Enhanced Capacity Building

Training for Frontline Staff on Building Trust and Communication

Facilitator's Guide

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World Health Organization

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Photo: UNMEER/Martine Perret
Cover photo: WHO/Christopher Black

Contents

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Notes for Trainers

INTRODUCTION

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

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

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

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

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

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

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

EPIDEMIC MANAGEMENT

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

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

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

BUILDING TRUST

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

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

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

WHAT DOES THE TRAINING COVER?

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

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

Specific objectives:

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

Expected outcomes:

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

WHO IS THE TRAINING FOR?

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

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

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

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

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

HOW TO USE THIS GUIDE

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

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

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

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

Figure 1: Learning flow

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

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

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

Each session lists the "Key Learning Messages": themes that you need to ensure are covered and understood.

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

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

Good luck!

Session 1: Welcome, Introductions and Setting the Context

OBJECTIVES

- To set the scene, context and scope of training
- To introduce/deepen connections between participants
- To manage expectations and identify common learning objectives.

PURPOSE

People learn better in a safe environment, in which they feel comfortable with their colleagues, so first we need to conduct introductions and set a few ground rules.

KEY LEARNING MESSAGES

- The training is iterative (repeats a sequence of learning, with each session building on the previous ones)
- It builds on the participants' personal skills and understanding
- It strengthens their ability to perform their jobs and manage critical conversations.

NOTE TO FACILITATOR

- Encourage everyone to participate actively
- Prepare sheets from the flip chart with the heading "My Personal Learning Objectives" to be discussed in plenary
- Prepare sheets from the flip chart with the heading "Ground Rules" to be discussed in plenary.

"This work really does scare me. People in the community they will point eyes on you, they say because you are doing this thing, you also will become infected. When I finished school, I decided myself, since my country is now in danger, I should try to help. So I decided to be part of this thing." – Alpha Mamsary, Ebola testing team, Port Loko. Photo: WHO/Christopher Black

TOOLS REQUIRED

- Agenda (see Annex 2)
- Flip chart (four or more sheets, in case extra space is required)
- Markers
- Masking tape
- Pens
- Pieces of paper.

DURATION OF THE SESSION

1 hour 15 minutes

METHODOLOGY

Plenary presentations and discussion

STEP 1 INTRODUCTIONS (PLENARY)

Official opening of the training by the local official.

The trainer states the purpose, overview and methodology of the training.

Following the above, move on to introductions. Introduce your co-facilitator and yourself and then invite participants to introduce themselves by: a) saying their name; b) giving their job title and role; and c) sharing one thing about themselves that no-one else knows.

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Once everyone has introduced themselves, you can move on to the next step.

Note to the facilitator: disclosing something personal is a way to fast track and develop a level of intimacy and connection among the group from the beginning of the training. It is important that facilitators take part in this exercise.

15 minutes

STEP 2 TRAINING AGENDA (PLENARY)

Create a training agenda, as shown in the picture. Go over the agenda with the participants and answer any questions they may have.

Note that this agenda does not show morning or afternoon breaks. In your drawing, you may wish to include them.

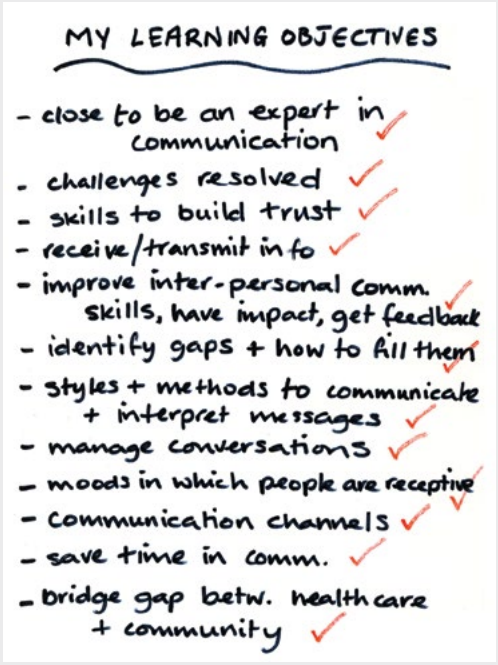
5 minutes

Example agenda picture

STEP 3 ESTABLISHING COMMON LEARNING OBJECTIVES (PLENARY)

The purpose of this exercise is to enable participants to be clear about what they want from the training.

- Invite participants to think individually about their work and how they engage with communities.
- Invite participants to identify what they want to take away from the training to help them engage better. For example, "after the training I want to know . . ., I want to feel . . ., I want to do. . . ."
- Give them 1–2 minutes to reflect.
- In plenary, invite the participants to share their learning objectives. Ask another facilitator to note down what they say. Ask for clarifications but do not try to interpret or change what they want to say.
- If participants come up with something that has already been said, put a tick against the previously noted point.
- Conclude by clarifying what can be achieved and what may be beyond the scope of the training. Say that the objectives will be revisited at the end of the day to see which have been met.



Sample learning objectives. Note that the ticks refer to the objectives that have been covered by the end of the training (see Session 8)

20 minutes

STEP 4 ESTABLISHING GROUND RULES (PLENARY)

To achieve the learning objectives and get the most from the training it is important to agree that the participants will conduct themselves in such a way that everyone feels safe to learn, discuss and practice new skills. Having ground rules will ensure that a good learning environment is created for everyone. It also helps everyone (including trainers/facilitators) to be accountable to each other.

Ask participants to think about what they would like as ground rules.

The co-facilitator will write down their suggestions on a flip chart. The facilitator can ask for clarifications but do not try to interpret or change what they want to say.

After each rule, get consensus that everyone accepts it before moving on to the next. If there is dissension, allow for discussion towards developing commonly agreed rules. Examples of ground rules include:

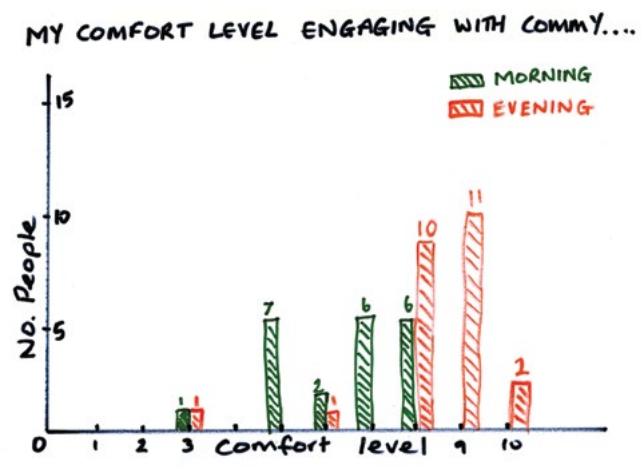
- All phones switched to silent mode
- Do not receive phone calls while in the room
- All to pay attention
- Respect each others' views
- Speak only through the facilitator
- Do not leave the room without permission.

10 minutes

STEP 5 SELF-ASSESSMENT OF COMFORT LEVELS IN ENGAGING WITH COMMUNITIES (PLENARY)

This exercise needs to be done anonymously and will help the trainer assess their level of success at the end of the day.

Using a scale of 0 to 10, the participants will be asked to think about their current level of comfort in engaging with communities, with 0 meaning not comfortable at all and 10 meaning very comfortable. If a participant feels not comfortable at all, then they can rate themselves as "0." If they feel perfectly comfortable, then they can rate themselves as "10." If their comfort level is somewhere in between, they can rate themselves accordingly.



Comfort levels before and after the training

When the participants have determined their rating, they should write it on a piece of paper and give it to the facilitator.

Give the participants one minute to carry out the above instructions. When they are ready, start collecting the pieces of paper.

The co-facilitator will aggregate the results and plot them as a bar graph, as shown in the picture (and Annex 3). To show comparison between comfort levels in the morning versus those at the end of the day, you can use two different coloured markers.

Let the participants know that you will come back to this at the end of the day.

5 minutes

STEP 6 SOCIO-CULTURAL CONTEXT OF EBOLA (PLENARY)

Ask participants to raise their dominant (right or left) hand.

Next, tell them that there has been an announcement that everyone should eat with their opposite hand, otherwise they will die.

Discuss the implications of this in plenary. How easy is it to follow? What will convince them to comply with the announcement?

Next, discuss how this relates to Ebola, where the required behaviours are:

- do not touch people who are sick
- do not to touch and wash dead bodies
- isolate sick members of the family.

Explain that the three KAP surveys conducted by Focus 1000 showed that over 90% of people know what to do, yet people are still washing dead bodies, practising unsafe burials, hiding their sick and neglecting to seek treatment. Remind the group about the following points.

- Ebola is a virus that spreads through contact with infected body fluids, and so can be transmitted through common acts of caring for a loved one who is sick or has died.
- Caring for loved ones when they are ill and burying them according to the dictates of our cultural beliefs are two practices that are common across cultures and help to define what it means to be human.
- Containing Ebola requires that carers adapt the way they care for sick family members and patients and come up with alternative ways to demonstrate their empathy, love, compassion and care.

Issues raised in the plenary may include the question of what is needed for compliance with EVD prevention and control measures, which includes:

- trust in the people working in Ebola response
- trust in the services being provided
- negotiated alternatives to religious and cultural practices, i.e. working with traditional healers and religious leaders to find different ways to express care, love and grief
- changing the perception of families from "not touching and caring for someone I love is failing them" to "getting my family member early treatment and care is showing love so they have a greater chance of survival".

Anthropologists can help us to: understand culture, behaviour and society and to identify ways in which sacred practices can be adapted; negotiate and bridge the gap between EVD responders and affected communities; and advise on the kind of public health interventions that are not only technically sound but also feasible and culturally appropriate.

