Social Mobilization Lessons Learned: The Ebola Response in Liberia

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ACKNOWLEDGMENTS

ACRONYMS

BCC	Behavior Change Communication
BOH	Bridges of Hope
BPHS	Basic Package of Health Services
CBO	Community-based Organization
CCP	Johns Hopkins Center for Communication Programs
CDC	United States Centers for Disease Control and Prevention
CHSD	Community Health Services Division
CHT	County Health Team
CSML	Civil Society and Media Leadership Program
CSO	Civil Society Organization
DEN-L	Development Education Network Liberia
DHT	District Health Team
DRC	Danish Red Cross
ECAP	Ebola Community Action Platform
EPHS	Essential Package of Health Services
ETU	Ebola Treatment Unit
gCHV	General Community Health Volunteer
GOL	Government of Liberia
HC3	Health Communication Capacity Collaborative
IMS	Incident Management System
IPC	Infection Prevention and Control
JSI	John Snow, Inc.
KAP	Knowledge, Attitudes, and Practices
LISGIS	Liberia Institute of Statistics and Geo-Information Services
LLA	Listen! Learn! Act!
MELS	Monitoring, Evaluation, and Learning System
MICAT	Ministry of Information, Cultural Affairs, and Tourism
MMD	Messages and Materials Development
MOE	Ministry of Education
MOH	Ministry of Health
MSH	Management Sciences for Health
NCCEL	National Council of Chiefs and Elders of Liberia
NGO	Non-governmental Organization
NHPD	National Health Promotion Division
ODK	Open Data Kit
PPE	Personal Protective Equipment
PSI	Population Services International
RED	Reach Every District Strategy
RME	Research, Monitoring, and Evaluation
SBCC	Social and Behavior Change Communication
SM	Social Mobilization
SMS	Short Message Service
TOT	Training of Trainers
TWG	Technical Working Group
UL-PIRE	University of Liberia Pacific Institute of Research and Evaluation
UNICEF	United Nations Children's Fund
UNMEER	United Nations Mission for Ebola Emergency Response
UNMIL	United Nations Mission in Liberia
USAID	United States Agency for International Development
USAID-PACS	USAID's Partnership for Advancing Community-based Services
WHO	World Health Organization

INTRODUCTION

Overview of Response

In March 2014, Liberia was in the process of rebuilding its health system after decades of civil war—which had significantly damaged both the infrastructure and the population's trust in the government—when the first Ebola Virus Disease (Ebola) case was identified in Lofa County. During the next year and a half, more than 10,670 people in the country would become infected, and more than 4,800 of them would die from the disease.

During the first few weeks of the outbreak, the Government of Liberia (GOL), the Ministry of Health and Social Welfare—now the Ministry of Health (MOH)—and supporting and implementing partners on the ground hoped to manage and isolate the infections, but it soon became clear that a biomedical response alone would not be enough to turn the tide of the epidemic. Methods such as patient isolation, contact tracing, infection control, case management, safe burials, social mobilization, and community engagement were quickly recognized as the keys to preventing Ebola transmission. In particular, social mobilization activities that engaged communities and their leaders became critical to increasing Ebola awareness, changing unsafe health-related behaviors, and addressing stigma.

From July 2014, as the number of Ebola cases increased, outreach efforts expanded, and more partners and donors became involved, the MOH response structure also changed in order to better organize and manage the coordination of all partners contributing to the Ebola response. The new incident management system (IMS) included six technical working groups/pillars—case management, contact tracing, safe burials, surveillance, laboratory, and social mobilization—and clearly defined the lines of authority and accountability within the system. By the end of the year, the number of partners contributing to and the magnitude of the response was massive—for social mobilization activities alone, over 120 international, national, and local organizations, community networks, and groups collaborated with and supported the MOH.

In early 2015, as the incidence of Ebola decreased, national priorities shifted to focus on health systems strengthening, surveillance, and preparedness. At the same time, Ebola eradication strategies narrowed from a country- and county-level focus to approaches that targeted district- and community-level hot spots.

The emergence of new cases after Liberia was first declared Ebola free on May 9, 2015, tested the country's ability to address future health crises—further underscoring the importance of infectious disease preparedness at all levels—and emphasized the need to increase the population's trust in the health-care system and to maintain key health-seeking behaviors. Because Liberia is still at risk for recurrent Ebola infections from animal and human reservoirs, Ebola and other infectious diseases, such as measles and Lassa Fever, will likely continue to present a challenge to the region.

The impact of the disease on the country's already weak health system was considerable. Hundreds of health workers died, trust in the health system was further diminished, and work in other key heath areas, such as maternal and child health, malaria, and HIV, suffered because of the loss of crucial staff and resources. The Ebola epidemic also revealed weaknesses in global health agency/organization response systems, from acknowledging the emergency to having the mechanisms in place to quickly respond to an evolving public health crisis in countries without strong and resilient health systems—and the importance of rebuilding health systems after such a crisis.

Aim of Report

The primary aim of this report is to document the work of the IMS Ebola Response Social Mobilization Pillar and key social mobilization efforts that contributed to the response in Liberia during the 2014–2015 West African Ebola outbreak.

The body of the report is divided into two sections. The first four chapters of the report give an overview of the state of Liberia's health system and relevant MOH and partner projects that helped provide a foundation for the response, changes in the structure of the response, and key social mobilization and

research, monitoring, and evaluation activities from the two primary waves of the response. The last two chapters identify the key challenges, lessons learned, and success factors from the outbreak as well as recommendations for preparedness activities moving forward.

The report is based on key MOH and partner documents (published and unpublished), journal articles, partner blog posts, interviews with key stakeholders, data collected through MOH and partner activities, and analysis of project documents.

