Ebola Community Action Platform (E-CAP)

Quarterly Report: January 2015 - March 2015

COUNTRY CONTACT	HEADQUARTERS CONTACT	PROGRAM SUMMARY	
Penelope Anderson Country Director Compound #A-718, Opposite YWCA Tubman Boulevard, Congo Town Monrovia, Liberia +231(0)886839419 panderson@lr.mercycorps.org	John Stephens Senior Program Officer 45 SW Ankeny Street Portland, OR 97204 Phone: +1 (503) 896 5028 Fax: +1 (503) 896 5011 jstephens@mercycorps.org	Award No. Start Date End Date Extension Date Report Date Total Award	AID-OFDA-A-00005 Sept 13th, 2014 April 12th, 2015 July 12, 2015 April 30 2015 $12,000,000

Ebola Community Action Platform (E-CAP)

Context: The Ebola Virus Disease (EVD) hit West Africa in March 2014, turning into an epidemic, resulting in 25,178 total cases confirmed with 10,435 dead in the West African region by the end of March, 2015. In neighboring Sierra Leone and Guinea, there were 11,974 and 3,492 cases, resulting in 3,799 and 2,314 deaths, respectively (WHO data at March 29, 2015). New EVD cases in Sierra Leone and Guinea continue, and there is concern about containment, particularly in Liberia, because of porous borders and weaker responses to the epidemic. Worldwide, the EVD epidemic has resulted in 25,413 cases and 10,460 deaths, which constitutes the largest public health disaster in recent history. The epidemic has hit Liberia the hardest, with 9,712 cases and 4,332 deaths. Currently, Liberia is in a countdown to become Ebola free by May 9, 2015.

The epidemic was a full-scale emergency, with national, regional and global impacts. The response 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 led and coordinated through the Incidence Management System (IMS), co-chaired by the Ministry of Health (MoH) with lead partner agencies. The response has incorporated both direct provision of health services and social mobilization to engage communities in preventing the transmission of EVD.

While the country seems to be returning to normality (schools officially opened in February and attendance gradually climbed to around 84%) there is concern about complacency setting in and vigilance declining, which could put the country at risk for another outbreak. At the present, more scientific research is being conducted on EVD and there exists speculation that it may always have always been present, but at very low levels. Therefore, the MOH is leading the effort for strong and effective messaging about maintaining vigilance and certain hygiene behaviors, such as frequent hand washing and safe handling of dead bodies, so as to lower the likelihood of another spike in EVD cases.

Executive Summary

The Ebola Community Action Platform (E-CAP) seeks to enhance awareness and uptake of behaviors that 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 of 76 partners reaches out to trusted communicators in over 3,000 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.

For the reporting period of January through March 2015, the ECAP program is on track to meet or exceed program targets. During this reporting period, ECAP has achieved the following:

- Over 2 million beneficiaries reached,
- 804 mobilizers trained (target: 1,000) who then trained over 14,719 communicators (target: 15,000)
- Over 1.5 million community members have adopted health practices promoted in ECAP messaging,
- The information management system has allowed our partners to report on knowledge, attitudes and practices (KAP) regarding over 2 million people, supporting humanitarian coordination and information management,
- All partners have access to the Monitoring, Evaluation and Learning System (MELS) dashboard, which is open access,

- Five rapid research studies were completed, and
- Behavior uptake baselines established and first measurements taken.

Mercy Corps, with complementary training support from technical partner Population Services International (PSI), activated and strengthened the ECAP network. MC's relationship with the network deepened as support was given to help partners identify and overcome challenges. The adaptive management processes employed by the program, helped partners respond to changes in the environment. It became increasingly apparent that the program design was working: the partners chose where they worked, who to work with and how to deliver messages, and as a group are on point to meet or exceed program targets by the close of the program, July 12, 2015.

Key Data Table		
	Target	**Achievement by March 31, 2015**
No of sub-grant partner 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) that are Liberian	No target	93%
No of mobilizers enrolled	1,000	804
No of communities targeted	2,500	3,014
No of counties targeted	15 (100%)	15 (100%)
Funds available for sub grants	$6,500,000	$4,871,285 disbursed

SECTOR #1 **Health**	**To enhance awareness and uptake of behaviors that reduce EVD transmission through community-led and national social mobilization activities**		
Beneficiaries Targeted	Total: 2,000,000	Budget	$9,580,595
Beneficiaries Reached	2,158,288 51% male; 49% female		
Geographic Area	Nationwide		
Sub-Sector: Community Health Education/ Behavior Change			
INDICATORS	**BASELINE**	**TARGET**	**PROGRESS (03/31/2015)**
Number of CHWs [communicators] trained and supported (total and per 10,000 population within project area), by sex	0	15,000	14,719; 44% female; 56% male