20 minutes

Session 2: From Messaging to Managing Conversations

OBJECTIVES

To identify conversations and situations that demonstrate challenging and successful engagement with communities.

PURPOSE

The purpose of this session is to help participants explore and understand their current interactions and conversations with families and communities. We will then identify how they can build more trusting relationships with communities.

KEY LEARNING MESSAGES

- Conversations occur in patterns and become habitual
- Existing negative patterns can prevent us from communicating effectively
- Establishing new conversational patterns and habits will lead to different results
- Building community support can help to strengthen relationships and improve trust
- Language is very important and trust is fragile. Careful choice of words can model the kinds of engagement and collaboration we are looking for, while using the wrong words can quickly destroy trust.

NOTE TO FACILITATOR

- Encourage everyone to participate actively
- The role play will be based on typical situations faced by the participants
- Prepare four cards; write "Challenging" on two cards and "Successful" on the other two.

"I'm a social worker so I think I should not stay at home. I should help sensitize and monitor the Ebola campaign and make sure we do a good job. The most challenging aspect will be that some people are afraid of strangers and will close the door and don't want to talk." – Amarina Koroma, social worker, student, University of Sierra Leone. Amarina is part of a group who helped monitor a house-to-house Ebola information campaign. Photo: WHO/Nyka Alexander

TOOLS REQUIRED

- Flip chart (four or more sheets, in case extra space is required)
- Markers
- Masking tape
- Watch, clock or mobile phone (to time the role plays).

DURATION OF THE SESSION

45 minutes

METHODOLOGY

- Role play
- Plenary.

STEP 1 ROLE PLAYS (GROUP WORK)

Divide the participants into four groups (5–7 in each group). Give two groups "Challenging" cards and two groups "Successful" cards.

Encourage everyone to participate actively and to think of a real event or scenario they may have experienced when engaging with a community.

Ask them to discuss and prepare a short role play to demonstrate this typical "challenging" or "successful" scenario. Let them know they will have 10 minutes to discuss and 3 minutes to perform their scenario in the plenary. Invite each group to come to the front and perform their role play. Before they begin, ask the rest of the group to focus on the conversation (what is being said, how it is said and the body language used) so they can provide feedback on what they observe. Ask the co-facilitator to time each performance and call "Stop!" after 3 minutes.

25 minutes

STEP 2 DEBRIEF AND KEY LEARNING MESSAGES (PLENARY)

Ask the group: What did you observe in the role play? What contributed to the good result in the "Successful" scenario? What made the "Challenging" scenario difficult? What behaviours, and verbal and non-verbal communication, did you see that contributed to success or could have made the scenario challenging?

Summarize their responses and link them to the key learning messages.

- The ways in which we talk and interact and the vocabulary we use is learned behaviour. Conversations happen in patterns and these become a habit; for example, the way we talk to our elders, children, spouse and colleagues. We seldom think about this.
- When these patterns of communication and choices of words are negative, or when people are scared, it is difficult to communicate effectively.
- We need to create more helpful patterns of talking and interacting, and model positive and non-stigmatizing language, particularly in Ebola response, so we can ensure more of our conversations are successful.

20 minutes

Session 3: Receptive and Reactive States

OBJECTIVES

- To understand the connection between emotional and physical feelings, thoughts and behaviours
- To appreciate the difference between receptive and reactive states
- To understand how we can change and/or create these two states.

PURPOSE

Building on the previous session, this part is designed to help frontline staff appreciate how their own receptive and reactive states can affect the ways in which others respond to them.

KEY LEARNING MESSAGES

- When you are in a receptive state, it is easier for the other person to be in receptive state
- When people are receptive, it is easier to share information
- Information received in a receptive state is more likely to be understood and retained.

NOTE TO FACILITATOR

Let the participants know that this session will take a deeper look at the ways in which individuals influence each other.

"How do I feel about setting up an Ebola community centre in my chiefdom? I feel crazy good!" – Bai Bantha Nkenedie II , Paramount Chief of Buya Romende Chiefdon, Kamasondo. Photo: WHO/Christopher Black

TOOLS REQUIRED

Pen, paper or notebook

DURATION OF THE SESSION

30 minutes

METHODOLOGY

Plenary

STEP 1 EXPLORING REACTIVE STATES (PLENARY)

Introduce the Creole proverb: "When Chief vex in no for make law" (when the Chief is angry, it is not the time to make law).

Ask the participants what this proverb means to them.

There are two options for this activity. Choose the one that best suits the audience.

Contact tracers are facing tremendous difficulties in communities as they do their work. They have had to deal with bereaved families, and anger and hostility from families who do not want to be quarantined or who are waiting for food deliveries. It is important for contact tracers to know how to prepare and deal with these kind of situations. This training is very valuable and much needed. Photo: WHO/Gborie

OPTION 1

Part A

Invite the participants to revisit a situation in which they experienced anger, hurt, pain and/or frustration. For example, a serious fight with a friend, brother, spouse, or a situation in which they were insulted.

Ask them to think about what happened and who was there. What were the participants doing and feeling, physically and emotionally?

Now invite them to share their experience. What emotions were they feeling? What physical sensations were they experiencing? What thoughts were they thinking?

Responses could include feeling tense, having a fast heartbeat, feeling sick, sweating, shivering and feeling down or low.

Discuss what would happen if someone approached them in this state.

Explain that this is a reactive or "closed" state. When we feel like this, we are unable to connect with other people. When we experience stress, sadness or anger, our brain, body, mind and relationships are affected. In a reactive state we feel agitated, closed and even disconnected from others. Link this situation back to the proverb.

Part B

Now invite the participants to revisit a different situation, one in which they were celebrating. For example, their favourite football team may have won a tournament. They are jubilant, excited and happy and are celebrating with their friends.

Ask them to think about what happened and who was there. What were the participants doing and feeling, physically and emotionally?

Now invite them to share their experience. What emotions were they feeling? What physical sensations were they experiencing? What thoughts were they thinking?

Responses could include feeling excited, relaxed, refreshed, hopeful and energetic.

Discuss what would happen if someone approached them in this state.

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Explain that this is a receptive or "open" state, when people are open to connection. When we are in a receptive state, it is easier to invite receptivity in others because our brains, emotions and bodies connect with one another without us even knowing it!

Part C

Finally, ask the participants to relate these reactive and receptive states to their work. How often do they prepare themselves to be in a receptive state?

OPTION 2

Tell participants you would like them to participate in a short exercise. Ask them to sit comfortably with their feet flat on the floor. Explain that you will be repeating a few words several times and you would like them to simply notice how they feel as you repeat the words.

Explain that, to prepare for the exercise, you will ask them to take several deep, relaxing breaths; breathing in for a count of five, pausing and breathing out for a count of five.

Explain to the group that when breathing to relax, we want to breathe slowly and deeply into the belly rather than the more typical shallow chest breathing. The former activates the calming parasympathetic nervous system, while the latter triggers the more activating sympathetic nervous system.

Lead the participants, speaking aloud:

Inhale – 1, 2, 3, 4, 5 – Pause – Exhale – 1, 2, 3, 4, 5

Let's repeat that twice more.

Tell the group you will now start with the first word. Emphatically repeat the word *no* in a moderately loud, deep voice seven times. Your hands should be by your side with your fists slightly clenched, face slightly forward, eyebrows lowered and pulled together.

Then pause for a moment, take a breath and relax your body.

Now, tell the group you will say the next word. Repeat the word *yes* in a gentle, inviting tone seven times. Your posture should be relaxed and each time you repeat the word, open your arms slightly to show a sense of openness. Soften your face and body, and have a slight smile on your face.

Now ask the participants to respond.

1. How were the two experiences different for you?
2. In which experiential state would you be more likely to share thoughts and feelings in a productive way and listen to difficult information, and why?

Explain to the group that when we are in a receptive state, we feel calm (or perhaps excited in a positive way), open and flexible. According to scientific research, communicating in a way that invites receptivity helps to prepare another person's brain to listen and process information.

When in a reactive state, we feel agitated (or perhaps hopeless and disconnected), closed and rigid. When in a state of reactivity, the brain has difficulty taking in and processing what is being said, increasing the likelihood of a fight, flight, freeze or faint reaction.

20 minutes

STEP 2 KEY LEARNING MESSAGES (PLENARY)

Summarize the responses and link them to the key learning messages.

- When one person is in a receptive state, it is easier for the other person to be in receptive state too
- When people are receptive, it is easier to share information
- Information received in a receptive state is more likely to be understood and retained.

Some key ideas that may emerge from the discussions:

- People may be receptive or reactive, depending on their previous interactions with frontline health staff, exposure to stigmatizing language, or experience with burial teams or Ebola treatment centres. Their experiences leave a memory within the individual and the community which they may feel emotionally but be unaware of. Particular words may trigger receptive or reactive feelings.
- Frontline staff therefore need to prepare themselves to be receptive first (open, flexible, willing to listen) and to help individuals, families and communities move from a "closed" to an "open" state.
- The ability of frontline staff to manage their own emotional and mental states, choose their words carefully and remain receptive is an important first step in creating a receptive communication environment.
- When they create a receptive communication environment, frontline staff will be able to perform their jobs easier and quicker and leave positive experiences behind them.

10 minutes

Session 4: Listening from the Other Person's Perspective

OBJECTIVES

- To appreciate and understand the different ways in which we listen
- To practice the skill of asking powerful questions that will help us to understand the other person.

PURPOSE

In this session, participants will learn how to listen more skilfully and how to use questions to establish and maintain receptivity. Listening is not only listening with our ears. Listening is complex. We receive information on multiple levels when we engage with someone and this gives us clues as to how we should be responding to manage the interaction.

