needed for the lesson are listed. Materials with an asterisk (\*) should be brought by an Activity Leader chosen in each Care Group. See below for more information.

Each exercise (section of the lesson plan) is identified by a **small picture**. Pictures are used to remind non-literate CGVs of the order of the activities. For example, when it's time to lead the game, the lesson plan shows a picture of people laughing as if they are enjoying a game (see below). The pictures in the lesson plan cue CGVs of the next activity. Review the descriptions below for more information.



**Game**

The first activity in each lesson is a game or song. Games and songs help the participants to laugh, relax and prepare for the lesson. Some games review key messages that the participants have already learned.



### Attendance and Troubleshooting

Following the game, all Promoters should take attendance. Following attendance, the Promoter follows up with any difficulties that the CGVs had teaching the previous lessons.<sup>1</sup>

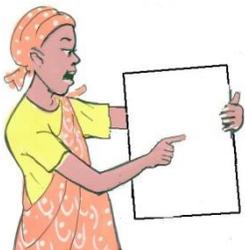
When CGVs are teaching neighbor groups (the beneficiary women that they serve gathered together in a group), this is a good time for to review key messages from the previous lesson and hear the success and challenges the neighbor mothers had when trying out new practices from the previous lesson. During individual home visits, this can be done one-on-one with mothers.

Next the Promoter reads the **story** printed on the flipchart, using the images to share the story. The story in each lesson is followed by discussion questions.



### Ask about Current Practices

Discussion questions are used to discuss the problems faced by the main characters in the module. Use the story and discussion questions to discover the current practices of the women in the group (or the mother being visited during a home visit).



### Share the Meaning of Each Picture in the Picture Box

After turning to a new flipchart page ask, “What do you think these pictures mean?” After the participants respond, explain the captions and key messages written on the back of the flipchart. Each Picture Box may have several pictures in it.

The lesson plan also contains **additional information** for the trainer. The additional information does not need to be discussed during the lesson unless it relates to questions asked by the participants.

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<sup>1</sup> Paid staff are called Promoters. The role of the Promoters is to train CGVs to facilitate lessons with their neighbors.



Next is an activity. Activities are “hands-on” exercises to help the participants understand and apply what they have learned. Most of these activities require specific materials and preparations.

### Activity

The Activity Leader – chosen in each Care Group – is responsible to organize materials for each lesson’s Activity. The **Activity Leader** meets with the Promoter ten minutes before **each lesson** to discuss the needed materials for the next lesson’s activity (two weeks later). The Activity Leader is responsible to talk with the others (CGVs or neighbors) during the “Attendance and Troubleshooting” to organize the materials needed for the next meeting, asking them to volunteer to bring the items needed for the activity. The Promoter leads the activity, but the Activity Leader supports him or her by organizing the volunteers and aiding the Promoter during the activity.



The Promoter asks if there are any obstacles that prevent the caregivers from trying the new practices. Together with the other mothers in the group, the Promoter helps to solve problems and obstacles mentioned. The group may offer information, skills or tips to help mothers overcome obstacles.

### Discuss Barriers



Next is **Practice and Coaching**. We want to make sure that each CGV understands the material and can present it to her neighbors. The Promoter observes and coaches CGVs as they practice teaching in pairs using the flipcharts.

When CGVs teach their neighbors, they will modify this activity by asking each woman to share the key messages (and practices) that she has learned with the woman next to her. The CGV will go around and listen to each pair, making sure they understood the key messages correctly.

### Practice and Coaching



### Request Commitments

Finally, the Promoter requests a commitment from each of the women in the group. It is up to each woman to make a choice. Do not force anyone to make a commitment if they are not ready.

All lessons follow the pattern described above. Lessons can be adapted as needed to fit the needs of your group. Lessons should not exceed two hours in length although some lessons may take longer than others. The suggested time for each section is listed below, but will vary according to the specific lesson plan used.

<b>Section name</b>	<b>Time needed for this section</b>
Game or Song	5 - 15 minutes
Attendance and Troubleshooting	5 - 15 minutes
Story	5 minutes
Ask about Current Practices	10 minutes
Share the Meaning of Each Picture Box	30 minutes
Activity	15-30 minutes
Discuss Barriers	15 minutes
Practice and Coaching	20 minutes
Request Commitments	10 minutes
	<b>2 – 2 ½ hours</b>

### **Acknowledgements**

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**LP #5:** Florence Amadi (Curamericas Global [CG]), Maya Bahoshy (International Medical Corps [IMC]), and Elizabeth Crosby (Samaritan’s Purse [SP]).

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**LP #8:** Elizabeth Crosby (SP), Katie Waller (CW), and Karen Neiswender Calani (FH).

**LP #9:** Chelsea Dunning (PCI), Carolyn Kruger (PCI), Cindy Pfitzenmaier (PCI), Mary DeCoster (FH), Karen Neiswender Calani (FH), Keren Massey (SP).

**Lesson plan format:** Mitzi Hanold (FH)

**Harmonization of the lesson plans and overall coordination of this Care Group**

**EVD Module project:** Tom Davis (Feed the Children [tdavis@feedthechildren.org])

**Suggested Citation:** CORE Group Social & Behavioral Change Working Group, 2014. *Care Groups Module on Ebola Virus Disease*. Washington, DC.

The following resources were used in the development of this module:

- International HIV/AIDS Alliance. (2002). *100 Ways to Energize Groups: Games to Use in Workshops, Meetings and the Community*. Available at [www.aidsalliance.org](http://www.aidsalliance.org).
- WIRED international. 2014. *WiRED Rapid Response Training Module Ebola*. <http://www.wiredhealthresources.net/presentations/58/story.html>
- World Health Organization. 2014. *Ebola virus disease*. Available from: <http://www.who.int/csr/disease/ebola/en/>
- World Health Organization. 2014. *Frequently Asked Questions on Ebola virus disease*. Available from <http://www.who.int/csr/disease/ebola/ebola-faq.pdf?ua=1>
- Posters/illustrations from the Center for Disease Control and Prevention: Poster numbers: CS251137B; CS251137-C.
- Posters adapted from UNICEF C4D Ebola materials: "Ebola virus: What to do if you have symptoms"; "Ebola prevention poster"
- [www.oxforddictionaries.com](http://www.oxforddictionaries.com)
- World Health Organization. "Field situation: How to conduct safe and dignified burial of a patient who has died from suspected or confirmed Ebola virus disease."
- Ministry of Health and Social Welfare Liberia, UNICEF, World Health Organization and partners. gCHV Training on Ebola Flipbook and IPC. September 2014 (DRAFT).
- Academy for Educational Development, International Center for Research on Women and International HIV/AIDS Alliance. Developed by Ross Kidd, Sue Clay and Chipso Chiiya. "Understanding and Challenging HIV Stigma: Toolkit for action". *Introduction and Module A*. 2007.
- *Say and Play: A tool for young children and those who care for them* by Dr. Jonathan Brakarsh in association with Project Concern International – Zambia (2009).
- *The Journey of Life: A community workshop to support children* by Regional Psychosocial Support Initiative (REPSSI), the Community Information and Inspiration Team (CIIT) and Dr. Jonathan Brakarsh (2004). Illustrations by Stan Watt.

## Lesson 5: Prevention Part I: What we can do during a declared epidemic



### Objectives

- Caregivers will understand the following and act accordingly:
  - the nature of Ebola virus disease (EVD), how it's transmitted, and how serious it is
  - how to prevent the spread of the EVD (part 1)
  - how to identify Ebola signs and symptoms

### Materials:

1. Attendance Registers
2. CGV Flipchart

### Summary:

- Game: Group Statues
- Attendance and Troubleshooting
- Share the story: Beyan and Sarifina Have Ebola Signs and Symptoms
- Ask about current practices
- Share the meaning of each Picture Box in the flipchart: Transmission and Signs/Symptoms, Prevention through Handwashing with Soap, and Prevention through Distance
- Activity: Review game
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments



### 1. Game: Group Statues — 10 minutes

- 1) *Remind the group of any local protocols that should be observed in group meetings in Ebola-affected countries to eliminate touching – alternate greetings (e.g., elbow bump), sitting further apart, avoiding hand shakes/ hugging/kissing, etc. Encourage CGVs to share this information during their*

meetings with neighbor women and in one-to-one home visits (when the game is not used).

- 2) Remind the CGVs that we are going to play this game without touching. They should leave space between as they move around.
- 3) Ask the group to move around the room, loosely swinging their arms and gently relaxing their heads and necks.
- 4) After a short while, shout out a word related to an emotion or object. The group must form themselves into statues that describe the word. For example, the Promoter shouts "peace". All the participants have to instantly adopt, without talking, poses that show what 'peace' means to them. Other examples are "anger," "surprise," "monkey."
- 5) Repeat the exercise several times.<sup>2</sup>

Now that we are energized, let's begin our lesson.



**When teaching Care Group Volunteers (Mother Leaders):**

1. Promoter fills out attendance sheets for each CGV and neighbor group (beneficiary group).
2. Promoter fills out vital events mentioned by each CGV (new births, new pregnancies [if on the form], and mother and child deaths).
3. Promoter asks about newly orphaned children, families with a newly diagnosed case of Ebola, and survivors returning home.
4. Promoter asks if any of the CGVs had problems meeting with their neighbors.
  - Reinforce that CGVs need to protect themselves when making home visits by: not touching anyone (including shaking hands, kissing, hugging), washing their hands with soap or disinfectant after each household, standing at a distance from others, avoiding contact with those who are sick, etc.
5. The Promoter offers advice on how to solve the problems mentioned.
6. The Promoter asks the CGVs to review the key practices from the last lesson.<sup>3</sup>

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<sup>2</sup> International HIV/AIDS Alliance. (2002). *100 Ways to Energize Groups: Games to Use in Workshops, Meetings and the Community*. Available at [www.aidsalliance.org](http://www.aidsalliance.org).

<sup>3</sup> While this is the first lesson plan in this section of the module, we expect that many Care Groups will have covered other Care Group modules prior to when this module is used.

- 7. The Promoter asks the CGVs about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.*

- ?** What was your commitment at the last lesson? Have you been able to keep that commitment?
- ?** What did you do?
  - Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened.
  - What factors (people, events or chores) in your life made it difficult to keep your commitments?
  - How were you able to overcome these problems?

- 8. Promoter thanks all of the CGVs for their hard work and encourages them to continue.*
- 9. Promoter encourages CGVs to have a sense of pride that they are protecting their communities from Ebola by reinforcing messages and commitments such as hand washing with soap, calling authorities immediately when someone has signs or symptoms of Ebola, not touching, etc.*
- 10. Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (based on the Promoter's conversation with her prior to this meeting) and solicit volunteers. (Note: No additional materials are needed for Lesson Plan #6 in this module.)*

**When CGVs teach their Neighbors:**

- 1. CGVs will take attendance.*
- 2. CGVs will ask about new births, pregnancies (if this is kept on the form), mother and child deaths, and illnesses in the families of the mothers attending and will help refer those with severe illness to the local health facility.*
- 3. CGVs will ask the neighbor mothers about newly orphaned children, families with a newly diagnosed case of Ebola, and survivors returning home.*
- 4. CGVs will ask the mothers to review the key practices from the last lesson.*
- 5. CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*
- 6. CGV asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers. (Note: No additional materials are needed for Lesson Plan #6 in this module.)*

## Story: Beyan and Sarifina Have Ebola Signs and Symptoms (Picture Box 5.1) – 10 minutes

### 3. Story

Read the story on about Beyan and Sarifina in Picture Box 5.1 on the flipchart. (Note: A *sign* is something that someone can see or feel in another person [like a fever or vomiting]. A symptom is something that the sick person can feel but others probably cannot see [like stomach pain].) (The text to the story is also included below.)

Beyan and Sarifina live in a community that has had many deaths recently. They have heard it is the Ebola Virus Disease, but many people don't believe it. Ten days ago, Beyan and Sarifina both attend a funeral for a neighbor who died from this new disease. They followed the proper traditions to honor their neighbor and said goodbye. Today, they both suddenly have a high fever and are feeling weak. Beyan doesn't know much about Ebola and he is scared. Sarifina is scared too, but she has more information and feels empowered to do something to help herself and her family.

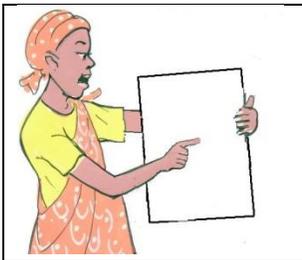
### 4. Ask about Current Practices

- Read the questions about the story on the flipchart.

	<ul style="list-style-type: none"><li>? What happened to Beyan and Sarifina?</li><li>? How would we know if they had Ebola? What other Ebola signs and symptoms do you know?</li><li>? How do you think Beyan and Sarifina got sick? What are some ways that you think people can get Ebola?</li><li>? How did they each feel when they get sick? How do you think you would feel if it were you?</li><li>? Do you know how to protect yourself and your family from Ebola? If so, what are some ways you could prevent Ebola?</li></ul>
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- Ask the first question above to reinforce the fact that Beyan and Sarifina may very likely have Ebola virus disease.
- Ask the second question to discuss signs and symptoms.
  - The signs and symptoms in this story are a sudden high fever and weakness.
  - Allow volunteers to share other signs and symptoms they know about.
- Ask the third question to discuss ways that people think Ebola is transmitted.
  - In the story, both Beyan and Sarifina may have gotten Ebola from touching the body at a funeral where the person likely died of Ebola.
  - Allow time for volunteers to discuss current beliefs about how Ebola is transmitted.

- Ask the fourth question to discuss whether volunteers feel prepared and empowered if they encounter Ebola.
- Ask the fifth question to discuss ways that participants know to prevent Ebola.
- **Encourage discussion. Don't correct or affirm "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching. If anyone asks if a response is correct, do not teach, but answer with, "we will see."
- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."



**5. Share the Meaning of Picture Box 5.2:  
Transmission and Signs/Symptoms of Ebola – 5 mins**

- Ask the caregivers to describe what they see in Picture Box 5.2.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using the flipchart pages.

**?** What do you think these pictures mean?

**Ebola Virus Disease is a dangerous disease caused by the Ebola virus. It is spread from person to person through contact with an infected person or body.**

- Ebola virus is in the body fluids of an infected person.
- Direct contact with an infected person (alive or dead) or their body fluids is necessary to spread Ebola.
- Ebola is not spread through the air, mosquitoes, vaccines, governments, witchcraft or curses.

**Signs and symptoms of Ebola include a high fever that starts suddenly AND any of the following: headache, muscle pain, diarrhea, vomiting, belly pain, or unexplained bruising or bleeding.**

- Early signs usually include a fever, weakness, headache, sore throat and body pains.
- Later signs can include vomiting, diarrhea, small bumps or rashes on the skin, red eyes or bleeding from the mouth, nose, or eyes.

? Have you seen someone with some of these signs or symptoms?

? What are some other sicknesses that have similar signs?

? How do you know if someone with these signs or symptoms has Ebola or one of the other diseases that has similar signs and symptoms?

**Additional Information for the Trainer and Promoters**

The next two pages may be a review of what you and the CGVs have already learned about Ebola from other sources. ***If necessary, discuss this information below during this lesson, as well, and look for images to provide to Promoters and CGVs to discuss this information.***

# Review of Signs, Symptoms and Transmission of Ebola Virus Disease

## Signs/Symptoms

The signs and symptoms of Ebola are very similar to other common diseases such as the flu or malaria. If there is an Ebola outbreak, you should practice precautions (which will be discussed later in this module) until a health worker can determine whether it is Ebola or not. The way to know if it is Ebola is through special lab tests. Only the appropriate health workers can do these tests and tell you whether a disease with these signs and symptoms is Ebola or another disease.

## Review of Transmission:

Ebola Virus Disease is a dangerous disease caused by the Ebola virus that kills 50-90% of the people who get it. Early signs and symptoms resemble those of other common diseases such as influenza or malaria: fever, intense weakness, headache, muscle pain, joint pain, chest pain, sore throat, cough, shortness of breath, and hiccups. When a person has Ebola, these signs and symptoms are often followed by vomiting, diarrhea, stomach discomfort, and decreased appetite. As Ebola becomes worse, other signs and symptoms may develop, such as a rash (skin bumps), red eyes, bleeding both inside and outside of the body (e.g., eyes, nose, tongue, inside of belly), and difficulty breathing and swallowing. Bleeding can be seen with vomiting of blood, coughing up of blood, tarry feces (poop that is black and sticky like a baby's first poop), and bleeding from mucous membranes (e.g., nose, vagina, gums). Most of the bleeding is in the gut (belly).<sup>4</sup>

Only people who live in an area where there are cases of Ebola and have had contact with someone with Ebola, or that travel to those areas can get the disease. Some people – but very few – get Ebola from having touched or prepared bush meat or wild animals, especially bats or monkeys. Because there are very few cases from touching or eating raw bush meat – and it is sometimes difficult to know if the meat one is buying is bush meat or other meat – we should focus on how to prevent transmission between people.

The amount of time between when you have contact with someone with Ebola and the beginning of signs and symptoms is 2 to 21 days. The *average* time is 8-10 days, but sometimes it can be shorter or longer. People are not able to infect others until they start having signs and symptoms. Once the Ebola virus

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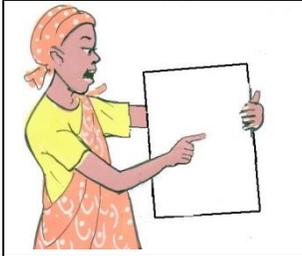
<sup>4</sup> <http://www.wiredhealthresources.net/presentations/58/story.html>

enters the body, it affects how the infected person's blood clots, and how the body fights infection.

