Original Collaborating Partners

Ebola Virus Disease Care Group Module 2026 Update

Introduction

On 17 May 2026, the World Health Organization declared the ongoing Ebola outbreak in the Democratic Republic of the Congo and Uganda a Public Health Emergency of International Concern. The outbreak — caused by the Bundibugyo strain of Ebola virus and centered on Ituri Province with confirmed cases also in Kampala — is a stark reminder that East and Central African communities continue to live under the threat of Ebola, and that strong community-level health promotion remains one of the most important defenses we have.

These lesson plans were originally developed in 2014–2015 by members of the **CORE Group Social and Behavioral Change Working Group** — a collaboration of seven international NGOs including Impact Global Health Alliance, Feed the Children, Food for the Hungry, International Medical Corps, Project Concern International, Samaritan's Purse, and World Relief — in response to the West Africa Ebola epidemic. *(Note: The logos above represent those original collaborators who have not reviewed this updated version.)* The 2026 revisions to the original lessons have been prepared by staff working with the **Impact Global Health Alliance** (IGHA), one of the original co-developers of the curriculum using updated materials from WHO and the peer-reviewed published literature – see references at end of the document. Note that several of the organizations and agencies involved in developing the original curricula have since closed, merged, or been renamed. A detailed outline of the curriculum can be found after the nine lessons.

The technical content of these lessons is largely drawn from what was known during the 2014–2016 West Africa outbreak. For the 2026 version, we have updated several points in line with current WHO and CDC guidance and in alignment with the latest published literature: (1) unlike in 2016, a licensed Ebola vaccine (Ervebo) now exists, but only for the Zaire strain — it is *not* licensed for the Bundibugyo or Sudan strains that affect East Africa, including the current 2026 outbreak; (2) two monoclonal antibody treatments (Inmazeb and Ebanga) are now licensed and improve survival, as well, but again only for the Zaire strain; (3) the guidance on sexual transmission has changed substantially — Ebola virus can persist in semen for many months and sometimes more than a year, so male survivors and their partners should now use condoms or abstain for **at least 12 months** (or until two semen tests in a row are negative), rather than the 3 months stated in the original lessons; and **(4)** survivor mothers should *not* resume breastfeeding immediately after discharge — current WHO guidance requires two consecutive negative breast-milk tests first. The core behavioral messages of the original module — hand washing, safe greetings, early care seeking, contact tracing, avoiding contact with bodies, and working with the Ministry of Health — remain as relevant in 2026 as they were

in 2015. As before, practitioners are strongly encouraged to align this generic module with the specific guidance of their own Ministry of Health and country context.

This documented was translated from the revised English version using DeepL. The first few lessons were checked by a human translator who found several small errors (of a non-technical nature) which were changed throughout the document. Following the course taken during the original French translation of the Care Group training manual, we chose to leave certain phrases ("Care Groups", "flip charts") in English since their direct French translation could lead to misinterpretations for those familiar with the Care Group approach.

If you are looking for support for planning, setting up, or running Care Groups, for further adapting these lesson plans for a specific country or outbreak context, or for related technical support, please contact the Co-Chairs of the Care Group Interest Group (CGIG): ***Barbara Muffoletto*** *(Barbara@impactglobalhealthalliance.org) and* ***Karen Neiswender Calani*** *(karenjneiswender@gmail.com). They can forward your request to the CGIG.*

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Care Group Module Outline: Ebola Readiness, Resistance, and Resilience (9 Lesson Plans) 178

Lesson Plans 1–9 include stories, activities, and Picture Boxes for an Ebola virus disease (EVD) flipchart.

Lesson Plans 1–4 deal with Ebola readiness in countries that have not yet seen active cases.

Lesson Plans 5–9 deal with Ebola readiness in countries that have experienced or are in the midst of an Ebola epidemic.

Understanding the Lesson Plan Format



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

Under the objectives, all of the **materials** needed for the lesson are listed. Some materials, as noted in the lists of needed materials, should be brought by an Activity Leader chosen in each Care Group. See the description of the **activity** sections, below, for more information.

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



Game

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



Attendance and Troubleshooting

Following the game, all Promoters[1] should take attendance. Following attendance, the Promoter follows up with any difficulties that the CGVs had teaching the previous lessons.

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

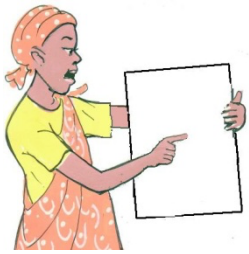
[1] Paid staff are called Promoters. The role of the Promoters is to train CGVs to facilitate lessons with their neighbors.

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



Ask about Current Practices

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



Share the Meaning of Each Picture in the Picture Box

After turning to a new flipchart page ask, "What do you think these pictures mean?" After the participants respond, explain the captions and key messages written below or next to the pictures. Each picture box may have several pictures in it.

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



Activity

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

The **Activity Leader**, chosen in each Care Group, is responsible for organizing materials for each lesson's activity. The Activity Leader meets with the Promoter 10 minutes before **each lesson** to discuss the needed materials for the next lesson's activity (2 weeks later). The Activity Leader is responsible to talk with the others (CGVs or neighbors) during "Attendance and Troubleshooting" to organize the materials needed for the next meeting, including asking them to volunteer to bring the items needed for the activity. The Promoter leads the activity, but the Activity Leader supports him/her by organizing the volunteers and aiding the Promoter during the activity.



Discuss Barriers

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



Practice and Coaching

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

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



Request Commitments

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

All lessons follow the pattern described above. Lessons can be adapted as needed to fit the needs of your group. Lessons should not exceed 2 ½ hours in length each, though some lessons may take longer than others. The suggested time for each section is listed in the table below, but will vary according to the specific lesson plan used.

Section Name	Time Needed for this Section
Game or Song	5–15 minutes
Attendance and Troubleshooting	5–15 minutes
Story	5 minutes
Ask about Current Practices	10 minutes
Share the Meaning of Each Picture Box	30 minutes
Activity	15–30 minutes
Discuss Barriers	15 minutes
Practice and Coaching	20 minutes
Request Commitments	10 minutes
	2–2½ hours

Abbreviations and Acronyms

CCC	Community Care Center
CG	Care Group
CGV	Care Group Volunteer
ETU	Ebola Treatment Unit
EVD	Ebola Virus Disease
ORS	Oral Rehydration Solution
PPE	Personal Protective Equipment
SRU	Screen and Referral Unit

Original Collaborating Partners

Acknowledgements

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LP #3: Florence Amadi (Impact Global Health Alliance) and Elizabeth Crosby (Samaritan's Purse)

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LP #5: Florence Amadi (Impact Global Health Alliance), Maya Bahoshy (International Medical Corps), and Elizabeth Crosby (Samaritan's Purse)

LP #6: Elizabeth Crosby (Samaritan's Purse), Katie Waller (Concern Worldwide), and Florence Amadi (Impact Global Health Alliance)

LP #7: Maya Bahoshy (International Medical Corps), Cindy Pfitzenmaier (Feed the Children), Elizabeth Crosby (Samaritan's Purse), Mary De Coster (Food for the Hungry), and Chelsea Dunning (Project Concern International)

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LP #9: Chelsea Dunning (Project Concern International), Carolyn Kruger (Project Concern International), Cindy Pfitzenmaier (Feed the Children), Mary DeCoster (Food for the Hungry), Karen Neiswender Calani (Food for the Hungry), Keren Massey (Samaritan's Purse)

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Photographs with the Samaritan's Purse logo used courtesy of Samaritan's Purse

2026 changes to the lesson plans: Tom Davis (Impact Global Health Alliance)

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The following resources were used in the development of the 2014-2016 module:

- International HIV/AIDS Alliance. (2002). *100 Ways to Energize Groups: Games to Use in Workshops, Meetings and the Community*. Available at www.aidsalliance.org.
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- Posters/illustrations from the Center for Disease Control and Prevention: Poster numbers: CS251137B; CS251137-C, CS252823A, CS255720-D
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- *The Journey of Life: A community workshop to support children* by Regional Psychosocial Support Initiative (REPSSI), the Community Information and Inspiration Team (CIIT) and Dr. Jonathan Brakarsh (2004). Illustrations by Stan Watt.
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- Infant feeding and Ebola: Further Clarification of Guidance, available at http://files.ennonline.net/attachments/2176/DC-Infant-feeding-and-Ebola-further-clarification-of-guidance_190914.pdf
- http://www.nejm.org/doi/full/10.1056/nejmp1409903
- http://www.cdc.gov/vhf/ebola/pdf/2.6-percent-chlorine-bleach-solution.pdf

Lesson 1: What is the Ebola Virus?



Caregivers will understand the importance of the following and act accordingly:

- What the Ebola Virus is and where it comes from
- What the community can do to prevent an outbreak or spread of the virus
- How to identify symptoms of the virus and reasons for seeking treatment quickly

Materials:

- Attendance registers
- Care Group Volunteer flipchart

Summary:

- Game: Paired Animals
- Attendance and troubleshooting
- Share the story: Aminata Hears about Ebola (with Picture Box 1.1)
- Ask about current practices
- Share the meaning of each picture box in the flipchart:
  - How Ebola is Spread (Picture Box 1.2)
  - Care Groups and Health Facilities can Fight Ebola (Picture Box 1.3)
  - Simple Things to Do to Prevent Spread of Ebola: Hand Washing and Good Hygiene (Picture Box 1.4)
  - Simple Things to Do to Prevent the Spread of Ebola: Ebola Handshake (Picture Box 1.5)
  - How to Visit a Sick Person (Picture Box 1.6)
- Activity: Safe Greetings
- Discuss barriers
- Practice and coaching in pairs
- Request commitments



1. Game: Paired Animals (10 minutes)

1. Prepare a list of animals that make a sound or act in a certain way that is easy to imitate, but not too obvious or easy to determine. The list should be long enough to ensure that there is one animal for every two group members that will participate.
2. Divide the participants into two groups of equal number.
3. In each group of participants, randomly whisper the name of one of the animals to one woman at a time. Be sure to use all the animals and use each one twice, but only twice. If there is an uneven number of participants, you may have one group of three participants.
4. Explain to the group that you have whispered the name of an animal into each woman's ears. For every animal, two (or three, if necessary) participants have heard the same animal whispered. No one knows yet who else has received the same animal.
5. Each participant should find her partner(s) by either making the sound of the animal whispered in the ear or acting like that animal.
6. Encourage the participants to sit with their partners for the rest of the training day.
7. Tell participants, "Now that we are energized, let's begin our lesson."



2. Attendance and Troubleshooting (15 minutes)

When teaching Care Group Volunteers (CGVs; Leader Mothers):

1. The Promoter fills out attendance sheets for each CGV and neighbor group (beneficiary group).
2. The Promoter fills out vital events mentioned by each CGV (new births, new pregnancies, and mother and child deaths).
3. If an Ebola outbreak has been declared in any part of the country, the Promoter should ask about any newly orphaned children and—referring to signs and

symptoms of Ebola, described later in this lesson—families with a suspected case of Ebola.

4. The Promoter asks if any of the CGVs had problems meeting with their neighbors.

   - Reinforce that CGVs need to protect themselves during an epidemic when making home visits by washing their hands with soap or disinfectant after each household and avoiding contact with those that are sick.

   - Tell participants: We already know about washing our hands with soap. Other ways of protecting ourselves during an Ebola outbreak will be taught in today's lesson and again in the lessons in the next few weeks.

5. The Promoter offers advice on how to solve the problems mentioned.

6. The Promoter asks the CGVs to review the key practices from the last lesson.[2]

7. The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.

? What was your commitment at the last lesson? Have you been able to keep that commitment?

? What did you do?

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

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

9. The Promoter encourages CGVs to have a sense of pride that they are protecting their communities from Ebola by reinforcing messages and commitments, such as hand washing with soap and prompt care seeking at a health facility when someone is sick with signs or symptoms of Ebola.

10. The Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (based on the Promoter's conversation with her prior to this meeting) and solicit volunteers. (Note: No additional materials are needed for Lesson Plan 2 in this module.)

[2] While this is the first lesson plan in this section of the module, we expect that many Care Groups will have covered other Care Group modules prior to when this module is used.

When CGVs teach their neighbors:

1. The CGV takes attendance.
2. The CGV asks about new births, pregnancies (if this is kept on the form), mother and child deaths, and illnesses in the families of the mothers attending and help refer those with severe illness to the local health facility. (In future meetings, CGVs will start asking additional questions at each meeting with their neighbor mothers. CGVs will ask about any newly orphaned children and about the signs and symptoms of any illnesses that family members have in order to identify illnesses that match the signs and symptoms of Ebola, but without alarming a family.)
3. The CGV asks the mothers to review the key practices from the last lesson.
4. The CGV asks the neighbor mothers about their commitments from the last meeting and follows up with those that had difficulty trying out new practices.
5. The CGV asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers. (Note: No additional materials are needed for Lesson Plan 2 in this module.)

3. Story: Aminata hears about Ebola (Picture Box 1.1) (10 minutes)

Read the story about Aminata in Picture Box 1.1 of the flipchart. The Picture Box is found at the end of this lesson, and the text to the story also is included below.

Aminata lived in a small village and was terribly scared by the stories going around about this deadly disease called Ebola in their neighboring country. Everyone was talking about it and how horrible it was. Aminata had heard different stories about it and was not sure which ones to believe. People were passing along stories about Ebola, but could not agree on how it was passed from one person to another, what could be done for a person who gets it, or the reason why people were getting the diseases. Aminata was confused and did not know what to believe, and even wondered if Ebola was real, after all.

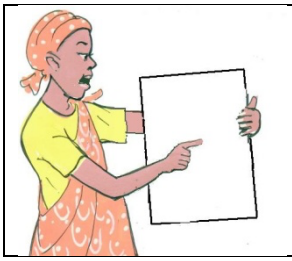


4. Ask about Current Practices (10 minutes)

1. Read the questions about the story on the flipchart.

> **?** What has Aminata heard about Ebola? What have you heard about Ebola?
>
> **?** Is Ebola a problem or concern in our community? Why or why not?
>
> **?** What things can we do to prevent Ebola?

2. Ask the first question to hear the participants' current knowledge on Ebola (e.g., where it comes from, how it's spread).
3. Ask the second question to hear the participants' thoughts on the effects of Ebola.
4. Ask the last question to hear participants' ideas on what they can do to prevent Ebola.
   - Encourage the participants to consider things they can do **NOW**, to prepare, in case Ebola comes. What simple practices can they do to prevent an Ebola outbreak?
   - Encourage participants that change **CAN** happen in their community.
   - Encourage the participants that **THEY** can bring about change.
   - Encourage them that they will be **trained** so that they can bring change to their homes and the community.
5. **Encourage discussion. Don't correct or affirm "wrong answers."** Let everyone give an opinion. This step is for discussion, not for teaching. If anyone asks if a response is correct, do not teach, but answer with, "we will see." Encourage them to be skeptical about what they hear about Ebola from others, especially from people that are not public health workers, until they have completed their training.
6. After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."



5. Share the Meaning of Picture Box 1.2: How Ebola is Spread (5 minutes)

1. Ask the women to describe what they see in Picture Box 1.2.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture using the flipchart pages for Picture Box 1.2.

? What do you think these pictures mean?

Ebola is a deadly disease that is usually spread from person to person.

- Ebola is named after a river in the Congo. The first cases are believed to have been spread from animals to people when people touched or ate bush meat or wild animals that had the virus. However, most cases have been spread from person to person.
- Ebola virus is in the bodily fluids of an infected person. Most people get Ebola from another person by touching them or their bodily fluids, including sweat, urine, feces, blood, vomit, or semen.
- Direct contact with an infected person (alive or dead) or their bodily fluids is necessary to spread Ebola.
- Ebola is not spread by touching a well person, through the air, mosquitoes, vaccines, governments, witchcraft or curses.
- A vaccine called Ervebo exists for one type of Ebola (the Zaire type). For the types of Ebola that affect people in Central and East Africa (including during the 2026 outbreak) — the Sudan virus and Bundibugyo virus — there is no licensed vaccine yet, though some are being tested. If you are offered the vaccine because you live near a case or are a frontline worker, accept it — it is safe and it works.
- Even when a safe and effective Ebola virus vaccine is made available to people, many of the control measures that we will talk about will be helpful in preventing the spread of other dangerous diseases (e.g., Marburg Virus).
- Around half of the people who have gotten sick with Ebola have died, but early diagnosis and treatment improves their chances of surviving.

Additional Information for the Trainer and Promoters: Review of Signs, Symptoms, and Transmission of Ebola Virus Disease (EVD)

The next couple pages may be a review of what you and the CGVs have already learned about Ebola from other sources. **However, if Promoters and CGVs could use a refresher or are unfamiliar with this information, discuss this information during this lesson and look for images to provide to Promoters and CGVs to discuss this information. Transmission:**

EVD is a dangerous disease caused by the Ebola virus that kills 25–90% of the people who get it. (Note: You can show what 25–90% looks like by putting 10 rocks on the floor or ground. Explain, "Each rock represents a person with Ebola virus, and in the best case, 2 or 3 of them would die." Remove 3 of the rocks. Say, "In the worst case, 9 of them would die." Remove 6 more rocks. Ask the women what they understand from this illustration; responses should include that with proper care more will survive, but with no care, very few survive.)

Only people who live in an area where there are cases of Ebola, or that have traveled to those areas, and have had contact with someone with Ebola can get the disease.

While it is possible for EVD to initially spread from certain animals to humans through touching infected animals or eating bush meat, the primary way that Ebola is spread during an Ebola epidemic is through contact with the bodily fluids of another person. In some locations where people are discouraged from purchasing or eating bush meat, it is difficult to know if what is purchased is actually bush meat or not. Rather than recommending that people avoid bush meat, it is actually safer to promote hand washing with soap after handling raw meat, proper cleaning of utensils used in handling meat, and thorough cooking of all food, especially meat, as this will kill any possible Ebola virus. Avoiding contact with the bodily fluids of a person with signs and symptoms of Ebola and hand washing with soap offers more certain protection against Ebola than avoiding bush meat.[3]

Ebola Species

Three types of Ebola virus cause human outbreaks:

- **Sudan Ebola virus (SUDV):** Outbreaks in Uganda (2000, 2011, 2012, 2022) and South Sudan. Case fatality rate around 50%. No approved vaccine. No approved treatments. Vaccine candidates are in clinical trials in Uganda and Kenya but not yet licensed.
- **Bundibugyo Ebola virus (BDBV):** Outbreaks in Uganda (2007, 2012) and in the Democratic Republic of Congo. Case fatality rate around 35–40%. No approved vaccine. No approved treatments. Vaccine development for this strain has lagged behind Sudan and Zaire.

[3] http://www.nejm.org/doi/full/10.1056/nejmp1409903

- The **Zaire Ebola virus (ZEBOV)** is most common in the Democratic Republic of Congo and West Africa. Its case fatality rate is around 50% and it has an approved vaccine (Ervebo) and approved treatments (monoclonal antibodies: Inmazeb, Ebanga). This is not the current outbreak strain in East Africa in 2026, but it is important to know about it because it has caused imported cases.

The 2026 outbreak is Bundibugyo. In East Africa, we have seen two Ebola species most often, Sudan and Bundibugyo.

Why this matters for your training:

- If Ervebo vaccination is being offered in your area, it protects against Zaire only — not against Bundibugyo or Sudan. Contacts should still accept it (for future protection against Zaire), but understand it won't help with the current outbreak.
- The approved Ebola drugs (Inmazeb, Ebanga) work only against Zaire. For Bundibugyo, treatment is supportive care: fluids, blood transfusions if needed, management of complications.

What we say to the community: The outbreak is "Ebola" — you don't need to teach community members to distinguish species. But you (the trainer and CGVs) need to know which strain this is, so you don't accidentally promise that a Zaire-specific vaccine will protect against Bundibugyo.

In East Africa, Sudan ebolavirus or Bundibugyo ebolavirus is most often seen, but Zaire ebolavirus has also caused outbreaks. The Ministry of Health will tell us which type is causing an outbreak — this matters because the vaccine and the new medicines only work against the Zaire type.

Transmission of Ebola virus

The amount of time between when a person has contact with someone with Ebola and the beginning of signs and symptoms is 2–21 days. The *average* time is 8–10 days, but sometimes it can be shorter or longer. People are not able to infect others until they start having signs and symptoms. Once the Ebola virus enters the body, it affects how the infected person’s blood clots, and how the body fights infection.

People are infectious from the moment they first have signs and symptoms until they recover and test negative two times for Ebola virus by having a lab test done by specially trained health workers with the right equipment and supplies. However, we now know (in 2026) that Ebola virus can stay in a man's semen for many months, sometimes more than a year, even after he feels completely well. Male survivors and their partners should use a condom every time — or not have sex at all — for AT LEAST 12 MONTHS after recovery, OR until the man's semen has tested negative two times in a row at the clinic (with at least one week between tests). (The 3-month guidance you may have heard before (e.g. 2016) is out of date.) Men who have had Ebola also should be careful and practice good hygiene for 12 months after recovery if they masturbate, as the semen could infect others, although the risk of infection from semen is very low. As far as we know, those that recover from infection with a particular strain of Ebola cannot get that particular

strain of Ebola again, at least for a minimum of 10 years. (A "strain" is a type of Ebola that is slightly different, like white rhinos and black rhinos are types of rhinos that are slightly different, but are in ways alike.)

Ebola can stay in breast milk even after you feel better. If a breastfeeding mother gets Ebola, or if her baby gets Ebola, breastfeeding must stop straight away and the mother and baby need to be separated. This is hard, but it protects the baby from getting sick. The baby should be fed with formula or another safe breast-milk substitute. After the mother recovers, she should NOT start breastfeeding again until her breast milk has been tested at the clinic and is negative two times in a row. If the mother becomes pregnant AFTER recovering from Ebola, it is safe for her to breastfeed that new baby normally. In many communities it is common for one woman to breastfeed another woman's baby. When Ebola is in your community, this practice should stop. Ebola can pass through breast milk, so cross-nursing can spread the virus from one mother-baby pair to another — even when no one looks sick yet. Each baby should be fed only by their own mother, or with formula or another safe breast-milk substitute if the mother cannot breastfeed. When there is no Ebola in your community, breastfeed your baby as normal — breastfeeding protects your baby from many other diseases.

Signs/Symptoms:

(Note: A *sign* is something that someone can see or feel in another person, like a fever, hiccups, or vomiting. A *symptom* is something that a person feels, like a headache or belly pain.)

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

Response:

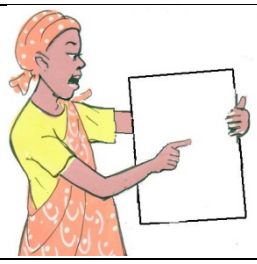
If there is an Ebola outbreak, you should take precautions (which will be discussed later on in this module) until a health worker can determine whether it is Ebola or not. The way to know if it is Ebola is through special lab tests. Only specially trained health workers with the right equipment and supplies can do these tests and tell you whether it is Ebola.

The only way to know when there is an Ebola epidemic is through an official government announcement. Do not rely on rumors or hearsay. People like to tell

[4] http://www.wiredhealthresources.net/presentations/58/story.html

stories to get other people excited about scary things, but rumors can cause a lot of harm. Only listen to information on Ebola from trusted sources, such as the Ministry of Health, other government ministries (that are working with international agencies), and organizations that are working with the Ministry of Health.

At this point, some people that get Ebola survive with proper care, but many do not despite our best efforts. With early diagnosis and good care, more than half of people may survive. You can make the difference.



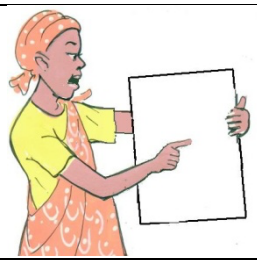
6. Share the Meaning of Picture Box 1.3: Care Groups and Health Facilities can Fight Ebola (5 minutes)

1. Ask the women to describe what they see in Picture Box 1.3.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture using flipchart pages for Picture Box 1.3.

? What do you think this picture means?

