

Front line workers' views on the Ebola response

Ground Truth

Round 12 – 06.05.2015

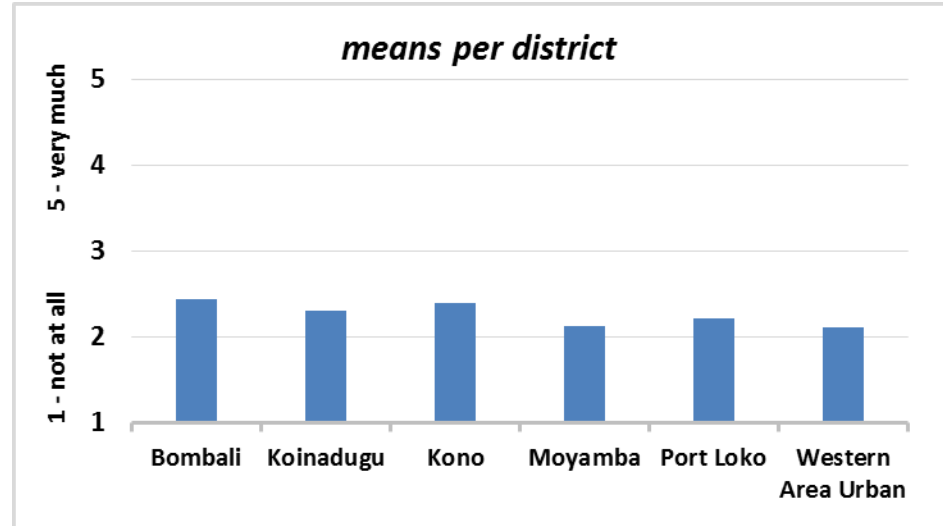
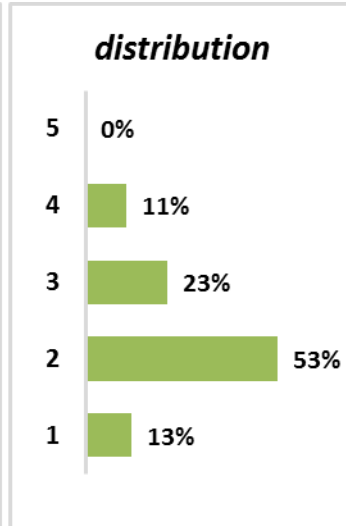
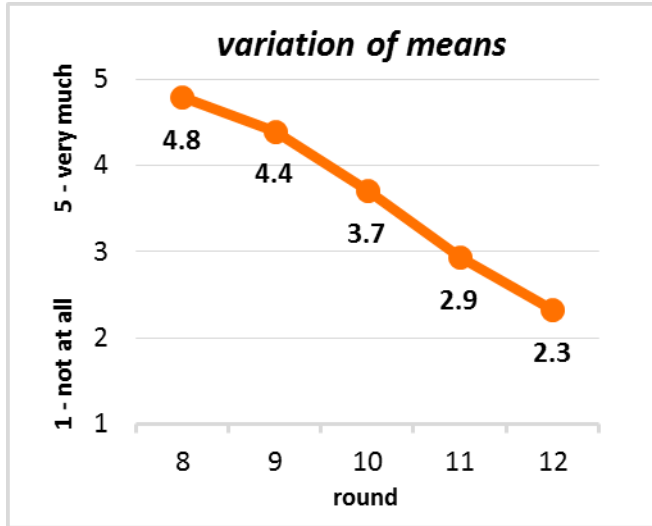
Highlights of findings for 12th survey of frontline workers

