HC3 in Action

SBCC in Public Health Emergencies

About the Health Communication Capacity Collaborative

The Health Communication Capacity Collaborative (HC3) is a five-year, global project funded by the United States Agency for International Development (USAID). HC3 is led by the Johns Hopkins Center for Communication Programs (CCP) in collaboration with Management Sciences for Health, NetHope, Population Services International, Ogilvy PR and Internews. It is designed to strengthen developing country capacity to implement state-of-the-art social and behavior change communication (SBCC) programs. HC3 fosters vibrant communities of practice at the national, regional and global level that support improved evidence-based programming and continued innovation. More information about the project can be found on the HC3 website: **http://healthcommcapacity.org**.

About the HC3 in Action Series

The "HC3 in Action" series documents and synthesizes HC3's experiences and lessons learned on topics that cut across the project's diverse portfolio of activities. Each brief draws from HC3's work in 34 countries, as well as initiatives, tools and resources developed at the global level.

Acknowledgments

Operation Stop Ebola!! in Paynesville, Liberia. © 2015, UNMEER/ Martine Perret.

Acronyms

CCP	Johns Hopkins Center for Communication Programs
CICS	Center for Health Information and Communication
HC3	Health Communication Capacity Collaborative
I-Kit	Implementation Kit
INASA	Instituto Nacional Saúde Pública
KAP	Knowledge, Attitudes and Practices
MOH	Ministry of Health
NGO	Non-governmental Organization
SBCC	Social and Behavior Change Communication
SMS	Short Message Service
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

Public health emergencies have no finish line. Even when the peak of a crisis has passed, the public health system must work to recover from the crisis and actively prepare for future crises.

With the support of USAID, HC3 is working with public health systems in Africa and Latin America in various phases of an emergency – from prevention and preparedness, through to crisis response and recovery. The 2014 Ebola outbreak in West Africa was an important reminder that weak ties between communities and health systems breed misinformation and degrade confidence in the response, and that trust is a critical prerequisite for effective emergency management. SBCC is a mechanism for linking efforts between health systems and communities in emergencies, creating long-term health benefits.

This brief, part of the HC3 in Action series, describes key examples, challenges and insights from across the project that informed the development of the SBCC Emergency Helix, a programmatic framework for integrating SBCC throughout a public health emergency. The Helix highlights critical actions during an emergency in seven strategic objectives: **Prepare**, **Inquire**, **Mobilize**, **Sustain**, **Adapt**, **Reflect** and **Evolve**. At the core of the model, is the essential relationship between communities and health systems in building resilience. Just as our DNA adapts and evolves, the Helix is flexible and can be adapted for different types of emergencies.

Health Topics Included in this Brief:

Emergency Preparedness

Ebola

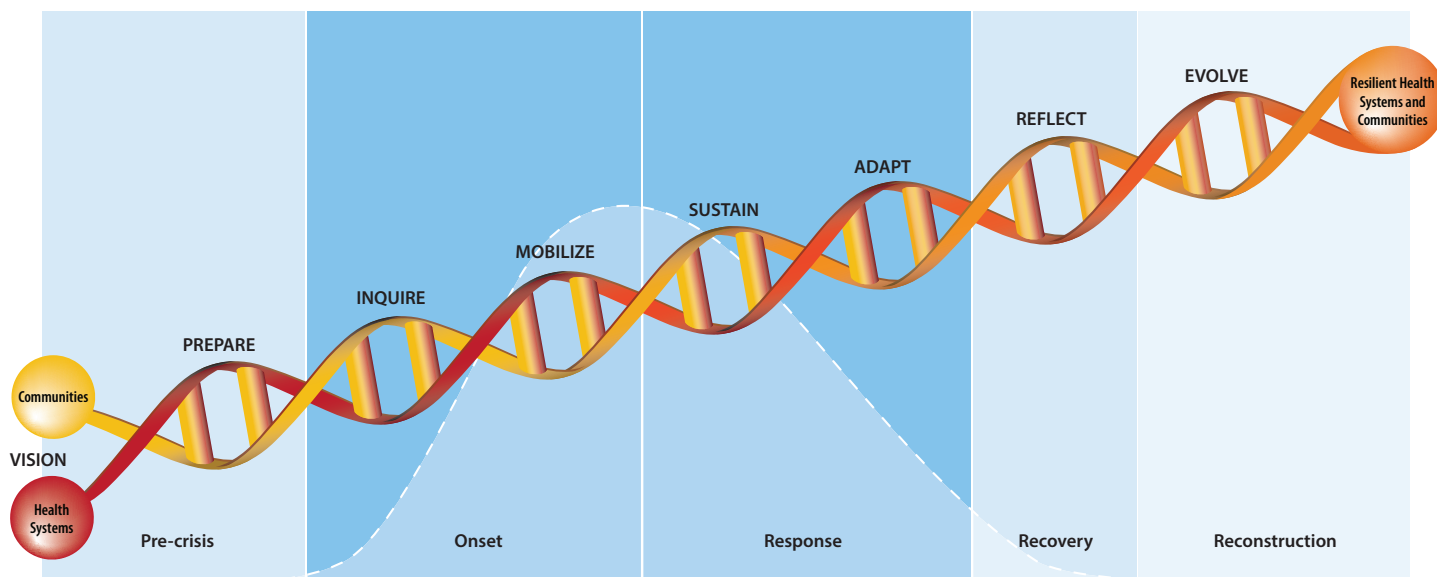**Capacity Strengthening**

Zika

Information and Communication Technology

Reproductive, Maternal, Newborn and Child Health

The SBCC Emergency Helix

Strengthening the Foundation for Response

COUNTRY: GUINEA-BISSAU

SBCC OBJECTIVE: PREPARE

HEALTH EMERGENCY PHASE: PRE-CRISIS

An emergency can strike at any time. However, the right infrastructure can mean the difference between a local emergency and a national emergency. Surveillance and early warning networks are essential for detecting public health concerns. Equally important, however, is an SBCC pillar for strategic communication that is established before a crisis unfolds, one that fosters trust between health systems and communities.

In Guinea-Bissau, HC3 is working with the Center for Health Information and Communication (CICS), at the Instituto Nacional Saúde Pública (INASA), to strengthen the Institute's capacity in health communication, with a special focus on emergency preparedness. By collaborating with CICS in developing a shared vision and national policies, such as the National Communication Policy, HC3 is strengthening INASA's capacity to implement and lead communication strategies across regions and sectors. HC3 holds workshops for specific groups and staff members who play a critical role during public health emergencies, including medical responders and media workers. In a recent activity, for example, journalists and community radio staff learned skills for improved emergency response reporting as well as rapid community mobilization.

INASA is fostering public trust by establishing a feedback loop that engages communicators, public health workers and community leaders. To support this effort, HC3 has conducted mapping and coordination exercises with CICS staff to examine the information flow among stakeholders, including communities, to reveal potential communication problems and shape the feedback loop. With this feedback loop in place, emergency communication strategies can be tested and tailored prior to an emergency and misconceptions can be quickly detected and addressed in the event of an emergency.

Laying the foundation for public health preparedness cannot be done in haste, so it must begin when it appears to be the lowest priority: in the absence of an emergency. This foundation is a key factor in mitigating adverse health, social and economic impact. With the capacity for national emergency SBCC, INASA can lead strategic communication activities when a crisis hits. With stakeholder-community

The Bissagos Islands in Guinea-Bissau. © 2013 Mark Brennan/ Centre de Recherche Ouest-Africain, Courtesy of Photoshare

coordination in place, a multidisciplinary team is at the ready for a stronger emergency response.

SBCC ACTIONS FOR PREPARE

- Designate an SBCC pillar to be the central coordinating body for all emergency communication responses
- Incorporate the community voice in the emergency reporting structure with a feedback loop among all stakeholders
- Test the feedback loop with scenarios and exercises

HC3 RESOURCES FOR PREPARE

- SBCC for Emergency Preparedness Implementation Kit (I-Kit)
- Ebola Communication Preparedness I-Kit
- Strengthening Emergency Response through SBCC Webinar

