



**UN EBOLA RESPONSE MPTF  
FINAL PROGRAMME<sup>1</sup> NARRATIVE REPORT  
DATE: 30 OCTOBER 2018**

<b>Project Number(s) and Title(s)</b> <b>Project ID:</b> 00104216 (Gateway ID)  #64 Community Perception of Ebola Study/Survivors' Care Project	<b>Recipient Organization(s)</b> World Health Organization (WHO)  <b>RUNO(s)</b> <b>Project Focal Point:</b> Name: Dr Alex Gasasira E-mail: <a href="mailto:gasasiraa@who.int">gasasiraa@who.int</a>																												
<b>Strategic Objective &amp; Mission Critical Action(s)</b> SO3 ENSURE essential services MCA No – Description <b>Recovery Strategic Objectives</b> RSO# - Description <b>Mission Critical Action</b> MCA6 – Access to Basic Services	<b>Implementing Partner(s)</b>  Center for Liberia's Future, Inc. (CFLF)																												
<b>Location:</b>  Liberia	<b>Sub-National Coverage Area:</b> The study will be undertaken in all 15 counties in Liberia (Bomi, Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Gedeh, Grand Kru, Lofa, Margibi, Maryland, Montserrado, Nimba, River Gee, Rivercess and Sinoe) including towns, villages, and cities- rural and urban.  Support services offered in 6 high burden counties (Montserrado, Grand Bassa, Grand Cape Mount, Nimba, Margibi and Bong)																												
Country or Regional	Full list of countries and/or districts																												
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<sup>1</sup> Financial Closure requires the return of unspent funds and the submission of the [Certified Final Financial Statement and Report](#).

<sup>2</sup> Project can choose to contribute to all MCA or only the one relevant to its purpose.

<sup>3</sup> Assuming a ZERO Baseline

<sup>4</sup> If data is not available, please explain how it will be collected.



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<p><i>(if applicable)</i></p> <p><b>TOTAL:</b> \$0.00</p> <p><b>Programme Assessment/Review/Mid-Term Eval.</b></p> <p>Evaluation Completed  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: 30 January 2018</p> <p>Evaluation Report - Attached  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p>	<p style="text-align: center;"><b>Report Submitted By</b></p> <p> <input type="radio"/> Name: Dr Monday Julius  <input type="radio"/> Title: Epi-Surveillance/IDSR Team Lead  <input type="radio"/> Date of Submission: 2 November 2018  <input type="radio"/> Participating Organization (Lead):  <input type="radio"/> Email address: <a href="mailto:mondayj@who.int">mondayj@who.int</a>/drmondayj@gmail.com         </p> <p><i>Signature:</i></p> <p style="text-align: center;"><b>Report Cleared By</b></p> <p> <input type="radio"/> Name: (Head of Agency) Dr Mesfin Zbelo – Officer In Charge (WHO-Liberia)  <input type="radio"/> Date of Submission: 2 November 2018  <input type="radio"/> Participating Organization (Lead):  <input type="radio"/> Email address <a href="mailto:mesfing@who.int">mesfing@who.int</a> </p> <p><i>Signature:</i></p>
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Project Proposal Title: Community Perception of Ebola Study/Survivors' Care			
Strategic Objective to which the project contributed	To ensure essential services for Ebola affected populations, survivors, orphans and care givers in Liberia through assessing community perceptions and attitudes that perpetuates discrimination and stigmatization of Ebola survivors, orphans and caregivers. The findings of the survey enabled Liberia ministry of health to adapt health messages for public awareness, promoting health seeking behaviors and to create an enabling environment to reintegrate the Ebola affected populations (Ebola survivors, orphans, and caregivers' integration into their communities).		
Indicators	Output indicators	Effect indicators	Responsible Organization(s).
Outputs	3	1	World Health Organization (WHO)



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**OUTPUT INDICATORS**

Indicator	Geographic Area	Projected Target (as per results matrix)	Quantitative results for the reporting period	Cumulative results since project commencement (quantitative)	Delivery Rate (cumulative % of projected total) as of date
<b>Output 1: Indigenous knowledge on public health preparedness and Ebola recovery documentation through the national perception study in the targeted population.</b>					
Documentation of Indigenous Knowledge on Public Health Preparedness and Ebola Recovery available	15 counties	Baseline: 0  Target: 1 report	1 report	Finalized 1(one) Comprehensive report produced	100%
Sample of all people (participants) that were enrolled in the study (EVD survivors, orphans, medical workers, CSOs and general public)	15 counties	Baseline: 0  Target: 1000	880 participants	880 participants due to the target population being hard-to-reach and stigma	88%
Survey conducted at national and subnational levels.	15 counties and National level	Baseline: 0  Target: 15 counties and National level	15 counties and National level	15 counties and National level	100%
Survey findings developed and disseminated at county and national wide	15 counties and National level	Baseline: 0  Target: 7 consultations	20 Consultations at county and National level	20 Consultations at county and National level	286%
Multi media coverage received for sharing the findings(Radios, social media and Newspaper)	15 counties and National level	Baseline: 0  Target: 20	20	20	100%
<b>Output 2: Strengthen the capacity of CFLF staff to undertake a high quality survey.</b>					