- Our data suggests a steep increase in complacency. The mean score on the question about people following prevention protocols has fallen from 4.8 to 2.3 over the last 4 rounds (Q1).
- People are slowly getting more confident about seeking medical help for non-Ebola diseases. (Q3). But separate treatment for non-Ebola medical issues is by far the most popular choice when frontline workers are asked what else could be done to fight Ebola (Q9).
- Gender-based violence remains a major issue, with 69% stating it has worsened since the onset of the crisis. (Some 46% of those who say it's getting worse know somebody who has encountered it—others have heard 2nd hand (Q4)
- Stress remains high (Q5), with more than 2/3rds of respondents cite 'making a living' as the highest stress factor. (Q6).
- Respondents are evenly split on whether checkpoint removal makes Ebola eradication harder or makes sense (circa 40% for each option); a growing proportion (20%) say it sends the wrong message. (Q7)
- Frontline workers are still confident that their organizations will take their feedback into account. (Q8)

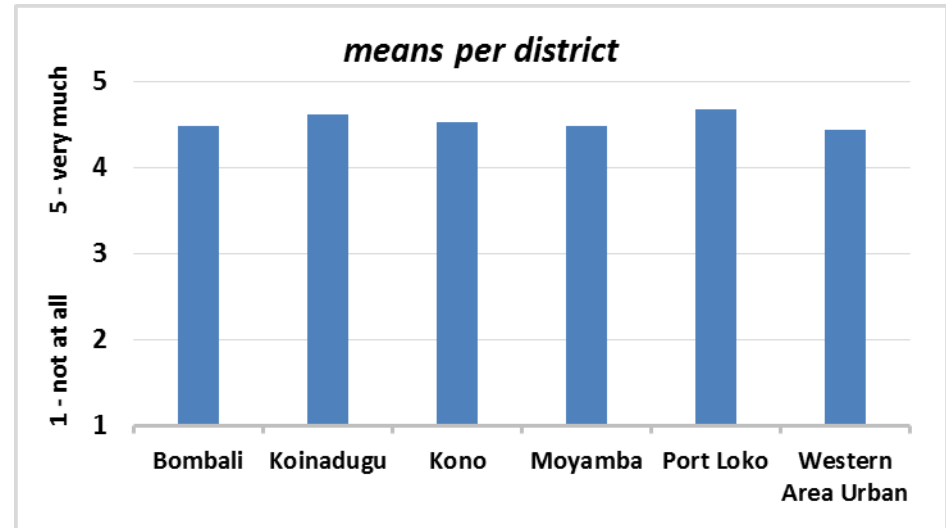
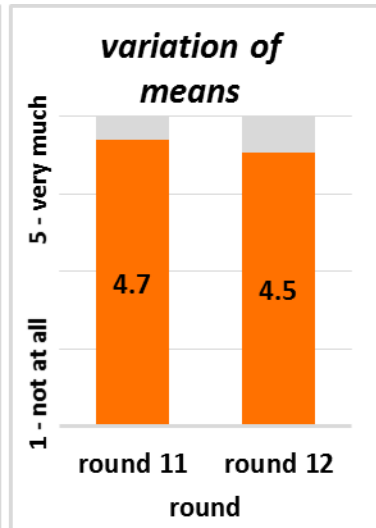
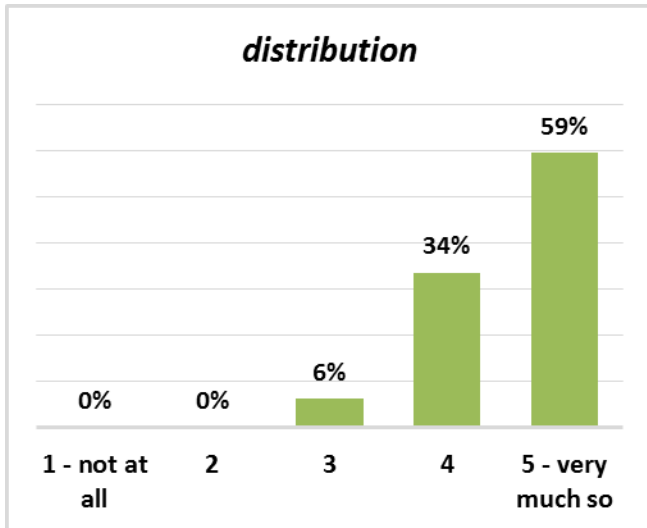
Recommendations:

- It is high time to address the rising tide of complacency evidenced by perceptions of a declining propensity to follow prevention protocols. **For immediate action:** Revise campaign approach and messages used in Ebola awareness communications to ensure greater resonance in the context of the changing epidemiology of the disease.
- Consult respected community and religious leaders about gender-based violence to get their views on why this is happening and how to address the phenomenon.
- Use feedback from the leaders in reviewing current GBV response measures and to launch a campaign to address underlying issues. Note that feedback on Q4 suggests a lack of official communication on GBV.
- Address concerns about using medical facilities that have treated Ebola patients for non-Ebola diseases by reviewing options for separate treatment centres and, if not feasible, communicating that existing centres are not a health hazard – if this is indeed the case.
- Review economic safety-net options and communicate plans to address economic impact of the pandemic
- Examine the suggestions made by frontline workers on how best to fight Ebola and use their perceptions in revising approach to communicating the current approach.
- Agencies should tell their frontline workers how their feedback has been used to course correct.

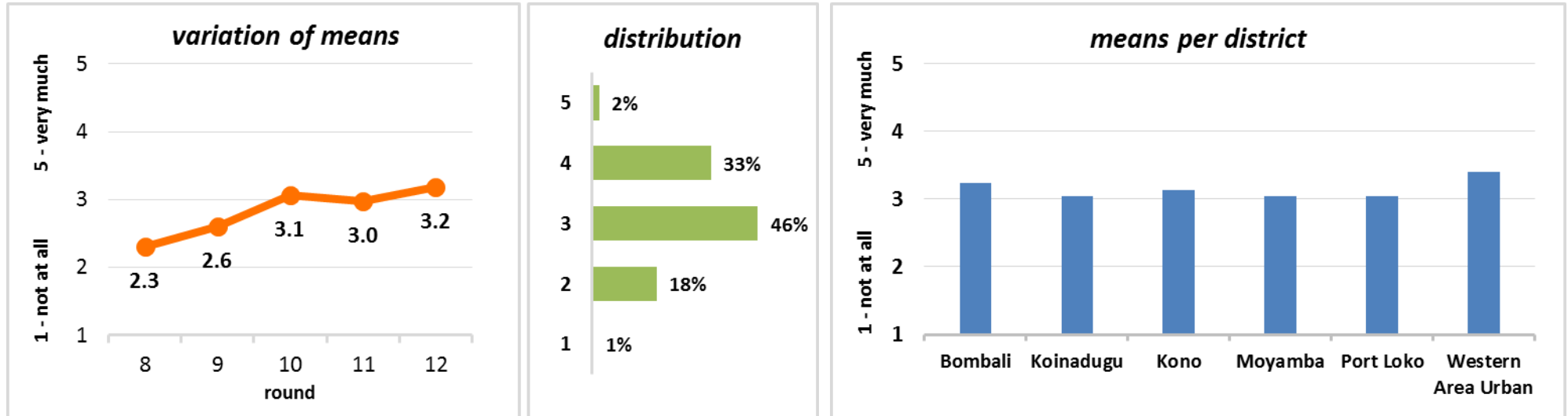
Question 1: Do people still follow protocols on Ebola, like washing hands and taking temperature?