Key Lesson Learned

While no single factor can be credited for controlling the Ebola outbreak, the MOH acknowledges that transparency, communication, and community engagement contributed substantially to changing the course of the outbreak (Pillai et al., 2014; Nyenswah, 2016).

"Grassroots community engagement which builds local resilience is the best approach to educate the nation and eradicate Ebola from Liberia."

– Emmanuel N. Kim Program Manager at Equip Liberia (Ebola Community Action Platform, 2015)

Community engagement, and social mobilization more broadly, contributed to significant behavior change—from eliminating physical contact with others and reducing in-country movement to increasing handwashing and care-seeking practices—by engaging and motivating individuals and communities to create change in their lives and environment. Social mobilization activities, such as door-to-door campaigns, radio shows, and other community initiatives, were utilized to share and distribute MOH-approved messages and materials and to help to create and support focused dialogue within communities (Health Communication Capacity Collaborative [HC3], 2015a).

For these activities to work, communities and their leaders had to be engaged in the entire process—from creation and buy-in to ownership and action (Abramowitz et al., 2015; Rev. John Sumo interview, 2015). Local networks of trusted community leaders were engaged to inform and work with their communities to "eliminate the transmission of Ebola, and play a positive role in their community during this challenging time" (Montgomery, 2014). Clear, consistent, honest, and culturally sensitive communication and messaging, such as the "Ebola is Real" and "Ebola must Go!" campaigns, and social mobilization activities were crucial for increasing individual and community knowledge and reducing risk behaviors and stigma (Pillai et al., 2014; Nyenswah, 2016).

Door-to-door active case searching and social mobilization in Tewor district, Grand Cape Mount, Liberia. © 2015, UNMEER/ Martine Perret

BEFORE EBOLA: REBUILDING AFTER CIVIL WAR

After emerging from two long and destructive civil wars, Liberia's health system was weak and fragmented. In 2007, the Liberian government created a post-conflict national health policy that rolled out a Basic Package of Health Services (BPHS) to its citizens. Through mid-2011 the BPHS provided "a number of evidence-based, affordable health interventions designed to reach the population through a network of health clinics, health centers and first-level referral hospitals across Liberia" (Barh, Kebrom, Morris, Mutala, & Grogan, 2011). In 2011, the Ministry of Health (MOH) began to shift to a more comprehensive Essential Package of Health Services (EPHS), which added and scaled-up services at all levels of health-care delivery countrywide. The first phase of the EPHS 10-year implementation approach was aimed at strengthening key areas that had not been performing well under the previous system, particularly services related to maternal and child health, which included maternal and child nutrition, family planning, prevention of mother-to-child transmission of HIV, appropriate malaria prophylaxis and treatment during pregnancy, and access to skilled, facility-based delivery services (MOH, 2011). The phase-one approach also suggested introducing mental health, school health, prison health, and eye services; providing quality assurance programming; and assessing and planning for the prevention and treatment of neglected tropical diseases and non-communicable diseases (MOH, 2011). In accordance with national health policy, the EPHS would maintain a tri-level care structure, with primary care provided by a range of community health volunteers and level-one and level-two clinics within the community health system, secondary care provided through referrals to health centers and hospitals within the district and county health system, and tertiary care through regional hospitals and the national hospital within the national health system (MOH, 2011).

International organizations, such as the United Nations Children's Fund (UNICEF), World Health Organization (WHO); John Snow, Inc. (JSI); Jhpiego; Management Sciences for Health (MSH); and Johns Hopkins Center for Communication Programs (CCP), provided support to the MOH throughout the changing health policy process. UNICEF, WHO, and CCP supported the MOH National Health Promotion Division (NHPD)—UNICEF seconding staff to work with the division on Expanded Program on Immunization activities, WHO providing policy development and material support, and CCP under the Africare project and the five-year USAID-funded Rebuilding Basic Health Services (RBHS) projects.

Poorer area of Monrovia, Liberia. ©UNMEER/Christopher Bailey.

Rebuilding Basic Health Services

In 2008, JSI and implementing partners Jhpiego, MSH, and CCP began work with the MOH on the RBHS project to restore and broaden the health system and provide access to basic health services for the Liberian people (JSI, n.d.; CCP, n.d.; Barh et al., 2011). Over time, additional funding and implementing partners were added to extend the reach of the program. A three-pronged strategic approach was used to strengthen and extend the delivery of services to three key counties (Bong, Lofa, and Nimba); strengthen the health system's human resources, infrastructure, monitoring and evaluation, and policy development;

and strengthen disease prevention and healthy behavior promotion through community mobilization and behavior change communication (JSI, n.d.; CCP, n.d.; Barh et al., 2011).

After its midterm review in 2011, the project shifted its priorities from service delivery to health-system strengthening and MOH capacity strengthening to further support the transition toward decentralizing the health system. Based on the WHO building blocks of health-system strengthening, the RBHS implemented a series of capacity-strengthening activities at the county level. These activities included designing and building critically needed health facilities and strengthening community trust with those facilities; developing standardized materials to strengthen the training of health workers; designing and implementing the Health Management Information System and Human Resources Information System (iHRIS); and using various assessment tools to gauge levels of need and improvement (JSI, n.d.).

The social and behavior change communication (SBCC) component of the RBHS project was managed by CCP, which worked to support the MOH NHPD at the national and county levels to design and implement the SBCC and community mobilization strategy. Prior to the Ebola outbreak, health promotion activities included trainings and workshops to develop key materials and toolkits, design health campaigns and radio programs, and build capacity of SBCC with national- and county-level MOH staff and implementing partners.