Rapid Research for Emergencies

COUNTRIES: HONDURAS, EL SALVADOR, DOMINICAN REPUBLIC, GUATEMALA, LIBERIA

SBCC OBJECTIVE: INQUIRE

HEALTH EMERGENCY PHASE: ONSET

Once a public health emergency is confirmed, communicating becomes a time-sensitive necessity. Formative research is the basis for evidence-driven SBCC and can be accelerated by conducting agile observation visits, key stakeholder interviews and leveraging technology for rapid surveys.
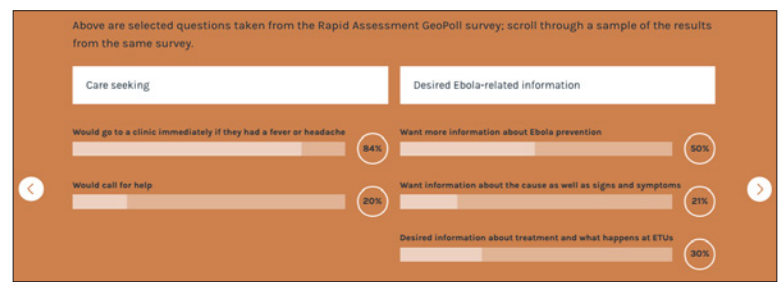
Shortly after Zika was declared a Public Health Emergency of International Concern by the World Health Organization (WHO) in February 2016, HC3 mobilized a team of SBCC, vector control, Latin America and family planning experts to conduct a one-week landscape exercise on Zika communication and coordination in four countries – Honduras, El Salvador, Dominican Republic and Guatemala – with the aim of gathering an understanding of the on-the-ground realities that would influence each country's response to the emergency.

Despite the rapid pace of the visits, the analysis provided a snapshot of the Zika situation and response, and HC3 drew a number of findings that could inform the next steps. For example, the recommendation for more specific "calls to action" in the household cleanup messaging aimed at controlling *Aedes aegypti* mosquitoes, the genus of mosquitoes spreading Zika, dengue fever and chikungunya, and focusing on the most important mosquito breeding sites in the home. HC3 used the findings to develop the *Strategic Communication for Zika Prevention: A Framework for Local Adaptation*, an adaptable resource for designing Zika prevention SBCC strategies. Under the overarching coordination of the United Nations International Children's Emergency Fund (UNICEF), HC3 is currently conducting participatory working meetings with the Ministry of Health (MOH) in each of the four focus countries to use the Framework, and ultimately strengthen national capacity in communicating accurately and effectively about Zika.

One approach that can be leveraged for rapid formative research during a public health emergency is information and communication technology (ICT). During the Ebola epidemic in Liberia, research in such a chaotic time and place was clearly a challenge. At the time, data was not available about the public's level of knowledge of the Ebola virus, its modes of transmission or what kind of information communities needed to guide their response and help curb the epidemic.

HC3 partnered with GeoPoll to gather on-the-ground perceptions and knowledge of the virus among affected communities through a short message service (SMS) based survey. The questionnaire detected a range of fears from visiting health facilities and children attending schools to concerns about stigma, employment and quarantine. Geographically and demographically defined, two-way SMS surveys allowed for remote and electronic data capture and revealed knowledge and attitude differences even at the county level. This high-tech, low-touch method also kept surveyors away from potential exposure to the virus.

Above are selected questions taken from the Rapid Assessment GeoPoll survey; scroll through a sample of the results from the same survey.

Within three days of the survey launch, 1,000 men and women over the age of 15 completed the SMS questionnaire. These results, along with other demographic information and survey data gathered through more traditional methods, helped HC3 develop a communication response and strategy with little wait time, which was essential for this fast-moving epidemic, while ensuring that the SBCC response was timely and tailored.

SBCC ACTIONS FOR INQUIRE

- Conduct a landscape exercise and collect data to ensure messages address actual key health behaviors, knowledge, beliefs and norms impacting the crisis
- Use the findings and engage emergency response stakeholders to develop a sound strategy with a clear theory of change

HC3 RESOURCES FOR INQUIRE

- HC3 Landscaping Summary Report on Zika Coordination and Communication in Four Countries
- Zika Prevention Strategic Communication Framework
- Use of SMS-Based Surveys in the Rapid Response to the Ebola Outbreak in Liberia: Opening Community Dialogue (in the Journal of Health Communication)

Mobilizing SBCC for Ebola and Zika Control

COUNTRY: LIBERIA, GUINEA, HONDURAS, EL SALVADOR, DOMINICAN REPUBLIC, GUATEMALA

SBCC OBJECTIVE: MOBILIZE

HEALTH EMERGENCY PHASE: ONSET

Communities are not just beneficiaries of emergency response efforts; they are central actors that determine the success of a response. In the West Africa Ebola outbreak, engaging affected communities in culturally appropriate ways improved cooperation and resilience.