People (and wild animals) are infectious from the moment they first have signs and symptoms until they recover and test negative two times for Ebola virus. However, traces of the Ebola virus can remain in a man's semen for up to three months. Therefore, couples should not have sex or only have sex using a condom during the three months after recovering from Ebola. Men who have had Ebola should also be careful for three months after recovery if they masturbate, as the semen could infect others, although the risk of infection from semen is very low. As far as we know, those that recover from infection with Ebola cannot get that strain of Ebola again, at least for a minimum of 10 years. There is usually only one strain of Ebola in a country.

Some people who get Ebola survive with proper care, but many do not despite our best efforts. With good care, more than half of people may survive. You can make the difference.

The only way to know when there is an Ebola epidemic is through an official government announcement. Do not rely on rumors or hearsay. Only listen to information on Ebola from trusted sources, such as the Ministry of Health, other government ministries (that are working with international agencies), and organizations that are working with the Ministry of Health.



## **6. Share the Meaning of Picture Box 5.3: Prevention through Handwashing with Soap – 5 mins**

- Ask the caregivers to describe what they see in Picture Box 5.3.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages for Picture Box 5.3.

? What do you think these pictures mean?

**Washing your hands can stop you from getting sick with Ebola virus. Wash your hands with soap or chlorine water at all the critical times.**

- Before cooking, eating or feeding your baby.
- After defecating or cleaning your baby's feces.

**Also wash your hands with soap or chlorine water when any person in your household is sick, and when you have touched someone who is sick, or cleaned up after a sick person.**

- Remember that Ebola virus is present in an infected person's body fluids (feces, urine, sweat, vomit, semen or breastmilk).
- Handwashing can reduce your risk of getting sick too.

**Other good water and sanitation practices that help reduce diseases including using a latrine, properly disposing of children's poop (feces), treating (purifying) drinking water, and thoroughly cooking foods.**

? How do you usually wash your hands (explain or demonstrate)?

? When do you usually wash your hands with soap?

? How does hand washing with soap stop you from getting sick with Ebola?

### **Additional Information for the Trainer**

#### **Critical Times for Handwashing with Soap**

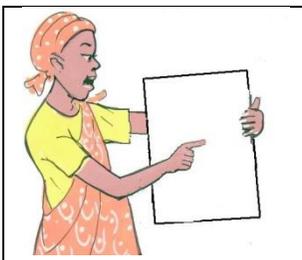
There are five critical times to wash our hands with soap.

- After defecating
- Before eating
- Before cooking
- After cleaning up your baby's feces

- Before feeding your baby
- With Ebola, we add a sixth critical time: Washing hands with soap after touching someone who is sick (with any illness).

### Review of Steps for Washing Hands:

- Wet or put a small amount of water on your hands and apply the soap with water.
  - You can use bar soap, or a tiny bit of powdered washing powder (just touch it with a wet finger), or clean ash if soap is not available. All of these kill the tiny germs.
- Rub your hands and fingers together so that the soap lathers.
  - Rub between your fingers.
  - Rub under your fingernails.
  - Continue rubbing your hands together for at least 20 seconds. Some Care Group Volunteers will know a Hand Washing Song that they can sing to assure that they wash for at least 20 seconds.
- Pour clean water over your hands to rinse off the soap.
  - NEVER wash and rinse your hands in one basin.
  - The water will hold the germs and spread them back onto your hands and to everyone else who dips their hands in the water.
  - If you have a Tippy Tap, use it to reduce the amount of water needed to wash your hands.
- Shake the water off your hands. Do not dry them with a towel used by other people.



### **7. Share the Meaning of Picture Box 5.4: Prevention through Social Distancing – 5 mins**

- Ask the caregivers to describe what they see in Picture Box 5.4.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages for Picture Box 5.4.

**?** What do you think these pictures mean?

**Avoid getting sick with Ebola by keeping a distance from those who are sick and from bodies of people who may have died.**

- Use new greetings, and keep a distance from others during meetings (including religious services).
- Do not shake hands, kiss, hug, or touch anyone outside of your household, and never with those who are sick, even if they are in your household.

**Avoid getting sick with Ebola by not sharing food or plates.**

- Do not eat from a common plate during the epidemic.
- Do not pre-chew food for children or elderly people at any time.
- Mash up children’s and old people’s food separately with a spoon, when necessary.

**If possible, have on hand: soap, bleach, ORS packets, gloves, plastic bags, and a spray bottle. If infection prevention & control kits or home based care kits are being distributed, get one for your family.**

- ? What are some other ways to greet people respectfully without touching?
- ? Have you seen people with these supplies around? Does anyone have any of these supplies already?

**Additional Information for Promoter:**

Find out what is available in your area for infection prevention and control. If kits are being distributed, see if you can get one to demonstrate and share how each family can get one. Change this information so that it reflects what is available in your area.

	<p><b>8. Activity: Review and role play – 30 minutes</b></p>
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1) *First we are going to review some of what we learned today. Turn towards one person sitting next to you (without touching them). I am going to start a statement and you should tell your neighbor how you will complete the statement.*

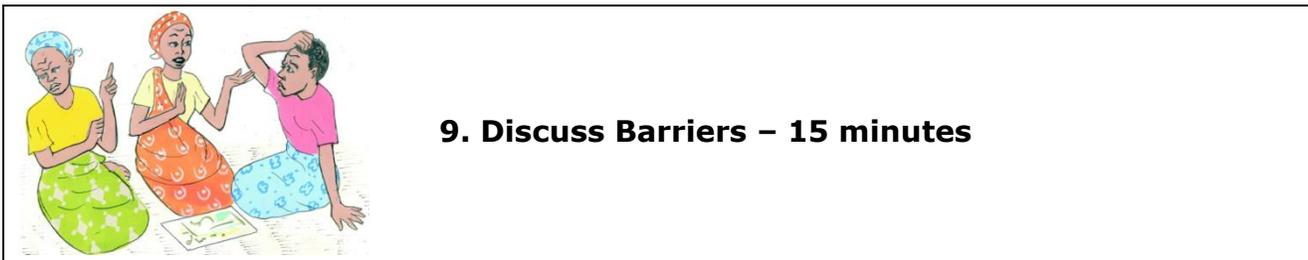
- Ebola is .....
- Ebola signs and symptoms include .....
- To prevent Ebola I should .....

*Ask if anyone has any questions before moving on.*

2) *It can be hard to change the way we greet and interact with people. Let's spend some time role playing how we will greet people without touching. Two people should walk towards each other as if you are passing on the road. Greet each other in a way that is respectful without touching. Repeat until everyone has had a chance to practice.*

? Do you think you can use these greetings in your community?

3) *Finally, let's review the times we should wash our hands with soap and the good way to wash our hands. We will go around the circle and each share one important time to wash our hands. Make sure all the critical times are covered, including after touching a person who is sick. Have some women demonstrate how they will wash their hands and for how long, while singing the Hand Washing Song (or other well known song that lasts at least 20 seconds, if no Hand Washing Song has been developed in your area.*



? Is there anything that might prevent you from trying these new practices?

*Ask each woman to talk to a woman sitting next to her for the next five minutes. They should share barriers they may face and concerns about the new teaching. Together they should try to find solutions to the barriers and information that helps with their concerns. After five minutes, ask the women to share what they have discussed.*

*Help find solutions to their barriers and information to help with their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution, as well.*

*Possible Concerns:*

- There is no money to buy soap.
  - Talk about options to buy cheaper soap, such as washing powder, or to use wood ash, or to use chlorine water if that is available.
- How do we greet people or care for our family without touching?
  - Talk about alternative ways to greet or to care for someone without touching them.
- It is hard to remember to wash hands with soap.

- Talk about ways to remember when to wash your hands with soap; reminders such as assembling a hand washing stations, building a Tippy Tap, learning a song, putting up a poster, etc.
- It can be helpful to have more than one hand washing station to help you remember to wash hands. Perhaps build a Tippy Tap near the latrine, and have a simple bucket and scoop hand washing station in the food preparation area.

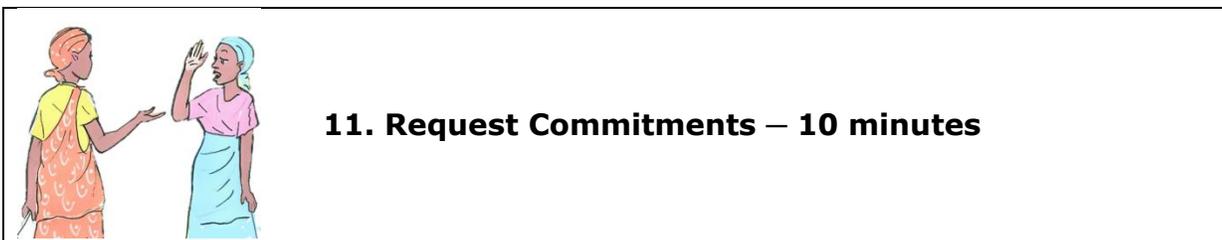


**For CGV Groups:**

1. Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the first few flipchart pages of today's lesson.
2. Each CGV will teach the person next to her in the same way that the Promoter taught her. (The game and other group activities will be omitted, of course.)
3. After ten minutes, ask the women to switch roles. The other CGV will share the teachings from the remainder of the lesson.
4. The Promoter watches, corrects, and helps CGVs who are having trouble.
5. When everyone is finished, answer any questions that the CGVs have about today's lesson.

**For Neighbor Groups:**

1. Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home or neighborhood based on this new teaching.



**?** Based on today's teachings, what commitment will you make?

*Ask each mother to say aloud one or more commitments that she will make today. No one should be pushed to make a particular commitment, but rather commit to something that she feels she can do, that she is inspired to do by today's lesson.*

For example:

- I commit to washing my hands with soap at all the critical times.
- I commit to keeping my distance from people who are sick who do not live in my house.

## Beyan and Sarifina Have Ebola Signs and Symptoms - Picture 5.1



Ten days ago, Beyan and Sarifina both attend a funeral for a neighbor who died from this new disease. They followed the proper traditions to honor their neighbor and said goodbye.



Today, they both suddenly have a high fever and are feeling weak.



Beyan doesn't know much about Ebola and he is scared.

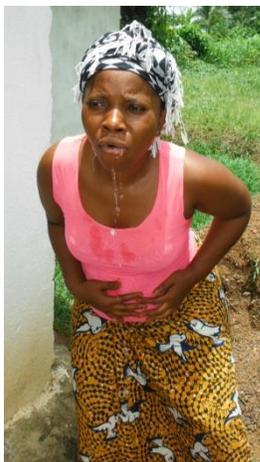


Sarifina is scared too, but she has more information and feels empowered to do something to help herself and her family.

## Transmission and Signs/Symptoms of Ebola (Picture 5.2)



**Ebola Virus Disease is a dangerous disease caused by the Ebola virus. It is spread from person to person through contact with an infected person or body.**



**Signs and symptoms of Ebola include a high fever that starts suddenly AND any of the following: headache, muscle pain, diarrhea, vomiting, belly pain, or unexplained bruising or bleeding.**

**Prevention through Handwashing with Soap (Picture 5.3)**



**Washing your hands can stop you from getting sick with Ebola virus. Wash your hands with soap or chlorine water at all the critical times.**



**Also wash your hands with soap or chlorine water when any person in your household is sick, and when you have touched someone who is sick, or cleaned up after a sick person.**



**Other good water and sanitation practices that help reduce diseases including using a latrine, properly disposing of children's poop (feces), treating (purifying) drinking water, and thoroughly cooking foods.**

**Prevention through Social Distancing (Picture 5.4)**



**Avoid getting sick with Ebola by keeping a distance from those who are sick and from bodies of people who may have died.**



**Avoid getting sick with Ebola by not sharing food or plates.**



**If possible, have on hand: soap, bleach, ORS packets, gloves, plastic bags, and a spray bottle. If infection prevention & control kits or home based care kits are being distributed, get one for your family.**

## Lesson 6: Prevention Part II: What we can do during a declared epidemic



### Objectives

- Caregivers will understand the following and act accordingly:
  - how to prevent the spread of Ebola virus disease (EVD, part 2)
  - how to identify Ebola signs and symptoms and what to do if they have Ebola signs or symptoms
  - what to expect from the health/public health officials during and epidemic
  - the importance of seeking care quickly when signs and symptoms of Ebola appear

### Materials:

1. Attendance Registers
2. Care Group Volunteer Flipchart

### Summary:

- Game: Move to the Spot
- Attendance and Troubleshooting
- Share the story: Beyan and Sarifina's Response to Ebola Signs and Symptoms
- Ask about current practices
- Share the meaning of each Picture Box in the flipchart: Seeking Care Early, Do Not Touch, and What to Expect
- Activity: How can we honor our loved ones?
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments



### 1. Game: Move to the Spot — 10 minutes

- 1) Ask everyone to choose a particular spot in the room. They start the game by standing on their 'spot'. Remind participants that they should leave plenty of space and be careful not to touch as they are playing the game.
- 2) Instruct people to walk around the room and carry one particular action, for example, hopping, or saying hello to everyone wearing blue, or walking backwards, etc.
- 3) When the Promoter says "Stop", everyone must run to his or her original spot. The person who reaches their place first is the next leader and can instruct the group to do what they wish.<sup>5</sup>

Now that we are energized, let's begin our lesson.



**When teaching Care Group Volunteers:**

1. Promoter fills out attendance sheets for each Care Group Volunteer (CGV) and neighbor group (beneficiary group).
2. Promoter fills out vital events mentioned by each CGV (new births, new pregnancies [if tracked], and mother and child deaths).
3. Promoter asks if any of the CGVs had problems meeting with their neighbors.
  - o Reinforce that CGVs need to protect themselves when making home visits by: not touching anyone (including shaking hands, kissing, hugging), washing their hands with soap or disinfectant after each household, standing at a distance from others, avoiding contact with those who are sick, etc.
4. The Promoter helps to solve the problems mentioned.
5. The Promoter asks the CGVs to review the key practices from the last lesson.
6. The Promoter asks the CGVs about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.

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<sup>5</sup> International HIV/AIDS Alliance. (2002). *100 Ways to Energize Groups: Games to Use in Workshops, Meetings and the Community*. Available at [www.aidsalliance.org](http://www.aidsalliance.org).

**?** What was your commitment at the last lesson? Have you kept that commitment?

**?** How – what did you do?

- Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened?
- What factors (people, events or chores) in your life made it difficult to keep your commitments?
- How were you able to overcome these problems?

7. Promoter thanks all of the CGVs for their hard work and encourages them to continue.

8. Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (if any) and solicit volunteers.

### **When Care Group Volunteers teach their Neighbors:**

1. CGVs will take attendance.

2. CGVs will ask about new births, pregnancies (if tracked), mother or child deaths, or illnesses in the families of the mothers attending and help refer those with severe illness or signs/symptoms of EVD to the local health facility.

3. CGVs will ask about newly orphaned children, families with a newly diagnosed case of Ebola, and survivors returning home.

4. CGVs will ask the neighbor mothers to review the key practices from the last lesson.

5. CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

6. CGVs ask the neighbor women group's Activity Leader to discuss the needed items for next week's activity (if any) and solicit volunteers.

### **Story: Beyan and Sarifina's Response to Ebola Signs/Symptoms (Picture Box 6.1) – 10 minutes**

#### **3. Story**

- Read the story on Picture Box 6.1 of the flipchart.

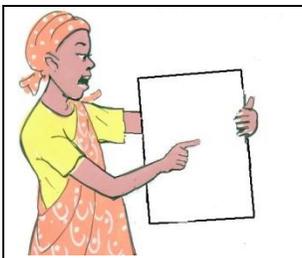
Beyan and Sarifina both had signs and symptoms of Ebola and were afraid last week, but Sarifina had more information and felt empowered to do something. Sarifina stays away from her loved ones and calls the Ebola hotline immediately. She is taken by the Ebola response team to an Ebola Treatment Unit. Beyan is scared of leaving his family so he does not seek help, stays at home and does not tell anyone. When he gets very ill, his family are in close contact with him to provide needed care. Beyan dies at home. Sarifina gets very ill too, but she recovers at the ETU. Soon after Beyan dies, other members of Beyan's family become ill and – tragically – they eventually die. Nobody else in Sarifina's family becomes ill.

#### 4. Ask about Current Practices

- Read the questions that correspond to Picture Box 6.1 of the flipchart.

	<p>? Questions:</p> <p>? What happens to Beyan? What happens to Sarifina?</p> <p>? What is the difference between Beyan and Sarifina's actions?</p> <p>? What are the <u>results</u> of both Sarifina's and Beyan's actions?</p> <p>? Do you think the people in your neighborhood – if exposed to Ebola – would act more like Beyan or Sarifina? Which do you want to be like?</p> <p>? How did Sarafina demonstrate her love for her family by her actions? How might she be remembered by others when she dies someday?</p>
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- Ask the first question to discuss what happens to both Beyan and Sarifina.
  - a. Beyan does not seek help. He gets very sick and dies. So does his family.
  - b. Sarifina seeks help and gets care. She recovers and her family does not get sick.
- Ask the second question to explore the differences between Beyan and Sarifina.
  - a. Beyan does not seek care, but Sarifina does.
  - b. Beyan gets very sick and dies, but Sarifina gets treatment and recovers.
  - c. Beyan's family also gets sick and dies, but no one in Sarifina's family dies.
- Ask the third question to reinforce that Beyan and his whole family die but Sarifina and her whole family recover.
- Ask the fourth question to discuss the current practices in the community and what the volunteers think they would like to do.
- Ask the fifth question to point out how Sarafina's actions were heroic and show her love for her family.
- **Encourage discussion. Don't correct or affirm "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching. If anyone asks if a response is correct, do not teach, but answer with, "we will see."
- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."



