



## *Bridging the Gap in Ebola Prevention and Response in Côte d'Ivoire's At-Risk Northwestern Border Region*



*Volunteers for Ebola sensitization, Gbeleban, March 2015*

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*Location: Touba, Odienné and Minignan Districts, Kabadougou-Bafing-Folon Region, Côte d'Ivoire*

*Project Period: December 19, 2014 – August 18, 2015*

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## A. Background and Context

The Ebola outbreak, declared in Guinea in March 2014, quickly spread to neighboring countries, namely Liberia and Sierra Leone. The epidemic is the deadliest since the first cases were reported in 1976 in Democratic Republic of Congo. Since the beginning of the outbreak there have been a total of 28,571 reported cases of Ebola virus disease (EVD) in Guinea, Liberia, and Sierra Leone as of 04 November 2015, with 11,299 reported deaths.<sup>1</sup>

One new confirmed case of Ebola virus disease (EVD) was reported from Guinea in the week to 1 November. On 1 November there were 382 contacts under follow-up in Guinea (compared with 364 the previous week), 141 of whom are high-risk. Therefore there remains a near-term risk of further cases among both registered and untraced contacts. The risk of importing an EVD case remains a very real threat to Côte d'Ivoire due to its proximity with Guinea, porous borders, and cross-border social and commercial activities. Until the entire region is declared Ebola-free, there is a need for continued vigilance by all health actors, infection prevention and control activities, and robust epidemiological surveillance.

The Government of Côte d'Ivoire, particularly its Ministry of Health (MoH), took its first preventive measures in March 2014, followed in September 2014 by a National Plan on Ebola Fever Prevention and Response to address the worsening situation in neighboring countries. The national plan focuses on six key objectives: 1) planning and coordination of the response; 2) communication and sensitization; 3) epidemiological surveillance; 4) prevention measures; 5) health system response capacities; and 6) research. It is within this framework that the government of Côte d'Ivoire sought the support of technical and financial partners, such as the IRC, to strengthen its response to the Ebola outbreak.

With preliminary funding from ECHO/C2D,<sup>2</sup> the IRC Côte d'Ivoire's health team has been implementing Ebola prevention and response activities since April 2014 in 137 health facilities along the Western border with Liberia and Guinea (in the Tonkpi and Cavally-Guémon health regions). This way, the IRC supported the Ministry of Health (MoH) in its efforts to respond to the Ebola threat. In November 2014, the IRC carried out a rapid needs assessment in the Northern districts of Touba, Odienné and Minignan (Kabadougou-Bafing-Folon health region). Those districts were considered highly vulnerable as they were located on the Guinean border but not covered by the above mentioned ECHO/C2D initiative. Based on the results of the rapid needs assessment, the IRC found that the level of preparedness to respond to potential Ebola cases was very low in those three districts. The assessment also showed that coordination, surveillance, prevention and response mechanisms required urgent strengthening in order to be functional.

Based on these observations, USAID provided generous support to the IRC to expand the intervention to the rest of the sensitive border area, so that all the health districts located on the Liberian and Guinean border would be supported to address the Ebola threat. This USAID-funded project began on 19 December 2014 and ended on 18 August 2015. To maintain and reinforce a very high level of EVD preparedness and response capacity, the IRC has supported activities that focused on community sensitization; training and equipping of community

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<sup>1</sup> WHO, Ebola situation Report, November 04, 2015

<sup>2</sup> C2D = Contrat de désendettement et de développement signé entre la France et la Côte d'Ivoire.

members and health facility staff to adequately respond to a potential outbreak; improving the early detection and epidemic surveillance system in supporting vulnerable health regions along the Liberia and Guinea borders.