At the beginning of the RBHS project, a logo was developed to create a unifying identity for all SBCC materials produced by or for the MOH. The logo's design process was lengthy, and the pretesting of names and images was conducted at the community and health facility levels and within the MOH. The final image of a man and his wife holding their baby in the air was chosen because it illustrated a happy healthy family. At a biannual conference, the Vice President launched the Healthy Life logo as the social brand for all materials produced by the Ministry. All materials from that point on were required to carry the logo—to prove that the MOH had seen and approved of them (Marietta Moore-Yakee interview, 2015; Anna Helland interview, 2015).

The Healthy Life logo.

This logo became crucially important for identifying and managing MOH and partner materials produced during the Ebola outbreak.

RBHS trained 100 general community health volunteers (gCHVs) from Equip-Liberia-supported facilities on health promotion and the use of the Community Health Education Skills Toolkit to address the health information needs of their communities, and worked with the 28 health-service providers—selected as health promotion focal persons in their districts—to build their health-promotion capacity (CCP, n.d.). HIV-related activities included an HIV prevention and family planning campaign through sports in Grand Cape Mount, Lofa, Nimba, and Bong counties, which provided HIV/AIDS training sessions, use of the Journey of Hope toolkit (which would later be adapted to Ebola under the name Bridges of Hope), and a mini-tournament for soccer and kickball teams from selected communities. Mass media enabled the adolescent reproductive health campaign "Baby by Choice, Not by Chance" and the malaria prevention "Take Cover" campaign promoting the use and care of insecticide-treated bed nets to reach more of the Liberian population (CCP, n.d.; Babalola et al., 2016). A series of training workshops on topics such as basic SBCC knowledge and skill building, leadership development, research monitoring, and radio design were developed to build MOH capacity (Anna Helland interview, 2015). The RBHS also developed the Community Health Management System training manual and had just started the training of trainers for people who were to roll out the manual, when the first case of Ebola appeared in Lofa (Tamba Boima interview, 2015).

RBHS was in its final funding year when the first wave of the Ebola outbreak occurred in early 2014. Because of the crisis, USAID extended the project through the beginning of 2015 and RBHS activities

shifted to focus on partner coordination and communication. RBHS staff members and secondees, such as Teah Doegmah and Marietta Moore-Yekee, contributed primarily through work on the Infection Prevention and Control (IPC) Task Force and through participation with community health and social mobilization committees and working groups (CCP, n.d.; Anna Helland interview, 2015). It is important to note that the midterm review recommended that the NHPD and the Community Health Services Division (CHSD) strengthen their links and work more collaboratively. That intersection of health promotion and community health became very clear during the Ebola crisis (Barh et al., 2011; Anna Helland interview, 2015).

Through the RBHS program, the staff and relationships were already in place for partners to be able to support the MOH in their response. While the RBHS had already created the logo and set up a process for reviewing materials and had established relationships with radio stations, other projects also made it possible for partners and donors to be in positions to respond.

Working with Chiefs and Traditional Leaders

Since 2006, the Carter Center—through their Conflict Resolution Program—had worked with the Government of Liberia (GOL), the National Council of Chiefs and Elders (NCCE), and community justice providers to establish a community justice system that engaged local chiefs and traditional leaders who had influence in their communities. The aim of the program was to "maximize transparency and accountability and increase citizens' access to all types of government information" (Carter Center, 2015, n.d.a).

When Ebola emerged, health agencies were quickly pushed beyond capacity. It became clear that community leaders were a necessary, but previously underused, resource for providing accurate information to their communities (Carter Center, 2015). The Carter Center was asked by the GOL to help mobilize communities through their "established networks of grassroots partners and longstanding relationships at all levels of government" to identify new cases of Ebola, help prevent the spread of the disease, and help build trust. During the initial months of the outbreak, the Carter Center "brought together 118 chiefs and elders for Ebola training and to explain the challenges facing health authorities" (Carter Center, 2015). "'The Carter Center played an important role by bringing the chiefs together," said C. Linda Campbell, national health promoter in the Liberian Ministry of Health.

> The chiefs have power in the various districts and towns, but they would not allow health teams to trace the person-to-person contacts spreading the disease of other mobilization activities in the districts because they felt they were not being respected. This all changed after the chiefs were brought together. They even planned how they would work with the community health volunteers [gCHVs], and some drafted laws or regulations to ensure compliance.

Mental Health and Stigma

In 2010, the Carter Center launched a five-year project aimed at helping to create a sustainable mental health system in Liberia. Through their decades of peace and democracy work, the Center recognized a need existed to address the psychosocial needs of individuals and communities after years of war. In addition to supporting the MOH on a range of mental health-related work—from implementing a national mental health plan to working to reduce stigma and discrimination against those with mental illness—the Carter Center began training credentialed nurses and physicians assistants from seven counties as mental health clinicians, who would then help "integrate mental health care in to local primary care systems" or train others in order to build a more "sustainable mental health work force" (Carter Center, n.d.b). As of early 2013, each of the 15 counties had at least one trained mental health clinician. The program goal was to train over 450 nurses, physician assistants, and other mental health workers to provide services to individuals and communities (Carter Center, n.d.b).

With the outbreak, the "devastating toll of life and fear of the contagion also created the need for widespread psychological first aid." Accordingly, the Carter Center and trained mental health clinicians quickly shifted their focus to address the psychosocial needs of the population, and Center staff in Liberia worked closely with the MOH to develop and manage the mental health aspects of the response and beyond (Carter Center, 2015).