As the Ebola outbreak intensified, responders realized that transmission awareness and social practices posed significant challenges to Ebola control. Community engagement and social mobilization became essential strategies for curbing the behavior-driven crisis. In Liberia, HC3 adapted an experiential-based community toolkit, *Journey of Hope,* originally created for HIV prevention in South Africa. Through rapid formative research and pre-testing with health workers, illustrators, Ebola survivors and others, the adapted *Bridges of Hope* toolkit quickly came together for implementation. It included the stories of five Ebola survivors and the actions they took to protect themselves and their families. This allowed participants to explore their fears and build efficacy to face the disease. With the MOH and the Community Health Department, HC3 trained community health volunteers with Bridges of Hope to mobilize communities in the Ebola response.

Bridges of Hope continues to stimulate action in communities by engaging families, community leaders, community volunteers and community-based health workers to take control over health in their community. By adapting it to include pressing topics such as malaria, family planning and gender-based violence, communities in Liberia and Guinea are increasing health service utilization, positive health behaviors and community initiative to work together in addressing health and social issues. Its continued use and adaptation speaks to the lasting health impact of community mobilization.

Online repositories also help meet the pressing demands for SBCC tools in emergencies. HC3 launched two online portals for the global audience: the Ebola Communication Network and the Zika Communication Network. These emergency communication networks house curated materials and tools from a multitude of partners, making them easily accessible for others to adapt and use.

In emergencies involving multiple national and international responders, communication and community mobilization activities can multiply quickly, and can lead to conflicting messages and duplication of efforts without proper coordination. In Honduras, El Salvador, Dominican Republic (DR) and Guatemala, HC3 interviewed 10 to 15 key organizations in the national Zika response. Each organization's Zika communication activities were mapped to capture high-level information about the distribution of communication efforts by audience, geographic area, key message/theme and timeline in each country. The Zika communication activity mapping is intended as a tool to support country-level coordination, and as an input to inform country-specific Zika communication plans.

Interactive maps for each country help national Zika stakeholders visualize the geographic distribution of communication efforts. The map is complemented by an online database that allows stakeholders to view communication activities in their country filtered by audience, and periodically update their own communication activities. These detailed Zika communication activity maps reveal strengths and gaps in the current response. HC3 has presented these gap analyses and online tools to key stakeholders in each country, which have informed the next stages of their Zika communication response.

SBCC ACTIONS FOR MOBILIZE
- Engage all levels of a community to action
- Adapt existing resources for rapid SBCC roll out
- Map activities to ensure coordination

HC3 RESOURCES FOR MOBILIZE
- **Bridges of Hope**
- **Journey to a Bright Future Guide**
- **Ebola Survivor Comic Book**
- Zika Communication Activity Maps – **Guatemala**, **DR**
- **El Salvador, Honduras**
- Communication Networks – **Ebola**, **Zika**

Staying Attentive

COUNTRIES: SIERRA LEONE, LIBERIA, JAMAICA

SBCC OBJECTIVE: SUSTAIN

HEALTH EMERGENCY PHASE: RESPONSE

The initial energy fueling emergency efforts in health systems and communities may begin to wane or burn out after the initial wave of response. Monitoring SBCC and social mobilization activities provides opportunities to improve intervention effectiveness and sustain action. Channeling messages through a dedicated working group helps communities and health systems stay attentive to emergency risks and complications. Responding to fatigue is also essential for mitigating emergency flare-ups and avoiding negligence of non-emergency health issues.

In 2015, members of Sierra Leone's Social Mobilization Pillar, co-chaired by the Ministry of Health and Sanitation Health Education Division and UNICEF, recognized a need for social mobilization to be integrated into multiple areas of the Ebola response to help build trust among community members and response teams. A series of district-level workshops that mapped the community engagement process identified challenges that social mobilizers faced in communities including fear, stress, complacency and mistrust associated with the ongoing quarantines, safe burials and contact tracing. As a result, HC3 supported UNICEF in the development of Standard Operating Procedures (SOPs) for the Social Mobilization Pillar to provide practical guidance on operationalizing strategic community engagement during the Ebola response. These SOPs were rolled out to social mobilization pillars at the national and district levels, and were used to facilitate

Group discussion at Sambaia village, Sierra Leone. © 2016, HC3

dialogues and feedback loops among community members and response teams before, during and after disease control activities.