## **B. Program Approach**

The IRC has contributed to Ebola prevention and response activities in the targeted areas through close collaboration with decentralized health authorities and by following the National Plan on Ebola Fever Prevention and Response elaborated in September 2014. These efforts are framed around five objectives: Coordination, Sensitization, Epidemiological Surveillance, Prevention and Response. The IRC worked with key stakeholders at all levels to carry about these activities, including those at central, regional and district levels, as well as international and local NGOs and UN Agencies.

## **C. Field Coordination**

During the implementation period, the IRC worked in close coordination with districts and health regions. All IRC activities were approved by the Regional Health Director of Kabadougou-Bafing-Folon, the District Health Directors (Odienné, Touba, Minignan), and the Ebola focal points of the three districts before implementation.

The IRC systematically coordinated the intervention with partnering health facilities and regional and district management teams, some of whom were directly involved in the organization of activities (i.e. training activities). The IRC drafted a commitment letter which was approved by the regional health office. On 12 March 2015, the IRC and the Regional Health Director of Kabadougou-Bafing-Folon both officially signed the letter. The letter constituted a memorandum of understanding for both parties to support each other in the achievement of the project goals.



*Ebola sensitization with a traditional leader  
Odienné. March 2015*

Many activities such supervision visits at border posts, trainings and simulation exercises were jointly organized with Ebola focal points and key epidemiological surveillance staff. The IRC participated in monthly meetings in Abidjan and in the field with national institutions, such as the National Institute for Public Hygiene (INHP) and the Governmental Information and Communication Commission (CICG), other humanitarian actors (i.e. Croix Rouge Française, Terres des Hommes Italy, Médecins de Monde, Save the Children, Ivorian Red Cross (CRCI)), UN agencies (UNICEF, WHO, OCHA), and bilateral donors (such as the Japanese Cooperation (JICA)), with the aim of looking for synergies and avoiding duplication.

The CRCI was involved in the trainings of health agents and community health workers (CHWs) covering training modules such as psychosocial care, waste management, management of corpses and safe burial practices and techniques of communication in the context of Ebola virus disease. The IRC worked closely with local administrative authorities (prefects and sub-prefects) who led coordination activities in each district (regional meetings, control missions in advanced border posts, sensitizations, etc.).

#### **D. Program Activities**

In November and December 2014, the IRC's health team conducted two exploratory missions in the districts of Touba, Odienné and Minignan. As a result of these missions, the team confirmed the existence of significant gaps in the districts' preparedness as compared with other districts along the same border receiving support from other international NGOs and national authorities. At the time of the evaluation by the IRC, the three Northern districts had only received a very basic Ebola briefing from the INHP in April 2014. The IRC deemed additional practical trainings, protective equipment, and effective epidemiological surveillance and response mechanisms to be urgently needed.

The IRC started the recruitment of project staff in early January 2015. This process took about six weeks and was finalized by mid-February 2015. The IRC recruited the following staff: one Project Manager based in Odienné, two Assistant Managers, one based in Minignan and the other one in Odienné, one Community Mobilization Assistant Supervisor, one Health Officer and seven Community Mobilization Assistants, 3 based in Odienné, 2 in Minignan and 2 in Touba. The IRC deployed the full team to the field by the end of February 2015.

### **RESULT 1: Regional-level Ebola planning and coordination is improved**

#### **Activity 1: Support the organization of coordination and monitoring & evaluation meetings Final results: 16 coordination meetings organized (target: 20)**

The IRC provided support to the local authorities for the organization of coordination meetings at the district and regional level in order to enhance the level of Ebola response preparedness, resource mobilization and synergies with key stakeholders (NGOs such as Save the Children, and CRCI). The IRC Project Manager also attended these meetings.

The IRC provided financial support to facilitate the transport of participants that resided outside of Odienné to the six monthly coordination meetings organized by the Odienné prefect. In the Minignan district, there is no appropriate infrastructure for the district management team to be based in town, so the District Director supervised the district remotely from Odienné. As no meetings could be held in Minignan District, the Minignan meetings (six in total) also took place in Odienné. The IRC also provided technical and financial support for the organization of four monthly meetings by the prefect of Touba during the project period. The district management team, INHP representatives and the CRCI attended those meetings. Though the IRC was successful in facilitating these coordination meetings, the target of 20 coordination meetings was not met because two meetings (for the Odienné Region and District) were combined into one.