Building Media Capacity

In 2010, IREX launched a five-year USAID-funded program, Liberia Civil Society and Media Leadership (CSML), to provide training, mentoring, and small grant projects to Liberian civil society organizations (CSOs). Simultaneously, the project worked with the Liberian media industry to build capacity and increase the professionalism of both journalists and media outlets (IREX, n.d.). More specifically, the project objectives included increasing the CSO organizational capacity to represent their members' needs; diversifying the listening audience and improving reach for community radio stations; training journalists and media outlet managers to operate more professionally; encouraging use of short message service (SMS) technology between people and their leaders, making it possible for citizens to report corruption, gain access to community information, and participate in opinion polls; advancing access to information as a recognized right, according to the Freedom of Information law; and supporting regional CSOs and community radio stations in achieving institutional and financial sustainability (IREX, n.d.).

Working with the Carter Center and Social Impact, IREX partnered with seven Liberian organizations—Development Education Network Liberia, Liberia Women Media Action Committee, Liberia Media Center, New Africa Research and Development Agency, West African Network for Peacebuilding , Women NGOs Secretariat of Liberia, and Young Men's Christian Association—to implement the CSML program (IREX, n.d.).

By working to build key health, capacity building, community leadership networks, and media strength, the Liberian government and international and national partners laid a foundation for partners and programs to shift gears and focus on the Ebola response with their different programs. These systems became part of the social mobilization response.

THE RESPONSE: THE FIRST WAVE IN LOFA AND MARGIBI, MARCH–MAY 2014

In March 2014, the first case of Ebola virus disease (Ebola) appeared in Lofa County, Liberia. Initial attempts to stem the growing outbreak focused on biomedical interventions, despite limited knowledge about how the disease could be managed or survived. Based on data from earlier outbreaks, the expected survival rate for this outbreak was estimated to be 10%, although in the first couple weeks the fatality rate was 100% (Tolbert Nyenswah interview, 2015).

Despite best efforts, biomedical interventions were proving unsuccessful at this point, and the Ministry of Health and Social Welfare—now the Ministry of Health (MOH)—began to focus on social mobilization efforts to contain the disease. Dorfelson Jayguhwoiyan (Interview, 2015), a district health and surveillance officer of Voinjama District in Lofa County, explained:

> When Ebola first hit Liberia, we thought it was a disease that could be controlled by medical techniques. We tried to use our medical expertise, but we got to know that that was not working, because it needed behavior change. It needed behavior change to be able to contain. Because, as I said, it was a strange disease, presenting with familiar symptoms. How could you tell somebody that has been living with malaria—symptoms of malaria is fever, diarrhea, and weakness—for decades of year. Now you go and tell a person there's a new and strange disease that is presenting with this.

Radio was one of the first social mobilization channels used to reach people living in affected and at-risk communities. Early messages emphasized the symptoms and consequences of Ebola. However, initial efforts to communicate the severity of the disease and actions to take were often met with denial. A majority of the public did not believe the disease was real; distrusted the government, health workers, and scientists; and did not believe that seeking medical care would make a difference. Many believed that there was no Ebola in Liberia:

> We realized that [later] that though [Ebola] did not have a cure…if people seek early treatment there could be a chance to stop the spread to other community members. So we have to tell them, thought it does not have a cure, you need to go to the health facility to seek care. And to also prevent your other community members or other family members from contacting the virus (Tamba Boima Interview, 2015).

The earliest messages, such as "Ebola Kills" and "Ebola has no cure," coupled with messages to go to a health-care facility if any of the symptoms mentioned—such as vomiting, chills, fever, and diarrhea—were present, underscored the deadliness of the disease, but people responded to the latter part of the message with "then why go to the clinic?"

At the same time, because some patients did seek help from the district's health-care system, outbreaks occurred amongst health-care workers, and facilities closed because workers refused to go to work. Facilities that remained open provided limited care (Nyenswah et al., 2014). "Every parent, every child, every community member abandoned the hospital. Nobody wanted to go to the hospital. So [we had to think:] how do we get people to go back to this hospital?" (Tamba Boima Interview, 2015).

Communicating Ebola is Real

In the early days, the population heard about the disease through radio and visual messages (such as posters and banners) disseminated by the MOH and partners, but they did not see it. In order to protect the privacy and confidentiality of those who were infected and their families, the MOH mandated that no names be released and no bodies photographed. The aim of this policy was to limit any stigmatization of those people. However, after considerable community resistance and partner discussion, it became necessary to show some community leaders evidence that the disease was indeed real. The MOH did not take this decision to share images of bodies lightly.

After the first person survived, and then the next, it was clear that people could survive the disease if they sought care early and continued to receive care throughout the illness. Accordingly, social mobilization

efforts were revised to underscore potential for survival—some survivors were even asked to help communicators prove to leaders that Ebola was real and that you could survive it.

Newer messages focusing on prevention underscored the importance of people washing their hands and not touching one another. However, in a culture that embraces touch—from shaking hands as a way of greeting each other to caring for[1] and burying family members and friends—changing these behaviors would require a multipronged approach that engaged communities and their traditional and religious leaders.

Community Resistance and Community Engagement

Initially disbelief, distrust, and denial created strong resistance in many communities. People did not believe that a sickness called Ebola existed, and, as a result, cases were not reported. Some communities were declared "no-go" zones for health workers because residents considered them to be evil and responded by either refusing to cooperate or physically assaulting them. "This was the first challenge that we had, because we did not know that Ebola needs to be fought at the community grass-roots level. We thought it was a medical disease, and therefore we could use our medical expertise to fight the disease. And that was not the case" (Dorfelson Jayguhwoiyan interview, 2015).

"We saw the data, the evidence that Ebola existed, but then the population denied that. For you to control Ebola, the community has to accept and take those measures that can control the disease."