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Availability of staff and locals trained to conduct a survey, analyze data and document findings	National wide	Baseline: 0 Target: 200 consultations	198 staff and locals trained	198 staff and locals trained	99%
<b>Output 3: Awareness and sensitisation among the public and key stakeholders enhanced at all levels.</b>					
Caregivers in health facilities sensitized	6 counties	Baseline: 0 Target: 300 caregivers	624 caregivers	624 caregivers	208%
EVD survivors engaged in awareness campaigns	6 counties	Baseline: 0 Target: 350 EVD survivors (computed post survey)	201 EVD survivors	324 EVD survivors	93%
<b>EFFECT INDICATORS:</b>					
<b>Access to health care and social welfare services improved by the EVD survivors, orphans and caregivers</b>					
Access of health services by EVD survivors and affected population increased.	6 counties	Baseline: 0 Target: 500 EVD survivors (computed post survey)	500 EVD survivors	500 EVD survivors	100%
EVD orphans accessing education services increased	6 counties	Baseline: 0 Target: 300 EVD orphans	289 EVD orphans	324 EVD orphans	96%
EVD survivors and affected population with improved livelihood opportunities increased	6 counties	Baseline: 0 Target: 3000 EVD survivors (computed post survey)	1506 EVD survivors	2133 EVD survivors	71%



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**EXECUTIVE SUMMARY**

**Current Situation and Trend**

The devastating Ebola Disease Outbreak (EVD) in 2014-2016 in West Africa, Liberia became the most heavily affected country, with widespread loss of lives and devastation to society. The impact of Ebola has been pervasive and far-reaching, affecting individuals and communities psychologically, economically, and socially. The aftermath of the Ebola outbreak presents challenging times for Liberian families and communities, most especially, the nation's Ebola-affected populations, which face unparalleled needs as long-term unemployment, hunger, health complications, and homelessness.

Preliminary research findings from the Center for Liberia's Future (CFLF) on community perceptions of Ebola survivors and affected populations depict a broad spectrum of needs. Ebola survivors, orphans, and caregivers highlight an array of health, economic, psychosocial, educational and general livelihood needs. Survivors report health problems related to their eyes, muscles, and head (neurological). Manifesting the trauma that many suffered, adults report mood swings, regular nightmares, problems maintaining social relationships, while orphans are reported to be involved in physical fights with peers, high drop-out rates from school, coupled with sexual promiscuity, even low levels of involvement in criminal behaviors. Caregivers highlight that economic hardships are their number one challenge. In the education realm, orphans face the need for tuition, uniforms, transportation fare, textbooks, and stationeries.

World health Organization in collaboration with the implementing partner Center for Liberia's Future planned the community Perception of Ebola Study/Survivors' Care Project, to address the strategic objective of ensuring essential services for Ebola affected populations: survivors, orphans, and caregivers in Liberia. Rather than taking a prescriptive approach to messaging and community engagement, as many previous Ebola response projects have done. The project consisted of three parts:

- 1) A perception study to understand how Liberian's perceive Ebola and the type of support survivors need to enhance their reintegration into society
- 2) Public outreach to share the findings and
- 3) Service delivery for survivors and affected populations based on needs identified through the survey.

1000 direct beneficiaries were targeted to participate in the community perception survey of which 880 (88%) were enrolled into the survey while the 500 people targeted to receive services based on their articulated needs all benefited (100%).





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**Narrative section:**

Ebola survivors, orphans, and caregivers are highly stigmatized and discriminated against and as such, engage in continued mobility to achieve anonymity. As such, when targeted beneficiaries were engaged, they were found to be mobile. Tracking them imposed hardships on staff. Some were found, but others were not located in the process. Yet still, we managed to distribute rice (the clients' most preferred supplies) to the targeted 500 beneficiaries in all the 6 targeted counties.

One of our key achievements is that we visited all 15 counties including the 6 targeted counties, the latter for service delivery.

**Key Achievements:**

**1. National Perception Survey**

One of our key achievements is that we visited all 15 counties. Secondly, CFLF also were able to complete the requisite procurement activities and to recruit and interview 880 study participants out of the targeted 1000 given that the target population is hard-to-reach, under-researched, and most importantly frequently mobile seeking anonymity due to heightened stigma and discrimination meted out at them.