Communities with strong trust and confidence in each other can help each other avoid Ebola.

- Care Groups help build trust and confidence.
- The Care Group Volunteer can help you avoid Ebola and know what to do if Ebola cases are ever found in your community.
- The Care Group Volunteer is linked to the local health facility and community leaders and can provide information and skills to fight Ebola if it ever comes to our country.



7. Share the Meaning of Picture Box 1.4 and Picture Box 1.5: Simple Things to do to Prevent Spread of Ebola (5 minutes)

1. Ask the women to describe what they see in Picture Boxes 1.4 and 1.5.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture in Picture Boxes 1.4 and 1.5.

? What do you think these pictures mean?

Practicing good hygiene behaviors can help you fight Ebola and other diseases.

- You already have learned many of these behaviors in past Care Group lessons: hand washing with soap, using latrines and disposing of children's stools properly, purifying water, and cooking foods well.
- We can help others in our community by gently sharing with them how these behaviors can protect us all by lowering the spread of disease.

In the midst of an Ebola outbreak, some communities choose to practice safe greetings.

- Ebola can be spread from a person with Ebola to a person without Ebola through simple contact such as handshakes and hugs, if bodily fluids are present. Encouraging others to minimize contact with an "Ebola Handshake" (elbow bump) and a safe hug (hugging yourself) can be an easy way to keep your community safe when Ebola cases have been found in your country and an emergency has been declared.



8. Share the Meaning of Picture Box 1.6: How to Visit a Sick Person (10 minutes)

? What do you think this picture means?

Care Group Volunteers can help by identifying sick people and reporting back to the Care Group.

- Volunteers will visit every family in their Neighbor Circle regularly to make sure that people are cared for and have what they need.
- If you find someone who is sick with signs of Ebola, report to me (Promoter), but do not touch them since Ebola is very contagious. Do not alarm the family and do not tell the family that the person might have Ebola. If no cases of Ebola have been reported in the country, it is likely that all these possible cases will be due to another cause and not Ebola. But, knowing of people who are sick can help us find a case of Ebola if one does occur.
- We can work with and support the Ministry of Health and health workers by trying to prevent the spread of Ebola.
- We also can encourage cooperation between traditional leaders and public health officials, since they all work for the common good of our community.



9. Activity: Safe Greetings (30 minutes)

1. Tell participants, "We are going to review and role play some of what we have learned today. I'm going to give you the beginning of a sentence and ask you to complete it:
   - Ebola is…
   - Ebola signs and symptoms include…
   - To prevent Ebola we should…"
2. Tell participants, "Ebola is a deadly virus that can change the way we interact with the people we meet in our everyday life. We have talked about the importance of hand washing with soap to stop the spread of Ebola and have already learned to do this in our everyday lives."
3. Then tell participants, "Now let's spend some time to role play how we can greet the people we are around during an Ebola outbreak, if one occurs, without making risky body contact."
4. Ask for two volunteers to demonstrate:
   a. How to give an "Ebola handshake" or "elbow bump"
   b. How to hug without making body contact, by crossing your arms across one's hands over one's own heart or chest

5. After the volunteers have demonstrated this, ask participants to get into groups of two or three. Ask them to think of a situation/scenario where they would usually/naturally shake hands or hug to greet or show affection. Scenarios could include:
   - A visitor walks into the house excited to see you
   - A child is sick at home
   - A loved one is lying dead
   - You are walking by the road and you meet someone you know
6. While in small groups, ask the participants to role play greeting or showing affection in the scenarios they came up with, but using the "Ebola handshake" instead of the usual way they would greet or show affection in those scenarios.
7. When the role playing is complete, explain that greeting or "hugging" our loved ones in such a manner can feel awkward, but it helps reduce direct contact and transmission of the Ebola virus during an outbreak of Ebola.

? Do you think you can use this greeting in your community during an Ebola outbreak?



10. Discuss Barriers (15 minutes)

? Is there anything that might prevent you from trying these new practices during an outbreak of Ebola?

1. Ask each woman to talk to a woman sitting next to her for the next 5 minutes. They should share barriers they may face and concerns about the new teaching. Together, they should try to find solutions to the barriers and information that helps with their concerns. After 5 minutes, ask the women to share what they have discussed.
2. Help find solutions to their barriers and information to help with their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution, as well.

? Is there anything that might prevent you from hand washing with soap at critical times?

Possible Concerns:

- There is no money to buy soap.
  - Talk about options to buy cheaper soap, such as washing powder, or to use wood ash or chlorine solution, if available.
- It is hard to remember to wash hands with soap.
  - Talk about ways to remember when to wash your hands with soap, such as assembling a hand washing station, building a Tippy Tap, learning a song, putting up a poster, and others.
  - Explain that it can be helpful to have more than one hand washing station to help you remember to wash hands. Consider building a Tippy Tap near the latrine and another one (or having a simple bucket and scoop hand washing station) in the food preparation area.

? How can we greet people or care for our family without touching?

- Possible concerns: My in-laws will be offended if I do not allow them to hug my children.
- Talk about ways to show respect while practicing safe greetings.



11. Practice and Coaching (20 minutes)

For CGV groups:

1. Ask each CGV to share the teachings she has learned with the person sitting next to her, using the first few flipchart pages of today's lesson.
2. Each CGV should teach the person next to her in the same way the Promoter taught her, omitting the game and other group activities.
3. After 10 minutes, ask the women to switch roles. The other CGV should share the teachings from the remainder of the lesson.
4. The Promoter watches, encourages, praises, corrects, and helps CGVs that are having trouble.
5. When everyone is finished, answer any questions the CGVs have about today's lesson.

For Neighbor Groups:

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



12. Request Commitments (10 minutes)

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

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

For example:

- I commit to washing my hands with soap at all the critical times.
- I commit to reporting all illnesses that could be Ebola to the Promoter or my Care Group Volunteer.

Aminata Hears about Ebola (Picture Box 1.1)



Aminata was terribly scared about this deadly disease called Ebola.



People were passing along all kinds of stories about Ebola.



Some people were afraid and angry.



Aminata was confused and afraid and did not know what to believe.

How Ebola is Spread (Picture Box 1.2)

When a loved one is sick, we want to help them. We touch them to offer comfort. If you touch a person with Ebola, you have a strong chance of getting sick yourself.



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



This man touched his sister who is sick with Ebola. Now he feels sick.



Ebola virus is in the bodily fluids of a person sick with Ebola. This man is sick with Ebola and Ebola is in the vomit.





Ebola is NOT spread through vaccine, air, mosquitoes, government, or witchcraft.

Care Groups and Health Facilities can Fight Ebola (Picture Box 1.3)





Care Groups help build trust and confidence in each other. The Care Group Volunteer is linked to the local health facility. Together we can help our community.

Simple Things to Do to Prevent the Spread of Ebola: Hand Washing and Good Hygiene (Picture Box 1.4)



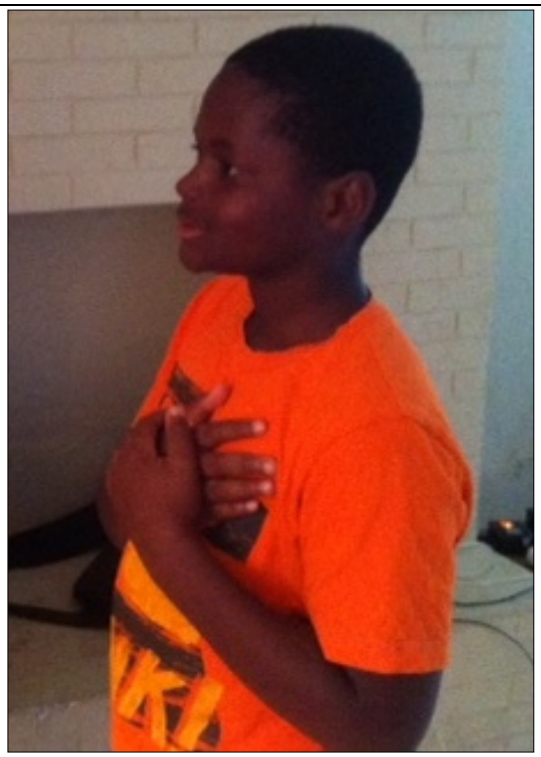
Washing your hands can stop you from getting sick with Ebola virus. Wash your hands with soap at all the critical times: after using the latrine or cleaning a child, or disposing of a child's feces, AND before preparing food, eating or feeding a child.



Always cook foods thoroughly AND drink only safe water.

Simple Things to Do to Prevent the Spread of Ebola: Ebola Handshake (Picture Box 1.5)





The Ebola handshake and a safe hug keeps Ebola from spreading during an outbreak.





Greet one another with an "Ebola handshake" instead of a traditional handshake.

How to Visit a Sick Person (Picture Box 1.6)



When you visit a sick person who might have Ebola, do not touch him/her. Be sure to wash your hands after the visit. Tell your Care Group Volunteer, who can inform the Promoter or health worker, so the sick person can get proper help and the Care Group Volunteer can remind everyone how to stay safe.





Lesson 2: How is Ebola spread?
About Ebola and Transmission



Caregivers will understand the following and act accordingly:

- What Ebola virus is and the signs and symptoms
- What happens to a person when they get sick with Ebola
- Where to get good information about Ebola in their community and what to do if they suspect Ebola in their household

Materials:

- Attendance registers
- Care Group Volunteer flipchart

Summary:

- Game: Body Writing
- Attendance and troubleshooting
- Share the story: Two Sisters get Ebola (Picture Box 2.1)
- Ask about current practices
- Share the meaning of each Picture Box in the flipchart:
  - Ebola is Dangerous but Early Care Can Help You Survive (Picture Box 2.2)
  - Ebola Spreads from Person to Person (Picture Box 2.3)
  - It Takes 2–21 Days to get Ebola (Picture Box 2.4)
  - How do you know it is Ebola? What do you do next? (Picture Box 2.5)
- Activity: Hand washing song
- Discuss barriers
- Practice and coaching in pairs
- Request commitments



1. Game: Body Writing (10 minutes)

1. Ask participants to write their name in the air with a part of their body. They may choose to use an elbow, for example, or a leg. Continue in this way, until everyone has written his/her name with several body parts.

2. Or, as an alternative to writing their name, they may draw a picture in the air of an animal or object they like, for example, a flower or bird.

3. Tell participants, "Now that we are energized, let's begin our lesson."



2. Attendance and Troubleshooting (15 minutes)

When teaching Care Group Volunteers (CGVs; Leader Mothers):

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

2. The Promoter fills out vital events mentioned by each CGV (new births, new pregnancies [if tracked], and mother and child deaths).

3. If an Ebola outbreak has been declared in any parts of the country, the Promoter should ask about any newly orphaned children and, referring back to the last lesson on signs and symptoms of Ebola, families with a suspected case of Ebola.

4. The Promoter asks if any of the CGVs had problems meeting with their neighbors.
   - Reinforce that CGVs need to protect themselves when making home visits by washing their hands with soap or disinfectant after each household, avoiding contact with those who are sick, etc.
   - Tell participants, "We already know about washing our hands. Other ways of protecting ourselves during an Ebola outbreak will be taught in today's lesson and again in the lessons in the next few weeks."

5. The Promoter helps solve the problems mentioned.

6. The Promoter asks the CGVs to review the key practices from the last lesson.

7. The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.

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

? What did you do?

- Did anyone (spouse, grandmother, or children) interfere or tell you not to follow your commitments? Tell the story of what happened?

- What factors (people, events, or chores) in your life made it difficult to keep your commitments?
- How were you able to overcome these problems?

8. The Promoter thanks all of the CGVs for their hard work and encourages them to continue. CGVs should have a sense of pride that they are protecting their communities from Ebola by reinforcing messages and commitments such as hand washing and prompt care seeking at a health facility when someone is sick.

9. The Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (if any) and solicit volunteers. (Note: Extra materials are needed for Lesson Plan 3: basin, soap, and water.)

When CGVs teach their neighbor mothers:

1. The CGV takes attendance.

2. The CGV asks about new births, pregnancies (if tracked), mother or child deaths, or illnesses in the families of the mothers attending and help refer those with danger signs of severe illness to the local health facility.

3. In addition, the CGV needs to start asking new questions at each meeting with their neighbor mothers, including about any newly orphaned children and about the signs and symptoms of any illnesses that family members have (in order to identify illnesses that match the signs and symptoms of Ebola), but without alarming the family.

4. The CGV asks the neighbor mothers to review the key practices from the last lesson.

5. The CGV asks the neighbor mothers about their commitments from the last meeting and follow up with those that had difficulty trying out the new practices.

6. The CGV asks the Activity Leader to discuss the needed items for next week's activity (if any) and solicit volunteers. (Note: Extra materials are needed for Lesson Plan 3: basin, soap, and water.)

3. Story: Two Sisters get Ebola (Picture Box 2.1) (10 minutes)

Read the story on Picture Box 2.1 in the flipchart. The text to the story also is included below.

One morning, Helena woke up feeling unwell. She felt weak and her body was warm. "It's probably just malaria," she thought. But, she was very scared because she had heard about Ebola affecting people in other parts of the country. By early that evening, her stomach hurt and she had diarrhea.

Her sister Grace came by to visit her, as she routinely does. "You don't look well. Are you alright?" she asked. Grace could see sweat on Helena's forehead and, naturally, she touched it to feel if she had a fever. Helena's body was very warm! "I think you should go to the hospital. What if it's Ebola? They are having cases of that in other provinces," Grace added. "No, I think it's just a little malaria. I will take some tablets. I've heard people don't come back from the hospital. I'm not going. Let's eat and go to bed." Helena replied.

Even though she was feeling a lot worse later that evening, Helena continued to prepare dinner for her family. When her son, Zomo, got home, Helena was extremely weak. She vomited a few times and Zomo cleaned up the vomit. "I think we should go to the hospital," Zomo said. "Why would you take me to the hospital when everyone that goes there dies and is never seen again? I'm not going! Let's eat and go to bed," Helena responded with resentment.

In the morning, Zomo left for school, but soon got a message that his mother had died at home. He rushed home and found his father kneeling next to his mother's body, hugging her and crying. Zomo cried, too. When Zomo was able to speak, he said to his father, "They said on the radio that we should call the government officials to bury the body when someone has symptoms like those that mother had." "No, I will not do that to your mother. I will bury her right here," Zomo's father responded. Two neighbor women came and helped prepare the body for burial and Helena was buried in the homestead.

The very same week, Zomo's father and the neighbor women who helped clean Helena's body also got sick. Zomo was worried about his father because at first, he did not want to go to the hospital. The next day, Zomo and his Aunt Grace had the same symptoms as Helena. Grace and Zomo went to the hospital where they got treated and, after a few weeks, got well.



4. Ask about Current Practices (10 minutes)

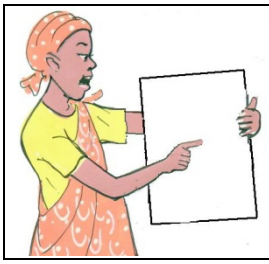
1. Read the questions that correspond to Picture Box 2.1 of the flipchart.

? What are some of the symptoms of Ebola? What symptoms did Helena have?

? What have you heard about how Ebola is transmitted?

? What things can you do to protect yourself and others from Ebola? Was Zomo right in wanting to call the authorities?

2. Ask the first question to hear the participants' knowledge on Ebola symptoms.
3. Ask the second question to hear the participants' knowledge on modes of Ebola transmission.
4. Ask the last question to hear participants' ideas about what they can do to protect themselves and others from contracting Ebola.
5. **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. This step is for discussion, not for teaching. If anyone asks if a response is correct, do not teach, but answer with, "We will see."
6. After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."



5. Share the Meaning of Picture Box 2.2: Ebola is Dangerous and Signs/Symptoms of Ebola (5 minutes)

1. Ask the participants to describe what they see in Picture Box 2.2.
2. Read the bold text in the flipchart out loud.
3. Share the meaning of each picture in Picture Box 2.2.

? What do you think these pictures mean?

Ebola Virus Disease (EVD) is a dangerous disease caused by the Ebola virus that has killed about half of the people that have gotten it.

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

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

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

? Have you ever seen someone with these signs or symptoms?

? What are some other sicknesses that have similar signs?

? How can you know if someone with these symptoms has Ebola or one of the other diseases?

Additional Information for the Trainer and Promoters: Review of Signs, Symptoms, and Transmission of Ebola Virus Disease (EVD)

The next couple pages may be a review of what you and the CGVs have already learned about Ebola from other sources. **However, if Promoters and CGVs could use a refresher or are unfamiliar with this information, discuss this information during this lesson and look for images to provide to Promoters and CGVs to discuss this information.**

Transmission:

EVD is a dangerous disease caused by the Ebola virus that kills 25–90% of the people who get it. (Note: You can show what 25–90% looks like by putting 10 rocks on the floor or ground. Explain, "Each rock represents a person with Ebola virus, and in the best case, 2 or 3 of them would die." Remove 3 of the rocks. Say, "In the worst case, 9 of them would die." Remove 6 more rocks. Ask the women what they understand from this illustration; responses should include that with proper care more will survive, but with no care, very few survive.)

Only people who live in an area where there are cases of Ebola, or that have traveled to those areas, and have had contact with someone with Ebola can get the disease.

While it is possible for EVD to initially spread from certain animals to humans through touching infected animals or eating bush meat, the primary way that Ebola is spread during an Ebola epidemic is through contact with the bodily fluids of another person. In some locations where people are discouraged from purchasing or eating bush meat, it is difficult to know if what is purchased is actually bush meat or not. Rather than recommending that people avoid bush meat, it is actually safer to promote hand washing with soap after handling raw meat, proper cleaning of utensils used in handling meat, and thorough cooking of all food, especially meat, as this will kill any possible Ebola virus. Avoiding contact with the bodily fluids of a person with signs and symptoms of Ebola and hand washing with soap offers more certain protection against Ebola than avoiding bush meat.[5]

The amount of time between when a person has contact with someone with Ebola and the beginning of signs and symptoms is 2–21 days. The *average* time is 8–10 days, but sometimes it can be shorter or longer. People are not able to infect others until they start having signs and symptoms. Once the Ebola virus enters the body, it affects how the infected person's blood clots, and how the body fights infection.

[5] http://www.nejm.org/doi/full/10.1056/nejmp1409903

People are infectious from the moment they first have signs and symptoms until they recover and test negative two times for Ebola virus by having a lab test done by specially trained health workers with the right equipment and supplies. However, we now know (in 2026) that Ebola virus can stay in a man's semen for many months, sometimes more than a year, even after he feels completely well. Male survivors and their partners should use a condom every time — or not have sex at all — for AT LEAST 12 MONTHS after recovery, OR until the man's semen has tested negative two times in a row at the clinic (with at least one week between tests). (The 3-month guidance you may have heard before (e.g. 2016) is out of date.) Men who have had Ebola also should be careful and practice good hygiene for 12 months after recovery if they masturbate, as the semen could infect others, although the risk of infection from semen is very low. As far as we know, those that recover from infection with a particular strain of Ebola cannot get that particular strain of Ebola again, at least for a minimum of 10 years. (A "strain" is a type of Ebola that is slightly different, like white rhinos and black rhinos are types of rhinos that are slightly different, but are in ways alike.)

Ebola can stay in breast milk even after you feel better. If you have survived Ebola, she should NOT start breastfeeding again until her breast milk has been tested at the clinic and is negative two times in a row. But if there is no other way to feed your baby safely, breastfeeding will still provide the best nutrition your baby needs. Also, it is common for some women to breastfeed another woman's infant. This is not recommended when a woman or infant may have symptoms of Ebola as Ebola may spread from one to the other.[6,7] Before there is an announced Ebola outbreak in your country, you should breastfeed normally and not worry about these special precautions. Breastfeeding is one of the best things you can do to keep your child healthy.

Signs/Symptoms:

(Note: A *sign* is something that someone can see or feel in another person, like a fever, hiccups, or vomiting. A *symptom* is something that a person feels, like a headache or belly pain.)

Early signs and symptoms of EVD resemble those of other common diseases such as influenza or malaria: fever, intense weakness, headache, muscle pain, joint pain, chest pain, sore throat, cough, shortness of breath, and hiccups. When a person has Ebola, these signs and symptoms are often followed by vomiting, diarrhea, stomach discomfort, and decreased appetite. As Ebola becomes worse, other signs and symptoms may develop, such as a rash (skin bumps), red eyes, bleeding both inside and outside of the body (e.g., eyes, nose, tongue, inside of belly), and difficulty breathing and swallowing. Bleeding can be seen with vomiting of blood, coughing up of blood, tarry feces (poop that is black and sticky like a baby's first

[6] http://www.cdc.gov/vhf/ebola/resources/flipbooks.html

[7] http://files.ennonline.net/attachments/2176/DC-Infant-feeding-and-Ebola-further-clarification-of-guidance_190914.pdf

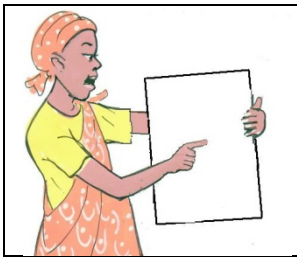
poop), and bleeding from mucous membranes (e.g., nose, vagina, gums). Most of the bleeding is in the gut (belly).[8]

Response:

If there is an Ebola outbreak, you should take precautions (which will be discussed later on in this module) until a health worker can determine whether it is Ebola or not. The way to know if it is Ebola is through special lab tests. Only specially trained health workers with the right equipment and supplies can do these tests and tell you whether it is Ebola.

The only way to know when there is an Ebola epidemic is through an official government announcement. Do not rely on rumors or hearsay. People like to tell stories to get other people excited about scary things, but rumors can cause a lot of harm. Only listen to information on Ebola from trusted sources, such as the Ministry of Health, other government ministries (that are working with international agencies), and organizations that are working with the Ministry of Health.

At this point, some people that get Ebola survive with proper care, but many do not despite our best efforts. With early diagnosis and good care, more than half of people may survive. You can make the difference.



6. Share the Meaning of Picture Box 2.3: Ebola Spreads from Person to Person (5 minutes)

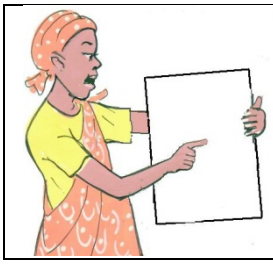
1. Ask the participants to describe what they see in Picture Box 2.3.
2. Read the bold text in the flipchart out loud.
3. Share the meaning of each picture in Picture Box 2.3.

[8] http://www.wiredhealthresources.net/presentations/58/story.html

? What do you think these pictures mean?

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

- Ebola virus is in the bodily fluids of an infected person. Direct contact with an infected person or their bodily fluids is necessary to spread Ebola.
- Only people who live in an area where there are cases of Ebola and have had contact with someone with Ebola or that have traveled to those areas can get the disease.
- Ebola is not spread through the air, mosquitoes, vaccines, governments, witchcraft, or curses.



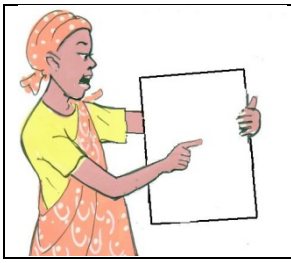
7. Share the Meaning of Picture Box 2.4: It takes 2–21 days to Get Ebola (5 minutes)

1. Ask the participants to describe what they see in Picture Box 2.4.
2. Read the bold text in the flipchart out loud.
3. Share the meaning of each picture in Picture Box 2.4.

? What do you think these pictures mean?

The amount of time between when you have contact with someone with Ebola and the beginning of symptoms is 2 to 21 days. People are not able to infect others until they start having symptoms.

- People remain infectious from the moment they first have symptoms and for as long as their blood/bodily fluids contain the virus. Those that recover from infection with Ebola cannot get that strain (or "type") of Ebola again, at least for a minimum of 10 years.
- Once the Ebola virus enters the body, it affects how the infected person's blood clots and how the body fights infection.



8. Share the Meaning of Picture Box 2.5: How do you know it is Ebola? What do you do next? (5 minutes)

1. Ask the participants to describe what they see in Picture Box 2.5.
2. Read the bold text in the flipchart out loud.
3. Share the meaning of each picture in Picture Box 2.5.