## 5. Share the Meaning of Picture Box 6.2: Seeking Care Early – 5 mins

- Ask the caregivers to describe what they see in Picture Box 6.2
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using the flipchart page for Picture Box 6.2.

? What do you think these pictures mean?

### **Ebola can be treated, and many people recover, especially those who seek treatment early.**

- Early care seeking improves your chance of surviving.
- Early care seeking can help prevent infecting others in your family.
- Early care seeking means calling the Ebola hotline right away when you have signs or symptoms of Ebola. While you wait for their response, make sure you do not touch anyone and that you stay in one place while you seek care. Do not take public transport – call an ambulance or walk.
- You can do the right thing and not infect your family by seeking treatment quickly when you have signs of Ebola.

### **It is important to convince sick neighbors and other people who are sick to seek care.**

- Early care seeking can help prevent infection of your family members, neighbors and others in the community.
- If you know someone who is sick, you can also call the Ebola hotline. *(Promoter: Change this, as needed, to be in alignment with MOH guidance).*
- It is wrong to run and hide with this disease, or to tell people there are no sick people in your house when they are sick. More people can get sick with Ebola by doing this.
- People who are sick can be heroes and take themselves to the health center so that family members and neighbors do not get sick. Others may remember and respect you for how you reacted when you got sick.

? What are people in your community doing now when someone is sick?

? Have you helped someone get care for Ebola? What happened?

? How can you seek care for someone who might have Ebola?

? Do you think you would be able to seek care for yourself or a family member who is sick?

## **Additional Information for the Trainer**

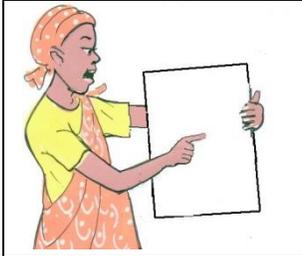
### **Information on seeking care for Ebola:**

When someone is sick with any sign or symptom of Ebola, you should not provide care yourself. It is best to call the Ebola hotline (*or add country specific information*) to find out the steps to take. They will advise you what to do.

A person can spread Ebola only when they have signs or symptoms. After a person is infected with Ebola it can be 2-21 days for signs and symptoms to start. You will not test positive for Ebola until you start to have signs or symptoms. A person is more infectious (that means they can spread Ebola virus to other people easier) when their signs and symptoms are worse.

There is no cure for Ebola, but people who receive what is called “supportive care” have a better chance of surviving. Supportive care helps support the body’s immune system to fight off the Ebola virus. This kind of care can include increased fluids (either intravenous fluids or by using oral rehydration serum), support with oxygen and blood products, providing good nutrition, and treatment of other infections. We will talk more about care for Ebola in the next lesson.

There is no vaccine that prevents – or medication that cures – Ebola right now. Some people are trying to develop these, but they are not yet available and may not be for months or years. You might hear that doing certain other things not mentioned in these lessons or eating certain things can cure Ebola, but this is not true. The best thing to do is to take the preventive actions mentioned in these lessons and to seek care early so that you can get good supportive care if you are sick.



## **6. Share the Meaning of Picture Box 6.3: Do Not Touch – 5 mins**

- Ask the caregivers to describe what they see in Picture Box 6.3.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using the flipchart, Picture Box 6.3.

? What do you think these pictures mean?

**It is important to not touch the sick person, their bodily fluids, or the things that they have handled.**

- Remember that Ebola virus is in the body fluids. If you touch their body or body fluids, you could get sick with Ebola.
- Things that someone has touched can have Ebola virus on it. If you touch these, you could get sick with Ebola.

**Bodies of people who have died from Ebola are very infectious – you should not touch them.**

- You cannot always be sure of how someone died, so if there is an Ebola outbreak in your community, report ANY death in the community and avoid funerals if the government tells you to do so.
- If funerals are permitted, do things differently: Avoid touching, kissing, or washing the body. Avoid touching or kissing the family members of the deceased and anyone else who is attending the funeral.
- Keep a proper distance – at least one meter – from others. Talk with your community leaders about safe ways to show respect and love for those who are grieving without touching or kissing.

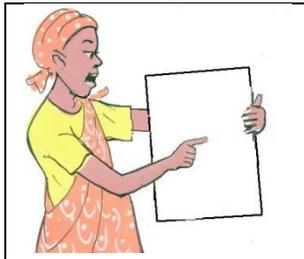
? How easy is it to avoid touching sick family member or someone close to you who has died?

? How can you avoid touching sick people or dead bodies?

### **Additional Information for the Trainer**

It can be very difficult to avoid touching a sick family member or someone close to you who has died. It goes against what we usually do and what we instinctively want to do. It is very important NOT to touch sick people or dead bodies to stop the spread of Ebola though. It is especially important not to touch dead bodies since they are very infectious. This is one way Ebola has been spreading quickly. Work with your Promoters and CGVs to come up with ways to avoid touching sick people and bodies,

or to use proper protective equipment (gowns, gloves, and masks) and chlorine disinfectants, to do so more safely, if you must touch sick people and bodies.



### **7. Share the Meaning of Picture Box 6.4: What to Expect During an Ebola Epidemic – 5 mins**

- Ask the caregivers to describe what they see in Picture Box 6.4.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using Picture Box 6.4 in the flipchart.

**?** What do you think these pictures mean?

#### **If someone in your house is sick or has died, you should contact the Ebola hotline and inform your community leaders.**

- It is important to contact the Ebola hotline (*change per the local context*). This is how to contact them:.... Make sure to keep trying until you reach someone.
- People who come might be wearing protective equipment (gowns, mask, gloves, goggles, etc.).
- Follow the directions that they give you, they are trying to prevent other people from getting sick.

#### **You should expect to see people dressed strangely and other new things if Ebola comes to your community.**

- They might be doing things such as taking sick people to Ebola treatment units or community care centers, spraying chlorine spray, taking dead bodies for proper burial or cremation, or checking on contacts every day, isolating households. (**Trainer/Promoter:** Add any information here about what is being done locally.)
- The things these people will do are not spreading Ebola – they are helping stop Ebola in your community.
- There may be checkpoints to measure body temperature, chlorine handwashing, or curfews and restricted travel.

**?** Have you seen any of these things in your community already?

**?** How would you contact the Ebola hotline?

## **Additional Information for the Trainer**

*Add any additional country specific contact information for the Ebola hotline/teams, including any phone numbers for burial teams and ambulances.*

While you wait for a response from the Ebola hotline, only one person should care for the sick person (but not touch them). Give them plenty of fluids, do not touch them or their body fluids without wearing personal protective equipment (PPE) and keep them in their own area. Make sure they use their own toilet. A person who has *already recovered from Ebola* could assist you with the care of the sick person without risk of getting the disease again.

The people who come to help will be wearing the special suits to protect themselves from coming into contact with the sick person, body fluids, or dead body. The suit, mask/goggles, gloves, and boots protects their whole body so that they will not get sick with Ebola.

Sometimes they might be spraying the homes where someone was sick or died. They are using a chlorine spray to kill any Ebola virus that might be left on the surfaces. It is the same spray that is used in the health facility. This is to prevent the family and the community from getting sick. The spray will not make other people sick, but will protect them.

A fever that comes suddenly is usually the first sign of Ebola. This is why you may see people checking temperatures in people's homes, around the community or at checkpoints. A person with a temperature should isolate themselves and call the Ebola hotline.



## 8. Activity: How can we honor our loved ones? – 30 minutes

We all have traditions that we follow after a loved one dies. Many of these traditions can involve touching the body. During an Ebola outbreak, this is not safe. But there are other ways that we can honor our loved ones that do not involve touching the body.

- ❓ Do you think your loved one who has died from Ebola would want you to get sick too?
- You can honor your loved ones by keeping yourself healthy.

Let's think of some other ways we can honor our loved ones without touching their bodies:

- 1) *Discuss what traditionally happens when someone dies until the time the funeral is over. As you talk about this, discuss why people feel some of the traditions are important (i.e., the meaning behind the tradition).*
- 2) *Go through these traditions again and stop at each point to ask whether that practice could put people at risk of getting Ebola if the person has died from Ebola. Remind participants of how Ebola is transmitted if needed.*

*If it involves touching the body in any way (with hands, lips, etc.) and puts people at risk, discuss how you could honor the person, the traditions and the meaning behind the traditions without putting people at risk of getting sick. Try to reach agreement on what to do.*

- 3) *The group has just made a good plan of how to approach the preparation of the body of someone who has died and a funeral when there is an Ebola outbreak. Now ask for volunteers from the group to role play how they will act when someone dies in their community.*
- 4) *Encourage the women to promote these new practices in the community, to get people to agree to these new practices, and to adopt these practices themselves.*
- 5) *Remind the women that their loved ones would not want them to get sick and the best way to honor them is to prevent themselves from getting sick.*



## 9. Discuss Barriers – 15 minutes

? Is there anything that might prevent you from trying these new practices?

*Ask each woman to talk to a woman sitting next to her for the next five minutes. They should share barriers they may face and concerns about the new teaching. Together they should try to find solutions to the barriers and information that helps with their concerns. After five minutes, ask the women to share what they have discussed.*

*Help find solutions to their barriers and information to help with their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution, as well.*

*Possible Concerns:*

- My loved ones would want me to carry out the traditional burial practices.
- It can be hard to get a response when you first call the Ebola hotline.
- I need to be able to travel for my livelihood.



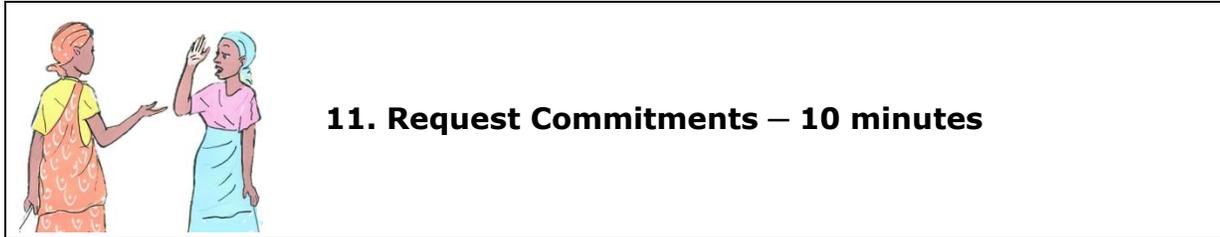
## 10. Practice and Coaching – 20 minutes

**For Care Group Volunteer Groups:**

1. Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first few pages of the flipchart corresponding to today's lesson.
2. Each CGV will teach the person next to her in the same way that the Promoter taught her.
3. After ten minutes, ask the women to switch roles. The other CGV will share the teachings that correspond with the remainder of this flipchart pages for this lesson.
4. The Promoter watches, corrects, and helps CGVs who are having trouble.
5. When everyone is finished, answer any questions that CGVs have about today's lesson.

### **For Neighbor Groups:**

1. *Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home and neighborhood based on this new teaching.*



**?** Based on today's teachings, what commitment will you make?

*Ask each mother to say aloud one or more commitments that she will make today. No one should be pushed to make a particular commitment, but rather commit to something that she feels she can do, that she is inspired to do by today's lesson.*

For example:

- I commit to not attend any funerals during the outbreak and to honor loved ones in these ways....
- I commit to seeking care for any family member with signs or symptoms of Ebola right away and to encourage my neighbors to do the same.
- I commit to calling the Ebola hotline if I meet someone who is sick or who has died with signs or symptoms of Ebola.

## Beyan and Sarifina's Response to Ebola Signs/Symptoms - Picture 6.1



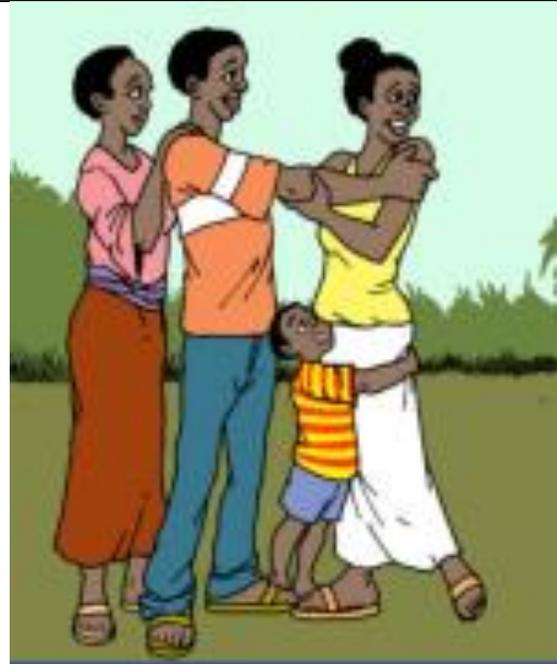
Sarifina stays away from her loved ones and calls the Ebola hotline immediately. She is taken by the Ebola response team to an Ebola Treatment Unit.



Beyan is scared of leaving his family so he does not seek help, stays at home and does not tell anyone. When he gets very ill, his family are in close contact with him to provide needed care.



Beyan dies at home. Soon after Beyan dies, other members of Beyan's family become ill and – tragically – they eventually die.



Sarifina gets very ill too, but she recovers at the ETU. Nobody else in Sarifina's family becomes ill.

**Seeking Care Early (Picture 6.2)**



**Ebola can be treated, and many people recover, especially those who seek treatment early.**



**It is important to convince sick neighbors and other people who are sick to seek care.**

**Do Not Touch (Picture 6.3)**



**It is important to not touch the sick person, their bodily fluids, or the things that they have handled.**



**Bodies of people who have died from Ebola are very infectious – you should not touch them.**

**What to Expect During an Ebola Epidemic (Picture 6.4)**



*YOUR LOCAL EBOLA HOTLINE NUMBER: \_\_\_\_\_*

**If someone in your house is sick or has died, you should contact the Ebola hotline and inform your community leaders.**



**You should expect to see people dressed strangely and other new things if Ebola comes to your community.**

## Lesson 7: What to do when someone has Ebola



### Objectives

- Caregivers will understand the importance of immediately seeking care at the onset of Ebola signs or symptoms.
  - a. Caregivers will be able to state four signs and symptoms of Ebola (review)
  - b. Caregivers will be able to state three reasons why immediately seeking care is important.
- Caregivers will know whom to contact in their area at the onset of Ebola signs or symptoms and the steps to take to contact them.
- Caregivers will know what an Ebola Treatment Unit (ETU) is and be able to state four things that happen at an ETU.
  - a. Note to trainer — if there are Community Care Centers (CCCs) or Screen and Referral Units (SRUs) in your area, be sure to discuss these places in detail as well.
- Caregivers will believe that going to an ETU will help the sick person and their family.
- Caregivers will know how to best support the sick person while awaiting transport to the ETU.
- Caregivers will understand what contact tracing is and be able to list four reasons why this is important.

### Materials:

3. Attendance Registers
4. Care Group Volunteer Flipchart

### Summary:

- Game: *"Who is the Leader?"*
- Attendance and Troubleshooting
- Share the story: *"Sarifina seeks care early and recovers at an ETU!"*
- Ask about current practices
- Share the meaning of each picture in the Picture Boxes.
- Activity: *"Role Play—Seeking Care"*
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments



## 1. Game: Who is the Secret Leader? – 10 minutes

1. Ask the CGVs to sit in a circle. A volunteer leaves the area where she cannot see or hear the group.
2. After they leave, the rest of the group chooses a "Secret Leader." The secret leader must perform a series of actions, such as clapping, tapping a foot, or snapping their fingers. Everyone in the group copies the action of the Secret Leader as quickly as possible after the leader starts. The Secret Leader should tell the rest of the women in the group (without the volunteer who left present) what the first action will be. This is important – otherwise, the Secret Leader will be the only person performing an action to start with and it will be easy for the volunteer (who left the area) to guess who the Secret Leader is. Do not tell the volunteer who left the room who the Secret Leader is when she returns.
3. The volunteer returns and stands in the middle of the circle. At this time the Secret Leader of the group should quietly begin an action just as she had done a few minutes ago. The others follow the Secret Leader doing the action with her immediately. After a few seconds, the Secret Leader changes the action. As soon as the others see, they should do the same action that the Secret Leader is doing.
4. The volunteer tries to guess who the Secret Leader is. The Secret Leader must change the actions without getting caught. The group protects the Secret Leader by not looking at her. The women in the circle should not stare at the Secret Leader as that makes it too easy for the volunteer to guess who the Secret Leader is.
5. When the volunteer identifies the Secret Leader, the volunteer joins the circle, and the person who was the Secret Leader leaves the room.
6. Repeat the game several times.

? What can we learn from this game?

- Sometimes the person who is making decisions is hidden or acts quietly.
- Often when we meet with women, there are others in their life that lead or influence their decisions.
- We need to find the people who make decisions in the household and find creative ways to persuade them to practice good health practices, including practices that can stop Ebola.

Now that we are energized, let's begin our lesson.



