

Bridges of Hope

Liberia Edition



Facilitator's Guide

January 2015



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- **Elizabeth Serlemitsos** (Liberia Ebola Program Director, CCP)
- **Marietta Yekee & Teah Doegmah** (Social and Behavior Change Communication Program Officers, CCP Liberia)
- **Katie Frank, Kathryn Bertram, Najmeh Modarres, Anna Helland** (CCP)
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| <u>Name</u> | <u>Position</u> | <u>Organization</u> |
|---------------------|---|-------------------------------|
| Tamba Bomia | Director | Community Health/MOHSW |
| Kao J. Davis | Coordinator Social Mobilization | NHPD/MOHSW |
| Teah Doegmah | SBCC Program Officer | CCP |
| Lannah V. Jawara | Assistant Coordinator | NHPD/MOHSW |
| William Karloweah | BCC Officer | NLTCP |
| Flourish Z. Karnue | Assist Communication Officer | EPI/MOHSW |
| Joseph Kovago | Child Survival focal person | Margibi CHT |
| Varney C. Massaquoi | HP focal person | Cape Mount CHT |
| Regina N. Moore | Essential Nutrition Actions Coordinator | Nutrition Division, MOHSW |
| Alice Peters | Nurse | EPI |
| David B. Saizay | Assist Director | CHSD/MOHSW |
| Korto Suakollie | Survivor/Nurse | MOHSW |
| Angeline Tarr | Communication Officer | EPI/MOH |
| Joseph P. Tubman | Coordinator | Breast Feeding Advocacy Group |
| Marietta Yekee | SBCC Program Officer | CCP |
| Richard Zeon | Deputy Director | NHPD/MOH |

For enquires about this toolkit please contact the HC3 project:

The Health Communication Capacity Collaborative (HC3)

Johns Hopkins Bloomberg School of Public Health

Center for Communication Programs

111 Market Place, Suite 310

Baltimore, MD 21202

Telephone: 410-659-6300 | Fax: 410-659-6266

Email: CCPinfo@jhu.edu

Acronyms

| | |
|--------------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| BBC | Behavior Change Communication |
| CCP | Johns Hopkins Center for Communication Programs |
| CDC | Center for Disease Control and Prevention |
| CHSD | Community Health Services Division |
| CHT | County Health Team |
| ENA | Essential Nutrition Actions |
| EPI | Expanded Program for Immunizations |
| ETU | Ebola Treatment Unit |
| EVD | Ebola Virus Disease |
| gCHV | General Community Health Volunteer |
| HC3 | Health Communication Capacity Collaborative |
| HIV | Human Immunodeficiency Virus, the virus that causes AIDS |
| HP | Health Promotion |
| IPC | Infection Prevention Control |
| MOHSW | Ministry of Health and Social Welfare |
| NGO | Non-governmental Organization |
| NHPD | National Health Promotion Division |
| NLTCP | National Leprosy and Tuberculosis Control Program |
| SBCC | Social and Behavior Change Communication |
| STI | Sexually Transmitted Infection |
| USAID | United State Agency for International Development |

Summary

Overall Objectives

By the end of the training using the *Bridges of Hope* kit, participants will:

- Be motivated to act in ways that help their community to become and remain healthy and Ebola-free.
- Understand how Ebola is transmitted and how to minimize the risk of Ebola transmission.
- Be able to identify symptoms that may indicate Ebola infection.
- Understand what they can safely do to support someone who has Ebola symptoms, to improve the person's chances of survival.
- Know what to do to ensure a safe burial if someone dies of Ebola.
- Welcome and support Ebola survivors, recognizing that they pose no threat and, in fact, have a valuable role to play in helping to prevent and treat Ebola cases in their community.
- Support and not stigmatize those who have lost family members to Ebola.

How does *Bridges of Hope* achieve these objectives?

When learning, it is said that...

I hear ...

I forget

I see ...

I remember

I do it / experience it ...

I can apply it practically

- The activities in the *Bridges of Hope* Training kit involve participants in a way that goes far beyond just discussing and understanding the issues. They create **learning experiences** which 'touch the heart, not just the head,' and which participants can apply in a practical way to their own health, wellness and response to Ebola-related issues.
- The activities do not just give information about what you should or should not do. They explain and demonstrate *why*. If people understand *why* they should do something, they are more likely to remember and follow instructions.¹
- *Bridges of Hope* shows us how what we do now to prevent or survive Ebola will help us to reach what we want and value in our lives – our goals and dreams.
- *Bridges of Hope* can be used effectively both in formal training sessions and in community outreach, at markets, taxi stations, or any informal gathering.
- The activities are designed for groups of 10-40 people, though they can be used effectively with smaller or larger groups.
- All *Bridges of Hope* activities work well with both literate and non-literate participants.

¹ Omidian P et al; *Medical Anthropology Study of the Ebola Virus Disease (EVD) Outbreak in Liberia 2014*

Sections and Activities

For each activity, its learning objectives, the key issues it addresses, and the approximate time needed to facilitate it are shown on pages 7 and 8.

The nine *Bridges of Hope* activities are grouped into three sections as follows:

Section A: The Ebola-free Future We Want, and Ebola Issues We Face

Activity 1: Bridges to the future you want starts by focusing on what we each want and value in our lives - the goals and dreams we have for our future, including for Ebola-free communities. This provides a motivating focus for understanding and dealing with a variety of issues including Ebola.

The island, the dangerous animals and the bridges can mean different things for different issues. For Ebola, the meaning is as follows:

Island – The island represents the goals and dreams we have for ourselves, our families and our communities, including being healthy and Ebola-free.

Crocodiles, sharks and hippos – These dangerous creatures can represent Ebola and other problems and challenges that different people face in life.

Bridges - The bridges are ways of avoiding or dealing with these dangers and threats so that you stay healthy and reach the future you want. For Ebola, the three colors of the bridges are:

- Blue = Ebola prevention
- White = Ebola-free
- Yellow = Care and Support

Activity 2: Card character stories enables participants to share the ideas and fears they have about Ebola, by creating stories of card characters they select. It reveals to the facilitator the particular needs and issues to be addressed with that group. It also allows the group to identify ways of addressing the issues raised in the stories.

Section B: Ebola Transmission, Prevention and Treatment

This section explains and clarifies a lot of information about Ebola, how it is passed on, how to prevent it and how it can be treated to improve the chance of survival.

Activity 3: What happens in the body uses a short drama sketch to demonstrate in a simple, memorable way what happens in the body at different stages after someone becomes infected with Ebola, as follows:

- Stage 1: Latent Ebola (2 to 21 days)
- Stage 2a: Active Ebola, person dies
- Stage 2b: Active Ebola, person survives
- Stage 3: Recovery period
- Stage 4: Fully recovered, with long-term immunity

The activity clarifies issues for preventing transmission at each stage, and for improving the chance of survival.

Activity 4: Risk ranking clarifies the level of risk of Ebola transmission in a range of different situations, and that contact with an Ebola survivor is not risky at all (except for unprotected sex during the 3 months after infection). The facilitator sets up three Risk Level positions: No Risk, Low Risk and High Risk. For each 'Action Statement' read by the facilitator, participants move according to how risky they think that action is for Ebola transmission. Facilitated discussion explores and clarifies what does and does not put someone at risk Ebola transmission and why.

Activity 5: Forum theatre: What if a family member has Ebola symptoms uses interactive drama to build skills and practice applying the knowledge from Activities 3 and 4. A prepared drama presents what is clearly a bad way to respond to a family member with Ebola symptoms. This challenges participants to suggest, demonstrate and practice better ways of responding, by taking the role of the family member.

Section C: Ebola Survivors, Stigma and Support

This section starts with the fun, energizing **Activity 6: In the river, on the bank**. Everyone participates in a quick game and then discusses what the game means and how it relates to issues around stigma and Ebola. This gets participants to reflect on the stigmatizing attitudes they may hold.

Activity 7: Ebola survivors uses a selection of five photos and case studies of survivors in Liberia to improve understanding of what it is like to suffer from and survive Ebola and then face stigma and isolation from family members, communities and employers. It emphasizes that Ebola survivors pose no threat and that they have a valuable role to play in the response to Ebola. One of the case studies offers a model for celebrating the return of survivors and re-integrating them into the community.

Activity 8: Forum theatre: Supporting Ebola survivors and those who have lost family members to Ebola uses the same interactive drama technique as Activity 5, but applied to building skills and strategies to support Ebola survivors and those who have lost family members to Ebola.

Activity 9: Male and female condom use uses demonstrations and practice to build the practical skills for proper use of both male and female condoms to help minimize the risk of Ebola transmission through sex during the three month period after survival and also helps to prevent sexually transmitted infections (STIs), HIV and unintended pregnancies.

How to adapt the activities to address other health issues

These activities can also be used for exploring a variety of other health and wellness issues. Depending on what you want to focus on, you can adapt the content to discuss other health challenges in the community such as access to health care, Malaria, Pneumonia, Cholera, Tuberculosis, HIV and unintended pregnancies.

Ideas for how to use the activities or continue discussing other health issues with the community can be found at the end of each Activity.

Objectives for each Activity

| # | Activity Title | Objectives After taking part in this activity, participants will: |
|--|---|--|
| Section A: The Future We Want, and Ebola Issues We Face | | |
| 1 | Bridges to the future you want | <ul style="list-style-type: none"> have imagined and described the future they want for themselves, their family and their community. have shared a vision for the future of their community, including being healthy and Ebola-free. |
| 2 | Card character stories | <ul style="list-style-type: none"> have identified and discussed some of the experiences, concerns, beliefs and issues about Ebola and its effect on family and community relationships. have shared some ideas and strategies for addressing these issues. |
| Section B: Ebola Transmission, Prevention and Treatment | | |
| 3 | What happens in the body | <ul style="list-style-type: none"> understand in a simple way the different stages of what happens in the body after someone becomes infected with Ebola. be able to recognize symptoms of Ebola. understand why it is important to call 4455 and seek good medical treatment straight away. understand why the body of someone who is sick with or has died of Ebola is highly infectious and should not be touched by anyone who is not trained and equipped to do so. |
| 4 | Risk ranking | <ul style="list-style-type: none"> be clear about how Ebola is and is not transmitted, which interactions are safe and which are not safe. be able to explain the level of risk of Ebola transmission in different situations. be clear that social contact with an Ebola survivor is not risky and that only unprotected sex during the 3 months after infection is risky. |
| 5 | Forum theatre: If a family member has Ebola symptoms | <ul style="list-style-type: none"> have developed their knowledge, skills and strategies to respond in a safe and effective way to a family member in their house who is showing symptoms of Ebola. |
| Section C: Ebola Survivors, Stigma and Support | | |
| 6 | In the river, on the bank | <ul style="list-style-type: none"> understand the importance of supporting each other and not stigmatizing those who may be different in some way, including those who may have had Ebola themselves or in their family. |
| 7 | Ebola survivors | <ul style="list-style-type: none"> recognize some of the assumptions and judgments they may make about who is or is not an Ebola survivor. have better insight into the issues faced by survivors, including fear, stigma, and isolation by their communities. understand what can help someone survive Ebola. value the role that survivors play in addressing Ebola issues. welcome and support Ebola survivors returning to their community. |
| 8 | Forum theatre: Supporting Ebola survivors and those who have lost family members to Ebola | <ul style="list-style-type: none"> have developed understanding, skills and strategies to support Ebola survivors and those who have lost family members to Ebola. |
| 9 | Male and female condom use | <ul style="list-style-type: none"> understand what condoms are, how they work, the different types available locally, and where to get them have the skills to make proper use of both male and female condoms understand the importance of condom use for Ebola survivors during the first 3 months after testing Ebola free understand that condoms can help prevent infection from HIV, STI's and unplanned pregnancy |

Issues addressed by each activity and time required

| Activity No. | Activity | Issues this activity can address | | | | | | | | | Approximate Time needed (minutes) |
|--|---|--|---|---------------------------------|--|-------------|--------------------------------|-----------------|--------------------|------------|-----------------------------------|
| | | Motivating prevention and survival behaviors | Ebola transmission, signs and symptoms and prevention | Immune system response to Ebola | Caring for someone with Ebola symptoms | Safe burial | “Contacts” and contact tracing | Ebola survivors | Stigma and support | Condom use | |
| Section A: The Ebola-Free Future We Want, and Ebola Issues We Face | | | | | | | | | | | |
| 1 | Bridges to the future you want | X | X | | | | | X | | | 30 |
| 2 | Card character stories | X | X | | X | X | X | X | X | | 30 |
| Section B: Ebola Transmission, Prevention and Treatment | | | | | | | | | | | |
| 3 | What happens in the body | | X | X | | | | X | | | 30 |
| 4 | Risk ranking | | X | | | X | X | | X | X | 30 |
| 5 | Forum theatre: If a family member has Ebola symptoms | X | X | | X | X | | | | | 30 |
| Section C: Ebola Survivors, Stigma and Support | | | | | | | | | | | |
| 6 | In the river, on the bank | | | | | | | | X | | 10 |
| 7 | Ebola survivors | X | X | X | X | | | X | X | | 20 |
| 8 | Forum theatre: Supporting Ebola survivors and those who have lost family members to Ebola | | | | | | | X | X | | 30 |
| 9 | Male and female condom use | | X | | | | | X | | X | 30 |

Contents of a *Bridges of Hope* Kit

| Item No. | Description |
|----------|---|
| 1 | <i>BRIDGES OF HOPE FACILITATOR'S GUIDE</i> |
| 2 | NARROW BRIDGES - 2 Fold-up sticks ('bridges'), 1.7 meters long, one blue/white, the other yellow |
| 3 | CROCODILES - 2 Laminated card crocodiles |
| 4 | HIPPOS - 2 Laminated card hippos |
| 5 | SHARKS - 2 Laminated card sharks |
| 6 | ISLAND - Laminated A4 drawing of an 'island' |
| 7 | CARD CHARACTERS - A set of 16 laminated card drawings of colorful characters |
| 8 | IMAGES OF "EBOLA" AND "ANTIBODY" for Activity "What happens in the body" - A4 laminated with punched hole each side and ELASTIC or STRING attached |
| 9 | EBOLA SURVIVORS – 5 Laminated A4 photos of people who have survived Ebola, with their stories on the back of each photo |
| 10 | SAFE BURIALS Flip book |
| 11 | EBOLA signs and symptoms poster |
| 12 | RISK LEVEL CARDS – 3 laminated cards with: <i>High Risk</i> , <i>Low Risk</i> , and <i>No Risk</i> |
| 13 | CONDOM DEMONSTRATOR – a penis model which can be used, where appropriate, to help demonstrate and practice using both male and female condoms |
| 14 | CONDOMS – Male and female condoms |
| 15 | A4 FOLDER – For packing all laminated card items |
| 16 | FEEDBACK & CERTIFICATION PACK - A small file with forms for facilitators to complete and submit, to provide feedback and to become <i>Bridges of Hope</i> Certified Facilitators. |
| 17 | BAG – A <i>Bridges of Hope</i> bag to carry all these items. |

Facilitators may need to provide the following items to facilitate some of the activities:

- *Things Everyone Should Know and Do* – General Community Health Volunteer (*gCHV*) *IPC training* Flip book (optional for Activities 3 & 4)
- Sticks of chalk, string, tape, or sticks (to draw the 'body' for Activity 3 if the floor is solid.)
- A bottle of water (Activity 3)
- Additional male and female condoms (Activity 9)
- Tissue paper (for use with Activity 9)

Layout of this Facilitator's Guide

In this Facilitator's Guide, the general notes for facilitating a session are in normal type like this.