Number and percentage of CHWs [communicators] 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	No touching: 75% Calling burial team: 87%	1,500,000 community members reached (75%)	94% of 2 million--25% increase 96% of 2 million—11% increase
SECTOR #2 **Humanitarian Coordination and Information Management**	**To support stakeholders to effectively contribute to management systems that enhance coordination social mobilization in EVD emergencies**		
Beneficiaries Targeted	Total: 2,000,000	Budget	$**2,419,405**
Beneficiaries Reached	Partner reporting of outreach activities commenced 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 (03/31/2015)**
Number and percentage of humanitarian organizations utilizing information management services	0	All partners in ECAP access and utilize online dashboard	Partners are all trained and have been given access
Number and percentage of humanitarian organizations directly contributing to information products (e.g., situation reports, 3W/4W, digital tools)	0	All Partners in ECAP	All implementing partners have contributed on a monthly basis; 48,877 KAP surveys.

Number of products made available by information management services that are accessed by clients	0	Online dashboard Five research studies	ECAP dashboard updated monthly and can be disaggregated on a county and district level. Two barrier analyses (seeking treatment, livelihood impact on survivors); a snapshot study on border communities; a photo voice

	Male	**Female**
Number of Mobilizers trained, disaggregated by sex.	488 mobilizers (61%)	316 mobilizers (39%)
Number of Community Outreach Volunteers trained, disaggregated by sex	8,243 communicators (56%)	6,476 communicators (44%)

Sector # 1 Health

Goal: To enhance awareness and uptake of behaviors that reduce EVD transmission through community-led and national social mobilization activities.

During the quarter, MC and PSI completed the first round of training in December and January, which introduced partners and their mobilizers to the "Listen/ Learn/ Act" (LLA) cascade method of message delivery, the basic messages to be communicated to communities, and the Monitoring, Evaluation and Learning System (MELS). During this first round, the chief messages, as designed by the Ministry of Health, were how to protect yourself from Ebola, signs and symptoms of Ebola, seeking help at ETU's for testing and treatment and overcoming stigma towards Ebola survivors and workers. A second network wide training was delivered in February and March, and included refresher trainings for mobilizers to:

- Reinforce the Listen/Learn/Act methodology and
- Incorporate new MOH priority messages related to:
- School re-opening,

Yenpue Mahn, Nimba - Mobilizer of the Week

"*CHESS mobilizer Yenpue Mahn talked to me about the ETU after church service. Now I have joined sister Yenpue to spread the good news because I trust her and I don't want to see anybody suffering from Ebola as we did before*."

Yenpue is a Mobiliser in Nimba County with CHESS Liberia and shares the Mobiliser of the Week award jointly with Edwin Dopoe. Together, CHESS Mobilisers and Communicators have had great success in changing people's attitudes and behavior on Ebola. They are working in some of the most remote and hard to reach communities, including high-risk border areas.

- Remaining vigilant even though EVD cases were declining, and
- Stigma reduction for health workers and survivors.

This training also incorporated an MC/PSI supervised field visit for all mobilizers to identify and address any challenges mobilizers were facing in their communities. In addition, more in-depth training on the use of smart phones and rapid data collection through MELS was accomplished. Field visit work included observing, and strengthening where necessary, the cascade of learning transmission from mobilizer to communicator and assessing behavior change uptake. ECAP also introduced the very popular "Mobilizer of the Week" competition, which is designed to provide inspiration and encouragement to mobilizers.

The success of the approach used by ECAP and other social mobilization groups can be seen in the changing knowledge, attitudes and behaviors shown through ECAP's monitoring data. Following three months of program implementation, the proportion of respondents who stated that they would not touch a sick family member increased by almost 20%, a critical behavior for disease prevention. The changes in reported behavior are accompanied by large changes in Ebola knowledge, with a 15% change in understanding that Ebola can be spread through sexual intercourse and a 17% change in respondents acknowledging that traditional healers cannot cure Ebola (94% of respondents now state that traditional healers cannot cure Ebola, compared to only 81% in the baseline.) These results are encouraging and demonstrate the penetration of the health messages.

'Survivors and Ebola Workers Suffering Wide Discrimination and Stigma', says Mercy Corps

MONROVIA, LIBERIA, February 12 2015 --- As part of the Ebola Community Action Platform (ECAP), Mercy Corps has conducted a massive citizen-led community survey of people's attitudes and behavior relating to Ebola, which has so far received over 12,500 responses from across all of Liberia's 15 counties.

Monitoring also found a clear trend in reduction of stigma of survivors and health workers, a key theme of the ECAP health messages. The results demonstrated a change from 19% to 72% (baseline to March KAP) of respondents reporting that they would be comfortable visiting the house of an Ebola survivor, with a similar change in results for stigma questions concerning Ebola health workers. Such results not only show a strengthened capacity to prevent the return of Ebola, especially along critical border areas, but also indicate an improved likelihood for those touched by EVD to be welcomed back to their homes and regain their livelihoods.