## 2. Attendance and Troubleshooting – 15 minutes

### **When teaching Care Group Volunteers (CGV):**

1. Promoter fills out attendance sheets for each CGV and neighbor group (beneficiary group).
2. Promoter fills out vital events mentioned by each CGV including households with Ebola illnesses and deaths (along with new births, new pregnancies [if tracked], and mother and child deaths).
3. Promoter asks if any of the CGVs had problems meeting with their neighbors.
  - Reinforce that CGVs need to protect themselves when making home visits by: not touching anyone (including shaking hands, kissing, hugging), washing their hands with soap or disinfectant after each household, standing at a distance from others, avoiding contact with those who are sick, etc.
4. The Promoter helps to solve the problems mentioned.
5. The Promoter asks the CGVs to review the key practices from the last lesson.
6. The Promoter asks the CGVs about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.

- ?** What was your commitment at the last lesson? Have you been able to keep that commitment?
- ?** How – what did you do?
- Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened?
  - What factors (people, events or chores) in your life made it difficult to keep your commitments?
  - How were you able to overcome these problems?

7. Promoter thanks all of the CGVs for their hard work and encourages them to continue.
8. Encourage CGVs to have a sense of pride that they are protecting their communities from Ebola by reinforcing messages and commitments such as hand washing, no touching, etc.
9. Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (if any) and solicit volunteers.

### **When Care Group Volunteers (CGVs) teach their Neighbors:**

1. *CGVs will take attendance.*
2. *CGVs will ask about new births, pregnancies (if tracked), mother or child deaths, or illnesses in the families of the mothers attending and help refer those with severe illness or signs/symptoms of EVD to the local health facility.*
3. *CGVs will ask about newly orphaned children, families with a newly diagnosed case of Ebola, and survivors returning home.*
4. *CGVs will ask the mothers to review the key practices from the last lesson.*
5. *CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*
6. *CGV asks the group's Activity Leader to discuss the needed items for next week's activity (if any) and solicit volunteers.*

### **3. Show Seeking Care Early (Picture Box 7.1) as you read the story, Sarifina seeks care early and recovers at an ETU (10 mins)**

- Read the story below

Earlier, we talked about Beyan and Sarifina and how each of them responded differently when they first felt the symptoms of Ebola. As soon as Sarifina felt feverish and headachy, she told her community leader, and called the Ebola hotline. The operator on the hotline spoke in a very calm voice and asked Sarifina if her community had developed a transportation plan to safely take people who are sick to an ETU. Sarifina replied that yes, there was a committee and a specially prepared truck available to take her to the ETU. The operator told her to come as quickly as possible using that truck.

Sarifina was nervous about going to an ETU because it seemed like a scary place. But she also knew people like her uncle, Emmanuel, who had survived Ebola at an ETU and had returned home. Sarifina did not know anyone who had survived Ebola at home.

As her community arranged to transport her to the nearest ETU, Sarifina did not touch anyone, including her family and neighbors but ensured that she drank enough water to stay hydrated. She knew it was important to protect herself, protect her family, and to protect her community. At the ETU, Sarifina received oral rehydration solution (ORS), food, and care by trained health workers fully clothed in Personal Protective Equipment (PPE). On the days she felt strong, Sarifina sang with other women to pass the time. She began to feel better, and after 21 days, all of her symptoms were gone and she tested free of Ebola. Sarifina thanked the doctors and nurses when she left. She knew that if she had not come to ETU right away, she might not be alive.

### **4. Ask about Current Practices**

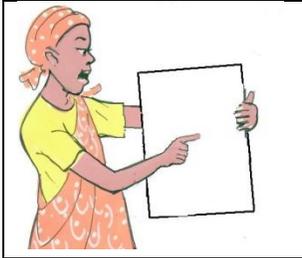
- Read the questions following Picture Box 7.1 in the flipchart.

	<ul style="list-style-type: none"> <li>❓ What did Sarifina do as soon as she felt symptoms of Ebola?</li> <li>❓ How did Sarifina’s community respond?</li> <li>❓ What do you think happens at an ETU?</li> <li>❓ What would you do if you were Sarifina? Is your community prepared?</li> </ul>
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- Ask the first question to discuss what happens to Sarifina. We hope the women respond in this way:
  - She knew the signs and symptoms of Ebola. Reinforce what those signs and symptoms are: Fever AND any of the following: headache, muscle pain, diarrhea, vomiting, belly pain, or unexplained bruising or bleeding.
  - Sarifina knew immediately what to do when she experienced the signs of Ebola and felt these symptoms: first to call the Ebola Hotline and second to go to the ETU. She knew she needed to protect herself, her family and her community.
  - Although she was a bit scared about going to the ETU, she knew that her chance of surviving Ebola was much greater by going there.
  - She received care such as ORS, food, etc., at the ETU and recovered!
- Ask the second question to discuss how Sarifina’s community was prepared for suspected Ebola cases. We hope the women respond in this way:
  - They had a transportation plan in place for taking Ebola suspected cases to the ETU.
  - They took Sarifina as quickly as possible to the ETU using the specially prepared truck as an ambulance.
- Ask the third question to hear what the women believe happens at an ETU.
- Ask the fourth question to discuss the current practices in the community and what the volunteers think they would do if they were in the same situation.

**Encourage discussion. Don’t correct or affirm “wrong answers.”** Let everyone give an opinion. This page is for discussion, not for teaching. Mothers themselves often volunteer the correct information. As the trainer, be sure not to correct wrong answers at this point as it can embarrass the women and shut down the discussion. If anyone asks if a response is correct, do not teach, but answer with, “we will see.”

- After the participants answer the last question, move to the next flipchart page by saying, “Let’s compare your ideas with the messages on the following pages.”



**5. Share the Meaning of Picture Box 7.2: Seek Immediate Care at an Ebola Treatment Unit – 5 mins**

- Ask the caregivers to describe what they see in the Picture Box 7.2.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture in Picture Box 7.2.

**?** What do you think these pictures means?

**As soon as you see signs or symptoms of Ebola, you should seek care. This improves the sick person's chance of surviving and decreases the chance that the disease will spread to friends and family members.**

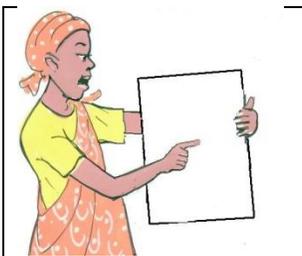
- Signs and symptoms of Ebola include fever AND any of the following: headache, muscle pain, diarrhea, vomiting, belly pain, or unexplained bruising or bleeding.

**Remember: Protect yourself! Protect your family! Protect your community!**

- Contact your village/community leader and health officials as soon as you have signs or symptoms of Ebola
- Call the Ebola Hotline
- Do not touch **anyone** if you have Ebola signs or symptoms.

**Ebola Treatment Units (ETUs) provide quality care and treatment for anyone who is sick with Ebola.**

- Follow your transportation plan for your household (or community) to safely transport the person to the ETU. Do not touch a person with suspected Ebola when escorting them to the ETU.
- If the person is very sick, and there is an ambulance in the area, you should call for an ambulance to come collect the person.



**6. Share the Meaning of Picture Box 7.3: What Happens at the Ebola Treatment Unit – 5 mins**

- Ask the caregivers to describe what they see in Picture Box 7.3.

- Read the bold text on the back of the flipchart out loud.
- Share the meaning of Picture Box 7.3.

**?** What do you think each of these pictures mean?

**Upon arrival at an ETU, you will be asked a series of questions as part of triage. This will be done through an open window without touching anyone.**

- Possible questions include information about your signs and symptoms, about you like where you live, age, etc. and about who you have had contact with since you became sick.

**Next you will be placed in a room with other suspected cases. Once here, someone wearing personal protective equipment (PPEs) including mask, gown, gloves, goggles and boots will come to take your blood for testing.**

- Testing is done very quickly. Results are provided the same day.
- If test is positive, you are admitted to the ETU and given a bed.

**Doctors and nurses will check on you throughout the day to ensure you are receiving the best care possible. This includes:**

- Receiving paracetamol for fever
- Receiving ORS or an intravenous solution to prevent dehydration
- Antibiotics to help prevent other infections
- Medicines to help maintain blood pressure and to treat other signs and symptoms

**The staff at the ETU will also provide you with meals, including foods you are familiar with.**

**It is fine to pray for the sick (without laying hands for this illness) but this disease requires care by a health provider.** In fact, it is common to see the doctors and nurses in PPEs praying together. Prayer is not a **substitution** for treatment for this serious disease, but instead, can be used in **addition** to treatment.

## **Additional Information for the Trainer –**

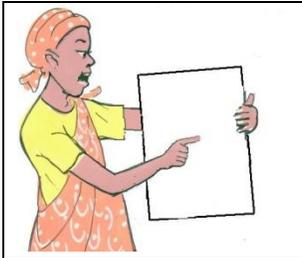
- ***Add any additional country-specific contact information for the Ebola hotline/teams.***
- ***Add any additional country-specific contact information for the location of ETUs, CCCs, or SRUs.***

If you have no choice and **must care** for someone who is sick with signs or symptoms of Ebola, you should use any personal protective equipment that is available – masks, gloves, gown, goggles. You would need to spray that equipment with a 10% chlorine bleach solution (one part bleach to nine parts water) or with soapy water after each use. To the greatest degree possible, avoid direct or indirect contact with the sick person's feces, vomit, urine, sweat, blood (including menstrual fluids), semen, and saliva – all bodily fluids.

Only people who must interact with a sick person should do so – limit contact with others. If you care for someone with Ebola without using this equipment, it will be quite easy to get the disease.

If a person has signs or symptoms of Ebola, and they must be treated at home:

- A key step in saving the life of someone one with Ebola is keeping the person hydrated by giving them home available fluids (e.g., water, juice), and rehydrate them if they are losing fluids through diarrhea or vomiting by using oral rehydration serum. Large amounts of ORS are needed to replace all the fluids lost. (Review how to make ORS.) If the person vomits when receiving ORS, wait 15 minutes and then give the ORS more slowly, in teaspoonfuls. Continue feeding the person foods that they can eat.
- Things that come into contact with the patient must be burned or disinfected. For things that have a sealed surface (where the virus cannot soak in), spray them with a 10% bleach spray and let them sit for 15 minutes before wiping and scrubbing down the surface. Bedding, clothing, bodily fluids and other infectious materials should be **burned** in a pit (e.g., 1m x 1m). Bodily fluids and other wet infectious materials (e.g., feces, urine soaked sheets) should be **buried** in a pit.



## 7. Share the Meaning of Picture Box 7.4: Contact Tracing for Ebola – 5 minutes

- Ask the caregivers to describe what they see in the Picture Box 7.4.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture in the Picture Box 7.4.

**?** What do you think these pictures mean?

- **If you have touched or have regularly been near a person (< 1 meter; 3 feet) who had Ebola or their bodily fluids without wearing personal protective equipment, you are considered a contact.**
  - This means you are a contact if you have slept in the same house, touched the body, touched bodily fluids, or touched the personal items of a person who had Ebola.
- **Contacts should remain apart from others for 21 days. This is called "quarantining."**
  - If you are a contact, stay home and do not go around others for 21 days.
  - If you are a contact, monitor for a fever or other Ebola symptoms twice a day for 21 days. If you have signs or symptoms, you should seek care immediately.
  - Quarantining helps stop the spread of Ebola.
- **Sometimes a person called a contact tracer might visit you if you are a contact. (add any context specific information on contact tracers here)**
  - They will monitor you for a fever and other signs and symptoms.
  - You should help them by giving them your correct information. They are trying to help protect you, protect your family, and protect the community.



## 8. Activity: “Role Play—Seeking Care Early” (15 minutes)

### **Role Play: Lydia has a fever**

The group leader (Promoter, or Care Group Volunteer) should practice this role play ahead of time with another group member if possible. Sometimes people like to have fun and laugh and be very dramatic with role plays, but this one is more useful if it is done more like real life. Tell the group that Lydia is the mother, and Lucy is her teenage daughter.

**Lydia** is sweeping the yard (or doing another outdoor task around the home). Suddenly she sits down and says “Oh my goodness! I am not feeling well at all!” She touches her forehead and says “Oh no! I have a fever!” Then she continues talking to herself. “But how can that be? I am almost certain I haven’t touched anyone who could be sick... Probably it’s only malaria.” Shakes her head, and says, “Oh dear, oh dear, whatever shall I do?”

**Lucy** comes along, returning from an errand. She sees Lydia sitting and says, “Mama, is something wrong?”

**Lydia** says, “No, don’t worry, I am just resting for a moment.” **Lucy** continues into the house with her packages. **Lydia** sits thinking for a moment. Lydia starts thinking out loud. She says, “What if it is Ebola? I remember from our meeting, that it is very important to get treatment early, and to protect others from catching it.”

**Lydia** calls to her daughter, “Lucy, come back.” **Lucy** returns, and Lydia says, “I am not feeling so well, I think I have a fever. It is probably malaria, since I haven’t been around anyone with Ebola, as far as I know, but since we don’t have a phone to call the Ebola hotline, I am just going to walk to the screening and referral center (or ETU or *use the name of the appropriate local facility here*), to find out whether it is Ebola or not.

**Lucy** begins to cry, and she says, “Oh, Mama, please don’t go. I’m afraid for you. She reaches her arms out to her mother.”

**Lydia** holds up her hand in a gesture that says STOP, and says, “Please, don’t touch me daughter, just in case I have the illness. I must go. Early treatment is the best and I want to protect you. I love you so very much and want you to be well.” Lydia says a prayer for her daughter before she leaves, and gives her instructions to pass

along to other family members, but without touching her. Lydia takes a bottle of water, and begins to walk to the screening center. She blows kisses to her weeping daughter, and says, "Pray for me."

**Lucy** says, "I love you, Mama, and I hope I will be a courageous woman like you."

Ask participants:

- What surprised you about this story?
- Why did Lydia say that early treatment is the best?
- What will happen to Lydia if she does not have Ebola, but instead has malaria? (We hope that she will be tested, and sent home with medicine for malaria, if it turns out that she does not have the Ebola virus in her body.)
- Why did Lydia ask Lucy not to touch her?
- Why did she carry water with her to the screening and referral center?

Remind the women:

**Seeking care early is key to surviving Ebola! As soon as you experience Ebola signs or feel symptoms, you should let your community leader know and call the Ebola hotline.**

**ETUs are places where people go to heal from Ebola. Your chances of surviving Ebola are much better if you go to an ETU.**



**?** Is there anything that might prevent you from trying these new practices?

*Ask each woman to talk to a woman sitting next to her for the next five minutes. They should share barriers they may face and concerns about the new teaching. Together they should try to find solutions to the barriers and information that helps with their concerns. After five minutes, ask the women to share what they have discussed.*

*Help find solutions to their barriers and information to help with their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution, as well.*

*Possible Concerns:*

- Mothers may still feel fearful of ETUs.
- Mothers may not have phones to call the Ebola Hotline.
- Mothers maybe uncomfortable with Contact Tracing.

*Remind Mothers:*

- The sooner you seek care when you first experience Ebola signs or symptoms, the greater your chance of survival.
- ETUs provide the best possible treatment and care for someone with Ebola. The doctors and nurses there help people recover.
- Contact tracing helps protect you, your family, and your community.



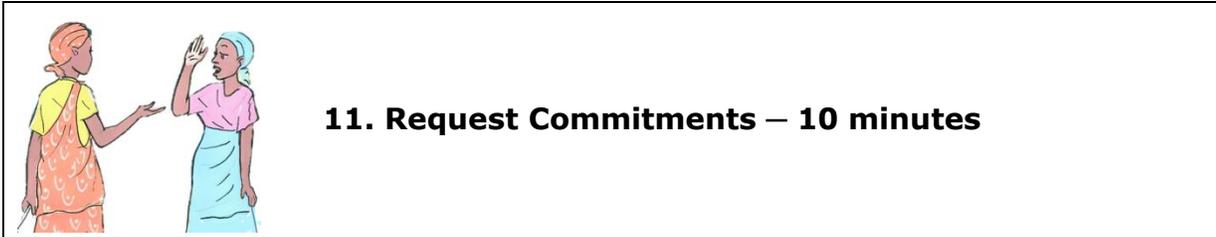
**10. Practice and Coaching – 20 minutes**

**For CGVs Groups:**

1. Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first few pages of the flipchart corresponding to today's lesson.
2. Each CGV will teach the person next to her in the same way that the Promoter taught her.
3. After ten minutes, ask the women to switch roles. The other CGV will share the teachings that correspond with the remainder of this flipchart pages for this lesson.
4. The Promoter watches, corrects, and helps CGVs who are having trouble.
5. When everyone is finished, answer any questions that CGVs have about today's lesson.

**For Neighbor Groups:**

1. Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home and neighborhood based on this new teaching.