On 4 and 5 August 2015, the IRC provided technical and financial support for the elaboration of a regional contingency plan covering all three districts. This plan focuses on the harmonization of actions and makes recommendations to improve prevention and response actions in the three districts.

**Activity 2: Support Ebola response supervision activities at border posts and health centers**  
**Final result: 20 supervisions (target: 6)**

In collaboration with the designated Ebola focal points and INHP agents, the IRC organized regular supervision visits to health posts and health centers along the Guinean border in the health districts of Odienné, Touba and Minignan. In total, the IRC, in coordination with the district management teams and the INHP, jointly carried out 20 supervision visits to 14 border posts and health centers.

The IRC organized more supervision visits than originally planned (20 instead of 6) because more than one supervision was carried out each month, and the project was extended by two months (from 18 June to 18 August 2015) enabling more time for supervisions.

The IRC and local partners carried out the following supervision visits:

- On 26 February 2015 to the Sokoura Bafolo health area (District of Odienné).
- On 2 April 2015 to Seydougou, Sirana and Gbeleban border posts in the Odienné district.
- On 26-27 March 2015 to Ouaninou and Koonan in the Touba district, close to the Guinean border, and another one on 20 April in Santa, Saboudougou and Koonan in Touba district.
- On April 18, 2015, the IRC and the district management team carried out a supervision visit in Sokoro, Kimbirla Nord and Ouelli in Minignan district.
- The IRC, the INHP and the Ebola focal points carried out two additional supervisions in May 2015 in the Minignan district and three in June 2015 (one in Minignan and two in Odienné).
- The IRC and the district management teams carried out six supervisions in July 2015 (two in Ouaninou and Koonan health centers in Touba, two in Odienné and two in Minignan). The IRC and the district management teams carried out the last four supervisions were carried out in August 2015 in different health centers along the border.

Visits covered topics such as compliance with prevention measures, epidemiological surveillance, equipment, and the involvement of communities in combating Ebola. These visits confirmed that cross-border social and commercial activities were ongoing and that there were significant gaps in the surveillance system at the border.

The main recommendations of the supervisions can be summarized as follows:

- Strengthen surveillance/supervision at every point of entry;
- Improve the sensitization of people at the borders;
- Increase quantity of sensitization on hand washing;
- Provide the communities near the border with Ebola prevention posters;
- Install washing stations at the disposal of health posts/centers and in public places.

## **RESULT 2: Communities are aware of the risks and transmission mechanisms of the Ebola virus and community-led infection prevention is operational**

### **Activity 1: Support the dissemination of Ebola sensitization messages**

**Final result: 672 radio messages broadcasted (average of 14 messages/week) (target: 4 messages/week); 68 booklets distributed (target: 68); 430 national guidelines distributed (target: 363)**

In March 2015, in order to increase the reach of Ebola sensitization activities, the IRC established a partnership with three local radio stations (Radio Bafing in Touba, Denguélé FM in Odienné and Radio Dakan in Minignan) in order to broadcast sensitization messages. The IRC provided monthly financial support to these radio stations to broadcast two radio messages per day (instead of four messages per week), with an average of 14 messages broadcasted per week per radio station. The content of these messages were designed by the Governmental Information and Communication Commission (CICG).

The IRC also distributed 68 booklets, containing general information about Ebola virus disease, modes of transmission and prevention methods, to community-based Ebola mobilization committees (1 booklet for each committee) in Touba, Odienné and Minignan districts. They were all distributed between April and May 2015. The IRC also disseminated 430 Ebola prevention posters (instead of 363 initially planned) in 50 villages and 71 health centers. The IRC produced more posters than initially planned because the reproduction cost was lower than expected. All these tools (posters and booklets) were designed by the CICG.

