

**MPTF OFFICE GENERIC FINAL PROGRAMME¹ NARRATIVE REPORT
REPORTING PERIOD: FROM 12/2014 TO 03/2015**

<p align="center">Programme Title & Project Number</p> <ul style="list-style-type: none"> • Operation Stop Ebola Transmission in Monrovia and Paynesville - Social Mobilisation and Community Engagement • MPTF Office Project Reference Number:³00093218 	<p align="center">Country, Locality(s), Priority Area(s) / Strategic Results²</p> <p><i>Liberia, Montserrado/Monrovia & Paynesville</i></p>
<p align="center">Participating Organization(s)</p> <ul style="list-style-type: none"> • UNICEF 	<p align="center"><i>Social Mobilisation and Community Engagement</i></p>
<p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project document: MPTF /JP Contribution⁴:</p> <ul style="list-style-type: none"> • \$283,088.00 <p>Other contributions:</p> <ul style="list-style-type: none"> • <i>None</i> <p>TOTAL:\$283,088.00</p>	<p align="center">Implementing Partners</p> <ul style="list-style-type: none"> • UNICEF • Monrovia City Corporation • Paynesville City Corporation
<p align="center">Programme Assessment/Review/Mid-Term Eval.</p> <p>Evaluation Completed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date:</p> <p>Evaluation Report - Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: 7th July, 2015</p> <p><i>NB: Case Study attached</i></p>	<p align="center">Programme Duration</p> <p>Overall Duration(3.5 months) Start Date⁵(24thDecember,, 2014) Original End Date (31stMarch, 2015)</p> <p>Have agency (ies) operationally closed programme in their system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: 31stApril,, 2015</p> <p>Expected Financial Closure date: 30thJuly,2015</p>
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¹The term “programme” is used for programmes, joint programmes and projects.

² Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

³ The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page on the [MPTF Office GATEWAY](#).

⁴ The MPTF/JP Contribution is the amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#)

⁵ The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

EXECUTIVE SUMMARY

Since early 2014, the rapid transmission of the Ebola virus in Liberia has resulted in the loss of lives of many children and their family members. When the Ebola Virus Disease (EVD) outbreak started in Liberia in March 2014, the Government of Liberia, supported by several donors and UN Agencies agreed on key pillars to respond to the crisis. UNICEF, which was already the co-chair of the National Social Mobilisation Working Group, agreed to intensify social mobilisation and community engagement efforts to help contain and prevent the spread of the disease.

According to the Liberia Accelerated Ebola Virus Disease Outbreak Response Plan (July – December 2014), major challenges were observed at the community level that stemmed out of inadequate community awareness and engagement. UNICEF partnered with the City Corporations of Monrovia and Paynesville to carry out social mobilization and community engagement activities in these cities in the Montserrado County – which had posed serious challenges mainly due their relatively high population density. Montserrado was the last frontier of the EVD response en route to Liberia eventually being declared Ebola free. Winning the battle in the two cities represent a major success of the continuing battle against EVD.

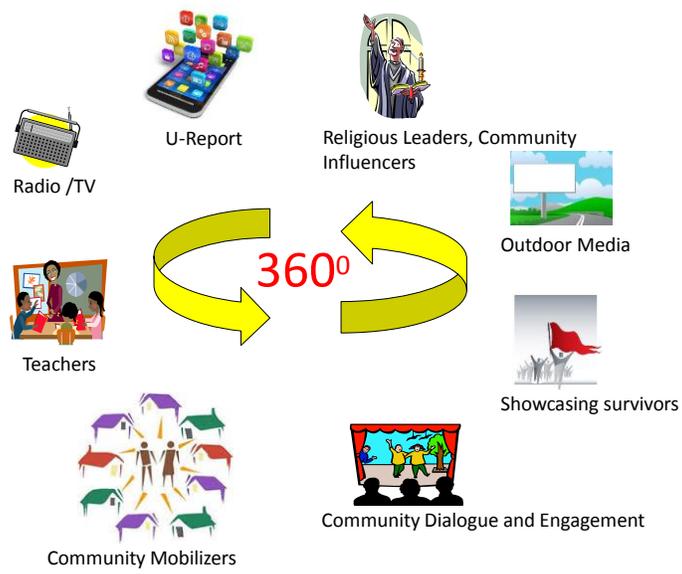
The Operation Stop Ebola campaign consisted of several activities. One of the initial activities was the training of 990 community leaders. The empowered community leadership carried out Outreach/Community Engagement to enhance community ownership of the intervention. Special focus was on hotspot areas and a strategy to target the most at-risk communities. Communities were provided with communications and material support, these provided the opportunity of communities to acquire necessary knowledge to practice preventive behaviours. UNICEF also equipped community leaders from 8 wards covering 169 target communities in Paynesville and Monrovia City Corporation with 239 megaphones and 10,000 brochures to facilitate their mobilization efforts. A total of 10,000 flyers, 100 banners, and 10,000 Ebola awareness flipbooks were produced and have been used by a several cadres of mobilisers to counsel families..