KEY LEARNING MESSAGES

- Active listening, including reflecting back what the speaker has said, helps create and maintain receptivity (a connection between people)
- Talking "with" people not talking "at" people helps to create understanding and connection
- Asking good questions is a skill that needs to be learned and takes practice.

NOTE TO FACILITATOR

Let the participants know that this session builds on the previous two sessions and involves looking more closely at the ways in which we listen. The session introduces them to four main ideas:

1. Individuals give multiple layers of information
2. Listening needs to occur in multiple layers
3. Being able to ask effective questions is a key part of listening
4. Listening helps to create and maintain receptivity – link back to Session 3.

"They ridicule us. They fear us. But in my own little corner I think to myself, when this outbreak is over, I will have done something to help finish it." – Abdul Rahman Parker, Cemetery Keeper, Freetown. Photo: WHO/ Christopher Black

TOOLS REQUIRED

- "Effective Questioning Skills" handout (one copy for each participant) (see Annex 4)
- Six copies of the picture: "elephant and six blind men" (see Annex 5)
- Four sets of scenario cards for the "Question" card game (see Annex 6).

DURATION OF THE SESSION

1 hour

METHODOLOGY

- Paired activities
- Plenary
- Role play/game.

STEP 1 PAIRED STORYTELLING (PLENARY)

Ask for two volunteers. Take them aside and ask them to prepare a short story or account that they would like to tell the other participant. Give them a couple of minutes to think about it then, when they are ready, ask them to tell their story to the other at exactly the same time.

Stop the activity after about 30–60 seconds.

Without having a discussion on the first activity, ask the volunteers to take turns in telling their stories to each other. They are not allowed to ask any questions.

Stop the activity after about 1–2 minutes.

Muniru Salifu Wile and Mohamed Kanu, WHO Social Mobilization Staff, Western District, demonstrating paired storytelling. Photo: WHO/Gborie

Without having a discussion on the first two activities, ask the volunteers to take turns in telling their stories and let them know they are free to ask questions at any point.

Stop the activity after about 1–2 minutes.

Without having a discussion on the first three activities, ask the volunteers to take turns in telling their stories, then to reflect back to the other person that they have heard and understood (paraphrasing).

Stop the activity after about 2–3 minutes.

Next ask the rest of the plenary group:

- What did you observe?
- How does this relate to the way we communicate with each other in real life?

Hold a general discussion on what we can learn from this experience/exercise.

Now ask the volunteers: What was the experience like for you?

20 minutes

STEP 2 EFFECTIVE QUESTIONING SKILLS (PLENARY)

By now, the participants will have a good idea of the importance of listening in their work. The next step is to understand how asking effective questions can help them listen better.

Give out the "Effective Questioning Skills" handout.

Tell the group that there are different ways in which questions can be asked and the way they are asked will influence the quality of the information generated. Often, poor or inappropriate questions lead to poor or incomplete answers. Good and appropriate questions can help build rapport and create receptive states in others.

Effective questioning is a skill and requires practice. With practice, the quality of the questions improves and, consequently, the quality of the information generated is improved. This helps reduce stress and frustration between frontline staff and communities and helps to build better relationships.

Explain each of the question types using context-appropriate examples so that it is easy for participants to understand the differences between them. Find ways to apply/adapt them to the local language and give examples showing how to ask effective questions in the local language.

Remember that questions come in "bundles" and a number of questions will need to be asked around a particular theme or topic. For example, when identifying people who are sick, how did they become sick, where were they when they felt sick, when did they first notice they felt sick, what symptoms/feelings did they have, etc.

Optional activity to practice asking questions

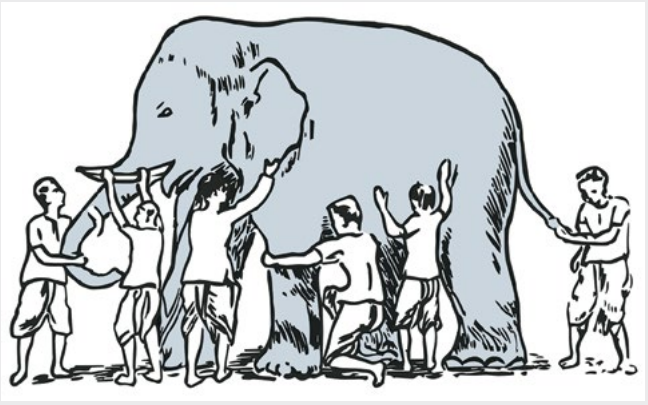
Ask participants to turn to a partner. Invite them to have a conversation only by asking questions. They can answer a question but then have to ask a question for the other person to answer.

Discuss the experience and link to the professional culture of "telling" more than "listening". Health professionals are trained to advise and instruct so it can be difficult to ask questions, even though this will help us to connect and explore the feelings, perceptions and understanding of those who need our help. Preachers and Imams also communicate in a way that advises and instructs and so this can be difficult for them too.

10 minutes

STEP 3 THE ELEPHANT AND THE SIX BLIND MEN (GROUP WORK)

Divide participants into four groups (of 5–7 in each group) and give each group a copy of the "elephant and six blind men" picture. Tell the story as follows (use a storytelling tone and voice).



The elephant and the six blind men

Six men, who were blind men, were asked to figure out what an elephant looked like by feeling different parts of the elephant's body.

The first man felt a leg and said the elephant was like a pillar.

The second man felt the tail and insisted the elephant was like a rope.

The third man felt the trunk and was convinced the elephant was like a tree branch.

The fourth man touched the ear and said the elephant was like a hand fan.

The fifth man felt the belly and said the elephant was like a wall.

And the sixth man felt the tusks and said the elephant was like a solid pipe.

Now, they were all confused. They started arguing, believing that what they each felt was right and that was what the elephant was like. Unable to understand and believe each other, they decided to seek the advice of a wise king.

When they shared their issue with the king, he said, "All of you are right".

The men were now even more confused. They thought, we came here for an answer and the king has only compounded our confusion. So they asked him to clarify what he meant. And the wise king said, "All of you are right. Because each one of you has experienced a different part of the elephant's body, you all have a different opinion based on what you experienced. But if you could see the whole elephant, you would understand that it has all the features you mentioned".

Now ask the group to think about engaging with individuals (not the community as a whole):

- What does this story tell us about listening?
- What lessons can we learn from this story and how can we apply them to our work as frontline staff?

Key points are:

- Frontline staff need to look at the individual as a whole. What they say, what words they use, what they are not saying, how they look, what they are feeling, etc. to fully understand community members.
- Frontline staff need to put together pieces of information from their interactions with families and combine this with epidemiological data and cultural data to know how to effectively engage with and support families in making good decisions about what they need to do and the rationale for identifying new cases and contact tracing, early diagnosis and isolation of those infected and safe and dignified burials of the deceased.

10 minutes

STEP 4 THE QUESTION GAME (GROUP WORK)

Keep the participants in their four groups.

Explain that this activity will help them to put into practice their listening and questioning skills. Identify four facilitators to play the role of "family member". Depending on their gender, give the four facilitators the role of the "mother" or "father" and ask them to play the role.

Give each facilitator a set of 11 cards and tell them to keep the cards hidden from the group. Each card contains one specific piece of information. The group will play the role of frontline staff and will use their questioning and listening skills to get as much information as possible from the family member. When the "frontline staff" (the group) asks the right question, the family member will give them the appropriate card.

The objective of the game is for each group to tell the story of the person sitting in front of them who is from a quarantined house and to get as many cards as possible from their facilitator. The group with the highest number of cards is the winner.

Question game. Photo: WHO/Alhami

Remind participants that if they listen well and observe the family representative they will be able to frame and ask the right question. If they don't focus on listening well, then the question they ask may not be the right question or they may repeat questions and waste time.

After 10 minutes, stop the activity.

Count the number of cards acquired by each group. The group with the most cards wins.

Reflect briefly on this exercise, asking: What did we observe/learn?

10 minutes

STEP 5 KEY LEARNING MESSAGES (PLENARY)

Summarize the responses and debriefs from each exercise and link them to the key learning messages.

- Active listening and reflection helps create and maintain receptivity (a connection between people)
- Talking "with" people, demonstrating you have been listening to what they said before moving on and not talking "at" people helps to create understanding and connection
- Asking good questions is a skill that needs to be learned and takes practice.

It is important that frontline staff apply their investigative and observational skills through multi-layered listening and reflection and by asking effective questions. This improves with practice.

10 minutes

Session 5: Building Trust and Relationships

OBJECTIVES

- To appreciate the need to build trust between frontline staff and EVD-affected families and communities
- To explore how communication can build, break and recreate trust.

PURPOSE

The purpose of this session is to equip frontline staff (including case investigators, contact tracers, social mobilizers, burial teams and health care providers) with the understanding they need to build and maintain trusting relationships with EVD-affected communities.

KEY LEARNING MESSAGES

- Trust is created and maintained through relationships
- Trust emerges through communication
- It is harder to build trust when it has been broken
- Careless words can break trust and slow down or reverse the rebuilding process.

NOTE TO FACILITATOR

- Encourage everyone to participate.
- Individual understanding of trust is a personal issue and different participants may define what trust means to them in different ways.
- Let participants know at the beginning that they will be exploring the concept of trust.
- Prepare at least five copies of the picture used in Step 1 (see Annex 7).
- Prepare three flip charts by writing the following statements on them:
  - Flip chart 1: What can make trust?
  - Flip chart 2: What can break trust?
  - Flip chart 3: How can trust be rebuilt when it is broken?

Participants discussing what breaks trust during the Western Area training, May 2015. Photo: WHO/Gborie

TOOLS REQUIRED

- Pen
- Notebook
- "Boy and man" picture (see Annex 7)
- Flip chart sheets
- Masking tape.