### **Activity 2: Support community-led identification of high-risk practices and safe alternatives that are socially and culturally acceptable**

**Final result: 68 community-based Ebola mobilization committees established (target: 68), 680 community focal points trained (target: 680)**

The IRC provided technical and financial support to the three health districts of Odienné, Touba and Minignan to establish and train 68 community-based Ebola mobilization committees (26 in Touba, 27 in Odienné and 15 in Minignan). The Ebola mobilization committees are composed of 10 community Ebola focal points in each health area. This includes four community health workers, one traditional representative of the community chief, two religious representatives, two women and youth representatives and one traditional medicine representative. The IRC provided all 680 community Ebola focal points with basic training on the Ebola virus, transmission modes, risks, and communication techniques to adopt in this particular context, hand washing techniques, safe burials, and community



*Hand washing exercises during a community mobilization member training, Koonan health center, March 2015*

surveillance. The IRC trained the first community mobilization committees of Odienné and Touba in March and April 2015 respectively, and the training in Minignan took place in May 2015.

These trainings empowered the community mobilization committee members to effectively present basic information about EVD to the community including EVD transmission modes and related precautionary measures. The trainings also enabled the community mobilization committee members to identify unsafe practices within their community and, together with other community members, propose culturally and socially accepted alternatives.

**Activity 3: Support the dissemination of community-identified safe alternative practices**

**Final result: 23,670 households visited by the community focal points (Final target: 20,400)**

The 680 community Ebola mobilization committee members trained by the IRC visited a total of 23,670 households (9,254 in Odienné, 9,470 in Touba and 4,946 in Minignan). Each Ebola mobilization committee received monthly compensation of FCFA 20,000 (approx. \$40) to cover transportation costs for the committee members. In total, 178,173 people were directly sensitized.<sup>3</sup>

Additionally, the community focal points organized mass sensitization sessions in public spaces (markets, bus stations, schools) reaching 8,528 people according to the following breakdown:

- In markets, a total of 5,648 were sensitized (2,711 in the Minignan district, 2,437 in the Odienné district and 500 in the Touba district).
- In schools, 880 people were sensitized (630 in the Odienné district and 250 in the Touba district).
- A total of 750 people were sensitized in stations (500 in Odienné and 250 in Touba).
- In Odienné, the community focal points sensitized an additional 1,250 people in public places such as churches and mosques.

During the sensitization sessions, the committee members spread basic information about EVD transmission risks and related precautionary measures. They also identified unsafe practices within their community and, together with other community members, identified and proposed culturally and socially accepted alternatives. To ensure the proper implementation of the sensitization, the IRC community supervisors collected sensitizations forms filled out by each committee members and signed by every visited household.

### **RESULT 3: Epidemiological surveillance is strengthened at the regional level**

**Activity 1: Support the community epidemiological surveillance system and support the active research of suspected cases of Ebola**

**Final result: 544 Community Health Workers (CHWs) trained (target: 544)**

In collaboration with the three health districts, the IRC organized training courses for 544 community health workers on community epidemiological surveillance, detection and reporting of alerts and trigger events, and contact tracing. The IRC trained 423 CHWs from Touba and Odienné in April 2015, and trained the remaining 121 CHWs from Minignan in May 2015. After

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<sup>3</sup> Some households have 7 or 8 members instead 5 that were estimated at the beginning of the project, therefore community mobilization members were able to sensitize more people than planned.

the training course, each CHW received a FCFA 2,000 (\$4) monthly phone stipend in order to report epidemiological information (alert cases, triggers events) to the health workers in charge of the closest public health centers. The IRC asked the CHWs to send one SMS every day to their respective health agent to report alert cases/trigger events. The health agents would then analyze the information. If an Ebola case was suspected, further investigations would be carried out by the rapid intervention/response team from the district.

