The Efficacy of Crisis Communication in the Management of Ebola Fever in the Bundibugyo District, Uganda – 2007/2008

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ABSTRACT

To prevent an outbreak from spreading, the mode of communication that is adopted plays a key role. When information about a disease outbreak is not communicated during its early stages, it brings about fear, panic and anxiety. The article addresses the role of crisis communication in managing disease outbreaks in Uganda. The study was carried out in the Western District of Bundibugyo, Uganda, in the two sub-counties of Kasitu and the Bundibugyo Town Council. With regard to the disease outbreak in Bundibugyo, the article attempts to ring-fence to role of crisis communication in managing the Ebola fever outbreak, as well as unearthing related challenges. The methodological approach utilised for this article is quantitative and a qualitative (a mixed-method design) that includes a cross-sectional survey. The study found that key weaknesses in the structural and institutional framework hampered the efficient management of the Ebola fever outbreak and exacerbated the magnitude of factors that led to many deaths in the Bundibugyo District.

BACKGROUND AND METHODOLOGICAL ORIENTATION

Since the turn of this century, the World Health Organisation (WHO) has documented an unprecedented number of disease outbreaks (WHO 2016) throughout the world. Changes in the way we inhabit the planet have disrupted the delicate natural equilibrium of the microbial world; these fluctuations cannot easily be undone (Covello 1992:76). Strategies for healthcare education and social mobilisation during disease outbreaks have been refined in recent years. The WHO, with the support of medical anthropologists, routinely use these strategies in situations where public beliefs about a disease interfere with outbreak control. However, strategies for using the mass media to help control outbreaks are less advanced (Kakuma 2016:11).

Several general characteristics complicate crisis communication interventions to the public during an outbreak (Capron 1989:56). These are further defined by the specific pathogen and the political, economic and cultural context in which the outbreak occurs (Capron 1989:56). As outbreaks are urgent emergencies, rapid efforts should be made to care for infected cases, control the outbreak and prevent it from spreading any further (Kobusingye 2016:89). The speed at which decisions are made can either save lives or cause the disease to spread. As such, rapid decision making should be followed by prompt action, often with the support of an informed public. Although decisions are based on solid scientific information, the unpredictable nature of outbreaks complicate the process and could affect communication with citizens (Covello 1992:76). In the greater African context, public communication strategies have been used successfully during the recent Ebola outbreaks, where control depended on the total engagement of informed and motivated communities (Kakuma 2016:34). In addition, media coverage places those in charge of the outbreak response under close public scrutiny, creating pressure to act rapidly and decisively to protect public health.

In the context of risk communication paradigms, information plays an important role as a measure for precautionary advocacy (when the hazard is high and the outrage is low); outrage management (when the hazard is low and the outrage is high); and crisis communication (when the hazard and the outrage are both high) (Covello 1992:66). Notably, one cannot assume that correct information is all people need to respond appropriately to the situation (Fraenkel and Wallen 2000:89). In general, public health professionals are most comfortable and most skilled in the first of these three paradigms.

According to the WHO (2008:13), effective crisis communication is a particularly vital component of public health emergency response and the management thereof. When the public is at risk of a real or potential health threat, treatment options and resources may be limited and it might take time to organise a direct intervention (Kagoro 2015:23). As such, communicating advice and providing

guidance are often most important tool in managing the risk (Fraenkel and Wallen 2000:89). Crisis communication encourages the public to adopt protective behaviour, facilitates heightened disease surveillance, reduces confusion and allows for a better use of resources, all of which will be necessary for an effective response (WHO 2008:36). Unfortunately, when outbreaks like Ebola occur in Uganda, it is unclear how crisis-related information flows at different levels; whether it is accurate and legitimate; what the complexities and challenges are; and whether there exist communication errors and in which context they occur (Lubaale 2014:6).

