

EBOLA Intensified Preparedness Programme IPP



C**ORDS**

Connecting Organizations for
Regional Disease Surveillance

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IPP -Course Overview

I. Background

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V. Results 1st Pilot (Kampala, Uganda)

VI. Contact

I. Background



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Connecting Organizations for
Regional Disease Surveillance



I. Background

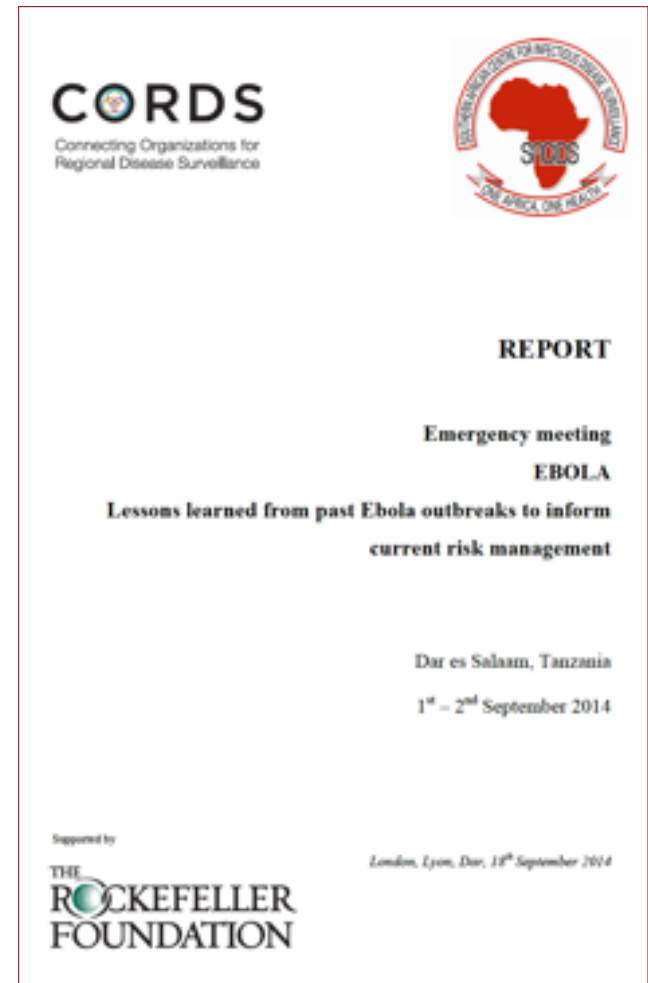
EBOLA Lessons learned

I. Background

Emergency meeting: EBOLA Lessons learned from previous Ebola outbreaks to inform current risk management

Dar es Salaam: 1-2 September 2014

24 Participants: human & animal health, journalists, government reps, policy (AU), community leaders, traditional healer, religious leaders





I. Background

EBOLA Lessons learned

I. Background

Lessons learned

Community: work with the community - not against them

Communication: share early, listen to beliefs and read rumours

Capacity building: avoid blinds spots by addressing first detectors

II. IPP Concept



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II. Concept

EBOLA

Intensified Preparedness Programme (IPP)

II. Concept

CORDS IPP

Building on Lessons learned; Six month project funded by The Rockefeller Foundation

Aim

Building capacity in communication and community work to improve Ebola outbreak management

Objectives

- Capacity building training of trainers in affected and not-yet affected countries;
- Online material to learn about this capacity building approach; and
- Executive briefings to advise risk management and risk communication.



II. IPP Concept

Target group

- Supervisors
- Coordinators
- Decision-makers

conceptualise and shape frontline health care, risk management, community outreach and risk communication



II. IPP Concept

IPP – Starting point

Ebola outbreak in West Africa

- Clash of cultures: Western infection control protocol vs. African realities
- Ebola is not only a medical problem, but affects the whole of society

Paradigm shift: biomedical rationale and western-style infection control management are too narrow-minded

→ Community basis of care and communication



II. IPP Concept

IPP – Approach

Training

- **Interactive:** small working groups;
- **Creative:** using analytical tools to deconstruct approaches and putting things back together in a different way;
- **Context-sensitive:** groups develop their own ‘curriculum’ as a set of important areas where they identify the need for changes and suggest local solutions.