CHWs reported three alert cases on 18 August 2014, 12 February 2015 and 7 July 2015 respectively in the Touba district. The rapid investigation teams conducted investigations for each case through the rapid investigation team coordinator and the District Ebola focal point. All 3 cases were negative, but were hospitalized and treated for their symptoms in the Odienné regional hospital.

Health agents responsible for the health area compiled weekly reports on the events/alerts sent by the CHWs and then sent a hard copy report to the district level, following which the district staff responsible for monitoring and evaluation would send the health information to the regional office. Some CHWs reported network issues, making communication with their focal point difficult. To overcome this issue, they identified locations where network coverage was reliable.

## **Activity 2: Strengthen the capacities of health workers to conduct epidemiological surveillance**

**Final result: 86 health agents trained (target: 85)**

In collaboration with the regional health teams, the district management teams, the INHP and the CRCI, the IRC organized a training session on surveillance protocols for 29 health workers in Touba on 19 to 20 March 2015. The other 29 health agents were trained in Odienné from 23 to 25 March 2015. As there is no facility for the organization of trainings in the district of Minignan, 16 health agents from Minignan were trained in Odienné from 15 to 17 April 2015. The IRC health officer and the district Ebola focal point trained the remaining 11 health agents who were not able to attend the previous trainings, and one additional staff from the regional hospital, were trained in Odienné from 29 to 30 June 2015. The training courses focused on contact tracing, reporting, researching and investigating suspected cases of Ebola, active research, isolation of suspected and probable cases, infection and prevention control including waste management, psychosocial care, and safe burial practices.

## **RESULT 4: Ebola transmission prevention measures are improved**

**Activity 1: provide 75 health facilities (71 health facilities + 3 district offices + 1 regional office) with basic Ebola protection equipment (gloves, aprons, chlorine, hand washing stations) and strengthen hygiene and Ebola prevention measures in health care settings**

**Final result: Ebola prevention equipment and supplies distributed to the 75 health facilities (target: 75 health facilities reached, 2,400 pairs of gloves, 44,000 aprons, 270 hand-washing stations and 100 infrared thermometers distributed)**

From May to July 2015, the IRC distributed protective equipment (2,400 pairs of gloves, 44,000 aprons, 270 hand-washing stations and 100 infrared thermometers) to 71 health centers, 3 districts hospitals and one regional hospital (a total of 75 health facilities) in the three districts.

The IRC purchased and distributed more hand washing stations than expected (270 instead of 135) as some hospitals and health facilities with maternity wards or laboratories were given 2 or 3 hand-washing stations. It should be noted that chlorine was not purchased by the IRC as this item was provided by UNICEF to the districts and region.

To strengthen infection prevention and waste management, the IRC set up seven burners in the following districts: two burners in the Odienné district, two in the Minignan district and three in the Touba district. The IRC did not purchase and distribute Personnel Protective Equipment (PPE) (overall protective aprons, protective goggles, boots, surgical gowns, optical protection, particle filtering face masks, etc.) because the health facilities in these regions and districts received them directly from the INHP and UNICEF. The INHP had previously communicated the availability of over 100,000 PPE kits in its stock and asked partners to refrain from making further purchases. The IRC requested and received an official document from the INHP confirming the availability of PPE materials at the national level. However, district management teams faced delays in receiving these materials, leading the IRC to support the districts and regions to make requests for PPE kits from the INHP.

**Activity 2: Train health agents on hygiene measures and prevention against Ebola**  
**Final result: 327 health workers trained (target: 260)**

In collaboration with the district management teams, the INHP and the Office of Public Hygiene, the IRC supported a two-day training session for 327 health workers and private sector agents. This training included Ebola transmission prevention measures in health care settings, the triage process, isolation of suspected and probable cases, epidemiological surveillance, contact tracing, case management, waste management and safe burial practices. An emphasis was put on hygiene and prevention measures in health facilities. During the training, the roles and responsibilities of these various types of health sector agents was also clarified.