In some places, a sample script is provided in italics like this. This gives you some ideas for what to say when facilitating a session, but it works best if you develop your own way of delivering the ideas and examples, using language with which you and your participants are comfortable.

The activities are in a logical sequence, and if you have time (about 4 hours or half of a day) you can run a program that goes through all the activities in order. However, each activity works well on its own, and depending on the time available and the needs of your participants, you can pick just one activity or section to use.

This is a Facilitator's Guide - not a rulebook!

How to be a Good Facilitator

When using *Bridges of Hope* activities, your role is to **facilitate** a learning process in which your participants work out and develop their own understanding of Ebola issues and how to address them.

Facilitating is different from teaching. Teaching involves passing on 'expert' knowledge to others. You may do a little bit of teaching, when you know something that none of the participants do. However, participants learn much more from these activities if you let them do most of the talking and come up with their own answers.

The role of the facilitator is to:

- **Listen** carefully at all times.
- **Guide** the group and keep discussions focused – don't let it stray too far from the subject of the session.
- **Control** those who talk too much.
- Ensure that everyone has a chance to **participate** – make sure quiet participants have an opportunity to speak and get involved too.
- **Summarize** the discussion from time to time and at the end of a session.
- **Share leadership** – a session often works better if there are two facilitators, supporting each other and taking turns to lead.
- **Be ready to translate** – in meetings, use the language(s) that your group feels most comfortable with so that everyone can join in the discussion.

Facilitation skills are something you can learn and practice; you don't need to be an expert. Here are some suggestions and ideas for helping you to be a very good facilitator:

Preparing yourself before the session

- ◆ Find out what you can about the needs and issues of the participants. Who are they and how many will be attending? What do they already know about Ebola? What particular issues and needs do they have? What do they want or expect from you and this training? Try to get some answers to these questions before the training sessions, so that you can plan properly.
- ◆ Read through the notes for the different activities. **Plan** which activities you will use, and in what sequence. Think how you might adapt them to make them more relevant to the needs and issues of your participants.
- ◆ **Practice** what you will say, on your own or with a friend. Practice using and demonstrating the materials.
- ◆ Be clear in your own mind what you want to achieve by the end of the session.
- ◆ Plan how you will get feedback from participants to help you evaluate the session. (The 'At the end of a session' notes below include some sample feedback and evaluation questions for participants.)

Preparing materials and the training area

- ◆ Make sure you have all the materials you need for a session.
- ◆ Make photocopies of any handouts you want to give out to participants, such as:
 - Male Condom Use for Ebola Survivors (page 64)
 - How to use a Female Condom (pages 65-66)
- ◆ Go to the training room or meeting place at least 15 minutes before the session is due to start.
- ◆ Set up the area where the training will take place. Push any desks or tables to the side of the room. Arrange chairs in a circle or a semi-circle around an open 'demonstration area' which everyone can see. These exercises work best if everyone can sit (or stand) in a circle or semi-circle to:
 - show that we are all equal and the views and experiences of one person are as valuable as another's.
 - allow everyone to see everyone else's face and hear them clearly.
 - show that this is different from "teaching", where everyone faces the same way to look at the "expert" who knows all the answers.
 - create a more relaxed, informal atmosphere.

At the beginning of the session

- ◆ Greet each person as they arrive.
- ◆ Be friendly. Smile!
- ◆ Welcome participants and introduce yourself.
- ◆ Explain the purpose of the session and what participants can expect to get from it.
- ◆ If this is a follow-up session, do a recap or summary of the last meeting. This is necessary because people may forget what was shared and discussed, and some may have missed the last meeting.

- ◆ Ask participants to complete the attendance register (in your Feedback and Certification pack, see also Appendix 3, page 71).
- ◆ Check that everyone understands the language you are using. If not, find someone to translate.
- ◆ Agree with your participants some guidelines for working together, such as:
 - start and end on time.
 - respect each other's views.
 - have only one person speaking at a time.
 - give everybody an opportunity to participate in discussions.
 - keep any personal things that others in the group tell us confidential.
- ◆ If you think it will help, use an icebreaker or energizer to get participants relaxed and engaged. There are a few examples of these on pages 14-15.

During the session

- ◆ **Listen** carefully to what participants say and get participants to listen to and appreciate each other's contributions.
- ◆ **Observe body language** and try to understand what it means.
- ◆ Help each participant to feel that his/her contribution is important.
- ◆ **Encourage** participation by the members of the group, i.e. by helping them to talk about ideas, feelings, experiences, rather than telling them what is right and wrong, or criticizing.
- ◆ Allow people to "think aloud" and find out what they believe and value.
- ◆ **Show interest and respect** for the views other people have, even if you disagree with them personally.
- ◆ If the energy level of the group drops, use an energizer. Some examples are given on pages 14-15.
- ◆ If a participant says something you disagree with, first ask the rest of the group: "What ideas do other people have on this subject?"
- ◆ Be **honest and open** in answering questions from participants and colleagues. If you don't know something, say so, and then find out the answer so that you can give correct information next time you meet.
- ◆ Understand that the way an answer is reached is often as important as the answer itself. If your participants work out an answer themselves, they learn much more than if you just tell them.

| | |
|--|---|
| ◆ Ask open-ended questions that encourage the group to talk in detail, such as ... | ... unlike closed questions that only produce Yes and No answers. |
| <ul style="list-style-type: none"> • What are the different ways we can support people with Ebola in their home? • What are the things that make it possible for you to work as a group? | <ul style="list-style-type: none"> • Can we support people with Ebola in their home? • Is it possible to work as a group? |

At the end of the session

- ◆ **Summarize** the major points and results of the discussion.
- ◆ **Get evaluative feedback on the session and your facilitation of it.** Good facilitators always invite and welcome honest, specific feedback, because this helps them to improve and make their next session even better. During the session, you can get a lot of feedback from observing how the session is running and the reactions of participants. At the end of the session, you can get further feedback, either written or verbal.
 - Written – Ask participants to complete a short written **evaluation / feedback form** before they leave the session, with questions like those in the box below.
 - Verbal – Ask for **verbal feedback** to such questions, from individuals or small groups of participants.

Session feedback and evaluation questions for participants

1. What was, for you, the most valuable thing you learnt this session?
2. Which activities did you like, and why?
3. Which activities did you not like, and why? How could these be improved?
4. Comment on the way the session was organized and run. What was good? What could be improved?
5. What questions and issues do you still have about Ebola?

- ◆ Explain what will happen next (e.g. will there be another / follow-up session).
- ◆ Let participants know how they can contact you and/or a local Ebola expert if they want more information or to discuss the issues they have around Ebola in more depth.

After the session

- ◆ Review and evaluate the session with others who observed or facilitated with you. Reflect on the feedback from participants. Discuss what worked well, and what you could do to make it even better next time.
- ◆ Complete the Session Review Form for that session (in your Feedback and Certification pack, see also Appendix 3, page 71).
- ◆ Make any follow-ups from the session, such as:
 - Find out information you did not know when asked during the session.
 - If any of your participants seemed distressed or confused about particular Ebola issues, contact them during the following few days to see if they want to discuss their issues further.
- ◆ If possible, plan with the group to meet again a few weeks after your program with them has finished, in order to review and evaluate how they have applied the *Bridges of Hope* training you delivered.

Certification

You can become a **certified *Bridges of Hope* Facilitator** by facilitating at least 5 sessions using the activities in this kit and completing and returning the Feedback and Certification forms included in your kit. The forms are also in Appendix 3 if you need to make copies. Complete the forms and submit to your supervisor to be eligible to receive a certificate.

ICEBREAKERS & ENERGIZERS

We suggest you use these and other icebreakers and energizers you know to:

- get everyone relaxed and interested in the session at the beginning.
- change and liven up the mood of the group, for example after a long discussion, when some participants are looking tired.

1. My name is ... and I love to ...

This is a fun way of getting participants to introduce themselves. Everyone stands up in a circle. Ask everyone to think of something they love doing, and an action that goes with it (e.g. playing football, cooking, dancing). One person steps forward and says “My name is and I love to” (with an action), then steps back. Everyone else then steps forward together and repeats exactly what the person just said and did with the same expression, intonation and actions. Each person (including facilitators) takes their turn at introducing themselves in this way, followed by everyone else imitating their introduction.

2. One stamp clap

1. *Everyone stand up, move around and find a partner. In your pairs, count 1,2,3,1,2,3 alternately (demonstrate with someone).*
2. *Split up, move around, find another partner. Repeat in new pairs, but replace the 3 with a clap i.e.*
Person A: “One” Person B: “Two” Person A: claps
Person B: “One” Person A: “Two” Person B: claps
Person A: “One” etc.
3. *Split up, move around, find another partner. Repeat in new pairs, but replace the 2 with a stamp, i.e. “One”, Stamp, Clap.*

3. Mime a lie

Everyone stands in a circle. The facilitator starts by miming an action. The person on the facilitator’s right asks the facilitator “What are you doing?” The facilitator replies that they are doing something completely different, e.g. the facilitator mimes swimming and says, “I am washing my hair.” The person to the facilitator’s right has to mime what the facilitator said they were doing (washing their hair), but when the next person asks, “What are you doing?” the person performing the action must say they are doing something completely different. Continue until everyone has had a turn.



4. Move if...

One person (the “caller”) stands in the middle; all others are seated in a circle or semi-circle. Remove spare chairs or seats, so no seat is available for the caller.

Caller says “Move if ...” and gives a category. It can be anything, such as “you are female,” “you have children,” “you are wearing something blue,” “you know someone who has survived Ebola,” or “you like to eat fish.” All those who fit the category should move quickly to a different seat, and

the caller sits down in one of the vacated seats. The person left standing without a seat becomes the next caller and says “Move if...” using a different category.

Note that this energizer can also be useful for finding out things about the group and for mixing up a group of participants.

5. Foot in mouth

Instruct your participants as follows, and demonstrate the actions as you explain:

All stand up. Put both your hands on your head and imagine that you can unscrew your head and take it off your shoulders. Lift your head gently off your shoulders, bring it down carefully and put it so that you are holding your head under your left arm. Now lift up

your right foot. Stretch down with your right hand, take hold of your right foot and unscrew it so that it comes off of your leg. Lift up your foot and put it in your mouth.



Watch as most participants move their right hand up to their mouth. Then demonstrate that, as their head is now under their left arm, that that is where they should put their foot.

THE ACTIVITIES

Section A: The Future We Want, and Ebola Issues We Face

ACTIVITY 1: BRIDGES TO THE FUTURE YOU WANT

Objectives

After taking part in this activity, participants will have:

- imagined and described the future they want for themselves, their family and their community
- shared a vision for the future of their community, including being healthy and Ebola-free

Summary

Each participant imagines and creates a future vision, which represents how they would like things to be for themselves, their family and their community. They share these ideas and identify agreed common goals for the community.

Time: About 30 minutes

Materials

- Picture of an island
- Pictures of 2 crocodiles, 2 hippos and 2 sharks
- 2 wooden stick bridges
- Card character(s) for Step 4 (optional step)

How to run this activity

Step 1. Use an icebreaker or energizer

Use an icebreaker or energizer (from pages 14-15). “My name is... and I like...” is a good one to start the first session.

Step 2. Introduce what *Bridges of Hope* is about

Explain to participants that:

The activities you are about to participate in will help you to stay healthy and achieve what you most want and value in your life – your goals and dreams.

We will first focus on your goals and dreams. Then we can start exploring how to get there, including how to overcome the problems and challenges we face in life, including Ebola and other health issues that are affecting the community such as Cholera, Malaria, HIV, unintended pregnancy.

The session will be fun and interactive, and you will get the most out of it if you participate fully.

Step 3. Introduce the island and why it is so important to have a future focus

Explain to participants:

This activity will help you to imagine and create a vision of how you would like things to be at some point in the future—for yourself, your family and your community. We will represent this vision we each have as an island we would like to get to.

Show all participants the picture of the island, and place it on the ground where participants can see it.

Having a clear vision and focus on the future we want helps us to do what we need to do now. For example:

- If someone has a vision of being a successful and productive farmer in two years' time, this will help him or her to put enough seed aside to plant next year, even if there is a shortage this year and pressure to eat more now.
- If someone has a life-threatening disease like Ebola, HIV or malaria but they are determined to live and achieve their dreams for the future (instead of mentally throwing away their dream and assuming they will die), this determination and focus helps them to do everything possible to survive.
- If as a community we have a clear shared vision of the productive and healthy future we want, it will help us to work together to achieve this goal.



Step 4. Give an example of a future vision (optional step)

Give an example of a motivating vision that someone might have for the future. The example you choose should be one that your participants will relate to well. This could be:

Either:

Your own personal example

Describe how you want your future to be. Describe your desired future as if you are there now, for example

It is now 2017. I am strong, healthy and successful. My work is going really well and I feel very proud of my achievements, such as ensuring a great education for all my three children. We have been Ebola-free since early 2015, and everyone knows exactly what to do to prevent any new case from spreading.

Or:

An example you create using one of the card characters

Pick one of the card character pictures and create a story about the future dreams of this person. Put some feeling and emotion into your description, so that you show the excitement this person has about their goals and dreams.

The card character and the example you choose should be one that your participants will relate to well. If your participants are mainly girls or young women, you might use an example of a girl who imagines her future as a qualified and highly respected nurse or doctor in her community.

If your participants are mainly boys or men, you could use one of the card characters such as the young man shown here. In this facilitator's guide we will call him John, but ask participants to can give him their own name, and use the name they give him. Here are some ideas for what you might say about him:



Let us take John as an example. When John thinks about the future he wants, about five years from now, he imagines a large football stadium. His favorite football team Barrack Young Controllers is playing and he is there on the football field playing as part of the team. He can taste the sweat pouring down his forehead. He runs forward and scores the winning goal.

