

Quarterly Report – September 2014 - January 2015

Ebola Community Action Platform (E-CAP)

Context The Ebola Virus Disease (EVD) was first experienced in Liberia during March 2014, after which an epidemic rapidly escalated, peaking during early October 2014 with approximately 70 confirmed cases per day and affecting all 15 counties in Liberia. The three Mano River Basin countries of Liberia, Sierra Leone and Guinea have experienced the vast majority of the burden, with isolated cases elsewhere in the region and in Europe and the United States so far successfully quarantined and controlled. The epidemic has, up until mid-January 2015, caused over 6,000 deaths, of which 3,587 have been in Liberia.

The epidemic has the characteristics of a full-scale emergency, with national, regional and potentially global impacts. As a result, there has been a strong medical and humanitarian response, which has engaged leading specialist agencies such as the Centers for Disease Control (CDC) and the World Health Organization (WHO) working in partnership with national governments, donors, United Nations (UN) agencies and international and local non-governmental organizations (NGOs). In Liberia, the response has been robustly led and coordinated through the Incidence Management System (IMS), co-chaired by the Ministry of Health (MoH) with lead partner agencies. The IMS main committee meets three times a week and is supported by a number of sub committees, one of which is the social mobilization sub. Relevant working groups include materials and messaging, field mobilization and monitoring and research.

As of the end of January 2015, the epidemic had declined sharply to about one confirmed case per day, heavily concentrated in the counties of Montserrado and Grand Cape Mount. Various national activities, such as education and sport programs, which were suspended during the height of the epidemic, are about to recommence. This seeming return to normality brings new challenges, and the strong message from the IMS and others has been to guard against complacency. The epidemic is not over, and social mobilization activities promoting appropriate behavior to mitigate the risk of a re-escalation must be continued or intensified. Furthermore, as normal health services are restored, they must be redesigned and strengthened to be able to identify and respond rapidly to future outbreaks. The social and economic impacts of the epidemic also need to be addressed and the national development process restarted. Additionally, while the epidemic has begun to decline in the neighboring countries of Sierra Leone and Guinea, EVD remains at higher levels in these countries than in Liberia, and re-infection through relatively porous borders remains a threat.

1. Executive Summary and Timeline

The Ebola Community Action Platform (E-CAP) seeks to enhance awareness and uptake of behaviors, which reduce Ebola virus disease (EVD) transmission across all 15 counties of Liberia through community-led and national social mobilization activities. The project uses a sub-granting methodology to establish partnerships with local and international NGOs. This network reaches out to trusted communicators in about 2,900 villages and urban settlements. It provides a channel for the delivery of Ministry of Health-approved Ebola mitigation messages, as well as a platform for investigating and learning from field-level experience of the epidemic.

The program's operational timeframe is September 13, 2014 until April 12, 2015. The process of hiring program staff and coordinating with partners has taken longer than expected, delaying the start of intensive program activities. Following an international recruitment process, the Program Director arrived in country on October 31st, 2014 and November and December were spent establishing the E-CAP team, building an operational understanding with Government of Liberia counterparts and undertaking a competitive sub-granting process. Partner operations commenced in December (through pre-financing arrangements) via training of mobilizers that will continue throughout January 2015. Full operational capacity will be reached at the start of February, allowing for about nine weeks of intensive community mobilization activity.

Delays at the start of the program are being recovered through the intensification of sub-partner activities in the first and second quarters of 2015. All sub-grants are currently scheduled to end on April 5th. As the PSI grant currently ends on March 31st and the Mercy Corps main sub-awards on April 12th.

Key Data Table		
	Target	Achievement by end January 2015
No of proposals received	No target	116
No of lead partners	10-20	26
No of sub partners	No target	50
Proportion of local NGOs (lead and sub)	No target	93%
No of mobilizers enrolled	1,000	800
No of communities targeted	2,500	2,900
No of counties targeted	15 (100%)	15 (100%)
Funds available for sub granting	\$6.5m	\$6.538m committed

SECTOR #1	To enhance awareness and uptake of behaviors which reduce EVD transmission through community-led and national social mobilization activities		
Health			
Beneficiaries Targeted	Total: 2,000,000	Budget	\$9,580,595
Beneficiaries Reached	Outreach data will be available once partners start to submit monitoring reports during Feb 2015.		
Geographic Area (s)	Nationwide (all 15 counties, or where E-CAP partners are operating and focusing on areas of high caseloads)		
Sub-Sector: Community Health Education/ Behavior Change			
INDICATORS	BASELINE	TARGET	PROGRESS (01/31/2015)
Number of CHWs trained and supported (total and per 10,000 population within project area), by sex	0	15,000 (revised downward from 50,000 following change in model with communicators now mainly stipended by partner NGOs, not purely voluntary)	Data from partners not available until partners have submitted Activity Reports during Feb 2015
Number and percentage of CHWs specifically engaged in public health surveillance (not measured as per justification below)	N/A	N/A	N/A