Partnership with media achieved wider coverage of information dissemination on EVD. UNICEF also brought to this partnership the standing interventions through radio in specific, one of the most effective source of information in Liberia. UNICEF partnered with 22 FM stations in and around Monrovia and Paynesville that are estimated to reach a total population of over 400,000 individuals. Every day, the two radio spots and two jingles produced were aired at least 176 times by the 22 FM stations within Montserrado (averaging 8 times per day).

Moving forward, while more in-depth anthropological studies are planned, the recent cases in Montserrado (July 2015) and Margibi have expedited the need to quickly revise and update the social mobilisation strategy and interventions. The focus now has shifted slightly from just basic preventive hygiene practices to an emphasis on reporting every death and permitting to have each dead body swabbed, the promotion of safe and dignified burials as well as early treatment and care seeking.

The ongoing challenges remain including family efforts to treat cases of fever with basic analgesics; visits to traditional healers and local pharmacists; and rumours that people with EVD-like symptoms actually contract the disease when taken to an ETU. The biggest challenge, however, is related to convincing communities to go against traditional beliefs and practices linked to preparing the dead for burial. In addition, the current rainy season puts additional strain on community mobilizers for house-to-house visits. Fortunately, the C4D strategy has shown the value and efficacy of enlisting the support of traditional and religious leaders, teachers and local youth groups who are equally willing to be re-engaged. The way forward is to strengthen the capacity and expand the category of influential individuals engaged in community mobilisation to include traditional healers and women leaders. At the same time, focus will be on strengthening the planning and coordination of local Community Health Teams.

Our approach – to cover 360 degrees



I. Introduction

Background

Since early 2014, the rapid transmission of the Ebola virus in Liberia resulted in the loss of lives of many children and their family members. According to the Liberia Accelerated Ebola Virus Disease Outbreak Response Plan (July – December 2014), major challenges at the community level contributing to the outbreak included:

- Denial, mistrust and rejection of proposed public health interventions arising from misinterpretation of the cause of the new disease;
- High exposure to the Ebola virus in the community through household care and customary burial procedures. This resulted in a high level of community deaths leading to panic and anxiety;
- Fear of the disease by frontline health workers leading to either lack of care for patients or sub-optimal implementation of protective measures;
- Close community ties and movement within and across borders has led to difficulties in tracing and following up of contacts for the three countries;
- Suspected cases and contacts running away from follow up made it difficult to carry out effective contact tracing as well as facilitating further spread of the disease to other communities and counties;
- Some prayer houses and spiritual healing centers being used by suspected patients for potential treatment and cure, and further spreading the disease; and
- There were various myths and misconceptions regarding the transmission and prevention of EVD.

The Government of Liberia worked with international partners and donors to respond to the Ebola Outbreak in a number of areas, including: *Active engagement and involvement of communities in the Ebola response*.to contribute to government interventions through the Ministry of Health, and supported by World Health Organisation (WHO), Center for Disease Control and Prevention (CDC and other partners. UNICEF with funding from the MPTF/JP collaborated with the Monrovia and Paynesville City Corporations to carry out activities relating to child protection, social mobilization and community engagement and transporting supplies to aid the EVD response under the three month intervention called “**Operation Stop Ebola**” **campaign** in two of Liberia’s most populated cities (Monrovia and Paynesville), with a population of 1.4 million - to close to half of the population of the entire country. The cities are located in Montserrado County. The campaign was launched on 24 December 2014.

