

Communication for Development: Responding to Ebola in Liberia

June 2015



Lofa County: Communities took the matter in their own hands



Background

With a population of 276,385, Lofa County is nestled in the north of Liberia, at the borders of Sierra Leone and Guinea. In March 2014, the first cases of Ebola appeared in Lofa County and within 9 months the County registered 724 Ebola cases, 451 deaths among which 16 health workers died.

Later in July 2014, despite the soaring number of cases, communities remained in denial, resisting outside assistance, hiding the sick and burying their dead in secret. At the onset of the crisis, UNICEF offered support to the community of Barkedu but quickly it created more resistance and distrust. Activities had to be built from within the community, involving the chiefs, religious leaders and influencers in order to be fully embraced and accepted by the population. Only then were communities able to fend for themselves, containing the epidemic and finally stemming the crisis as early as September 2014 with no further cases beyond this date.

Challenges

Community entry

The limited involvement of local leaders in the initial phase of the response contributed to resistance, distrust and rumors.

Border crossing

Lofa shares porous borders with Sierra Leone and Guinea posing a constant risk and source of new Ebola cases entering.

High-risk behaviors

Low comprehensive knowledge (poor hand-washing, secret burials, myths...) of Ebola among the population created stigma and fear and thus resistance among the population.

Community Response

“For communities to come around and start recognizing that Ebola was real, two key events took place: the fact that their loved ones were dying and the fact that religious leaders started advocating for preventive actions to build trust in the central government.” (Pastor John Korboi, Voinjama, Lofa County)

In July 2014, Barkedu was the first community in Liberia to be quarantined. The severity of the EVD crisis forced the town to stay quarantined for a total of 6 months with little government support for the first three. Taking the matter in their own hands community members showed resilience and creativity, devising measures to stem the epidemic:

- The community set up an 18 member Ebola task force comprised of youth,

women, and community leaders. They organized their own rapid response system, identifying the suspected cases right away, isolating families and individuals, carrying out safe and dignified burials in record time and dispelling rumors by going door to door and organizing dialogues among community members.

- To facilitate negotiation of safe burials, 11 young trusted community members volunteered to be on the burial team.
- The town opened an isolation center for EVD cases since health centers had been deserted by health care workers.
- The community traced and monitored all newcomers. When in quarantine, the population patrolled their borders and restricted access to their community.
- Quarantined families were closely monitored and provided with the necessary support they needed (food and non-food items as well as psycho-social support).
- Traditional leaders decided to suspend all secret society ceremonies to avoid secret burials.
- As trusted members and models in the community, religious leaders were the main drivers of the response working with local authorities, involving youth and women, organizing dialogues, going door to door with community leaders and preparing specific sermons addressing questions and resistances.

UNICEF's activities

In this context, in March 2014, the UNICEF team and partners reached out to the most affected communities and supported them in reinforcing and orchestrating their response. At that time UNICEF was providing on the ground assistance through a series of ad hoc activities. Later, UNICEF better organized and aligned its response with the community, encompassing multiple aspects that enabled Lofa County to tackle the epidemic while creating momentum and buy-in from the community members at all levels, and setting up precedent for the rest of the response.

The C4D team adopted a three-pronged approach that consisted of:

Formally involving religious leaders:

As it became clear that unsafe burials were driving the epidemic, religious leaders emerged as pivotal in the EVD response. Imams and pastors already had the trust of their people and were natural mobilizers. They often acted as psycho-social support to families affected by Ebola but mostly, they ensured safe and dignified burials. UNICEF built the capacity of religious leaders to mobilize communities in addition to using theatre, music, community dialogue, and working with chiefs and traditional leaders. Religious leaders in the county started attending the coordination meetings lead by the County Health

Team and were fully integrated in the community networks.

Supporting rapid response teams:

UNICEF built the capacity of rapid response team members by supporting the County Health Team in Lofa, to ensure cohesiveness and harmonized activities, avoiding duplication and advocating for the inclusion of social mobilizers within the Rapid Response Teams (contact tracers and case investigators).

“You did not know if you were going to live the next day”

- Pastor Saint-John York,
IRCL Secretary General

Reinforcing community networks:

UNICEF worked with multiple networks to coordinate and create synergy among stakeholders and partners. UNICEF established a network of District Mobilization Coordinators (DMC) and County Mobilization Coordinators (CMC) to work with, facilitate and monitor

gCHVs and other frontline mobilizers to motivate adoption of safe behaviours and practices.

Lessons learned

- Formalizing engagement with religious and traditional leaders was the first of its kind in the EVD response and proved to be critical in the resolution of the crisis.
- Identifying and designing the role of social mobilization in the Rapid Response Teams by working with front-line workers in communities (surveillance officers, contact tracers, burial teams, swab teams, and ambulance teams) was used as a model countrywide.
- Empowering and building the capacity of community members by providing them with access to the same tools, materials and training guides about EVD.
- Synergy among partners working in the communities ensured thorough geographic coverage, and avoided duplication.

Community engagement in Lofa County

Oct 2014- May 2015	Households reached by door to door visits	Community Meetings held	Reach for community meetings/discussions			
			Community elders	Men	Women	Children
Totals	10638	768	5054	58398	74185	54404

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COMMUNICATION FOR DEVELOPMENT

Summarizing the impact of communication in responding to the Ebola epidemic