**Key findings from the study:**

- Risk of transmission to HCWs remains high due to perceived ongoing low adherence to IPC practices.
- Orphans face isolation, exploitation, rejection and stigma in their everyday life with no systemic interventions to address these needs
- The intensity of stigma has reduced considerably since the end of the epidemic, but not systematically across the country
- Perceived widespread poverty and malnutrition among orphans and caregivers.
- One- time emergency support provided by GoL and donor partners is unsustainable.
- Many orphans have drop out from school, especially older ones who must peddle goods or get involved in illicit activities to care for their siblings.
- Orphans serve providers for caregivers' biological children and/or face threats of sexual abuse from older adults – caregivers and others.
- Trauma, evident by continuing expression of grief among orphans and some orphans broke down during interviews or others remained mute.
- Caregivers lack sustained public, familial, and psychosocial supports addressing the behavioral needs of despondent and defiant orphans.
- Preparedness level is not uniform across the country due to local dynamics and differences in cultural practices or access to health
- Should an EVD outbreak of the 2014-2015 magnitude occur, the nation is unprepared to respond efficiently and effectively (minimizing infection rates and associated casualties).

Additional achievement included training a research team of 6 people on how to conduct community perception study, conduct interviews with hard to reach populations, data analysis, report and article writing



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as well as making presentations to variety of different audiences in person and on the radio/TV.

**1. Public Outreach and Education**

The final project report has been completed and validated; the staff supported the next stage of the project, sharing the findings with key stakeholders, and the general community. CFLF presented the research finding to the President and the Cabinet of the Republic of Liberia and the Senior Management teams at the Ministry of Health and the National Public Health Institute of Liberia (NPHIL). Articles have been published in the local dailies and ready for academic journals. Presentations have been made on local radio stations and to different audiences regarding the research.

The research findings on preparedness have being presented to selective audiences being cautious that it could spur unwarranted fear if presented to the general public. The final report and presentation are also provided to WHO electronically.

**3. Service Delivery for Survivors and Affected Individuals:**

The research study consists of four main focus groups including; survivors, caregivers, orphans and other community leaders (i.e. religious leaders, teachers, chief medical officers, police officers and motorcycle riders). While documenting their perceptions, experiences and health seeking behaviors, preliminary findings have uncovered a strained communal care system in which few resources are available for these populations. Urgent need exists to build an imaginative model of social service delivery to attend to the emerging needs of this special population. CFLF able to distribute rice (the clients' most preferred supplies) to the targeted 500 beneficiaries in all the 6 targeted counties (Montserrado, Grand Bassa, Grand Cape Mount, Nimba, Margibi and Bong).

The affected individuals and support provided can be divided into two groups:

1. Orphans (as a result of Ebola) and Caregivers: most significant needs are for livelihoods
2. Survivors: have varied needs, including health needs and livelihoods needs

No. of Beneficiaries	Survivors reached for the perception study	Beneficiaries for services delivered by the project
Women	311	108
Girls	110	152
Men	360	96
Boys	99	154
Total	880	500

**Delays or Deviations**

- Activities implemented under this project were implemented as per approved budget, there was no funds deviated.
- The heavy rainfall that started in July through October affected the survey completion timeline.

**Best Practices and Summary Evaluation**

- Activities implemented under this project benefit the people of all age groups including children, women and men (Ebola survivors, orphans, caregivers and affected populations) in targeted areas.



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### **Lessons learned**

- A key lesson is that local community engagement is crucial for response, recovery and reintegration of Ebola survivors, orphans and caregivers into their communities, and may have played a role in the decline in transmission rates of Ebola epidemic. The social context for local innovations and response did not appear to be auspicious, as local communities exhibited resistance towards hospitals, ETUs and cremation policies.
- Engaging with communities is therefore not the sole responsibility of CHWs. Policy makers health planners clinicians researchers, NGOs, development partners can benefit from the process
- Sustainable community engagement and multi-faceted risk communication strategies and resourced plans builds trust and prevents discrimination and stigmatization of affected populations

### **Story from the Field**

The care of children orphaned by Ebola and Ebola survivors was a huge challenge prior to this project. Some community members mentioned that children would be brought into their homes and families, noting, “The children become our children. These children are our own because their parents are no more, a community member from affected area stated after the community engagement meeting for the survey.” Another commented that the community leaders must, “encourage people to take children whose parents have died of Ebola as their own, because we have lived in the same community for years and they are like family to us.” Recalling the war and the fragility of life in urban Monrovia, one individual noted, “We have done it before.” Several respondents mentioned that children required psychosocial counseling to recover from “traumatization” due to having lost their parents, and these recommendations were implemented with funding support of this project. Despite the will to care for the children and Ebola survivors, there was considerable concern about the economic, emotional, and residential burden. Others called for the creation of orphanages and Ebola survivors camps within their communities so that community members could oversee the development of the children, while delegating financial and educational costs to NGOs, the World Health Organization, and the ministry of health and social well fair. The majority of individuals, however, seemed to hope that children would be able to stay within the community, but would receive support for access to clothing, food, and education from governmental, non-governmental, ecumenical, and charitable sources. This project was a big relief in this direction.

### **Training of research team.**