He hears the crowd cheering loudly. He sees his friends there waving and clapping. He feels great. His coach tells him that he is selected to join the Lone Stars. He leaves the stadium and goes home a very happy young man. As John approaches home his young son runs out to greet him and gives him a big hug. He is married with two healthy children. John enters his house and embraces his wife, feeling her warmth and love. It's a wonderful feeling.

Pick out a female character such as this one (who I am calling Mary, but use the name given to her by the participants). Continue:



Then John turned to his friend Mary and said to her excitedly; "I have just imagined my future where I am playing football and scoring the winning goal for BYC. Isn't that great!"

"But I don't like football," said Mary.

*"That is **my** future island," said John. "Your future island will be different, and personal to you. Each person must imagine and create their own future."*

Step 5. Imagine your future as you want it to be

Clarify that the example you gave is just one person's future vision, and that each individual has their own personal dreams and goals, which may be very different. Get participants to relax and sit comfortably. (The imagination works more freely when relaxed so encourage participants to **be relaxed** when imagining the future they want.) In a soft, relaxed tone, slowly read the following, or use your own words. Pause between sentences, so that participants have time to think, reflect and imagine their future as they would like it to be.

You can each create your own future. Make yourself comfortable, relax and imagine your future as you would like it to be. You may find it helpful to close your eyes. Imagine how you would really like things to be in the future—choose a time, maybe two to five years from now. Imagine being there now. You are very healthy and everything is going well for you personally and also for your family and your community. What can you see? What can you hear? What are others saying about what you have achieved? How do you feel? What are you doing? What skills have you developed? What is important to you? What words would describe the kind of person you have become?

Step 6. Describe to someone else your vision of how you want your future to be

Ask participants to:

*Get into pairs. Imagine that you have already achieved your vision. Describe your vision to the other person, as though you have already achieved it and **you are there now**.*

When one of you has finished, change roles, so the other one has a chance to describe their future vision.

Step 7. Share and discuss what people want in their community (optional step*)

Ask everyone to share their ideas about how they want things to be different in their community in one year's time. Develop a shared community vision for the future.

*Discussing a community vision for this activity may depend on the type of group you are engaging. For example, conducting the activity with a group of young people will be different than a group of community leaders.

Step 8. Lay out the island and dangerous animals

Lay out the island about two meters from you. Then lay out the hippos, the sharks and the crocodiles on the ground below in-between you and the island.

Step 9. Introduce the blue/white bridge and demonstrate walking and falling off it

Ask:

How can we get safely past these dangerous creatures to the island? What can help us?

When someone suggests a bridge, lay the blue/white bridge between the crocodiles and hippos, so that the white end just touches the bottom of the island (Fig 1).

Explain:

To get to this attractive island, you have to walk across this bridge, taking small steps all the way.

Demonstrate trying to walk on the bridge yourself, starting at the blue end of the bridge, and taking very small steps. Deliberately allow yourself to fall off (Fig 2a).



Fig 1



Fig 2a: Falling off the single bridge

Step 10. Encourage participants to try walking the blue/white bridge

Say to participants:

I fell off the bridge. Who can do better than me?

Get all willing participants to try walking the length of the bridge taking small steps from the blue end to the white end of the bridge, as shown in Fig 2a.

When someone manages to cross the bridge properly and reach the island, get everyone to clap for that person. Get the person who has crossed safely to tap their chest with their hand three times as they say, “Yes I can”.

Step 11. Allow participants who fell off the single bridge to cross using both bridges

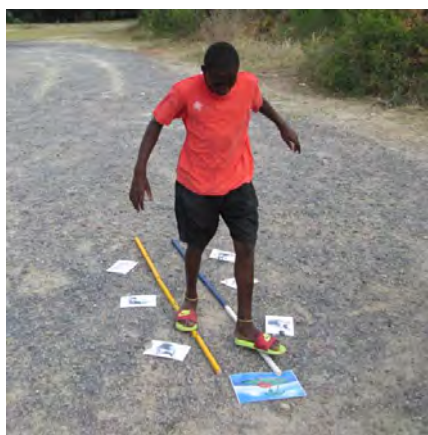


Fig 2b: Crossing safely with the support of the second bridge

When everyone who wants to has tried walking the blue/white bridge, congratulate those who crossed safely. For those who fell off, assure them that there is another bridge, which will help them cross safely.

Lay the yellow bridge on the ground next to the blue/white bridge about 30cm apart. Demonstrate walking across the blue/white bridge again but also use the yellow bridge until you get safely to the island, as shown in Fig 2b.

If a participant falls off try again, insist that they try again until they cross successfully. Each time a participant crosses successfully, get them to tap their chest with their hand and say, “Yes I can”.

Step 12. Ask and discuss what the island, dangerous animals and bridges mean

Note: As described on page 23, the island, dangerous animals and bridges can have different meanings for different issues.

What does the island mean?

Explain: *The island represents the goals and dreams we have for your life, for ourselves, our families and our communities.*

What do the crocodiles, sharks and hippos mean?

Ask: *What could the dangerous creatures in the water represent?*

Let participants come up with their own ideas and suggestions as to what the crocodiles, hippos and sharks might mean. These dangerous creatures can represent many different problems and challenges that different people face in life, such as crime, drought, economic hardship, HIV, other STIs and Ebola.

What do the bridges mean?

Explain:

The bridges are ways of avoiding or dealing with these dangers and threats so that you stay healthy and reach the future you want.

Ask and discuss with participants:

What might the bridges represent for you, your family and your community?

If the crocodiles represent Ebola, what could the bridges be?

Allow participants to make suggestions, then explain the ideas below.

What do the three colors of the bridges mean for Ebola?

Blue = Ebola prevention

The blue part of the white/blue bridge represents ways to prevent Ebola transmission including:

- Early reporting and treatment
- Safe burials
- Preventing direct contact with someone with Ebola symptoms
- Good hygiene and regular hand washing
- Abstaining from sex or using condoms for 3 months after a person with Ebola recovers.

White = Ebola-free

The white part of the white/blue bridge represents periods when a community or the whole of Liberia is free of Ebola. (i.e., before February 2014, and a status to be regained in 2015.)

Ebola prevention and Ebola-free communities are part of the same bridge. Effective prevention (walking on the blue section) leads to Ebola-free communities and an Ebola-free Liberia (continuing on the white section to reach the island – our goals and dreams.)

Yellow = Support

The yellow bridge represents various forms of support, including:

- Medical support from Ebola Treatment Units (ETUs), safe burial services and from the 4455 Ebola call line.
- Information and educational support (such as this training).
- Financial, food and material support, including for Ebola ‘contacts’ while they are quarantined at home for 21 days.
- Psychosocial support for survivors and those who have lost family members to Ebola, including orphaned children—both support from friends, neighbors and family, as well as counseling and care services offered through government, NGOs, community and faith-based organizations.
- Support from Ebola survivors who care for, educate and encourage others who have Ebola symptoms.

Step 13. Identify what helps participants cross safely

Ask participants:

When you were trying to cross the single bridge, was it easier when you kept looking at the crocodiles, hippos and sharks? Or was it easier when you focused on where you wanted to get to at the end of the bridge?

For most people it easier to stay balanced and cross safely when focusing on the island at the far end of the bridge. When they look at or think too much about the dangerous animals, they tend to fall off. Once participants have answered, say:

If you focus on the problems of life, i.e. the dangerous animals, you are more likely to fall into the problems. In your journey through life, it is more helpful to focus on where you want to go to and how you want your future to be.

Step 14. Relate focusing on the island to surviving Ebola

Pick up the laminated card drawing of the 'island.'

Say to participants, as you try to cross on one of the bridges:

Imagine that I have Ebola symptoms. When my test result for Ebola is positive, I think to myself: "I am going to die. I have no future."

Throw the island behind you and continue saying:

My vision for my future has gone, and all I can see is the Ebola crocodile coming to eat me, and other dangers and threats all around me.

Look at the crocodiles, hippos and sharks as you try to balance on the bridge, and fall off. Say:

Someone then asks me: "What are those goals and dreams you have, that you can still achieve once you have recovered from Ebola?" This gets me thinking and focusing again on staying on the bridges, and on doing everything possible to get treatment quick-quick so that I can survive Ebola and still achieve those goals.

Ask someone to pick up the island and put it at the end of the bridges. Get back on the bridges and walk safely to the island at the end, using one or both bridges.

Step 15. Summarize this activity and the program framework

Explain:

This program is about how to stay on the bridges so that we avoid the sharks, hippos and Ebola crocodiles, remain healthy and achieve what we really want in life.

It is also about realizing what support we need, and what support we can provide to others in our family and community so that we all stay healthy and Ebola-free and get where we want to go.

Key Messages

- Create a clear vision of what you really want in your life and keep focusing on it—this will help you to overcome challenges, keep yourself healthy and achieve what you really want.
- Understand the 'dangerous creatures' including Ebola and the bridges of prevention and support to an Ebola-free future.

How to use *Bridges to the Future You Want* for other health issues

There are no ‘right answers’, and it is good to allow participants to come up with their own ideas. However here are some other ways in which this activity and the different symbols and colours can be interpreted and applied to different issues other than Ebola for example:

Applied to sexual relationships and HIV / STIs / unintended pregnancy

Some of the dangerous animals in the water could represent illnesses and health threats such as HIV (crocodile), STIs (sharks) and unintended pregnancy (hippo). In this case, the blue/white bridge can represent **abstinence (white)** and then **faithfulness / reducing number of sexual partners (blue)**.

A few people manage to stay on this abstinence/faithfulness bridge for their whole lives. Most people at times fall off this blue/white bridge, and to avoid the risk of infection or re-infection with HIV, other Sexually Transmitted Infections (STIs) or unintended pregnancy, they need to **use condoms (the yellow bridge)**.

The yellow bridge can also represent various types of support, including:

- **Physical/practical support**—providing food, shelter, money and help with a difficult job.
- **Emotional support**—listening to someone when they need to talk; being a good, encouraging friend.
- **Food and medical support**—eating well and having a good balanced diet; using anti-retroviral drugs and treatment for opportunistic infections and STIs.

Support can come from many different sources including friends, peers, family members, religious leaders, help lines, NGOs and counselling services.

Applied to economic and financial wellness

Pick up the island and ask participants to:

Think about your work and economic goals. Where do you want to be economically in a year or a few years’ time? What work do you want to be doing? What is your financial ‘future island’? What could you aim for that is realistic and achievable for you?

Ask participants and discuss:

What are the threats and challenges that might prevent you from reaching your financial goals? What are your economic crocodiles, hippos and sharks? Maybe they are loan sharks?

If the bridges are ways of overcoming these challenges and reaching your economic goals, what might the bridges mean for you?

Link discussion about the meaning of the bridges to effective budgeting and planning – e.g., ensuring you keep enough seed for planting next season.

ACTIVITY 2: CARD CHARACTER STORIES

Objectives

After taking part in this activity, participants will have...

- identified and discussed some of the experiences, concerns, beliefs and issues about Ebola and its effect on family and community relationships.
- shared some ideas and strategies for addressing these issues.

Summary

Participants each select a card character drawing, and then create and tell a story about the Ebola-related experiences, issues, and fears of their character. They then place their character on one of the bridges if they are currently dealing with the issue effectively, or in the water amongst the hippos, crocs and sharks if they are not. This allows participants to openly describe, through the card characters they select, the issues either they are facing personally or that the people in their workplace, family, or community may be facing related to Ebola.

Facilitated discussion then draws out ideas and on what could help each character to address the issues they are facing, so that they get on and stay safely on the bridges. The advice directed to these card characters is often helpful to group members facing similar situations and issues in real life.

Materials

- Picture of the island (A4 laminated card)
- 2 bridges
- Crocodiles, hippos and sharks (laminated cards)
- Card characters - set of 16 laminated card drawings

Time: About 30 minutes

How to run this activity

Step 1. Introduce the activity and the issue of focus

Lay out both bridges, the crocodiles, hippos, sharks and island as shown here in Fig 3. Lay out the set of 16 card characters where participants can see them.

Step 2. Get participants to select a card character

If there are more participants than there are characters, get the participants into groups of two or three, and allow each group to pick one card character. Allow participants to select a character they want, as this may make it easier for them to bring up the issues they really want to address. Invite participants to:

Come and pick up the card character you would like to tell a story about that has something to do with Ebola in your community. For example it could be that your character has Ebola symptoms, or is an Ebola survivor, or how their social or business life is affected by Ebola.



Fig 3

Step 3. A participant talks about the Ebola-related issues of their character, then the group identifies ways to help address these issues

Ask for the participant(s) to talk about the character they have chosen:

Tell everyone your character's name, and something about who they are, their beliefs about Ebola and the experiences and issues they have with Ebola. If the character is doing everything possible to prevent Ebola transmission and remain Ebola-free, then put the character on the blue/white bridge. If the character has Ebola symptoms and is getting all the support they need to address it. Put your character on the yellow bridge. If they are not on one of these bridges, put them in the water amongst the sharks, hippos and crocs.

When the story is complete and the character is placed on a bridge or in the water, ask the whole group (using the name given to the character wherever you see this:.....)

How would you feel if you were in the position of ?

What support and suggestions can you offer to address their issues with Ebola?

What would the bridges represent for?

What could you do to help to get on and stay on the bridges and reach their island?

Step 4. Repeat Step 3 with each card character

Repeat Step 3 with each card character in turn.

Tell participants that if they wish, they can create and describe relationships between their character and the other characters already placed on the bridges or in the water. During this activity, make a note of key issues, attitudes and beliefs about Ebola, so that you can address and explore them further using other activities.

How to use the *Card Character Stories* to address other health issues

This activity can be used for exploring a variety of other health issues in the community. Hand out the cards and allow each person in turn to tell the story of the character they select. Then discuss with the group about how best to address the issue that the character is facing and how the character can improve his or her health or the health of that character's family. For example:

If you want to address issues such as sexual relationships, HIV, STIs and unintended pregnancy:

In your story, tell us about the character's sexual relationships. Then put your character on the white part of the bridge if that character is abstaining from sex, the blue part of the bridges if they are in a faithful relationship with an uninfected partner, and the yellow bridge if they are using condoms. If your character is living with HIV, the yellow bridges can also represent care and treatment (ART). If your character is not on one of the bridges, put him or her in the water amongst the dangerous animals, including the HIV crocodile, the STI shark and the hippo of unintended pregnancy.

If you want to address issues around other sickness in the community and access to health care:

Tell us about the people in these cards. Describe the type of health issues the character is facing (i.e. Malaria, Cholera, Pneumonia, Diarrhoea, etc.) Then put your character on the blue/ white bridge if they are preventing this illness, place the character on the yellow bridge if they are seeking care and describe what that care is, or put the character in the water amongst the sharks, hippos and crocodiles to help explain the barriers they are facing to prevent and treat this illness.

