**Global Communities – Ebola Response\_ Expanding Liberia Community Dialogue Sessions**

**Where is your organization working to combat Ebola?** (Be as specific as possible - include villages, regions, and countries if possible.)

Global Communities' Ebola response activities were initially isolated to three counties, Bong, Lofa, and Nimba. As the epidemic progressed, Global Communities' role in the response efforts scaled to include all fifteen counties in Liberia. We credit this rapid scale up to our ability to be flexible in adapting our response efforts to the quickly changing environment and our long-standing relationships with local community leaders and the Ministry of Health and Social Work (MoHSW).

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| Liberian Counties Where Global Communities is Active |
| Margibi |
| Grand Bassa |
| Bomi |
| Gbarpolu |
| Grand Cape Moun |
| Grand Gedeh |
| Sinoe |
| Marlyland |
| Grand Kru |
| River Gee |
| River Cess |
| Montserrado |
| Bong |
| Lofa |
| Nimba |

**What activities is your organization currently carrying out to combat Ebola?** \* (Please be specific - include the activities, approximate timeline, and impact expected.)

At the onset of the current unprecedented Ebola outbreak, our Global Communities' Liberia team was already immersed in the community implementing the five-year USAID funded [IWASH](http://www.globalcommunities.org/publications/2013-liberia-CLTS.pdf) (Improving Water Supply, Sanitation, and Hygiene) program. The IWASH program was design to help residents in three counties in Liberia and targeted neighborhoods in Monrovia to improve their overall health through better water supply systems, sanitation facilities and hygiene practices. Through the IWASH program, Global Communities works with community members, local partners and municipal governments to develop sustainable solutions to meet communities' water and sanitation needs. Simultaneously, the project promotes education and learning among individuals and communities about sanitary practices and water hygiene. Central to the IWASH project is our community-led total sanitation (CLTS) model, a collective behavior change methodology in which community leaders demonstrate the health risk associated with open-defecation, the absence of hand-washing, lack of public sanitation facilities, and other harmful personal and public hygiene related behaviors. The community meetings that are held as a part of the CLTS model resulted in communities working together to build latrines, educate each other about hygiene and sanitation, and achieve open defecation-free status. As a direct result of our IWASH program, 283 Liberian communities are now open defecation- free. We are actively working on establishing an evidence base that realizes a link between the personal hygiene practices IWASH communities adopted under the CLTS model to the minimal number of Ebola infections suffered within the 350 IWASH communities.

Our Liberian-grown and refined CLTS approach, and it's focus on establishing proper personal and community hygiene practices, as well as utilizing our established relationships with local community leaders to conduct community information meetings and dialogue sessions, well-positioned Global Communities to respond to the Ebola outbreak, with the necessary scale and technical expertise.

Since March 2014, the Global Communities team in Liberia has been delivering outreach messages focused on preventative hygiene practices to an at-risk population of 366,000 people, placing an emphasis on women, who are disproportionately affected by Ebola due to their role as family caretakers and health workers. Our ALERT (Assisting Liberians With Education to Reduce Transmission) program was an intensive and rapid outreach to communities at-risk of exposure to the Ebola virus, or that have already been exposed to Ebola-infected individuals. Capitalizing on existing, and long-standing relationships, resources, networks, and trust built with rural communities in Lofa, Nimba, and Bong counties, through community- dialogue sessions, ALERT disseminated effective, accurate, and timely information to educate individuals, households and community leaders in safe and hygienic methods to reduce the risk of exposure to and contraction of Ebola. Global Communities ALERT activities also include, providing local burial and disinfection teams with supplies and training on safe and effective burial techniques that will reduce further transmission of the virus, and supporting local government's efforts to track the movement of the virus by providing field updates to local and national authorities on the number of reported Ebola cases and Ebola related deaths.

After four-months of ALERT program activities, Global Communities has scaled nationally and modified our response efforts to accommodate more burial and disinfection teams, provide logistical support to ambulance services, conduct more community information meetings and dialogue sessions in at-risk communities, and continue tracking the movement of the virus. As of Dec 1, 2014 , Global Communities is providing technical and logistical support to 48 burial teams and 39 disinfection teams in all 15 counties in Liberia, and 15 ambulances in 12 Liberian counties. Going forward, community information meetings and dialogue sessions will target at-risk areas that are continuing to be under the immediate threat of exposure to Ebola. It is important to note that we have been able to scale-up and combat the Ebola virus because we have remained flexible, cooperative, and responsive to local and national governance, and we will continue to do so.