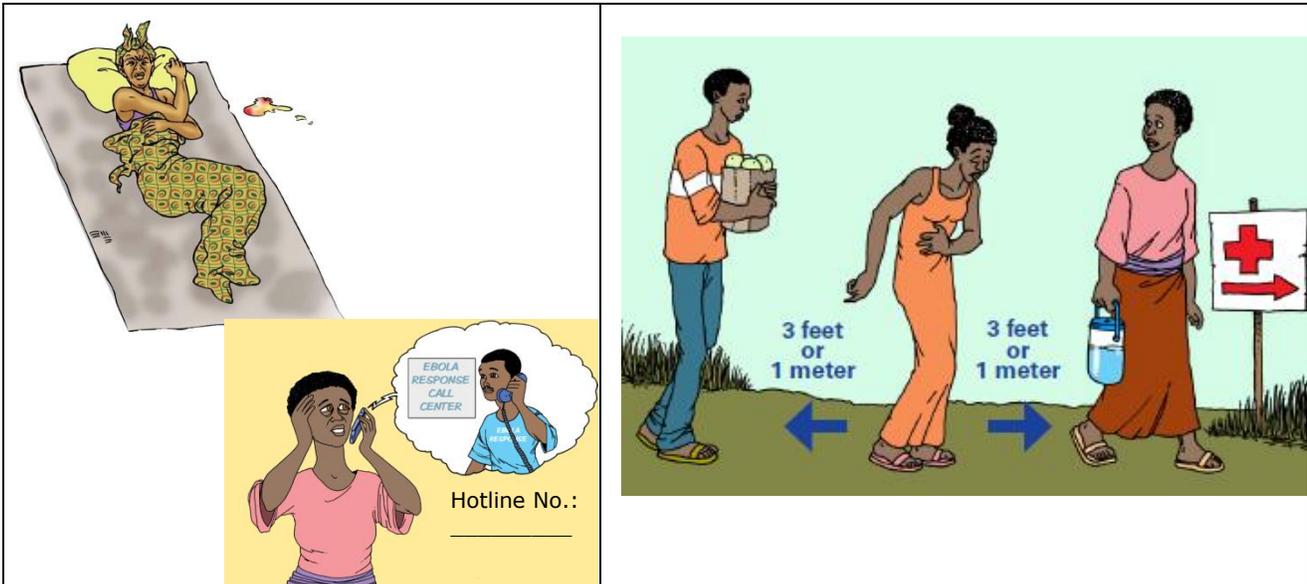
**?** Based on today's teachings, what commitments will you make?

*Ask each mother to say aloud one or more commitments that she will make today. No one should be pushed to make a particular commitment, but rather commit to something that she feels she can do, that she is inspired to do by today's lesson.*

For example:

- If I – or someone I know – has signs or symptoms of Ebola, I will seek care by calling the Ebola hotline right away.
- If I have been in contact (touching) with someone who has Ebola, I will stay home for 21 days and monitor myself for signs and symptoms.

## Sarifina seeks care early and recovers at an ETU Picture 7.1



As soon as Sarifina felt feverish and headachy, she told her community leader, and called the Ebola hotline.

As her community arranged to transport her to the nearest ETU, Sarifina did not touch anyone, including her family and neighbors but ensured that she drank enough water to stay hydrated. She knew it was important to protect herself, protect her family, and to protect her community.



At the ETU, Sarifina received oral rehydration solution (ORS), food, and care by trained health workers fully clothed in Personal Protective Equipment (PPE).

She began to feel better, and after 21 days, all of her symptoms were gone and she tested free of Ebola. Sarifina thanked the doctors and nurses when she left. She knew that if she had not come to ETU right away, she might not be alive.

**Seek Immediate Care at an Ebola Treatment Unit (Picture 7.2)**



**As soon as you see signs or symptoms of Ebola, you should seek care. This improves the sick person's chance of surviving and decreases the chance that the disease will spread to friends and family members.**

**Remember: Protect yourself! Protect your family! Protect your community!**



**Ebola Treatment Units (ETUs) provide quality care and treatment for anyone who is sick with Ebola.**

## What Happens at the Ebola Treatment Unit (Picture 7.3)



**Upon arrival at an ETU, you will be asked a series of questions as part of triage. This will be done through an open window without touching anyone.**



**Next you will be placed in a room with other suspected cases. Once here, someone wearing personal protective equipment (PPE) including mask, gown, gloves, goggles and boots will come to take your blood for testing.**



**Doctors and nurses will check on you throughout the day to ensure you are receiving the best care possible. This includes:**



**The staff at the ETU will also provide you with meals, including foods you are familiar with.**



**It is fine to pray for the sick (without laying hands for this illness) but this disease requires care by a health provider.**

## Contact Tracing for Ebola (Picture 7.4)



**If you have touched or have regularly been near a person (< 1 meter; 3 feet) who had Ebola or their bodily fluids without wearing personal protective equipment, you are considered a contact.**



**Contacts should remain apart from others for 21 days. This is called "quarantining."**



**Sometimes a person called a contact tracer might visit you if you are a contact. (add any context specific information on contact tracers here)**

## Lesson 8: After the Illness: Recovery and Decontamination



### Objectives

- Caregivers will know what to do if someone dies from Ebola in the community.
  - a. They will call authorities for safe burial/cremation. (*or change per local context*).
  - b. They will avoid attending funerals, and if they must attend, they will avoid touching the body or anyone else at the funeral by maintaining at least 1 meter (3 feet) distance (i.e., no hugging, kissing, bathing the body, or shaking hands).
  - c. They will know what to expect when decontamination occurs.
- Caregivers will know what to do if someone recovers from Ebola.
  - a. They will understand that if health workers declare the person is well based on lab tests or lack of signs and symptoms, the survivor can no longer transmit Ebola virus to others.
  - b. The survivor may experience health complications even though they no longer have Ebola.
  - c. They will know that there is a process of decontamination even if a person lives.
- Caregivers will know what stigma is and how to minimize it for Ebola survivors.

### Materials:

- Attendance Registers
- Care Group Volunteer Flipchart

### Summary:

- Game: Memory
- Attendance and Troubleshooting
- Share the story: Mama Ruth Survives Ebola
- Ask about current practices
- Share the meaning of each Picture Box in the flipchart: What to do if Someone Dies, What to do if Someone Lives and Ebola and Stigma
- Activity: Stigma activity

- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments



## 1. Game: Memory – 10 minutes

1. Ask the participants to stand in a circle.
2. Starting with the first participant, she must make a statement and indicate a part of the body.
3. The statement should not match the stated action. For example she says, "This is my nose," when pulling on her ear.
4. The next participant must repeat the phrase and action and then add another phrase and action of their own (e.g., "this [pulling on ear] is my nose, and this [pointing to mouth] is my foot").
5. Continue going around the circle with each participant saying and doing the actions from everyone before them and adding a new one. If someone has trouble, help them out. If the game is too easy, encourage people to speak more quickly.
6. Continue until everyone is laughing.

Now that we are energized, let's begin our lesson.



## 2. Attendance and Troubleshooting – 15 minutes

### **When teaching Care Group Volunteers:**

1. Promoter fills out attendance sheets for each CGV and neighbor group (beneficiary group).
2. Promoter fills out vital events mentioned by each CGV including households with Ebola illnesses and deaths (along with new births, new pregnancies [if tracked], and mother and child deaths).
3. Promoter asks if any of the CGVs had problems meeting with their neighbors.
  - Reinforce that CGVs need to protect themselves when making home visits by: not touching anyone (including shaking hands, kissing, hugging), washing their

*hands with soap or disinfectant after each household, standing at a distance from others, avoiding contact with those who are sick, etc.*

4. *The Promoter helps to solve the problems mentioned.*
5. *The Promoter asks the CGVs to review the key practices from the last lesson.*
6. *The Promoter asks the CGVs about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.*

- ? **What was your commitment at the last lesson? Have you been able to keep that commitment?**
- ? **How – what did you do?**
  - Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened?
  - What factors (people, events or chores) in your life made it difficult to keep your commitments?
  - How were you able to overcome these problems?

7. *Promoter thanks all of the CGVs for their hard work and encourages them to continue.*
8. *Encourage CGVs to have a sense of pride that they are protecting their communities from Ebola by reinforcing messages and commitments such as hand washing, no touching, etc.*
9. *Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (if any) and solicit volunteers.*

### **When Care Group Volunteers teach their Neighbors:**

1. *Care Group Volunteers will take attendance.*
2. *Care Group Volunteers will ask about new births, pregnancies or illnesses in the families of the mothers attending and help refer those with severe illness to the local health facility.*
3. *In addition, also ask CGVs about newly orphaned children, families with a newly diagnosed case of Ebola, and survivors returning home.*
4. *Care Group Volunteers will ask the mothers to review the key practices from the last lesson.*
5. *Care Group Volunteers will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*
6. *Care Group Volunteer asks the group's Activity Leader to discuss the needed items for next week's activity (if any) and solicit volunteers.*

## Story: Mama Ruth Survives Ebola (Picture Box 8.1) – 10 minutes

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### 3. Story

- Read the story in Picture Box 8.1 of the flipchart.

After three weeks in the Ebola Treatment Unit (ETU), Mama Ruth is being discharged. The test for Ebola showed no more virus in her blood two times. She is weak, but very happy to be alive. Her belongings were destroyed during decontamination at the ETU. People in town call her Mama Ebola as she walks home and they stay far away. Even her own children will not hug her and have moved in with other families. Mama Ruth sometimes thinks it would be better if she had died.

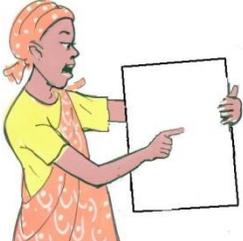
### 4. Ask about Current Practices

- Read the questions following Picture Box 8.1 of the flipchart.

	<ul style="list-style-type: none"><li>? What happened to Mama Ruth?</li><li>? How do you think Mama Ruth feels?</li><li>? Why do you think people treated Mama Ruth this way?</li><li>? Have you seen this happen in your community (related to Ebola or anything else)?</li><li>? How should have the people responded to her? Why?</li></ul>
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- Ask the first question to review the story and introduce the idea of stigma.
  - We expect the women to respond in this way: No one wants to be near Mama Ruth. The family and community calls Mama Ruth names.
  - Mama Ruth had tests to make sure she does not have Ebola anymore and her few remaining belongings were decontaminated so she cannot carry Ebola to anyone else.
- Ask the second question to hear the women's opinion of how Mama Ruth feels.
  - Mama Ruth has just survived Ebola, but instead of being happy about this, she is very sad.
- Ask the third question to help the women understand why people may react this way.
  - People are often afraid of things that they don't know enough about. Her neighbors and friends are afraid that they can get Ebola from Mama Ruth even though she is no longer contagious.
- Ask the fourth question to hear whether women have observed this in their community. If there have been no Ebola cases, you could ask if they have seen this happen in other situations.

- Ask the last question to see how they would normally respond.
  - We hope the women will say that the community was wrong to fear her and to refuse to associate with her. They should have welcomed her back home. People who have recovered from Ebola are no longer contagious. Mama is a strong woman who has survived Ebola. She also did all she could by going to an ETU instead of asking someone in the community to care for her. Survivors are heroes and can help convince the community to seek early treatment.
- **Encourage discussion. Don't correct or affirm "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching. Mothers themselves often volunteer the correct information. As the trainer, be sure not to correct wrong answers at this point as it can embarrass the women and shut down the discussion. If anyone asks if a response is correct, do not teach, but answer with, "we will see."
- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."

	<p><b>5. Share the Meaning of Picture Box 8.2: What to Do if Someone Dies from Ebola – 5 mins</b></p>
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- Ask the caregivers to describe what they see in the pictures in Picture Box 8.2
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture in Picture Box 8.2.

<p><b>?</b> What do you think these pictures mean?</p> <p><b>If you know someone has died, call authorities for safe burial/cremations. Avoid funeral or burial rituals that require handling the body (in any way) of someone who has died from Ebola.</b></p> <ul style="list-style-type: none"> <li>• Make sure you call the authorities for anyone who has died. You should treat all deaths as Ebola deaths if there is an Ebola epidemic in your area.</li> <li>• The body of someone who had Ebola will be very contagious.</li> <li>• Do not wash, kiss or handle the body – practice "safe mourning". You should not attend a funeral or burial. But if you must, keep at least one meter (3 feet) from others at the funeral and/or burial.</li> </ul>
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- No touching: do not kiss, hug, or shake hands during mourning.
- Be compassionate towards grieving families, but come up with alternate ways to say goodbye to the person that has died and to comfort the family without spreading the disease, which can lead to more deaths.
- Remember: Funerals are one main way that this disease has spread in other countries.

**Remember that a burial team will decontaminate with a bleach spray or dispose of the sick person's personal effects after a death.**

- The person's bedding and other personal items which have come into contact with their sweat, blood, urine, poop, and other bodily fluids will be removed and burned by the burial team.
- Contaminated areas that cannot be removed (e.g., floor, nearby walls, surfaces) will be sprayed with a 10% bleach solution by the burial teams.

- ? What plans have you made to honor loved ones who have died from Ebola while still protecting yourself?
- ? Have any of you been able to put these plans into action?
- ? What does it mean to decontaminate an area? Why is this important?

## **Additional Information for the Trainer**

*(Add country specific information here for who to contact for burials.)*

It is important to keep people away from the body and the house of someone who has died of Ebola. Call the Ebola hotline as soon as someone dies because the body needs to be buried or cremated right away by a trained team. The burial team will wear personal protective equipment when they come and must follow certain procedures to ensure everyone's safety.

While you are waiting for the burial team, do not touch, wash, or clean the body at all. Do not touch fluids or anything that the person who has died touched including clothing, beds, linens, utensils and plates. Only allow trained burial teams who are wearing full protection equipment to touch, prepare, and bury a body. Do not touch, kiss, clean, wash, clothe, or wrap the body yourself.

Pay your respects or pray at least two meters (six feet away) from the body since it is very infectious at this time. Find a family member, friend, community leader, or religious leader to talk to during this difficult time. Remember to wash hands often with soap and water or chlorine hand wash.

Decontamination means to neutralize or remove dangerous substances or germs from an area, object or person.<sup>6</sup> In the case of Ebola, decontamination is done using a strong chlorine solution made with water and chlorine. Some materials that cannot be decontaminated must be burned or buried with the person who has died. All of this must be done using proper decontamination protocols.

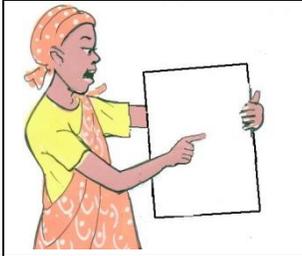
In the ETU, the staff will make sure that decontamination is done properly. At home, the burial team will spray the house with the same strong chlorine spray that the hospital uses to make sure that the home is safe for everyone. They will also take care of personal belongings when they come to bury the person who has died from Ebola. It is important for a burial team to do all this, so make sure to report dead bodies and not hide them.<sup>7,8</sup>

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<sup>6</sup> [www.oxforddictionaries.com](http://www.oxforddictionaries.com)

<sup>7</sup> World Health Organization. "Field situation: How to conduct safe and dignified burial of a patient who has died from suspected or confirmed Ebola virus disease."

<sup>8</sup> Ministry of Health and Social Welfare Liberia, UNICEF, World Health Organization and partners. gCHV Training on Ebola Flipbook and IPC. September 2014 (DRAFT).



## 6. Share the Meaning of Picture Box 8.3: What to Do if Someone Lives through Ebola – 5 mins

- Ask the caregivers to describe what they see in the pictures in Picture Box 8.3
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using the pictures in Picture Box 8.3.

? What do you think these pictures mean?

**A person is not infectious after declared well by a health professional and they have not had any signs or symptoms for seven days or more.**

- They cannot transmit the disease through casual contact like shaking hands.
- It is still good to avoid contact with other people's bodily fluids all the time.
- After a person has recovered from Ebola, they may experience complications from having the disease, but that does not mean they have Ebola again.

**Remember that decontamination with a bleach spray or disposal of the sick person's personal effects will happen at the ETU when they are declared well.**

- A person coming from the ETU will go through the proper decontamination before being discharged.
- The person's bedding and personal items – which will have come into contact with their sweat and other bodily fluids – will be burned. They may be given new clothing when they leave the ETU. (*Check if this is true in your context*).
- If a person was cared for at home before going to the ETU, the team taking the person should have already decontaminated the home the same way as the burial team does.

**Men and women should practice sexual abstinence for at least three months after recovering from Ebola, or always properly use a condom.**

- Ebola is carried in the semen for up to three months.
- Since condoms sometimes tear or spill, it is much safer to be abstinent during this three-month period.

? Why is decontamination important even if the person lives?

? How can you explain why someone recovering from Ebola should practice abstinence or use a condom?

## **Additional Information for the Trainer**

People do survive Ebola. After getting well, survivors in the ETU are tested two or more times, and must have at least two negative tests for Ebola before they can leave the ETU. A person is also considered to have fully recovered when they have gone 72 hours (3 full days) without a fever AND they are able to walk, eat and care for themselves AND it has been at least 21 days from the first onset of Ebola signs or symptoms.

People who survive Ebola can have complications that can take months to resolve. These can include weakness, fatigue, headaches, hair loss, hepatitis (liver problems), changes in how they taste and feel things (sensory changes), and swelling (inflammation) of some body parts (e.g., testicles and eyes). When survivors experience these complications, it does not mean that they have Ebola again. They need care to help support them during the time of recovery.

If a family member was sick at home and taken to an ETU, the team who takes them should have decontaminated the home at that time. Once the person is declared well and sent home from the ETU, there is no need for further decontamination.

EVD survivors have beaten the disease and are not contagious anymore. They are champions, and your community should be proud of its survivors! They have been through a terrible experience, and having them help others (e.g., by educating the community) will help them to get over what they have been through.