Section B: Ebola Transmission, Prevention, and Treatment

ACTIVITY 3: WHAT HAPPENS IN THE BODY

Objectives

After taking part in this activity, participants will:

- understand in a simple way what happens in the body at different stages after someone becomes infected with Ebola.
- be able to recognize symptoms of Ebola.
- understand why it is important to call 4455 and seek good medical treatment straight away.
- understand why the body of someone who is sick with or who has died of Ebola is highly infectious and should not be touched by anyone who is not trained and equipped to do so.

Summary

This activity uses a short drama sketch involving two other people to demonstrate and explain in a memorable way about the stages of Ebola, and the issues for preventing transmission at each stage.

The drama sketch involves actors demonstrating, in an area representing the human body, the interactions between Ebola and the body's immune system during the following stages:

Stage 1: Latent Ebola

Stage 2a: Active Ebola, person dies

Stage 2b: Active Ebola, person survives

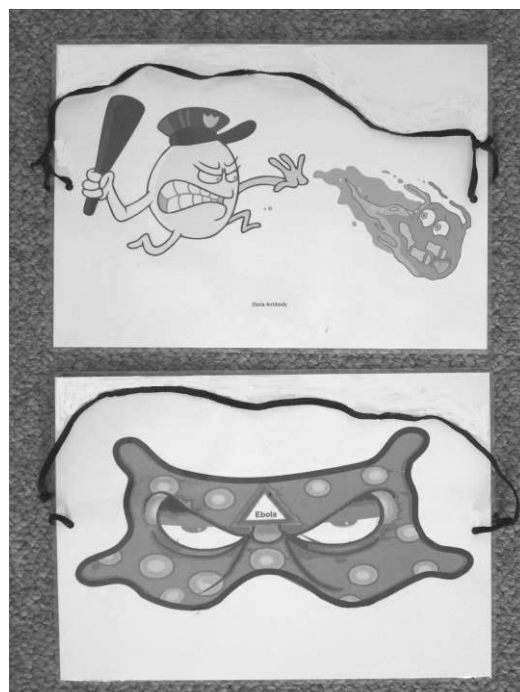
Stage 3: Recovery period

Stage 4: Fully recovered, with long-term immunity

Time: About 30 minutes

Materials

- 2 wooden bridges
- String, tape, chalk, sticks or other items to use with the bridges to make the boundary to the “body”
- *Ebola Signs and Symptoms poster*
- 2 laminated A4 cards with string attached to go around someone's neck, as shown here (at right):
- A bottle of water.



How to run this activity

Step 1. Create an area representing the human body

Create on the ground a simple outline drawing of a man, two or three times the size of a normal man. Mark the outline in the earth or sand with your foot or a stick. If the floor is concrete, use the stick bridges, other sticks, string, stones or chalk. Here is an example:



Step 2. Get two actors and allocate roles

Explain that:

We are going to do a short drama to show what happens in the body of this person if they become infected with the Ebola virus. To do this I need two volunteers to play the roles of Ebola and Antibody.



"Ebola"

If you have a co-facilitator, ask him or her to play the role of the Ebola virus.

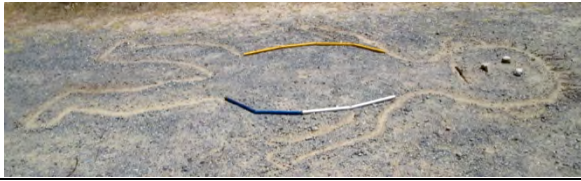



Give the two actors the laminated A4 cards of Ebola and Antibody. Get them each to put their card on their chest with the elastic going round their back or neck to hold it in place.

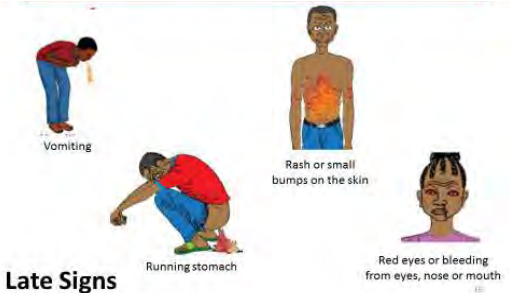







"Antibody"




Step 3. Act out the drama sketch

Follow the notes in the table below. Use the suggestions for what to say in the left-hand column, or use your own words. As you do so, ensure that the actors demonstrate what you are saying by doing what is written in the right-hand side.

| # | What the facilitator says | What the facilitator and actors do |
|--|---|---|
| Stage 1: Latent Ebola | | |
| 1 | <i>Imagine that this represents the body of a person.</i> | Point to the large image of a body you have created on the ground  |
| 2 | <i>One day this person touches or comes into contact with the body fluids of someone who has Ebola or has recently died of Ebola. Ebola quietly enters their body.</i> | Ebola steps into the body.  |
| 3 | <i>At first the Ebola is quiet in the body. There are no symptoms, the person feels fine, and cannot infect anyone else at this stage.</i> <i>The person can remain like this for between 2 and 21 days.</i> | Ebola sits quietly in the middle of the ‘body’  |
| Stage 2a: Active Ebola, person dies | | |
| 4 | <i>Between 2 and 21 days after infection, the Ebola virus starts to become active. It jumps up and dances around inside the body.</i> | Ebola jumps and dances freely around the body.  |

| # | What the facilitator says | What the facilitator and actors do |
|---|--|--|
| Stage 2a: Active Ebola, person dies (cont) | | |
| 5 | <p><i>The first symptom is often a fever and feeling weak, similar to malaria, typhoid and other sicknesses. The person may get a fever, headache, sore throat, or pain in the body or stomach.</i></p> <p><i>The Ebola virus gets into the blood, the sweat, the saliva, the urine, the mucus, vomit and faeces, and the semen or vaginal fluid. People with Ebola can now infect others if anyone touches them or any of their body fluids. Those with the Ebola virus should stay in their own area, and others should stay 4 steps away.</i></p> <p><i>What should you do now? You should call 4455 and tell your community leader, so this person gets treatment as soon as possible.</i></p> | <p>Show this Signs and Symptoms Poster</p> <p>Point to the image in the middle of the man shivering and the weak and tired man sitting in the right corner</p>   |
| 6 | <p><i>As the disease develops, other symptoms may start like vomiting, running stomach, rashes and bumps on the skin, red eyes and sometimes bleeding from eyes, nose and mouth.</i></p> <p><i>If the person does not get good medical treatment quick-quick, these symptoms are more likely to get worse and worse.</i></p> | <p>Point to these images on the poster:</p>  <p>Late Signs</p> |
| 7 | <p><i>If the person dies, the immune system to fight Ebola stops working, so Ebola increases even more in the body and the dead body is very infectious. Only trained people with proper equipment should go near a dead body. It is very dangerous to touch, bathe or bury a dead person. A safe burial team will help the family bury the dead body. The families can still pray and make decisions about the funeral.</i></p> <p><i>Call 4455 to get help with a dead body.</i></p> | <p>Ebola dances around the body even more, and does a 'victory' sign</p>  |
| 8 | <p><i>Optional: Present and explain the pictures in the Safe Burials Flip Book.</i></p> | <p>Use the images in the Safe Burials Flip Book</p>  |

| # | What the facilitator says | What the facilitator and actors do |
|--|---|--|
| Stage 2b: Active Ebola, person survives | | |
| 9 | <p><i>Many people with Ebola have died, but many survive. Some things that help them survive are:</i></p> <ul style="list-style-type: none"> <i>Calling 4455 as soon as Ebola symptoms start, so they get good treatment as soon as possible.</i> <i>Providing support and encouragement to believe it is possible to survive and being determined to live.</i> <i>Drinking lots of water, tea, soup, or Oral Rehydration Solution (ORS) while waiting for medical help.</i> | <p>Take a bottle of water to the mouth of the body you have made on the ground, and pretend to give to the person lots to drink.</p>  |
| 10 | <p><i>The body's immune system makes Ebola Antibodies to fight off Ebola. These act like a good police force – they identify and get rid of the 'Ebola criminals' in the body.</i></p> <p><i>Good care and plenty to drink can help this body to stay alive until there are enough Antibodies to fight off the Ebola virus.</i></p> | <p>Antibody enters the body and holds fists like a boxer, threatening Ebola. Antibody pretends to push or kick Ebola out of the body.</p>   |
| 11 | <p><i>About one to two weeks after the Ebola symptoms started, the immune system can push Ebola out of almost all parts of the body. The person will feel well again. Before anyone can leave the Ebola Treatment Unit, two blood tests must show that they no longer have Ebola in the blood. It is then safe for them to return home, and they should be welcomed back with celebrations. The person can touch and hug others without any risk of passing on Ebola, or getting Ebola again.</i></p> | <p>Antibody continues to fight Ebola until Ebola is out of the body.</p>  |

| # | What the facilitator says | What the facilitator and actors do |
|--|--|--|
| Stage 3: Recovery period | | |
| 12 | <i>However Ebola can remain in a man's semen and a woman's vaginal fluids for up to 3 months - much longer than in other body fluids. It continues to hide in here, and if the person does any man-woman business during the next 3 months, they must use a condom properly every time, to avoid the risk of infecting their partner with Ebola.</i> | <p>Show participants the penis model and point to the scrotum or testicles, where the man's semen is made and stored. Give the penis model to Ebola to hold.</p>  |
| 13 | <i>After 3 months, all the Ebola is gone from the semen and vaginal fluids too, so doing man-woman business without a condom will not risk passing on Ebola. However there may still be a risk of HIV or STI transmission, or of unintended pregnancy.</i> | <p>Antibody continues to threaten Ebola. Ebola puts the penis model down on the ground between the legs of the man, and goes away.</p>  |
| Stage 4: Fully recovered, with long term immunity | | |
| 14 | <p><i>The Ebola Antibody remains strong and stays in the person's body up to 10 years. The scientists believe it can protect the survivor from Ebola for at least 10 years. It remains ready any time to fight off any more Ebola virus that tries to enter the body.</i></p> <p><i>An Ebola survivor can donate blood for someone else who has Ebola. The Ebola antibodies from his blood may help the other person to fight off Ebola.</i></p> <p><i>This person is now totally recovered from Ebola. They cannot infect anyone, or get infected with the same Ebola by anyone else.</i></p> | <p>Ebola approaches the body, but Antibody holds up his fists and threatens Ebola. Ebola goes away.</p>  |

Step 4. De-rolling

When the drama is complete, thank and applaud those who played the roles of Ebola and Antibody. Take off their card labels and get them to say:

I am not Ebola, I am (use their name)

I am not Antibody, I am (use their name)

Step 5. Review and clarify learning

Ask if there are any questions about the drama and what it means. Ask participants what they have learnt from it. Check that they have clearly grasped all the Key Messages below.

Explain:

For a woman, everything is almost exactly the same as for a man. Ebola does not stay as long in vaginal fluid as it does in semen, but it is still safest for a woman who survives Ebola to abstain from sex or use a condom for 3 months after infection.

Key Messages

- If you have any symptoms that might be Ebola, call 4455 straight away and tell your community leader.
- Getting early medical treatment improves the chance of survival, as well as reducing the risk of transmission to others.
- Do not touch the body or anything that has been in contact with of someone who is sick with or may have died of Ebola. Call 4455 to arrange a safe burial.
- An Ebola survivor can interact socially without risk of Ebola transmission, but they must abstain from sex or use condoms for another 3 months, as Ebola stays longer in semen and vaginal fluids.

Step 6. Making a link between Ebola signs and symptoms and prevention behaviors for other health issues

Ask participants:

1. *Can you think of other illnesses or diseases in your community that cause fever? Diarrhea? Vomiting?*
2. *What are the different signs and symptoms of Malaria? Lassa fever?*
3. *What happens to the body when someone is sick with this illness?*
4. *What do you do when someone is sick with signs and symptoms of Malaria? Cholera?*
5. *Why is it important to seek health care and treatment?*
6. *How can you help prevent infection and spread of infectious diseases in your family / community?*

How to use *What Happens in the Body* to address other health issues

This activity can be used to explain how other infectious disease or illness affects the body, such as Lassa fever, Malaria, HIV or Cholera. Use the body to have people act out what happens when someone is infected with malaria from a mosquito bite, or someone is infected with tuberculosis, or HIV. Make sure you take the time to through the different stages step by step and explain the incubation period, signs and symptoms, and other important information.

ACTIVITY 4: RISK RANKING

Objectives

After taking part in this activity, participants will be:

- clear about how Ebola is and is not transmitted, what interactions are safe and not safe.
- able to explain the level of risk of Ebola transmission in a range of different situations.
- clear that social contact with an Ebola survivor is not risky and that only unprotected sex during the three months after infection is risky.

Summary

The facilitator sets up across the training area three risk level positions: No Risk, Low Risk and High Risk. For each Action Statement read by the facilitator, participants move according to how risky they think that action is for Ebola transmission. Facilitated discussion explores and clarifies what does and does not put people at risk of Ebola transmission and why.

Time: About 30 minutes

Materials

- Safe Burials Flip Book
- 3 Risk Level Cards:
 - No Risk* (Green card with happy face)
 - Low Risk* (Yellow card with slightly worried face)
 - High Risk* (Red card with very worried face)



No Risk



Low Risk



High Risk

Preparation

Select the statements you will use, which are relevant to your participants. If you know that some of your participants have other incorrect beliefs about how Ebola can or cannot be transmitted, create additional statements to bring out these beliefs and clarify the facts. If you have already done Activity 2: Card Character Stories, this may have brought out some incorrect information and beliefs about Ebola, which you can correct in this activity.

How to run this activity

Step 1. Explain the purpose of this activity

Explain that:

This activity clarifies, in terms of Ebola transmission, what is safe (no risk), what is slightly risky (low risk) and what is very risky (high risk). It clarifies what to avoid doing, as well as what you can do safely, in particular with Ebola survivors.

Step 2. Position the risk level cards in sequence

Place the three risk level cards across the front of the training area, so people can see them. If easier, ask for three participants to stand in front of the training area holding one card each, as shown here.



Step 3. Introduce and explain the risk ranking activity

Explain to participants:

I will read an Action Statement. You must all think and decide what level of risk there is of someone becoming infected with Ebola if they do this action.

If you think it is very risky, move and stand by the red High Risk card.

If you think it is slightly risky, move and stand by the yellow Low Risk card.

If you think it is safe to do, move and stand by the green No Risk card.

If your group has fewer than 25 participants, everyone should participate and move around. If there are more than 25 participants, get about 10 at a time to move to the different risk levels, while others can watch and comment on whether they have moved to the correct risk level.

Step 4. Read the first Action Statement, take positions and discuss

Read the first Action Statement you have chosen from the table below. Once the participants have moved to one of the three risk level positions, ask one or two people in each risk level position to explain why they have chosen this position.