To ensure that all Ebola-related communication was correct, consistent and harmonized, HC3 helped establish and coordinate the Messages and Materials Development (MMD) working group in Liberia. The National Health Promotion Division, which chaired the Social Mobilization Pillar in Liberia, used the "Healthy Life" logo to indicate credible and trusted health information from the MMD. An Ebola message guide was also created and revised according to the current context of the outbreak. HC3 shared the Liberia Ebola message guide with the messaging subcommittee of the Social Mobilization Pillar in Sierra Leone, and provided technical assistance to the subcommittee to adapt the Ebola messaging guide for Sierra Leone, which was later rolled out nationwide.

> *"When Ebola hit, no one knew where to turn to find information that was trustworthy. We were able to make good use of the Healthy Life logo for materials circulated among the healthcare community so people knew the MOH had supported and approved the content."*
>
> Rev. John Sumo, Director of Liberia's National Health Promotion Division

Radio was a critical channel to continue reaching communities with tailored messages in Liberia. HC3 collaborated with the MOH to produce six Ebola radio spots in November 2014, which aired the next month in 18 local languages on 32 radio stations throughout the country. HC3 continued to meet with community radio stations cultivating relationships with them. Attention to Ebola was sustained by changing messages according to emergency realities. Initial messages covered safe burials, preventing the spread of Ebola, surviving Ebola through early treatment, actions for when signs and symptoms are present and actions while waiting for help. These spots were aired 120 times by each station during a period of 30 days, and then again 240 times during a period of 60 days. After Liberia was declared Ebola-free in May 2015, two additional radio spots addressing the need to remain

Community radio journalist in Katata, Margibi County, Liberia.
© HC3/Arwen Kidd.

vigilant aired 168 times on each radio station during a 42-day period.

The need to update and refresh emergency communication has also been true for Zika prevention. In Jamaica, recent data seems to indicate that Zika communication may not be resonating with certain key audiences. HC3 will be providing technical assistance to the MOH in Jamaica to update messages and activities and ensure communication stays relevant and focused.

SBCC ACTIONS FOR SUSTAIN

- Use community-based media to link communities and health systems and disseminate tailored responses
- Deploy a dedicated materials working group
- Change focus as needed to sustain the response and respond to fatigue

HC3 RESOURCES FOR SUSTAIN

- Sierra Leone Emergency Management SOPs for Ebola Social Mobilization and Community Engagement
- Hear the Ebola radio spots in the fifth section of the multimedia Ebola: A Behavior Driven Crisis

SBCC that Keeps Up with Dynamic Outbreaks

COUNTRY: GUATEMALA, EL SALVADOR, LIBERIA, SIERRA LEONE

**SBCC OBJECTIVE: ADAPT**

HEALTH EMERGENCY PHASE: RESPONSE

Emergencies develop and evolve in unpredictable ways. This means the SBCC strategy must be highly flexible. As new information is confirmed and as the complexity of community realities become apparent, the desired behaviors and barriers to behavior change will change. Keeping a close ear to community anxieties ensures that SBCC professionals have the information they need to adapt with the emergency.

In June 2016, WHO confirmed that Zika virus is sexually transmittable. However, addressing this additional Zika risk in MOH communication required updating local strategies. HC3 provided technical assistance to the MOH in focus countries to re-evaluate and adapt local communication strategies, incorporating the emerging sexual transmission evidence.

During the Ebola outbreak in West Africa, rumors and misinformation ignited further disease transmission. To combat Ebola rumors in real time, HC3's partner, Internews, implemented the "DeySay" project in collaboration with the Liberian National Red Cross Society, Project Concern International and UNICEF. DeySay (referring to how people speak about rumors in Liberian English) used SMS to detect rumors about Ebola. When health workers, non-governmental organizations (NGOs) or volunteers became aware of a rumor, they texted it to a central coordination hub in Monrovia. The collected information was analyzed for trends and information gaps, and rumors were countered with correct information through local media partners and newsletters. The system also used social mobilizers and aid workers to conduct door-to-door checks to address household anxieties and misinformation.