DURATION OF THE SESSION

45 minutes

METHODOLOGY

- Plenary
- Group work.

STEP 1 THE CONCEPT OF TRUST (PLENARY)

Divide the participants into groups (5–7 per group).

Give a copy of the "man and boy" picture to each group.

Start by asking: What do you see in the picture?

Then ask: What does the picture convey to you?

Listen carefully to their answers and see how you can guide the group to identify the themes in the picture, which are "trust" and "relationship."

10 minutes

"Man and boy" picture

STEP 2 MAKING AND BREAKING TRUST (GROUP WORK)

Working in the same groups, assign the following questions, giving 5 minutes for the discussion:

Groups 1 and 2: What can make trust?

Groups 3 and 4: What can break trust?

Next, combine groups 1 and 2 and combine groups 3 and 4. Ask them to merge their lists and agree on a common list, writing their list on a flip chart. Ask them to identify a rapporteur who will explain their ideas in the plenary. Allow 5 minutes for this.

Examples of responses on how to make and break trust

Bring the groups back into plenary and invite each group to present the outcomes of their work (2–3 minutes each).

Invite any observations and insights from the group work.

20 minutes

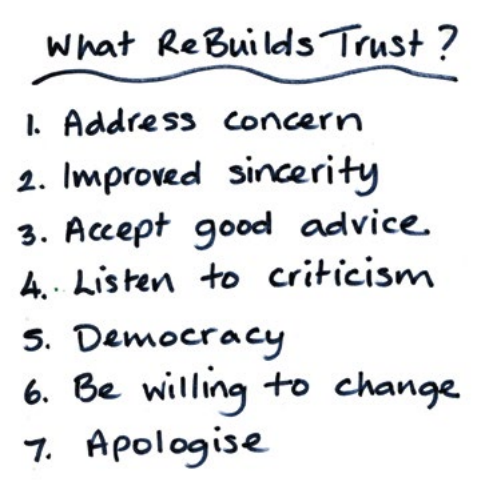
STEP 3 REBUILDING TRUST (PLENARY)

Invite the participants to think how trust can be rebuilt when it is broken.

Ask a co-facilitator to write down the responses on a flip chart.

Summarize the responses and link them to the key learning messages.

- Trust is created and maintained through relationships
- Trust emerges through communication
- It is harder to build trust when it is broken.



Example of responses on how to rebuild trust when it is broken

Using responses given by the participants, link to the concept of individuals, families and communities having memories of previous interactions. When they have good memories, they are more likely to be in a receptive state. However, when they have negative memories, they are more likely to be in a reactive state. Different strategies will be needed to move individuals, families and communities to be in a receptive state and thereby to rebuild trust and build relationships.

15 minutes

Session 6: Managing Future Conversations

OBJECTIVES

To practice conversation patterns (ways of communicating) that lead to a successful outcome.

PURPOSE

The purpose of this session is to help participants apply the learning and experiences they have gained from the previous sessions. By conducting a role play, they will have the opportunity to practice everything – understanding, asking questions, showing empathy, body language, etc.

KEY LEARNING MESSAGES

- To ensure success, frontline staff need to set clear goals or objectives for each conversation or interaction they have with communities.
- To reach a satisfactory outcome following a visit to a family or community, frontline staff need to:
  - prepare themselves for the conversation as it emerges
  - manage the flow of dialogue between those present
  - be aware of words and phrases that are helpful and unhelpful
  - create and maintain receptivity.
- Monitoring tools (e.g. checklists and forms) should be used appropriately so they do not jeopardize the building of trusting relationships with families and communities.

NOTE TO FACILITATOR

- In this session, participants will use role play to practice what they have learned about receptive and reactive states, memories of past interactions, listening and questioning skills, and building trust and relationships. The first step is to recognize critical entry points to the community.
- Encourage everyone to participate actively.

"On a daily basis, I cross check what our contact tracers are doing. I supervise 5 wards and 24 contact tracers, making sure they all correctly fill in the contact tracing forms. Contact tracing is important because we need to monitor everyone for 21 days who has been in contact with a confirmed Ebola case. Once every new confirmed Ebola case comes from the contact list, it means we have a grip on the transmission chain and will bring the Ebola outbreak to an end!" – Dr Ifeolu David, WHO contact tracer mentor, Freetown. Photo WHO/Pieter Desloovere

- Keep "Entry Points" cards ready, with each card containing the name of the community members or leaders who need to be approached before making contact with the rest of the community.
- You will need to use the role play cards described in Annex 8. Each role play has three characters: family, contact tracer or surveillance officer, and social mobilizer.
- Advise participants to act sick if their role requires them to act that way
- Prepare two sets of each role play in case you need extra
- You may wish to schedule a 15-minute break at some point during this session.

TOOLS REQUIRED

- Role play cards (see Annex 8)
- National line-listing, symptom checklist and case investigation forms can be used if available and if participants in the training include case investigators and contact tracers.

- Print enough copies of the following forms (see Annex 8):
  - Line-list form
  - Symptom checklist form
  - Case Investigation Form (CIF)

DURATION OF THE SESSION

1 hour 20 minutes

METHODOLOGY

- Role play
- Plenary.

STEP 1 ENTRY POINTS (GROUP WORK)

OPTION 1

Create two identical sets of "Entry Point" cards. Each card contains the name of the community members or leaders who need to be approached before making contact with the rest of the community. For example, ward councillor, head of household, religious leader, paramount chief, section chief, village chief, town chief, traditional healer, mama queen.

Explain to participants that they need to identify the key people with whom they need to make contact before entering a community. To help them, tell them to think of the key supporters in the community who can facilitate their work.

Divide the participants into four groups based on their job functions (case investigators, contact tracers, social mobilizers and burials) and assign them a space on a wall in the room. Provide them with a set of "Entry Point" cards and masking tape.

Entry points activity. Photo: WHO/Odugleh-Kolev

Ask them to paste the cards on the wall in the order of the person who should be contacted first, second and so on, until they have put the cards in what they believe to be the correct order.

Invite the groups to walk around and look at the outcomes from the other groups.

Provide an opportunity for groups to change their order or add any missing contacts.

OPTION 2

Invite participants to list all the key people with whom they need to make contact before entering a community and speaking with a household, and create a set of cards.

Once they have done this ask participants to rank them according to priority and influence. They can place the cards on the wall or on the floor if there is enough space in the training room.

10 minutes

STEP 2 DEBRIEF (PLENARY)

Ask if any of the groups changed their order and discuss the reason for the changes.

In what way can people identified as "Entry Points" facilitate their work?

Does the order change over time and with specific issues or job functions?

10 minutes

STEP 3 ROLE PLAYS (GROUPS AND PLENARY)

OPTION 1

Ask participants to go back to their scenario from the morning. Ask them to replay the same role, only this time applying everything they have learned, including how to build trust and relationships, receptive and reactive states, and effective listening, questioning and paraphrasing skills.

Let them know they have 10 minutes to prepare and 5–7 minutes to perform, and that they will be observed on how well they use the knowledge and skills from the previous sessions.

Invite the groups to perform their role plays one at a time. Hand out the feedback forms (Annex 9) to the observing groups so they can note down their observations.

OPTION 2

Four scenarios have been prepared. You can use one, two or all four scenarios, depending on the focus of this session. Inviting two groups to use the same scenario will enable them to learn from each other and compare different choices in engagement.

The four scenarios are: two scenarios for contact tracers and two scenarios for surveillance officers conducting case investigations.

Divide the participants into four groups. Assign each group a scenario based on their job functions. Give each group a set of role play cards.

Every role play has three main roles: the family; the contact tracer or surveillance officer; and the social mobilizer.

In their groups, participants need to decide who will play the role of family and who will play the role of contact tracer or surveillance officer and who will be the social mobilizer.

Give the "family" scenario card to the appropriate group and instruct them to provide answers only when the frontline staff ask the right questions. Remind them that if someone is playing the role of a sick person, they need to look and act sick so that the scenario looks real.

Give the contact tracers or surveillance officers their role play cards. The contact tracers or surveillance officers will work in a pair with the social mobilizer in each of the scenarios. The social mobilizer will use the same card as that given to the contact tracer or surveillance officer.

Inform participants that they will have 7 minutes to discuss how to perform the role play, then a maximum of 7 minutes to perform the role play in front of the others.

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Invite the first group to perform their role play.

As the first group is getting ready, hand out the role play feedback form to the observing groups (Annex 9).

Ask the observing groups to make notes on how the performing group have applied the concepts and skills we have learned today.

30 minutes

STEP 4 DEBRIEF (PLENARY)

After the role plays have been performed, take each group in turn, inviting comments from the role players followed by feedback and observations from the observers.

Role players:

- What was the experience like for the role players? What insights did they have?
- What did they do differently this time (Option 1) or what did they want to get out of their visit (Option 2)? Did they achieve this? What could they do differently?

Observers:

- How did they apply the learning and skills to the role play?
- What did they do well?
- What could they do differently next time?

Summarize the responses and remind participants that creating new ways of communicating and interacting takes effort and time. They will be creating different patterns that will feel strange at first, but as they apply their learning and skills, these good practices will become established habits.

Remind the participants that, as they interact with families and communities, they are building memories that can facilitate or hinder future visits and experiences for themselves and other frontline staff.

Link these thoughts to the learning messages.

- To ensure success, frontline staff need to set clear goals or objectives for each conversation or interaction they have with communities.
- To reach a satisfactory outcome following a visit to a family or community, frontline staff need to:
  - prepare themselves for the conversation as it emerges
  - manage the flow of dialogue between those present
  - be aware of words and phrases that are helpful and unhelpful
  - create and maintain receptivity.
- Monitoring tools (e.g. checklists and forms) should be used appropriately so they do not jeopardize the building of trusting relationships with families and communities.