*Health agent training, Touba, March 2015*

The IRC provided financial and technical support for the trainings of health workers from district and regional hospitals, as well as some nurses and midwives who could not attend the trainings which were organized previously. The trainings for Touba health agents took place in June 2015 in the Touba district hospital. Health agents from Minignan and Odienné were trained in the Odienné regional hospital in July 2015. 327 health care workers were trained instead of 260 because more agents were included, such as midwives, laboratory technicians, nurses, pharmacists. These trainings were delivered by the health center personnel that IRC previously trained (Result 3). The IRC also encouraged health zone personnel (including heads of health

centers and midwives) who were previously trained to train other health facility employees (cleaners, etc.).

## **RESULT 5: Regional-level capacities for responding to Ebola are strengthened**

### **Activity 1: Strengthen the capacities of the Rapid Intervention Teams (RIT) at the regional and health district levels and MoH ambulance repair for investigation**

**Final result: 48 rapid intervention team members trained (target: 44)**

The IRC supported the establishment of three Rapid Intervention Teams (RITs) in the three health districts of Odienné, Touba and Minignan. From 19 to 21 March 2015, the IRC carried out one training session for 15 members of the RIT in Touba. From 23 to 25 March 2015, the IRC gave the same training to 19 members of the RIT in Odienné. The last session occurred from 15 to 17 April 2015 for 14 members of the RIT in Minignan. The IRC organized these trainings in collaboration with the district management teams, the INHP and the CRCI. The trainings covered topics such as defining the roles and responsibilities for team members, the investigation of suspected cases, sampling and transporting samples to the country's testing laboratory in Abidjan, management of a treatment site, management of confirmed cases and management of medical waste and cadavers.



*Simulation exercises at an isolation center, Odienné, June 2015*

Together with the INHP and CRCI, the IRC organized eight simulation exercises with RITs to ensure an adequate and timely response in case of a potential EVD case. Five simulation exercises occurred in Odienné (two in June, one in July and two in August 2015) and three in Touba (one in June, one in July and one in August 2015). The RITs of Minignan joined the simulation exercises in Odienné as their isolation site was only finalized in August 2015. The simulation exercises focused on the investigation of suspected cases, triage, sampling and transporting samples, management of an isolation site, infection prevention and control, transport of a suspected case, psychosocial care, management of medical waste and cadavers.

In June 2015, the President of Côte d'Ivoire visited the Kabadougou-Bafing-Folon region and made the gift of six ambulances to the region for EVD alert case investigation and for other emergencies. Three ambulances were given to the health centers of Koonan, Koro and Guinteguella (Touba health district), two were given to the health centers of Madiani and Samatiguila (Odienné health district), and the urban center of Sokoro (Minignan health district) received one ambulance. Related to this donation, the IRC provided financial support for the repair of two ambulances out of eight which had been previously identified. These two ambulances were repaired in August 2015 (one from the urban center of Booko in Touba and the other from the urban center of Tieme in Odienné).

## **Activity 2: Strengthen capacities at the isolation sites**

**Final result: 3 Ebola isolation sites established (target: 4)**

The IRC provided technical, financial and logistical support to establish three isolation sites in Odienné, Touba and Minignan. The Odienné isolation site was set up in May 2015 and those in Minignan and Touba were set up in June and completed at the end of July 2015. Each isolation site has a capacity of 4 beds, and has the aim of maintaining spaces that will serve to keep suspected cases of Ebola isolated from other people and provide them with clinical care during the initial hours of investigation. The RITs, composed of approximately 15 people (doctors, nurses, hygienists, laboratory technicians, pharmacists), are responsible for the management of these isolation sites.

In May 2015, the IRC received confirmation from the INHP Director that the African Development Bank (AfDB) and the INHP were planning on building an Ebola treatment center (ETU) in Odienné. Therefore, the IRC decided to set up only one isolation site in Odienné (instead of two planned), which explains why the final target of four was not reached.