In early February, the first of three partner Lessons Learned workshops was held, with more than one hundred attendees from the Ministry of Health, ECAP partners and USAID/OFDA representatives. Even though it was the second meeting for the participants, they built consensus around the major challenges and identified solutions. The first major challenge highlighted was about community entry for communicators, some of whom faced resistance from those who rejected Ebola messaging (as somehow making incidence of Ebola more likely), or who accused communicators of profiting from a Liberian tragedy. The solution was to make sure that the communicators employed by ECAP program partners liaised with community leaders and that these communicators were respected and known members of their own communities. This made acceptance of the messaging and resulting behavior change highly probable. The next significant challenge was around stigma of survivors, health workers and their families, friends, employers and customers. These barriers, supported by rapid research, were addressed by new messaging and the process is a good illustration of the ECAP program's adaptive management approach.

Sector # 2: Humanitarian Coordination and Information Management

Goal: To support stakeholders to effectively contribute to and utilize information management systems that

enhance coordination, performance and learning on social mobilization in EVD emergencies.

MC has been an active participant in relevant coordination meetings, mostly affiliated under the umbrella of the MOH:

- National Incident Management System (IMS) social mobilization subcommittee under the MOH;
- Montserrado County IMS group under the MOH;
- Health Community Cluster restoration subcommittee under the MOH;
- Field mobilization working group under MOH's Social Mobilization subcommittee;
- Research, monitoring and evaluation subcommittee under the MOH.

Recently, MC has started to regularly attend the education cluster weekly meetings. In addition, all of the ECAP partners participate in MOH county and district level health team meetings. For MOH initiatives and requests that fall within the goals of ECAP's sectors, the partners had again used adaptive management processes to respond (e.g., school reopening, addressing message fatigue and stigma). The MELS staff made presentations to share information and learnings to: social mobilization; research, monitoring and evaluation; U.S. Ambassador and Congressional aides; OFDA in Washington D.C.; and a presentation about ECAP and adaptive learning to USAID's Policy, Planning and Learning and Collaborating, Learning and Adapting Groups in Washington D.C.

The MELS system, with its core rapid knowledge, attitude and practice (KAP) survey and partner activity monitoring tools, is an ambitious and innovative program monitoring, evaluation and learning system, especially in the context of being implemented during an emergency. It has used digital technology (via smart phones) through a broad distributive channel (the ECAP network) to capture data, provide a dynamic social media interactive platform and provide immediate feedback loops for the network. It has enabled mobilizers to directly monitor the changes in the knowledge and behaviors in their assigned communities and then use this knowledge to direct their communicators to respond to the greatest needs of the community. For almost all mobilizers this direct learning and monitoring is a new experience for them and is inculcating a culture within themselves and their organizations of adaptive management and responsive programming.

The monthly activity reports collected through the digital monitoring system also assist partner program managers to identify the challenges faced by their mobilizers and the key issues within the communities they work in. Given the real time nature of the data collection system, managers are able to rapidly respond to these issues to support their mobilizers' and communicators' work.

WhatsApp, ECAP's main digital channel, has not only provided information to MC, PSI and the ECAP partners about the achievement of their performance targets but it has also provided them with a platform to share experiences and information. In addition, information on the dashboard can also be accessed by the public (open access).

Although one of the more challenging areas of the program, digital outreach has helped support the wide dissemination of program materials. It has resulted in real time information which has then informed KAPs and MELS. The content uploaded on phones has given the opportunity for mobilizers to

select appropriate training materials for mobilizers (videos, testimonials, etc.) and information selections for communicators to decide what materials best convey messages to each community. This tool allowed instantaneous flexibility and adaptation at each location.

The program's information portal is up and running (ecapliberia.org), which includes program information and many stories. Communication activities during the reporting period include newspaper stories, talk shows on community radio by program staff, four talk shows on Unicef's U-report service, activity on Facebook, and WhatsApp chats. The talk shows on community radio included discussions of the program's KAP results and findings and some information from MELS. With a small Unicef grant, ECAP has partnered with nine radio stations across the country to run spots with program messages.