? What do you think these pictures mean?

The only way to know when there's an epidemic is through an official government announcement.

- Do not rely on rumors or hearsay. Only listen to information on Ebola from trusted sources, such as the Ministry of Health, other government ministries (that are working with international agencies), and organizations that are working with the Ministry of Health.

If there is an Ebola outbreak in your country and if you think someone may have Ebola, the most important thing to do is to direct them or take them to be examined, while avoiding touching them or their bodily fluids. (Note: Add any country-specific information for your country here, like Ebola hotlines.)

- There is a test done at a health facility by specially trained health workers with the right supplies and materials that can confirm if a person has Ebola or not.

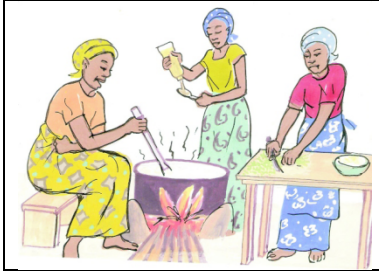
If there is an Ebola outbreak in your country and you cannot take the sick person to a care center (for example, if all are full), you will need to care for them at home safely. There are important things to do when you must care for a person with Ebola (such as rehydration and feeding) that we will discuss later.

? What are some official sources you can rely on for information on Ebola in your community?

? What can you do if you suspect Ebola?

Additional Information for the Trainer or Promoter

Note: Add any country-specific information here on official information sources, hotlines, health facilities, etc.



9. Activity: Hand Washing Song (30 minutes)

1. Tell participants, "Today we are going to do some activities to help us think more about how to protect ourselves from Ebola and other diseases. Let's review the times we should wash our hands with soap and the best way to wash our hands. We will go around the circle and each share one important time to wash our hands."

2. Make sure all the critical times are covered, including after touching or caring for a person who is sick. Have someone demonstrate how they will wash their hands and for how long, while singing the Hand Washing Song or other well-known song that lasts at least 20 seconds, if no Hand Washing Song has been developed in your area.

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

Sample Hand Washing Song

We will take action so that Ebola can stay away.
Away from our homes.
Away from our community.
Away from our children – our future!
With good hygiene and good practices our community will be safe.
We can do it, we can change our community.
I can change and I can help my neighbors to change.
We will take action so that Ebola can stay away!

4. Practice the song with the community health workers/agents (if they attend the meeting), CGVs, and women in your group. Sing it several times so they learn the words.

5. Challenge each participant to learn the song and share it with those that ask about the program.



10. Discuss Barriers (15 minutes)

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

1. Ask each woman to talk to a woman sitting next to her for the next 5 minutes. They should share barriers they may face and concerns about the new teaching. Together they should try to find solutions to the barriers and information that helps with their concerns. After 5 minutes, ask the women to share what they have discussed.

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

3. Possible Concerns:
    - What if I do not have access to any reliable information?
    - What if the symptoms are from something else, not Ebola?



11. Practice and Coaching (20 minutes)

For CGV groups:

1. Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the first few pages of the flipchart corresponding to today's lesson.
2. Each CGV will teach the person next to her in the same way that the Promoter taught her.
3. After 10 minutes, ask the women to switch roles. The other CGV will share the teachings that correspond with the remainder of the flipchart pages for this lesson.
4. The Promoter watches, encourages, praises, corrects, and helps CGVs that are having trouble.
5. When everyone is finished, answer any questions that CGVs have about today's lesson.

For Neighbor Groups:

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



12. Request Commitments (10 minutes)

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

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

For example:

- I commit to being aware of the signs and symptoms people have in my community and teaching others what signs to look for.
- I commit to sharing truths from official sources about Ebola, not myths or rumors.
- I commit to doing my best to protect myself, my family, and the community from Ebola.

Two Sisters Get Ebola (Picture Box 2.1)



One morning Helena woke up feeling unwell. She was weak and her body was warm.



Her sister Grace came by to visit and noticed she did not look well. She touched her and felt how warm she was. She told her, "I think you should go to the hospital. What if it's Ebola?"



After cooking dinner, Helena felt worse. When her son Zomo got home, she was very weak and vomiting. Zomo cleaned up her vomit.



Zomo told her, "I think you should go to the hospital. What if it's Ebola?" But Helena was afraid to die at the hospital and did not go.



The next day, Zomo went to school. He received a message that his mother had died. When Zomo went home, his father was hugging Helena's body and crying.



"On the radio they said we should call the government officials to bury someone who has symptoms like Mother had," Zomo said. His father refused. He wanted to bury her at home, in the traditional way.



Two neighbor women helped prepare Helena's body for burial and she was buried the next day.



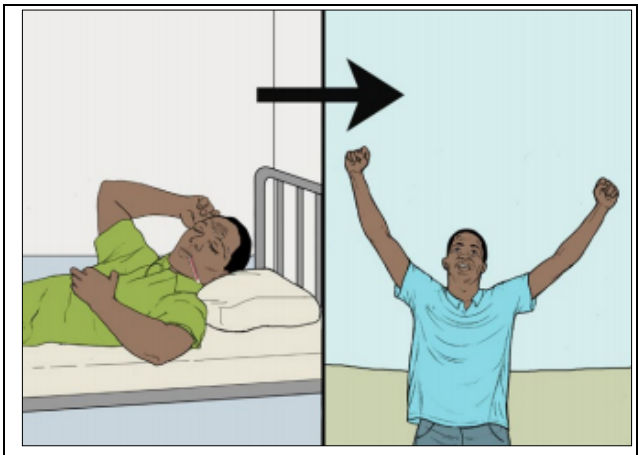


The next day, Zomo, his Aunt Grace, his father, and the neighbor women all had symptoms similar to Helena's.



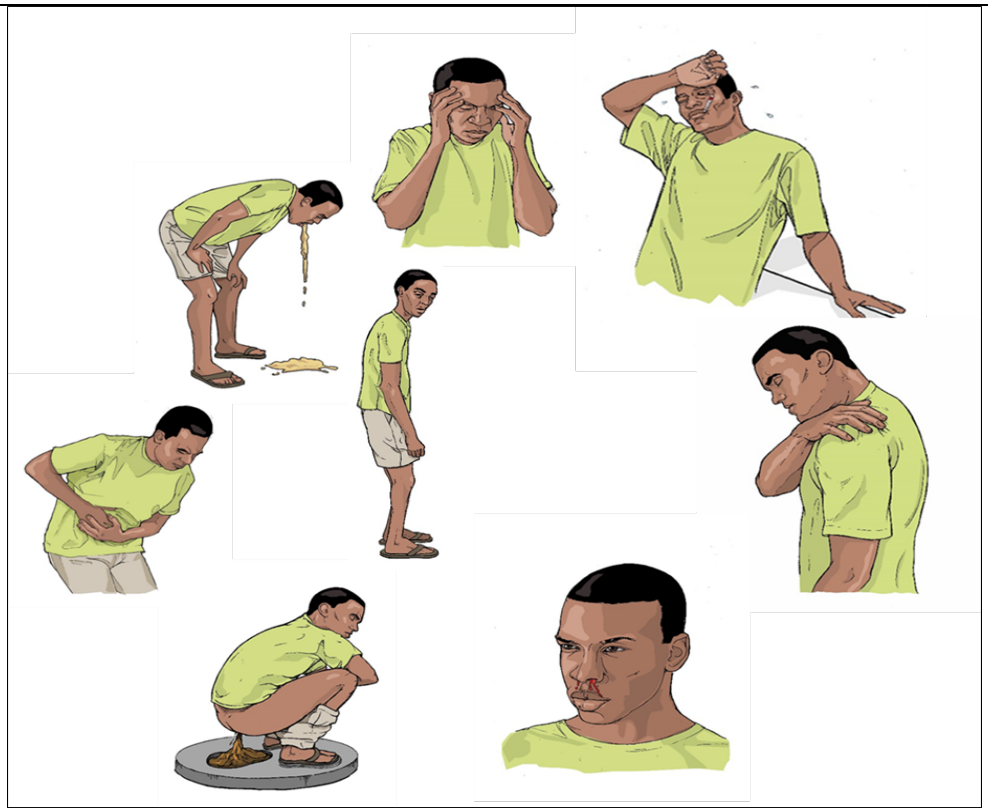
Zomo and Aunt Grace went to the hospital and got well.

Ebola is Dangerous but Early Care can Help You Survive (Picture Box 2.2)





Ebola Virus Disease can kill around half of the people who get it. More than half of the people who receive good care early will survive.



Ebola starts suddenly. A person with Ebola might have belly pain, vomiting, headache, fever, body pain, bleeding, diarrhea, or fatigue.

Ebola Spreads from Person to Person
(Picture Box 2.3)





Ebola is spread by touching a person with Ebola or their bodily fluids.

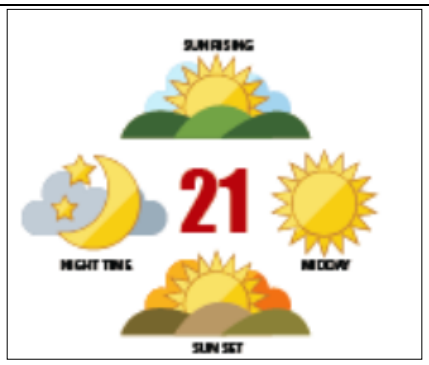


You can get Ebola when you touch another person with Ebola. You CANNOT get Ebola from vaccines, mosquitoes, the government, or witchcraft.

It Takes 2–21 Days to Get Ebola
(Picture Box 2.4)

If you touch the bodily fluids of a person with Ebola, you can get sick 2–21 days later.







How do you know it is Ebola? What do you do next? (Picture Box 2.5)

The only way to know when there's an Ebola epidemic is through an official government announcement.





Keep a safe distance from someone you think might have Ebola. Direct them to a clinic to be examined.

Lesson 3: Prevention: What can you do now?



Caregivers will understand:

- The nature of Ebola Virus Disease (EVD)
- How to prevent the spread of the virus
- What information to expect from the health/public health officials
- The importance of adopting prevention practices, such as hand washing
- Truths about the virus

Materials:

- Attendance registers
- Care Group Volunteer flipchart
- Basin, soap, and water (brought by the Activity Leader or other volunteers/mothers)

Summary:

- Game: What has changed?
- Attendance and troubleshooting
- Share the story: Marah Visits her Friend, Sarifina (Picture Box 3.1)
- Ask about current practices
- Share the meaning of each picture in the flipchart:
  - Prevention through Hand Washing (Picture Box 3.2)
  - Prevention through Safe Disposal of Feces (Picture Box 3.3)
  - Prevention through Safe Water and Food (Picture Box 3.4)
- Activity: Role Play: Visiting a Friend During an Ebola Outbreak
- Discuss barriers
- Practice and coaching in pairs
- Request commitments



1. Game: What Has Changed? (10 minutes)

1. Participants break into pairs. Partners observe one another and try to memorize the appearance of each other.
2. Then one turns their back while the other makes three changes to his/her appearance, for example, putting the watch on the other wrist, removing glasses, and rolling up sleeves, removing a necklace.
3. The other player then turns around and tries to spot the three changes. The players then switch roles.9
4. Tell participants, "Now that we are energized, let's begin our lesson."



2. Attendance and Troubleshooting (15 minutes)

When teaching Care Group Volunteers (CGVs; Leader Mothers):

1. The Promoter fills out attendance sheets for each CGV and neighbor group (beneficiary group).
2. The Promoter fills out vital events mentioned by each CGV (new births, new pregnancies, and mother and child deaths).
3. If an Ebola outbreak has been declared in any parts of the country, the Promoter asks about any newly orphaned children and families with signs and symptoms that match the signs and symptoms of Ebola.
4. The Promoter asks if any of the CGVs had problems meeting with their neighbors.
    - Reinforce that CGVs need to protect themselves when making home visits by: washing their hands with soap or disinfectant after each household, avoiding contact with those who are sick, etc. We already know about washing our hands and alternate, safe greetings during an Ebola outbreak.

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

Other ways of protecting ourselves during an Ebola outbreak will be taught in today's lesson and again in the lessons in the next few weeks.

5. The Promoter helps to solve the problems mentioned.
6. The Promoter asks the CGVs to review the key practices from the last lesson.
7. The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.

? What was your commitment at the last lesson? Have you been able to keep that commitment?

? What did you do?

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

8. The Promoter thanks the CGVs for their hard work and encourages them to continue. Encourage CGVs to have a sense of pride that they are protecting their communities from Ebola by reinforcing messages and commitments, such as hand washing and prompt care seeking at a health facility.
9. The Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (if any) and solicit volunteers. (Note: No additional materials are needed for Lesson Plan 4.)

When CGVs teach their neighbors:

1. The CGV takes attendance.
2. The CGV asks about new births, pregnancies (if tracked), or illnesses in the families of the mothers attending; mother or child deaths; or illnesses in the families of the mothers attending and helps refer those with danger signs of severe illness to the local health facility.
3. In addition, the CGV will need to start asking new questions at each meeting about newly orphaned children and about the signs and symptoms of any illnesses that family members have in order to identify illnesses that match the signs and symptoms of Ebola, but without alarming the family.
4. The CGV will ask the mothers to review the key practices from the last lesson.
5. The CGV will ask the neighbor mothers about their commitments from the last meeting and follow up with those that had difficulty trying out new practices.

6. The CGV asks the group's Activity Leader to discuss the needed items for next week's activity (if any) and solicit volunteers. (Note: No additional materials are needed for Lesson Plan 4.)

3. Story: Marah Visits Her Friend, Sarifina (Picture Box 3.1) (10 minutes)

Read the story in Picture Box 3.1 in the flipchart. The text to the story also is included below.

Marah and Sarifina are friends and live in the same community. One day, Marah went to visit Sarifina at her home. "Good morning," Marah said. "Good morning Marah. Welcome and have a seat," Sarifina responded. Although the two friends had heard about Ebola, there had not been any Ebola cases in their community. Sarifina owned a television set and there had been a lot of news on Ebola from other provinces.

"Please wash your hands so we can share a cup of tea," said Sarifina, as she handed a basin of water and soap to Marah.

"So have you heard about this Ebola disease?" Sarifina continued. "Yes, I heard them talk about it on the radio the other day. People were arguing about whether it was real and about who brought it to our country," said Marah. Marah proceeded to excitedly tell Sarifina several of the rumors she had heard. Sarifina responded, "People like to spread rumors. But the nurse at our clinic has been trained on Ebola. She said that the disease is real and can be passed from one person to another, even from those that are dead to those that are alive. However, there are ways to protect ourselves, our families, and our community." Marah listened attentively as Sarifina explained different ways of preventing Ebola, including hand washing with soap, notifying authorities when someone has signs or symptoms of Ebola, and safe burial of the dead. The two friends had a long talk on Ebola, sharing what they had heard about it. Sarifina had valuable information, which she shared with Marah.

As Marah left, she stopped by the latrine. Outside the latrine, she noticed a hand washing station with soap right by the latrine that Sarifina and her husband had installed. She was very impressed with the precautions Sarifina was taking to stay safe.



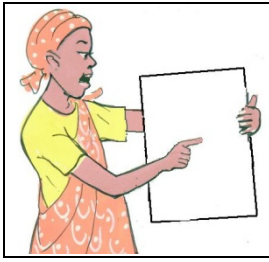
4. Ask about Current Practices (10 minutes)

1. Read the questions following Picture Box 3.1 in the flipchart.

> **?** What is the difference between Marah's and Sarifina's knowledge on Ebola and who they trust for information?
>
> **?** What are the results of the conversation between Marah and Sarifina?
>
> **?** Do you think the people in your community are more like Marah or Sarifina? Which do you want to be like?
>
> **?** How did Sarafina demonstrate her commitment to preventing Ebola and other diseases?

2. Ask the first question to discuss the difference in Ebola awareness and sources of reliable health information between Marah and Sarifina.
    - Marah believes in sharing rumors and myths that she has heard about Ebola. Sarifina only talks about information that she has received from specially trained health workers—information that she trusts.
3. Ask the second question to explore the results of the conversation between Marah and Sarifina.
    - Sarifina uses accurate information that she has learned from a specially trained health worker to educate Marah about Ebola.
    - Marah leaves impressed by Sarifina's prevention measures and more informed about Ebola.
4. Ask the third question to discuss the current way people get information about diseases in the community and what the volunteers think they would normally do.
5. Ask the fourth question to point out how Sarifina's actions play an important role in preventing Ebola and how taking action to prevent illnesses shows that you are a good parent.
6. **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. This step is for discussion, not for teaching. If anyone asks if a response is correct, do not teach, but answer with, "We will see."

7. After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."



5. Share the Meaning of Picture Box 3.2: Prevention through Hand Washing (5 minutes)

1. Ask the participants to describe what they see in Picture Box 3.2.
2. Read the bold text in the flipchart out loud.
3. Share the meaning of each picture in Picture Box 3.2.

? What do you think these pictures mean?

Washing your hands with soap can stop you from getting sick with Ebola virus and other diseases. Wash your hands with soap and water at all the critical times.

- After defecating, cleaning your baby's feces, or caring for a sick person
- Before cooking, eating, or feeding your baby

Also wash your hands with soap and water when any person in your household is sick and when you come into contact with anyone's bodily fluids.

- Remember that Ebola virus is in a person's bodily fluids (feces, urine, sweat, vomit, semen, or breastmilk).
- This can greatly reduce your risk of getting sick from Ebola and other diseases, too.

? When do you usually wash your hands with soap?

? How does hand washing with soap reduce the chance that you will get sick with Ebola?

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

? Have you seen someone with these signs or symptoms?

? What are some other sicknesses that have similar signs?

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

Additional Information for the Trainer and Promoter: Critical Times for Hand Washing

There are five critical times that we have mentioned in the past to wash our hands. We add a sixth critical time:

- After defecating
- Before eating
- Before cooking
- After cleaning up your baby's feces
- Before feeding your baby
- After attending a person who has been sick or when you come into contact with anyone's bodily fluids

Review of steps for washing hands:

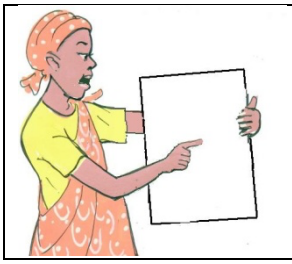
1. Wet or put a small amount of water on your hands and on the soap.
    - Washing with soap and water is the only way to wash away the tiny germs.
    - Washing with ash and water when there is no soap available also is effective.
    - A mild chlorine solution (for example, a 0.5% solution), where available, may be used for hand washing. It should be prepared in the correct concentration (0.5%) to be effective while not being too strong.[10] When chlorine kits are distributed for this purpose during an Ebola outbreak, they come with training and instructions.
2. Rub your hands and fingers together so the soap lathers.
    - Rub between your fingers and under your fingernails.
    - Continue rubbing your hands together until you are finished singing the Hand Washing Song.

Pour clean water over your hands to rinse off the soap.

- NEVER wash and rinse your hands in one basin.
- The water will hold the germs and spread them to everyone else who dips their hands in the water.

4. Shake the water off your hands. Do not dry them on a cloth that has been used by others because this can re-contaminate your hands.

[10] For details on how to prepare a strong chlorine solution for cleaning or a mild chlorine solution for hand washing (but not for drinking), see http://www.cdc.gov/vhf/ebola/pdf/2.6-percent-chlorine-bleach-solution.pdf.



6. Share the Meaning of Picture Box 3.3: Prevention through Safe Disposal of Feces (Picture Box 3.3) (5 minutes)

1. Ask the participants to describe what they see in Picture Box 3.3.
2. Read the bold text in the flipchart out loud.
3. Share the meaning of Picture Box 3.3.

? What do you think these pictures mean?

Properly dispose of feces: Use latrines and put all child feces in latrines. When a latrine is not available, bury feces.

- When we use the bush, our feces can go into the water we drink and into our community from shoes, flies, or animals.
- Ebola virus lives in bodily fluids, including our feces. If everyone properly disposes of their feces, it reduces the chance that we will come into contact with Ebola.

? Where do people in your community go to relieve themselves?

? Are their feces properly disposed of?

? How can you practice safe disposal of feces to protect your family from Ebola and other sickness?

Additional Information for the Trainer

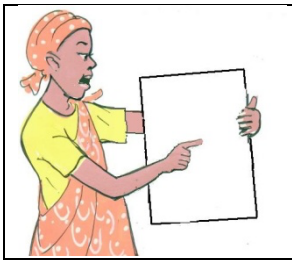
Latrines should have walls for privacy, a roof to keep out the rain, and a fitted lid to keep out flies. The lid keeps flies out and reduces insect breeding in the pit. Always replace the lid after you use the pit latrine.

After using the latrine, throw a handful of ash or sawdust into the pit to reduce smell and the number of flies. If you don't have ash, a handful of dirt or dry leaves after each use will help reduce the smell.

Build your latrine more than 20 meters away from wells, lakes, streams, or springs. If the latrine is too close, the feces may seep into the ground water. Feces in your drinking water will bring sickness.

If you don't have a latrine or are out working or traveling, designate an area away from all households to use for feces and urine. Dig a hole and relieve yourself there.

Fill the hole little by little with dirt each time using a designated shovel, trowel or stick. Covering ones' feces has been promoted as a way to stop diseases for thousands of years.



7. Prevention through Safe Water and Food (Picture Box 3.4) (5 minutes)

1. Ask the participants to describe what they see in Picture Box 3.4.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture in the Picture Box 3.4.

? What do you think these pictures mean?

Always take water for drinking, cooking, washing dishes, and washing hands and bodies from a protected source.

- A protected source has a cover or an enclosed tank, like a well with a cover or water that comes from a pipe. Protected sources keep out rain, animals, and insects.
- Avoid rivers, streams, and open wells.

Treat drinking water at its point of use (your home), especially when using stored water.

- For drinking water, even if you get the water from a protected source, it is important to always treat the water in the home before drinking.
- Ebola is not spread through water, but if someone in your home is sick, it is possible for the virus to get in the water if that person touches the water, then make other people sick.
- You can treat drinking water using Water Guard, bleach (e.g., Clorox), filtering it with a proper filter, purifying it using the sun (SODIS), or boiling it. (Note: Add locally available methods, if any.)

Always store your water in a clean, covered container with a narrow opening.

- If your container is dirty, even if you are using clean, safe water, the container could allow germs that can make you sick to get inside the water.
- Covered containers with a narrow opening mean that dirty hands cannot go in the water, dirty cups cannot go in the water, and children, insects, or animals can't get inside as easily.

Wash all fruits and vegetables. Cook your food properly and thoroughly.

- Washing fruits and vegetables well with soap will help rinse away of any germs on the outside that might make you sick. As with hand washing, pour water over the fruits and vegetables after washing them to wash away the germs.
- Wash your hands and utensils with soap after handling raw meat. Cook all meat thoroughly before eating it to kill any germs or parasites in it.
- Cooked foods should be reheated before you eat them and never should be stored without refrigeration for more than 2 hours.
- Cover food to protect it from flies.

? What kind of water are you drinking now?

? What ways are you purifying and storing your water?

? How do you think you would like to purify and store your water now?

? How can you prepare your food safely?



8. Activity: Role Play: Visiting a Friend during an Ebola Outbreak (30 minutes)

Materials needed: Basin, soap, and water

1. Ask participants, "We enjoy visiting friends in their homes. How can we continue to safely visit our friends when there is an Ebola outbreak? How can we continue visiting our friends and receiving guests in our home without fear of catching or spreading Ebola?"

2. Tell participants, "Let's think of some ways we can safely visit our friends and receive guests in our home without fear of Ebola after an Ebola outbreak has been declared."

3. Tell participants, "Let's discuss how to practice safe greetings as you receive a visitor in your home. How do you refrain from touching without causing offense?"

4. Tell participants, "Let's discuss how to ask a friend to wash her hands without causing offense."

    - Choose two "friends". Have one be at home and the other come to visit. Place the basin, soap, and water within reach of the "host". Ask the "visitor"

to approach the house of her friend. Suggest to the volunteers privately that when the visitor reaches out to hug her friend, the host should stop her and offer an "elbow bump" or "one person hug" to greet her.