During an infectious disease outbreak like Ebola, timely and reliable communication is critical to manage information concerns of key stakeholders affected by the outbreak effectively (Covello 2001:28). Trust comes first in all messages, regardless of the purpose or content of the message. Without trust, success will be limited. Further, it is a long-term process to garner the public's trust, so that they can fully engage the public in the message. In addition to sound communication skills, it requires thoughtful processes and methods (Covello 2001:28). Covello's (2001) risk communication model has proven that traditional communication methods are ineffective in highly stressful and emotionally charged situations. Requirements change drastically in these situations and therefore need incisive, practical communication solutions to calm the situation.

In recent years, disease outbreaks like Ebola have become inevitable and often unpredictable events in Uganda (Kagoro 2015:28). Today, diseases as common as a cold and as rare as Ebola are circling the globe at the speed of light. Crisis communication is an essential element of disease outbreak management (Kakuma 2016:15). Unfortunately, examples of communication dilemmas abound, such as failure to observe confidentiality; and a delayed announcement of a disease outbreak. Often, apathy and low commitment delay outbreak control, undermine public trust and compliance, and prolong economic, social and political turmoil (Palenchar 2008:56). Nonetheless, containment measures including early hospitalisation and isolation, disposal of all materials that come into contact with victims, barrier nursing methods, immediate burial of the dead, provision of health education messages and active surveillance can significantly reduce the number of infections and deaths (Khan 1999:34). However, the above measures can only make sense if they are packaged accurately and communicated in a timely, credible manner to the relevant stakeholders or audiences.

Unfortunately, the Ebola virus outbreak in Bundibugyo may have had a gap in as far as these measures are concerned. The Uganda Ministry of Health (MoH) Report (2007) indicates that the outbreak was confined only to the Bundibugyo District. More than 97% of the cases were detected in four of the ten sub-counties in the district (Kasitu, Bundibugyo Town Council, Bubukwanga and Busaru), while other literature also includes the Harugali Sub-county. The overall attack rate in the district was 43 cases/100 000 people; the highest rate occurred in

the Kasitu Sub-country, followed by the Bundibugyo Town Council (Wamala 2010:44). Inadequate communication had severe repercussions, such as loss of credibility and public trust, public outrage, unnecessary distress and anxiety, as well as conflicts between stakeholders, including those involved in the response. Ultimately, communicating advice and providing guidance is often the most important frontline public health tool in managing a health risk or crisis like Ebola. Therefore, this article aims to establish whether crisis communication interventions contribute to this response.

The methodological approach to this study is both quantitative and a qualitative in nature (mixed method design) and includes a cross-sectional survey design. The qualitative aspect not only investigated the "what", "where" and "when", but also the "why" and "how" of decision making. The study made use of systematic sampling, which involves using a simple random sampling design (Ragin 2011:187). The sample consisted of seventy-five respondents, which included five top health administrators, fifty-five residents whose families were affected by Ebola and fifteen healthcare workers. This necessitated the use of the interview method and questionnaires. Primary data was obtained through self-administered questionnaires, while the interview process was based on systematic and established research procedures.

The researchers endeavored to obtain a validity of coefficients of at least 0.70, or 70%. Furthermore, the researchers took multiple measurements, observations or samples to verify response consistency and to customise questions so that only appropriate questions were asked. Data was sorted using the Statistical Package for Social Scientists (SPSS) method. Bivariate analysis was used in the first descriptive stages of research. Hereafter it was supplemented by more advanced, inferential analysis. Qualitative data was analysed using both thematic and content analysis.

CONTEXTUAL CLARIFICATION

Unexpected diseases like Ebola can catch emergency response teams off guard or exceed existing crisis management plans. As non-routine risks, they cannot be managed by routine procedures and require unique, extreme measures (Fraenkel and Wallen 2000:45). This creates uncertainty because response teams cannot pinpoint the causes and ultimate effects of the crisis without some degree of investigation (Fraenkel and Wallen 2000:45). In the context of this article, the term "emergency disease" refers to the Ebola Hemorrhagic Fever (Ebola), a severe, often-fatal disease in humans that killed 43 people in the Bundibugyo District in 2007 (Fischhoff 1995). The term "risk stakeholders" refers to all groups, individuals, institutions, agencies, response teams that are affected or at risk of infection during the outbreak (Jezek, Szczeniowski, Muyembe-Tamfum, McCormick and Heymann 2010:34).