If some participants are unsure or disagree about the risk level of a particular action, ask others what they think and use the notes to clarify the level of risk for Ebola transmission.

Step 5. Repeat Step 4 for other Action Statements

Repeat Step 4 for other Action Statements you have selected or created yourself, which you think will bring out your participants' issues of concern.

Step 6. Review and summarize

Stand at the High Risk position. Ask participants to recall what risk activities were high risk. Summarize these.

Stand at the Low Risk position. Ask participants to recall what risk activities were low risk. Summarize these.

Stand at the No Risk position. Ask participants to recall what risk activities were no risk. Summarize these. Point out that:

Several of the No Risk actions show us how safe it is to be with Ebola survivors. What does this tell us about how we should treat survivors in our community?

Discuss and clarify that Ebola survivors pose no threat to anyone, other than through unprotected sex during the first three months. They should be welcomed back and can in fact help a lot in supporting and encouraging anyone else who has Ebola symptoms.

Table: Action Statements and Guidelines on Risk Levels

| No. | Action Statement | Risk of Ebola | Explanation & Comments Notes for facilitators |
|-----|--|---------------------|---|
| 1 | You breathe the air that someone sick with Ebola has just breathed out. | No Risk | Ebola is not transmitted through the air, only by direct contact with body fluids from the sick person. Direct contact means that body fluids (blood, saliva, mucus, vomit, urine, feces, breast milk, semen, or vaginal fluid) from an infected person (alive or dead) have touched someone's eyes, nose, or mouth, vaginal, anus, penis, or an open cut, wound, or abrasion. ² |
| 2 | A friend of yours has Ebola. You stand 4 steps away from them and chat to them for an hour. | No Risk | Provided there is no direct contact with your friend, their body fluids or things they have used, there is no risk of transmission. |
| 3 | A man has survived Ebola and returns from an Ebola Treatment Unit (ETU), having twice tested negative for Ebola. He embraces his family members on arrival home. | No Risk | He is no longer infectious through touch and normal social interactions. He can be welcomed home. |
| 4 | A man has survived Ebola and returns home. Three weeks later he does man-woman business with his wife without using a condom | High Risk | Ebola can remain in semen for up to 3 months , so unprotected sex with a male survivor within 3 months is high risk. For 3 months he must avoid all unprotected sex, including anal sex and oral sex. |
| 5 | A man has survived Ebola and returns home. During the next few weeks, he regularly does man-woman business using a condom | Low Risk | <p>Provided a good male or a female condom is used correctly every time, both types of condoms are very effective at preventing transmission of Ebola, HIV, other STIs and unintended pregnancy. However mistakes can happen and there is still a very small risk of the Ebola infected semen coming into contact with the vagina, anus, mouth or other parts of their partner's body.</p> <p>The only totally safe way of avoiding any risk is to abstain from sex for 3-months after surviving Ebola.</p> |
| 6 | More than 3 months after surviving Ebola and returning home, a man does man-woman business without a condom | No Risk (for Ebola) | 3 months after surviving Ebola, any Ebola remaining in the man's semen will also have gone, so unprotected sex no longer has any risk of Ebola transmission. However he and his partner still need to consider the risks of transmitting HIV, other STIs and unintended pregnancy. |

² <http://www.cdc.gov/vhf/Ebola/transmission/qas.html>

| No. | Action Statement | Risk of Ebola | Explanation & Comments Notes for facilitators |
|-----|--|--|--|
| 7 | A woman has survived Ebola and returns home. That night she does man-woman business with her husband without a condom | High Risk | Ebola can remain in vaginal fluids for longer than other body fluids (33 days after the start of Ebola symptoms has been recorded ³) and to be safe, it is recommended that a woman who survives Ebola should also abstain from sex or use condoms for 3 months. |
| 8 | An Ebola survivor helps to care for a friend in her community who is showing Ebola symptoms, and has some direct contact with her. | No Risk | Ebola survivors have strong Ebola antibodies in their bodies, which prevent Ebola developing in her body again. She is immune to Ebola re-infection for at least 10 years. |
| 9 | A healer lays hands on someone with Ebola and prays for him. | High Risk | While we must acknowledge and respect the belief that God can work through healers to heal people, this practice may result in the healer contracting Ebola and dying. |
| 10 | A few days ago a woman got vomit on her arm from someone she was looking after with Ebola. You get a small amount of the woman's blood on your hand when she cuts her finger. Her temperature is normal and she does not yet show any symptoms of Ebola. | No Risk / Low Risk | You don't know if the woman who got blood on you has Ebola or not. If she was exposed, she could be in the initial latent period of infection, which can last between 2 and 21 days. She only becomes really infectious when Ebola starts to become active and the early symptoms like a fever appear. |
| 11 | Someone in your house is sick with Ebola symptoms. You have called 4455, but the ambulance is taking a long time to arrive, and while waiting you must care for them in your house. | Low Risk or High Risk This depends on what actions you take | <p>It will be Low Risk if you do the following:</p> <ul style="list-style-type: none"> • Have only one family member be the designated care provider • Isolate the sick person from all other family members, and especially the children • Ensure that nobody has contact with the body or body fluids of the sick person • Ensure you that you have soap and water or chlorine water available all the time and everyone in the house washes hands with them regularly. <p>If you do not take these actions, the risk of transmission to others in the house will be high.</p> |

³ <http://www.cdc.gov/vhf/Ebola/transmission/human-transmission.html>

| No. | Action Statement | Risk of Ebola | Explanation & Comments Notes for facilitators |
|-----|--|---|---|
| 12 | You touch the clothes or door handle used by someone who is sick with Ebola. You are careful not to touch your mouth, nose, face or anything else with your hands and straight away you wash your hands thoroughly with soap and water or chlorine water. You do not have any cuts or sores on your hands. | Low Risk | <p>If you have no cuts or abrasions in your skin, Ebola cannot pass through healthy normal skin, and if you wash your hands quick-quick, there is little risk of being infected.</p> <p>However you are a 'contact' and you should tell your community leader, stay home and do not leave your area for 21 days.</p> <p>Your community leader should arrange for you to be supported, encouraged and given food and water.</p> |
| 13 | Someone with Ebola dies in your home, and you try to bury him yourself. | High Risk | <p>Ebola multiplies freely in the body of someone who has recently died of Ebola. So there is a lot of Ebola virus in the body and it is highly infectious. You can get Ebola from anything that has been in contact with the body so it is too risky to try burying your loved one yourself, even if you are careful. Keep everyone away from the body, and wait for a burial team. They have the proper protective equipment and training to safely bury your loved one and disinfect everything in your house to keep you and your family safe.</p> <p>Use the <i>Safe Burials Flip Book</i> to explain and show what to do.</p> |
| 14 | You attend the funeral of a relative who has died of Ebola, but nobody touches the body. | No Risk | Although the dead body is highly infectious, if nobody touches the body, there is no risk of transmission. |
| 15 | Handling or eating fresh bush meat from fruit bats, apes or monkeys | High Risk | <p>If the animal is infected with Ebola, it can transmit to a human.</p> <p>However, fully dried or well-cooked bush meat is ok to eat, but may cause a risk to the person who prepared the dead animal and raw meat.</p> |
| 16 | Eating plums and other fruit | No Risk (if you practice proper hygiene) | <p>Although fruit could spread Ebola if it has been contaminated by fruit bats carrying the Ebola virus, there is no risk of this if you do the following:</p> <ul style="list-style-type: none"> • Do not eat fruit that appears to have been bitten by an animal. • Choose fruit and vegetables with intact skin. • Wash fruit with clean water or chlorine water before eating. |

How to use *Risk Ranking* to address other health issues

This activity can be used to help explain what interactions and activities are safe and not safe for helping to prevent infectious disease or illness such as Lassa fever, malaria, HIV and STIs and unplanned pregnancy. You can create a list of Action Statements to ask the group so they can consider their risks for other types of health behaviors. For example:

To clarify the risk of HIV transmission in different situations, use Action Statements like:

- Hugging someone with HIV or AIDS.
- Man-woman business without a condom. One of them is living with HIV.
- Man-woman business using a condom properly. One of them is living with HIV.

To address malaria prevention, use Action Statements like:

- There is a hole in your malaria net and you do not fix it.
- You sleep under a good insecticide-treated net every night.

ACTIVITY 5:

FORUM THEATRE: IF A FAMILY MEMBER HAS EBOLA SYMPTOMS

Objectives

After taking part in this activity, participants will have:

- developed their knowledge, skills and strategies to respond in a safe and effective way to a family member in their house who is showing symptoms of Ebola.

Summary

Forum theatre is an interactive drama technique that challenges participants to develop and practice good ways of responding to different situations. In this case, it is applied to ways of responding to a family member with Ebola symptoms.

The forum theatre process involves the following steps:

Preparation:

1. Select character cards for the drama
2. Get two people to practice a short play in which the mother (or father) shows that they definitely do not have the skills and strategies to respond in a good way when their child shows Ebola symptoms.

Facilitation with the group of participants:

1. Present the play the first time
2. Present the play again, inviting participants to stop the play and change what the parent does or says.
3. Repeat step 2 a few times.
4. Identify what strategies work well.
5. Make sure all participants practice in pairs.

Time: About 30 minutes

Materials

- One of the stick bridges (to use like a film director's clapper board)
- 2 'actors' (either participants or co-facilitators).
- Two card characters: the child and *either* the man or the woman
- Ebola gCHV training presentation flip book (if available)

Preparation

Preparation Step 1: Select character cards

Choose characters that will relate to your participants the most. For example, if your participants are mainly women, select two character cards to be a mother and her child, such as the woman and child shown here. If your participants are mainly men, select two character cards to be a father and his child, for example the man and child shown here.



Preparation Step 2: Select and brief two actors, practice the play

For this play, you as the main facilitator must take the role of the director, using the yellow stick bridge as your directors' 'clapper board'. Do not try to be an actor as well as the director—this does not work.

If you have co-facilitators to run the session, ask them to be the actors, and prepare with them in advance. You can also get two participants to be the actors. Ask two participants who arrive early before the session, or during a break in the training.

Explain to your actors how the activity will work. Say to the person playing the mother or father:

- You must **do and say everything wrong** in the way you respond to the child showing Ebola symptoms, so you do not help your child and you also put yourself and others at risk.
- You must also act exactly the same the second time, and **do and say everything wrong again**. The participants must suggest and demonstrate a better way by taking your place.

Get your actors to practice, and watch them to make sure they are doing as you say.

Adapt the play to suit your participants. Keep the play very short (2 to 3 minutes).

Script for the play

Here is a suggested script, but you may adapt it:

Child: *Mum (or dad), I'm feeling really hot and feverish. Might it be Ebola?*

Parent: *No, I am sure it's not, don't worry about it, it's just flu or malaria.*

Child: *But shouldn't you call 4455 to check.*

Parent: *We can't do that, the neighbors will start talking about our house being infected, and then nobody will have anything to do with us, like that family in the next village where the father died of Ebola.*

Child: *But we visited that family just before the father was picked up by the Ebola treatment people, so I might have caught it from him.*

Parent: *If we call 4455 those Ebola people in white clothes like ghosts will come to take you away, and we will never see you again. If you die here, at least we can give you a proper traditional burial. Let's just wait and see. Just don't tell anyone, and hide or pretend you are fine if anyone comes.*

Child looks very worried and upset. Child vomits on the floor.

Parent: *Oh my poor child. I will just clean up the vomit with this tissue, then I will help you to your bed.*

Parent starts to wipe the floor with a tissue.

How to run this activity

Step 1. Perform the play the first time

Introduce the play. Begin and end the scene using the yellow bridge like a film director's clapper board, as shown here.

Each actor holds the card character representing who they are. They perform the short play for the first time straight through to its end. The person playing the mother (or father) must say and do things that are very clearly wrong and unhelpful, which reduce the chance of the child surviving and puts the parent and others at risk of infection as well.

When it is finished, ask participants:

- *What may happen next?*
- *What did you think of the way the parent behaved?*



Step 2. Act the play again, replacing and changing what the parent does and says

Explain to participants:

The play will run again, starting off exactly the same, but you can change what the parent does and says. As soon as the parent does or says something that you think is wrong, put your hand up and say “stop” to stop the play.

Hold the wooden bridge like a film director’s clapper board, and as soon as a participant lifts a hand or says “stop” to stop the play, bang it closed and say “cut”. Ask those who stopped the play:

- *Why have you stopped the play?*
- *What should the parent do or say differently?*

Allow participants to answer, then say to one of them:

- *Please come and take over the role of the parent, and demonstrate what you are suggesting the parent should say and do.*

Take the card character of the man or woman from the original actor playing the parent and give it to the new parent. Tell the original actor playing the parent that they can now join the other participants.

Tell the actor playing the child and the new actor playing the parent to act it again, with the new parent trying to do everything in a good way. Tell participants to say “stop” and put a hand up if they think the new person playing the parent could improve what they do or say.

Step 3. Act elements of the play again several times, with other participants in the role of the parent

When someone else stops the play, ask:

- *Why have you stopped the play?*
- *What should the parent do or say differently?*

Allow participants to answer, then say to one of them:

- *Please come and take over the role of the parent, and demonstrate what you are suggesting the parent should say and do.*

Repeat this several times, with different participants taking on the role of the parent, continuing the play from where it was stopped. It is fine for a man also to play the role of the mother, and for

a woman to play the role of the father.

If a participant is not willing to take the role of the parent, they can still make suggestions and somebody else can act them out.

Step 4. Summarize good ways to respond to someone in our house showing Ebola symptoms

Ask and discuss:

- *What have we learnt about how to respond to a family member showing Ebola symptoms?*
- *What are good ways to encourage and give someone with Ebola symptoms the greatest chance of survival?*
- *What are good ways of ensuring that you and others do not also contract Ebola?*

If participants miss out any of the following answers, add them yourself:

- As soon as anyone you know has symptoms that might be Ebola, call 4455 and inform a community leader. The sooner they get proper medical treatment the better.
- Do not try to hide someone who has Ebola symptoms or who has died of Ebola.
- Encourage the person with the symptoms to believe that it is possible for them to survive Ebola and build their determination to do so. Talk about Ebola survivors and their stories (like those in Activity 7). If you know an Ebola survivor, ask them to talk to your family member—Ebola survivors are immune to reinfection. Do not talk about others dying of Ebola. Ask them about what they really want to do in future after surviving Ebola.
- Don't touch the skin or body fluids or things that have been in contact with anyone who is sick or who has died of Ebola. Even if a person only has a fever, do not touch them or sleep near them until you know the reason they are sick. Keep four steps away from them.
- If you **MUST** look after a sick person while you wait for help, there should be only one caregiver. The caregiver **CAN** catch Ebola, but there are a lot of things the caregiver can do to minimize the risk. Use the Ebola gCHV training presentation flip book (if available), pages 30 to 53, to show and explain what a caregiver can do to keep safe.
- If an Ebola survivor is available and willing to be the caregiver, they should do it because they cannot get Ebola again.