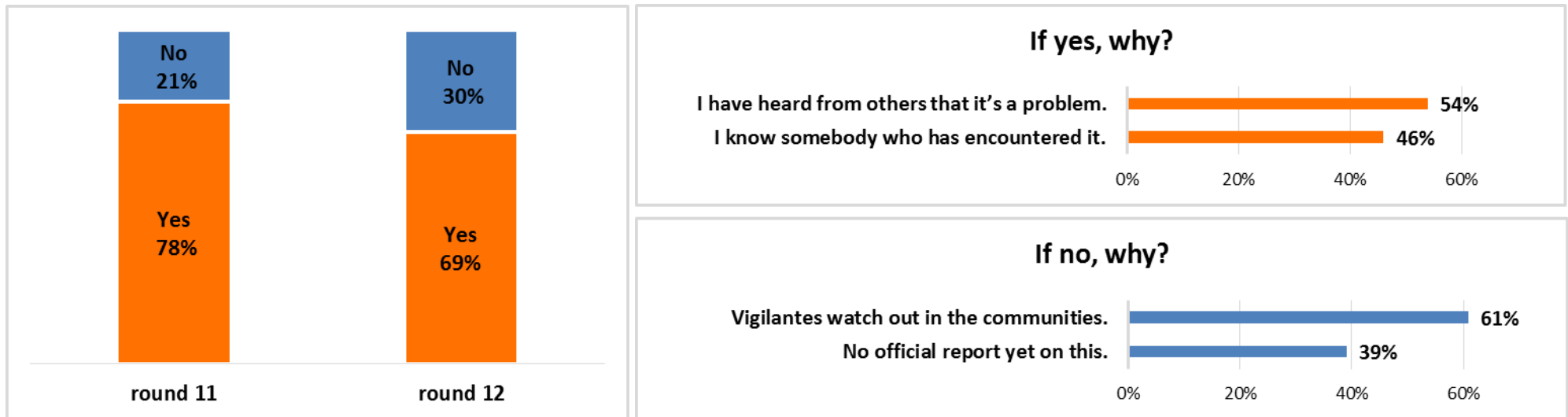
Question 2: Do communication activities and social campaigns influence people's behaviors?



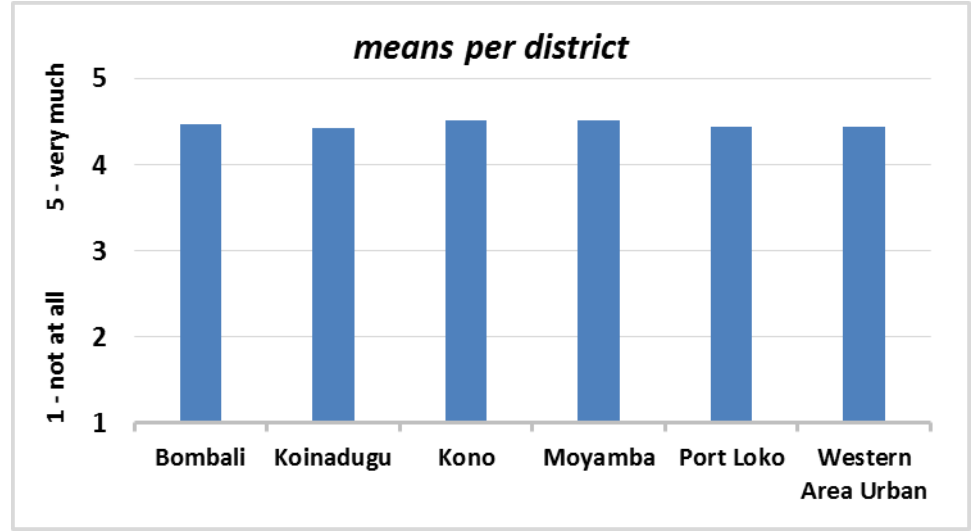
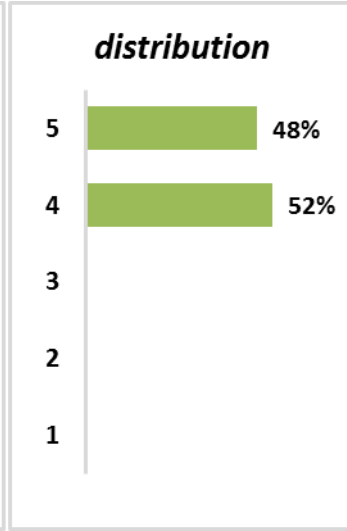
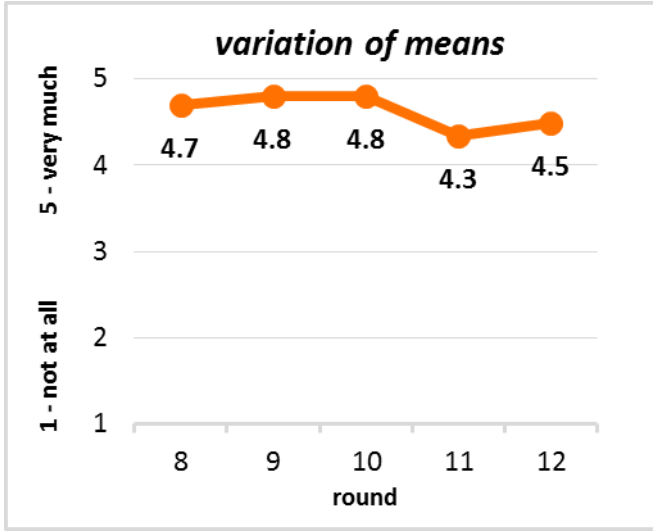
Question 3: Are people confident using health care facilities for non-Ebola illnesses?