The study area for this article is the Bundibugyo District in Western Uganda, which is bordered by the Hoima District to the northeast, the Kibaale District to the east, the Kabarole District to the south, and the Democratic Republic of the Congo (DRC) to the west and north. By road, the district headquarters at Bundibugyo are located approximately 32 kilometers west of Fort Portal and 71 kilometers north of Kasese, the largest city in the sub-region.

According to the *Emerging Infectious Diseases Journal* (2010:12), the *Bundibugyo ebolavirus* species was identified during an outbreak of Ebola Viral Hemorrhagic Fever in Bundibugyo District (Johnson and Breman 2010:22). To investigate whether the outbreak required response, Ebola fever response teams instituted a case-series investigation (*Emerging Infectious Diseases Journal* 2010:11). They identified 192 suspected cases, of which 42 (22%) were laboratory positive for the novel species; 74 (38%) were probable, while 77 (40%) were negative. Laboratory confirmation delayed the outbreak verification by three months (Johnson and Breman 2010:29).

With a case-fatality rate of 34%, the *Bundibugyo ebolavirus* was less fatal than the Ebola viruses that had caused previous outbreaks in Zaire in 1976. However, most transmissions of the Ebola fever in Bunbibugyo District was associated with handling corpses without appropriate protection, which was due to a lack of appropriate safety and risk information (Johnson and Breman 2010:29). This posed a gap that needs to be filled in managing future outbreaks (Kagoro 2015:29). Studies by experts highlight that healthcare workers should maintain a high suspicion index for viral hemorrhagic fevers; capacity should be built for laboratory confirmation of viral hemorrhagic fevers; and standard precautions and increased awareness on risk practices should be institutionalised among healthcare workers and the general public (Jezek, Szczeniowski, Muyembe-Tamfum, McCormick and Heymann 2010). The current study investigates whether these recommendations have been operationalised.

CONCEPTUAL AND THEORETICAL CLARIFICATIONS

Communication is a two-way process aimed at exchanging information, news, ideas and feelings, while also creating and sharing meaning. For communication to take place, a person or institution (sender) sends a message to a recipient or group of recipients, also referred to as receivers. Communication can only take place when the intended recipient(s) receives and understands the transmitted content in accordance with its original purpose. This two-way process of reaching joint understanding is referred to as encoding-decoding (**http://www.business-dictionary.com/definition/communication.html**).

Effective communication has certain key characteristics (**http://www.lives-trong.com/article/69309-effective-communication**). The ability to convey a message clearly (encoding) helps ensure that the receiver understands the message (decoding). When decoding a message, the recipient should try and understand the message. Context, which includes the factors such as age, religion, sex and intellectual abilities, should be considered. Feedback can help confirm whether the receiver understand the message. The key to encoding a message is to have an in-depth understanding of your audience (**www.mindtool.com** in Rushingabigwi 2017).

Effective communication is based on whether the recipient understands the message exactly as the sender had intended. With effective communication, the sender delivers the message timeously, so that the receiver can hear, interpret and make use of the message as per its intended purpose. As various filters can interfere with the effective delivery or receipt of messages, perfect communication is rare.

There are subtle but distinct differences between effective and efficient communication. Effective communication is primarily concerned with ensuring that the recipient or audience comprehends and interprets the message correctly – even if it takes time. For example, managers know that it is crucial for employees to understand directions. Conversely, an efficient message focuses on urgent information dissemination to the receiver, even if it could lead to less-effective communication.

The concept of Crisis and Emergency Risk Communication (CERC) was crafted by the Center for Disease Control and Prevention (CDCP) after the 9/11 attacks on the World Trade Centre, and the 2001 anthrax attacks in New York City, to combine image and reputation research with persuasion and strategic messaging research (Seeger 2010:16). As a disease spreads in anticipated ways, public advice could not be based on pre-existing knowledge regarding naturally caused anthrax (Fearn-Banks 2007:38). Therefore, it needed to evolve according to emerging facts about the outbreak. Many questions that help the population understand the degree of personal risk and cope accordingly, simply could not be answered with certainty (WHO 2004:56).