- Instruct the host to ask her friend to wash her hands with soap before taking food or drink or before touching her friend.
- Ask the larger group for suggestions and recommendations.

5. Remind the women that if they practice safe greetings and ask their guests to wash their hands, they can reduce the chance that they will get sick with Ebola during an outbreak. By raising awareness of the need and acceptability of safe greetings, they are protecting themselves, their families, and everyone else in their communities.
6. Remind the women that they should wash hands with soap before eating and drinking, but that they do not need to practice the safe greetings if there is no outbreak of Ebola or other dangerous disease (e.g., Marburg Virus) that is transmitted from person to person.
7. Remind them that there are other diseases that are transmitted from touching with unclean hands, such as diarrhea and pneumonia.



9. Discuss Barriers (15 minutes)

? Is there anything that might prevent you from sharing this information with others trying these new practices?

1. Ask mothers to talk to a woman sitting next to them for the next 5 minutes. They should share barriers and concerns they have about the new teaching. Together they should try to find solutions to these barriers. After 5 minutes, ask the women to share what they have discussed.
2. Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.
3. Possible Concerns:
   - There is no money to buy soap.
     - Talk about options to buy cheaper soap, to use ash, or to use chlorine solution if that is available.

- We don't have any latrines in our community.
  - Remind participants how to bury feces safely.
- It is hard to remember to wash hands.
  - Talk about ways to remember when to wash your hands.
  - Share reminders such as a song, a poster, a bucket/hand washing station, a Tippy Tap.
- There is no safe water available in our community.
  - Remind how to use boiling, Water Guard, or SODIS.
- Some people will be offended if we do not greet them traditionally.
  - Remind them of ways to reassure our loved ones of our concern for their safety.



10. Practice and Coaching (20 minutes)

For CGV groups:

1. Ask each CGV to share the teachings she learned with the person sitting next to her. She will use the first few pages of the flipchart corresponding to today's lesson. Each CGV will teach the person next to her in the same way the Promoter taught her.
2. After 10 minutes, ask the women to switch roles. The other CGV will share the teachings that correspond with the remainder of the flipchart pages for this lesson.
3. The Promoter watches, encourages, praises, corrects, and helps CGVs that are having trouble.
4. When everyone is finished, answer any questions that CGVs have about today's lesson.

For Neighbor Groups:

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



11. Request Commitments (10 minutes)

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

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

For example:

- I commit to washing my hands with soap at all six critical times.
- I commit to using a latrine or burying my feces.
- I commit to using safe water, purifying it at the point of use, and storing it in a proper container.
- I commit to cooking foods thoroughly.
- I commit to practice safe greetings during an Ebola outbreak.

Marah Visits Her Friend, Sarifina (Picture Box 3.1)





Marah went to Sarifina's house. Sarifina asked her to wash her hands before having a cup of tea.

Sarifina reminded Marah that you cannot believe everything you hear because people like to spread rumors about scary things.





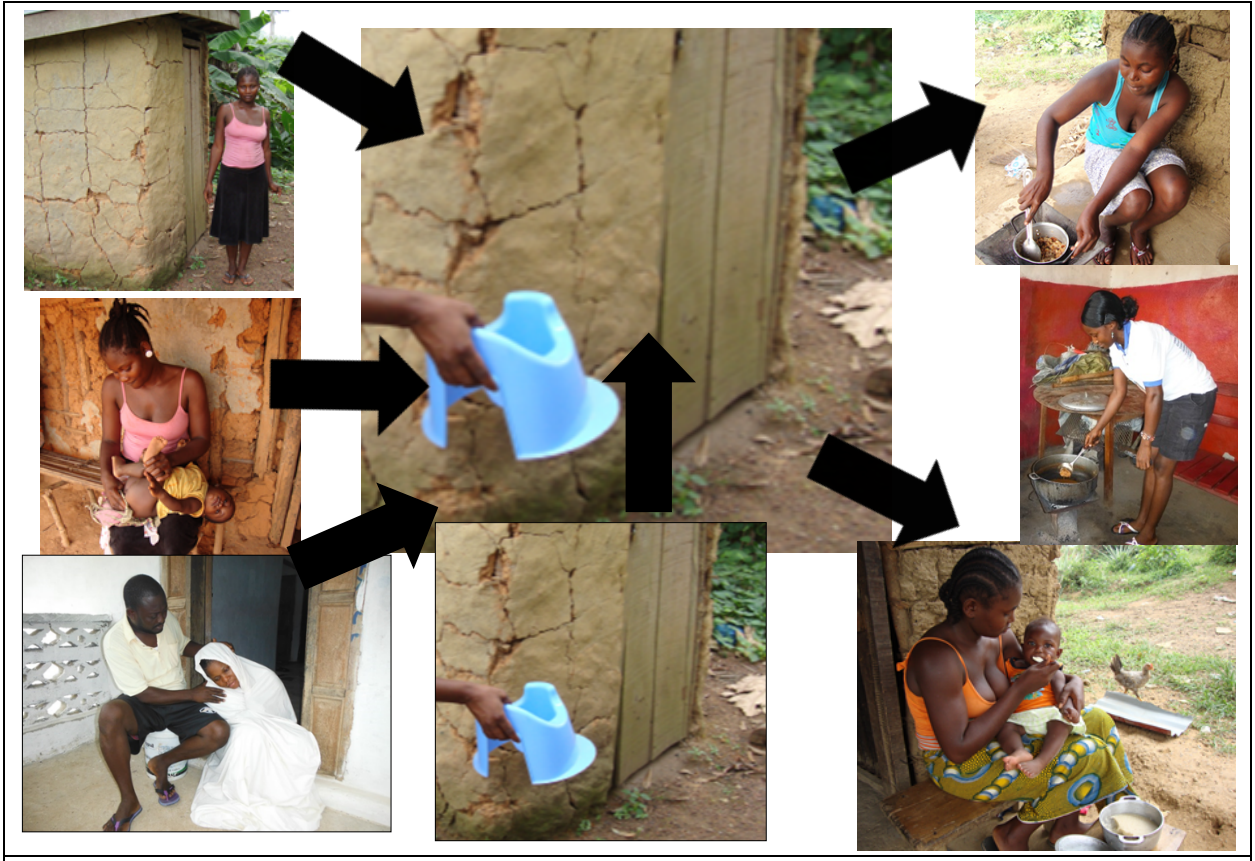


Sarifina told Marah, "The nurse at our clinic has been trained about Ebola. She told me that hand washing with soap and safe burials can protect all of us." Marah listened carefully to her friend.



Marah stopped at Sarifina's latrine on her way home. She was impressed with the new hand washing station. Sarifina and her family were doing things to stay safe from Ebola.

Prevention through Hand Washing (Picture Box 3.2)



Washing your hands can stop you from getting sick with Ebola virus. Wash your hands with soap at all the critical times: after using the latrine, cleaning a child, disposing of a child's feces, and caring for a sick person AND before preparing food, eating, or feeding a child.

Prevention through Safe Disposal of Feces
(Picture Box 3.3)







Always use a latrine or bury your feces (poo poo).

Prevention through Safe Water and Safe Food (Picture Box 3.4)









Use safe water for drinking and food preparation. Peel your vegetables and cook food, especially meat, thoroughly.









Wash your hands and utensils with soap after handling raw meat.





Keep flies away from your food and cover your water container.

Lesson 4: Creating a Family Transportation, Communication, Treatment, and Burial Plan for Ebola



Caregivers will understand the importance of and will be able to develop:

- A Family Ebola Care Seeking Plan
- A Family Burial Plan

The Promoter, Care Group Volunteers (CGVs), and community leaders will be able to help each other develop:

- An Ebola Community Readiness Plan
- A Community Burial Plan

Materials:

- Attendance registers
- Care Group Volunteer flipchart

Summary:

- Game: Rainstorm
- Attendance and troubleshooting
- Share the story: Bahaar and Sarifina's Community Response (Picture Box 4.1)
- Ask about current practices
- Share the meaning of each Picture Box in the flipchart:
  - Community Ebola Readiness Plans (Picture Box 4.2)
  - Family Ebola Care Seeking Plan (Picture Box 4.3)
  - Community and Family Burial Plan (Picture Box 4.4)
- Activity: Create a Family Ebola Care Seeking Plan
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments



1. Game: Rainstorm[11] (10 minutes)

1. Ask the women to sit quietly in a circle, a foot or so apart with their eyes closed.
2. Each woman must listen to the sounds made by the woman sitting to her right. The woman who is listening should repeat the sound that she hears from the woman making the sounds.
3. The Promoter begins each action, continuing the action until the person to her right starts the action and the action is repeated by all the women in the circle.
    a. Rub your palms together to create the sound of rain. Continue rubbing your palms together until the woman on your right rubs her palms and the noise is passed to each woman in the circle.
    b. Now, snap your fingers until everyone is snapping their fingers.
    c. Clap your hands together quickly until everyone is clapping their hands.
    d. Slap your thighs until everyone is slapping their thighs.
    e. Stomp your feet until everyone is stomping their feet.
    f. Now the rain is going away: Slap your thighs until everyone is slapping their thighs.
    g. Clap both hands together until everyone is clapping their hands.
    h. Snap your fingers until everyone is snapping their fingers.
    i. Rub your palms together until everyone is rubbing their palms.
    j. Sit in silence for a moment.
4. Ask the women what that sounded like to them. Explain that it was supposed to sound like a storm. Explain that Ebola is like a storm: it might come, but it will someday leave as all storms do if we do what we need to do.
5. Tell the women, "Now that we are energized, let's begin our lesson."

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



2. Attendance and Troubleshooting (15 minutes)

When teaching CGVs:

1. The Promoter fills out attendance sheets for each CGV and neighbor group (beneficiary group).
2. The Promoter fills out vital events mentioned by each CGV (new births, new pregnancies [if on the form], and mother and child deaths).
3. If an Ebola outbreak has been declared in any parts of the country, the Promoter asks about newly orphaned children and families with a suspected case of Ebola (families sick with signs and symptoms that match signs and symptoms of Ebola Virus Disease [EVD]).
4. The Promoter asks if any of the CGVs had problems meeting with their neighbors.
    - Reinforce that CGVs need to protect themselves during an Ebola outbreak when making home visits by washing their hands with soap or disinfectant after each household, avoiding contact with those who are sick, etc.
    - Say, "We already know about washing our hands and a few other ways to protect ourselves from Ebola during an epidemic, such as alternate ways of greeting (like the "elbow bump"); not kissing, shaking hands, or hugging; and not sitting or standing too close together. Other ways of protecting ourselves during an outbreak will be taught in today's lesson."
    - Ask the CGVs to use all of the no-touch protection methods during the meeting today for practice: no hugging, shaking hands, sitting close together, or kissing. If someone breaks one of the rules, point it out gently, and remind them that it is good to practice this. The Promoter can break the rules (e.g., touch someone's arm, sit very near someone) from time to time to see if anyone points it out; the Promoter should point it out if no one notices.
5. The Promoter offers advice on how to solve the problems mentioned.
6. The Promoter asks the CGVs to review the key practices from the last lesson.
7. The Promoter asks the CGVs about their commitments from the last meeting and follows up with those who had difficulty trying out or promoting the new practices.

? What was your commitment at the last lesson? Have you been able to keep that commitment?

? What did you do?

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

8. The Promoter thanks the CGVs for their hard work and encourages them to continue. The Promoter encourages CGVs to have a sense of pride that they are protecting their communities from Ebola by reinforcing messages and commitments during an Ebola outbreak, such as hand washing with soap, calling authorities immediately when someone has signs or symptoms of Ebola, and not touching a sick person.

9. The Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (based on the Promoter's conversation with her prior to this meeting) and solicit volunteers.

When CGVs teach their neighbors:

1. The CGV takes attendance.

2. The CGV asks about new births, pregnancies (if this is kept on the form), mother and child deaths, and illnesses in the families of the mothers attending and helps refer those with danger signs of severe illness to the local health facility.

3. If an Ebola outbreak has been declared in any parts of the county, the Promoter and CGVs need to start asking new questions at each meeting. The CGV asks neighbor mothers about any newly orphaned children and about the signs and symptoms of any illnesses that family members have to identify illnesses that match the signs and symptoms of Ebola, but without alarming the family. The Promoter will ask the CGVs to report out on any such illnesses.

4. The CGV asks the mothers to review the key practices from the last lesson.

5. The CGV asks the neighbor mothers about their commitments from the last meeting and follows up with those that had difficulty trying out new practices.

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

3. Story: Bahaar's and Sarifina's Community Response to Ebola (Picture Box 4.1) (10 minutes)

Note: This story can be used with CGVs and community leaders, including traditional leaders, as a way to urge them to come up with a community response plan for Ebola if a plan does not exist. It can also be used with neighbor mothers to help build support for a community plan.

Read the story in Picture Box 4.1 in the flipchart. The text to the story also is included below.

Bahaar and Sarifina live in two neighboring communities, much like this one. Over the past few months they have been hearing a lot about a very serious disease called Ebola on the radio and from friends and family. Although they know Ebola is killing a lot of people, there have been no cases or deaths in either of their communities. There are no changes in Bahaar's community and everyone is continuing with daily life the same as always believing that Ebola will not come to their village. They believe that by not talking about it, Ebola will be less likely to come to their village.

However, things are different in Sarifina's village. Her community leaders have held multiple meetings and insist that families know what to do when someone has Ebola symptoms and how to avoid transmitting Ebola from person to person. People are changing their behaviors. For example, no one is hugging or touching people that live outside their household and there are hand washing stations at every household, school, and health center. They have established a transportation plan to ensure anyone with symptoms can get safely to an Ebola Treatment Unit (ETU). They have assured that everyone who does not have a cell phone has access to a cell phone for reporting possible cases (e.g., through the CGV). They have talked about how reporting possible cases early is one way to love their neighbors by getting them care as soon as possible. Sarifina's community leaders also are asking families to change the way they bury loved ones. This is especially hard for Sarifina's mom to understand, but everyone is insisting that touching a dead body is very dangerous during an Ebola epidemic and can make you sick.



4. Ask about Current Practices (10 minutes)

1. Read the questions following Picture Box 4.1 in the flipchart.

> **?** What is going on in the communities where Bahaar and Sarifina live?
>
> **?** What have the community leaders done in Sarifina's community?
>
> **?** Do you think it is possible for someone in Bahaar's and Sarifina's communities to get Ebola? What do you think would happen in Bahaar's community if someone has Ebola signs and symptoms? What do you think would happen in Sarifina's community if someone has Ebola signs and symptoms?
>
> **?** What about your community? What will happen in your community if there is someone with Ebola signs and symptoms?
>
> **?** Do you know what things need to be in place? If so, what are some of those things?

2. Ask the first question above to reinforce the fact that Bahaar and Sarifina live in two different communities that have responded differently to the Ebola outbreak.

3. Ask the second question to discuss the differences.
   - Sarifina's community is making plans and taking actions to protect themselves, their families, and their community.
   - Allow volunteers to share other important steps communities should have in place before Ebola comes to their community.

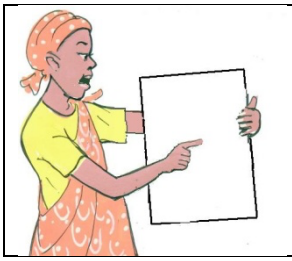
4. Ask the third question to discuss what could happen in each community if there was a person with Ebola.
   - In the story, Bahaar's community is not prepared for an Ebola case. It is likely that multiple people would be infected if one person gets Ebola.
   - Sarifina's community is preparing and putting plans in place. It is less likely that Ebola would spread widely in her community if they had a case of Ebola.

5. Ask the fourth question to discuss whether volunteers feel their communities are prepared and empowered if they encounter Ebola.

6. Ask the fifth question to discuss what participants know to do if someone in their community has Ebola.

7. **Encourage discussion. Don't correct or affirm "wrong answers."** Let everyone give an opinion. This step is for discussion, not for teaching. If anyone asks if a response is correct, do not teach, but answer with, "We will see."

8. After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."



5. Share the Meaning of Picture Box 4.2: Community Ebola Readiness Plans (5 minutes)

1. Ask the participants to describe what they see in the pictures in Picture Box 4.2.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture in Picture Box 4.2.

? What do you think these pictures mean?

It is important that every community develops an Ebola Readiness Plan that includes:

How people will be transported to a health facility or ETU without getting contaminated; Include country-specific information and plans Band be sure to include a transportation plan for pregnant women

- How people should communicate with family members and people with information on Ebola when cases are seen in your community; Mention any current hotlines, phone trees, or SMS services and community health workers, "contact tracers", or other community members working to fight Ebola in your community
- How to assure that everyone has a way to report cases, such as by their own cell phone, the cell phone of someone they know, or through a specific leader
- How the community can get accurate emerging information about Ebola (include country-specific information and plans)

? How can you help communities develop these plans?

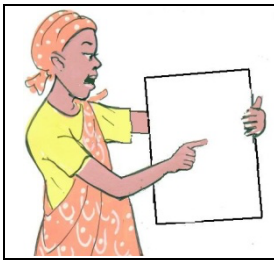
? What role can you play in ensuring these plans are carried out?

- Discuss the different roles of people in your community and district/county regarding Ebola response during an Ebola epidemic and what has already been done.
- Tell participants, **"Have the talk now on these things. Talking about it does not make it more likely to happen, it makes it less likely to happen."**

Additional Information for the Promoter

Be sure to share:

1. Details of the nearest ETU, current or planned, or the nearest health facility, if there are no plans for an ETU, including:
   - Where is it (or where would it be, most likely)
   - Who manages it (or will manage it)
   - What happens when a person arrives at an ETU
   - What can the family expect at an ETU
   - Any other questions participants may have
2. The local hotline number for suspected Ebola cases, if one exists
3. Any context-specific information, such as radio announcements, health care workers, Ministry of Health flyers



6. Share the Meaning of Picture Box 4.3: Family Ebola Care Seeking Plan (5 minutes)

1. Ask the participants to describe what they see in the pictures in Picture Box 4.3.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture in Picture Box 4.3.

? What do you think these pictures mean?

Each family should also develop an Ebola Care Seeking Plan in case someone in your family gets sick that includes:

- How family members will be transported to a health facility or ETU without getting contaminated by the Ebola virus
- How people should communicate with family members and people with information on Ebola when cases are seen in your community; Mention any current hotlines, phone trees, or SMS services on Ebola and follow the community plan
- How families will report suspected cases if they do not have a cell phone

- How care will be provided at home until the person is transported; If there are no open ETUs or other places to treat them, follow your community plan (see Additional Information for the Trainer, below)

? How can you help communities develop these plans?

? What role can you play in ensuring these plans are carried out?

Discuss the different roles of people in your community and district/county regarding Ebola response.

Tell participants, **"Have the talk about these issues *now*. Talking about it does not make it *more* likely to happen, it makes it *less* likely to happen."**

Additional Information for the Trainer: Treating Ebola at Home

- **Add any additional country-specific contact information for the Ebola hotline/teams.**
- **Add any additional country-specific contact information for the location of ETUs, Community Care Centers (CCCs), or Screen and Response Units (SRUs).**

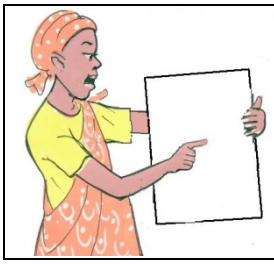
During an Ebola epidemic, if you have no choice and *must care* for someone who is sick with signs or symptoms of Ebola, you should use any personal protective equipment (PPE) that is available: masks, gloves, gown, and goggles. If you care for someone with Ebola without using this equipment, it will be quite easy to get the disease. You would need to spray that equipment with a 10% chlorine bleach solution (one part bleach to nine parts water) or with soapy water after each use. To the greatest degree possible, avoid direct or indirect contact with all of the sick person's bodily fluids, including feces, vomit, urine, sweat, blood (including menstrual fluids), semen, and saliva. Only people that must interact with a sick person should do so; limit contact with others.

A priority with Ebola is keeping the person hydrated by giving them fluids available at home (e.g., water, juice) and rehydrating them if they are losing fluids through diarrhea or vomiting by using oral rehydration solution (ORS). Large amounts of ORS are needed to replace all the fluids lost. (Review how to make ORS.) If the person vomits when receiving ORS, wait 15 minutes, then give the ORS more slowly, one or two teaspoonsful at a time. Continue feeding people the foods they can eat.

If a woman or her infant is suspected or confirmed to have Ebola, breastfeeding must stop and mother and baby must be separated. The infant should be fed with a breastmilk substitute (infant formula or another safe option) — not milk from another woman, as wet-nursing during an outbreak carries the risk of transmission in either direction. One narrow exception applies to infants under 6 months who are

already infected: if a safe breastmilk substitute is not available AND separation cannot be done safely, continued breastfeeding may be considered. This decision should be made case-by-case by a doctor or nurse, weighing the risk of exposure to Ebola against the risk of death from not breastfeeding in a country with scarce resources.

Things that come into contact with the patient must be burned or disinfected. For things that have a sealed surface (where the virus cannot soak in), spray them with a 10% bleach spray and let them sit for 15 minutes before wiping and scrubbing down the surface. Bedding, clothing, and other dry infectious materials that have been in contact with a person who has Ebola should be burned in a pit (e.g., 1 meter x 1 meter). Bodily fluids and other wet infectious materials (e.g., feces, urine-soaked sheets) should be buried in a pit.



7. Share the Meaning of Picture Box 4.4: Community and Family Burial Plan (5 minutes)

1. Ask the participants to describe what they see in Picture Box 4.4.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture in Picture Box 4.4.

? What do you think these pictures mean?

Each community and family should have a plan for safe burials.

- This plan should include how people can safely grieve and take care of the remains of people that died from Ebola (including through cremation) and include alternate ceremonies that honor the dead, but help avoid transmission. (Include country-specific information on burial teams.)
- Follow your community plan. If there is no such plan, follow the steps you followed to develop a community Ebola Readiness Plan to develop your community-safe burial plan.

? How can you help communities develop these plans?

? What role can you play in ensuring these plans are carried out?

Discuss the different roles of people in your community and district/county regarding Ebola response. Be sure to consider how to include traditional healers as your community creates an Ebola Readiness Plan.

Tell participants, **"Have the talk *now* on these things. Talking about it does not make it *more* likely to happen; it makes it *less* likely to happen."**



8. Activity: Role Play: Create a Family Plan Role Play (30 minutes)

Prepare for the activity by discussing with participants:

- "Each of our families makes plans and decisions. We plan when to plant, when to go to market, when to take a sick child to the clinic. Each family may decide or make plans in different ways."
- "Who is the head of household in your family? Or is that responsibility shared? Does a grandparent live in your home? Maybe your husband is head of household; but, what do you do when he works away from home and is gone for weeks at a time? Who takes up that role if he is away?"
- "Our traditions influence how we live our everyday lives. For example, we have traditions that we follow after a loved one dies. Many of these traditions can involve touching the body. During an Ebola outbreak, this is not safe. But, there are other ways we can honor our loved ones that do not involve touching the body."
- "It is good to talk about these things as a family before Ebola comes to our community."

? How can you talk with your family about getting ready for Ebola before it comes to our community? How can you and your family approach the community leadership to form a community Ebola Readiness Plan?

Role Play:

1. Preparation:
    - Plan a time to practice the following role play before the group meets as a whole.
    - Choose at least three "family members" plus the CGV for the group. The CGV will "visit a home" and enter an ongoing discussion about Ebola. Have them start to discuss what they have learned about Ebola and what can be done to protect the family and community.

- Once presented to the larger group, encourage the group members to give suggestions and recommendations.

2. Roles: Husband/father, Wife/mother, Grandmother/mother of father/mother-in-law, CGV

3. Script:

Wife: "I hear in the market that Ebola has come to the next community. I think we should be ready in case Ebola comes here."

Grandmother: "That's just rumors! We don't need to worry! I think Ebola is only brought by aid workers… they are not here in our community!"