The definition of stigma is "a mark of disgrace associated with a particular circumstance, quality, or person".<sup>9</sup> Stigma is a spoilt identity. To stigmatize is to label someone; to see them as inferior because of an attribute they have.<sup>10</sup>

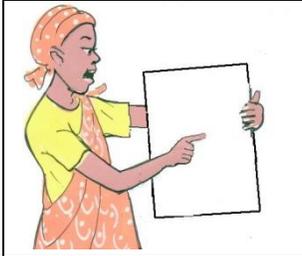
Some examples of stigma and discrimination:

- Physical and social isolation from family, friends and community
- Gossiping, name-calling, violence and condemnation
- Loss of rights and decision-making power
- Self-stigma – when people blame and isolate themselves
- Stigma by association – the whole family is affected by stigma

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<sup>9</sup> <http://www.oxforddictionaries.com/definition/english/stigma>

<sup>10</sup> Academy for Educational Development, International Center for Research on Women and International HIV/AIDS Alliance. Developed by Ross Kidd, Sue Clay and Chipso Chiiya. "Understanding and Challenging HIV Stigma: Toolkit for action". *Introduction and Module A*. 2007.



**7. Share the Meaning of Picture Box 8.4: Ebola and Stigma – 5 mins.**

- Ask the caregivers to describe what they see in the pictures in Picture Box 8.4.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture in Picture Box 8.4 using the flipchart pages.

**?** What do you think these pictures mean?

**Avoid stigmatizing survivors – people who have survived cannot transmit Ebola to you.**

- As far as we know, people who survive Ebola cannot get the disease again for at least ten years.
- They can also be heroes in their community by helping others who have the disease.
- It is important for a person to continue to follow good Ebola prevention measures even when he or she is declared well. The survivor can be an example to his or her community. Good Ebola prevention measures include washing hands with soap, not touching, avoiding funerals, etc.

**Children who were around people with Ebola and do not have fever can be taken in by others.**

- Children who are taken in should have their temperature taken regularly to assure that they do not have a fever. They should also be watched for other signs or symptoms of Ebola. Usually a Contact Tracer will check the temperature of these children twice a day for 21 days. *(Check your context and find out whether Contact Tracers are doing this, or if there is another system in place. If there is no system, advise the CGV to get a thermometer and check temperatures twice a day, being sure to clean the thermometer with alcohol between each reading and to wash their hands with soap.)*
- If a child has signs or symptoms of Ebola, follow the same advice as for adults, and get them to an Ebola Treatment Unit as soon as possible.

- Remember – those without signs or symptoms are **not** infectious.

? What does stigma mean?

? When and where do you see stigma around Ebola in your community?

? How can you help care for children whose parents have died from Ebola and stay safe at the same time?



## 8. Activity: Stigma and Ebola – 30 minutes

Today we are going to do some activities to help us think more about stigma.

- 1) *Ask the women to take a moment of silence to imagine how Mama Ruth must have felt when she was NOT greeted warmly by her neighbors and her children, but was instead called Mama Ebola, and was avoided by everyone. Then, ask the women to discuss in pairs, these questions:*
  - How do you think Mama Ruth must have felt?
  - How do you think Ebola survivors feel when they come back to their community?
  - How would you feel if it happened to you?
- 2) *Ask a couple of people to volunteer to share from their discussion. Then say, "Now we are going to have a small time to discuss stigma."*
- 3) *Ask the women if they have heard or seen any other ways that survivors of Ebola have experienced stigma, discrimination, or poor treatment? They may mention things like these:*
  - Physical and social isolation from family, friends and community
  - Gossiping, name-calling, or violence
  - Stigma by association – when other members of the family are also mistreated or avoided
- 4) *Explain that avoiding funerals is NOT stigma; it is an important way to prevent becoming infected. In many places with Ebola, is required by the government that people avoid funerals. Even where funerals are permitted, it can be a good idea to avoid them. We can find other ways to honor the person who died, and to help their families.*

- 5) *Now, let's take a moment in silence to imagine a better homecoming for Mama Ruth. Discuss your ideas in pairs. Work in pairs to come up with a happier story for Mama Ruth*
- 6) *Ask for volunteers to share their story about a happier homecoming for Mama Ruth. Thank everyone for their participation.*
- 7) *Now. Let's talk about how we can use this information to help Ebola survivors, and reduce stigma in our community.*

*Examples:*

- a. We can talk with our families and neighbors about stigma: We can share information about Ebola, especially that survivors are not infectious. We can invite health workers to explain to our neighborhoods if there is still fear. We can point out examples of survivors who have family members who have not gotten sick when the survivor of Ebola returned to live with them.
- b. We can be examples: We will not participate in stigmatizing and discriminating behaviors – no name calling, avoidance of Ebola survivors, etc. – and treat survivors normally so that other people can see that it is safe to do so.
- c. We can support survivors: We can be a friend to survivors, giving them emotional support, helping them with their livelihood (if that was affected).

Let's use the knowledge we have gained today to help survivors of Ebola when they come back to our community.



**?** Is there anything that might prevent you from trying these new practices?

*Ask each woman to talk to a woman sitting next to her for the next five minutes. They should share barriers they may face and concerns about the new teaching. Together they should try to find solutions to the barriers and information that helps with their concerns. After five minutes, ask the women to share what they have discussed.*

*Help find solutions to their barriers and information to help with their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution, as well.*

*Possible Concerns:*

- I may call the Ebola hotline for a burial team to come, but no one will show up.
- I may get sick from survivors – what if they still have Ebola?
- I might experience stigma if I am kind to an Ebola survivor but others in the community are still stigmatizing them.

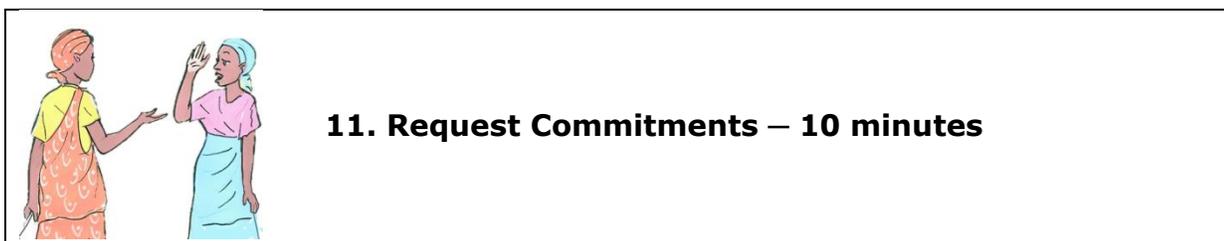


**For Care Group Volunteer Groups:**

1. Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first few pages of the flipchart corresponding to today's lesson.
2. Each CGV will teach the person next to her in the same way that the Promoter taught her.
3. After ten minutes, ask the women to switch roles. The other CGV will share the teachings that correspond with the remainder of this flipchart pages for this lesson.
4. The Promoter watches, corrects, and helps CGVs who are having trouble.
5. When everyone is finished, answer any questions that CGVs have about today's lesson.

**For Neighbor Groups:**

1. Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home or neighborhood based on this new teaching.



**?** Based on today's teachings, what commitments will you make?

*Ask each mother to say aloud one or more commitments that she will make today. No one should be pushed to make a particular commitment, but rather commit to something that she feels she can do, that she is inspired to do by today's lesson.*

For example:

- I commit to calling the authorities immediately when someone dies in my neighborhood.
- I commit to avoiding funerals of people who died from Ebola.
- I commit to helping to support a child orphaned by Ebola by providing a meal for them each day.
- I commit to not stigmatizing Ebola survivors in my community.

**Mama Ruth Survives Ebola - Picture 8.1**

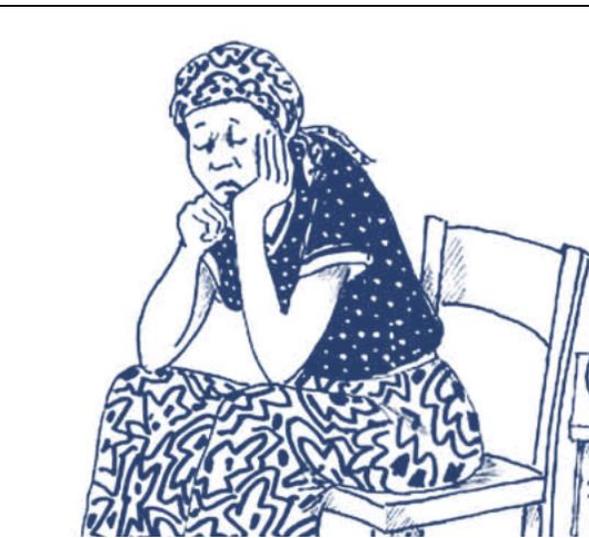


**After three weeks in the Ebola Treatment Unit (ETU), Mama Ruth is being discharged. The test for Ebola showed no more virus in her blood two times.**

**She is weak, but very happy to be alive. Her belongings were destroyed during decontamination at the ETU.**



**People in town call her Mama Ebola as she walks home and they stay far away. Even her own children will not hug her and have moved in with other families.**



**Mama Ruth sometimes thinks it would be better if she had died.**

**What to Do if Someone Dies from Ebola (Picture 8.2)**



**If you know someone has died, call authorities for safe burial/cremations. Avoid funeral or burial rituals that require handling the body (in any way) of someone who has died from Ebola.**



**Remember that a burial team will decontaminate with a bleach spray or dispose of the sick person's personal effects after a death.**

**What to Do if Someone Lives Through Ebola (Picture 8.3)**



**A person is not infectious after declared well by a health professional and they have not had any signs or symptoms for seven days or more.**

**Remember that decontamination with a bleach spray or disposal of the sick person's personal effects will happen at the ETU when they are declared well.**



**Men and women should practice sexual abstinence for at least three months after recovering from Ebola, or always properly use a condom.**

**Ebola and Stigma (Picture 8.4)**

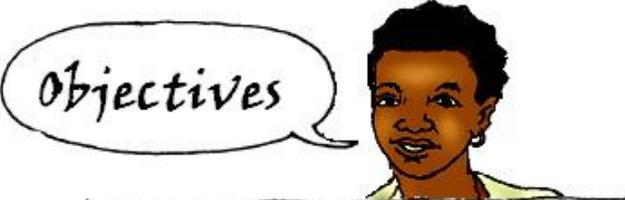


**Avoid stigmatizing survivors - people who have survived cannot transmit Ebola to you.**



**Children who were around people with Ebola and do not have fever can be taken in by others.**

## Lesson 9: Community Support for EVD Orphans, EVD Survivors, and EVD Affected Family Members



### Objectives

- Caregivers will understand their role in empowering their community as a whole, to care for EVD orphans, EVD survivors and EVD affected family members and be able to state four ways they can do this.
- Caregivers will understand the needs of recently-orphaned children's emotional and physical needs for shelter, protection, nutrition and medical care and will be able to state three practical ways to help them cope.
- Caregivers will be able to state four ways they can support families who are caring for a family member with Ebola or that have a survivor returning home.
- Caregivers will be able to state four actions to help support Pregnant and Lactating Women (PLW) during an Ebola epidemic.

### Materials:

- Attendance Registers
- Care Group Volunteer Flipchart

### Summary:

- Game: "Rainstorm"
- Attendance and Troubleshooting
- Share the story: "Precious, an Ebola orphan is cared for in Grace's Family"
- Ask about current practices
- Share the meaning of each Picture Box in the flipchart.
- Activity: "Welcoming Survivors Song"
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments



### **1. Game: Rainstorm— 5 minutes**

1. Ask the women to sit quietly in a circle a foot or so apart, with their eyes closed.
2. They must listen to the sounds made by the woman sitting on their right side. They should repeat the sound that they hear from that woman.
3. The Promoter begins each action, continuing the action until the person on their right starts the action and the action is repeated by all the women in the circle:
  - a. Rub your palms together to create the sound of rain. Continue rubbing your palms together until the woman on your right rubs her palms and the noise is passed to each woman in the circle.
  - b. Now, snap your fingers until everyone is snapping their fingers.
  - c. Clap your hands together quickly until everyone is clapping their hands.
  - d. Slap your thighs until everyone is slapping their thighs.
  - e. Stomp your feet until everyone is stomping their feet.
  - f. Now the rain is going away: Slap your thighs until everyone is slapping their thighs.
  - g. Clap both hands together until everyone is clapping their hands.
  - h. Snap your fingers.
  - i. Rub your palms together.
  - j. Sit in silence for a moment.

Ask the women what that sounded like to them. Explain that it was supposed to sound like a storm. Explain that Ebola is like a storm – it has come, and it will someday leave as all storms do if we do what we need to do. Now that we are energized, let's begin our lesson.



### **2. Attendance and Troubleshooting – 15 minutes**

#### **When teaching Care Group Volunteers (CGV):**

1. Promoter fills out attendance sheets for each CGV and neighbor group (beneficiary group).

2. *Promoter fills out vital events mentioned by each CGV including households with Ebola illnesses and deaths (along with new births, new pregnancies [if tracked], and mother and child deaths).*
3. *Promoter asks if any of the CGVs had problems meeting with their neighbors.*
  - *Reinforce that CGVs need to protect themselves when making home visits by: not touching anyone (including shaking hands, kissing, hugging), washing their hands with soap or disinfectant after each household, standing at a distance from others, avoiding contact with those who are sick, etc.*
4. *The Promoter helps to solve the problems mentioned.*
5. *The Promoter asks the CGVs to review the key practices from the last lesson.*
6. *The Promoter asks the CGVs about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.*

- ? **What was your commitment at the last lesson? Have you been able to keep that commitment?**
- ? **How – what did you do?**
  - Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened?
  - What factors (people, events or chores) in your life made it difficult to keep your commitments?
  - How were you able to overcome these problems?

7. *Promoter thanks all of the CGVs for their hard work and encourages them to continue.*
8. *Encourage CGVs to have a sense of pride that they are protecting their communities from Ebola by reinforcing messages and commitments such as hand washing, no touching, etc.*
9. *Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (if any) and solicit volunteers.*

**When Care Group Volunteers (CGVs) teach their Neighbors:**

1. *CGVs will take attendance.*
2. *CGVs will ask about new births, pregnancies (if tracked) or illnesses in the families of the mothers attending and help refer those with severe illness to the local health facility.*
3. *In addition, also ask CGVs about newly orphaned children, families with a newly diagnosed case of Ebola, and survivors returning home.*
4. *CGVs will ask the mothers to review the key practices from the last lesson.*
5. *CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*

- 6. CGV asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.

## Story: Precious Is Taken In by a Neighbor (Picture Box 9.1) – 10 minutes

- Read the story in Picture Box 9.1 of the flipchart.

Precious is a seven-year-old girl who lives in a community not far from here. She watched as her mother and father were taken away by men and women dressed in Ebola suits. That was the last time she saw them as they both died at the ETU. Thankfully, Precious has a best friend, Grace, whose mom learned about Ebola from her Care Group Volunteer. She knew Precious was not contagious and that it was okay for her to come live with them while they continued to look for her family members. Precious had no fever, was not vomiting, and had no diarrhea. Grace's mother also took Precious's temperature twice a day for 21 days. Grace's mother treated Precious like she was one of her own children. She talked to Precious and Grace about Ebola and how it killed her parents. Grace's family loves Precious and encouraged her to talk about her parents, and to tell stories about the good things that her parents did while they were still alive. They also talked about how important it is to stay healthy by washing hands with soap, eating right, etc.

### 4. Ask about Current Practices

- Read the questions that follow Picture Box 9.1 on the flipchart.

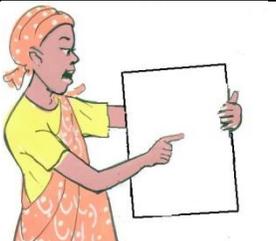
	<ul style="list-style-type: none"> <li>? What did Grace's family do for Precious?</li> <li>? What would you do if you were Grace's mom?</li> <li>? Why did Grace have Precious talk about the good things that her parents did?</li> <li>? Do you have children like Precious in your community? What can you do for children like Precious?</li> </ul>
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- Ask the first question to reinforce the different things the family is doing to support Precious. We hope the women respond in this way:
  - They have opened their home to Precious and are caring for her as though she is their child.
  - They took her temperature twice a day for 21 days.
  - They gave her love and a safe place to talk about how she is feeling and to remember her parents positively.
  - They are attempting to find Precious's relatives.
- Ask the second question to hear the women's opinion of this situation and how it compares to what they would do.

- Ask the third question to reinforce that helping children and others find meaning in someone’s life is more helpful to them than having them tell over and over again how they died. (It helps prevent “post-traumatic stress.”)
- Ask the fourth question to hear what the women could do for orphans in their community.
- **Encourage discussion. Don’t correct or affirm “wrong answers.”** Let everyone give an opinion. This page is for discussion, not for teaching. Mothers themselves often volunteer the correct information. As the trainer, be sure not to correct wrong answers at this point as it can embarrass the women and shut down the discussion. If anyone asks if a response is correct, do not teach, but answer with, “we will see.”
- After the participants answer the last question, move to the next flipchart page by saying, “Let’s compare your ideas with the messages on the following pages.”

**Information for the Trainer/Promoter:**

Children who have lost parents and/or caregivers due to Ebola and do not have fevers can be taken in by others. Their temperature should be taken twice a day for 21 days to assure that they do not have a fever, and they should be watched for other signs or symptoms. If they do have signs or symptoms of Ebola, follow the same advice as for adults and get them to an Ebola Treatment Unit (or a Community Care Center if ETUs do not exist in your area). Remember: those without signs or symptoms of Ebola are not infectious. Signs and symptoms of Ebola include high fever that starts suddenly AND any of the following: headache, muscle pain, diarrhea, vomiting, belly pain, or unexplained bruising or bleeding.