Challenges

The ECAP Program is working through the largest network of local and international organizations in Liberia tackling Ebola. While this offered the opportunity for scale, it also offered challenges, including:

- Efficiently and accountably issuing sub-grants to many organizations that MC had not worked with before,
- Many of the partner NGOs did not know each other and had never been in this type of network before,
- Many partners have a diverse approach in delivering messages, which can make it difficult to maintain message fidelity,
- Decentralized implementation by 76 NGOs in a centralized, government-led national emergency response, and,
- Many partners had not used digital technology in program implementation before, had not been exposed to the LLA methodology, and had not been exposed to a relatively sophisticated MELS

These challenges did not present an insurmountable obstacle to achievement of the program's goals, as the progress against our indicators shows. What has been and remains challenging is the lack of connectivity in wide swaths of the country and difficulty to access communities. The partners have come up with some short-term solutions to meet these challenges (batching the phones so one person can download in a connected location, climbing trees to search for a signal, creatively finding resources to aid in the transport of communicators), but for further programming these constraints will have to be addressed. The other challenge is that many of the mobilizers and NGO managers need additional training in using the smart phones to upload data and then understand what the data is telling them. During the no-cost extension (NCE) period (April – July), there are plans to help the NGOs with this aspect of the program.

Finally, and not to understate the complexity of managing a program of ECAP's scope in an emergency response, it appears as if MC and PSI together with its 76 representatives of Liberia's civil society have managed to do what they said they would do – reach two million people with messages to prevent the spread of Ebola, and by this means, have contributed to Liberia's success in turning back the spread of this deadly disease.

ANNEX 1: E-CAP PSI Quarterly Report
(please see additional document)

ANNEX 2: Success Stories

A. <u>Social Mobilization to Curb Complacency in Ebola Fight</u>

As the fight against Ebola sees significant gains in Liberia, communities right across the country are experiencing a great wave of relief. However many are concerned that this is translating into a complacency that could prove eminently dangerous.

Liberia started experiencing cases of the deadly Ebola virus in March last year in Foya in Lofa County, which borders both Guinea and Sierra Leone. From Lofa, the virus made its way into several counties including Montserrado, site of the national capital Monrovia. From just a few cases, the virus started to wage across the West African nation, devastating families and communities in its wake.

A national state of emergency was declared by Her Excellency the President of Liberia; schools were forced to close; NGOs and some businesses shut down while many development programs came to a stand-still.

The fight against the virus intensified and several preventive measures were announced: people were cautioned against hugging and shaking hands, hands were to be washed frequently throughout the day, traditional burial activities were halted, public gatherings were restricted, alongside many other measures to curtail the spread of the virus.

However, in some parts of the country, including Jinniepleta in Bong County near Gbarnga, things are beginning to change. When the Ebola Community Action Platform (ECAP) Digital Outreach and Communications team joined Social Mobilizer Clarence Jackson of YMCA, fewer than five hand-washing stations were seen in the community, which is a major market hub.

Some residents said they have stopped hearing about Ebola and they assume the virus is no more in Liberia. As Clarence engaged Esther, 17, she said she does not remember the last time she washed her hands. “I don’t hear about Ebola so no need to be washing hands whole day. Already the place is cold now and washing hands will make people sick.”

Rev Janice F. Donoe is a Program Director at the Lutheran Church of Liberia and she is gravely concerned about such attitudes. She calls it complacency. ‘Usually people become complacent over time. This is one of the things that happened with HIV and AIDS and I’m beginning to see a similar thing when it comes to Ebola.’

ECAP has trained over 900 social mobilizers who are empowered to train and mentor 15,000 community health promoters, to reach two million Liberians with Ministry of Health approved messages about preventing Ebola.

Along with going door to door, they use several effective means to spread anti-Ebola messages and keep track of communities’ progress and changes in behavior.

“I am happy because when people are thinking that Ebola is cooling down, they will have their community members coming to remind them that Ebola is still here and educate them as to what they can do,’ says Rev Donoe.

ECAP is a six-month social mobilization project, funded by the United States Agency for International Development (USAID) and managed by the international development charity Mercy Corps with Population Services Organization (PSI) as a training partner.

In total ECAP is partnering with over 70 organizations to run community awareness campaigns on Ebola.

B. Using Community Radio in Social Mobilization

As Liberia and some of its closest neighbors battle the Ebola Virus Disease, access to quality treatment is critical, but we have seen that this alone cannot halt the epidemic.

Communities must be able to look after themselves and their family, in order to slow and ultimately prevent the transmission of the deadly virus.

Grassroots community engagement, which builds local resilience, is essential to educate the nation and eradicate Ebola from Liberia. Several local NGOs and community-based organizations are rallying to educate their communities on preventing Ebola and staying safe.

And the community radio stations are not being left out of the fight. In Bong County, I caught up with P. Clarence Jackson from Radio Gbarnga. He is the presenter of a Morning Show and doubles as the Regional Coordinator of the Press Union of Liberia. Clarence also serves as a Social Mobiliser with the YMCA in Gbarnga. He is very passionate about using the radio for social mobilization against Ebola.

When I asked him about some of the messages he gives to his listeners, Clarence said, 'I say a lot about Ebola to all those who listen to me. As a Social Mobilizer, I use the approved Ebola messages from the Ministry of Health and her partners.'