Number and percentage of community members utilizing target health education message practices	TBD based on analysis of E-CAP Baseline KAP results	1,500,000 community members reached Target change in utilization of target health education message practices TBD based on analysis of E-CAP Baseline KAP results	Number of community members reached not available until partners have submitted Activity Reports for January. Baseline values of key behavior practices collected for 10,000 community members nationwide
<u>SECTOR #2</u>			
Humanitarian Coordination and Information Management			
Beneficiaries Targeted	Total: 2,000,000	Budget	\$2,419,405
Beneficiaries Reached	Partner reporting of outreach activities will commence during Feb 2015		
Geographic Area (s)	Nationwide (all 15 counties, or where E-CAP partners are operating and focusing on areas of high caseloads)		
Sub-Sector: Information Management			
INDICATORS	BASELINE	TARGET	PROGRESS (01/31/2015)
Number and percentage of humanitarian organizations utilizing information management services	0	All partners in E-CAP access and utilize online dashboard	Partners will be trained on accessing and utilizing the online dashboard in February.
Number and percentage of humanitarian organizations directly contributing to information products (e.g., situation reports, 3W/4W, digital tools)	0	All Partners in E-CAP	69 out of 78 E-CAP partners (89%) have submitted knowledge, attitude and practice (KAP) surveys (total of 10,000 surveys).
Number of products made available by information management services that are accessed by clients	0	Online dashboard Four research studies	E-CAP online dashboard displaying 3W information due for completion 3rd February 2015. Research Manager recruited Jan 2015 and rapid research team have been trained

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	Male	Female
Number of Mobilizers trained, disaggregated by sex	61% (488 people)	39% (312 people)
Number of Community Outreach Volunteers trained, disaggregated by sex	Data from partners not available until partners have submitted first activity reports during February.	Data from partners not available until partners have submitted first activity reports during February.

2. The E-CAP Partnership - Roles and Status

3.1 Partnership between Mercy Corps and PSI

The E-CAP program is being led by Mercy Corps in partnership with Population Services International (PSI). Mercy Corps is responsible for linking activities into Ministry of Health coordination structures at the national level, managing the sub-granting process with NGOs, implementing monitoring and evaluation processes and building and maintaining partnerships to establish a dynamic learning platform that will adapt as the epidemic evolves. PSI is focused on training mobilizers and supporting mass media activities that complement the community-level mobilization. They also liaise with MoH forums on issues such as the technical content of messaging and linking to national campaigns like the Presidential “Ebola Must Go” campaign.

3.2 NGO Partners

The Sub-Granting Process

A call for proposals was distributed via County Health Teams on November 14, 2014 and five pre-briefing workshops, attended by over 300 participants from 197 different organizations, were held in the counties the following week. 116 proposals, from all counties of Liberia, were received by the November 21 deadline. Following an assessment of the eligible proposals by a Technical Advisory Panel (TAP), which included two representatives from the Ministry of Health and one each from John Hopkins University, USAID (Health Team) and the United Nations Children’s Fund (UNICEF), 26 partners were endorsed for sub-grants. Four of the sub-grantees are international NGOs, and 22 are local. Several of the selectees are consortia, with 76 partners in total in the network. Ninety-three percent of these are local NGOs.

After endorsement by the TAP, Mercy Corps undertook bilateral discussions with individual NGOs, which incorporated further review of budgets and proposals, as well as organizational capacity assessments. A two-day workshop with all partners (December 1-2) resolved issues of geographic targeting/overlap via a participatory methodology, with the objective being for partners to focus on those communities in which they have a tried and trusted network of communicators.

Twenty-four proposals from sub grantees were sent to the Office of Foreign Disaster Assistance (OFDA). Given the urgency of the situation, NGO activities, mainly recruiting mobilizers for training (see below), had commenced during December 2014, either under their own pre-financing or in some instances using advances from Mercy Corps, with final approval from OFDA being granted on December 24.