	<p><b>5. Share the Meaning of Picture Box 9.2: Helping Children Cope when Someone They Love Dies (5 mins)</b></p>
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- Ask the caregivers to describe what they see in each picture in Picture Box 9.2.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture in Picture Box 9.2.

**?** What do you think these pictures means?

**Children grieve when someone they love has died.**

Here are some ways you can help a young child who is grieving:

- Answer honestly: tell the child the truth about how the parent or relative died. It is not helpful to tell a confusing story.
- Help children to express their feelings and thoughts.
- Allow children to express their sadness.
- Encourage the child to find meaning in their family members' lives by telling stories about (or drawing pictures about) the good things that their deceased family members did while they were alive. Help children to find happy and meaningful memories, as well.

**Children who have recently lost a parent or both parents need emotional support to help them move through the grieving process.**

- Teachers and religious leaders can be good mentors and be mobilized for psychological support.
- You can help raise community awareness about EVD orphans and encourage your community to love and accept these children.

**Children have physical needs which need to be cared for. Orphaned children are at risk of poor health if no one is there to care for them.**

- Children need good nutrition and medical care to remain healthy. (Vaccinations, good nutrition, medical care, sleeping under and ITN, etc.).
- What have we learned already about the nutritional needs of children?
- What have we learned already about the medical care children need to remain healthy?
- Children who have been orphaned by EVD need to have their temperature monitored twice a day for 21 days. Cooperate with the health workers who are monitoring the child.

**Children also have social needs. EVD orphans need to interact with other adults and children.**

- It is safe for a child orphaned by EVD to play with other children or adults. Remember, just because their parents died from the disease, it does not mean that they too are infected. If they are not sick, they are not going to make anyone else sick.
- Encourage activities outside of school (sports, art) with other children, such as playing games or doing chores together.
- Spend time with orphans and help them cope with various daily chores such as gathering water and preparing meals.
- Forming support and play groups for orphans can help them.

**Children also have spiritual needs.**

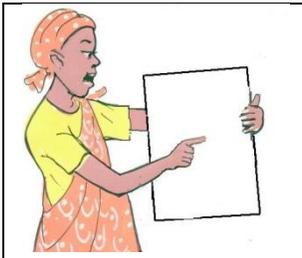
- Pray with children, if you feel comfortable doing so. If you do not feel comfortable doing that, and the child's family was religious, invite a religious

leader to help.

- Invite orphaned children to participate in religious activities.
- Encourage religious groups to participate in activities that support orphaned children (ex. church soccer teams)

**Select a village volunteer who is responsible for contacting missing parents/family members.**

- Find out what organizations are working in your area to find good homes for orphaned children.
- Unaccompanied or separated children should be registered or documented to start tracing and reunification with the child's family. However, it is important to ensure that this process does not undermine existing care arrangements or raise false expectations about care and support. Encourage families to take in orphans from their extended family. This is also true for the elderly and disabled, as well.



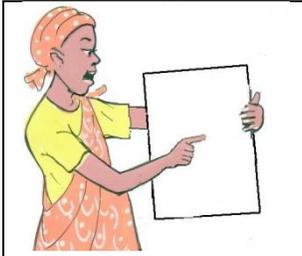
**6. Share the Meaning of Picture Box 9.3: How to help Ebola Survivors and their Families (5 mins)**

- Ask the caregivers to describe what they see in the pictures in Picture 9.3.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture in Picture Box 9.3.

**? What do you think these pictures mean?**

- You can hug and touch EVD survivors without worrying about getting the disease. Once they are declared cured and released from the ETU, the person is not infectious.
- There are practical ways that you can help families affected by Ebola. For example, you can:
  - Assure that survivors eat nutritious meals;
  - Help survivors with chores and child care;
  - Give survivors things that they lost when they were sick (e.g., that were contaminated), like clothing or bedding.
  - Work together in the community and with village/religious leaders, teachers, and others to support survivors and each other during difficult times.
  - Remember: Children, the elderly and the disabled will feel stronger and get better faster when they are loved and cared for by their communities.

- *Engage mothers in conversation to help them think about ways to help EVD survivors.*
- Ebola survivors and their family members (including Ebola orphans) are most at risk. There are other vulnerable people during an Ebola epidemic, as well: Pregnant and lactating women, the elderly and disabled, and anyone else who normally needs extra care.

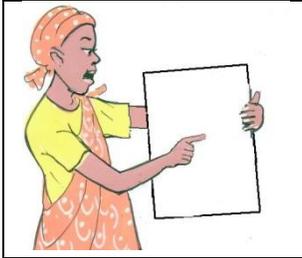


**7. Share the Meaning of Picture Box 9.4: Caring for healthy Pregnant and Lactating Women during an Ebola outbreak (5 mins)**

- Ask the caregivers to describe what they see in the pictures in Picture Box 9.4.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture in Picture Box 9.4.

**? What do you think these pictures mean?**

- Pregnant women should NOT care for any sick family members and should instead have other family members do so for her. When family members have signs or symptoms of Ebola, call the hotline. If her husband or other children get sick, she needs to find someone else to care for them.
- Transportation needs to be provided that does not place pregnant women at risk for transmission of Ebola. Community members need to develop a plan for transportation to a health care facility for delivery that does not put pregnant women at risk for infection. When a community plan has not been developed, every family needs to have a plan.
- Pregnant women need to avoid crowds and public transportation, and send others to get supplies, food, etc. Pregnant women need to use the same preventive measures against Ebola like hand washing and not touching other people, but be even more vigilant.
- A lactating woman should seek help promptly if she develops signs or symptoms of Ebola and have been in close contact with a sick patient or a person deceased with Ebola. Only when a trained health worker has determined that a mother may have Ebola Virus Disease (EVD) should breastfeeding be stopped and available options discussed.
- If a lactating mother gets Ebola, and she and her infant survive Ebola, she should be encouraged to resume breastfeeding as soon as she is discharged from the ETU (declared free of the virus).



**8. Share the Meaning of Picture Box 9.5: Other important advice during pregnancy and lactation (5 mins)**

- Ask the caregivers to describe what they see in the pictures in Picture Box 9.5.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture in Picture Box 9.5.

**? What do you think these pictures mean?**

- Pregnant women need continue to take iron pills.
- All pregnant women need to continue to attend antenatal care services at a safe clinic that provides comprehensive services.
- Good nutrition is important for pregnant women and includes: consuming a diverse diet of fruits, vegetables, proteins, starches and fats; and eating an extra snack each day.
- Pregnant women need to rest during the day.
- Lactating mothers need to be encouraged and supported to continue to breastfeed their infants because breast milk is the best nutrition for babies.
- Lactating mothers need rest, and good nutrition and extra daily snacks to maintain their breast milk supply.



**9. Activity: Welcoming Survivors Song – 15 minutes**

**Welcoming Survivors Song**

*Health Managers: You may want to develop a song with the Promoter and CGVs and include the words in the lesson plan. Or you may prefer to ask each Promoter to develop a song with CGVs. Encourage people to use a familiar and well liked song, and make up new words for the song. Later on, you could have a contest for the best*

welcoming songs and perhaps the winning songs can be sung on the radio or at community meetings.

**Song Example:**

We are so glad to see you *dear one*, (or use the person's name)

We are so glad you are getting well and strong.

We welcome you home with food and song

We are so glad to see you *dear one* (or name)

*Chorus*

You have suffered greatly *dear one* (or name)

We were sad and afraid for you

Every day we were thinking of you

We are so glad to see you *dear one* (or name)

*Chorus:*

*We welcome you home*

*We give thanks for your life*

*We welcome you home*

*You bring us hope.*

1. Practice the Welcoming Song with the Promoters and CGVs (and mothers).
2. Explain the following:
  - a. Teach this song to your friends and family.
  - b. Be ready to sing this song of welcome when a person who has been sick with Ebola recovers and returns home.
  - c. People who have recovered from Ebola are no longer contagious. We have nothing to fear from them.
  - d. We will welcome them home, just as you would like to be welcomed if you were in their place.
  - e. Survivors can be heroes in our community, helping others without fear.
  - f. We are thankful that with good care many people can survive Ebola and come back to us.
  - g. Consider also writing a song to honor and remember loved ones who have died.

Remind the women:

**Be sure to talk to your neighbors and family members, to let them know that there is nothing to fear from survivors, and we should welcome them home.**



## 10. Discuss Barriers – 15 minutes

? Is there anything that might prevent you from trying these new practices?

*Ask each woman to talk to a woman sitting next to her for the next five minutes. They should share barriers they may face and concerns about the new teaching. Together they should try to find solutions to the barriers and information that helps with their concerns. After five minutes, ask the women to share what they have discussed.*

*Help find solutions to their barriers and information to help with their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution, as well.*

*Possible Concerns:*

- Mothers may still be fearful of interacting with survivors.
- Mothers may feel overwhelmed with the growing number of orphans.
- Mothers may be concerned about the long-term effects of Ebola, like not being able to send their children to school.

*Remind Mothers:*

- Survivors are heroes and can be very helpful members in the community. Together as a community we can help ensure orphans are cared for.



## 11. Practice and Coaching – 20 minutes

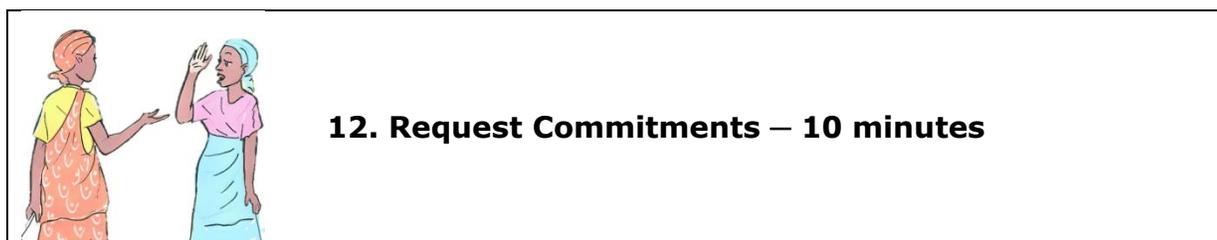
**For CGVs Groups:**

1. Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first few pages of the flipchart corresponding to today's lesson.
2. Each CGV will teach the person next to her in the same way that the Promoter taught her.

3. After ten minutes, ask the women to switch roles. The other CGV will share the teachings that correspond with the remainder of this flipchart pages for this lesson.
4. The Promoter watches, corrects, and helps CGVs who are having trouble.
5. When everyone is finished, answer any questions that CGVs have about today's lesson.

### **For Neighbor Groups:**

1. Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home and neighborhood based on this new teaching.



**?** Based on today's teachings, what commitment will you make?

*Ask each mother to say aloud one or more commitments that she will make today. No one should be pushed to make a particular commitment, but rather commit to something that she feels she can do, that she is inspired to do by today's lesson.*

For example:

- "I will look after my neighbor's orphaned child until her relatives can be found".
- "I will discuss what we have learned today with my family and talk about what we can do to help."
- "I will prepare food for my elderly neighbors whose daughter has died."
- "I will do the market shopping for my pregnant friend so she doesn't have to go to a crowded place."
- "I will spend time with my neighbor who survived Ebola so others can know that she is healthy and not contagious".

## Story Picture 9.1



Precious is a seven-year-old girl who lives in a community not far from here. She watched as her mother and father were taken away by men and women dressed in Ebola suits. That was the last time she saw them as they both died at the ETU.



Precious went to live with her friend Grace. Grace's mom knew Precious was not contagious. Grace's mother treated Precious like she was one of her own children. She talked to Precious and Grace about Ebola and how it killed her parents. Grace's family loves Precious and encouraged her to talk about her parents, and to tell stories about the good things that her parents did while they were still alive.



Grace's mother also took Precious's temperature twice a day for 21 days. They also talked about how important it is to stay healthy by washing hands with soap, eating right, etc.

## Helping Children Cope when Someone They Love Dies (Picture 9.2)



**Children grieve when someone they love has died.**



**Children who have recently lost a parent or both parents need emotional support to help them move through the grieving process.**



**Children have physical needs which need to be cared for. Orphaned children are at risk of poor health if no one is there to care for them.**



**Children also have social needs. EVD orphans need to interact with other adults and children.**



**Children also have spiritual needs.**



**Select a village volunteer who is responsible for contacting missing parents/family members.**

## How to Help Ebola Survivors and their Families (Picture 9.3)



**You can hug and touch EVD survivors without worrying about getting the disease. Once they are declared cured and released from the ETU, the person is not infectious.**



**There are practical ways that you can help families affected by Ebola**



**Ebola survivors and their family members (including Ebola orphans) are most at risk. There are other vulnerable people during an Ebola epidemic, as well: Pregnant and lactating women, the elderly and disabled, and anyone else who normally needs extra care.**

**Caring for Healthy Pregnant and Lactating Women during an Ebola outbreak (Picture 9.4)**



**Pregnant women should NOT care for any sick family members and should instead have other family members do so for her.**



**Transportation needs to be provided that does not place pregnant women at risk for transmission of Ebola.**

**Pregnant women need to avoid crowds and public transport; send others to get supplies, food, etc. Pregnant women need to use the same preventive measures against Ebola like hand washing and not touching, but be more vigilant.**



**A lactating woman should seek help promptly if she develops signs or symptoms of Ebola and have been in close contact with a sick patient or a person deceased with Ebola.**

**Other Important Advice during Pregnancy and Lactation (Picture 9.5)**



**Pregnant women need continue to take iron pills.**



**All pregnant women need to continue to attend antenatal care services at a safe clinic that provides comprehensive services.**



**Good nutrition is important for pregnant women and includes: consuming a diverse diet of fruits, vegetables, proteins, starches and fats; and eating an extra snack each day.**



**Pregnant women need to rest during the day.**



**Lactating mothers need to be encouraged and supported to continue to breastfeed their infants because breast milk is the best nutrition for babies.**



**Lactating mothers need rest, and good nutrition and extra daily snacks to maintain their breast milk supply.**



# Outline of Ebola-related Disaster Risk Reduction and Response Care Group Modules

**Tom Davis, MPH; Phil Moses, MPH; Elizabeth Murphy, MPH; Tanure Okogu  
Feed the Children**

**(November 11, 2014; modified 12/3/14)**

This document is the outline of a Care Group health promotion module on Ebola that a group of seven CORE Group members (led by Feed the Children) created in collaboration with other NGOs. The primary authors of the *outline* were Tom Davis and Phil Moses, Chief Program Officer and Senior Director of Health Programs for Feed the Children. This document was based on helpful review comments from Mary DeCoster (FH), Meredith Stakem (CRS), Debbie Dortzbach (WR), Carolyn Kruger (PCI), Jennifer Burns (IMC), Cindy Uttley (SP), Jenn Weiss (Concern Worldwide) and other members of the [CORE Group](#). These lesson plans are designed for use through Care Groups in countries that currently are using that model or that will be in the near future. (See [www.CareGroupInfo.org](http://www.CareGroupInfo.org) for more information on the Care Group model.) In the Care Group model, volunteer (unpaid) peer educators are chosen by a group of about 10-15 mothers with children 0-23m and pregnant women (organized into a *Neighbor Circle*) that they serve. These Care Group Volunteers gather together in groups of 12 (the *Care Group*) and are taught to promote behaviors every two weeks by a paid NGO or government Promoter. Samples of current Care Group modules (lesson plans and flipcharts) can be found [here](#). The format of the lesson plans should make it easy for other health professionals and volunteers to use, as well.

The Care Group meeting during which each lesson plan is used lasts about 90-150 minutes and happens every two weeks. During the meeting, the Promoter takes attendance, leads a discussion with the Care Group Volunteers, demonstrates how to use the flipchart to promote this week's behaviors, and then observes and coaches the volunteers as they practice using the flipchart in pairs. Stories, songs and demonstrations are usually integrated into the lessons.

Each module usually has about 8 to 16 lesson plans in it, and one lesson plan is used per Care Group meeting every two weeks. The lesson plan is primarily used by the paid Promoter (and sometimes literate CGVs) who models how to use the flipchart with the Care Group Volunteers. We wanted to develop lesson plans that do not require a larger group since some countries with Ebola banned group meetings larger than five people during the epidemic. Lesson plans indicate how to use the flipchart, and sometimes also include songs or stories. In addition to the lesson plans, the module includes pictures boxes for use in developing a flipchart that can be used by both the Promoter and the Care Group Volunteers.

In addition to these modules, we need to help those involved with Care Groups realize that they are part of the solution before there is even a problem. Local leaders and funders also need to hear this message. Rather than beginning with information, it is important to begin with the community empowerment that communities already have.

We need to remind communities and families that they already have much of what it takes to fight the virus, especially where Care Groups already exist. Where CGs do not exist, we can introduce the model and use them as a powerful way to encourage a new paradigm for some communities.

Eventually, we also hope to create checklists concerning what a person needs to do in each area of life during an active Ebola epidemic: feeding/eating; caregiving during illness; intimate relations; relations with neighbors; schooling; holidays; religious gatherings; conducting commerce; etc.

In addition to consulting official sources of guidance (e.g., from WHO, CDC), there are many unwritten assumptions that we took into account when putting together this guidance. In general, these guidelines focus most on (1) reducing transmission between families and households when Ebola cases are found in the country, and (2) reducing transmission within households only when someone is sick with any illness (since we believe that changing the way people in the same household touch and interact before Ebola has stricken someone in their household will be very difficult and unsustainable).