30 minutes

Session 7: My Personal Engagement Plan

OBJECTIVES

To create a concrete plan for applying the learning acquired during this training course.

PURPOSE

This session will help participants to identify what they need to do to build trust with their communities and how to apply the outcomes of this training course in their own roles.

KEY LEARNING MESSAGES

Improved engagement starts with identifying action(s) to be taken and how to complete them.

NOTE TO FACILITATOR

This session is important. It encourages participants to take responsibility for effective engagement with the community. Each participant will need to identify at least one action they would like to implement.

Participants will be required to finalize the template (see Annex 10) and discuss it with their supervisors. As part of the monitoring, both supervisors and participants will be followed up by phone calls, emails and/or personal visits.

TOOLS REQUIRED

- Pen
- Notebook

"We are restless, we go in and out of communities to make sure people don't get complacent. They know me personally as their brother or their son, so they believe me." – Michael Y. Kalokoh, teacher, Bombali. Michael works as a social mobilizer for World Hope International, who partners with UNICEF to raise awareness and secure community buy-in in the fight against Ebola. Social mobilizers also work hand-in-hand with the Ministry of Health and Sanitation surveillance teams supported by WHO to investigate and trace all close contacts of the sick and the dead. Photo: WHO/Winnie Romeril

- Prepare a flip chart sheet with the headline: "My Personal Engagement Plan"
- Template – Annex 10 to be discussed with supervisor/mentor.

DURATION OF THE SESSION

15 minutes

METHODOLOGY

- Self-reflection
- Plenary.

STEP 1 MY PERSONAL ENGAGEMENT PLAN

Ask the participants to think about what they would like to do as a result of the training, how they will apply it in their daily work and how they will know that they have been successful.

Now, ask them to complete the "My Personal Engagement Plan" template.

15–30 minutes

Session 8: Review of Objectives

OBJECTIVES

To review the training objectives and gather participants' feedback.

PURPOSE

The purpose of this session is to check whether participants' expectations have been met and to gather feedback on the quality of the training and how well it applies to their work.

KEY LEARNING MESSAGES

Participant feedback is important to help improve the quality of training.

NOTE TO FACILITATOR

Review the objectives listed on the "My Learning Objectives" flip chart (from the morning). Go through each one individually and check to see whether the participants' expectations have been met. (If any expectation that was listed did not fit into the scope of this training, it should have been highlighted at that time.)

Once it has been determined that all the objectives have been met, ask the participants to rate their comfort level (as they did in Session 1).

"The villages were like ghost towns. There was no food, no medicines; some people run away to the bush because they are frightened of the disease." – Alusine Babah Kamara, community volunteer surveillance, helping to construct Ebola community care centres in Sierra Leone. Photo: WHO/ Christopher Black

TOOLS REQUIRED

- Marker
- "My Learning Objectives" flip chart sheet (from the morning)
- Comfort level graph (from the morning).

DURATION OF THE SESSION

15 minutes

METHODOLOGY

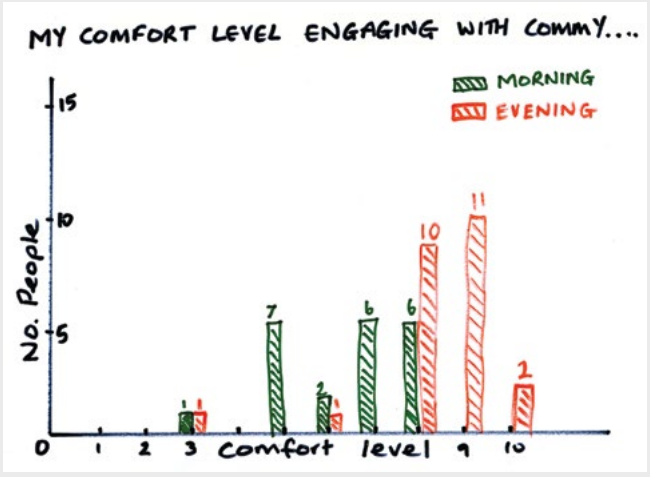
Plenary

STEP 1 RE-ASSESSMENT OF COMFORT LEVELS (PLENARY)

This exercise needs to be done anonymously.

Remind participants of the scale for assessing their comfort levels. On this scale, 0 means not comfortable at all and 10 means very comfortable. If a participant feels not comfortable at all, then they can rate themselves as "0." If they feel perfectly comfortable, then they can rate themselves as "10."

Ask them to determine their rating now, after the training. Provide blank pieces of paper and invite them to write their personal score. If participants had ranked themselves as 10 in the morning then provide with the opportunity of adding "+", "++", "+++" etc. to their original score.



Comfort levels before and after the training

Give them a minute to carry out the above instructions. When they are ready, collect the pieces of paper.

The co-facilitator will need to aggregate the results and plot them on the same bar graph as that used in the morning. Use a different colour.

Share the results with participants at the close of Session 9.

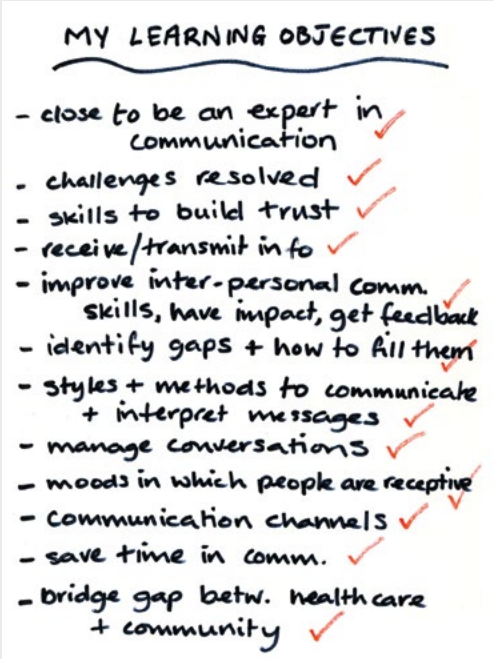
10 minutes

STEP 2 RE-ASSESSMENT OF LEARNING OBJECTIVES

In plenary, summarize the training objectives by drawing participants' attention to the "My Learning Objectives" flip chart.

Read out the objectives one by one and, if participants agree that the objective has been met, make a tick or check mark against it.

5 minutes



Sample learning objectives. Note that the ticks refer to the objectives that have been covered by the end of the training

Session 9: Wrap Up and Close

OBJECTIVES

- To summarize the key learning messages and insights generated by the group
- To validate learning and acknowledge progress
- To acknowledge participation by awarding certificates.

PURPOSE

This session concludes the training. We also introduce the RESPECT framework as an aid to remembering the essential components of communicating effectively with communities.

NOTE TO FACILITATOR

Be very positive in thanking the participants for their efforts and congratulate them on what they have learned. Feel free to highlight any particularly noteworthy examples of progress.

TOOLS REQUIRED

- RESPECT framework handout (Annex 11) – one per participant

"So many are not aware of Ebola. We have to teach them, explain certain things so they know Ebola is real." – Nurse Memuma Mansaray (centre). Memuma was part of the teams going door-to-door in her own neighbourhood in Freetown, explaining Ebola prevention. Photo: WHO/Nyka Alexander

- Certificate of Attendance (Annex 12) – one per participant.

DURATION OF THE SESSION

25 minutes

METHODOLOGY

Plenary

STEP 1 RESPECT FRAMEWORK

In plenary, give each participant a copy of the RESPECT handout, which summarizes the training sessions conducted. Briefly explain what each letter exemplifies. Invite participants to ask any questions.

10 minutes

STEP 2 CERTIFICATE OF ATTENDANCE

Distribute a Certificate of Attendance to all participants.

10 minutes

STEP 3 CLOSE

Wrap up the session by taking care of any pending items. Thank the participants for coming to training and the District Health Management Teams for hosting and facilitating the training.