II. IPP Concept

IPP – Approach

Curriculum

- **Reflective:** providing material (tools and matrices) for groups to develop their outcomes;
- **Local:** we are not teaching/drilling a specific set of contents/outcomes, but assisting and facilitating local solutions
- **Process:** documenting a work-in-progress



II. IPP Concept Pilot course

Pilot training in Kampala, 25-26 Nov 2014

- 18 Participants from East, Central and Southern Africa
- Test the approach;
- Gather feedback and further input;
- Develop a cohort of trainers for further in-country trainings.

III. Agenda



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IPP – Introduction

Lifecycle of an epidemic

- Preparedness
 - Response
 - Recovery
- Identify key areas
- Develop alternative, local solutions

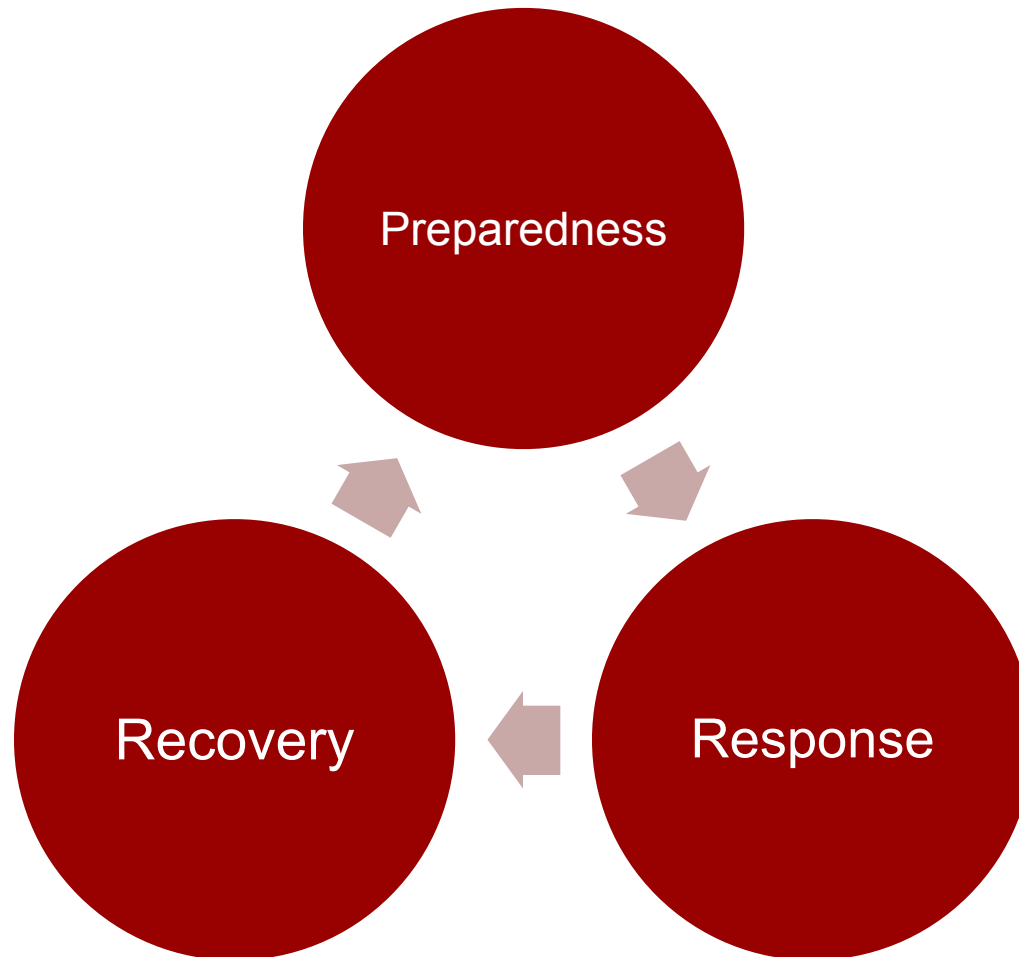


IPP – Agenda

	Day 1	Day 2
9 am - 11 am	Introduction Group work: PREPAREDNESS	Group work: RECOVERY
11 am - 1 pm	Group work presentation on preparedness	Group work presentation on recovery
1 pm - 3 pm	Group work: RESPONSE	Group work: WORK PLAN & IMPLEMENTATION
3 pm - 5 pm	Group work presentation on response	Group work presentation on work plans



IPP – Introduction





IPP – Group formation

Working groups

- Three groups with six people, facilitators assist;
 - Working group 1a: ***Preparedness*** – **TOOL 1: Action matrix**
- Identify key areas
- Each group has a theme: e.g. Information or Communication or Community or Care