'I tell them things like even one Ebola case is too much. I tell them Ebola is still here and we should be careful,' he added.

It has been observed that in many parts of the country and in some communities, people are no longer applying the preventive measures, which can save themselves and their people. People are starting to go back to their old ways of doing things.

At this stage of the Ebola fight in Liberia, social mobilization is key to reaching every community with the message of Ebola prevention. Social mobilization teams are employing several methods to ensure that it gets heard.

Some go from door to door talking to households while others use drama, music and other forms of entertainment. Some use community discussion, market gatherings and short film showings at entertainment centers. These are things that engage community members and keep them proactive about staying safe.

On the radio, as I listened in, Clarence would also receive calls from his listeners; some would commend him for his charisma and tone whilst others would appreciate him for sharing useful Ebola information. Others too would call to ask questions and raise the doubts that they have; some would share examples of the various Ebola-related rumors and myths.

Linnet Dolo is one of the many listeners of Clarence Morning Show in Radio Gbarnga. "I really like the way the man can talk about the Ebola thing. He can make people to understand. He can be answering people questions and the one he don't know, he can say I don't know but we will find out." – Mr. Dolo

On the radio as in the communities, Clarence is passionate about the work he does; spreading the word about Ebola. He says, 'All I want to see is people changing their behaviors and live well. That's all. Let people take this Ebola business seriously. Ebola is real.'

This ace radio presenter said he has been working with other presenters in some of the counties to encourage them to use their medium to spread the word. He says fighting Ebola is not 'one man business' or 'one organization business'. 'The very Liberian people must take charge of this fight against Ebola in every way they can.'

Through the Ebola Community Action Platform, (ECAP), which is funded by USAID, Population Services International and IREX-Liberia are providing training support to community radio stations in airing and managing Ebola messaging.

The media play crucial roles in information dissemination and education. In Liberia, the highest patronage of media is via radio and preliminary analysis conducted for the Mercy Corps-led ECAP project shows that it is the number one source of information on Ebola: nearly 90 percent of people say they get their Ebola knowledge from the radio.

So many of us have seen the damage caused by Ebola in our communities, and community radio through citizen journalism and development communications remains a key tool both in driving Ebola out of Liberia, and ultimately keeping it out.

C. Further examples

For further examples, see:
http://www.ecapliberia.org/index.php/news-views/in-the-news/617-liberia-chasing-ebola-out-of-liberia.html

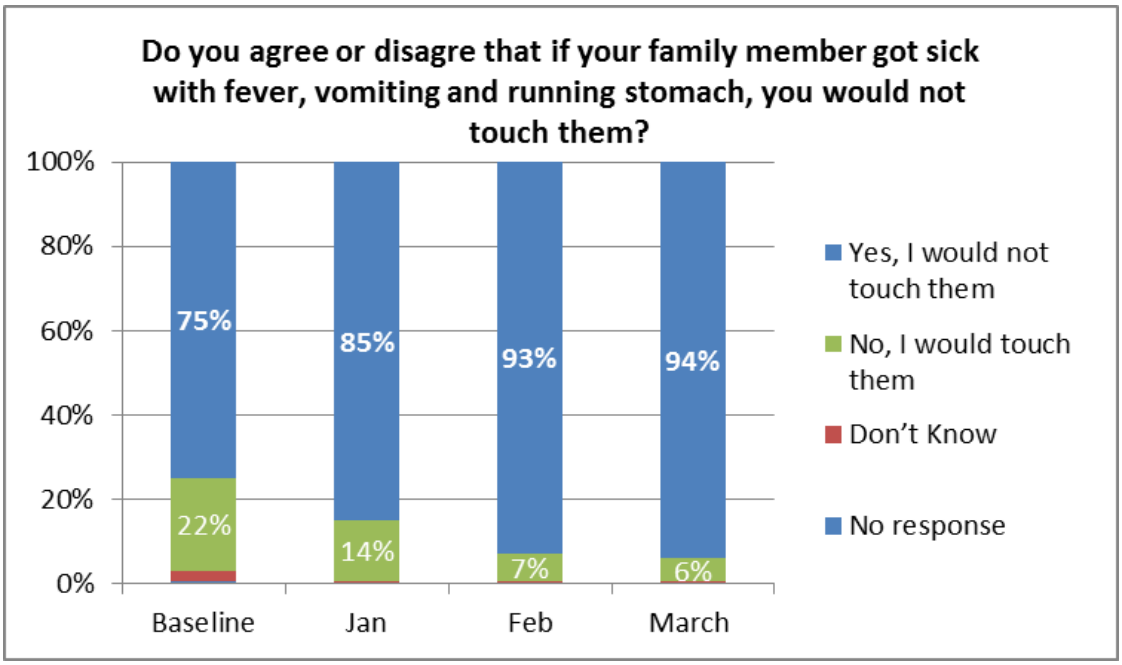
http://www.ecapliberia.org/index.php/news-views/field-stories/596-digitizing-social-mobilization-the-liberian-experience.html