5 minutes

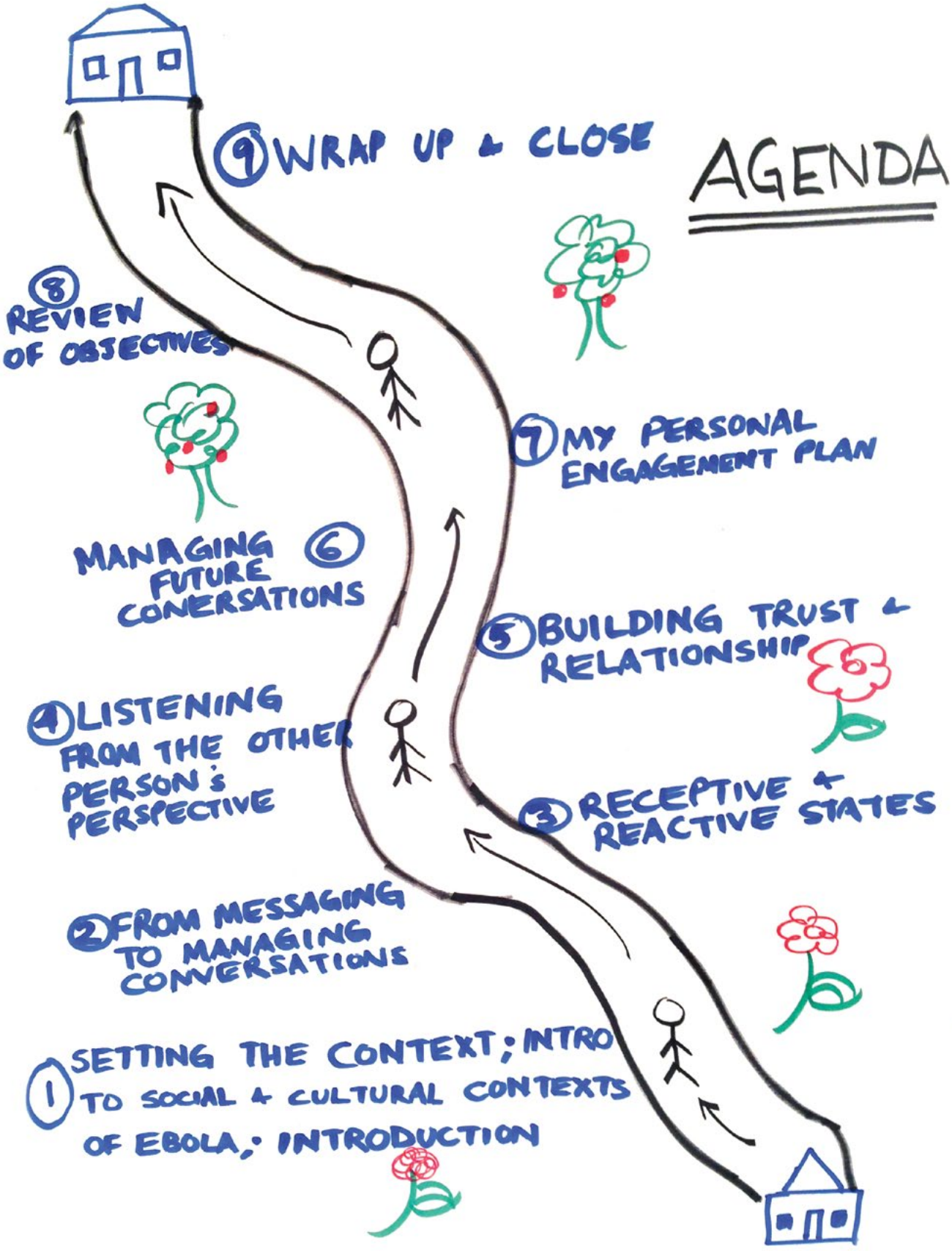
Annex 1: Checklist for Facilitators

Use this list to organize and prepare yourself for the training.

Item	Quantity
Flip chart pad	1
Flip chart stand	1
Markers (various colours)	6
Pens	30
Notebooks	30
Certificates	30
For each session:	
▶ Session 2: 2 cards with "successful" written on them	2
▶ Session 2: 2 cards with "challenging" written on them	2
▶ Session 4: Sets of "the card game" questions (one set per group)	4
▶ Session 4: Picture: elephant and the six blind men (1 per group)	6
▶ Session 4: Effective questioning skills (1 per participant)	30
▶ Session 5: Picture: boy/man (1 per group)	6
▶ Session 6: Case Investigation Form (1 per group)	6
▶ Session 6: EF01 (1 per group)	6
▶ Session 6: EF02 (1 per group)	6
▶ Session 6: EF03 (1 per group)	6
▶ Session 6: Feedback guide for role play (1 per participant)	30
▶ Session 6: Role play scenario card for family: scenarios 1, 2, 3 and 4 (quantity: 2 cards per group)	2
▶ Session 6: Role play scenario card for contact tracer and social mobilizer: scenarios 1 and 2	4 cards (2 per scenario)
▶ Session 6: Role play scenario cards for surveillance officer and social mobilizer: scenarios 3 and 4	4 cards (2 per scenario)
▶ Session 7: My personal engagement plan (1 per participant)	30
▶ Session 9: RESPECT (1 per participant)	30
Flip charts to be prepared in advance:	
▶ Session 1: Agenda (using the learning flow)	
▶ Session 1: Flip chart sheet: My Learning Objectives	
▶ Session 1: Flip chart sheet: Ground Rules	
▶ Session 1: Flip chart sheet: My Comfort Level Graph	
▶ Session 5: Flip chart sheet: What can break trust?	
▶ Session 5: Flip chart sheet: What can make trust?	
▶ Session 5: Flip chart sheet: What can rebuild trust?	

Annex 2: Agenda

Use the "Learning Flow" to create an agenda as shown in the picture. Note that the learning flow diagram does not show a morning or afternoon break; you may wish to include them.

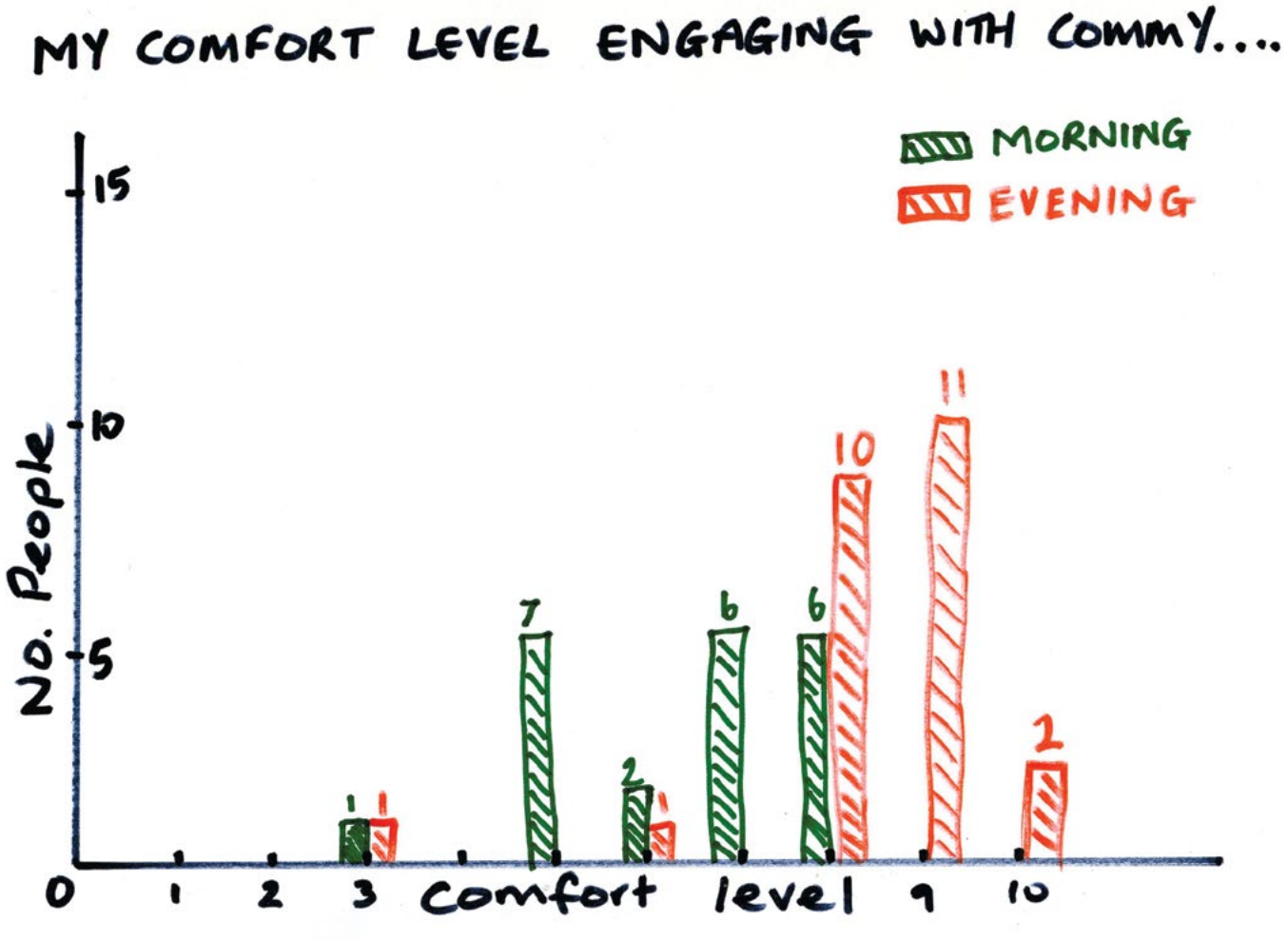


Annex 3: My Comfort Level Graph

This exercise needs to be done anonymously. It is done in Session 1 and again in Session 8.

The tool enables a trainer to assess their success during the training. Using a scale of 0 to 10, the participants will be asked to think about their current level of comfort in engaging with communities. On this scale, 0 means not comfortable at all and 10 means very comfortable. If a participant feels not comfortable at all, then they can rate themselves as "0." If they feel perfectly comfortable, then they can rate themselves as "10." If their comfort level is somewhere in between, they can rate themselves accordingly.

Once the participant has determined their rating, they will write it on a piece of paper, which the facilitator collects. The co-facilitator will aggregate the results and plot them as a bar graph, as shown. To show comparison between comfort levels in the morning versus at the end of the day, use two different coloured markers.



Annex 4: Effective Questioning Skills

"How" questions request an explanation of process

For example, when asking a question that starts with "how", you might say:

- Tell me, how did you come to be sick?
- How can we prevent other members of the family from becoming sick?
- How can we work together to stop the disease spreading in this community?

"Who", "when", "what" and "where" questions request a description

Some examples are:

- Who is the primary care taker of the family?
- Who was looking after you when you were sick?
- Who have you seen face-to-face in the last two days?
- What did you do when you started to feel unwell?
- Where were you when you first noticed that you were not well?
- When did you first notice you had a headache?

"Did you" questions request confirmation of a past behaviour or event

Here are some examples:

- Did you get medication or help when you became sick?
- Did you see any of your friends and family after you got sick?