According to Covello, risk communication entails a "process of exchanging information among interested parties about the nature, magnitude, significance, or control of a risk". Covello's (1992) notion of effective risk communication explains the concept of challenges relating to crisis communication (Seeger 2010:16). For the purposes of this article, Covello's (1992) was deemed a suitable source and reference for analysing crisis communication and emergency disease outbreaks in Africa.

Covello (2001:24) considers risk communication as a science-based approach for conveying information in potentially dangerous situations. Covello (2001:24),

views a crisis as an unexpected, non-routine health hazard that creates a high level of uncertainty and potentially negative outcomes to the public. This definition relates well with crisis communication, which encompasses messages delivered to the public during life threatening emergency events. Fearn-Banks (2007:45) notes that crisis communication is concerned with transferring information to significant persons (the public) to help avoid or prevent a crisis or negative event, facilitate crisis recovery, as well as maintain or enhance reputation.

Both definitions resonate with the Trust Determination Model, which emphasises trust and the credibility of messages during high-stress, highly concerning and emotionally charged situations (Kagoro 2015:13). The applicability may have a positive or negative effect on the goals of the outbreak response. In this case, crisis communication referred to response teams' efforts to inform individuals, groups, institutions and the public about the emergency. This definition is selected because of its relevance to the purpose of the study.

As far as information absorption and exchange within communities are concerned, the following three theories are of significance. According to the Knowledge Gap Theory, information is not evenly acquired by every member of society. For example, people with a higher socio-economic status tend to have a better ability to acquire information. This knowledge gap can lead to a greater rift between people of a lower and higher socio-economic status. In a local democracy context, a local authority should acknowledge that people of a higher socio-economic status obtain and interpret politically relevant information in different ways than less educated people (Van der Waldt 2010, in LGI 2015).

The Muted Group Theory explores the experience of marginalised or disadvantaged groups in society, such as the elderly and women. Marginalised groups' lack of political voice remains a significant challenge. Stakeholders in local democracy should make adequate provision for the "muted" groups in the community (Van der Waldt in LGI 2015).

The Spiral of Science Theory suggests that when public opinion is formed, minority groups' cultural issues may be silenced. A fear of isolation may prompt minority groups to remain silent when they feel that the majority does not share their views. Shifts in public opinion occur regularly and therefore this theory is used to help explain certain political behaviour (Van der Waldt 2010 in LGI 2015).

CRISIS COMMUNICATION DURING DISEASE OUTBREAK IN UGANDA

Responses to the questionnaire were measured according to a five-point Likert scale, where one represented "strongly disagree" and five represented "strongly agree".

Table 1: Statistical factors that influence crisis communication during disease outbreak in Uganda

Questions	Responses	Frequency	Percentage	Mean
Transparency was highlighted as the most important frontline public healthcare tool in managing the Ebola outbreak.	Strongly Disagree	09	13.4%	3.7554
	Disagree	10	14.9%	
	Agree	28	41.7%	
	Strongly Agree	20	29.8%	
The authorities offered communication advice and guidance in times of crisis.	Strongly Disagree	28	41.7%	2.354
	Disagree	12	17.9%	
	Agree	02	2.9%	
	Strongly Agree	25	37.3%	
Cooperation stood as the most important frontline public healthcare tool in managing the Ebola outbreak.	Strongly Disagree	10	14.9%	3.934
	Disagree	05	7.4%	
	Agree	33	49.2%	
	Strongly Agree	19	28.3%	
Different modes of communication were used to express information and evoke a response to the Ebola outbreak in Bundibugyo.	Strongly Disagree	28	41.7 %	2.354
	Disagree	12	17.9%	
	Agree	02	2.9%	
	Strongly Agree	25	37.3%	
The mass media, such as radio stations, broke the news of the Ebola outbreak in the District.	Strongly Disagree	10	14.9%	2.55
	Disagree	05	7.4%	
	Agree	33	49.2%	
	Strongly Agree	19	28.3%	