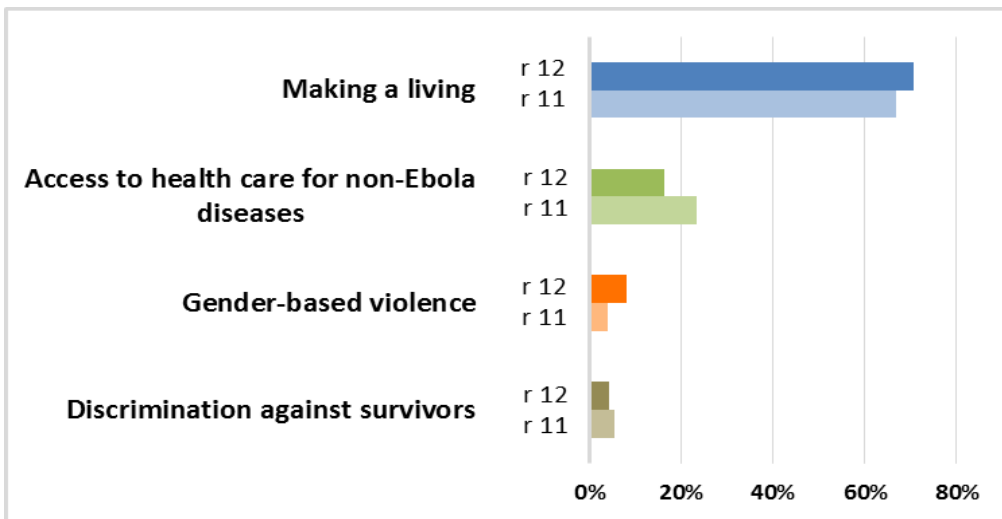
Question 4: In your opinion, has gender-based violence increased since the onset of the Ebola crisis?