### **E. Communication, Visibility and Information Activities**

The IRC complied with USAID branding and visibility policies. All supplies and materials distributed were clearly marked as funded by USAID. During the reporting period, the IRC delivered 700 t-shirts to 680 community focal points and 20 IRC workers in the field. The IRC produced 160 stickers for 8 motorcycles, 10 computers, one scanner and 135 hand-washing stations. The remaining ones were used for identification on the main entrance and other main doors of the Odienné Office. In addition, the USAID Identity was printed, along with the logos of the IRC and the Ministry of Health, on all training materials and banners during training workshops.

### **F. Constraints/ Lessons learned**

#### **Lessons learned**

Through this project, the IRC learned the following:

- Using well-integrated community relays who are respected in their communities enables greater reception of health messages by the communities.
- Some behavioral practices that the IRC promoted clashed with the customs and traditions in the community, requiring increased strengthening. This includes avoiding shaking hands when greeting someone and respecting safety precautions when handling corpses.
- The results of this project, especially the hand-washing component which was scaled up significantly through the initiative of the targeted communities, could also serve to reduce the incidence of diseases related to poor hygiene, such as diarrhea and cholera, in the long term.
- To reinforce the results of the project, the IRC will produce a publicly accessible leaflet that enumerates recommendations to improve community prevention strategies and lessons learned on monitoring and surveillance efforts. The IRC will finalize the leaflet in December 2015 and disseminate it at the community level.

## **Community Surveillance**

Through this project, the IRC established a system of community monitoring by SMS. This system successfully allowed for real-time communication of community events and event alerts. Project results show that this model could be replicated in all rural areas covered by the telephone network. During the two month no-cost extension on this project, the IRC and the district management team were able to monitor and assess the community warning system and the use of the transmission information, and found that this system can be applied to other potential communicable disease epidemics.

## **Community Sensitization**

In order to document lessons learned, a study was conducted by an independent consultant from the Public Health Research Institute of the University of Montreal and two national study assistants. The main objective of the study was to assess the effectiveness of the community-led infection prevention strategy adopted in this context of preparation and response to the Ebola virus. The study started on 10 September 2015 and the final report will be submitted to IRC on 30 November 2015. For the methodology, a case-study design with a research-action theoretical approach was used. The cases were the geographic entities that represent four selected districts: Biankouma and Danané in the Tonkpi region, and Odienné and Touba in the Kabadougou-Bafing-Folon region. Research teams collected data in eight villages over 18 consecutive days via key informant interviews, focus groups, and “concept mapping” discussions with monitoring committee members, community members, and healthcare workers.

Preliminary Results: The study’s findings indicate that community members demonstrated rapid social learning of correct information about the source of the Ebola virus and methods for prevention, and subsequently adopted socially-acceptable practices.

## **Constraints**

The IRC team members in the field came across some challenges. Due to poor road infrastructure, it was difficult to reach some villages and health centers for the daily supervisions of community surveillance and community Ebola sensitization activities. Because the project duration was 8 months, staff retention was also a challenge, and some of them left for more secure long-term employment opportunities. The field team encountered difficulties in organizing joint supervisions with the local health district management teams to health centers and border posts due to limited availability of these teams. This also affected the reception of supervision reports by the district management teams.

The IRC also experienced some challenges in the chain of transmission of information through the CHWs. These were due to little or no cellphone network coverage in some areas; lack of motivation of CHWs and health agents from the health centers to transmit information; and little follow-up from some members of the district management teams. Simulation exercises have taken place but not at the desired frequency (1 per month) due to the unavailability of team members for activities needed for successful simulations, including training, and supervision visits.