Main objective

The main objective of the intervention was to:

- Scale up social mobilization and community engagements. This was expected to promote community ownership towards reducing the level of transmission and preventing the further spread of EVD.

Expected outcome

The expected outcomes of the intervention were:

- Families and communities know and practice key EVD prevention behaviors, thereby contributing to a halt in the transmission of the EVD virus

II. Programme Results

i) Narrative report

Outcomes

The project intervention timeline paralleled the drop in new confirmed cases in Montserrado – in January, the county had 18 new confirmed cases, while in February it had 6 confirmed cases and March had no new confirmed cases⁶.

Outputs

Community Leaders were trained and equipped to carry out community trainings and message dissemination on EVD prevention and response. In the early phase of the campaign, January 2015, 990 commissioners, community, zonal, and block leaders were trained and equipped with message dissemination tools (EVD flip book, and megaphones) within Monrovia and Paynesville. These community leaders went back into their communities and trained other zonal and block leaders, and continued working with other community groups throughout the entire implementation period to raise awareness on Ebola at household levels.

The empowered community leadership carried out Outreach/Community Engagement to enhance community ownership of the intervention. Special focus was on hotspot areas and a strategy to target the most at-risk communities. The training was meant to empower leaders with knowledge of EVD signs, symptoms and prevention behaviors and practices and how zonal and block leaders will work with community taskforces and reach households through door-to-door engagement and stop transmission of EVD within communities.

Communities were provided with communications and material support, these provided the opportunity of communities to acquire necessary knowledge to practice preventive behaviors. UNICEF also equipped community leaders from 8 wards covering 169 target communities in Paynesville and Monrovia City Corporation with 239 megaphones and 10,000 brochures to facilitate their mobilization efforts. A total of 10,000 flyers, 100 banners, and 10,000 Ebola awareness flipbooks were produced and have been used by a several cadres of mobilisers to counsel families. To date, 20 ward leaders within these two cities have been issued motorbikes (11 bikes for Monrovia city and 9 for Paynesville) to facilitate monitoring of ongoing community engagement activities within these communities. Additional support was also provided to communities with UNICEF-supported hygiene kits (in-kind contribution from UNICEF) to further provide assistance to hotspot communities. These communities that were particularly challenged during the periods that they were “quarantined” and could not regularly access markets. One specific example was in March, in which a hotspot community in Omega Town in Paynesville was identified, and 400 kits were disseminated through the Paynesville City Corporation to households in that community to support the maintenance and promotion of hygiene practices in particular.

Partnership with media achieved wider coverage of information dissemination on EVD. UNICEF also brought to this partnership the standing interventions through radio in specific, one of the most effective source of information in Liberia. UNICEF continued to provide support to 22 FM stations in and around Monrovia and Paynesville that are estimated to reach a total population of over 400,000 individuals. Every day, the two radio spots and two jingles produced were aired at least 176 times by the 22 FM stations within Montserrado (averaging 8 times per day).

MCC, PCC and UNICEF hosted a one day working session for managers of these stations to come up with a media plan of action for Operation Stop Ebola. These media stations continued to engage with community leaders during their programs throughout the project campaign period, covering events in communities, as well as radio programs with key leaders.

⁶ Confirmed cases as of January 1 were 1772, as of February 1 they were 1790, and as of 1 March they were 1796 till end of March (Source : Ministry of Health situation reports)

Qualitative assessment

Montserrado was the last frontier of the EVD response en route to Liberia eventually being declared Ebola free. Being close to a half of the country's population and with the intricacies of urban settlements and mobility, winning the battle in the two cities represent a major success of the continuing battle against EVD. The key achievement of this campaign was bridging the linkages between the MoH community health volunteers and other health care workers in communities with community leadership structures. Through their joint efforts and working together, they focused and targeted interventions in communities that were most at risk or had outbreaks and had not been reach with awareness and support for families that were affected by EVD.