– Tolbert Nyenswah interview, 2015

Community leader talking with the community in Montserrado, Liberia. © 2015, UNMEER/Samuel Shiajiru

Community resistance underscored the need for a shift in strategy. For communities to receive and accept messages, their leaders had to be included in the process. The democracy and peacekeeping work accomplished by Carter Center and Crusaders for Peace prior to the outbreak created a foundation for working with and training traditional and community leaders. This foundation proved invaluable for gaining the trust and engagement of communities. Despite early missteps, community engagement was the most successful approach to addressing the first wave of the outbreak. Jayguhwoiyan described the process:

> So we had to engage the community leaders, the religious leaders, bring them forth—because first, when we started meeting there, they were left out. But when we got to know that we needed to bring them that was the only way to win the battle. That's how we involved them—the Imams, the paramount chiefs, the superintendent, commissioner, clan chief, just name local leaders. We brought them forth, on board, and they were part of the planning, the decision making, on how we could strategize to enter the communities. And since we were able to win those people over, they carried the messages—the Imam preached the messages of Ebola in the mosque. The pastor/reverend preached the message of Ebola in the churches. The community leaders, town chief, sectional chief,

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1 "Caring for" or "playing with" (a Liberian term) a body includes the care that is taken to comb the hair, wash the body, caress the body, and show the love and affection needed to allow the person to move to the afterlife.

clan chief, when they went back, they were able to call general meetings and inform their community members that there is truly a disease that is called Ebola. It is presenting with familiar symptoms, but it is a strange disease. And it is dangerous if we don't take the necessary precautions. Advice from the medical team, that we should not touch, we should report cases that happen. So those people, being their leaders, were able to listen to them, were able to convince their people, and that is how we were able to overcome the cases in Lofa and Voinjama. (Dorfelson Jayguhwoiyan interview, 2015)

Structure of Response

Because of the limited size and geographic spread of the first wave of the outbreak and the small number of government officers, partners, and community organizations and leaders—compared to six months later—a response structure was quickly created. Ad hoc conversations with community leaders, led to the organization of district response teams that met on a weekly basis to discuss issues surrounding Ebola (Tamba Boima Interview, 2015). By early May 2014, the Lofa County Health Team, through the National Health Promotion Division (NHPD), organized strong social mobilization groups in the six affected health districts and scheduled weekly social mobilization coordination meetings. The coordination meetings were co-chaired by the County Health Promotion Focal person and the United Nations Children's Fund (UNICEF) Communication Officer assigned to the country at that time, and included international and local non-governmental organizations currently working in the country, such as CCP (as part of RBHS), Concern Worldwide, Global Communities, GOAL, International Red Cross (IRC), Médecins Sans Frontières (MSF), Samaritan's Purse, Save the Children, UNICEF, and World Health Organization (WHO).

During the weekly Ebola Coordination meetings, messages were chosen based on the best information at hand and the most affected communities were identified and assigned a mobilization team to conduct Ebola awareness activities—the team would then meet with community leaders prior to engaging the community. At the same time, a radio talk show was developed for six community radio stations that would discuss health messages pertaining to the causes, management, and prevention of Ebola. In the communities in districts supported by Global Communities, a film was also shown about the Ebola outbreak in the Congo (Zaire) in 1976. The MOH and early partners also produced and distributed materials needed for setting up handwashing stations—buckets, soap, bleach—and for communicating information, such as posters and flyers. Tamba Boima, the Director of the Community Health Division, stated:

> [W]e had…partners, like Samaritan's Purse, that were working from community to community actually talking to people, setting up task forces in these communities that could help with the response. So it was very very integrated, collaborative efforts from the partners, the Ministry of Health, the county health teams—everybody was involved. (Tamba Boima interview, 2015)

Despite positive steps forward, some challenges were difficult to overcome—transportation was often inadequate for reaching rural communities, and health workers often faced stigma and violence from communities that believed the health workers were responsible for the spread of Ebola.

At the same time, transportation was adequate enough for individuals to travel to other counties, which resulted in the outbreak spreading to Firestone in Margibi County during the final days of this wave.

Sign pointing to the Firestone plantation medical center, Margibi County, Liberia. © 2015, Kathleen Fox

Summary of Lessons Learned from this Wave of the Outbreak

One of the key lessons learned during the first wave of the outbreak was that behavior and prevention must be considered alongside biomedical approaches, and messaging must consider the context and impact of messaging on populations. "Initial social mobilization efforts focused on telling people the disease was deadly, but go to the clinic…. There was little emphasis on prevention" (Juli Endee interview, 2015). Deputy Health Minister Tolbert Nyenswah stated that the MOH and the county health teams were aggressive, hoping to get the outbreak quickly under control and the related messaging underscored that approach:

> Messages were not packaged very well, and were not community friendly from the beginning. For example, some of the messages were: 'Ebola has no cure.' 'If you get Ebola, you will die.' The population was very afraid of the disease and the communicators were doing nothing to reduce that fear. (Tolbert Nyenswah interview, 2015)

It was through community engagement that the outbreak in Lofa subsided during this first wave of the outbreak. By including traditional, religious, and community leaders, Ebola awareness and prevention messages and activities reached their intended audiences.

Between Waves

Following the first wave, the NHPD worked to develop a strategy to inform the government that preparedness activities were needed for districts that border Guinea and Sierra Leone. The strategy would engage chiefs and volunteers to be on the alert for and to correctly respond to potential new cases (Rev. John Sumo Interview, 2015). While the issue of preparedness was discussed in some MOH divisions, financial resources were not allocated to any such activities. The belief that the outbreak was over led to an overall complacency during the next couple months as the MOH moved forward, returning to activities that had been active before the Lofa and Margibi outbreak. Deputy Health Minister Nyenswah admitted that the MOH felt at this point that they had been successful in eradicating the disease from Liberia. "But then we went back to sleep. I think we put down our tools, and felt that it was all over. We were out of the woods" (Tolbert Nyenswah Interview, 2015).

However, this period of relief was short-lived.