**What activities will you carry out with these funds?**

Global Communities will be using the funds from Global Giving to conduct 75 community level Ebola information meetings and dialogue sessions. These sessions encourage community members to discuss how best to respond to Ebola in their community, and to disseminate information on hygiene practices and preventative measures. Global Giving funds will also be used to conduct 12 district level Ebola education and outreach meetings. These district-level meetings will take place in high-risk communities throughout Liberia. The breakdown of the meetings and sessions are as follows;

Outreach and Education - District Level: In special District Level Education and Outreach meetings, Global Communities will target traditional leaders like; Town Chiefs, Paramount Chiefs, Clan Chiefs, and religious leaders, as well as district level health officials and community health volunteers. There will be 24 one-day meetings that will deliver critical messages concerning the proper health, sanitation, and preventative behaviors that can significantly reduce the chances of Ebola transmission. Each meeting is expected to have 40 traditional leaders as participants.

Ebola Information Meetings- Community Level: Global Communities mobilizers will conduct outreach meetings and discussion groups, each targeting an average of 20 individuals from the local community. There will be 118 community level meetings.

Hygiene kits, provided by UNICEF, will be distributed at these community sessions and district level meetings.

Additionally, Global Communities will engage in a mass media campaign to distribute appropriate messaging and outreach to prevent transmission of Ebola and promote healthy personal and community hygiene behaviors. Campaign materials will include posters, bumper stickers, banners and home placards, brochures, and small booklets.

Applying lessons learned from our early response efforts and making the necessary adjustments to provide a timely response to the most critical areas, which are informed by constant contact with national and local authorities, these outreach meetings and dialogue sessions have been proven to contribute to increased local public knowledge and preparedness to reduce high-risk behavior, and the information delivered in the meetings and sessions are reinforced through traditional leaders at the local community and village level.

**How will you know if your activities are working?**

We are confident that our community and district level information meetings and dialogue sessions, sharpened under IWASH's community-led total sanitation model (CLTS), will work to combat the spread of Ebola for many reasons that include;

1. Our efforts are community focused and community-led, which establishes credibility among community members who are weary of external actors. All of our community level and district level information meetings and dialogue sessions will be delivered by traditional leaders who are natives of the local communities and villages. We are happy to report that of the 283 communities which became Open- Defecation Free under IWASH before the Ebola outbreak, have reported zero cases of Ebola.
2. Community-dialogue session are working to combat Ebola denial. For example, in Nimba county, after a community dialogue session was conducted by local community leaders, 19 attendees reported they now believe the Ebola virus is real and that they will now use and share the information that they learned at the meeting.
3. Local community leaders and national authorities have recognized our quick and tactful approach to utilizing communities traditional leaders to spread Ebola prevention transmission information and proper personal hygiene information, and this has been made known to us in the form of receiving request from community leaders and national authorities, including the head of Liberia's Ebola Task Force, to conduct community information meetings and dialogue sessions in high-risk areas.

**How are you involving community members in your Ebola response strategy?**

Global Communities provides technical support and acts as the facilitator of our Ebola response strategy, but the activities that initiate change are implemented by local community leaders. One of the reasons why our community-led information meetings and dialogue sessions strategy has been effective is because the community's traditional leaders and local government representatives are the face of the meetings and sessions. For example, 42 communities participated in community- dialogue sessions held in Nimba county in the past months, and session attendees were outspoken about the fact that the sessions were the first time that they attended a meeting or sessions where local community leaders were conducting the sessions, and drove the discussion around how best to address the spread of Ebola in their community.

As noted earlier, our CLTS model has been home-grown and refined in Liberia and it has proven that when local community leaders are front-facing and reinforce the messaging and behavior change practices learned at community information meetings and dialogue sessions, it enables communities to adopt lasting change and realize the benefits of working together to improve their communities.

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| **Budget Summary** | | **Donor Total $USD** |
| **Object Class Categories** | |
|  | | |
| ***I. Human Resources*** | | |
| ***Subtotal Human Resources*** | | **23,600** |
|  | | |
| ***II. Logistics*** | | |
| ***Subtotal Logistics*** | | **20,817** |
|  | | |
| ***III. Program Activities*** | | |
| ***Subtotal Program Activities*** | | **55,583** |
|  | | |
| **IV. Total Direct Charges** | | **100,000** |
| **VI. TOTAL PROGRAM BUDGET** | | **100,000** |