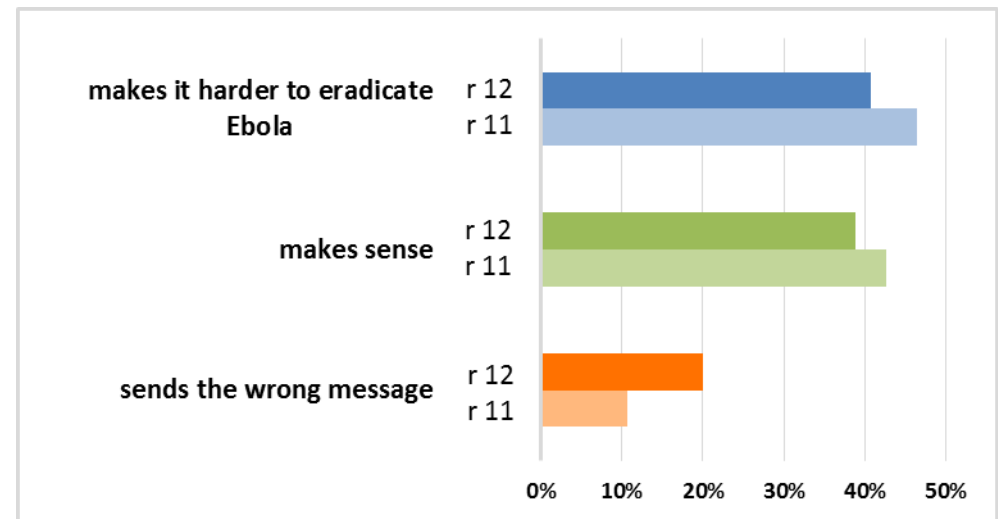
Question 5: To what extent are people suffering from emotional stress as a result of the crisis?



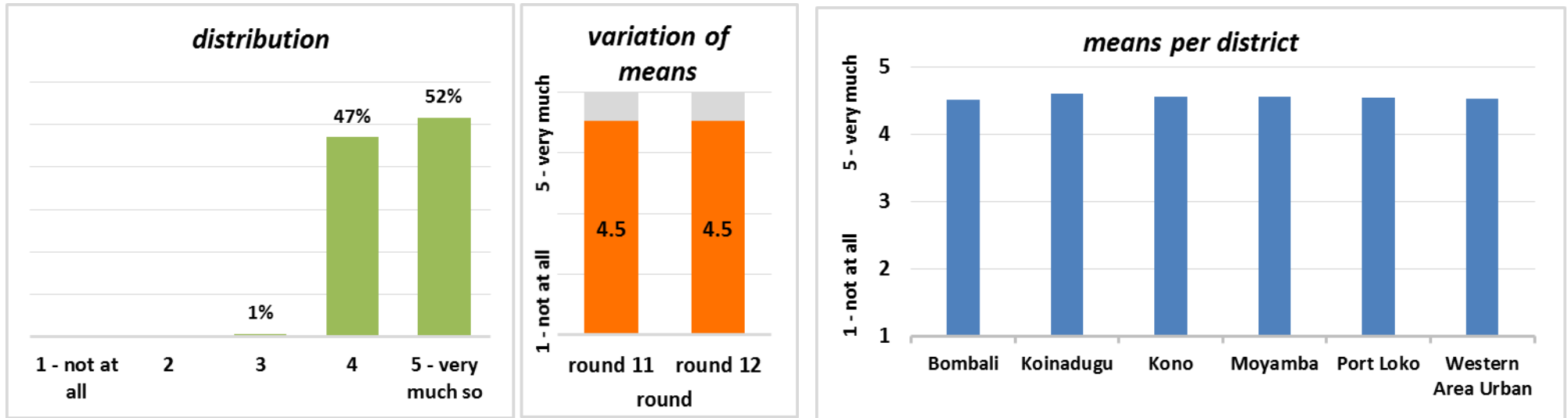
Question 6: What is the highest stress factor?