THE RESPONSE: THE SECOND WAVE IN MONROVIA AND THE REST OF THE COUNTRY, JUNE 2014 TO MAY 2015

In June 2014, the first cases of Ebola were detected in Monserrado County and the nation's densely populated capital, Monrovia. At a rate and level that were wholly unprecedented, the outbreak quickly spread to all 15 of Liberian counties (Nyenswah et al., 2014). During the first few months of this second wave, the Government of Liberia restructured its response. In the first phase, it aimed to manage the quickly growing outbreak with limited partners and financial resources; and, in the second phase, it had to organize and manage an overabundance of partners and financial resources during the peak of the outbreak.

Social mobilization again became a critical component of the response. The Ministry of Health (MOH) led a comprehensive social mobilization effort to "educate the public on the signs and symptoms of Ebola and provide essential health protection information" (Nyenswah et al., 2016). During the first phase of the second wave (June to September 2014), the MOH communication strategy focused on countering disbelief and increasing Ebola awareness (e.g., "Ebola is Real"). Despite these messages, fears persisted about the disease, stigma, and the government's role in the outbreak. While messages and activities were designed to counter rumors and encourage health-seeking behaviors, they would not have been successful without community buy-in.

Social mobilization strategies used Liberia's strong tradition of oral communication to share messages through trusted channels. Thousands of general community health volunteers (gCHVs) were trained to share health messages locally. At the beginning of the second phase (October 2014 to May 2015), traditional leaders met and agreed to support government interventions, thus opening another trusted health information channel. In November 2014, training was conducted for traditional and community leaders in all of Liberia's 88 districts, and chiefs were provided with mobile phones to report suspected cases. Nyenswah et al. (2016) stated:

By December 2014, when cases were fewer and response capacity was more robust, a national campaign to reduce Ebola incidence to zero was declared. The evidence-based "Ebola Must Go!" campaign defined [five] essentials in commonly used language: safe burial, rapid isolation of suspected cases, provision of treatment, identification and 21-day monitoring of contacts, and encouragement to speak out against concealment of illness.

To keep track of household visited and schedule next visit, the team writes details on house walls. Grand Cape Mount, Liberia.

Coordination and the Incident Management System

Before July 2014, a national response system—led by the national coordinator and Deputy Health Minister, Tolbert Nyenswah—had been responsible for addressing the outbreak. However, this structure

was limited. According to Pillai et al. (2014), the initial response structure "represented what would be recognized as the scientific response section of a public health response": the national coordinator was responsible for the Ebola response as well as all county-level service delivery in health-care facilities and public health programs, such as immunization and family planning services; however, if the national coordinator was not available there was no designated alternative decision maker. When problems arose in the field, there was no single point of contact to provide logistical and administrative support to teams in the field. The national coordinator was also required to meet each morning with the technical working

Figure 1. Ministry of Health and Social Welfare Ebola response framework, July 2014 (based on Pillai et al., 2014)
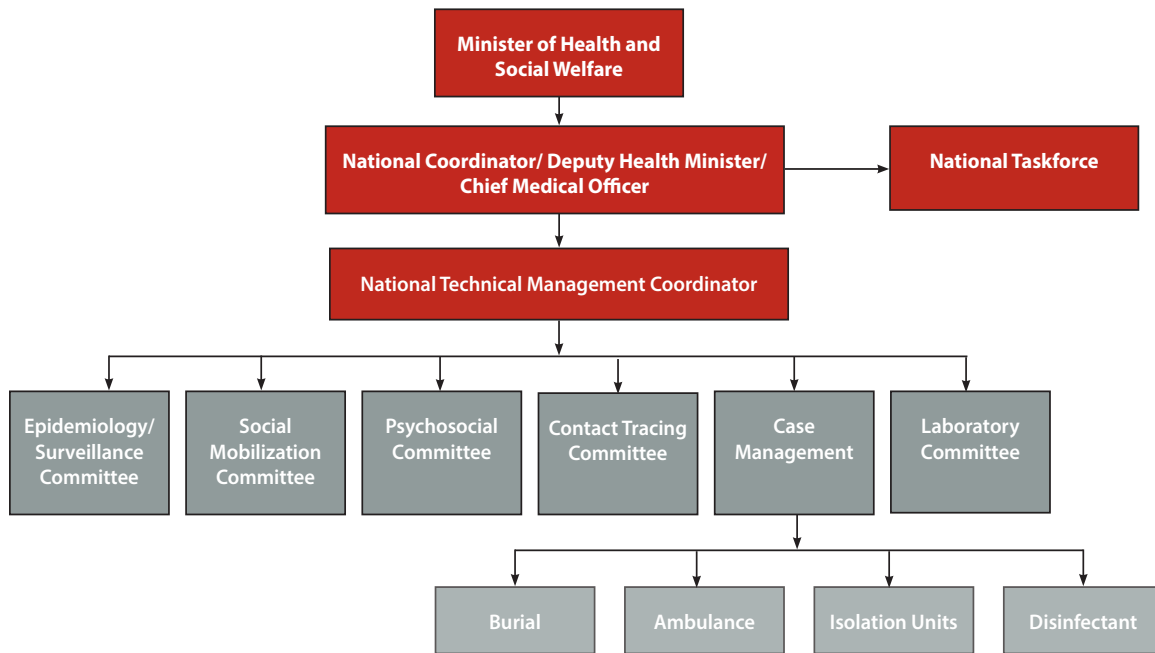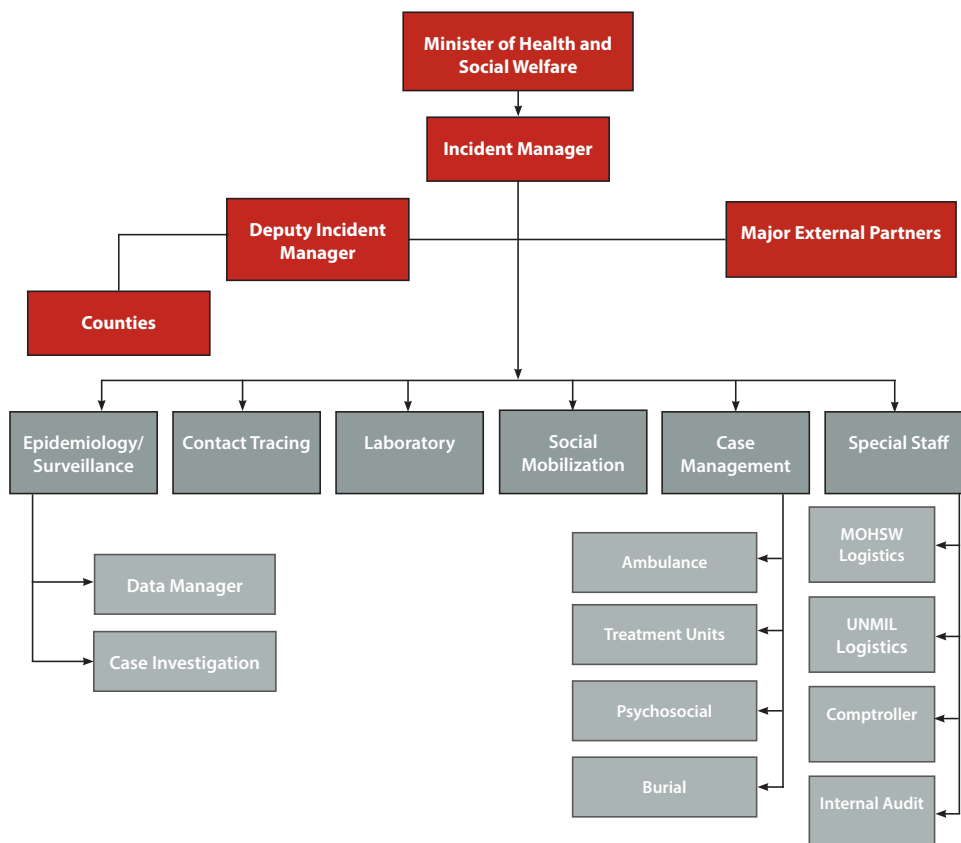