"Can you" questions request an assessment of likelihood of happenings or abilities

For example:

- Can you tell me what will happen?
- Can you do this?
- Can you walk?
- Can you talk with me?

"Will or would you" questions request a prediction of future behaviour or events

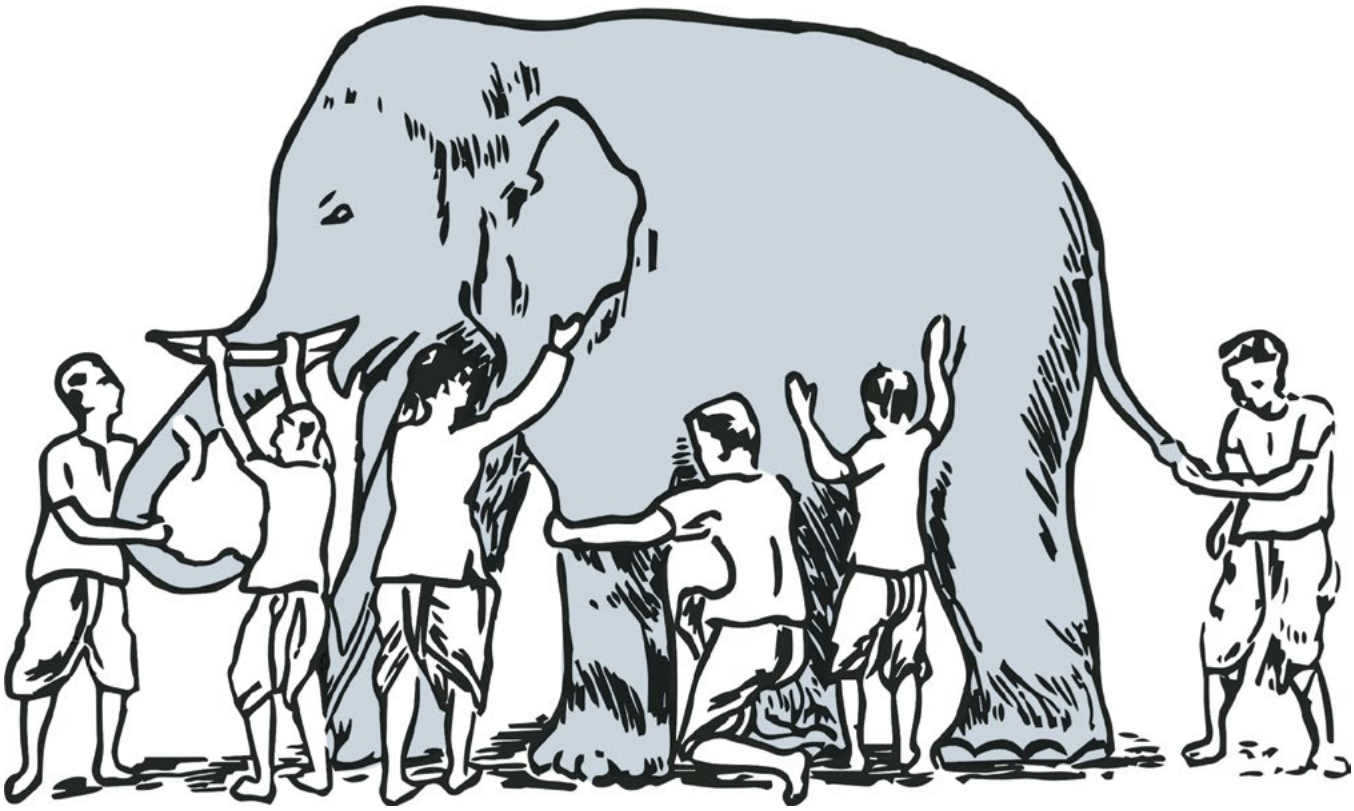
Some examples are:

- Will you let me know as soon as possible if you develop a headache or fever?
- Will you let other members of your family know if you develop a headache or fever?
- Will you call 117 if you start to develop a headache or fever?

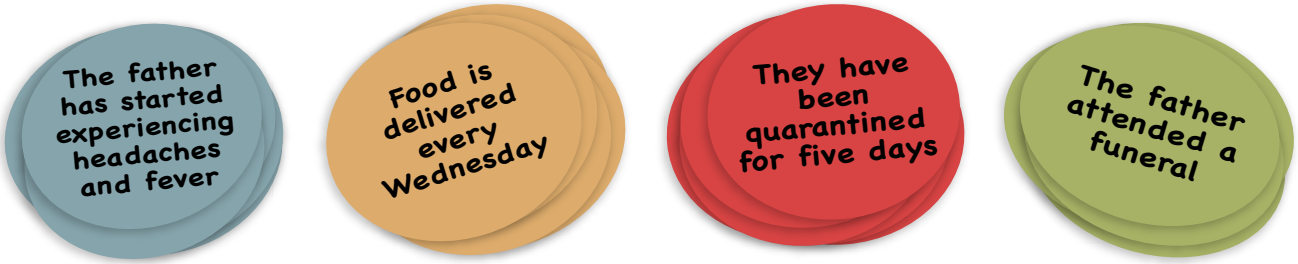
"Why" questions request a rationale or justification

Avoid asking the "why" question. It makes people defensive as they feel they have to come up with a rationale. They usually do not give the real reasons for personal decision-making and behaviour and may make up justifications that do not exist.

Annex 5: Elephant and Six Blind Men



Annex 6: The "Question" Card Game



You will need four sets of cards. Each set contains 11 cards. Each card will contain one statement from the following list. Use different colours for each set so they are easier to sort.

1. They have been quarantined for five days.
2. The family has 10 people: father, mother, grandmother (wife's mother), teenage nephew (father's side) and six children (two girls and four boys).
3. The father is the breadwinner in the family. He is a fisherman.
4. The father attended a funeral.
5. The funeral was that of a religious leader.
6. His body was washed.
7. The water was used to anoint those who attended the funeral.
8. The father has started experiencing headaches and fever.
9. Five additional family members have fever.
10. Save our Soul delivers food supplies.
11. Food is delivered every Wednesday.

Note to facilitator: collect the cards back from the participants after each session.

Annex 7: Building Trust and Relationships

Annex 8: Managing Future Conversations

Provide scenario cards for the family and the contact tracer/social mobilizer or surveillance officer/social mobilizer.

Make sure that the scenario for the family corresponds with the scenario for the contact tracer/surveillance officer/social mobilizer. For example, group 1 should get scenario 1 for the family and scenario 1 for the contact tracer and social mobilizer.

SCENARIO 1: THE FAMILY

- It is a family of six: mother, grandmother (mother's mother) and four children (two boys and two girls).
- The mother is the head of the family.
- She is a contact for another confirmed case.
- The family, therefore, was line listed and quarantined for 21 days.
- On day 18 of the quarantine, one of girls falls sick.
- When the contact tracer visits the family, the sick daughter refuses to come out
- Mother is protecting the daughter and is not revealing that the daughter is ill. When the contact tracer asks, the mother says that her daughter is at the toilet.
- The mother does not want the family to be quarantined for another 21 days.
- After a few minutes, the daughter joins the rest of the family, but she is unable to stand for long periods of time, sits down during questions about her symptoms and admits to having diarrhoea when pushed by the contact tracer.
- Sierra Leone Food Relief, a local NGO, provides the family with a weekly supply of food every Monday.
- The family received their supply of food yesterday as scheduled. Today is Tuesday.

SCENARIO 1: THE CONTACT TRACER AND SOCIAL MOBILIZER

- Give the contact tracer the line-list of those in the house.
- Give the contact tracer the symptom checklist for monitoring.
- The family has been in quarantine for the last 18 days (family of six: mother, grandmother and four children – two boys and two girls)
- You need to find out from the family about their needs.
- You need to find out from the family about their health status (contact monitoring).
- You are accompanied by a social mobilizer.

SCENARIO 2: THE FAMILY

You need to present yourselves as a large family, so you may wish to ask another group to join you when you present to the others. The group joining you will not be required to say anything, just act as if they were part of your family.

- The contact tracer is visiting a quarantined family for the third day of monitoring.
- The family has 12 members: grandfather, grandmother, three sons, eldest son's wife and six children (five girls, one boy).

- The mother (eldest son's wife) and the youngest baby girl, who is only three months old and is being breast fed, are experiencing symptoms of fever and diarrhoea.
- There are three rooms in the house.
- The house does not have a toilet and the family are toileting in the field.
- The five children sleep on one mattress and the baby girl sleeps with her mother.
- A cousin from a nearby village moved into the house yesterday.
- The food delivery was delayed and started after two days.
- Food supplies contains items that are not suitable for consumption by the breast-feeding mother.
- The family was in quarantine once in the past and did not have a good experience with the frontline staff.
- They recall the frontline staff not respecting their privacy and sharing confidential information about their family's situation with the rest of the community.
- Hence, when the contact tracer visited them twice daily over the last two days, they got into an argument and accused him of being a gossiper like others in the past.
- The family is angry and refuses to speak to the contact tracer because of their past experience.

SCENARIO 2: THE CONTACT TRACER AND SOCIAL MOBILIZER

- Give the contact tracer the line-list of those in the house.
- Give the contact tracer the symptom checklist for monitoring.
- The family has 12 members: grandfather, grandmother, three sons, eldest son's wife and six children (five girls, one boy).
- The family has been in quarantine for the last three days.
- The family is angry because of a bad past experience.
- You have to find out from the family about their needs.
- You have to find out from the family about their health status (contact monitoring).
- You are accompanied by a social mobilizer.