HC3 also conducted rapid assessments in Liberia to get a snapshot of community feelings towards big issues: the opening of the national cemetery, the Ebola vaccine trial and the policy on testing all dead bodies for Ebola. In a qualitative study, *Community Perspectives about Ebola in Bong, Lofa and Montserrado Counties of Liberia*, HC3 assessed attitudes and norms related to Ebola in three counties of Liberia. The findings highlighted changes from when the outbreak began through December 2014 and recommended targeting new information needs

(especially for vulnerable groups), supporting existing community leaders and task forces who had become pivotal in community mobilization, improving emergency preparedness through training, establishing a national preparedness plan and addressing lingering stigmatizing behaviors.
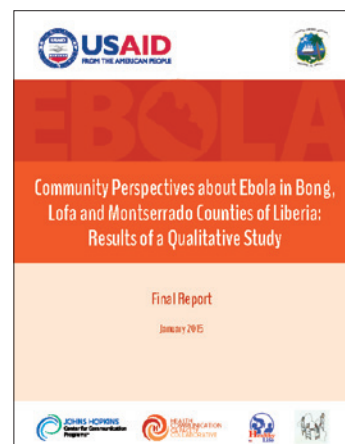
Similarly, during the second half of the Ebola outbreak in Sierra Leone, UNICEF and the Ministry of Health and Sanitation Health Education Division held a series of district-level mapping exercises and a social mobilizer forum to gather challenges from social mobilizers in the field and assess and translate these challenges into actionable solutions. Among other issues, social mobilizers reported new frustrations in reaching community members that included stress, complacency, message fatigue and mistrust. These results, along with knowledge, attitudes and practices (KAP) survey results, informed the adaptation of the first *Ebola Communication Strategy of Sierra Leone* to a second-phase strategy, supported in part by HC3, along with district-level orientations on more participatory approaches. The second strategy highlighted more in-depth two-way communication approaches and an updated monitoring and evaluation framework.

SBCC ACTIONS FOR ADAPT

- Monitor key messages and activities as well as feedback to address and stop the spread of rumors
- Continually re-evaluate and adapt the SBCC strategy to address developing emergency behavior priorities (this may mean a second or third stage in the strategy)
- Remain attentive to audience reactions to the emergency through community informants and available technology

HC3 RESOURCES FOR ADAPT

- **Combatting Rumors About Ebola: SMS Done Right**
- **Community Perspectives about Ebola in Bong, Lofa and Montserrado Counties of Liberia: Results of a Qualitative Study**

Reflecting on SBCC for Ebola

COUNTRIES: LIBERIA, GUINEA, SIERRA LEONE

SBCC OBJECTIVE: REFLECT

HEALTH EMERGENCY PHASE: RECOVERY

In public health emergencies, lives and resources are inevitably impacted. Yet times of crisis can also be opportunities for growth. To build back better health systems and communities, best practices and failures must be identified and shared. Post-emergency evaluations are critical steps to mitigate and prepare for future emergencies. In addition to assessing the relevance, performance and success of the communication response, monitoring media involvement and community ownership can indicate capacity improvements and community resilience.

During and after the Ebola outbreak, HC3 conducted and contributed to research activities in Liberia, Guinea and Sierra Leone, which revealed important insights about knowledge of Ebola transmission and prevention, trusted sources of Ebola-related information, health behaviors at home and health-seeking practices and trust in the health system. These insights guided SBCC efforts during and after the crisis, and revealed the impact of communication activities.

During the outbreak, HC3 provided technical support to the MOH in the design, implementation and analysis of two KAP studies in Liberia and Sierra Leone to strengthen use of research for evidence-based programming. HC3 also collaborated with UNICEF to develop case studies on the effectiveness of social mobilization efforts in Sierra Leone's western area surge, community care centers, innovative technology and rapid response.