Source: (Primary Data 2017)

Notably, "transparency" was highlighted as the most important frontline public healthcare tool in managing the Ebola outbreak. Interview findings revealed that the medical personnel who were involved in the fight against the outbreak were not transparent enough. For example, some of the items and materials that were supposed to be distributed to residents were withheld. Even key communicators were not on the ground all the time to communicate community awareness

messages. The aforementioned findings are corroborated by a prior study by Kagoro (2015), which indicated that teams that were in charge of distributing items and materials to residents failed to do so.

Whether "authorities offered communication advice and guidance in times of crisis", 41.7% strongly disagreed, 17.9% disagreed, 2.9% agreed and 37.3% strongly agreed. According to Kagoro (2015), communicators were mandated with creating awareness amongst residents. However, the communicators arrived some days after the outbreak. Moreover, there was a disproportionate distribution of manpower, as a hand full of communicators needed to service a large populace. Furthermore, Kagoro (2015) states that the area local council members were all concerned about the disease outbreak and therefore they sensitised residents about the disease as a team. Council members conducted door-to-door visits to inform the residents about the Ebola outbreak. According to the Uganda MoH Report (2010:21), the local authority not only showed concern about the outbreak but also actively participated in awareness-making campaigns. The local area authority used funds that were raised by the district council to erect banners in strategically located places. The Uganda Red Cross Society (URCS) distributed blankets and gumboots to the affected families and provided counseling services to residents.

Regarding "cooperation" as the most important frontline public health tool in managing the Ebola outbreak, a key respondent commented during the interviews, "*Yes, it is a fact that every family was united during this period for the purpose of kicking Ebola out of Bundibugyo*". In addition, Kivumbi (2016) noted that some residents were not informed about the Ebola outbreak on time and only found out a week after it had broken out. As noted before, information plays an important role in risk communication paradigms (Covello, Peters and Wojtecki 2001). However, it is a misnomer to believe that accurate information is all that people need to respond appropriately to the situation.

Given the foregoing discussion, few people were open about the disease after contracting it. A resident with a family member that had Ebola fever said, "*At first the people were not open about the disease for fear of being referred to as HIV victims. This led to anger and skepticism as well, and to loss of essential credibility*". Kagoro (2015) pointed out that, following the intervention of government, victims started to openly talk about the disease and its symptoms and they were given moral and material support. To corroborate the above statement, a respondent noted that, "*Panic was relatively rare during the outbreak (though extremely damaging) response to crisis. Efforts to avoid panic, for example, by withholding bad news and making over-reassuring statements actually made panic likelier instead*".

Notably, different modes of communication were used to convey information on the Ebola outbreak in Bundibugyo. For example, community members were

informed about behavioural changes that could reduce the risk of contracting the fever. Palenchar (2008) stated that the principles of early announcement, transparency and trust building help limit the extent of disasters.

In an attempt to strengthen communication, the mass media broke the news about the Ebola outbreak in the District. A top health administrator said that, "*Some respondents withheld news in this case waiting for the mass media to do so. Efforts to avoid panic, for example by withholding bad news and making over-reassuring statements, actually made panic likelier instead*". Kakuma (2016) notes that the adopted communication modes would have been effective had the management supported such measures. This would have helped avoid panic and anxiety among the populace.

The research findings revealed that healthcare workers' commitment was the most important tool to stop the virus from spreading. It was noted that some healthcare stopped treating patients out of fear of contracting the virus. Communicators and healthcare workers handled the treatment and prevention skillfully, given the training they had attained prior to the crisis. In line with this, a respondent stated that, "*Undeniably, crisis communication underscored all government activities. Health workers were committed to the task*".