Father: "Well, I heard something about it on the radio. My friend, Beyan, said he saw a special clinic being prepared in the next community."

Mother: "My Care Group leader said we can do things to protect ourselves, like insisting everyone washes their hands with soap. She says we should know what the signs and symptoms of Ebola are and what to do if someone gets sick and may have Ebola. Especially, how to avoid touching one another when we are sick."

Grandmother: "Hmmm. I suppose next you will say we can't bury our own dead as we are accustomed to! How can we honor the dead if we cannot wash them and kiss them farewell?"

Father: "It sounds like we should talk to the elders. They will know how best to prepare."

CGV: "Hello. May I come in?"

Mother: "Yes, yes. Come in. We have just been talking about how to get ready for Ebola."

CGV: "And I have just come from speaking with two of the elders. They are concerned about Ebola in the next community. They have asked the CGVs to help families talk about being ready for Ebola. They are calling for a community meeting to be held at the school tonight. What do you think of the idea of being prepared?"

Father, looking at his mother: "We wonder how to continue to be respectful and protect ourselves."

CGV: "Let's talk about it…"

The conversation continues as the family talks about how to get the best information; the importance of hand washing, safe greetings, and reporting suspected cases; and how to bury someone safely and with respect. They also go to the neighbors' house to tell them about the meeting at the school.

4. Discuss how decisions are made in families. Who is typically the head of household in the families of the community? What does a family do when the head of the household is sick or away and not able to lead the family? It is

important to have a readiness plan for Ebola to use at any time, whether or not the head of household is at home.

5. Discuss what usually happens when a person gets sick. Who decides to go for help? Where do you go for help? A traditional healer? A local clinic?

6. Encourage the women to share this information and promote these practices in the community to get people to agree to these new practices and to adopt these practices themselves.

7. Remind the women that if they have loved ones that get sick with Ebola and die, their loved ones would not want them to get sick with Ebola, and the best way to honor them is to prevent themselves from getting sick. By making a family and a community plan they are protecting themselves and everyone else.



9. Discuss Barriers (15 minutes)

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

1. Ask each woman to talk to a woman sitting next to her for the next 5 minutes. They should share barriers they may face and concerns about the new teaching. Together they should try to find solutions to the barriers and information that helps with their concerns. After 5 minutes, ask the women to share what they discussed.

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

3. Possible Concerns:
   - My husband won't listen to me. How do I help him understand this is important?
   - Our family will be seen as trouble makers; our relatives will shun us.



10. Practice and Coaching (20 minutes)

For CGV groups:

1. Ask each CGV to share the teachings she has learned with the person sitting next to her. She should use the first few flipchart pages of today's lesson.
2. Each CGV teaches the person next to her in the same way that the Promoter taught her. (The game and other group activities will be omitted, of course.)
3. After 10 minutes, ask the women to switch roles. The other CGV shares the teachings from the remainder of the lesson.
4. The Promoter watches, encourages, praises, corrects, and helps CGVs that are having trouble.
5. When everyone is finished, answer any questions the CGVs have about today's lesson.

For Neighbor Groups:

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



11. Request Commitments (10 minutes)

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

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

For example:

- I commit to ensuring my family has a transportation plan for getting to the ETU.
- I commit to helping my community leaders organize a meeting so our community can develop an Ebola Readiness Plan.

Bahaar's and Sarifina's Community Response to Ebola (Picture Box 4.1)





Bahaar and Sarifina live in two separate communities. They have been hearing a lot over the radio and from friends about Ebola. There has been no Ebola in their communities.









In Bahaar's community, everything is happening as usual. People greet with friendly hugs, and burials happen in the traditional way.









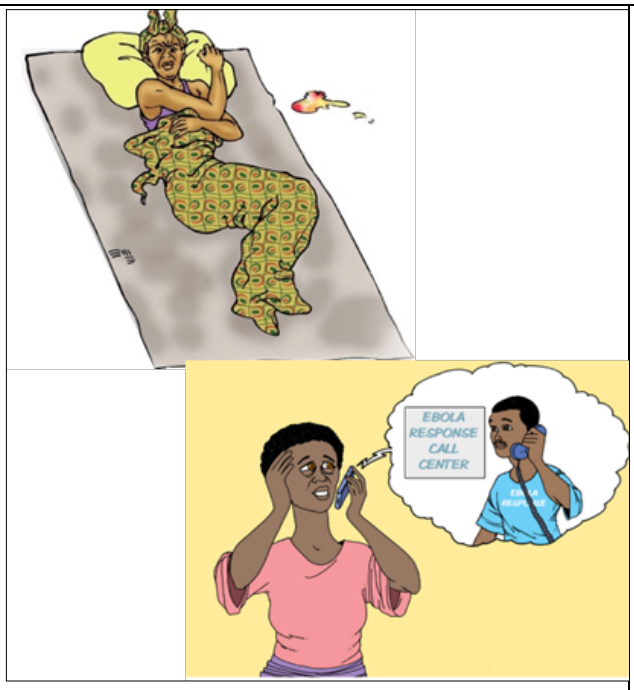
In Sarifina's community, the leaders are having meetings.







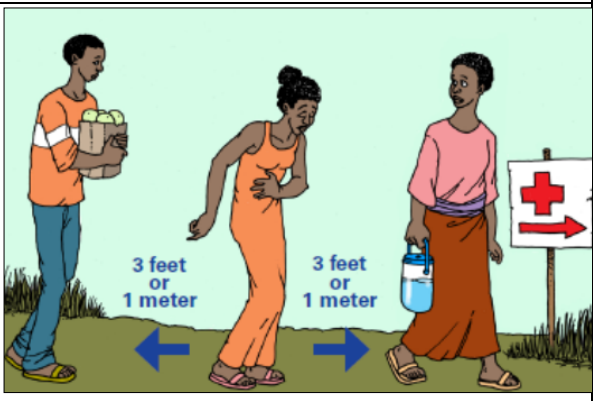
They insist that everyone knows what they can do to protect themselves from Ebola. They insist that families know what to do when someone has Ebola symptoms.





Sarifina's community knows how to get more information if someone gets sick.





The community has set up hand washing stations at homes, schools, and health centers. They also have made a transportation plan.





They also know how to bury their loved ones safely. They learn that special burial teams wear protective suits when they bury people that have died from Ebola.



And, they know how to get the best information.

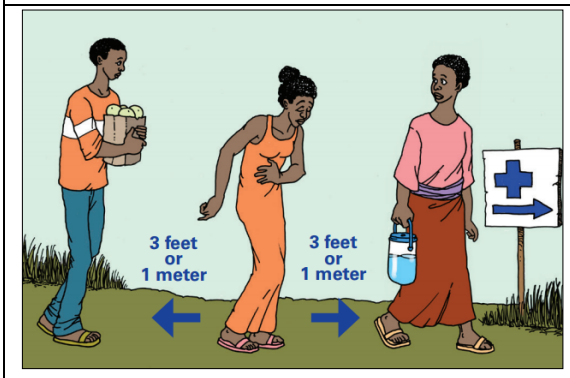
Community Ebola Readiness Plans (Picture Box 4.2)





Your community can be ready for Ebola if it comes. Know how to get the best information.





Your community should plan how to safely transport a sick person to the health clinic, including a pregnant woman.



Family Ebola Care Seeking Plan (Picture Box 4.3)



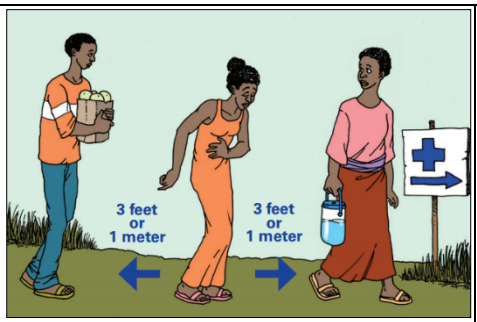
Your family also should make a plan so you are ready if Ebola comes.





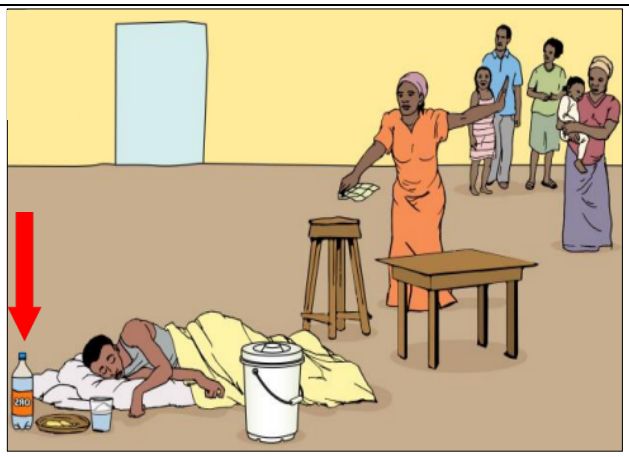
Each family should know how to get the best information.







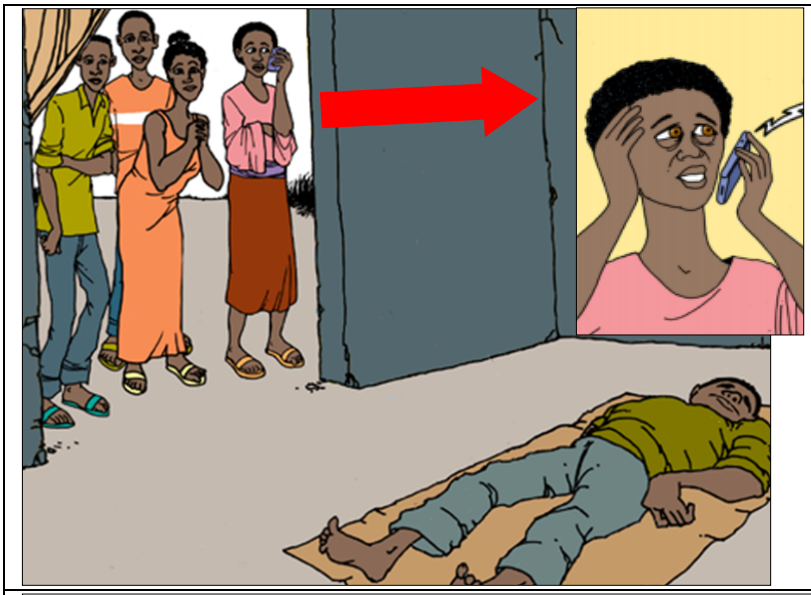
Your family plan should include how to safely transport a sick family member to a health clinic. If someone in your family is pregnant, you should make a transportation plan for her, as well.





While you wait to transport your sick family member, choose one person to give care. Everyone else should stay back. Make sure to have oral rehydration solution (ORS) for your family member to drink and to wash your hands well.

Community and Family Burial Plans (Picture Box 4.4)



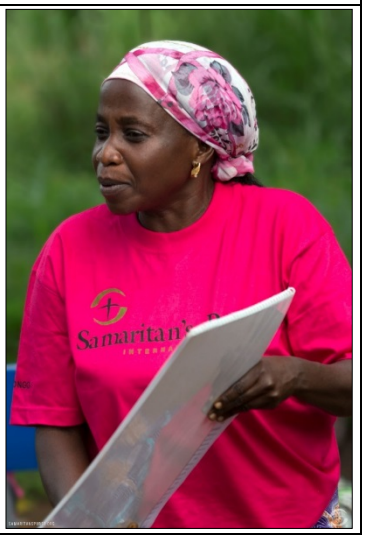
Your family should make a plan for safe burial. If you think a family member has Ebola and they die at home, you will know what to do.



It is possible to bury a body safely and with respect.



Care Group Volunteers (CGVs) can help families plan for Ebola.



Lesson 5: Prevention Part I: What We Can Do during a Declared Epidemic



Caregivers will understand the following and act accordingly:

- The nature of Ebola virus disease (EVD), how it's transmitted, and how serious it is
- How to prevent the spread of the EVD (part 1)
- How to identify Ebola signs and symptoms

Materials:

- Attendance registers
- Care Group Volunteer flipchart

Summary:

- Game: Group Statues
- Attendance and troubleshooting
- Share the story: Beyan and Sarifina Have Ebola Signs and Symptoms (Picture Box 5.1)
- Ask about current practices
- Share the meaning of each Picture Box in the flipchart:
  - Transmission and Signs/Symptoms (Picture Box 5.2)
  - Prevention through Handwashing with Soap (Picture Box 5.3)
  - Prevention through Distance (Picture Box 5.4)
- Activity: Review Game
- Discuss barriers
- Practice and coaching in pairs
- Request commitments



1. Game: Group Statues (10 minutes)

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

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

2. Remind the CGVs that we are going to play this game without touching. They should leave space between as they move around.
3. Ask the group to move around the room, loosely swinging their arms and gently relaxing their heads and necks.
4. After a short while, shout out a word related to an emotion or object. The group must form themselves into statues that describe the word. For example, the Promoter shouts "peace". All the participants have to instantly adopt, without talking, poses that show what "peace" means to them. Other examples are "anger," "surprise," "monkey."
5. Repeat the exercise several times.[12]
6. Tell participants, "Now that we are energized, let's begin our lesson."



2. Attendance and Troubleshooting (15 minutes)

When teaching CGVs (Leader Mothers):

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

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

6. The Promoter asks the CGVs to review the key practices from the last lesson.[13]
7. The Promoter asks the CGVs about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.

? What was your commitment at the last lesson? Have you been able to keep that commitment?

? What did you do?

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

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

When CGVs teach their neighbors:

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

[13] While this is the first lesson plan in this section of the module, we expect that many Care Groups will have covered other Care Group modules prior to when this module is used.

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

Note: A *sign* is something that someone can see or feel in another person, like a fever or vomiting. A symptom is something that the sick person can feel but others probably cannot see, like stomach pain.

Read the story about Beyan and Sarifina in Picture Box 5.1 on the flipchart. The text to the story also is included below.

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



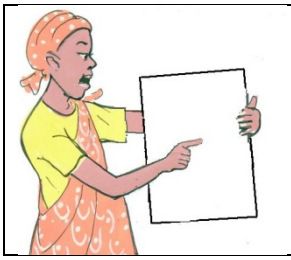
4. Ask about Current Practices (10 minutes)

1. Read the questions about the story in the flipchart.

- ? What happened to Beyan and Sarifina?
- ? How would we know if they had Ebola? What other Ebola signs and symptoms do you know?
- ? How do you think Beyan and Sarifina got sick? What are some ways that you think people can get Ebola?
- ? How did they each feel when they get sick? How do you think you would feel if it were you?
- ? Do you know how to protect yourself and your family from Ebola? If so, what are some ways you could prevent Ebola?

2. Ask the first question above to reinforce the fact that Beyan and Sarifina may very likely have Ebola virus disease.

3. Ask the second question to discuss signs and symptoms.
    - The signs and symptoms in this story are a sudden high fever and weakness.
    - Allow volunteers to share other signs and symptoms they know about.
4. Ask the third question to discuss ways that people think Ebola is transmitted.
    - In the story, both Beyan and Sarifina may have gotten Ebola from touching the body at a funeral where the person likely died of Ebola.
    - Allow time for volunteers to discuss current beliefs about how Ebola is transmitted.
5. Ask the fourth question to discuss whether volunteers feel prepared and empowered if they encounter Ebola.
6. Ask the fifth question to discuss ways that participants know to prevent Ebola.
7. **Encourage discussion. Don't correct or affirm "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching. If anyone asks if a response is correct, do not teach, but answer with, "We will see."
8. After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."



5. Share the Meaning of Picture Box 5.2: Transmission and Signs/Symptoms of Ebola (5 minutes)

1. Ask the participants to describe what they see in Picture Box 5.2.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture using Picture Box 5.2.

? What do you think these pictures mean?

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

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

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

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

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

? What are some other sicknesses that have similar signs?

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

Additional Information for the Trainer and Promoters: Review of Signs, Symptoms and Transmission of Ebola Virus Disease

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

Signs/Symptoms

(A *sign* is something that someone can see or feel in another person, like a fever, hiccups or vomiting. A *symptom* is something that a person feels, like a headache or belly pain.

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

EVD is a dangerous disease caused by the Ebola virus that kills 25-90% of the people who get it. Early signs and symptoms resemble those of other common diseases such as influenza or malaria: fever, intense weakness, headache, muscle pain, joint pain, chest pain, sore throat, cough, shortness of breath, and hiccups. When a person has Ebola, these signs and symptoms are often followed by vomiting, diarrhea, stomach discomfort, and decreased appetite. As Ebola becomes worse, other signs and symptoms may develop, such as a rash (skin bumps), red eyes, bleeding both inside and outside of the body (e.g., eyes, nose, tongue, inside of belly), and difficulty breathing and swallowing. Bleeding can be seen with vomiting of blood, coughing up of blood, tarry feces (poop that is black and sticky

like a baby's first poop), and bleeding from mucous membranes (e.g., nose, vagina, gums). Most of the bleeding is in the gut (belly).[14]

Review of Transmission:

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

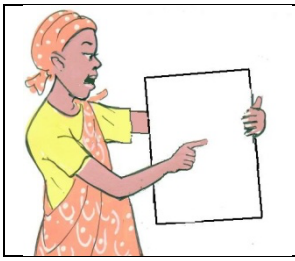
The amount of time between when you have contact with someone with Ebola and the beginning of signs and symptoms is 2–21 days. The *average* time is 8–10 days, but sometimes it can be shorter or longer. People are not able to infect others until they start having signs and symptoms. Once the Ebola virus enters the body, it affects how the infected person's blood clots, and how the body fights infection.

People (and wild animals) are infectious from the moment they first have signs and symptoms until they recover and test negative two times for Ebola virus. However, we now know (in 2026) that Ebola virus can stay in a man's semen for many months, sometimes more than a year, even after he feels completely well. Male survivors and their partners should use a condom every time — or not have sex at all — for AT LEAST 12 MONTHS after recovery, OR until the man's semen has tested negative two times in a row at the clinic (with at least one week between tests). (The 3-month guidance you may have heard before (e.g. 2016) is out of date.) Men who have had Ebola also should be careful and practice good hygiene for 12 months after recovery if they masturbate, as the semen could infect others, although the risk of infection from semen is very low. As far as we know, those that recover from infection with Ebola cannot get that strain of Ebola again, at least for a minimum of 10 years.

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

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

[14] http://www.wiredhealthresources.net/presentations/58/story.html



6. Share the Meaning of Picture Box 5.3: Prevention through Handwashing with Soap (5 minutes)

1. Ask the participants to describe what they see in Picture Box 5.3.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture using flipchart pages for Picture Box 5.3.

? What do you think these pictures mean?

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

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

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

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

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

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

? When do you usually wash your hands with soap?

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

Additional Information for the Trainer: Critical Times for Hand Washing with Soap

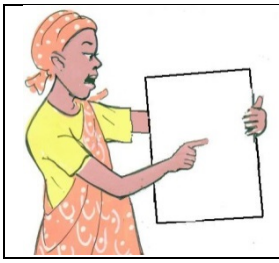
There are five critical times to wash our hands with soap. With Ebola, we add a sixth critical time.

- After defecating
- Before eating

- Before cooking
- After cleaning up your baby's feces
- Before feeding your baby
- Washing hands with soap after touching someone who is sick (with any illness)

Review of Steps for Washing Hands:

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



7. Share the Meaning of Picture Box 5.4: Prevention through Social Distancing (5 minutes)

1. Ask the participants to describe what they see in Picture Box 5.4.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture using flipchart pages for Picture Box 5.4.

? What do you think these pictures mean?

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

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

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

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

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

? What are some other ways to greet people respectfully without touching?

? Have you seen people with these supplies around? Does anyone have any of these supplies already?

Additional Information for the Promoter

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



8. Activity: Review and Role Play (30 minutes)

1. Tell participants, "First we are going to review some of what we learned today. Turn towards one person sitting next to you (without touching them). I am going to start a statement and you should tell your neighbor how you will complete the statement.

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

2. Ask if anyone has any questions before moving on.
3. Tell participants, “It can be hard to change the way we greet and interact with people. Let’s spend some time role playing how we will greet people without touching.” Two people should walk towards each other as if you are passing on the road. Greet each other in a way that is respectful without touching. Repeat until everyone has had a chance to practice.

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

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



9. Discuss Barriers (15 minutes)

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

Ask each woman to talk to a woman sitting next to her for the next 5 minutes. They should share barriers they may face and concerns about the new teaching. Together they should try to find solutions to the barriers and information that helps with their concerns. After 5 minutes, ask the women to share what they have discussed.

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

Possible Concerns:

- There is no money to buy soap.
  - Talk about options to buy cheaper soap, such as washing powder, or to use wood ash, or to use chlorine water if that is available.
- How do we greet people or care for our family without touching?
  - Talk about alternative ways to greet or to care for someone without touching them.
- It is hard to remember to wash hands with soap.
  - Talk about ways to remember when to wash your hands with soap; reminders such as assembling a hand washing stations, building a Tippy Tap, learning a song, putting up a poster, etc.

It can be helpful to have more than one hand washing station to help you remember to wash hands. Perhaps build a Tippy Tap near the latrine, and have a simple bucket and scoop hand washing station in the food preparation area.



10. Practice and Coaching (20 minutes)

For CGV groups:

1. Ask each CGV to share the teachings she has learned with the person sitting next to her. She should use the first few flipchart pages of today's lesson.
2. Each CGV teaches the person next to her in the same way that the Promoter taught her. (The game and other group activities will be omitted, of course.)
3. After 10 minutes, ask the women to switch roles. The other CGV shares the teachings from the remainder of the lesson.
4. The Promoter watches, encourages, praises, corrects, and helps CGVs who are having trouble.
5. When everyone is finished, answer any questions that the CGVs have about today's lesson.

For Neighbor Groups:

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



11. Request Commitments (10 minutes)

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

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

For example:

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

Beyan and Sarifina Have Ebola Signs and Symptoms (Picture Box 5.1)



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



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



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



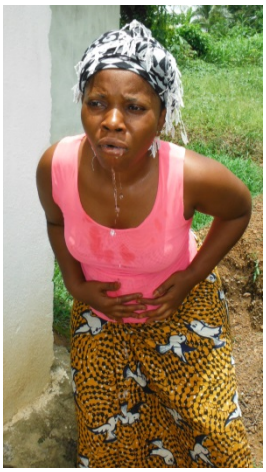
Sarifina is scared too, but she has more information and feels empowered to do something to help herself and her family.

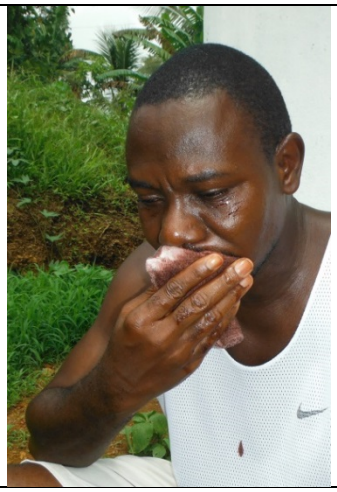
Transmission and Signs/Symptoms of Ebola
(Picture Box 5.2)




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





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

Prevention through Hand Washing with Soap
(Picture Box 5.3)



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





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









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

Prevention through Social Distancing
(Picture Box 5.4)





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



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



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

Lesson 6: Prevention Part II: What We Can Do during a Declared Epidemic



Caregivers will understand the following and act accordingly:

- How to prevent the spread of Ebola Virus Disease (EVD; part 2)
- How to identify Ebola signs and symptoms and what to do if they have Ebola signs or symptoms
- What to expect from the health/public health officials during and epidemic
- The importance of seeking care quickly when signs and symptoms of Ebola appear

Materials:

- Attendance registers
- Care Group Volunteer flipchart

Summary:

- Game: Move to the Spot
- Attendance and troubleshooting
- Share the story: Beyan and Sarifina's Response to Ebola Signs and Symptoms (Picture Box 6.1)
- Ask about current practices
- Share the meaning of each Picture Box in the flipchart
  - Seeking Care Early (Picture Box 6.2)
  - Do Not Touch (Picture Box 6.3)
  - What to Expect (Picture Box 6.4)
- Activity: How can we honor our loved ones?
- Discuss barriers
- Practice and coaching in pairs
- Request commitments



1. Game: Move to the Spot (10 minutes)

1. Ask everyone to choose a particular spot in the room. They start the game by standing on their "spot." Remind participants that they should leave plenty of space and be careful not to touch as they are playing the game.
2. Instruct people to walk around the room and carry one particular action, for example, hopping, or saying hello to everyone wearing blue, or walking backwards, etc.
3. When the Promoter says "Stop," everyone must run to his or her original spot. The person who reaches their place first is the next leader and can instruct the group to do what they wish.[15]
4. Tell participants, "Now that we are energized, let's begin our lesson."