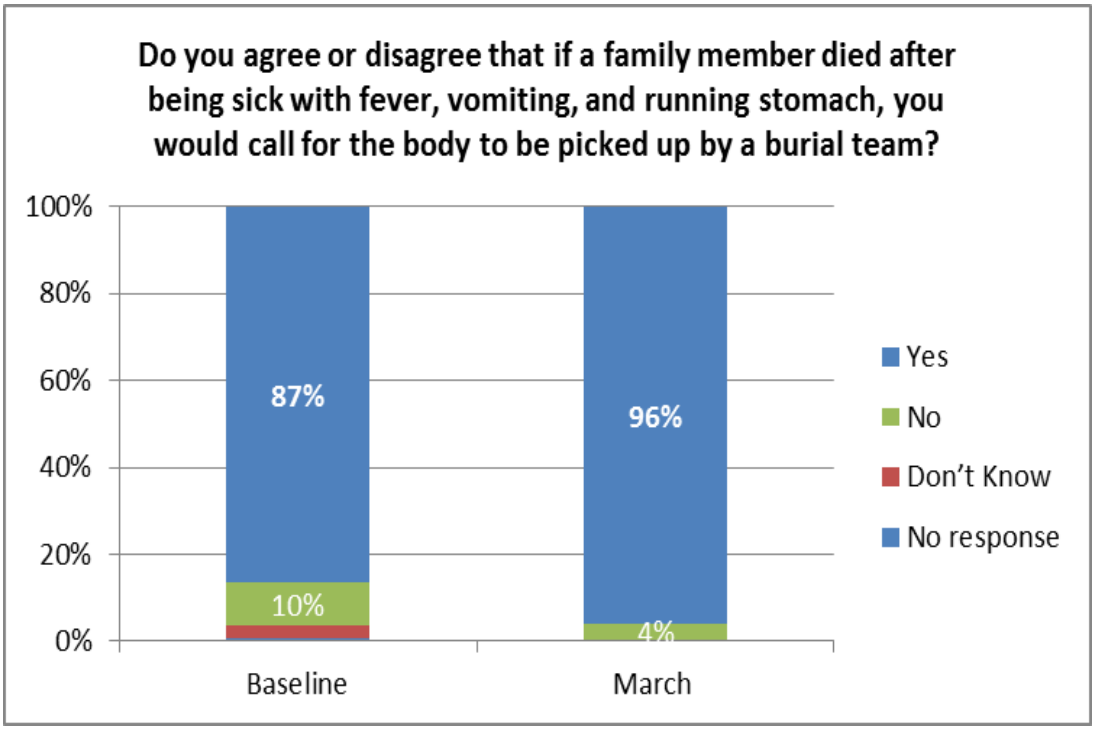
http://www.ecapliberia.org/index.php/news-views/field-stories/533-getting-to-zero-ebola-cases-the-lofa-experience.html

ANNEX 3: MELS Indicators on Behavior, Stigma and Transmission Knowledge

1) *% of beneficiaries who adopt practices to protect themselves against Ebola*

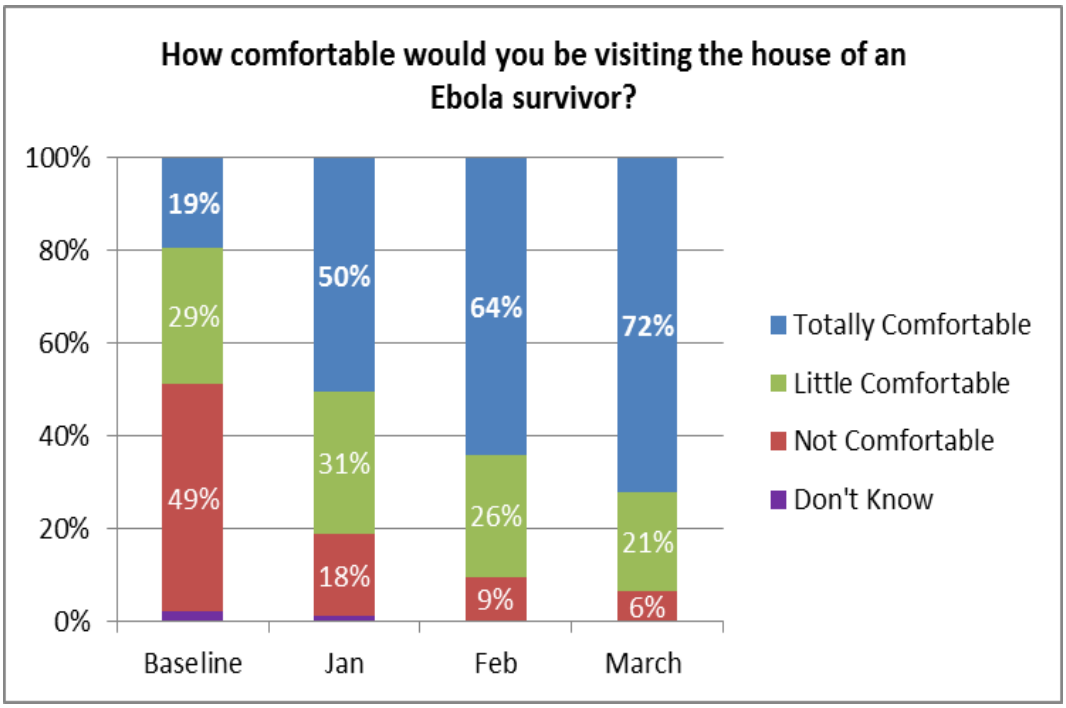
94.9% of beneficiaries have adopted 'non-touching practices' to protect themselves Ebola, while 96.1% have adopted 'help seeking' practices. This reflects an improvement of 25.4% and 11.0% respectively.