IPP – Group formation

Working groups

- Working group 1b: ***Preparedness*** – **TOOL 2: Change matrix**
- Identify key drivers and interventions
- Each group has to go through 3-5 examples
- Presentation and plenary discussion



IPP – Group formation

Working groups

- Similar process for ***Response*** and ***Recovery***
- ***Work plan and implementation*** (afternoon day 2):
TOOL 3: Work planner
- Cohort of trainers, rationale of in-country trainings (Prosperity index, travel, neighbourhood)
- Feedback sessions: every plenary discussion, evenings, afternoon day 2

IV. Tools



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IPP – Tool 1: Key areas

	BEFORE <i>Preparedness</i>	DURING <i>Response</i>	AFTER <i>Recovery</i>
<i>Information</i>			
<i>Communication</i>			
<i>Community</i>			
<i>Care</i>			
<i>Coordination</i>			



IPP – Tool 1: Key areas

	BEFORE <i>Preparedness</i>	DURING <i>Response</i>	AFTER <i>Recovery</i>
Information	<u>Examples</u> Detection Surveillance Rumour registry Community contacts Cross-border information sharing		
Communication			
Community			
Care			
Coordination			



IPP – Tool 1: Key areas

	BEFORE <i>Preparedness</i>	DURING <i>Response</i>	AFTER <i>Recovery</i>
<i>Information</i>			
<i>Communication</i>			
<i>Community</i>			
<i>Care</i>		<u>Examples</u> <i>Isolation</i> <i>Care for sick relatives</i>	
<i>Coordination</i>			



IPP – Tool 2: Change matrix

Action areas and change

- **First step:** identify key attributes in the preparedness, response and recovery cycle using tool 1
- **Second step:** use the change matrix (tool 2) to develop alternative, local solutions



IPP – Tool 2: Change matrix

	CURRENT Situation	DESIRED Situation	INDICATORS of change	INTERVENTIONS
<i>Information</i>				
<i>Communication</i>				
<i>Community Practice Care</i>				
<i>Coordination</i>				



IPP – Tool 3: Work planner

	ACTIONS	<i>Blocking</i> factors	<i>Facilitating</i> factors	STRATEGY
<i>Short-term</i>				
<i>Mid-term</i>				
<i>Long-term</i>				

V. Results Pilot course



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V. IPP Pilot - Results

Observations from 1st Pilot course (Kampala, 24-25 November 2014)

- Group dynamic: starting with low confidence to full ownership (“Kampala Manifesto”)
- LISTENING: Shift from official, scientific information exchange with the community to acceptance of alternative explanations involving midwives and “Queen Mums”



V. IPP Pilot - Results

Results

Disease



Cause: medical rationale



Community explanation

offer alternative explanations
and get into community mindset
e.g. witchcraft: pray, but don't touch

Listening: PROCESS that modifies *your own* concepts and behaviours

Behaviour change: not other behaviours, but your own



V. IPP Pilot - Results

Observations

- Participatory and inclusive approach: not only working *with* the community, but community people *in* the active group; interventions directed towards bringing people in.
- Offer alternatives: e.g. instead of “don’t visit”, you cant touch/see him/her, but bring a token of support (food, prayers, etc.)
- Organisation comes from inside the community: community empowerment



V. IPP Pilot - Results

Observations

- “Kampala Manifesto”: revolution in their own thinking
- “Beauty of Ebola”: opportunity to build and strengthen health systems according to local needs and wishes (and not donor-driven)
- Shift in self-awareness: from passive victim to action; from Ebola to other disease/generic approach



V. IPP Pilot - Results

Observations

- “Kampala Manifesto”: Local people principle: support local economies for local solutions
- Involve other disciplines and join forces: animal, economy, trade, travel

Next steps: regional meeting with local stakeholders; networks (research & laboratory); engage with industry; create business and forum for innovation (e.g.rapid tests)



V. IPP Pilot - Results

Summary

- Applied the participatory inclusive concept to themselves
- Not changing other behaviours, but your own
- Liberates a wealth of creative, local and sustainable solutions

Report of this pilot will follow shortly

www. cordsnetwork.org



V. IPP – Pilot Results

Cohort of trainers

- All participants of the pilot training
- Next training: **Accra, Ghana, 13-14 January 2015**
- Report and online material: within December 2014
www.cordsnetwork.org
- Briefings for other organisations



VI. IPP – Contact

Contact

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