THE LINK BETWEEN COMMUNICATION AND MANAGING DISEASE OUTBREAKS

Kakuma (2016) noted that people have trouble learning information that conflicts with their prior knowledge, experience or intuition. Pre-existing information provides an "anchoring point" that could impede the acquisition of new information. It helps to be explicit about the change after digesting and justifying the prior view. Door-to-door visits by the area local authority were a common mode of sensitising the people about the Ebola outbreak and preventative measures.

Although infrequent, village meetings were also used as a means of sensitisation. They helped the residents of Bundibugyo cope up with the crisis. In this case, a respondent said that, "*There were no problems in our ability to cope with the crisis… However, messages obtained from meetings were many and some of the messages confused people, especially about the preventative measures that should be taken*".

Dresser (1998) notes that messages can sometimes be misleading. When messages are not properly synthesised, it could lead to harmful discrepancies. Interview findings revealed that some messages were unclear and the target audience did not act positively. Some stakeholders were not consulted in the development of communication strategies, while others complained that certain communication material was culturally insensitive to Bundibugyo residents. This

could have affected the way people received the message about the fever preven-tion strategies. Kagoro (2015) notes that, as meetings did not work well in the rural areas such as the Kasitu sub-county, it led to dissatisfaction regarding the information that was conveyed about the outbreak.

Although ideas were exchanged on how to fight the outbreak, they were spec-ulative. For example, during the initial stages of the outbreak, people were unsure whether it was Ebola fever. No one was certain until Government made the of-ficial announcement about the outbreak on national television. Kagoro (2015) states that refusing to speculate is better than speculating overconfidently and overoptimistically. This went on for some time until the *New Vision* newspaper announced the true story about the Ebola outbreak in the Bundibugyo District.

A study by Kivumbi (2016) highlights that authorities should always take the initiative to investigate a crisis on time. Hereafter, they should alert the general public immediately to avoid speculation and subsequent fear and anxiety. The ra-dio was used as effective media channel to alert people about the Ebola outbreak Bundibugyo. In the event of outbreaks such as Ebola, crisis communication is de-signed to help affected communities act wisely in difficult situations (Kobusingye 2016). The MoH aired public awareness messages on most radio stations on how to avoid contracting Ebola fever, as well as ways to prevent it from spreading. The issue became a prominent feature on the radio. However, since few people own radios, this mode of communication was ineffective. A healthcare administrator in the Bundibugyo District Hospital said: "*You cannot risk of talking about the radio because most of our people in Bundibugyo don't own radios*".

Wabagha (2014) notes that communication mechanisms with a wide coverage could be more effective when it comes to information dissemination than those with limited coverage. Kagoro (2015:45) notes that it is important for authorities to adopt the most effective means of communication or information dissemination during times of crisis. During a crisis, people have the right to be afraid, especially when they are uninformed. A fearless public that allows officials and experts to manage a problem without any form of interference is neither unachievable nor desirable. Notably, vigilance and precaution-taking depend on a measure of sufficient fear.

After the Ebola virus broke out, many residents turned to radio stations to keep them updated. With regard to the aforementioned, Kobusingye (2016) notes that, ".unless there are over-reactions, there is need to listen to radios in times of panic and fear". In similar vein, Lubaale (2014) states that, during emerging health crises, authorities are likely to learn things that justify changes in official opinions, pre-dictions or policies by using radio stations as communication channels. Several communication channels should be used to make sure information is conveyed, as one channel may be poorly received, while another may get a warm reception among the public.

Newspapers are effective partners in the campaign against the Ebola virus, since the majority of residents in Bundibugyo are illiterate. Most respondents reported that the mobile communication vans were the most effective method adopted to promote prevention awareness during the outbreak. People turned to other sources to obtain information on the Ebola virus instead of reading newspapers. Other communication channels included were toll free information lines, and public information education and communication (IEC) material. Communication material (e.g. charts and banners) used for public awareness making were first pretested to ensure that they were easy to understand, culturally sensitive and audience appropriate.