We invite organizations to test out the first four lesson plans (Lessons #5-9) which are being released with this outline and can be used in ***countries with an active outbreak of Ebola***.

Lessons #1-4 are currently in development (as of June 2015) for ***countries that are higher risk for future epidemics, but that do not have cases currently and did not have cases during the 2014/2015 epidemic in West Africa***. While some people may question whether people need to adopt changed behaviors prior to the first case arriving in higher-risk countries, we believe that we need to get started *now* in changing some behaviors if we expect to have communities "Ebola ready, resistant, and resilient." In particular, we need to create a "fire break" to stop transmission around cities and borders that have the most interchange with the countries that have had the largest outbreaks of Ebola in the past. Even if everyone is not yet ready to make some of the suggested changes, we feel that by promoting these behaviors now, it will be easier to make the change happen once people start hearing about cases near (or in) their communities. While we hope and pray that Ebola will not expand beyond the countries that have been most affected to date, we want to help communities to prepare themselves, and we have not heard of much being done to prepare communities for Ebola in non-affected (but high-risk) countries.

***These modules are not meant to replace informational materials available in active countries, but to add to those materials. We highly encourage practitioners to assure that all of the information and behaviors promoted in this draft module outline are in alignment with what official agencies (e.g., MOH, CDC) are promoting in your country, and to make changes to this generic module based on the situation and guidance in your country.***

We also hope to eventually modify the module based on the results of [Barrier Analysis](#) studies that have been conducted in several countries. (Feed the Children is working on a compendium of these studies that we hope to release by Fall 2015.) We also hope that this outline of topics will be useful to other governments, development practitioners, and communities as they create their own behavior change materials.



# CARE GROUP MODULE OUTLINE

## EBOLA READINESS, RESISTANCE, AND RESILIENCE

### (9 lesson plans)

**Lesson plans #1-4 can be used in high-risk countries BEFORE the first case is declared. These are the ones currently under development:**

#### **1. Care Groups and Ebola:**

- a. The basics: What have you heard about Ebola? Ebola is a disease caused by a very small virus that you cannot see. The first cases were spread from animals to people when people touched or ate bush meat or wild animals that had the virus, especially bats. Now, most people get Ebola from another person who has Ebola by touching them or their bodily fluids -- sweat, urine, feces, blood, vomit or semen. Ebola is named after the Ebola River in the Congo.
- b. Ebola kills about 50-90% of people who get it, but you can avoid it and there are things you can do if you get it to improve your chances of surviving the disease. Your Care Group Volunteer can help you to avoid Ebola and to know what to do if and when Ebola cases are found in your community.
- c. Communities with Care Groups often have more trust and confidence in each other. We need to draw on that trust and confidence to prevent and fight Ebola. As your Volunteer, I am linked to the local health facilities and community leaders, and can provide you with up-to-date information and skills to fight Ebola, should it appear in our country.
- d. Some of what you need to learn to fight Ebola, you may have already learned through past Care Group lessons – for example, hand washing with soap, use of latrines, purifying water, and proper cooking of foods. If you start or continue to do those things now, you and your family will be less susceptible to Ebola should it appear in our country.
- e. We need to help each other to do the right thing by speaking up directly but compassionately to others who are not practicing healthy behaviors that lower Ebola transmission. This can help save you and your family members' lives. Instruct gently.
- f. We need to look out for each other in our Neighbor Circle, assuring that we promptly identify anyone who is sick (with Ebola or any other illness with fever) and that we provide their families with what they need, safely. As volunteers, we will check in regularly with each family to assure that everyone is cared for. If you hear of someone that is sick, please send me word, but try to avoid contact with them (touching them or handling things they have touched) since Ebola is very contagious.
- g. We all need to collaborate with the MOH and other leaders in taking action now to make our families and communities Ebola resistant. If cases are found, we need to collaborate with leaders on "contact tracing" and collecting information, while not stigmatizing families.

## 2. **About Ebola and Transmission:**

- a. Ebola Virus Disease is a dangerous disease caused by the Ebola virus that kills 50-90% of the people who get it. The signs and symptoms of the disease are fever (39 degrees or higher) AND any of the following: severe headache, muscle pain, diarrhea, vomiting, belly pain, or unexplained bruising or bleeding. Only people who live in an area where there are cases of Ebola and have had contact with someone with Ebola, or that travel to those areas can get the disease. Some people – but very few – get Ebola from having eaten or touched bush meat or wild animals, especially bats or monkeys.
- b. The amount of time between when you have contact with someone with Ebola and the beginning of signs and symptoms is 2 to 21 days. People are not able to infect others until they start having signs and symptoms.
- c. Once the Ebola virus enters the body, it affects how the infected person's blood clots, and how the body fights infection.
- d. People (and animals) remain infectious from the moment they first have signs and symptoms and for as long as their blood/body fluids contain the virus. Those that recover from infection with Ebola cannot get that strain of Ebola again, at least for a minimum of 10 years. There is usually only one strain of Ebola in a country.
- e. Some people who get Ebola survive with proper care, but many do not despite our best efforts. With good care, more than half of people may survive. You can make the difference.
- f. The only way to know when there's an epidemic is through an official government announcement. Do not rely on rumors or hearsay. Only listen to information on Ebola from trusted sources, such as the Ministry of Health, other government ministries (that are working with international agencies), and organizations that are working with the Ministry of Health.
- g. If you think someone may have Ebola, the most important thing to do is direct them or take them to be examined, while avoiding touching them or their bodily fluids. There is a test that can confirm if a person has Ebola or not.
- h. If you cannot take the sick person to a care center (for example, if all are full), you will need to care for them at home safely. There are important things to do when you must care for a person with Ebola (rehydration, feeding) that we will discuss later.
- i. (The Volunteer should provide information that helps replace any harmful myths being repeated in the area, while trying *not to mention/repeat* those myths.)

## 3. **Prevention – What you can do now:**

- There are things you can do to keeping Ebola out of your body.
  - Use hand washing with soap (HHWS) at the four critical times (after defecation or handling a child's feces, before preparing food, before feeding a child, and before eating,,) and also after caring for anyone who is sick.
  - Cook all food properly/thoroughly.

- Treat drinking water at its point of use (e.g., in the home) , especially when using stored water.<sup>11</sup>
- Properly dispose of feces: Use latrines, and put all child feces in latrines. When a latrine is not available, bury feces. (Note: Include guidance on “flying toilets”<sup>12</sup>)<sup>13, 14</sup>
- You CANNOT get Ebola walking by a person who has Ebola or by walking by an area where there are people who have Ebola. Ebola is not transmitted by breathing.

#### 4. **Creating a Family Transportation, Communication, Treatment and Burial Plan for Ebola:**

- a. Each community should develop (now) an Ebola Readiness Plan that includes:
  - How people will be transported to a health facility or ETU without getting contaminated by the virus.
  - How people should communicate with family members and people with information on Ebola when cases are seen in your country. (Mention any current hot lines, phone trees or SMS services on Ebola in your country.) Share ways with the family that they can get accurate emerging information about Ebola.
- b. Each family should also develop an Ebola Care Seeking Plan in case someone in your family gets sick, including:
  - How family members will be transported to a health facility or ETU without getting contaminated by the virus (if no community plan is in place).
  - How people should communicate with family members and people with information on Ebola (mention any current hot lines, phone trees or SMS services on Ebola) when cases are seen in your country – follow the community plan.
  - How care will be provided at home if there are no open ETUs or other places to treat them – follow your community plan.
  - How people can safely grieve and take care of the remains of people who have died from Ebola (including through cremation), and include

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<sup>11</sup> While it seems clear that Ebola is not transmitted through public piped water systems and ground water, transmission would be possible by having unwashed, fecally-contaminated fingers making contact with water stored in the home (e.g., as the water is dipped out). This contamination of water is one of the reasons that POU water purification is often promoted even in homes that draw water from clean community sources.

<sup>12</sup> See [http://en.wikipedia.org/wiki/Flying\\_toilet](http://en.wikipedia.org/wiki/Flying_toilet) for more information.

<sup>13</sup> We have not included discussion of butchering/touching/eating bush meat, touching/handling other wild animals, and consuming fruit touched by animals. To our knowledge, contact tracing in Guinea, Liberia, and Sierra Leone only identified one person who got Ebola from an animal source. If this were to be included, messaging in some areas may be problematic. Back in 2004, [sampling meat from a random sample of 200 butchers in Nairobi](#), Born Free found that 25% of all meat sold was bushmeat, and 20% was other meats mixed with bushmeat. We have not seen any recent surveys on this, and it’s not clear what portion of the meat was labeled as such.

<sup>14</sup> We have not included guidance on breastfeeding given the current complexity of the advice (s. See flowchart in [http://files.enonline.net/attachments/2176/DC-Infant-feeding-and-Ebola-further-clarification-of-guidance\\_190914.pdf](http://files.enonline.net/attachments/2176/DC-Infant-feeding-and-Ebola-further-clarification-of-guidance_190914.pdf), and <http://www.cdc.gov/vhf/ebola/hcp/recommendations-breastfeeding-infant-feeding-ebola.html>.

alternate ceremonies that honor the dead, but help avoid transmission. Follow your community plan, and if there is not one, come up with your own plan.

- c. Have the talk **now** on these things. Talking about it does not make it *more* likely to happen – it makes it *less* likely to happen.
- d. (Discuss the different roles of people in your community and district/county regarding Ebola response.)

**Lesson Plans #5-9 (which are included with this document) can be used in countries AFTER the first case of Ebola is declared, and also in currently affected countries (with active Ebola cases). Some changes to the original outline provided below were made during development of each lesson plan.**

#### **5. Prevention Part 1 – what you can do during a declared epidemic:**

- a. (Explain to your Neighbor Circle and each household how we will meet together safely for these lessons according to the government protocols in your area.)
- b. Review the signs and symptoms of Ebola: fever AND any of the following: headache, muscle pain, diarrhea, vomiting, belly pain, or unexplained bruising or bleeding.
- c. Wash your hands with soap at critical times (review), when any person in your household is sick, and when you come into contact with anyone's bodily fluids (including sweat).
- d. Cook all food properly/thoroughly.
- e. Treat drinking water at its point of use (e.g., in the home) , especially when using stored water.
- f. Properly dispose of feces: Use latrines, and put all child feces in latrines. When a latrine is not available, bury feces. (Note: Include guidance on "flying toilets")
- g. Keep a distance from those who are sick, use new greetings, and keep a distance from others during meetings (including religious services): Do not shake hands, kiss, hug, or touch anyone outside of your household, and never with those who are sick, even if they are in your household.
- h. Do not eat from a common plate during the epidemic. Do not pre-chew food for children at any time. Mash up their food separately with a spoon, when necessary.
- i. If possible, have on hand soap, bleach, ORS packets, gloves, plastic bags, and a spray bottle. If infection prevention & control kits or home based care kits are being distributed, get one for your family.

#### **6. Prevention Part 2 – what you can do during a declared epidemic:**

- a. Ebola can be treated, and many people recover, especially those who seek treatment early. Early care seeking improves your chance of surviving. You can do the right thing and not infect your family by seeking treatment quickly when you have signs of Ebola.

- b. It is important to convince sick neighbors and other people who are sick to seek care. People who are sick can be heroes and take themselves to the health center so that family members and neighbors do not get sick. It is wrong to run and hide with this disease. Your legacy may be based on how you react when you get sick.
- c. It is important to not touch the sick person, their bodily fluids, or the things that they have handled.
- d. Bodies of people who have died from Ebola are very infectious, and you cannot always be sure of how someone died. As Ebola spreads, avoid funerals if the government tells you to do so. If funerals are permitted, do things differently: Avoid touching or kissing the body, the family members of the deceased, and anyone else who is attending the funeral. Keep a proper distance – at least one meter – from others. Talk with your community leaders about safe ways to show respect and love for those who are grieving without touching or kissing.
- e. You should expect to see people dressed strangely and other new things if Ebola comes to your community. These include people wearing protective equipment (gowns, mask, gloves, goggles, etc.) and the use of checkpoints to measure body temperature. Some travel may be restricted.

#### **7. Ebola Care Seeking and Management:**

- a. It is important to seek care immediately when you see signs and symptoms of Ebola. This improves the sick person's chance of surviving and decreases the chance that the disease will spread to friends and family members. The most important thing that you can do is to contact health officials about the illness. They may refer you for care. (Review key behaviors from earlier lesson.)
- b. There may be an Ebola Treatment Unit (ETU) near a primary care unit in your area. (Explain to the family the location of the nearest ETU and the support that the family will need to give to anyone admitted there.) Follow your transportation plan for your household (or community) to safely transport the person to the ETU.
- c. If you have no choice and must care for someone who is sick with signs or symptoms of Ebola, you should use any personal protective equipment that is available – masks, gloves, gown, goggles. You would need to spray that equipment with a 10% chlorine bleach solution (one part bleach to nine parts water, or with soapy water if bleach is not available) after each use. Only people who *must* interact with the sick person should do so – limit contact with others. If you care for someone with Ebola without using this equipment, it will be quite easy to get the disease.
- d. Those who have touched or have regularly been near a person (< 1 meter; 3 feet) who had Ebola (or their bodily fluids) without wearing personal protective equipment should remain apart from others for 21 days. This is called "quarantining." Avoid all contact with sick people's feces, vomit, urine, blood (including menstrual fluids), semen and saliva (all bodily fluids).

- e. Whenever possible, take the sick person to an Ebola Treatment Unit where the person will most likely receive paracetamol for fever, ORS or an intravenous solution to prevent dehydration, antibiotics to help prevent other infections, medicines to help the person maintain his/her blood pressure, and have their other signs and symptoms treated.
- f. It is fine to pray for the sick (without laying on hands for this illness), but this disease requires care by a health provider, as well. Prayer is not a *substitution* for treatment for this serious disease, but instead, can be used in *addition* to treatment.
- g. If a person has signs or symptoms of Ebola, and they must be treated at home:
  - Keep the person hydrated by giving them home available fluids (e.g., water, juice), and rehydrate them if they are losing fluids through diarrhea or vomiting by using oral rehydration serum. (Review how to make ORS.) If the person vomits when receiving ORS, wait 15 minutes and then give the ORS in teaspoonfuls. Continue feeding the person foods that they can eat.
  - Things that come into contact with the patient must be burned or disinfected. For things that have a sealed surface (where the virus cannot soak in), spray them with a 10% bleach spray and let them sit for 15 minutes before wiping and scrubbing down the surface. Bedding, clothing, and other dry infectious materials should be burned in a 1 meter x 1 meter pit after use. Bodily fluids and other wet infectious materials should be buried in a 1 meter x 1 meter pit.

## **8. Aftermath of the Illness – Recovery and Decontamination:**

*If the person dies:*

- a. Call authorities for safe burial/cremations. The body will be very contagious.
- b. Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.
- c. Do not wash, kiss or handle the body – practice “safe mourning”. If you do attend funerals or burials (which is not recommended), keep at least one meter (3 feet) from others at the funeral and/or burial. Avoid touching: avoid kissing, hugging, or shaking hands. While we need to be compassionate towards families who are grieving, it is important to come up with alternate ways to say goodbye to the person and to comfort the family without spreading the disease, which can lead to more deaths. Funerals are one main way that this disease has spread in other countries.
- d. Remember to decontaminate with a bleach spray or dispose of the sick person’s personal effects after a death. The person’s bedding – which will have come into contact with their sweat and other bodily fluids – should be burned. Contaminated areas (floor, nearby walls, surfaces) should be sprayed with a 10% bleach solution.

*If the person lives:*

- e. A person is not infectious after declared well by a health professional and they have not had any signs or symptoms for seven days or more. They cannot transmit the disease through casual contact (e.g., shaking hands), although it's good to avoid contact with other people's bodily fluids, in general. A person is also considered to have fully recovered when they have gone 72 hours (3 days) without fever AND are able to walk, eat and care for their self AND it has been at least 21 days from the first onset of signs or symptoms.
- f. Ebola is carried in the semen for up to three months. Men and women should practice sexual abstinence for at least three months after recovering from EVD, or always properly use a condom. Since condoms sometimes tear or spill, it is much safer to be abstinent during this three-month period.
- g. Avoid stigmatizing survivors: People who survive Ebola cannot get the disease again for at least ten years. They can also be heroes in their community by helping others who have the disease.
- h. Children who were around people with Ebola and do not have fever can be taken in by others. However, their temperature should be taken regularly to assure that they do not have a fever, and they should be watched for other signs or symptoms. If they have signs or symptoms of Ebola, follow the same advice as for adults and get them to an Ebola Treatment Unit. Remember – those without signs or symptoms are not infectious.

## **9. Psychosocial Care and Caring for Orphans, Survivors, and Affected Family Members**

*How to help vulnerable groups in your community:*

- a. *Recently orphaned children:* Ensure that they have the shelter, protection, nutrition, health care, and psychosocial support that they need.
- b. *Families who are caring for a member with Ebola:* Provide them with food, water, and other supplies. If they have signs or symptoms, decontaminate any returned items (e.g., food containers) with 10% bleach spray before handling.
- c. *For pregnant women and lactating mothers:*
  - Provide extra protection for pregnant women and lactating mothers and children by keeping them away from crowds and public transportation, and assisting them in developing hand washing stations and drinking water treatment.
  - Assist pregnant women to receive antenatal care.
  - Encourage non-exposed mothers to continue breastfeeding.
- d. *For the elderly and disabled:* Help ensure that their needs are met for shelter, protection, nutrition, and medical care. They are at risk of being abandoned because of deaths of caretakers.