## G. Monitoring and Evaluation Plan

The program monitoring was carried out on a monthly basis throughout the project period. The project team collected data from primary sources, CHWs, health centers and district committee records, programmatic reports, and routine information systems. The monthly performance monitoring enabled the project to regularly report on indicators and milestones. A Gantt chart was regularly updated with the latest output indicators. The Project Management Team used this chart to review performance with regards to milestones as well as short-term outcomes during every monthly meeting.

### Monitoring and Evaluation Plan

**Objective: To reinforce the Ebola prevention, epidemiological surveillance and response capacity in three health districts of Odienné**

#### RESULT 1: Regional level Ebola planning and coordination is improved

Indicators	Indicator Type	Baseline / Target	Method of Verification	Frequency of Measurement	Result as of 18 August 2015
1.1 # of departmental committee coordination meetings organized	Output	Baseline: 0 Target: 20 (1 monthly for each departmental committee and 1 quarterly for the regional committee)	IRC project reports	Monthly	16
1.2 # of supervision visits carried out to advanced border posts	Output	Baseline: 0 Target: 6 (1 per month)	IRC monitoring reports	Monthly	20
1.3 # of departmental committees implementing national Ebola action plan	Outcome	Baseline: 0 Target: 3	IRC monitoring reports	Monthly	3

#### RESULT 2: Communities are aware of the risks and transmission mechanisms of the Ebola virus and community-led infection prevention is operational

Indicators	Indicator Type	Baseline	Method of Verification	Frequency of Measurement	Result as of 18 August 2015
2.1 # of community focal points trained on the risks and prevention measures for Ebola transmission	Output	Baseline: 0 Target: 680	IRC project reports	Monthly	680
2.2 # of households visited by the community focal points	Output	Baseline: 0 Target: 20,400	Focal point reports	Monthly	23,670

2.3 # of sensitization messages distributed in the target health districts	Output	Baseline: 0 Target: 4 radio messages/week; 363 national guidelines; and 68 booklets	IRC monitoring reports	Monthly	2 radio messages/day 68 booklets; 430 national guidelines distributed
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### **RESULT 3: Epidemiological surveillance is strengthened at the regional level**

<b>Indicators</b>	<b>Indicator Type</b>	<b>Baseline</b>	<b>Method of Verification</b>	<b>Frequency of Measurement</b>	<b>Result as of 18 August 2015</b>
3.1 # of CHWs trained on community-level epidemiological surveillance	Output	Baseline: 0 Target: 544	IRC project reports	Monthly	544
3.2 # of professional health agents trained on epidemiological surveillance	Output	Baseline: 0 Target: 85	IRC project reports	Monthly	86
3.3 # of active investigations into suspected cases of Ebola organized by the DMTs	Output	Baseline: 0 Target: 18 (one outing per month per district)	IRC monitoring reports	Monthly	0

### **RESULT 4: Ebola transmission prevention measures are improved**

<b>Indicators</b>	<b>Indicator Type</b>	<b>Baseline</b>	<b>Method of Verification</b>	<b>Frequency of Measurement</b>	<b>Result as of 18 August 2015</b>
4.1 # of health workers (public, private, paramedic) trained on hygiene practices and Ebola prevention measures	Output	Baseline: 0 Target: 260	IRC project reports	Monthly	327
4.2 # of health facilities and offices provided with basic Ebola prevention equipment and supplies	Output	Baseline: 0 Target: 75	Health Worker monitoring reports	Monthly	75

### **RESULT 5: Regional-level capacities for responding to Ebola are strengthened**

<b>Indicators</b>	<b>Indicator Type</b>	<b>Baseline</b>	<b>Method of Verification</b>	<b>Frequency of Measurement</b>	<b>Result as of 18 August 2015</b>
5.1 # of Rapid Intervention Team members trained in emergency Ebola response	Output	Baseline: 0 Target: 44	IRC project reports	Monthly	48
5.2 # of Ebola isolation sites established	Output	Baseline: 0 Target: 4	IRC project reports	Monthly	3