SCENARIO 3: THE FAMILY

- You are a family of six: husband, wife, three sons and brother-in-law (husband's brother).
- The wife has died of Ebola.
- She was a well-known traditional healer.
- The surveillance officer is visiting the family to do the Case Investigation before the swabbers and burial team arrive for safe burial.
- The family is determined to carry out traditional burial rituals – their mother was a member of a secret society.
- The surveillance officer is trying to do the Case Investigation, establish the contact line list as well as convince the family to allow the burial team to conduct the burial.

SCENARIO 3: THE SURVEILLANCE OFFICER AND SOCIAL MOBILIZER

- You have received an alert about a death in the community; the alert did not come from the family.
- A mother in the family died early morning and it is now afternoon.
- The family would prefer to have a traditional burial because their mother was a highly respected member of the community and needs to be honoured.

- Give the surveillance officer the Case Investigation Form.
- You have to complete the Case Investigation, including line list of contacts.
- You are accompanied by a social mobilizer.

SCENARIO 4: THE FAMILY

- The family consists of the father and his two daughters and three sons.
- The mother died in the Ebola Treatment Unit (ETU) two weeks ago and the family finished quarantine three days ago.
- Now, the eldest daughter is showing symptoms (headache, fever).
- One of the sons called 117.
- The surveillance officer has arrived to help with Case Investigation.
- He has called dispatch to get an ambulance to transport the sick to the ETU
- While the son who called the ambulance wants to help his sister, other family members are resisting.
- They believe that their mother would have survived had she stayed at home rather than being taken to the ETU, as once the mother was in ETU, they were unable to get any update on her state until she died.
- They are afraid to lose another family member to a system they neither trust nor understand.

SCENARIO 4: THE SURVEILLANCE OFFICER AND SOCIAL MOBILIZER

- A person called 117 reporting that another member of this family is now sick.
- The mother died in the ETU two weeks ago and the family finished quarantine three days ago.
- You have to do the Case Investigation and find out if the person meets the Ebola suspect/probable case definition.
- You have to call Dispatch to take the sick member to the ETU.
- The entire family is not consenting to it.
- Give the surveillance officer the Case Investigation Form.
- You are accompanied by a social mobilizer.

Note to facilitator: Collect the role play cards once the activity is over.

EF01

Ministry of Health and Sanitation, Sierra Leone: *Contact Listing Form for Ebola Outbreak*

Ebola Case Information

Case ID (1)	Surname (2)	Other names (3)	Head of household (4)	Village (5)	Chiefdom (6)	District (7)	Date of onset of symptoms (8)	Date of admission to isolation unit (ETU) (9)	Date of Death (if applicable) (10)

**For all information on location, please list details of where the contact will be residing for the next month

Contacts Information

	Surname (1)	Other names (2)	Phone No. (3)	Sex (M/F) (4)	Age (yrs) (5)	Relation-ship to case (6)	Date of last contact with case (7)	Type of contact (1,2,3,4,5,6) List all (8)	Head of household (9)	Village (10)	Chiefdom (11)	District (12)	Health care worker (Y/N) (13)
1													
2													
3													
4													
6													
7													
8													

Type of contact:

1 = Slept, ate or spent time in the same household as the case
2 = Had direct physical contact with body of the case (alive or dead)
3 = Touched (got in contact with) body fluids (saliva, urine, faeces)
4 = Touched or shared the bedding, clothes or dishes/eating utensils of the case
5 = Breast feeding of child
6 = Funeral attendance

Contact sheet filled by:

Name: _____ **Position**: _____ **Phone**: _____

Ministry of Health and Sanitation, Sierra Leone: *Contact Tracing Form for Ebola Outbreak*

EF02

CASE INFO

CONTACT INFO

Village/Community: _____ Chiefdom: _____ District: _____

Name of patient: _____Sex: M / F Age: _____ Suspected/Probable/Confirmed Case No: _____

Patient's phone: _____ Patient's relative's phone: _____

Name of contact: _____ Address (community/village):_____

Name of town chief/village leader: _____ Contact number: _____

Type of contact in the last 21 days: 1. Slept, ate or spent time in the same household as the case 2. Direct physical contact with body of case 3. Touched body fluids (saliva, urine, faeces) 4. Touched or shared bedding, clothes or other objects of case 5. Breast feeding of child 6. Funeral attendance

Date of last contact with the case (MM/DD/YY): _____/_____/ 2015 **Contact Tracer's name _____** **Contact ID:_____**

Instructions: Please write 'Y' for yes and 'N' for no in the correct cell **Contact Tracer's phone number: _____**

SYMPTOMS/SIGNS	DAYS AND DATE FOLLOW UP																				
	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Fever																					
Muscle pain																					
Joint pain																					
Neck rigidity																					
General body weakness																					
Nausea and vomiting																					
Diarrhoea (bloody or not)																					
Abdominal pain																					
Headache																					
Back ache																					
Chest pain																					
Sore throat or difficulty in swallowing																					
Rash																					
Bruising																					
Red eyes																					
Any bleeding																					
Jaundice																					
Other symptoms (specify)																					

Ministry of Health and Sanitation, Sierra Leone: *Contact Tracing Weekly Summary Form for Ebola Outbreak*

EF03

Name of Contact Tracer: _____ Name of Contact Tracing Supervisor: _____

Village/Community: _____ Chiefdom: _____

Zone/Ward: _____ District: _____

INSTRUCTIONS:
Complete for each contact: W=Well; S=Sick (if sick, explain under comments); N=Not seen; X=No information (give reason in comments)

No	Source case	Name of contact	Day / Date	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Comments
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Annex 9: Role Play Feedback Form

Constructive feedback from others is important. We often focus on the things we get wrong when, in fact, we are doing many things right and just need to do more of them.

Key areas	Specific examples of what was done well	Specific examples of what could be done differently next time
Creating receptivity in others		
Demonstrating listening		
Effective use of questions		
Building trust and relationships		

Annex 10: My Personal Engagement Plan

Your true learning starts now!

Think about the experiences you've had today and what you have learned.

Now, think of three things that you would like to put into practice following this training course.

Complete the chart and share it with your supervisor, who will be able to guide and help you with your on-going professional development.

What behaviour or skill do I want to practice?	When will I practice this behaviour or skill?	How do I know I am doing it well and improving?
1.		
2.		
3.		

Annex 11: RESPECT Framework

R: Receptivity helps with learning and taking in information, while reactivity hinders it

When in a receptive state, we feel calm (or perhaps excited in a positive way), open and flexible. When in a state of reactivity, the brain has difficulty taking in and processing what is being said.

E: Emotions must be taken into account and taken care of with compassion

When people are experiencing strong emotions, it becomes even more critical for them to feel listened to and believe that what they have to say matters. It is important to be mindful of both verbal and nonverbal aspects of the interaction to manage the situation effectively. Managing our own emotions well is an important first step in creating a receptive communication environment.

S: Sharing and caring invites more receptivity than telling and selling

The general approach you take when interacting with others can establish the tone of the conversation. Sharing and caring invites connection and a willingness to listen, while telling and selling can make people feel like you are talking at them rather than with them and can trigger a defensive response.

P: Prepare for the emerging process of conversation

Because communication is systemic, the current conversation will be influenced, not only by what is happening in the moment, but also by conversations people have had in the past and even those they expect to have in the future. Because of this, reactions can change quickly and unexpectedly based on how an individual might interpret what is being said. Be open and attentive to how the current conversation is progressing by monitoring the emotional tone, and prepare to be flexible so that you can shift your communication.

E: Every person's lived experience matters

Always take into account how others might "hear" what you are saying from their worldview, life experiences and current level of reactivity. Convey compassion and understanding as people share their stories.

C: Connect first, THEN inform respectfully if, when and where it's appropriate

While the information you need to convey may be of critical importance, it needs to be communicated both verbally and nonverbally in a way that encourages the other to listen. Try to establish a connection with people on a personal level before providing health information. Create and try to maintain an empathic connection throughout the conversation.

T: Trust AND distrust emerge in communication

Our "decision" to trust another at any given moment is based on many factors. For example, our brains are constantly scanning the environment to assess whether people and situations are safe or dangerous. Even though we can build trust with someone over time, our brains are always assessing for safety so we can adapt for survival. All our knowledge and experience from past interactions helps us to determine how we should behave in the current situation.

Annex 12: Certificate of Attendance

Ministry of Health
and Sanitation

World Health Organization

Certificate of Attendance

presented to

_____

for participating in

Enhanced Capacity Building:
Training on Trust Building and Communication
2015

Dr. Brima Kargbo (GOOR),
Chief Medical Officer,
Sierra Leone

Dr. Anders Nordstrom,
WHO Representative,
Sierra Leone

Annex 13: Local Proverbs

Session	Proverb	English translation	Meaning
Session 3: Receptive and Reactive States	Take tem kill anch, you go see in got	Take your time to kill the ant and you will see its guts	When you show patience, you can get to the bottom of things
	When chief vex in no for make law	When the chief is angry, it's not the time to make the law	Do not make any decisions when you are angry
Session 5: Building Trust and Relationships	Ka thankas neh, k thassi ka damrneh	Prevention is better than cure	It is prudent to be cautious than to try and fix what is broken
	Saful saful kill a rata	With patience, you will catch a rat	To catch a rat, you have to be very patient/skilful
Session 6: Managing Future Conversations	No hurry, pass make haste	Haste is waste	Do not hurry, have patience
	One finger nor dae pick los	A single finger cannot pick lice	We need to collaborate with others to get results
	O wanth o yenneh, finor, o tidee, de ar fme abakie	A child with good manners/behaviour can eat with prominent people	Good behaviour, manners and character will lead one to high places
	On nehsim o bloie en ye do lens	He who listens to advice lives longer	It is wise to listen and learn from experience

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