The messages of EVD prevention and the changing of social norms (especially those involving burial rites) was achieved though working on multiple levels of the society and reaching the interpersonal engagement with the community members. There was consistency in messages from the radio, commissioners, community leaders, and social mobilisers who went extensively to reach as many households as they could and reaching as many people as possible through household visits and community discussions respectively.

This achieved a heightened level of awareness and knowledge, whose translation could be observed in several behavioral changes: hand washing with a disinfectant was common, and a majority of the households had observable hand washing stations; handshaking and hugging and other physical contact was a rare sight; and there were no further instances of hiding the sick or conducting of secret burials.

ii) Indicator Based Performance Assessment:

	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Outcome 1 Indicator: 75% of studied population report knowing at least three ways of getting infected with EVD Baseline: Not available Planned Target: 75%	99.68%	Programming with mass media in local dialect, messaging through churches and mosques, intensified House to house mobilization and use of mobile phones to reach over 40,000 adolescents (who in may have reached messages to peers and family members)	National KAP study on Ebola
Outcome 2 Indicator: 75% of studied population are able to identify at least three ways to prevent EVD Baseline: Not available Planned Target: 75%	99.68%		National KAP study on Ebola
Outcome 3 Indicator: 50% of study population report practicing at least two Ebola preventive practices Baseline: Not available Planned Target: 75%	73%		National KAP study on Ebola
Output 1.1 Indicator 1.1.1: Number of community meetings conducted Baseline: 0 Planned Target: Not available Indicator 1.1.2: Number of community dialogues conducted Baseline: 0 Planned Target: Not available Indicator 1.1.2: Number of households visited in the 170 communities Baseline: 0 Planned Target: Not available	928	Engagement of traditional and religious leaders as well as women leaders and youth volunteers	Field monitoring reports
	928		Field monitoring reports
	227, 116		Estimates from field monitoring reports

III) Evaluation, Best Practices and Lessons Learned

Documentation study: In April, UNICEF undertook a documentation exercise to highlight the strategy, activities and results of Operation Stop Ebola campaign. The publication has been shared with regional partners and been disseminated in international forums. The documentation report is attached to this report.

Challenges: As highlighted in the documentation study, key challenges in the intervention included: Initial little or no coordination among partners working in the cities; community members felt fatigued to constant messaging; fear of stigma drove some community members into underground in terms of following recommended practices of reporting sick people or deaths.

Debriefing and lessons learned workshop: In late March of 2015, three months after the start of the programme, a three-day workshop was conducted in which 780 community leaders from Paynesville and Monrovia Cities participated. The aim was to get feedback on what worked well and what could have been done better and what they see in the future. It also highlighted that these types of forums are essential, and allow community leaders to participate in and to take ownership for the achievement of common goals.. Overall, community leaders were very positive and felt that they were empowered and appreciated the opportunity that they felt they had in this campaign—they took the lead in solving their own problem. They were full of praises for those funding “Operation Stop Ebola” in their communities. Yet, there was a suggestion that in the future some level of compensation be made to motivate community leaders to work “with all of their heart”.

Lessons learnt: As highlighted in the documentation study, the intervention showed that empowering community leadership at all levels and communities through decentralization, training, participation in message development, builds trust among community members and brings about effective identification and implementation of local solutions.

Evaluation study: A final project evaluation study was not undertaken, due to time and material constraints but also considering that the monitoring data was suffice to assess the intervention process and that epidemiological data would provide proxy impact indicators. Results from U Report polls and other partner’s rapid KAPs indicated that awareness of EVD is almost universal (98%) and knowledge of EVD transmission and prevention is very high, mostly in urban areas.

Photos: Pictures and case studies from the field have been attached to this report.

Operation Stop Ebola Transmission within Monrovia and Paynesville
Selected Pictures



Training session- MCC community leaders



UNICEF Trainer with PCC community leaders



PCC/UNICEF on community outreach



PCC/UNICEF on community outreach



PCC hand over motorbikes to community lead