During January, all sub-grants were finalized and fully executed and regular funds disbursement has commenced. A small grant to Youth United for Development Association (YUDA) that was held back earlier for further organizational capacity assessment is now being progressed. In addition, four partners are being asked to expand

their activities into Nimba-Guinea border communities in response to a request from the MoH. Following the execution of this limited expansion, \$6.538m, slightly in excess of the full \$6.5m available for NGO sub granting, will have been committed.

3.3 Partnership with the Government of Liberia

The following are some of the program activities undertaken this quarter by Mercy Corps, PSI and sub partners that secure partnership with the Government of Liberia (GoL), the lead organization for the strategic Ebola response:

- Participation in relevant coordination meetings; weekly open IMS and Social Mobilization Sub Committees as well as working groups and Montserrado IMS. Several presentations by Mercy Corps to these committees.
- Partners' participation in Ministry of Health-led coordinating forums in the counties and districts where they work is a contractual requirement
- Messages cleared via the MoH-led Materials and Messaging Sub Committee. PSI also liaised with the Executive Mansion on "Ebola Must Go" links.
- Call for proposals issued to NGOs via County Health Teams under the covering letter of a Deputy Minister
- 2 MoH representatives on the Technical Advisory Panel that assessed NGO proposals
- Responding to GoL requests, specifically related to the expansion of activities in border areas.

2.4 Other Partners

Other agencies and organizations that have been engaged in the E-CAP partnership include:

- UNICEF, through the roll out of the U-Report system, a mechanism for undertaking rapid surveys utilizing a simple SMS platform, with mobilizers;
- John Hopkins University, through participation in the Technical Advisory Panel; and
- The Paul G. Allen Family Foundation via NetHope, through the contribution of 1,100 smartphones that have been used as a platform for the Monitoring Evaluation and Learning System (MELS) as well as for digital outreach activities (see Section 4).

3. Training Progress

PSI is leading the training of NGO mobilizers in Ebola-related health messaging and social mobilization methods. A robust and adaptable *Listen, Learn, Act* methodology has been developed that allows flexibility in technical training content as the program develops, while retaining a strong core learning framework. The PSI quarterly report highlights that cover this activity stream is appended.

By the end of January, over 800 mobilizers will have undertaken the PSI training and will have commenced training of about 15,000 communicators. Given that all NGO sub awards end on April 8, it is anticipated that February and March will be the peak period of E-CAP field activity. Intensive mobilization, backed up by mass media and other campaign elements such as billboards, will occur throughout Liberia over this period.

Following completion of the first round of PSI training, a round of refresher trainings will commence in early February up till mid-March. The development of themes and content for this second round of training is taking place during January. This process will incorporate feedback from the first round as well as from consultations with the MoH and other partners.

4. Monitoring Evaluation and Learning System (MELS) Roll Out

The E-CAP MELS system uses a variety of quantitative and qualitative monitoring and research tools to provide overall program monitoring. The core MELS instruments, a rapid knowledge, attitude and practice (KAP) survey and a partner activity monitoring tool, are pre-loaded onto smartphones and administered by mobilizers with results uploaded to a dashboard.

This is a challenging monitoring methodology to roll out in the Liberian context, not only because of technical limitations (e.g., network coverage in remote areas) but also due to the novelty of the techniques and the need to train close to 1,000 mobilizers and other NGO staff. Two days of MELS training has been undertaken in parallel with the PSI training courses, and all 800 mobilizers will be trained and equipped with smartphones loaded with the monitoring software by the end of January. As of January 28th, about 10,000 (from a target of 15,000) baseline rapid KAP surveys had been uploaded to the server. This allowed for an early analysis of the conditions on the ground. The results of the baseline surveys will be used to inform the design of further training interventions.

A Research Manager joined the E-CAP team in January 2015, and a team of four Research Officers, engaged in delivering MELS training until mid-January, were subsequently trained on research methodologies. Following this training, the Research Officers will undertake a rapid investigation of researchable questions arising from program implementation thus far, including investigating anomalies from the quantitative research results. The research team will also undertake a barrier analysis, investigating the drivers of and barriers to the behavior changes needed to mitigate the spread of Ebola.

5. Communications and Digital Outreach Activity

6.1 Digital Outreach

Smartphones donated by the Paul G. Allen Family Foundation and shipped via the NetHope logistics team were received by Mercy Corps Liberia in mid-December. By end of January, 1,100 LG L80 dual simcard Android phones were distributed to E-CAP partner organizations via E-CAP Mobilizer training. Smartphone training developed by the E-CAP Digital Outreach team focused on basic (SMS) and enhanced (multi-media) mobile messaging applications, supporting social media and program communications goals. The mobile messaging and social media training components were placed within the existing curriculum and training frameworks developed by PSI and Mercy Corps with emphasis on M&E responsibilities and deliverables for all E-CAP Mobilizers. Research results and other program learning will be disseminated through publications, digitally, and through lesson learning workshops and direct feedback to partners.