After the outbreak, HC3 Liberia documented success factors from the Incident Management System Ebola Response Social Mobilization Pillar in a report titled *Social Mobilization Lessons Learned: The Ebola Response in Liberia*. Factors included community ownership; involvement of Ebola survivors; building capacity of community systems; systematic, sustainable and targeted approaches; incentive standards; internal coordination and communication; and collaborating with local media for two-way communication with communities. HC3 also supported the George Washington University's Ebola Risk Communication Project, which conducted content analysis and found that developing relationships with news media is an effective means to combat rumors in the midst of a major health crisis.
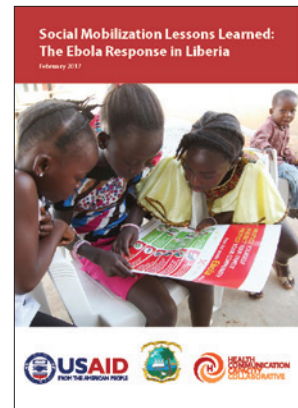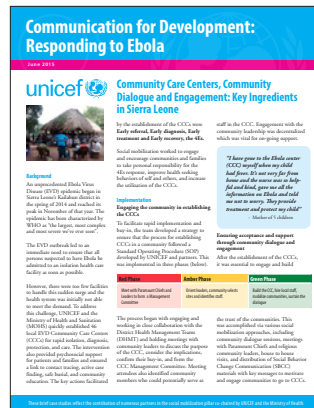
To improve the sharing of resources, HC3 assessed knowledge management gaps in Liberia and Sierra Leone and provided support through knowledge management trainings, MOH web portals and, where feasible, resource centers to house SBCC materials, surveillance bulletins, research reports and other MOH information. In Sierra Leone, for example, HC3 set up a knowledge management gateway and trained health education officials and partner staff. The Health Education Division is currently using the gateway to share key documents, lessons learned and best practices, and is disseminating the resources nationwide through a listserv.

SBCC ACTIONS FOR REFLECT

- Conduct post-emergency evaluations to assess the relevance, performance and success of the communication response
- Share the findings with all stakeholders in the response including community leaders and partners
- Modify ongoing activities according to successes or failures
- Develop knowledge management tools to expand access to messages and lessons learned for all groups involved

HC3 RESOURCES FOR REFLECT

- **Social Mobilization Lessons Learned: The Ebola Response in Liberia**
- **Ebola Risk Communication Project in Liberia: Lessons in Crisis Communication**
- **Communication for Development Fact Sheets**
- **Ebola: A Behavior Driven Crisis**
- **Journal of Health Communication Ebola Supplement**

Making Mano River Region Countries Stronger than They Were Before Ebola

COUNTRY: GUINEA, LIBERIA, SIERRA LEONE

SBCC OBJECTIVE: EVOLVE

HEALTH EMERGENCY PHASE: RECONSTRUCTION

Health priorities do not revert back to pre-crisis priorities. Once a public health emergency subsides, communities and health systems may face critical new realities as they recover and rebuild. In countries affected by the Ebola outbreak, lives were lost but there were also devastating impacts on relationships between health care providers and communities. This new set of challenges called for new strategic approaches.

HC3 conducted a literature review on trust in the health systems in Liberia, Sierra Leone and Guinea, along with approaches that have been used to strengthen that trust. In all three countries, HC3 gathered perspectives from clients and health care providers since the Ebola outbreak. Several barriers to health-seeking behaviors were found, including cost and distance to health facilities, experiences with health providers and perceptions of continued Ebola safety policies reducing the quality of physical examinations. The findings from the assessments helped shape efforts to rebuild trust and increase use of health services in all three countries.

Facilitated community dialogues have proven to be a powerful approach for uniting health systems and communities post-Ebola. These highly engaging and participatory dialogues brought together health system representatives and community members to discuss the health issues in their community. Participants prioritized and agreed on solutions that could be supported with HC3 resources to improve health care facilities and services, such as cleaning and repainting. Quality teams and makeover plans held participants accountable. Makeovers were coupled with interpersonal communication and counseling training for health providers, to ensure that both trust in the health system as well as quality of health service improved.

These community dialogues have been held throughout Guinea and Sierra Leone, building community ownership of facilities and confidence in the health system with overwhelming success. Providers and community members have worked above and beyond the calls for change, resulting in makeovers that exceeded their own expectations. In the final celebrations, participants pledged to continue working together in maintaining the facilities. Creating or revamping a symbol of trust can help to inspire a

further increase in health service utilization. In Guinea, HC3 collaborated with the Maternal and Child Survival Program to revamp the "Etoile d'Or" (Gold Star) quality brand for service sites. Etoile d'Or is awarded to programs that undergo an accreditation process to meet quality criteria. By promoting Etoile d'Or quality services nationally and regionally through mass media and community events, HC3 is inspiring other facilities to achieve the same high-quality standards that Guineans desire and deserve. HC3 Guinea also worked with local radio stations and NGOs at the community level to encourage the adoption of healthy maternal and child health behaviors through interactive activities such as radio game shows. These efforts have produced a 37 percent increase in use of services for the period of January-June 2016 compared to the same period in 2015.