Step 5. Practice in pairs or small groups

Split participants into pairs, so that everyone can practice what they have learnt at the same time.

Explain:

This is your chance to try out and practice some of the ideas you have developed. Follow these steps:

- a) Act the play you saw again. One person acts as the mother or father. The other person acts as the child with Ebola symptoms. The person playing the mother or father must do their best to address the issue in a good way.*
- b) When you have finished the play, the person playing the child gives feedback to the person who just played the mother or father, including what they did well and any suggestions for how they could improve what they do or say.*
- c) Swap roles so that the other person is playing the mother or father, and repeat steps a and b.*

How to use *Forum theatre* to address other health issues

Forum theatre interactive dramas can be adapted to build skills and strategies to negotiate and address many different relationship issues. The process you would take is the same as described above. To prepare for the activity, You or the group must come up with a short play describing the health issue and behaviors you are trying to address:

1. Be clear about your objective: “To build skills and strategies to...” (for example, to negotiate condom use or practice proper hygiene and sanitation).
2. Get two people to practice a short play in which the key character shows that they definitely do not have these skills and strategies (e.g., must act as though they are too shy or weak to insist on condom use).

The facilitation with the group of participants is the same process in Activity 5:

1. Present the play the first time
2. Present the play again, inviting participants to stop the play, take the place of the key character and change what they do or say.
3. Repeat step 2 a few times.
4. Identify what strategies work well.
5. Make sure all participants practice in pairs.

Section C: Ebola Survivors, Stigma and Support

ACTIVITY 6: IN THE RIVER, ON THE BANK

Objective

After taking part in this activity, participants will:

- understand the importance of supporting each other and not stigmatizing those who may be different in some way, including those who may have had Ebola themselves or in their family.

Summary

Everyone participates in a quick fun game and then discusses what the game means and how it relates to issues around stigma and Ebola.

Time: About 10 minutes

How to run this activity

Step 1. Play "In the river, on the bank"

Ask participants to stand in a circle. Then explain the game.

Imagine that you are standing on the bank of a river. There are some lions behind you and some crocodiles in the river in front of you. To avoid them, when I say, "In the river", immediately jump one step forward. If, however, I say "On the river", do not move.



When I then say, "On the bank", jump one step back to the starting point. If, however, I say "In the bank", do not move. If anyone makes a mistake, they will be out from the game, and must sit down.

Start the game. Give the commands quickly. If anyone makes a mistake, ask them to leave the game and sit down. Continue until everyone (or nearly everyone) is out.

You may change it to "In the sea, on the beach" if you prefer.

Step 2. Debrief and interpret the activity

Ask the person or people who went out of the game first:

How did that make you feel?

Possible responses may be "embarrassed", "angry", and "stigmatized."

Ask everyone else:

What did we all do as soon as the first people were out?

Note that many people / laughed and pointed fingers when the first person or people had to leave

the game.

Ask those who later made mistakes and had to leave the game during the next few rounds:

How did you feel when, after laughing at the first person to leave the game, you also made a mistake and had to leave the game?

Ask and discuss how this could be interpreted in relation to Ebola. Explain that:

This game shows us that “we are all in the same boat.” There is no separation between “us and them.” We are all potentially at risk, so we should not stigmatize or point fingers at those already affected by something. For example, we should support and welcome back Ebola survivors, not stigmatize or isolate them. The same applies to those who are different in other ways, for example those living with HIV or those with disabilities.

ACTIVITY 7: EBOLA SURVIVORS

Objectives

After taking part in this activity, participants will:

- recognize some of the assumptions and judgments they may make about who is / is not an Ebola survivor.
- have a better insight into the issues faced by survivors, including fear, stigma, and isolation by their communities.
- understand what can help someone survive Ebola.
- value the role that survivors can play in addressing Ebola issues.
- welcome and support Ebola survivors returning to their community.

Summary

Participants select, from five A4 photo cards of people, who they think is or is not an Ebola survivor. The reasons for their choices are discussed. The facilitator then confirms that in fact all the pictures are of Ebola survivors in Liberia. Taking one A4 photo card at a time, the facilitator reads or tells their stories and facilitates discussion about what we can learn from the stories and how to apply the learning in our families and communities.

The issues covered by each of the five stories are as follows:

1. **Stephen** – Preventing Ebola infection; how to protect your family when you are sick - he isolated himself, went to an ETU, got tested, and abstained from sex for 3 months after surviving Ebola; stigma and rejection faced as a survivor.
2. **Dorothy** - How prayer with physical contact can transmit Ebola; how prayer and faith can sometimes encourage and help someone survive Ebola.
3. **Dr. Omeonga** – what can support and help someone to survive Ebola, mentally (e.g. believing it is possible to survive and being determined to survive) and also care and treatment (e.g. staying well hydrated).
4. **Hawa** – How a community can provide support to Ebola patients, families, survivors and orphans (both during quarantine and isolation, while someone is ill and after); how to help to combat stigma in the community.
5. **Ruth** - What a community can do to welcome back an Ebola survivor.

Time: About 30 minutes (or 60 minutes if all cases presented and discussed fully)

Materials

- Set of five A4 laminated images of Ebola survivors, each with the story of the person on the back of the card and some questions. These photos and notes are also included on pages 49 to 53.
- The “Antibody” card:



Preparation

- Read the notes about each person in the photographs.
- Select which of the five Ebola survivor stories you will use (particularly if you do not have time to cover them all). Choose ones most relevant to your group of participants.
- If you know there will be Ebola survivors at the meeting, ask them if they would like to speak about their experiences.

How to run this activity

Step 1. Participants say who they think is / is not an Ebola survivor

Show participants all five photos and ask them which one they think is an Ebola survivor, and the reasons for their choice.

Get comments from several different people. Then say that all the photos are of Ebola survivors. Point out the assumptions that some made based on how they appear. Emphasize that:

Ebola survivors are no different to anyone else. However we can learn a lot from them, about what helps someone to survive Ebola and the issues they face. Ebola survivors can also help the community deal with any further cases of Ebola.

Step 2. Share the stories of some of the Ebola survivors, and discuss the lessons learnt and insights from their experience of Ebola.

Take one A4 photo card at a time. Using the information on the back of each A4 photo card, or on pages 49 to 53:

- Read the person's story or summarize it in your own words.
- Ask the questions and facilitate discussion to help participants learn from that person's experience with Ebola and to think how what they learn could apply in their own family or community.

Note: You do not have to cover all five stories. Focus on the ones most relevant to your participants.

Step 3. (optional) Ebola survivor to speak

If there is anyone at the session who is an Ebola survivor and is happy to talk about their experiences, invite them to do so.

Step 4. Emphasize that there is a reasonable chance of surviving Ebola.

Point out that there are now 1000s of Ebola survivors in Liberia, and that with prompt and proper treatment, many of those infected with Ebola survive.

Step 5. Emphasize that Ebola survivors are not a threat at all, but a valuable resource in the community:

Ask:

In what ways can Ebola Survivors help the community?

Clarify that:

- *Ebola survivors cannot infect others through normal contact (such as touching, hugging, sharing food) or become re-infected with the Ebola virus.*
- *Ebola survivors should be welcomed back into their families and communities. Their return should be a celebration.*
- *While waiting for an ambulance to arrive, an Ebola survivor is the best person to support, encourage and care for someone else with Ebola symptoms, for several reasons:*
 - *They are immune – no risk of re-infection.*
 - *An Ebola survivor understands what it feels like, and what may help them survive.*
 - *Believing that it is possible to survive and being determined to survive Ebola actually helps a person survive. An Ebola survivor is the best person to convince someone that it is possible to survive Ebola.*
 - *Ebola survivors can donate blood to someone else who has Ebola. The Ebola antibodies in the blood of a survivor may help the other person to fight off Ebola. Show participants this A4 card (from Activity 3) of the “Antibody” which fights off Ebola.*



If questions arise about Ebola survivors and the use of condoms to prevent potential transmission, explain that:

Even though survivors are no longer sick and cannot infect others through normal physical contact, there may still be a little Ebola virus in their semen or vaginal fluid. Therefore Ebola survivors should preferably abstain from sex or use a condom when doing man-woman business during the 3 months after infection.

Ebola Survivors – Stories and Photos

The next 5 pages include the photos and stories of 5 Ebola survivors. Each story and photo is also on an A4 laminated cards in your *Bridges of Hope for Ebola-free Communities* toolkit.

Stephen

1. Tell Stephen's story

Stephen Gbollie is a Vaccinator at Wolala Clinic in Kakata District, Margibi County. He has a wife and four children.

Stephen believes he was infected when he went to visit his friend and colleague John at the hospital. John was very sick and his sister was visiting him. "John's sister took the phone from him and passed it on to me to search for the numbers. I was probably infected by body fluids from John on his phone." Stephen got a call later with the news that John had died.



About 3 days later, Stephen felt fever and headache. He thought it was Malaria, but the test came back negative. When the fever continued, Stephen went to the hospital and was tested. He tested positive for Ebola. An ambulance took him to the Ebola Treatment Unit (ETU) in Monrovia.

While at the ETU, Stephen found strength to survive. He took his medication and ate sufficient because the virus causes you to lose appetite and weakness. "I mustered the courage and began eating. After few days, my appetite increased."

"I believed that, by the grace of God that I can survive. I gave myself that confidence."

After testing Ebola-free, Stephen left the ETU. He had trouble finding a place to stay in Monrovia. "People felt that a survivor still has the virus. Whenever the news went around that I was a survivor, my hosts were pressured to let me go. I was driven out of the house. These were difficult times for me." Stephen later returned to his home in Kakata to be with his family.

When leaving the ETU, Stephen was told to abstain from sex for 90 days. "Although I had that sexual feeling, I had it in back of my mind that if I just overshadow that feeling I would be infecting the next person. And who knows even my children would come down with it. So I chose to abide by the law. And after the 90 days I began my normal activities... even after 90 days plus one week."

Stephen is now back at work at the clinic. "One of the ways I contribute to community, if I'm actively involved in community mobilization and awareness on this Ebola. I think people classify me as a living witness."

2. Ask and discuss:

- *How does Stephen think he got Ebola? What does this tell us about touching things that may have been in contact with someone who has Ebola?*
- *As a survivor, how do you think Stephen felt about the way he was treated in Monrovia and in Kakata? What would you do or say if you were his friend?*
- *What did Stephen do to ensure his wife and children did not get Ebola?*

Dorothy

1. Tell Dorothy's story

Dorothy Sawyer is a prayer warrior for the Conqueror's Tabernacle church in New Kru Town. She was sure that Ebola was a spiritual disease, not just a physical sickness. Although she had heard the government warnings not to touch people with Ebola, "I wasn't afraid because I believed God was with me."



When her "church mother" and neighbor Willet Garpou became ill, Dorothy clutched her hands and prayed with her, morning and night. But Willet died at home, and within days, Dorothy was called again, this time to pray for and heal the church pastor. Despite her strongest prayers, he also died at home.

"I believe maybe it's God's will," says Dorothy, puzzling over why so many died and wondering why all that healing prayer didn't save a good man like Pastor Garpou. "Maybe some people never had the faith that they could make it and some people lose hope."

A short time after, Dorothy felt a searing heat in her belly. She fasted and prayed for three days, but it didn't help. Eventually, she left her children in the care of her oldest son Tim and went to an Ebola treatment unit. Soon her test confirmed it was Ebola.

Dorothy was determined that with plenty of prayer, she was going to survive. "It was the worst sickness I ever had," she remembers.

Then she recovered, as swiftly as she had become ill. She fed and cared for children at the treatment center whose parents or siblings were either dead or too sick to help. She began religious devotion sessions with prayer and songs. There was one big difference in the prayer sessions: She didn't hold people's hands anymore. For now, she says, her prayers work fine without touch.

When she came out of the treatment unit, people shunned her, no longer interested in her healing powers as a prayer warrior.

When her son, Tim, was also in an Ebola treatment unit, she prayed and prayed for his survival. Tim survived and came home.

2. Ask and discuss:

- *Dorothy talks about people 'dying because they lose hope' and that she was 'determined to survive.' How could you encourage someone to have hope and determination to survive Ebola?*
- *How did Dorothy's faith put her and others at risk?*
- *How did Dorothy's faith help?*
- *What else can we learn from Dorothy's story?*

Dr. Omeonga

1. Tell Dr. Omeonga's story

Dr. Senga Omeonga works as general surgeon and the head of Infection Prevention Control at St. Joseph's Catholic Hospital in Monrovia. He came down with Ebola in August 2014 and was taken to an Ebola treatment unit, or ETU. After several weeks, he recovered and is now back at work.



Dr Omeonga says:

"I was very, very scared. I was forcing myself to take **oral rehydration liquids [ORS]** every day, at least four liters every day. I think they helped to keep me very well-hydrated, even though I was vomiting, and I was very weak.

When asked "When you were at your most depressed, what did you do to keep your spirits?", he replies:

"A patient gave me a Bible. I was reading the Bible and I was talking very often with my family in Canada. I had a lot of people calling me: my colleagues, my nurses or my patients. And they were praying with me over the phone because there was no visitation at that time. That gave me a lot of hope."

"Having survived Ebola does not make me feel invincible, but it gave me just another dimension of thinking: Ebola, we can overcome it. If I did it, other people also can do it."

To others who have Ebola and may be in isolation wards, his message is:

"Even though they are isolated it's not because the people don't love them. The people will still be loved by their family, by their loved ones. They need to keep hope. Ebola is a deadly virus, but there's a lot of people who survived. They just have to keep hope, take their medication. They must drink a lot of water or ORS (Oral Rehydration Solution) to fight the dehydration, because one of the causes of death is dehydration. And they need to remember people outside are praying for them, loving them, and want them back."

2. Ask and discuss:

- *What have you learnt from Dr. Omeonga about what can help someone survive Ebola?*
- *If a friend of yours has Ebola and rings you from the Ebola treatment unit, what would you say to him or her?*

Story adapted from *Ebola Survivor: 'You Feel Like ... Maybe ... A Ghost'* Didrik Shanche & Sami Yenigun/NPR
Photo John W Poole/NPR

Hawa

1. Ask and discuss:

- *What do you see in this picture? This young woman, Hawa Kaifa, has survived Ebola, so why do you think she is crying?*



2. Tell Hawa's story:

In August 2014, New Georgia Signboard community recorded 12 Ebola cases, but none since September 2014. Authorities credit its aggressive self-monitoring and community education.