Figure 2. Ministry of Health and Social Welfare Ebola Incident Management System, August 2014 (based on Pillai et al., 2014)

groups, in which all technical committee heads presented to a group of more than 50 people (Pillai et al., 2014). It soon became clear that changes needed to be made to the structure in order to best address the quickly increasing size and scope of the epidemic.

Toward the end of July and in early August, with support from international partners like the US Centers for Disease Control and Prevention (CDC), the MOH revised the national response system to better address the issues emerging from the growing outbreak. The new incidence management system (IMS) structure was more streamlined and made clear the lines of authority and accountability, and included structured working groups and operational follow-up. The new IMS structure shifted the psychosocial committee under case management and added the Special Staff Pillar to cover logistics and related areas. On August 10, Deputy Health Minister Nyenswah was appointed as Incident Manager for the Ebola response; his sole responsibility was the response (Pillai et al., 2014; Nyenswah et al., 2016). His new deputy was responsible for convening regular logistics meetings and chaired a subcommittee that addressed county-level issues (Pillai et al., 2014).

IMS pillars—case management, contact tracing, epidemiology/surveillance, laboratory, and social mobilization—were co-chaired by key MOH officers and international partners (Nyenswah et al., 2016). The IMS emphasized four areas for interrupting Ebola transmission: (1) early detection, isolation, and treatment of cases; (2) safe transport of patients with suspected cases; (3) safe burial; and (4) infection prevention and control in health-care settings—social mobilization was crucial to all four areas (Nyenswah et al., 2016).

Where Social Mobilization Fits in the Response Structure

The Social Mobilization (SM) Pillar was strengthened in June 2014 and initially co-led by Rev. John Sumo, Director of the NHPD, and Assistant Deputy Minister Nyenswah, with support from UNICEF. A month or so later, Nyenswah was elevated to head of the IMS. The new SM Pillar was co-led by Sumo and UNICEF. By October 2014, restructuring was finalized, with working groups established under the pillar. Initially, the

Figure 3. Social Mobilization Pillar Organigram

Liberia's Social Mobilization Pillar
National-level Coordination Structure for Ebola Response
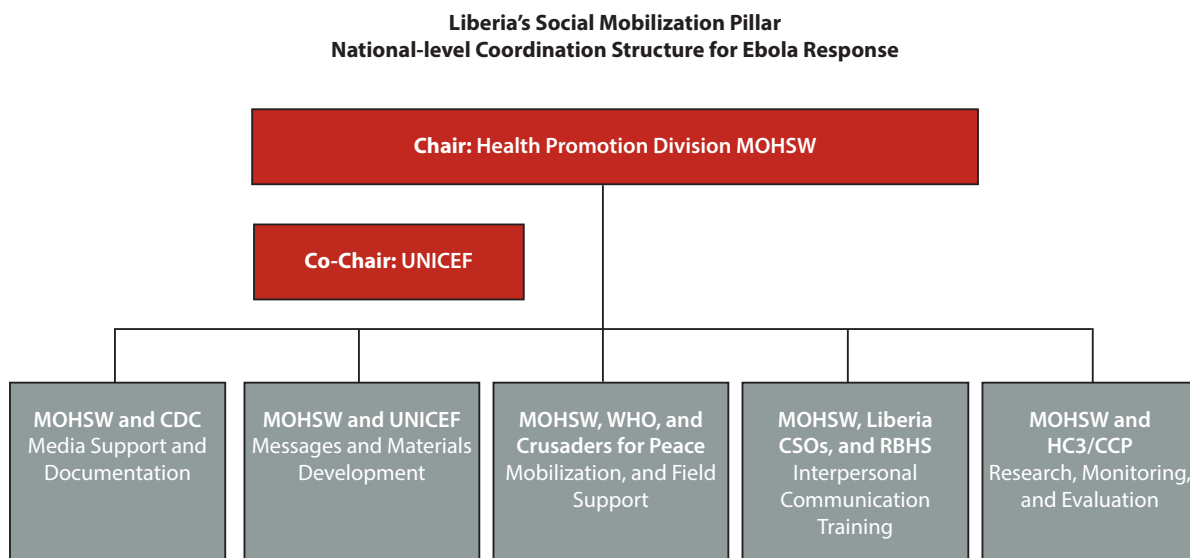
SM Pillar was comprised of four working groups: Interpersonal Communication and Training, Messages and Materials Development (MMD), Mobilization and Field Support, and Media Support and Documentation. A fifth working group—Research, Monitoring, and Evaluation—was added in November 2014. Each working group was co-chaired by a Ministry officer and an implementing partner.