2. Attendance and Troubleshooting (15 minutes)

When teaching Care Group Volunteers (CGVs):

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

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

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

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

? What did you do?

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

7. The Promoter thanks the CGVs for their hard work and encourages them to continue.
8. The Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (if any) and solicit volunteers.

When CGVs teach their Neighbors:

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

3. Story: Beyan and Sarifina's Response to Ebola Signs and Symptoms (Picture Box 6.1) (10 minutes)

Read the story on Picture Box 6.1 of the flipchart. The text also is provided below.

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



4. Ask about Current Practices (10 minutes)

1. Read the questions that correspond to Picture Box 6.1 in the flipchart.

? What happens to Beyan? What happens to Sarifina?

? What is the difference between Beyan and Sarifina's actions?

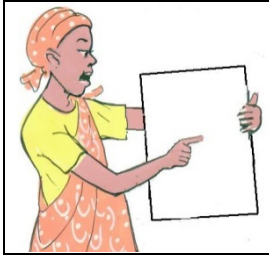
? What are the <u>results</u> of both Sarifina's and Beyan's actions?

? Do you think the people in your neighborhood – if exposed to Ebola – would act more like Beyan or Sarifina? Which do you want to be like?

? How did Sarafina demonstrate her love for her family by her actions? How might she be remembered by others when she dies someday?

2. Ask the first question to discuss what happens to both Beyan and Sarifina.
   - Beyan does not seek help. He gets very sick and dies. So does his family.
   - Sarifina seeks help and gets care. She recovers and her family does not get sick.

3. Ask the second question to explore the differences between Beyan and Sarifina.
    - Beyan does not seek care, but Sarifina does.
    - Beyan gets very sick and dies, but Sarifina gets treatment and recovers.
    - Beyan's family also gets sick and dies, but no one in Sarifina's family dies.
4. Ask the third question to reinforce that Beyan and his whole family die but Sarifina and her whole family recover.
5. Ask the fourth question to discuss the current practices in the community and what the volunteers think they would like to do.
6. Ask the fifth question to point out how Sarafina's actions were heroic and show her love for her family.
7. **Encourage discussion. Don't correct or affirm "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching. If anyone asks if a response is correct, do not teach, but answer with, "We will see."
8. After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."



5. Share the Meaning of Picture Box 6.2: Seeking Care Early (5 minutes)

1. Ask the participants to describe what they see in Picture Box 6.2
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture in Picture Box 6.2.

? What do you think these pictures mean?

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

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

- You can do the right thing and not infect your family by seeking treatment quickly when you have signs of Ebola.

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

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

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

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

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

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

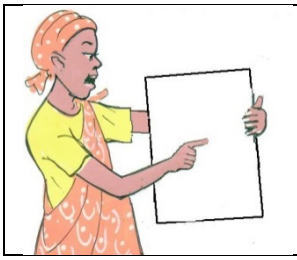
Additional Information for the Trainer: Information on Seeking Care for Ebola

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

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

For some types of Ebola, there are now treatments that improve survival when given early. However, those treatments do not appear to work for the types of Ebola circulating in the 2026 outbreak. The most important thing is still to get to a treatment centre as soon as you have symptoms — the sooner you go, the better your chances. You can also receive "supportive care" if you go. This type of care helps support the body's immune system to fight off the Ebola virus and can include increased fluids (either intravenous fluids or by using oral rehydration serum), support with oxygen and blood products, providing good nutrition, and treatment of other infections. We will talk more about care for Ebola in the next lesson.

For the 2026 Ebola outbreak, there is not a vaccine that can prevent it, at least as of May 2026. While there are medications that were used with other strains of Ebola, there is no medication yet that cures the Ebola strains that have been found during the 2026 outbreak in DRC and Uganda. These medicines may not be available for months or years. You might hear that doing certain other things not mentioned in these lessons or eating certain things can cure Ebola, but this is not true. The best thing to do is to take the preventive actions mentioned in these lessons and to seek care early so that you can get good supportive care if you are sick.



6. Share the Meaning of Picture Box 6.3: Do Not Touch (5 minutes)

1. Ask the participants to describe what they see in Picture Box 6.3.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture in Picture Box 6.3.

? What do you think these pictures mean?

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

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

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

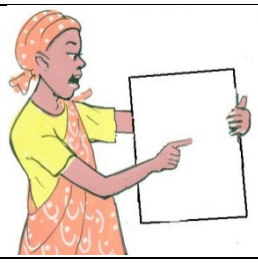
- You cannot always be sure of how someone died, so if there is an Ebola outbreak in your community, report ANY death in the community and avoid funerals if the government tells you to do so.
- If funerals are permitted, do things differently: Avoid touching, kissing, or washing the body. Avoid touching or kissing the family members of the deceased and anyone else who is attending the funeral.
- Keep a proper distance, at least 1 meter, from others. Talk with your community leaders about safe ways to show respect and love for those who are grieving without touching or kissing.

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

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

Additional Information for the Trainer

It can be very difficult to avoid touching a sick family member or someone close to you who has died. It goes against what we usually do and what we instinctively want to do. It is very important NOT to touch sick people or dead bodies to stop the spread of Ebola though. It is especially important not to touch dead bodies since they are very infectious. This is one way Ebola has been spreading quickly. Work with your Promoters and CGVs to come up with ways to avoid touching sick people and bodies, or to use proper protective equipment (gowns, gloves, and masks) and chlorine disinfectants, to do so more safely, if you must touch sick people and bodies.



7. Share the Meaning of Picture Box 6.4: What to Expect During an Ebola Epidemic (5 minutes)

1. Ask the participants to describe what they see in Picture Box 6.4.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture in Picture Box 6.4.

? What do you think these pictures mean?

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

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

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

- They might be doing things such as taking sick people to Ebola treatment units or community care centers, spraying chlorine spray, taking dead bodies for proper burial or cremation, or checking on contacts every day, isolating households. (Add any information here about what is being done locally.)

- The things these people will do are not spreading Ebola; they are helping stop Ebola in your community.
- There may be checkpoints to measure body temperature, chlorine handwashing, or curfews and restricted travel.

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

? How would you contact the Ebola hotline?

Additional Information for the Trainer

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

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

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

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

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



8. Activity: How can we honor our loved ones? (30 minutes)

Tell participants, "We all have traditions that we follow after a loved one dies. Many of these traditions can involve touching the body. During an Ebola outbreak, this is

not safe. But there are other ways that we can honor our loved ones that do not involve touching the body."

? Do you think your loved one who has died from Ebola would want you to get sick too?

You can honor your loved ones by keeping yourself healthy.

Tell participants, "Let's think of some other ways we can honor our loved ones without touching their bodies."

1. Discuss what traditionally happens when someone dies until the time the funeral is over. As you talk about this, discuss why people feel some of the traditions are important (i.e., the meaning behind the tradition).
2. Go through these traditions again and stop at each point to ask whether that practice could put people at risk of getting Ebola if the person has died from Ebola. Remind participants of how Ebola is transmitted if needed.
3. If it involves touching the body in any way (with hands, lips, etc.) and puts people at risk, discuss how you could honor the person, the traditions and the meaning behind the traditions without putting people at risk of getting sick. Try to reach agreement on what to do.
4. The group has just made a good plan of how to approach the preparation of the body of someone who has died and a funeral when there is an Ebola outbreak. Now ask for volunteers from the group to role play how they will act when someone dies in their community.
5. Encourage the women to promote these new practices in the community, to get people to agree to these new practices, and to adopt these practices themselves.
6. Remind the women that their loved ones would not want them to get sick and the best way to honor them is to prevent themselves from getting sick.



9. Discuss Barriers (15 minutes)

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

Ask each woman to talk to a woman sitting next to her for the next 5 minutes. They should share barriers they may face and concerns about the new teaching.

Together they should try to find solutions to the barriers and information that helps with their concerns. After 5 minutes, ask the women to share what they have discussed.

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

Possible Concerns:

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



10. Practice and Coaching (20 minutes)

For CGV groups:

1. Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the first few pages of the flipchart corresponding to today's lesson.
2. Each CGV will teach the person next to her in the same way that the Promoter taught her.
3. After 10 minutes, ask the women to switch roles. The other CGV will share the teachings that correspond with the remainder of this flipchart pages for this lesson.
4. The Promoter watches, encourages, praises, corrects, and helps CGVs who are having trouble.
5. When everyone is finished, answer any questions that CGVs have about today's lesson.

For Neighbor Groups:

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



11. Request Commitments (10 minutes)

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

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

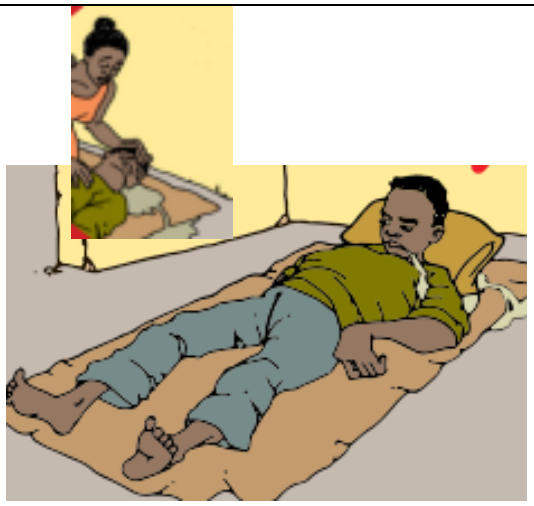
For example:

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

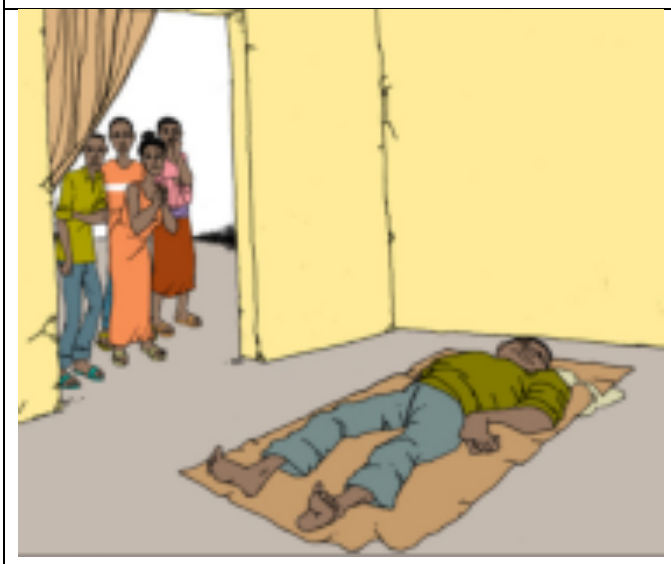
Beyan and Sarifina's Response to Ebola Signs and Symptoms (Picture Box 6.1)



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



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



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



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

Seeking Care Early (Picture Box 6.2)





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









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

Do Not Touch (Picture Box 6.3)





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





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

What to Expect During an Ebola Epidemic (Picture 6.4)



YOUR LOCAL EBOLA HOTLINE NUMBER: _____

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



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

Lesson 7: What to Do When Someone has Ebola



- Caregivers will understand the importance of immediately seeking care at the onset of Ebola signs or symptoms.
- Caregivers will be able to state four signs and symptoms of Ebola (review).
- Caregivers will be able to state three reasons why immediately seeking care is important.
- Caregivers will know whom to contact in their area at the onset of Ebola signs or symptoms and the steps to take to contact them.
- Caregivers will know what an Ebola Treatment Unit (ETU) is and be able to state four things that happen at an ETU.

  Note: If there are Community Care Centers (CCCs) or Screen and Referral Units (SRUs) in your area, be sure to discuss these places in detail as well.
- Caregivers will believe that going to an ETU will help the sick person and their family.
- Caregivers will know how to best support the sick person while awaiting transport to the ETU.
- Caregivers will understand what contact tracing is and be able to list four reasons why this is important.

Materials:

- Attendance registers
- Care Group Volunteer flipchart

Summary:

- Game: Who is the Leader?
- Attendance and troubleshooting
- Share the story: Sarifina Seeks Care Early and Recovers at an ETU (Picture Box 7.1)
- Ask about current practices
- Share the meaning of each picture in the Picture Boxes:
  - Seek Immediate Care at an Ebola Treatment Unit (Picture Box 7.2)
  - What Happens at an Ebola Treatment Unit (Picture Box 7.3)
  - Contact Tracing for Ebola (Picture Box 7.4)

- Activity: Role Play: Seeking Care
- Discuss barriers
- Practice and coaching in pairs
- Request commitments



1. Game: Who is the Secret Leader? (10 minutes)

1. Ask the CGVs to sit in a circle. A volunteer leaves the area so she cannot see or hear the group.

2. After they leave, the rest of the group chooses a "Secret Leader." The secret leader must perform a series of actions, such as clapping, tapping a foot, or snapping their fingers. Everyone in the group copies the action of the Secret Leader as quickly as possible after the leader starts. The Secret Leader should tell the rest of the women in the group (without the volunteer who left present) what the first action will be. This is important; otherwise, the Secret Leader will be the only person performing an action to start with and it will be easy for the volunteer (who left the area) to guess who the Secret Leader is. Do not tell the volunteer who left the room who the Secret Leader is when she returns.

3. The volunteer returns and stands in the middle of the circle. At this time the Secret Leader of the group should quietly begin an action just as she had done a few minutes ago. The others follow the Secret Leader doing the action with her immediately. After a few seconds, the Secret Leader changes the action. As soon as the others see, they should do the same action that the Secret Leader is doing.

4. The volunteer tries to guess who the Secret Leader is. The Secret Leader must change the actions without getting caught. The group protects the Secret Leader by not looking at her. The women in the circle should not stare at the Secret Leader as that makes it too easy for the volunteer to guess who the Secret Leader is.

5. When the volunteer identifies the Secret Leader, the volunteer joins the circle, and the person who was the Secret Leader leaves the room.

6. Repeat the game several times.

? What can we learn from this game?

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

7. Tell participants, "Now that we are energized, let's begin our lesson."



2. Attendance and Troubleshooting (15 minutes)

When teaching Care Group Volunteers (CGVs):

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

? What was your commitment at the last lesson? Have you been able to keep that commitment?

? What did you do?

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

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

When CGVs teach their neighbors:

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

3. Story: Sarifina Seeks Care Early and Recovers at an ETU (Picture Box 7.1) (10 minutes)

Read the story on Picture Box 7.1 of the flipchart. The text also is provided below.

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

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

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



4. Ask about Current Practices (10 minutes)

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

? What did Sarifina do as soon as she felt symptoms of Ebola?

? How did Sarifina's community respond?

? What do you think happens at an ETU?

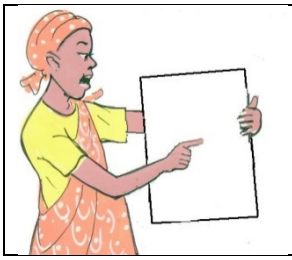
? What would you do if you were Sarifina? Is your community prepared?

2. Ask the first question to discuss what happens to Sarifina.

   - She knew the signs and symptoms of Ebola. Reinforce what those signs and symptoms are fever AND any of the following: headache, muscle pain, diarrhea, vomiting, belly pain, or unexplained bruising or bleeding.

- Sarifina knew immediately what to do when she experienced the signs of Ebola and felt these symptoms: first to call the Ebola Hotline and second to go to the ETU. She knew she needed to protect herself, her family and her community.
- Although she was a bit scared about going to the ETU, she knew that her chance of surviving Ebola was much greater by going there.
- She received care such as ORS, food, etc., at the ETU and recovered!

3. Ask the second question to discuss how Sarifina's community was prepared for suspected Ebola cases.
    - They had a transportation plan in place for taking Ebola suspected cases to the ETU.
    - They took Sarifina as quickly as possible to the ETU by calling the hotline and using the specially prepared Ebola response truck as an ambulance.
4. Ask the third question to hear what the women believe happens at an ETU.
5. Ask the fourth question to discuss the current practices in the community and what the volunteers think they would do if they were in the same situation.
6. **Encourage discussion. Don't correct or affirm "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching. Mothers themselves often volunteer the correct information. As the trainer, be sure not to correct wrong answers at this point as it can embarrass the women and shut down the discussion. If anyone asks if a response is correct, do not teach, but answer with, "We will see."
7. After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."



5. Share the Meaning of Picture Box 7.2: Seek Immediate Care at an Ebola Treatment Unit (5 minutes)

1. Ask the participants to describe what they see in the Picture Box 7.2.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture in Picture Box 7.2.

? What do you think these pictures means?

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

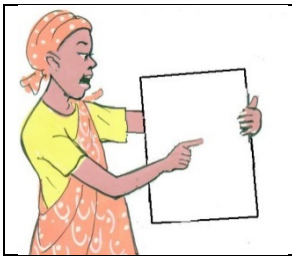
- Signs and symptoms of Ebola include fever AND any of the following: headache, muscle pain, diarrhea, vomiting, belly pain, or unexplained bruising or bleeding.

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

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

ETUs provide quality care and treatment for anyone who is sick with Ebola.

- Follow your transportation plan for your household (or community) to safely transport the person to the ETU. Do not touch a person with suspected Ebola when escorting them to the ETU.
- If the person is very sick, call the hotline to get a Ebola response vehicle to come collect the person. If that is not available, call an ambulance.



6. Share the Meaning of Picture Box 7.3: What Happens at the Ebola Treatment Unit (5 minutes)

1. Ask the participants to describe what they see in Picture Box 7.3.
2. Read the bold text on the back of the flipchart out loud.
3. Share the meaning of Picture Box 7.3.

? What do you think each of these pictures mean?

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

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

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

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

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

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

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

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

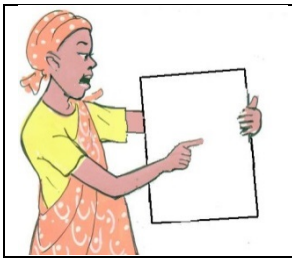
Additional Information for the Trainer

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

During an Ebola epidemic, if you have no choice and *must care* for someone who is sick with signs or symptoms of Ebola, you should use any PPE that is available: masks, gloves, gown, and goggles. If you care for someone with Ebola without using this equipment, it will be quite easy to get the disease. You would need to spray that equipment with a 10% chlorine bleach solution (one part bleach to nine parts water) or with soapy water after each use. To the greatest degree possible, avoid direct or indirect contact with all of the sick person's bodily fluids, including feces, vomit, urine, sweat, blood (including menstrual fluids), semen, and saliva. Only people that must interact with a sick person should do so; limit contact with others.

A key step in saving the life of someone with Ebola is keeping the person hydrated by giving them fluids available at home (e.g., water, juice) and rehydrating them if they are losing fluids through diarrhea or vomiting by using ORS. Large amounts of ORS are needed to replace all the fluids lost. (Review how to make ORS.) If the person vomits when receiving ORS, wait 15 minutes, then give the ORS more slowly, one or two teaspoonsful at a time. If the person who is sick is younger than 6 months, the mother and child should be separated and the child given breastmilk substitutes (or donor milk). Continue feeding the person foods they can eat.

Things that come into contact with the patient must be burned or disinfected. For things that have a sealed surface (where the virus cannot soak in), spray them with a 10% bleach spray and let them sit for 15 minutes before wiping and scrubbing down the surface. Bedding, clothing, and other dry infectious materials that have been in contact with a person who has Ebola should be burned in a pit (e.g., 1 meter x 1 meter). Bodily fluids and other wet infectious materials (e.g., feces, urine-soaked sheets) should be buried in a pit.



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

1. Ask the participants to describe what they see in the Picture Box 7.4.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture in Picture Box 7.4.

? What do you think these pictures mean?

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

- This means you are a contact if you have slept in the same house, touched the body, touched bodily fluids, or touched the personal items of a person who had Ebola.

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

- If you are a contact, stay home and do not go around others for 21 days.
- If you are a contact, monitor for a fever or other Ebola symptoms twice a day for 21 days. If you have signs or symptoms, you should seek care immediately.

- Quarantining helps stop the spread of Ebola.

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

- They will monitor you for a fever and other signs and symptoms.
- You should help them by giving them your correct information. They are trying to help protect you, protect your family, and protect the community.



8. Activity: Role Play: Seeking Care Early (15 minutes)

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

2. Script:

Lydia is sweeping the yard (or doing another outdoor task around the home). Suddenly she sits down and says "Oh my goodness! I am not feeling well at all!"

She touches her forehead and says "Oh no! I have a fever!" Then she continues talking to herself. "But how can that be? I am almost certain I haven't touched anyone who could be sick… Probably it's only malaria." Shakes her head, and says, "Oh dear, oh dear, whatever shall I do?"

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

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

Lydia calls to her daughter, "Lucy, come back." **Lucy** returns, and Lydia says, "I am not feeling so well, I think I have a fever. It is probably malaria, since I haven't been around anyone with Ebola, as far as I know, but since we don't have a phone to call the Ebola hotline, I am just going to walk to the screening and

referral center (or ETU or use the name of the appropriate local facility here), to find out whether it is Ebola or not.

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

Lydia holds up her hand in a gesture that says STOP, and says, "Please, don't touch me daughter, just in case I have the illness. I must go. Early treatment is the best and I want to protect you. I love you so very much and want you to be well." Lydia says a prayer for her daughter before she leaves, and gives her instructions to pass along to other family members, but without touching her. Lydia takes a bottle of water, and begins to walk to the screening center. She blows kisses to her weeping daughter, and says, "Pray for me."

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

3. Ask participants:
   - What surprised you about this story?
   - Why did Lydia say that early treatment is the best?
   - What will happen to Lydia if she does not have Ebola, but instead has malaria? (We hope that she will be tested, and sent home with medicine for malaria, if it turns out that she does not have the Ebola virus in her body.)
   - Why did Lydia ask Lucy not to touch her?
   - Why did she carry water with her to the screening and referral center?
4. Remind the women:
   - Seeking care early is key to surviving Ebola! As soon as you experience Ebola signs or feel symptoms, you should let your community leader know and call the Ebola hotline.
   - ETUs are places where people go to heal from Ebola. Your chances of surviving Ebola are much better if you go to an ETU.



9. Discuss Barriers (15 minutes)

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

1. Ask each woman to talk to a woman sitting next to her for the next 5 minutes. They should share barriers they may face and concerns about the new teaching. Together they should try to find solutions to the barriers and information that helps with their concerns. After 5 minutes, ask the women to share what they have discussed.

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

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

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



10. Practice and Coaching (20 minutes)

For CGV Groups:

1. Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the first few pages of the flipchart corresponding to today's lesson.

2. Each CGV will teach the person next to her in the same way that the Promoter taught her.

3. After 10 minutes, ask the women to switch roles. The other CGV will share the teachings that correspond with the remainder of this flipchart pages for this lesson.

4. The Promoter watches, encourages, praises, corrects, and helps CGVs who are having trouble.

5. When everyone is finished, answer any questions that CGVs have about today's lesson.

For Neighbor Groups:

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



11. Request Commitments (10 minutes)

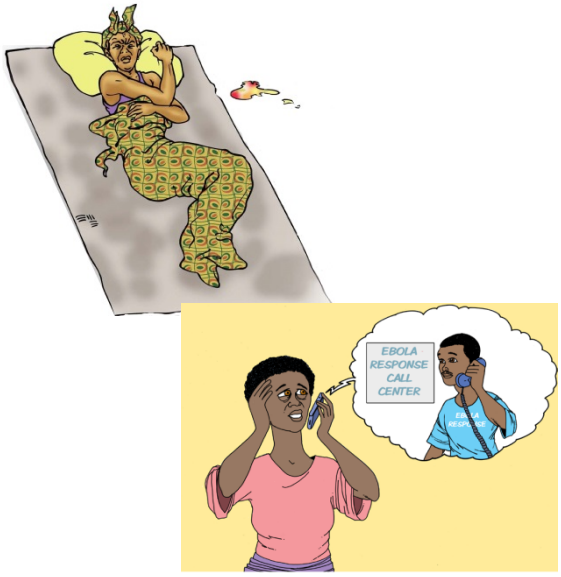
? Based on today's teachings, what commitments will you make?