6.2 Communications and Visibility

Online platforms have been established to connect partners and share experiences and feedback, including social media channels and WhatsApp. Local media outreach, including radio, has taken place in Bong County. Capitalizing on high-level visits, more engagements are scheduled for Montserrado on January 27. These events will bring together representatives of the Government of Liberia, USAID, Mercy Corps and project partners. On mass media, IREX, an official E-CAP partner, has now trained four Community Radio Mobilisers who are providing cascade trainings to radio networks. Moving forward, efforts will be taken to connect partner networks with local radio outreach to maximize impact.

All smartphones had a pre-installed M&E application (ODK Collect) and social messaging system (WhatsApp). The ODK Collect application was configured for access to the E-CAP Monitoring and Evaluation Learning System (MELS) survey forms.

The Digital Outreach team was able to insert a mobile communications and social messaging session into the MELS training schedule developed by the Partner Support and M&E teams. All E-CAP Mobilizers underwent this training. The 1.5 hour training addendum included an overview of the youth-focused UNICEF U-Report service launched in Liberia and also incorporated practical smartphone messaging exercises for Mobilizers, to help them complete registration using SMS and WhatsApp social networking.

The Digital Outreach team worked closely with the UNICEF Innovation team on executing specific technical activities under the Small Scale Funding Agreement (SSFA) signed by Mercy Corps Liberia and UNICEF. Initially focused on time-critical Mobilizer registration flows for utilization of the free SMS communications, the Digital Outreach team also explored some potential areas of innovation in cross-channel integration suitable for printed material and radio spot engagement measurements.

In January, the fully tested E-CAP Mobilizer registration supporting all sub-partner organizations was activated. A checkpoint measurement of participation and completion for Mobilizers on the SMS registration was completed on January 12 with 73% completion for 345 participants. This represents an initial indication of strong Mobilizer participation. However, further emphasis on the requirement of SMS registration for all Mobilizers is necessary prior to leveraging this channel for supplemental M&E and Rapid Research (RR).

WhatsApp was also introduced to E-CAP Mobilizers participating in the MELS trainings scheduled in January. Use of the WhatsApp channel has been encouraged, though not required, for capturing multi-media snapshots and mini-commentary of community mobilization events facilitated by partners during their launches and engagement with the larger network of Communicators. To date, we have seen over 100 Mobilizers informally registering on the internal WhatsApp channel with many participating actively on a dedicated Mobilizer group with numerous multi-media submissions.

6. Challenges

The design of E-CAP as a sub-granting program is inherently challenging in an emergency response where the emphasis is typically on speed and closely-controlled implementation. To ensure transparency, a competitive process was undertaken to select sub-grantees, which slowed program implementation. Furthermore, the diversity of NGO approaches, while necessary to cope with different community contexts, presents challenges in an emergency context where close conformity to standardized messages is necessary.

At the start of E-CAP, a misunderstanding between Mercy Corps staff and the Government of Liberia representatives arose around the use of the term “volunteers” and the level of participation of local agencies in the program, which resulted in the need to redesign and rebuild the relationship with the government. While this was ultimately successful, this delayed the call for proposals from sub-grantees by a couple of weeks, thus inhibiting the ability to complete an initial training round before the New Year. There is inherent tension between any program implemented in a decentralized manner by multiple NGOs and a national emergency response program that is centralized and government-led. Hence managing bilateral relations to ensure complementarity will remain a challenge throughout.

The use of multiple implementing partners means multiple reporting, funding, monitoring, mentoring and communications interfaces. The complexity of managing these diverse elements of the program in a collective manner will continue to be a challenge.

7. Next Quarter – Feb -April 2015

The February-April period will be the peak operational period as the E-CAP program quickly reaches maturity and then phases out after NGO contracts end in early April. Mobilizers and communicators will be active throughout Liberia, and funds will be disbursed under the Track B Fixed Obligation Grants (FOGs) and the larger Track A sub awards. Digital outreach and mass media activities will be underway, the monitoring system will start to produce regular data, and rapid research activities will commence. The program management personnel will continue to participate actively in coordination forums, where they will provide feedback and learning from the field. They will work with NGO partners to continually readjust the program's focus to reflect emerging strategic needs and changing priorities.