Six people died, including Hawa's mother. But it's what the community did for the six survivors in the family that brought President Ellen Johnson-Sirleaf to New Georgia Signboard, where she launched her Ebola Must Go! Campaign in December 2014. "New Georgia Signboard is an example for the nation" she said. And then she credited the community's vigilance and attention to the anti-Ebola safety protocols for its success against the virus.

Among the Ebola victims in New Georgia Signboard was the Kaifa family. "The mother died, and the kids were too sick. We couldn't get near. We couldn't touch them," said community leader J.B. Walker Dennis. "The Ebola thing is very dreadful." "All of the sick, living children were lying on the porch vomiting, toileting on themselves," said Ophelia Ghartay, wife of the church's pastor. "We should not touch anyone that is sick. But we knew we could still do something."

And that "something" included basic support, like food and water; finding transport to take them to an Ebola treatment unit in Monrovia; and having church members visit the children while at the ETU. Dennis said New Georgia Signboard started a task force early in the outbreak and also held weekly educational gatherings at the church to inform people on how to keep safe.

All six children survived, but with an uncertain future. Relatives would not take them in. So the community stepped up. The church rented a room for the children. But that landlord cancelled the deal upon learning they were Ebola survivors. The pastor finally found them a two-room place on the edge of the village, where Hawa Kaifa, at 21, is now the family caregiver.

3. Ask and discuss:

- *What have you learnt from Hawa's story? What would change her tears to a smile?*
- *What could you do to help make your community an "example for the nation" in its response to Ebola and support for Ebola survivors and orphans?*

Story adapted from 'Ebola Must Go' — *And So Must Prejudice Against Survivors* Didrik Shanche & Ofeibea Quist-Arcton/NPR
Photo John W. Poole/NPR

Ruth

1. Ask and discuss:

- *What do you think is happening in this photo?*

2. Tell Ruth's Story

Ruth is returning to her home in Firestone District after surviving Ebola. Her neighbors and community are welcoming her home in a celebration that they have arranged. The ETU Medical Director is accompanying her.



Before returning home, staff from the ETU visited her community and met with her neighbors and community leaders to discuss and plan a program to receive her back into the community. This meeting included education about Ebola transmission, emphasizing that survivors are no longer ill and have been declared free from Ebola. The meeting addressed community concerns and questions before Ruth returned home.

The formal welcoming program began with prayers and a praise and worship session, led by community and clergy members. A local community leader made opening remarks and officially welcomed Ruth home. The Medical Director spoke about Ruth's recovery and presented her with a laminated Certificate of Medical Clearance, declaring that she is free from Ebola. The back of the certificate included reminders and advice to abstain (or use a condom) for 3 months, and to "help educate others about Ebola and share your experiences freely".

Ruth was then given an opportunity to speak. She reflected on her care in the ETU and how grateful she was that she had gone there straight away, as soon as she started getting a fever, as this both helped her survive and reduced the risk of transmission to others.

Ruth returned to her house, to find that her neighbors had decorated it with traditional palm leaves to signify the festive occasion.

3. Ask and discuss:

- *How do you think Ruth felt?*
- *What have you learnt from Ruth's story?*
- *What would you do to welcome and support an Ebola survivor returning to your community?*

Adapted from *Reintegration of Ebola Survivors into Their Communities — Firestone District, Liberia, 2014*. Centers for Disease Control and Prevention. Morb Mortal Wkly (December 19, 2014 / 63(50);1207-1209)

ACTIVITY 8:

FORUM THEATRE: SUPPORTING EBOLA SURVIVORS AND THOSE WHO HAVE LOST FAMILY MEMBERS TO EBOLA

Objectives

After taking part in this activity, participants will:

- have developed understanding, skills and strategies to support Ebola survivors and those who have lost family members to Ebola.

Summary

This uses the same participatory drama methodology as Activity 5, but applied to supporting an Ebola survivor or someone who has lost a close family member to Ebola.

The process involves the following steps:

Preparation:

1. Select character cards for the drama.
2. Get two people to practice a short play in which one of them (the Key Character) shows s/he definitely does not have the skills to support someone directly affected by Ebola.

Facilitation with the group of participants:

1. Present the play the first time.
2. Present the play again, inviting participants to stop the play and change what the Key Character does or says.
3. Repeat step 2 a few times.
4. Identify what strategies work well.
5. All participants practice in pairs.

Time: About 30 minutes

Materials

- One of the stick bridges (to use like a film director's clapper board).
- 2 "Actors" (either participants or co-facilitators).
- Any two card characters who could be friends / neighbors.

Preparation

Preparation Step 1: Select Character Cards

From the set of card characters, choose any two card characters who could be friends or neighbors. Choose characters to which you think your participants will best relate. If your participants are mainly women, the neighbor should be a woman. If your participants are mainly men, the neighbor should be a man.

Preparation Step 2: Select and brief two actors, practice the play

For this play, you as the main facilitator must take the role of the “Director”, using the yellow stick bridge as your director’s ‘clapper board’. Do not try to be an actor as well as the director – this does not work.

If you have co-facilitators to run the session, ask them to be the actors and prepare with them in advance. You can also get two participants to be the actors. Ask two participants who arrive early before the session, or during a break in the training.

Explain to your actors how the activity will work, and the play you want them to act.

Here is a suggested outline for the play, but you may adapt it to suit your participants. For example, if most of your participants are men, the characters should be men instead of women.

Keep the play very short (2 to 3 minutes).

Outline for the play

An Ebola survivor returns home. She has lost one of her children to Ebola. She goes to talk to and get some support from a neighbor. However, the neighbor jumps up and rushes out, shouting to others in the village or local community: “Look out, the Ebola woman is back, keep out of her way and lock your doors.”

Explain to the person playing the neighbor:

You must act in a way that is clearly unkind and unsupportive to the person affected by Ebola, both the first and second time you do the play. It is up to the participants to suggest and demonstrate how to be more supportive.

Get your actors to practice, and watch them to make sure they are doing it as you want it.

How to run this activity

Step 1. Perform the play the first time

Introduce the play. Explain that:

An Ebola survivor is returning to her home. She has lost one of her children to Ebola, so she is very sad and needs support from her neighbor. Watch what happens.

Begin and end the scene using the yellow bridge like a film director’s clapper board, as shown here.

Each actor holds the Card Character representing who they are. They perform the short play for the first time straight through to its end.

When it is finished, ask participants:

- *What may happen next?*
- *What do you think of the way the neighbor reacted?*



Step 2. Act the play again, with participants replacing and changing what the neighbor does and says

Explain to participants:

The play will run again, starting off exactly the same, but you can change what the neighbor does and says, to provide better support for the person who has survived Ebola and lost a child to Ebola.

Hold the wooden bridge like a film director's clapper board, and as soon as a participant lifts a hand or says "stop" to stop the play, bang it closed and say "cut". Ask those who stopped the play:

- *Why have you stopped the play?*
- *What should the neighbor do or say differently?*

Allow participants to answer, then say to one of them:

- *Please come and take over the role of the neighbor and demonstrate what you are suggesting the neighbor should say and do.*

Take the card character from the original actor playing the neighbor and give it to the new 'neighbor'. Tell the original actor playing the neighbor that s/he can now join the other participants.

Tell the actor playing the Ebola survivor and the new actor playing the neighbor to act it again. Tell participants to say "stop" and put a hand up if they think the new person playing the neighbor could improve what they do or say.

Step 3. Act elements of the play again several times, with other participants in the role of the neighbor

When someone else stops the play, ask:

- *Why have you stopped the play?*
- *What should the neighbor do or say differently?*

Allow participants to answer, then say to one of them:

- *Please come and take over the role of the neighbor, and demonstrate what you are suggesting the neighbor should say and do.*

Repeat this several times, with different participants taking on the role of the neighbor, continuing the play from where it was stopped. It is fine for both men and women to play the role of the neighbor.

If a participant is not willing to take the role of the neighbor, they can still make suggestions and somebody else can act them out.

Step 4. Summarize good ways of providing support to someone who is an Ebola survivor or who has lost a family member to Ebola

Ask and discuss:

- *What have we learnt about ways to support someone who is an Ebola survivor or who has lost a family member to Ebola?*

This activity should highlight:

- People who have survived Ebola, or who have lost family members to Ebola, have various needs for support. This support can often be provided by neighbors, friends and relatives who are available to **listen**, without judging or forcing help onto people.
- They and their family members may also need practical support, for example to care for children who have lost one or both parents.
- Before Ebola survivors are allowed to return home, they have twice had a test which shows that there is no longer Ebola in their blood. Having normal social contact with them does not put anyone else at risk of Ebola infection.
- Ebola survivors cannot contract Ebola again, so it is safe for them to care for someone else with Ebola symptoms. If willing, they can help their community to deal with Ebola.
- Ebola survivors should be welcomed back to their communities with celebration.

Step 5. Practice in pairs / small groups

Split participants into pairs, if possible with one woman and one man in each pair, so that everyone can practice what they have learnt at the same time.

Explain:

This is your chance to try out and practice some of the ideas you have developed. Follow these steps:

- a) Act the play you saw again. One person be the Ebola survivor, the other person the neighbor. The person playing the neighbor must do their best to support the Ebola survivor.*
- b) When you have finished the play, the person playing the Ebola survivor gives feedback to the person who just played the neighbor, including what they did well and any suggestions for how they could improve what they do or say.*
- c) Swap roles and repeat steps a and b.*

ACTIVITY 9:

MALE AND FEMALE CONDOM USE

Objectives

After taking part in this activity, participants will:

- understand what condoms are, how they work, the different types available locally, and where to get them
- have the skills to make proper use of both male and female condoms
- understand the importance of condom use for Ebola survivors during the first 3 months after testing Ebola free
- understand that condoms can help prevent infection from HIV, STI's and unplanned pregnancy

Summary

Demonstrations show and explain how to use both male and female condoms with an Ebola survivor. Participants then practice using condoms.

Time: About 30 minutes

Materials and Equipment

- A demonstration penis model (supplied with the *Kit*)
- Additional penis models (e.g. bananas) so that you can get several people practicing condom use at the same time, in smaller groups.
- Male condoms – enough to give two to each participant to practice with.
- Female condoms – enough to give at least one to each participant. (Note: if female condoms are not locally available, then focus just on male condoms.)
- Tissues or tissue paper

Preparation - Handouts

- Optional: Make copies for participants who want them of page 65: *How to use a male condom* and pages 66-67: *How to use a female condom*.

Notes for running this Activity

Step 1. Discuss the picture of the man searching for a condom (page 64)

Show participants the picture on page 64 of a man searching everywhere for a condom.

Ask and discuss:

What is happening in the picture?

Why is the man so determined to find a condom?

Suggest that the man may want to avoid the risk of HIV, other STIs or unintended pregnancy. He or the woman may have survived Ebola during the last 3 months, and want to do man-woman business with minimum risk of passing Ebola to their partner.

Ask: *What you do think of the man's behavior?*

Point out that:

- The man should have been better prepared, so he knows where his condoms are.
- However, it is good that he carries on looking instead of having unprotected sex.

Ask: *What you do think of the woman's behavior?*

Point out that:

- The woman is just lying in bed waiting. She could also help look, or she could come prepared herself with either a male or a female condom.

Step 2. Give the objective and explain the importance of this activity

Explain to participants that:

If used properly every time, condoms are VERY effective at preventing HIV, other STIs and unintended pregnancy.

It might be possible that Ebola can spread through man woman business for up to three months after testing Ebola free. To make sure Survivors protect the people they love, they should use a condom correctly every time they do man and woman business for 3 months after testing Ebola free.

By the end of this session you should be confident about using condoms. It is good for both men and women to know how to use both male and female condoms.

Step 3. Types of Condom

Show participants samples of the male and female condoms. Let them pass them round so that everybody feels them. As they pass them round explain:

- *A condom acts as a tough skin that sperm, the Ebola virus, HIV and STI germs cannot get through.*
- *The male condom is a thin rubber tube that fits over the hard penis and catches the man's semen so that it cannot enter the vagina, anus or mouth.*
- *The female condom is made out of plastic and has a ring at each end. It is inserted into the vagina before having sex and catches the man's semen and viruses like Ebola, HIV or other STIs and prevents them from entering the woman's vagina. Female condoms give women more control over the decision to use a condom.*

Step 4. Where can you get Condoms?

Ask participants the following questions to facilitate a discussion:

- ◆ *Where can you get condoms in this community? (Both male and female ones)*
- ◆ *What different types are available? How much do they cost?*
- ◆ *What difficulties might people face in getting a condom?*

Step 5. Demonstrate use of male condom

Demonstrate yourself, or ask a participant who says they know how to use a male condom to demonstrate putting the condom on the penis model. Guide participants through the process of using a male condom use, making use of the notes on page 65.

If you have made copies of the Handout on page 65: “*How to Use a Male Condom*”, offer them to participants who want one.

REMEMBER if you are demonstrating condom use with Ebola Survivors, be sure to provide the information for correct and safe use and removal, including hygiene and hand washing (below).

Correct and Consistent Condom Use for Ebola Survivors

Ebola survivors do not have Ebola, but they should not do man and woman business for 3 months after testing Ebola free. If you cannot wait, make sure you use condoms correctly and throw them away! It might be possible that Ebola can spread through man woman business for up to three months after testing Ebola free.

Ebola survivors and their partners should use a condom correctly and throw it away safely every time they do man woman business for 3 months after testing Ebola free.

Only the Survivor should touch the used condom:

- ***If the man is the Ebola survivor, the man should take the condom off and throw it away safely.***
- ***If the woman is the survivor, the woman should take the condom off and throw it away safely.***
- ***The Survivor should take the condom off, tie it, and throw it in the latrine or burn it.***
- ***Both partners should use soap and water to wash their hands and themselves after doing man woman business.***

Step 6. Practice using male condoms in small groups

Divide participants into small groups of people they will feel comfortable with, e.g. split men and women / older and younger people into separate groups.

Give out the male condoms to each group (if possible two to each person) and whatever things you have found to use as models for them to practice on. Encourage people to watch others in their group putting condoms on the models and to help each other so that everyone learns to do it right.

Optional: Once participants are confident about putting the male condom on the penis model, challenge them to try it again with their eyes closed, or blindfold, so that they can even put it on in the dark.

Note: If female condoms are not locally available, leave out Steps 7 and 8 and focus on male condom use.

Steps 7: Female Condom Use Demonstration

Demonstrate yourself, or ask a participant who says they know how to a female condom to demonstrate putting a female condom on using your hands. Guide participants through the process of using a female condom, making use of the notes on page 63.

Step 8. Practice using the female condom

Get participants into small groups, give out at least one female condom each, and get people to practice. Encourage people to watch others and to help each other so that everyone learns to do it right.