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

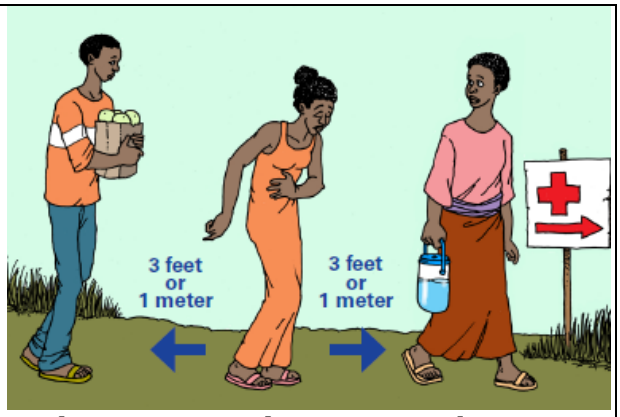
For example:

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

Sarifina Seeks Care Early and Recovers at an ETU (Picture Box 7.1)



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



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



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



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

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



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



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



ETUs provide quality care and treatment for anyone who is sick with Ebola.

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



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



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



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



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



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

Contact Tracing for Ebola (Picture Box 7.4)



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



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



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

Lesson 8: After the Illness: Recovery and Decontamination



Caregivers will know what to do if someone dies from Ebola in the community.

- They will call authorities for safe burial/cremation (or change per local context).
- They will avoid attending funerals, and if they must attend, they will avoid touching the body or anyone else at the funeral by maintaining at least 1 meter (3 feet) distance (i.e., no hugging, kissing, bathing the body, or shaking hands).
- They will know what to expect when decontamination occurs.

Caregivers will know what to do if someone recovers from Ebola.

- They will understand that if health workers declare the person is well based on lab tests or lack of signs and symptoms, the survivor can no longer transmit Ebola virus to others. (Although men need to take some precautions [e.g. condoms for 12m or until they have two negative tests for Ebola in their semen].)
- The survivor may experience health complications even though they no longer have Ebola.
- They will know that there is a process of decontamination even if a person lives.

Caregivers will know what stigma is and how to minimize it for Ebola survivors.

Materials:

- Attendance registers
- Care Group Volunteer flipchart

Summary:

- Game: Memory
- Attendance and troubleshooting
- Share the story: Mama Ruth Survives Ebola (Picture Box 8.1)
- Ask about current practices
- Share the meaning of each Picture Box in the flipchart:

- What to do if Someone Dies from Ebola (Picture Box 8.2)
- What to do if Someone Lives through Ebola (Picture Box 8.3)
- Ebola and Stigma (Picture Box 8.4)

- Activity: Stigma Activity
- Discuss barriers
- Practice and coaching in pairs
- Request commitments



1. Game: Memory (10 minutes)

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



2. Attendance and Troubleshooting (15 minutes)

When teaching Care Group Volunteers (CGVs):

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

2. The Promoter fills out vital events mentioned by each CGV including households with Ebola illnesses and deaths (along with new births, new pregnancies [if tracked], and mother and child deaths).

3. The Promoter asks if any of the CGVs had problems meeting with their neighbors.

    - Reinforce that CGVs need to protect themselves when making home visits by: not touching anyone (including shaking hands, kissing, hugging), washing their hands with soap or disinfectant after each household, standing at a distance from others, avoiding contact with those who are sick, etc.

4. The Promoter helps to solve the problems mentioned.

5. The Promoter asks the CGVs to review the key practices from the last lesson.

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

? What was your commitment at the last lesson? Have you been able to keep that commitment?

? What did you do?

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

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

8. Encourage CGVs to have a sense of pride that they are protecting their communities from Ebola by reinforcing messages and commitments such as hand washing, no touching, etc.

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

When CGVs teach their neighbors:

1. The CGV takes attendance.

2. The CGV asks about new births, pregnancies or illnesses in the families of the mothers attending and help refer those with severe illness to the local health facility.

3. The CGV also asks about newly orphaned children, families with a newly diagnosed case of Ebola, and survivors returning home.
4. The CGV asks the mothers to review the key practices from the last lesson.
5. The CGV asks the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.
6. The CGV asks the group's Activity Leader to discuss the needed items for next week's activity (if any) and solicit volunteers.

3. Story: Mama Ruth Survives Ebola (Picture Box 8.1) (10 minutes)

Read the story in Picture Box 8.1 of the flipchart. The text also is listed below.

After 3 weeks in the Ebola Treatment Unit (ETU), Mama Ruth is being discharged. The test for Ebola showed no more virus in her blood two times. She is weak, but very happy to be alive. Her belongings were destroyed during decontamination at the ETU. People in town call her Mama Ebola as she walks home and they stay far away. Even her own children will not hug her and have moved in with other families. Mama Ruth sometimes thinks it would be better if she had died.



4. Ask about Current Practices (10 minutes)

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

? What happened to Mama Ruth?

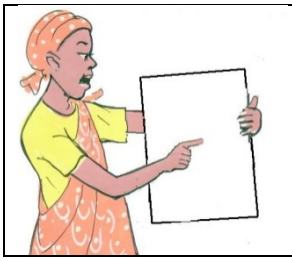
? How do you think Mama Ruth feels?

? Why do you think people treated Mama Ruth this way?

? Have you seen this happen in your community (related to Ebola or anything else)?

? How should have the people responded to her? Why?

2. Ask the first question to review the story and introduce the idea of stigma.
    - We expect the women to respond in this way: No one wants to be near Mama Ruth. The family and community calls Mama Ruth names.
    - Mama Ruth had tests to make sure she does not have Ebola anymore and her few remaining belongings were decontaminated so she cannot carry Ebola to anyone else.
3. Ask the second question to hear the women's opinion of how Mama Ruth feels.
    - Mama Ruth has just survived Ebola, but instead of being happy about this, she is very sad.
4. Ask the third question to help the women understand why people may react this way.
    - People are often afraid of things that they don't know enough about. Her neighbors and friends are afraid that they can get Ebola from Mama Ruth even though she is no longer contagious. (But women should have breastmilk tested before returning to breastfeeding.)
5. Ask the fourth question to hear whether women have observed this in their community. If there have been no Ebola cases, you could ask if they have seen this happen in other situations.
6. Ask the last question to see how they would normally respond.
    - We hope the women will say that the community was wrong to fear her and to refuse to associate with her. They should have welcomed her back home. People who have recovered from Ebola are no longer contagious for almost all activities. (The two exceptions are that men should wear condoms for 12m or abstain from sex, and women should have breastmilk tested before resuming breastfeeding.) Mama is a strong woman who has survived Ebola. She also did all she could by going to an ETU instead of asking someone in the community to care for her. Survivors are heroes and can help convince the community to seek early treatment.
7. **Encourage discussion. Don't correct or affirm "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching. Mothers themselves often volunteer the correct information. As the trainer, be sure not to correct wrong answers at this point as it can embarrass the women and shut down the discussion. If anyone asks if a response is correct, do not teach, but answer with, "we will see."
8. After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."



5. Share the Meaning of Picture Box 8.2: What to Do if Someone Dies from Ebola (5 minutes)

1. Ask the participants to describe what they see in the pictures in Picture Box 8.2.
2. Read the bold text on the back of the flipchart out loud.
3. Share the meaning of each picture in Picture Box 8.2.

? What do you think these pictures mean?

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

- Make sure you call the authorities for anyone who has died. You should treat all deaths as Ebola deaths if there is an Ebola epidemic in your area.
- The body of someone who had Ebola will be very contagious.
- Do not wash, kiss or handle the body; practice "safe mourning". You should not attend a funeral or burial. But if you must, keep at least 1 meter (3 feet) from others at the funeral and/or burial.
- No touching: do not kiss, hug, or shake hands during mourning.
- Be compassionate towards grieving families, but come up with alternate ways to say goodbye to the person that has died and to comfort the family without spreading the disease, which can lead to more deaths.
- Remember: Funerals are one main way that this disease has spread in other countries.

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

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

? What plans have you made to honor loved ones who have died from Ebola while still protecting yourself?

? Have any of you been able to put these plans into action?

? What does it mean to decontaminate an area? Why is this important?

Additional Information for the Trainer

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

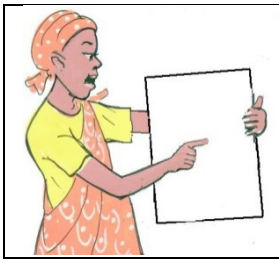
It is important to keep people away from the body and the house of someone who has died of Ebola. Call the Ebola hotline as soon as someone dies because the body needs to be buried or cremated right away by a trained team. The burial team will wear personal protective equipment when they come and must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

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

Pay your respects or pray at least two meters (6 feet away) from the body since it is very infectious at this time. Find a family member, friend, community leader, or religious leader to talk to during this difficult time. Remember to wash hands often with soap and water or chlorine hand wash.

Decontamination means to neutralize or remove dangerous substances or germs from an area, object or person.[16] In the case of Ebola, decontamination is done using a strong chlorine solution made with water and chlorine. Some materials that cannot be decontaminated must be burned or buried with the person who has died. All of this must be done using proper decontamination protocols.

In the ETU, the staff will make sure that decontamination is done properly. At home, the burial team will spray the house with the same strong chlorine spray that the hospital uses to make sure that the home is safe for everyone. They will also take care of personal belongings when they come to bury the person who has died from Ebola. It is important for a burial team to do all this, so make sure to report dead bodies and not hide them.[17,18]



6. Share the Meaning of Picture Box 8.3: What to Do if Someone Lives through Ebola (5 minutes)

1. Ask the participants to describe what they see in the pictures in Picture Box 8.3

[16] www.oxforddictionaries.com

[17] World Health Organization. "Field situation: How to conduct safe and dignified burial of a patient who has died from suspected or confirmed Ebola virus disease."

[18] Ministry of Health and Social Welfare Liberia, UNICEF, World Health Organization and partners. gCHV Training on Ebola Flipbook and IPC. September 2014 (DRAFT).

2. Read the bold text on the flipchart out loud.

3. Share the meaning of each picture in Picture Box 8.3.

? What do you think these pictures mean?

A person is not infectious after declared well by a health professional and they have two negative Ebola tests and no symptoms.

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

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

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

Men and women should practice sexual abstinence for at least 12 months after recovering from Ebola or always properly use a condom.

- Ebola is carried in the semen for up to 12 months.
- Since condoms sometimes tear or spill, it is much safer to be abstinent during this 12-month period.

? Why is decontamination important even if the person lives?

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

Additional Information for the Trainer

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

People who survive Ebola can have complications that can take months to resolve. These can include joint pain (arthralgia), fatigue, headaches, hearing loss, memory or concentration problems, numbness or tingling (sensory changes), and inflammation of certain body parts — particularly the eyes (uveitis, which can threaten sight) and the testicles (orchitis). Some of these symptoms occur because Ebola virus can persist in parts of the body that the immune system reaches less easily, such as the eyes, the testes, and the central nervous system. When survivors experience these complications, it does not mean that they have Ebola again. They need care to help support them during the time of recovery.

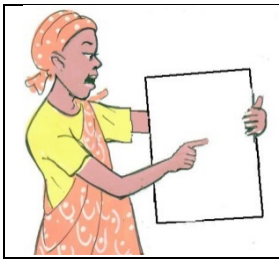
If a family member was sick at home and taken to an ETU, the team who takes them should have decontaminated the home at that time. Once the person is declared well and sent home from the ETU, there is no need for further decontamination.

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

The definition of stigma is "a mark of disgrace associated with a particular circumstance, quality, or person".[19] Stigma is a spoilt identity. To stigmatize is to label someone; to see them as inferior because of an attribute they have.[20]

Some examples of stigma and discrimination:

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



7. Share the Meaning of Picture Box 8.4: Ebola and Stigma (5 minutes)

1. Ask the participants to describe what they see in the pictures in Picture Box 8.4.
2. Read the bold text on the back of the flipchart out loud.

[19] http://www.oxforddictionaries.com/definition/english/stigma

[20] Academy for Educational Development, International Center for Research on Women and International HIV/AIDS Alliance. Developed by Ross Kidd, Sue Clay and Chipo Chiiya. "Understanding and Challenging HIV Stigma: Toolkit for action". Introduction and Module A. 2007.

3. Share the meaning of each picture in Picture Box 8.4.

? What do you think these pictures mean?

Avoid stigmatizing survivors. People that have survived cannot transmit Ebola to you.

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

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

- Children who are taken in should have their temperature taken regularly to assure that they do not have a fever. They should also be watched for other signs or symptoms of Ebola. Usually a Contact Tracer will check the temperature of these children twice a day for 21 days. (Check your context and find out whether Contact Tracers are doing this, or if there is another system in place. If there is no system, advise the CGV to get a thermometer and check temperatures twice a day, being sure to clean the thermometer with alcohol between each reading and to wash their hands with soap.)
- If a child has signs or symptoms of Ebola, follow the same advice as for adults, and get them to an Ebola Treatment Unit as soon as possible.
- Remember: Those without signs or symptoms are ***not*** infectious.

? What does stigma mean?

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

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



8. Activity: Stigma and Ebola (30 minutes)

1. Tell Participants, "Today we are going to do some activities to help us think more about stigma."

2. Ask the women to take a moment of silence to imagine how Mama Ruth must have felt when she was NOT greeted warmly by her neighbors and her children, but was instead called Mama Ebola, and was avoided by everyone. Then, ask the women to discuss in pairs, these questions:
   - How do you think Mama Ruth must have felt?
   - How do you think Ebola survivors feel when they come back to their community?
   - How would you feel if it happened to you?

3. Ask a couple of people to volunteer to share from their discussion. Then say, "Now we are going to have a small time to discuss stigma."

4. Ask the women if they have heard or seen any other ways that survivors of Ebola have experienced stigma, discrimination, or poor treatment? They may mention things like these:
   - Physical and social isolation from family, friends and community
   - Gossiping, name-calling, or violence
   - Stigma by association – when other members of the family are also mistreated or avoided

5. Explain that avoiding funerals is NOT stigma; it is an important way to prevent becoming infected. In many places with Ebola, is required by the government that people avoid funerals. Even where funerals are permitted, it can be a good idea to avoid them. We can find other ways to honor the person who died, and to help their families.

6. Tell participants, "Now, let's take a moment in silence to imagine a better homecoming for Mama Ruth. Discuss your ideas in pairs. Work in pairs to come up with a happier story for Mama Ruth."

7. Ask for volunteers to share their story about a happier homecoming for Mama Ruth. Thank everyone for their participation.

8. Tell participants, "Now, let's talk about how we can use this information to help Ebola survivors and reduce stigma in our community."

   Examples:

   a. We can talk with our families and neighbors about stigma: We can share information about Ebola, especially that survivors are not infectious once they have had two negative tests. We can invite health workers to explain to our neighborhoods if there is still fear. We can point out examples of survivors who have family members who have not gotten sick when the survivor of Ebola returned to live with them.

   b. We can be examples: We will not participate in stigmatizing and discriminating behaviors—no name calling, avoidance of Ebola survivors, etc.—and treat survivors normally so that other people can see that it is safe to do so.

c. We can support survivors: We can be a friend to survivors, giving them emotional support, helping them with their livelihood (if that was affected).

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



9. Discuss Barriers (15 minutes)

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

1. Ask each woman to talk to a woman sitting next to her for the next 5 minutes. They should share barriers they may face and concerns about the new teaching. Together they should try to find solutions to the barriers and information that helps with their concerns. After 5 minutes, ask the women to share what they have discussed.
2. Help find solutions to their barriers and information to help with their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution, as well.
3. Possible concerns:
   - I may call the Ebola hotline for a burial team to come, but no one will show up.
   - I may get sick from survivors – what if they still have Ebola?
   - I might experience stigma if I am kind to an Ebola survivor but others in the community are still stigmatizing them.



10. Practice and Coaching (20 minutes)

For CGV groups:

1. Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the first few pages of the flipchart corresponding to today's lesson.

2. Each CGV will teach the person next to her in the same way that the Promoter taught her.
3. After 10 minutes, ask the women to switch roles. The other CGV will share the teachings that correspond with the remainder of this flipchart pages for this lesson.
4. The Promoter watches, encourages, praises, corrects, and helps CGVs who are having trouble.
5. When everyone is finished, answer any questions that CGVs have about today's lesson.

For Neighbor Groups:

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



11. Request Commitments (10 minutes)

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

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

For example:

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

Mama Ruth Survives Ebola (Picture Box 8.1)



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



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



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



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

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





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





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

What to Do if Someone Lives through Ebola (Picture Box 8.3)



A person is not infectious after declared well by a health professional, they have had two negative Ebola tests, and they have no symptoms.

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





Men who have survived Ebola, and their partners, should use a condom every time — or not have sex at all — for at least 12 months after recovery, or until two semen tests in a row are negative.

Ebola and Stigma (Picture Box 8.4)





Avoid stigmatizing survivors. People who have survived cannot transmit Ebola to you.





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

Lesson 9: Community Support for Ebola Virus Disease Orphans, Survivors, and Affected Family Members



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

Materials:

- Attendance registers
- Care Group Volunteer flipchart

Summary:

- Game: Rainstorm
- Attendance and troubleshooting
- Share the story: Precious is Taken in by a Neighbor (Picture Box 9.1)
- Ask about current practices
- Share the meaning of each Picture Box in the flipchart:
  - Helping Children Cope When Someone They Love Die (Picture Box 9.2)
  - How to Help Ebola Survivors and Their Families (Picture Box 9.3)
  - Caring for Healthy Pregnant and Lactating Women during an Ebola Outbreak (Picture Box 9.4)
  - Other Important Advice during Pregnancy and Lactation (Picture Box 9.5)
- Activity: Welcoming Survivors Song
- Discuss barriers
- Practice and coaching in pairs
- Request commitments



1. Game: Rainstorm (5 minutes)

1. Ask the women to sit quietly in a circle a foot or so apart, with their eyes closed.
2. They must listen to the sounds made by the woman sitting on their right side. They should repeat the sound that they hear from that woman.
3. The Promoter begins each action, continuing the action until the person on their right starts the action and the action is repeated by all the women in the circle:
    a. Rub your palms together to create the sound of rain. Continue rubbing your palms together until the woman on your right rubs her palms and the noise is passed to each woman in the circle.
    b. Now, snap your fingers until everyone is snapping their fingers.
    c. Clap your hands together quickly until everyone is clapping their hands.
    d. Slap your thighs until everyone is slapping their thighs.
    e. Stomp your feet until everyone is stomping their feet.
    f. Now the rain is going away: Slap your thighs until everyone is slapping their thighs.
    g. Clap both hands together until everyone is clapping their hands.
    h. Snap your fingers.
    i. Rub your palms together.
    j. Sit in silence for a moment.
4. Ask the women what that sounded like to them. Explain that it was supposed to sound like a storm. Explain that Ebola is like a storm; it has come, and it will someday leave as all storms do if we do what we need to do.
5. Tell participants, “Now that we are energized, let’s begin our lesson.”



2. Attendance and Troubleshooting (15 minutes)

When teaching Care Group Volunteers (CGVs):

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

? What was your commitment at the last lesson? Have you been able to keep that commitment?

? What did you do?

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

7. The Promoter thanks all of the CGVs for their hard work and encourages them to continue. Encourage CGVs to have a sense of pride that they are protecting their communities from Ebola by reinforcing messages and commitments such as hand washing, no touching, etc.

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

When CGVs teach their neighbors:

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

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

Read the story in Picture Box 9.1 of the flipchart. The text also is provided below.

Precious is a 7-year-old girl who lives in in a community not far from here. She watched as her mother and father were taken away by men and women dressed in Ebola suits. That was the last time she saw them as they both died at the ETU. Thankfully, Precious has a best friend, Grace, whose mom learned about Ebola from her CGV. She knew Precious was not contagious and that it was okay for her to come live with them while they continued to look for her family members. Precious had no fever, was not vomiting, and had no diarrhea. Grace's mother also took Precious's temperature twice a day for 21 days. Grace's mother treated Precious like she was one of her own children. She talked to Precious and Grace about Ebola and how it killed her parents. Grace's family loves Precious and encouraged her to talk about her parents, and to tell stories about the good things that her parents did while they were still alive. They also talked about how important it is to stay healthy by washing hands with soap, eating right, etc.



4. Ask about Current Practices (10 minutes)

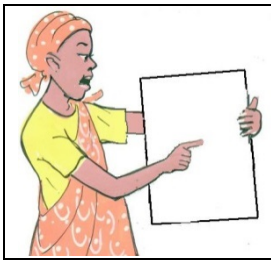
1. Read the questions that follow Picture Box 9.1 on the flipchart.

> **?** What did Grace's family do for Precious?
>
> **?** What would you do if you were Grace's mom?
>
> **?** Why did Grace have Precious talk about the good things that her parents did?
>
> **?** Do you have children like Precious in your community? What can you do for children like Precious?

2. Ask the first question to reinforce the different things the family is doing to support Precious.
   - They have opened their home to Precious and are caring for her as though she is their child.
   - They took her temperature twice a day for 21 days.
   - They gave her love and a safe place to talk about how she is feeling and to remember her parents positively.
   - They are attempting to find Precious's relatives.
3. Ask the second question to hear the women's opinion of this situation and how it compares to what they would do.
4. Ask the third question to reinforce that helping children and others find meaning in someone's life is more helpful to them than having them tell over and over again how they died. (It helps prevent "post-traumatic stress.")
5. Ask the fourth question to hear what the women could do for orphans in their community.
6. **Encourage discussion. Don't correct or affirm "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching. Mothers themselves often volunteer the correct information. As the trainer, be sure not to correct wrong answers at this point as it can embarrass the women and shut down the discussion. If anyone asks if a response is correct, do not teach, but answer with, "We will see."
7. After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."

Information for the Trainer/Promoter

Children who have lost parents and/or caregivers due to Ebola and do not have fevers can be taken in by others. Their temperature should be taken twice a day for 21 days to assure that they do not have a fever, and they should be watched for other signs or symptoms. If they do have signs or symptoms of Ebola, follow the same advice as for adults and get them to an ETU (or a Community Care Center [CCC] if ETUs do not exist in your area). Remember: those have been declared well by a health professional, have had two negative Ebola tests, and have no signs or symptoms are not infectious. Signs and symptoms of Ebola include high fever that starts suddenly AND any of the following: headache, muscle pain, diarrhea, vomiting, belly pain, or unexplained bruising or bleeding.



5. Share the Meaning of Picture Box 9.2: Helping Children Cope when Someone They Love Dies (5 minutes)

1. Ask the participants to describe what they see in each picture in Picture Box 9.2.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture in Picture Box 9.2.

? What do you think these pictures means?

Children grieve when someone they love has died.

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

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

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

- Teachers and religious leaders can be good mentors and be mobilized for psychological support.

- You can help raise community awareness about EVD orphans and encourage your community to love and accept these children.

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

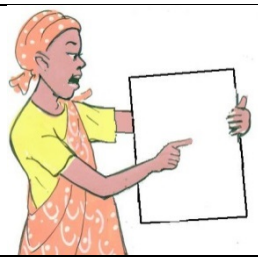
- Children need good nutrition and medical care to remain healthy. (Vaccinations, good nutrition, medical care, sleeping under an insecticide-treated bednet, etc.).
- What have we learned already about the nutritional needs of children?
- What have we learned already about the medical care children need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

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

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

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

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



6. Share the Meaning of Picture Box 9.3: How to Help Ebola Survivors and Their Families (5 minutes)

1. Ask the participants to describe what they see in the pictures in Picture 9.3.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture in Picture Box 9.3.