The Healthy Life logo has existed in Liberia since 2010, and was used during the Ebola crisis to indicate credible and trusted health information. HC3 supported the Liberia MOH to breathe new life into it by re-launching it as a symbol of trust, hope, happiness and well-being. The Healthy Life brand, used on all MOH materials, represents partnership between community and health care providers, access to health information and services and building healthy families. It motivates service providers to provide excellent care to the communities they serve and encourages communities to be patient with service providers to move toward a healthier and happier Liberia. A weekly radio distance learning program for community health volunteers was part of the brand, as well as activities to support the concepts of mutual compassion and community engagement through print materials, billboards, radio spots

Event held on September 1, 2016 in Dixinn, Guinea; the billboard shows the gold star logo, signifying a high-quality service delivery health center. © 2016, HC3.

and district-level meetings bringing diverse stakeholders to the table. Branding was also used for the community dialogues and related mass media in Sierra Leone under "Get Kol Art, Pik Welbodi" (Get Peace of Mind, Choose Health).

Post-emergency capacity building ensures that countries are in a stronger position to respond to future emergencies with strategic SBCC. HC3 has held CCP's flagship *Leadership in Strategic Communication Workshop* in Guinea and Sierra Leone with participants from the MOH and local NGOs to strengthen their capacity to develop and implement effective SBCC programs. HC3 Sierra Leone has also supported the Ministry of Health and Sanitation with knowledge management assistance, the development of a standardized Reproductive, Maternal, Newborn and Child Health (RMNCH) Messaging Guide and the country's first *National Health Promotion Strategy of Sierra Leone (2017-2021)*, which incorporates lessons learned from the Ebola outbreak. The Strategy is designed to strengthen quality health promotion across the country, and includes objectives and actions around capacity building, resource mobilization and building stronger health promotion structures and interventions, including risk communication, monitoring and evaluation frameworks and knowledge management.

As affected communities work toward a new normal after an emergency, the health system must adjust to new needs and challenges. By assessing the social damages and identifying the support survivors need as well as the communication avenues available, SBCC strategies can support communities in not only recovering but also in evolving. When the next crisis hits, they will be better prepared to respond quickly and effectively, with the potential to save more lives.

SBCC ACTIONS FOR EVOLVE

- Identify new needs through a landscape assessment
- Harness the power of the community to rebuild better systems post-crisis
- Aim for a stronger, more resilient community in the post-emergency SBCC strategy while helping communities and health systems recover from their losses

Guinea Health Facility: Before. © 2016 HC3.

Guinea Health Facility: After. © 2016 HC3.

HC3 RESOURCES FOR EVOLVE

- **Quantitative Assessment on Health System Trust and Health Service Utilization in Liberia**
- **Healthy Life Campaign Materials**
- **A Unifying Identity for Liberia's Revitalized Health System**
- **Journey to a Bright Future Guide**
- **From Vision to Action: Rebuilding Trust in Health Systems in Sierra Leone, Post-Ebola**
- **SBCC in Post-Ebola Guinea: HC3 Case Study Series**

Key Principles

While the SBCC response will change with the phases of a public health emergency, four underlying principles remain critical throughout the cycle, as discussed in the **SBCC Emergency Helix**:

Community-centered: All emergencies begin locally. This means that communities are always at the forefront, facing the realities and consequences. In order to truly prepare and respond to emergencies, SBCC programs must remain community-centered by opening two-way communication channels and acting on information provided by the community. To do otherwise would be counterproductive and potentially detrimental.

Rapid: Traditional SBCC can have lengthy processes for analysis, testing and implementation. While these steps are still essential for emergency SBCC, rapid mechanisms for research, implementation and feedback are available and using them will ensure the SBCC program is evidence-based. Mobile health (mHealth) technologies have been particularly useful in the emergency context.

Systematic: Wide-scale communication campaigns are expected in emergencies. With a multitude of international, regional, national and local partners disseminating health advisories simultaneously, however, there can be a flood of contradicting messages. The SBCC process offers a systematic approach and can harvest powerful and focused streams of information from the flood.

Coordinated: Various emergency actors work to end crises, yet misunderstandings and inefficiencies become significant obstacles. SBCC is a coordinated effort, establishing active and ongoing relationships between sectors, stakeholders and the public by gathering disease control information, health system information and audience insight, then integrating it into information that households and decision-makers really need.

Survivors help others in Liberia. © 2015, USAID.

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Cover Photo: UNICEF-sponsored A-LIFE youth go door-to-door to education people on Ebola prevention.
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