If you have made copies of the Handout on pages 66-67: *“How to Use a Female Condom”*, offer them to participants who want one.

Female Condom use demonstration:

Guide participants through the process of using a female condom below:

To help guide participants through the process of using a female condom, use the detailed notes on pages 65-66: *"How to use a Female Condom"*

Take a female condom packet and demonstrate the following:

- Correctly check and remove a female condom from the packet, ensuring that it is not damaged.
- Insert the condom into the "vagina". Hold the thumb and index finger of one hand together, so that the gap between them becomes a 'dummy vagina'. With the other hand, demonstrate squeezing the inner ring of the female condom and inserting it into this dummy vagina (Fig 4a), then pushing the inner ring all the way in to the cervix (Fig 4b) so that the outer ring sits neatly over the vagina (Fig 4c). To make insertion easy, the woman can either crouch down, lie on her back or put one foot on a chair.
- Guide the erect penis into the condom (Fig 4d), making sure it does not enter around the side (Fig 4e). If the man is the Ebola survivor, he should check this, as the woman should not touch his penis.
- After the man women business is finished, twist the outer ring and remove the condom from the dummy vagina (Fig 4f).
- If you have made copies of pages 65-66 *"How to use a Female Condom"*, offer them to participants who want one.
- Only the Ebola survivor should remove and dispose of the condom. If the man is the Ebola survivor, it is safest for him to remove and dispose of the female condom after sex.
- Both partners should then use chlorine water to wash their hands and genital area and anywhere else that might accidentally have had contact with semen or vaginal fluids from the Ebola survivor. If any semen or vaginal fluid from the Ebola survivor has spilt on clothes or sheets, the Ebola survivor should wash these in chlorine water.



Fig 4a & 4b Squeezing the inner ring and inserting / pushing it into the 'vagina'



Fig 4c Ready



Fig 4d Guiding the penis in



Fig 4e – What to avoid removing



Fig 4f Twisting and removing

RONALDO - BRASIL



HOW TO USE A MALE CONDOM

1. Check the expiry date and condom package before opening.

- If the date has passed, or the package has cracks or holes, throw it away and take another one.
- Open the package carefully so you don't tear the condom.
- If the condom is dry or torn throw it away and take another one.



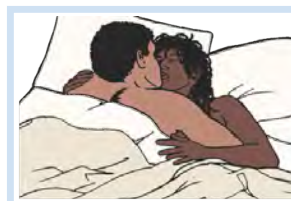
2. Keep the condom rolled up and put the condom on the penis head when the penis is erected / hard.



3. Press air out of the tip of the condom and unroll the condom over the penis, all the way down to cover the entire penis.



4. You can now have sex.



5. After you finish man woman business, hold the condom at the base of the penis and pull out of the vagina.



6. Take the condom off, tie it.



7. Dispose of the the condom safely in a pit latrine, or burn it.



8. Wash your hands with soap and water after touching the used condom.



HOW TO USE A FEMALE CONDOM

These instructions show step by step how to use the FC2 female condom. FC2 is one of the most widely distributed and well-tested brands of female condoms. Other brands and designs of female condoms are also very effective.

FC2 can be inserted either a few hours or just before sex. When FC2 is used for the first time, people might need to practice insertion. FC2 can be inserted by women themselves but their partner can also do it for them.

- 1** Before opening your FC2 female condom:
 - Check the expiry date, which is stamped on the front or on the side of the female condom packet.
 - Spread the lubrication inside around by rubbing the packet with your hands.



- 2** To open the packet, tear straight down from the arrow at the top and remove the condom.

Do not use scissors, a knife or your teeth to open the packet.



- 3** Hold the inner ring between your thumb and forefinger. Then squeeze the sides of the inner ring together to form a point.



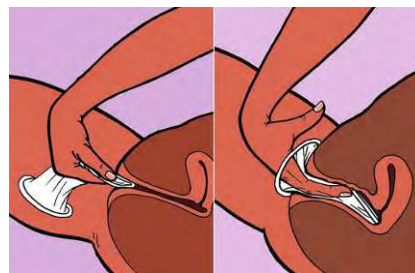
- 4** You can insert FC2 in lots of different ways. Find a position that is comfortable. This may be standing, sitting, squatting or lying down.



- 5** Feel for the outer lips of your vagina and spread them.



- 6 Use the squeezed inner ring to push FC2 into your vagina. Slide your index finger or middle finger inside the condom and push it in your vagina as far as possible, using the inner ring. Make sure the condom is not twisted and lies smoothly against your vaginal wall.



- 7 A small part of the condom, including the outer ring, stays outside your body and lies over the lips of your vagina, partially protecting your external sex organs and covering the base of your partner's penis.



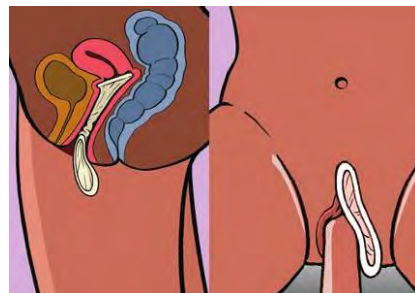
- 8 FC2 lines the inside of your vagina and covers your cervix. The opening of your cervix is so small that it is impossible for FC2 to pass through this space.



- 9 Hold the outer ring in place as your partner guides his penis inside the condom. Once his penis is inside the condom, you do not have to continue holding the outer ring. You may want to add more lubricant either on the inside or outside of FC2 or directly onto your partner's penis once the condom is inserted.



- 10 Please notice! Your partner needs to immediately withdraw his penis if:
- His penis enters between the condom and the vagina wall. In this case you should put the outer ring back in position before he slides his penis back inside the condom.
 - The outer ring has been pushed into your vagina. In this case you should use a new FC2.



- 11 To take FC2 out, hold the outer ring and twist it to keep the semen inside. It's best to do this before standing up. Gently pull the condom out, wrap it in a tissue or the empty packet, and throw it in the latrine or burn it.



This handout has been derived from SUPPORT's *How to use FC2 Female Condom* card www.femalecondom.org.

APPENDIX ONE: DEFINITIONS OF TERMS

Antibody – When the body’s immune system detects a new infection or disease, it creates antibodies to fight that particular infection. When Ebola becomes active in the body, the immune system responds by creating Ebola antibodies to fight off the Ebola virus. If the person lives until their body has enough antibodies to fight off the Ebola infection, the person will survive.

Direct contact – When body fluids (e.g. blood, saliva, mucus, vomit, urine, faeces, breast milk, semen, or vaginal fluid) from an infected person (alive or dead) touch someone’s eyes, nose, mouth, vagina, anus, penis, open cut, wound, or abrasion.

Epidemic – This term is used to describe a disease that is infectious and spreads fast through a large area or population.

Immune system – A complex system of white blood cells that protect the body from infection and disease.

Virus - One of the smallest infectious organisms which only live and reproduce in live cells of other living things that they infect.

Viral load - A measure of the amount of virus in the blood.

APPENDIX TWO: REFERENCES AND SOURCE MATERIALS

Some of the activities, techniques, illustrations and ideas incorporated in *Bridges of Hope* have received inspiration or been adapted from the following sources:

- Boal, A. et al *Theatre of the Oppressed* Pluto Press Ltd 1984
- CDC *Ebola transmission* <http://www.cdc.gov/vhf/Ebola/transmission/qas.html> 2014
- CDC *Ebola Must Go: Bury All Dead Bodies Safely-Call 4455*
http://ebolacommunicationnetwork.org/wp-content/uploads/2014/12/14_252674-C_Ebola_When-someone-dies-in-the-home_FINAL1.pdf
- CDC *Reintegration of Ebola Survivors into Their Communities — Firestone District, Liberia, 2014*. Morb Mortal Wkly (December 19, 2014 / 63(50);1207-1209)
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6350a7.htm?s_cid=mm6350a7_w
- CDC & Ministry of Health and Sanitation, The Republic of Sierra Leone *Ebola Survivors: Read this before you have sex*. 2014
- Dixon R. *Ebola hits home for a Liberian Faith Healer* Los Angeles Times 2014
<http://www.latimes.com/world/great-reads/la-fg-c1-ebola-faith-healer-20141023-story.html#page=2>
- International HIV/AIDS Alliance *100 Ways to energise groups: Games to use in workshops* 2002
- International SOS *FAQ – Questions about Risk* 2015
https://www.internationalsos.com/Ebola/index.cfm?content_id=410&
- Joinet, B., Rivas C., Mugolola, T. *The Fleet of Hope* Association Flotille de l'espoir 1995
- Kelly, G. *Surviving Ebola* The Globe and Mail Division of Bell Globemedia Publishing Inc. 2014
- Kidd, R. & Clay S. *Understanding and Challenging HIV Stigma* The CHANGE Project 2003
- Labouchere, P., Tweedie, I. & Fiagbey, E. *Journey of Hope Ghana Users' Guide* Johns Hopkins University/ Center for Communication Programs/ Population Communication Services 2001
- Labouchere P. *Bridges of Hope Facilitators Guide – Changing Behavior for Health and Wellness* 2014
- Omidian P et al; *Medical Anthropology Study of the Ebola Virus Disease (EVD) Outbreak in Liberia* 2014
- Shanche D. & Quist-Arcton O. *'Ebola Must Go' — And So Must Prejudice Against Survivors* NPR 2014
<http://www.npr.org/blogs/goatsandsoda/2014/12/09/369382711/-ebola-must-go-and-so-must-prejudice-against-survivors>
- Shanche D. & Yenigun S. *Ebola Survivor: 'You Feel Like ... Maybe ... A Ghost'* NPR 2014
<http://www.npr.org/blogs/goatsandsoda/2014/12/25/372689508/ebola-survivor-you-feel-like-maybe-a-ghost>
- Support *How to use FC2 female condom* The Female Condom Company www.femalecondom.org.
- UNICEF & Partners *Signs and Symptoms Poster* September 2014
<http://ebolacommunicationnetwork.org/ebolacomresource/ebola-signs-and-symptoms-poster/>
- UNICEF *20 Lessons Learned to Inform C4D Responses to Ebola Outbreaks, West Africa*, 2014
- World Health Organization, CBM, World Vision International & UNICEF *Psychological first aid during Ebola virus disease outbreaks (provisional version)*. <http://tinyurl.com/PFA-Eb> September 2014 WHO, Geneva

APPENDIX THREE: FEEDBACK AND CERTIFICATION PROCESS

Summary

This certification process provides well-earned recognition for gCHVs and other facilitators who show that they are committed and skilled in using the *Bridges of Hope* toolkit to address Ebola issues in communities throughout Liberia.

It is also a way of giving feedback to help us evaluate and further improve the toolkit.

To become a Certified *Bridges of Hope* Facilitator

1. Attend and complete a recognized *Bridges of Hope* Training Workshop.
2. Facilitate (or co-facilitate) a minimum of **five** training sessions incorporating *Bridges of Hope* activities. Complete a Session Review form and Participant List for each session.
Note:
 - a. Each session must have at least 5 participants.
 - b. If co-facilitating, the session counts for both / all of you, provided you each lead the facilitation of at least one activity during the session.
 - c. Use at least 5 different *Bridges of Hope* activities during your 5 sessions.
3. Complete and submit a satisfactory summary report on how you have applied *Bridges of Hope*, using the framework on the next pages (a training session summary table and 6 questions) and submit to your supervisor for review and certification.

Assessment and Certificates

If your report is assessed and approved, you will be presented with an A4 certificate, recognizing and appreciating your work using *Bridges of Hope*.

Bridges of Hope

Summary Report for Certification

Your Name:

(as you would like it to appear on your certificate)

Address:

Cell: E-mail:

Part 1

Complete a recognized *Bridges of Hope* Training Workshop

What dates did you attend a Training Workshop?

Where was the workshop?

Who led the facilitation of that workshop?

Part 2

Facilitate (or co-facilitate) at least 5 sessions using activities in the *Bridges of Hope* kit

Complete a Session Review form and a Participant List for each session.

Part 3

Complete and submit your report.

Your report must include:

- Summary information about the 5 or more sessions you have facilitated in the *Training Session Summary Table*
- Answers to the following 6 questions

Questions

1. When using *Bridges of Hope*, what worked well? Be specific.

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2. What did not work well? What challenges / difficulties did you have? How did you address these?

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3. Describe your most successful session using *Bridges of Hope*. What impact did it have on the knowledge, skills and/or attitudes of participants? What evidence do you have for this (e.g. verbal or written responses or feedback from participants)?

Optional: Include a case study with photographs.

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4. Did you introduce any changes or adaptations? How did these work?

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5. What ideas and suggestions do you have to improve the *Bridges of Hope* training materials and/or Facilitators Guide? What should be deleted, changed or added?

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6. Any other comments or feedback?

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***Bridges of Hope* Report for Certification - Training Session Summary Table**

| Session No | Session Date | Session Duration | Venue / Community / District | No of participants | | Who co-facilitated the session with you (if anyone?) | Which activities did <u>you</u> facilitate? |
|---------------|--------------|------------------|------------------------------|--------------------|------|--|---|
| | | | | Female | Male | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 optional | | | | | | | |
| 7 optional | | | | | | | |

I confirm that, to the best of my knowledge, (name of facilitator / gCHV) has delivered the sessions using *Bridges of Hope* as described in this report.

Name:

Signed: (leave blank if submitting by e-mail)

Position:

Organization

E-mail:

Tel/Cell:

Bridges of Hope

SESSION REVIEW

Session #

Completed by (Name of session facilitator)

| | | | | |
|---|--|-----------------------------------|-------------|---------------|
| Training venue / location / Organization | | Community / District | | |
| Date | | Session Length (min) | | |
| Names of Co- facilitator(s) (if any) | | Number of participants | Male | Female |

| | |
|--|--|
| Which Activities did you use? | |
| Successes <ul style="list-style-type: none"> What worked well? What difference did your session make? | |
| Challenges <ul style="list-style-type: none"> What did not work well? What challenges did you face? How did you address these? | |
| Areas of improvement / change <ul style="list-style-type: none"> What would you change or do differently next time? What changes are needed to the <i>Bridges of Hope</i> kit or Facilitators guide? | |
| Follow up <ul style="list-style-type: none"> Any issues or questions from participants to follow up? | |
| Evaluation <ul style="list-style-type: none"> What did participants say about the session? Did you meet the objectives for the activities you did? What feedback or evidence was there to show this? | |
| Comments <ul style="list-style-type: none"> Any other comments? | |

***Bridges of Hope* PARTICIPANT LIST**

Session #

Training Venue / Community:

Date:

| # | Name | Gender F or M | Age | Signature or mark |
|----|------|------------------|-----|-------------------|
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