Non-governmental organisations (NGOs) such as the URCS ensured deeper public engagement through its awareness-making campaigns. For example, it held patient forums in the town of Bundibugyo and focus group discussions to help identify public concerns about the virus. Due to manpower shortages, the URCS also trained members of the public within the district to support its expert team. Mobile phones were used to alert people about the outbreak. Residents with relatives in urban areas received early alerts via mobile phone and subsequently left the district temporarily. Kagoro (2015) notes that, although this was not effective, it helped raise awareness about the outbreak. Some people with mobile phones did not communicate the news for fear of instilling panic. In line with this, Kivumbi (2016) notes that there are always good reasons to withhold information during disease outbreak for fear of provoking panic.

Furthermore, guidelines released by the MoH were crucial in preventing the spread of the virus (Kivumbi 2016). A respondent noted that, "*I bestowed the fight to community efforts and NGOs like the Red Cross*". In line with this, Kobusingye (2016) stated that, "*People tend to be more critical of authorities who ignore things that have gone wrong than they are of authorities who acknowledge those things… Of course, it takes something like saintliness to acknowledge negatives that the public will never know unless you acknowledge them*".

Some interviewees revealed that guidelines were applied to a limited class (mainly literates).

Covello, Peters, and McCallum (2001:34) notes that crisis communication tactics during the pre-crisis stage includes researching and collecting information about crisis risks specific to the district's hospital. Hereafter, a crisis management plan should be implemented, which includes making decisions ahead of time about who will handle specific aspects of a crisis. Covello *et al.* (1997) also state that crisis communication during the post-crisis stage includes creates press release templates for the hospital's public relations (PR) team in the event of an outbreak. Furthermore, a chain of command should be established that all employees should follow in the dissemination of information to the public. Although late, a rapid response crisis communications team was organised in the District

during the pre-crisis stage and it mainly consisted of people from Kampala. The crisis alerts were later disseminated to the public with the help of communicators URCS aid workers and the Communication for Development Foundation Uganda (CDFU).

The District did not have enough manpower to raise awareness about the Ebola fever outbreak. A top administrator in connection to the above response said: "*There was not enough manpower, but the residents of Bundibugyo had to rely on the manpower from Kampala the capital city of Uganda. For example, communicators were few, but communication tool kits were devised to help communicators to calm public anxieties*". In support of the above response, Walusimbi (2016:56) reiterates that the communication tool kits for precautionary advocacy and outrage management were designed to help communicators raise or lower public risk perceptions of Ebola fever and to match top administrators' needs. Kagoro (2015:45) points out that, after top administration deems it serious enough to alert the people. precautionary advocacy measures are used to alert people about the Ebola outbreak who seem either unconcerned or to calm people who are overconcerned about an outbreak

CONCLUSION

In conclusion, WHO Guidelines were followed after Ebola fever was confirmed in Bundibugyo District. These guidelines acknowledge that crisis communication efforts must focus on building trust, early announcement and transparency. Furthermore, it must be based on an understanding the needs and fears of the public and the planning measures deemed essential to control the disease outbreak. Untimely, failure to communicate a disease outbreak could lead to more deaths. In addition, it also brings about fear, panic and anxiety. It was observed that some citizens of the District were reluctant to switch on their radios out of fear.

The processes involved in outbreak identification, description and investigation should be swift and thorough, while control, communication and documentation activities should be implemented effectively. There is a need for sensitive, specific and timely detection of potential outbreaks that could endanger public health. Furthermore, communication sources should be established to help identify outbreaks, transmission mechanisms, contributing factors and control inputs. District Health Centers (DHCs), in conjunction with the outbreak team, should review recommendations from outbreak reports and update policies appropriately where necessary. When disease outbreaks are confirmed, Government should disseminate information timely and optimally using several media outlets. It took Government three weeks to inform the media about the disease outbreak. Timely

and accurate reporting of all outbreaks via surveillance systems are crucial to preventing deaths.

There is a need to establish guidelines/documented procedures to coordinate the efficient flow of information, as well as to establish procedures and tools for reporting positive laboratory results and related information (e.g. patient contact information). There is also a need to coordinate the flow of information in terms of resource needs between healthcare workers of the district and the outbreak team.

NOTES

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