It is hoped that by the end of the next quarter Liberia will have been declared Ebola-free, but regardless whether this objective is achieved in the timeframe, the E-CAP partnership will continue to energize communities against the threat of the virus.

ANNEX 1: E-CAP PSI Quarterly Report Highlights

Methodology

Given the expectation for a great variety in the experience, capacity, and literacy of sub-grantee NGO staff, as well as the likelihood that prioritized messages may change throughout the course of E-CAP, PSI/Liberia focused on designing a methodology that a) does not rely upon printed materials to be effective, b) can easily be adapted to new content, c) can be made relevant to local community experiences and priorities.

The training is a facilitated discussion named Listen/Learn/Act based on the three phases of the approach. When applied to a particular topic area – such as ETU promotion – the process opens with the Listen phase in which experiences with ETUs in the past, the rumours about ETUs, fears, and successes are voiced by the group. This provides a context in which to transition to the Learn phase. In this phase basic information is given on the topic. Facilitators are not expected to be teachers, but rather facilitate connections between the group and reliable sources of information: e.g. the Ebola Call Centre, local health care workers, and PSI/Liberia. Lastly, in the Act phase, the group is asked to identify ways in which they will make a change based on what they discussed in the session. This could be anything from inviting a burial team member to speak to the group to setting up a hand washing station outside a mosque to simply saying hello to an Ebola survivor. The Listen/Learn/Act approach has been very well received by the sub-grantees we have trained to date.

The materials developed are intended to provide structure to the Listen/Learn/Act sessions rather than be reference documents for the sessions. This ensures that our messages remain clear and straightforward, rather than overburdening people with a lot of detailed information that is difficult to remember.

PSI/Liberia is working with IREX through a subaward to train community radio stations on the methods and messages of Listen/Learn/Act. This will ensure that the work of E-CAP communicators and mobilisers is supported through the airwaves. The subaward has been approved by Mercy Corps and signed, effective December 8, 2014.

Billboards are also an important part of creating a movement for E-CAP's messages. The messaging has awaited the launch of the President's "Ebola Must Go" campaign to ensure E-CAP is aligned with her priorities. PSI/Liberia is exploring whether a closer collaboration with the President's office can be mutually beneficial to getting high quality messaging on billboards. PSI/Liberia has engaged contractors and anticipates billboard construction in January.

Post-training Testimonials

At the end of each training, participants have the opportunity to share closing remarks and provide feedback to the trainers. Below are testimonials from two participants who explained how they planned to apply what they had learned in the training to their lives.

ETU/Stigma: A male participant named David* from Bong county told a story about his relationship with his father. Back in July, David received a call from his father asking that he come for a visit to discuss some important decisions he was making that could potentially impact their family. When David arrived, his father explained that he decided to leave the clinic where he was currently working as a doctor and begin work at a newly constructed ETU. David was devastated, and asked his father how he could make such a decision that would put both himself and his family at risk. His father explained that it was his calling as a health care worker; he was a doctor and doctors were desperately needed to care for Ebola patients. David left his father's home, taking his son with him,

and has not returned. After learning the facts about ETUs and how health care workers protect themselves, as well as the effects of stigmatization, he informed the group that he would call his father and makes plans for a visit.

Stigma: A female participant, Bernice*, from Bong county recalled a recent dating experience. She received a phone call from a man who she knew through a friend, and he asked if he could see her. That evening, they got together and he told her that he was interested in dating her. As the evening went on and the two shared stories, he informed her that he recently began work on a burial team. Bernice jumped up and shouted at him, afraid and upset that he put her at risk. She left and deleted his phone number. She told the group that after what she had learned about front line workers and how destructive it was to stigmatize them, she would do her best to find the man and apologize (and possibly go on another date).

Conclusion

PSI/Liberia and Mercy Corps have worked closely together to create a cohesive, flexible training cascade to deliver key messages down to the community level to combat the deadly Ebola virus. As Mercy Corps completes contracting with community organizations, PSI/Liberia will continue to train as quickly as possible to ensure that messages reach communities without delay. PSI/Liberia has partnered with IREX to reinforce messages on the radio, and will also use billboards to strengthen messaging in communities. To boost messaging in communities, PSI/Liberia has produced educational materials, including Listen/Learn/Act wrist bands, booklets, stickers, and safe burial storyboard posters to address stigmatization of burial teams. In response to feedback from mobilizers, PSI/Liberia will produce flip charts and signs and symptoms posters in January as supportive materials for mobilizers. PSI/Liberia looks forward to continuing to work with Mercy Corps, IREX, and community organizations to address the Ebola epidemic.