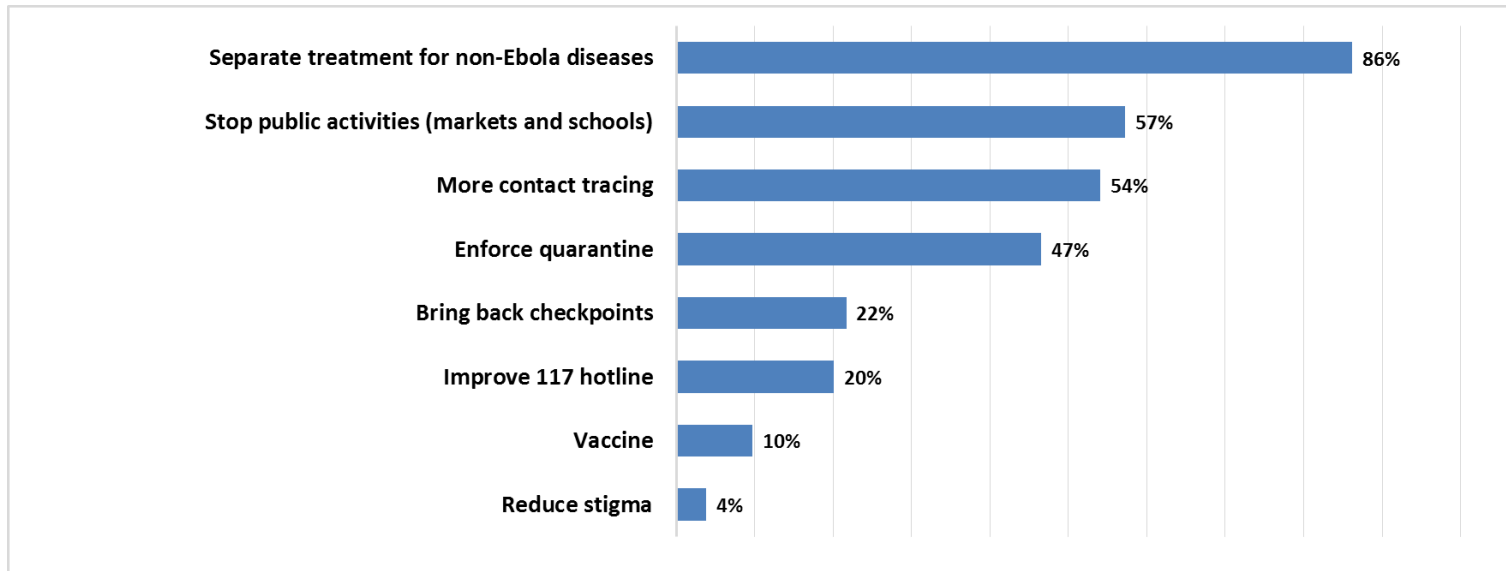
Question 7: The removal of checkpoints



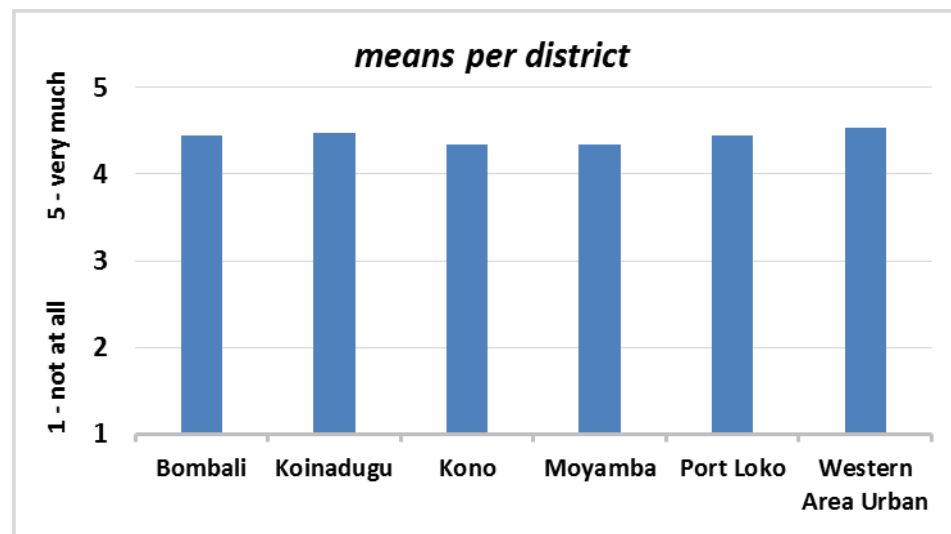
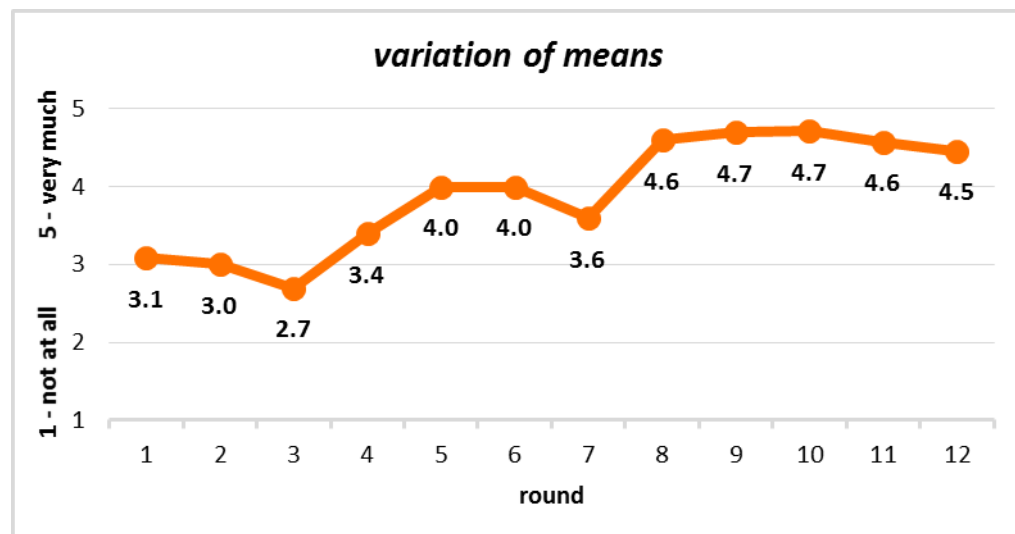
Question 8: Do you feel your feedback has influenced the actions of your organization?



Question 9: What else can be done to fight Ebola?



Question 10: Overall, is the Ebola response making progress against the disease?



Survey methodology: For the 12th round, data was collected by phone calls in the week beginning on April 27th 2015 from 318 front line aid workers with ChildFund, PLAN International, Well Body Alliance, Save the Children, Oxfam and others. Districts covered: Bo, Bombali, Kambia, Kailahun, Kenema, Koinadugu, Kono, Moyamba, Port Loko, Pujehun and Western Area Urban and Rural.

Respondents were asked to rate questions on a scale from 1 to 5 where 1 is: 'not at all'; and 5 is: 'very much so'. The mean score relates to the propensity of the sample to agree or disagree with each question. For some questions they were asked to choose from several options or to answer with 'yes' or 'no'.

Objective: Ground Truth surveys in Sierra Leone, which are supported by DFID, provide agencies working on the Ebola response with data on the perceptions of front line staff, the general population as well as people in quarantine on questions related to the response. The goal is to track how these perceptions evolve as input to programme management. Ground Truth perceptual surveys complement epidemiological data and regular programme monitoring and evaluation.

Sample size: Sample size at the district level is not representative but provides a sense of how perceptions are evolving in these localities. In the regional breakdown we only include districts where we have more than 20 responses.

Note: In the last 2 weeks prior to April 26th 2015, new confirmed cases occurred in Western, Kambia, Koinadugu and Port Loko. In Kambia, 12 cases were reported, 7 cases in Western Area Urban, 2 in Western Area Rural, and 1 case in Koinadugu and Port Loko respectively.¹

For more information about Ground Truth surveys in Sierra Leone, please contact Kai Hopkins (kai@keystoneaccountability.org) or Eva Erlach (eva@keystoneaccountability.org).

¹ WHO: Data published on 29 April 2015
<http://apps.who.int/gho/data/view Ebola-sitrep Ebola-country-SLE-new-conf-prob-districts-20150429-data?lang=en>