? What do you think these pictures means?

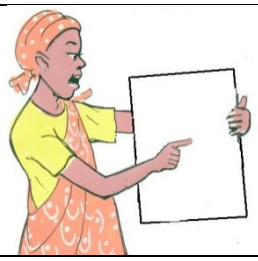
- You can hug and touch EVD survivors without worrying about getting the disease. Once a person has been declared well by a health professional, has had two negative Ebola tests, and has no signs or symptoms, they are are not infectious.

? There are practical ways that you can help families affected by Ebola. For example, you can:

- Assure that survivors eat nutritious meals
- Help survivors with chores and child care
- Give survivors things that they lost when they were sick (e.g., that were contaminated), like clothing or bedding
- Work together in the community and with village/religious leaders, teachers, and others to support survivors and each other during difficult times

  Remember: Children, the elderly and the disabled will feel stronger and get better faster when they are loved and cared for by their communities
- Engage mothers in conversation to help them think about ways to help EVD survivors

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

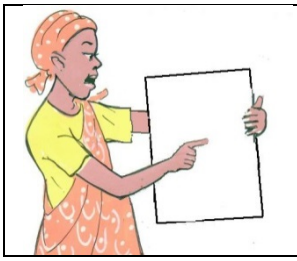


7. Share the Meaning of Picture Box 9.4: Caring for Healthy Pregnant and Lactating Women during an Ebola Outbreak (5 minutes)

1. Ask the participants to describe what they see in the pictures in Picture Box 9.4.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture in Picture Box 9.4.

? What do you think these pictures mean?

- Pregnant women should NOT care for any sick family members and should instead have other family members do so for her. When family members have signs or symptoms of Ebola, call the hotline. If her husband or other children get sick, she needs to find someone else to care for them.
- Transportation needs to be provided that does not place pregnant women at risk for transmission of Ebola. Community members need to develop a plan for transportation to a health care facility for delivery that does not put pregnant women at risk for infection. When a community plan has not been developed, every family needs to have a plan.
- Pregnant women need to avoid crowds and public transportation, and send others to get supplies, food, etc. Pregnant women need to use the same preventive measures against Ebola like hand washing and not touching other people, but be even more vigilant.
- A lactating woman should seek help immediately if she develops signs or symptoms of Ebola, especially if she has been in close contact with someone sick with Ebola or who has died of Ebola. As soon as symptoms appear, she should stop breastfeeding and avoid close contact with her infant until a trained health worker has assessed her. If Ebola is ruled out, breastfeeding can resume; if Ebola is suspected or confirmed, the health worker will discuss feeding options for the infant.
- If a lactating mother survives Ebola, her breast milk must be tested twice at the clinic, and both tests mus be negative before she can start breastfeeding again.



8. Share the Meaning of Picture Box 9.5: Other Important Advice during Pregnancy and Lactation (5 minutes)

1. Ask the participants to describe what they see in the pictures in Picture Box 9.5.
2. Read the bold text on the flipchart out loud.
3. Share the meaning of each picture in Picture Box 9.5.

? What do you think these pictures mean?

- Pregnant women need continue to take iron pills.
- All pregnant women need to continue to attend antenatal care services at a safe clinic that provides comprehensive services.
- Good nutrition is important for pregnant women and includes: consuming a diverse diet of fruits, vegetables, proteins, starches, and fats and eating an extra snack each day.
- Pregnant women need to rest during the day.
- Lactating mothers who are not sick need to be encouraged and supported to continue to breastfeed their infants because breast milk is the best nutrition for babies. They need rest, and good nutrition and extra daily snacks to maintain their breast milk supply.However, mothers sick with Ebola should not breastfeed their child. The child should receive milk substitutes if at all possible.



9. Activity: Welcoming Survivors Song (15 minutes)

Health Managers: You may want to develop a song with the Promoter and CGVs and include the words in the lesson plan. Or you may prefer to ask each Promoter to develop a song with CGVs. Encourage people to use a familiar and well liked song, and make up new words for the song. Later on, you could have a contest for the best welcoming songs and perhaps the winning songs can be sung on the radio or at community meetings.

Song Example:

We are so glad to see you dear one (or use the person's name)
We are so glad you are getting well and strong
We welcome you home with food and song
We are so glad to see you dear one (or name)

Chorus
You have suffered greatly dear one (or name)
We were sad and afraid for you
Every day we were thinking of you
We are so glad to see you dear one (or name)

Chorus:
We welcome you home
We give thanks for your life
We welcome you home
You bring us hope

1. Practice the Welcoming Song with the Promoters and CGVs (and mothers).
2. Explain:
    a. Teach this song to your friends and family.
    b. Be ready to sing this song of welcome when a person who has been sick with Ebola recovers and returns home.
    c. People who have recovered from Ebola are generally no longer contagious. We have nothing to fear from them. Survivors just need to take a few special precautions (e.g. men using condoms during sex or abstaining for at least 12 months and ideally until they have had two negative semen tests, and women not breastfeeding until they have two negative tests of breastmilk).
    d. We will welcome them home, just as you would like to be welcomed if you were in their place.
    e. Survivors can be heroes in our community, helping others without fear.
    f. We are thankful that with good care many people can survive Ebola and come back to us.
    g. Consider also writing a song to honor and remember loved ones who have died.
3. Remind the women, **"Be sure to talk to your neighbors and family members, to let them know that there is nothing to fear from survivors, and we should welcome them home."**



10. Discuss Barriers (15 minutes)

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

1. Ask each woman to talk to a woman sitting next to her for the next 5 minutes. They should share barriers they may face and concerns about the new teaching. Together they should try to find solutions to the barriers and information that helps with their concerns. After 5 minutes, ask the women to share what they have discussed.
2. Help find solutions to their barriers and information to help with their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution, as well.
3. Possible concerns:
   - Mothers may still be fearful of interacting with survivors.
   - Mothers may feel overwhelmed with the growing number of orphans.
   - Mothers may be concerned about the long-term effects of Ebola, like not being able to send their children to school.
4. Remind mothers: Survivors are heroes and can be very helpful members in the community. Together as a community we can help ensure orphans are cared for.



11. Practice and Coaching (20 minutes)

For CGV groups:

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

3. After 10 minutes, ask the women to switch roles. The other CGV will share the teachings that correspond with the remainder of this flipchart pages for this lesson.

4. The Promoter watches, corrects, and helps CGVs who are having trouble.

5. When everyone is finished, answer any questions that CGVs have about today's lesson.

For Neighbor Groups:

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



12. Request Commitments (10 minutes)

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

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

For example:

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

Precious is Taken in By a Neighbor (Picture Box 9.1)

	**Precious is a 7 year old girl who lives in in a community not far from here. She watched as her mother and father were taken away by men and women dressed in Ebola suits. That was the last time she saw them as they both died at the ETU.**
	**Precious went to live with her friend Grace. Grace's mom knew Precious was not contagious. Grace's mother treated Precious like she was one of her own children. She talked to Precious and Grace about Ebola and how it killed her parents. Grace's family loves Precious and encouraged her to talk about her parents, and to tell stories about the good things that her parents did while they were still alive.**
	**Grace's mother also took Precious's temperature twice a day for 21 days. They also talked about how important it is to stay healthy by washing hands with soap, eating right, etc.**

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



Children grieve when someone they love has died.



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



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



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



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

How to Help Ebola Survivors and Their Families (Picture Box 9.3)



You can hug and touch EVD survivors without worrying about getting the disease. One a person has been declared well by a health professional, has had two negative Ebola tests, and has no signs or symptoms, he or she is <u>not</u> infectious.



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



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

Caring for Healthy Pregnant and Lactating Women during an Ebola Outbreak (Picture Box 9.4)





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



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



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





A lactating woman should seek help promptly if she develops Ebola signs or symptoms or has been in close contact with a sick patient or a person who died with Ebola. She should stop breastfeeding if she has Ebola.

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



Pregnant women need continue to take iron pills.



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



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



Pregnant women need to rest during the day.



Lactating mothers <u>who have Ebola</u> or who may have been exposed should stop breastfeeding. The child should receive milk substitutes if at all possible.



Lactating mothers <u>who are not sick</u> and have not been exposed need rest, and good nutrition and extra daily snacks to maintain their breast milk supply.

Care Group Module Outline (Updated with 2026 changes): Ebola Readiness, Resistance, and Resilience (9 Lesson Plans)

Lessons 1–4 can be used in high-risk countries BEFORE the first case is declared.

1. Care Groups and Ebola

a. The basics: What have you heard about Ebola? Ebola is a disease caused by a very small virus that you cannot see. The first cases were spread from animals to people when people touched or ate bush meat or wild animals that had the virus, especially bats. Now, most people get Ebola from another person who has Ebola by touching them or their bodily fluids, including sweat, urine, feces, blood, vomit, or semen. Ebola is named after the Ebola River in the Congo.

b. Ebola kills between 1 in 4 and 9 in 10 people who get it, depending on the type of Ebola and the care available. You can avoid Ebola, and there are things you can do if you get it to improve your chances of surviving. Your Care Group Volunteer (CGV) can help you to avoid Ebola and to know what to do if and when Ebola cases are found in your community.

c. Communities with Care Groups often have more trust and confidence in each other. We need to draw on that trust and confidence to prevent and fight Ebola. As your Volunteer, I am linked to the local health facilities and community leaders and can provide you with up-to-date information and skills to fight Ebola, should it appear in our country.

d. Some of what you need to learn to fight Ebola, you may have already learned through past Care Group lessons, for example, hand washing with soap, using latrines, purifying water, and proper cooking of foods. If you start or continue to do those things now, you and your family will be less susceptible to Ebola should it appear in our country.

e. We need to help each other to do the right thing by speaking up directly but compassionately to others who are not practicing healthy behaviors that lower Ebola transmission. This can help save you and your family members' lives. Instruct gently.

f. We need to look out for each other in our Neighbor Circle, assuring that we promptly identify anyone who is sick (with Ebola or any other illness with fever) and that we provide their families with what they need, safely. As volunteers, we will check in regularly with each family to assure that everyone is cared for. If you hear of someone that is sick, please send me word, but try to avoid contact with them (touching them or handling things they have touched) since Ebola is very contagious.

g. We all need to collaborate with the Ministry of Health and other leaders in taking action now to make our families and communities Ebola resistant. If cases are found, we need to collaborate with leaders on "contact tracing" and collecting information, while not stigmatizing families.

h. Vaccines exist for one type of Ebola (the Zaire type). For the types of Ebola most common in our region — Sudan virus and Bundibugyo virus — there is no licensed vaccine yet, though some are being tested. The Ministry of Health will tell us if a vaccination campaign is happening in our area and who should receive it. If you, your family, or your Care Group Volunteer are offered the vaccine because you live near a case or are a frontline worker, accept it — it is safe and it works.

2. About Ebola and Transmission

a. Ebola Virus Disease (EVD) is a dangerous disease caused by the Ebola virus. Without treatment, it kills 25% to 90% of people who get it (between 1 in 4 and 9 in 10) depending on the type of Ebola and the quality of care available. With early supportive care, and (for the Zaire type) with the new medicines now available, more people survive. The signs and symptoms of the disease are fever (39 degrees or higher) AND any of the following: severe headache, muscle pain, diarrhea, vomiting, belly pain, or unexplained bruising or bleeding. Only people that live in an area where there are cases of Ebola and have had contact with someone with Ebola, or that travel to those areas can get the disease. Some people, but very few, get Ebola from having eaten or touched bush meat or wild animals, especially bats or monkeys.

b. The amount of time between when you have contact with someone with Ebola and the beginning of signs and symptoms is 2–21 days. People are not able to infect others until they start having signs and symptoms.

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

d. People (and animals) remain infectious from the moment they first have signs and symptoms and for as long as their blood/body fluids contain the virus. Those that recover from infection with Ebola cannot get that strain of Ebola again, at least for a minimum of 10 years. There are several types of Ebola. In our region, outbreaks have been caused by the Sudan, Bundibugyo, and Zaire types. The Ministry of Health will announce which type is causing any outbreak — this matters because the vaccine and the new medicines only work against the Zaire type.

e. Some people who get Ebola survive with proper care, but many do not despite our best efforts. With good care, more than half of people may survive. For the Zaire type of Ebola, two new medicines (Inmazeb and Ebanga) given at the treatment centre also greatly improve survival, especially when treatment starts early. For the Sudan and Bundibugyo types, only supportive care is available so far — early care seeking is even more important. You can make the difference.

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

g. If you think someone may have Ebola, the most important thing to do is direct them or take them to be examined, while avoiding touching them or their bodily fluids. There is a test that can confirm if a person has Ebola or not.

h. If you cannot take the sick person to a care center (for example, if all are full), you will need to care for them at home safely. There are important things to do when you must care for a person with Ebola (rehydration, feeding) that we will discuss later.

i. (The Volunteer should provide information that helps replace any harmful myths being repeated in the area, while trying *not to mention/repeat* those myths.)

3. Prevention: What can you do now?

a. There are things you can do to keeping Ebola out of your body.

- Wash hands with soap at the four critical times (after defecation or handling a child's feces, before preparing food, before feeding a child, and before eating) and after caring for anyone who is sick.
- Cook all food properly/thoroughly.
- Treat drinking water at its point of use (e.g., in the home), especially when using stored water.[21]

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

- Properly dispose of feces: Use latrines, and put all child feces in latrines. When a latrine is not available, bury feces. (Note: Include guidance on "flying toilets")[22,23,24]

- You CANNOT get Ebola walking by a person who has Ebola or by walking by an area where there are people who have Ebola. Ebola is not transmitted by breathing.

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

a. Each community should develop (now) an Ebola Readiness Plan that includes:

- How people will be transported to a health facility or ETU without getting contaminated by the virus.

- How people should communicate with family members and people with information on Ebola when cases are seen in your country. (Mention any current hot lines, phone trees, or SMS services on Ebola in your country.) Share ways with the family that they can get accurate emerging information about Ebola.

b. Each family should also develop an Ebola Care Seeking Plan in case someone in your family gets sick, including:

- How family members will be transported to a health facility or ETU without getting contaminated by the virus (if no community plan is in place).

- How people should communicate with family members and people with information on Ebola (mention any current hot lines, phone trees or SMS services on Ebola) when cases are seen in your country – follow the community plan.

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[22] See http://en.wikipedia.org/wiki/Flying_toilet for more information.

[23] We have not included discussion of butchering/touching/eating bush meat, touching/handling other wild animals, and consuming fruit touched by animals. To our knowledge, contact tracing in Guinea, Liberia, and Sierra Leone only identified one person who got Ebola from an animal source. If this were to be included, messaging in some areas may be problematic. Back in 2004, sampling meat from a random sample of 200 butchers in Nairobi (study information is available at http://www.wwenglish.org/en/voa/stan/2007/07/2007071519344.htm), Born Free found that 25% of all meat sold was bush meat and 20% was other meats mixed with bush meat. We have not seen any recent surveys on this, and it's not clear what portion of the meat was labeled as such.

[24] Breastfeeding guidance was updated in 2026 to reflect WHO's 2020 Guideline on the management of pregnant and breastfeeding women in the context of Ebola virus, which makes strong recommendations on stopping breastfeeding when the mother or infant has suspected/confirmed Ebola and on requiring two consecutive negative breast-milk tests before restarting. See https://www.who.int/news/item/10-02-2020-pregnancy-and-breastfeeding-during-an-ebola-virus-outbreak and the CDC page at https://www.cdc.gov/breastfeeding-special-circumstances/hcp/illnesses-conditions/ebola.html.

- How care will be provided at home if there are no open ETUs or other places to treat them: follow your community plan.
- How people can safely grieve and take care of the remains of people who have died from Ebola (including through cremation), and include alternate ceremonies that honor the dead, but help avoid transmission. Follow your community plan, and if there is not one, come up with your own plan.

c. Have the talk ***now*** on these things. Talking about it does not make it *more* likely to happen; it makes it *less* likely to happen.

d. Discuss the different roles of people in your community and district/county regarding Ebola response.

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

5. Prevention Part 1: What You can do during a Declared Epidemic

a. Explain to your Neighbor Circle and each household how we will meet together safely for these lessons according to the government protocols in your area.

b. Review the signs and symptoms of Ebola: fever AND any of the following: headache, muscle pain, diarrhea, vomiting, belly pain, or unexplained bruising or bleeding.

c. Wash your hands with soap at critical times (review), when any person in your household is sick, and when you come into contact with anyone's bodily fluids (including sweat).

d. Cook all food properly/thoroughly.

e. Treat drinking water at its point of use (e.g., in the home), especially when using stored water.

f. Properly dispose of feces: Use latrines, and put all child feces in latrines. When a latrine is not available, bury feces. (Note: Include guidance on "flying toilets".)

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

h. Do not eat from a common plate during the epidemic. Do not pre-chew food for children at any time. Mash up their food separately with a spoon, when necessary.

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

6. Prevention Part 2: What You can do during a Declared Epidemic

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

b. It is important to convince sick neighbors and other people who are sick to seek care. People who are sick can be heroes and take themselves to the health center so that family members and neighbors do not get sick. It is wrong to run and hide with this disease. Your legacy may be based on how you react when you get sick.

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

d. Bodies of people who have died from Ebola are very infectious, and you cannot always be sure of how someone died. As Ebola spreads, avoid funerals if the government tells you to do so. If funerals are permitted, do things differently: Avoid touching or kissing the body, the family members of the deceased, and anyone else who is attending the funeral. Keep a proper distance, at least 1 meter, from others. Talk with your community leaders about safe ways to show respect and love for those who are grieving without touching or kissing.

e. You should expect to see people dressed strangely and other new things if Ebola comes to your community. These include people wearing protective equipment (gowns, mask, gloves, goggles, etc.) and the use of checkpoints to measure body temperature. Some travel may be restricted.

7. Ebola Care Seeking and Management

a. It is important to seek care immediately when you see signs and symptoms of Ebola. This improves the sick person's chance of surviving and decreases the chance that the disease will spread to friends and family members. The most important thing that you can do is to contact health officials about the illness. They may refer you for care. (Review key behaviors from earlier lesson.)

b. There may be an ETU near a primary care unit in your area. (Explain to the family the location of the nearest ETU and the support that the family will need to give to anyone admitted there.) Follow your transportation plan for your household (or community) to safely transport the person to the ETU.

c. If you have no choice and must care for someone who is sick with signs or symptoms of Ebola, you should use any personal protective equipment (PPE)

that is available, including masks, gloves, gown, and goggles. You would need to spray that equipment with a 10% chlorine bleach solution (one part bleach to nine parts water, or with soapy water if bleach is not available) after each use. Only people who *must* interact with the sick person should do so; limit contact with others. If you care for someone with Ebola without using this equipment, it will be quite easy to get the disease.

d. Those who have touched or have regularly been near a person (< 1 meter; 3 feet) who had Ebola (or their bodily fluids) without wearing personal protective equipment should remain apart from others for 21 days. This is called "quarantining." Avoid all contact with sick people's feces, vomit, urine, blood (including menstrual fluids), semen and saliva (all bodily fluids).

e. Whenever possible, take the sick person to an ETU where the person will most likely receive paracetamol for fever, ORS, or an intravenous solution to prevent dehydration, antibiotics to help prevent other infections, medicines to help the person maintain his/her blood pressure, and have their other signs and symptoms treated. If the outbreak is of the Zaire type of Ebola, the treatment centre may also give a medicine (Inmazeb or Ebanga) that fights the virus directly. These medicines work best when started early, which is one more reason to seek care quickly.

f. It is fine to pray for the sick (without laying on hands for this illness), but this disease requires care by a health provider, as well. Prayer is not a *substitution* for treatment for this serious disease, but instead, can be used in *addition* to treatment.

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

    - Keep the person hydrated by giving them home available fluids (e.g., water, juice), and rehydrate them if they are losing fluids through diarrhea or vomiting by using oral rehydration serum. (Review how to make ORS.) If the person vomits when receiving ORS, wait 15 minutes then give the ORS in teaspoonsful. Continue feeding the person foods that they can eat.

    - Things that come into contact with the patient must be burned or disinfected. For things that have a sealed surface (where the virus cannot soak in), spray them with a 10% bleach spray and let them sit for 15 minutes before wiping and scrubbing down the surface. Bedding, clothing, and other dry infectious materials should be burned in a 1 meter x 1 meter pit after use. Bodily fluids and other wet infectious materials should be buried in a 1 meter x 1 meter pit.

8. Aftermath of the Illness: Recovery and Decontamination

If the person dies:

a. Call authorities for safe burial/cremations. The body will be very contagious.

b. Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.

c. Do not wash, kiss or handle the body; practice "safe mourning". If you do attend funerals or burials (which is not recommended), keep at least 1 meter (3 feet) from others at the funeral and/or burial. Avoid touching, kissing, hugging, or shaking hands. While we need to be compassionate towards families who are grieving, it is important to come up with alternate ways to say goodbye to the person and to comfort the family without spreading the disease, which can lead to more deaths. Funerals are one main way that this disease has spread in other countries.

d. Remember to decontaminate with a bleach spray or dispose of the sick person's personal effects after a death. The person's bedding, which will have come into contact with their sweat and other bodily fluids, should be burned. Contaminated areas (floor, nearby walls, surfaces) should be sprayed with a 10% bleach solution.

If the person lives:

a. A person is not infectious through casual contact (such as shaking hands or hugging) once they have been declared well by a health professional, have had two negative Ebola tests, and they have recovered from signs and symptoms. However, the Ebola virus can stay hidden in some parts of the body (semen, eye fluid, breast milk) for many months. That is why male survivors must follow the safer-sex guidance below, why female survivors who were breastfeeding need their breast milk tested before resuming, and why survivors who develop new eye pain or vision changes should be seen by a health worker promptly. A person is also considered to have fully recovered when they have gone 72 hours (3 days) without fever AND are able to walk, eat, and care for their self AND it has been at least 21 days from the first onset of signs or symptoms.

b. Ebola virus can stay in a man's semen for up to a year, even after he feels completely well. Male survivors and their partners should use a condom every time they have sex — or not have sex at all — for at least 12 months after recovery, OR until the man's semen has tested negative two times in a row at the clinic (with at least one week between tests). The earlier guidance of 3 months is now known to be too short.

c. Avoid stigmatizing survivors: People who survive Ebola cannot get the disease again for at least 10 years. They also can be heroes in their community by helping others who have the disease.

d. Children who were around people with Ebola and do not have fever can be taken in by others. However, their temperature should be taken regularly to assure that they do not have a fever, and they should be watched for other signs or symptoms. If they have signs or symptoms of Ebola, follow the same advice as for adults and get them to an ETU. Remember: those without signs or symptoms are not infectious.

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

How to help vulnerable groups in your community:

a. *Recently orphaned children*: Ensure that they have the shelter, protection, nutrition, health care, and psychosocial support that they need.

b. *Families who are caring for a member with Ebola*: Provide them with food, water, and other supplies. If they have signs or symptoms, decontaminate any returned items (e.g., food containers) with 10% bleach spray before handling.

c. *For pregnant women and lactating mothers*:

- Provide extra protection for pregnant women and lactating mothers and children by keeping them away from crowds and public transportation, and assisting them in developing hand washing stations and drinking water treatment.
- Assist pregnant women to receive antenatal care.
- When there is no Ebola in the household, mothers should continue to breastfeed as normal — breastfeeding protects babies from many other diseases. However, if the mother or baby has suspected or confirmed Ebola, breastfeeding must stop straight away, the mother and baby need to be separated (with the baby fed formula or another safe breast-milk substitute), and breastfeeding can only be restarted after the mother's breast milk has tested negative two times in a row at the clinic. The 2-month guidance in the original module is no longer correct. If a woman becomes pregnant after recovering from Ebola, it is safe for her to breastfeed that new baby normally.

d. *For the elderly and disabled*: Help ensure that their needs are met for shelter, protection, nutrition, and medical care. They are at risk of being abandoned because of deaths of caretakers.

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