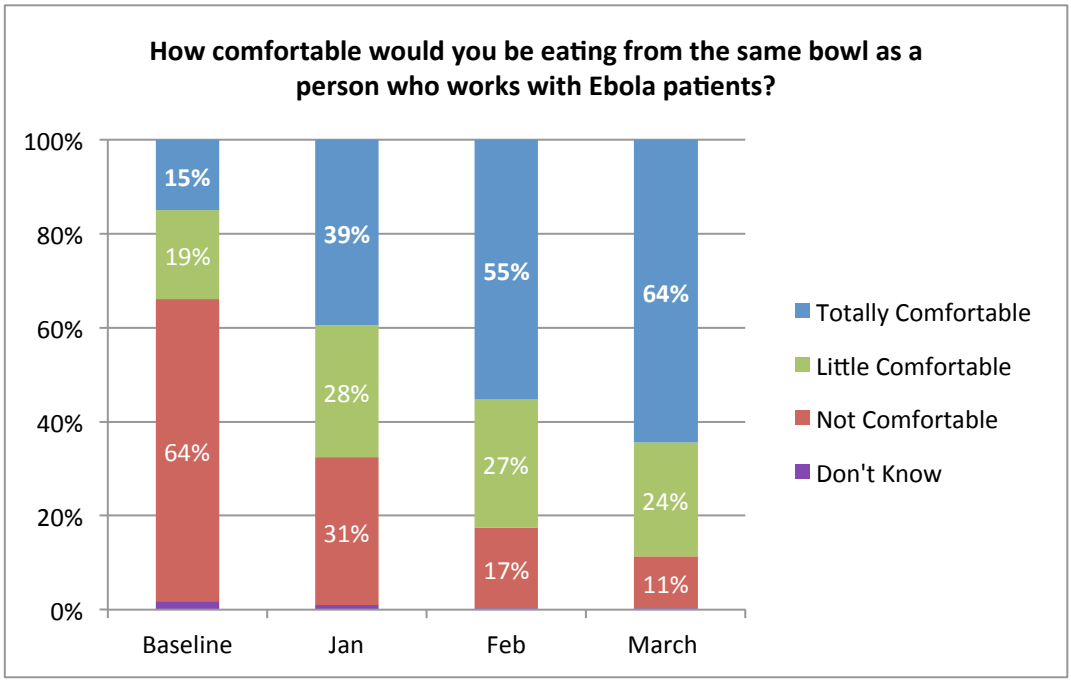


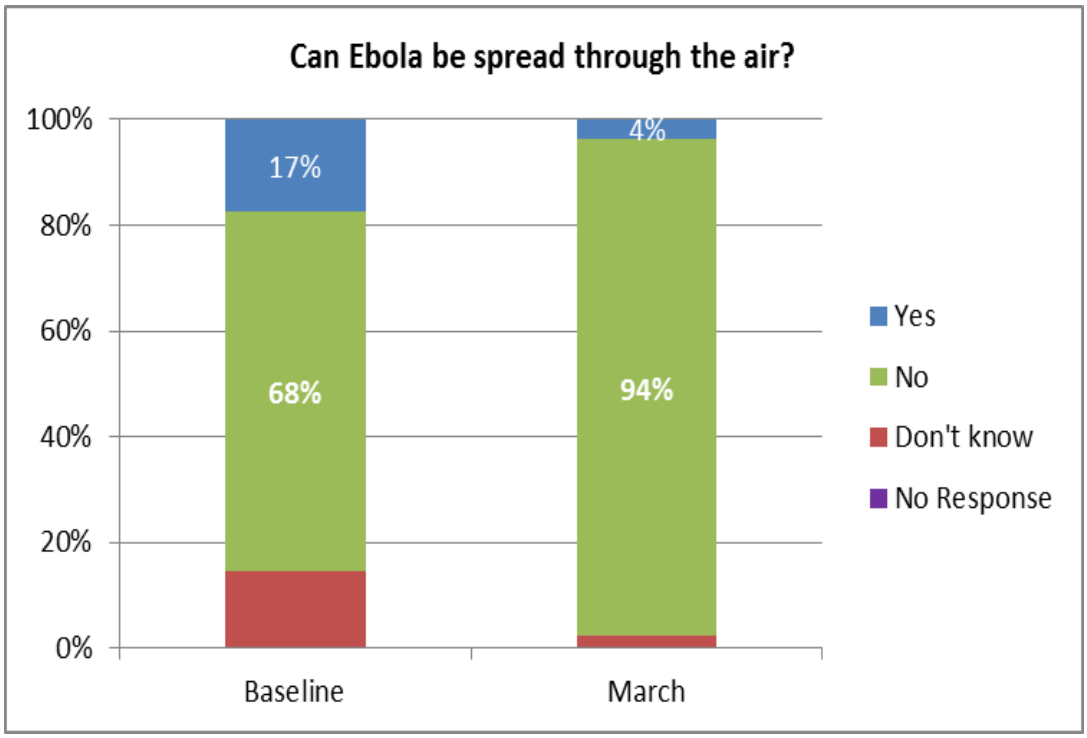
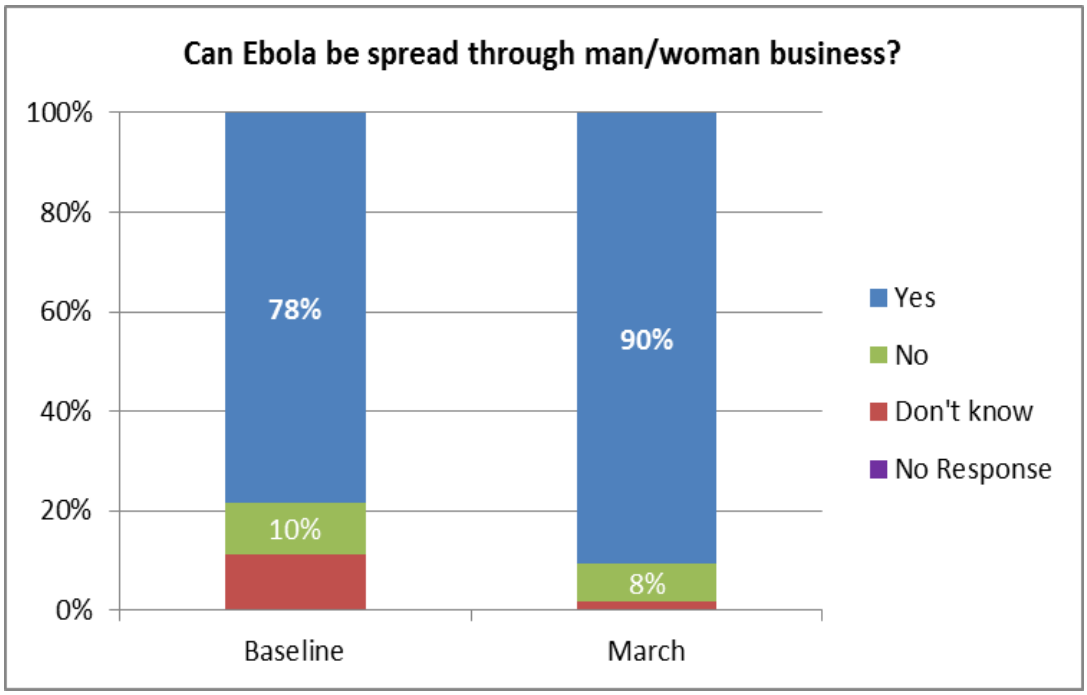


2) % change in stigma towards Ebola survivors and Ebola workers

72.0% of beneficiaries have adopted 'non-stigmatizing' behaviors towards Ebola survivors, whilst 64.3% have adopted these 'non-stigmatizing' behaviors towards Ebola workers. This reflects a 275% and 329% improvement in stigmatization behaviors since the Baseline.





3) % change in Ebola knowledge

93.9% of beneficiaries have developed an understanding that Ebola is not spread through the air, whilst 90.5% of beneficiaries are now aware that Ebola can be spread through sexual intercourse. This information is reinforced by similar improvements in other questions on Ebola transmission. These results reflect improvements of 38% and 15% in knowledge on Ebola transmission since the baseline.