As the work groups were set up, terms of reference were developed to guide and focus each work group's efforts. Partner organizations came on board to assist the NHPD and MOH: UNICEF as both the co-lead of the pillar and the co-chair of the MMD Partner Work Group; CDC—replaced later by Health Communication Capacity Collaborative (HC3) and Internews—as the co-chair for the Media Support and Documentation Partner Work Group; WHO and Crusaders for Peace as the co-chairs for the Field Mobilization and Support Partner Work Group; RBHS/JSI as the co-chair of the Interpersonal Communication and Training Partner

Work Group; and HC3/ Johns Hopkins Center for Communication Programs (CCP) as the co-chair for the Research, Monitoring and Evaluation Partner Work Group. These partners and MOH staff met regularly during weekdays and weekends, as needed, in order to respond to the great demand for research, messages and materials, community mobilization, and trainings needed to support Ebola awareness and prevention activities.

The Social Mobilization Working Groups

1. Media Support and Documentation Partner Working Group

The objectives of the Media Support and Documentation Partner Working Group of the SM Pillar were to:

- support the development of briefings and media coverage to support a broad national communication strategy that links MOH and partner messages and actions to public and intra-governmental outreach activities facilitated by the Ministry of Information, Cultural Affairs and Tourism (MICAT);
- facilitate harmonization among government and partner media and other public messaging related to public health aspects of the National Ebola Response; and
- monitor news reports and identify issues and trends to assist in supporting development of new media and social mobilization messages.

The purpose of this group was for members to develop and implement an approach for supplementing MOH efforts during the period of the National Ebola Response for:

- gathering information about partner plans and actions;
- gathering messaging, news releases, and other information produced by partner organizations to identify commonalities, differences, and gaps in messaging;
- monitoring news reports, compiling messages and trends, and sharing summary information promptly and effectively with the MMD Partner Working Group; and
- conducting analysis of news reports to identify disparities and alignments in health messaging.

In theory, this working group was responsible for establishing and maintaining collaboration and information-sharing methods with the MMD Partner Working Group on regular reports of news analysis, identification of trends, and identification of misinformation, and with the SM Pillar, through a weekly report summarizing findings from the previous week and outreach to member partners as circumstances indicated. However, because a similar or duplicative group existed within MICAT, the two groups were later merged and housed there.

2. Messages and Materials Development Partner Working Group

The objectives of the MMD Partner Working Group of the SM Pillar were to:

- develop messages and educational materials to promote and inform the public and other audiences identified on prevention of Ebola, response activation, home protection, community care, and risk behaviors;
- ensure that messages were audience-specific, gender-focused, and culturally and contextually relevant;
- design messages appropriate to the channel of distribution; and
- ensure that messages were responsive to rumor, concern, rapid change, and new developments within the response.

For the period of the National Ebola Response, the purpose of this working group was for members to develop, field test, and revise or update as necessary key messages for use in posters, training packages for such audiences as gCHVs or teachers, pictorial contents, radio jingles and announcements, and videos. One of the key products of this working group was the Ebola Message Guide, which was revised regularly to reflect new knowledge and the changing landscape.

This work group was responsible for establishing and maintaining collaboration and information-sharing methods with the Media Support and Documentation Partner Working Group (then MICAT) on regular reports of news analysis, identification of trends, and identification of misinformation; the Interpersonal Communication and Training Partner Working Group on audience-appropriate training materials and handouts; the Field Mobilization and Support Partner Working Group on the latest messages and revisions, information about material availability, and receiving information to inform messaging and adaptations; and the SM Pillar through a weekly report summarizing projects by county, audiences, materials, message developments since the previous meeting, and outreach to member partners as circumstances indicated.

3. Interpersonal Communication and Training Partner Working Group

The objectives of the Interpersonal Communication and Training Partner Working Group of the SM Pillar were to:

- develop a core group of trainers and support structures at all levels that could quickly train mobilizers and partners on increasingly complex interpersonal communication interventions; and
- ensure that information conveyed at all levels was consistent, focused, and targeted appropriately to the audience in need of the information.

The purpose of this work group was to design effective audience-appropriate training materials and implement interpersonal communication training throughout counties and districts in a way that was most effective for that community. The training reinforced major messages and supported introductions of new interventions consistent with the overall National Response Plan. Training supported consistency of messaging across different platforms.

This work group was responsible for establishing and maintaining collaboration and information sharing with the MMD Partner Working Group on information and effective training materials needs; the Field Mobilization and Support Partner Working Group on national response plan advances, resources, and information and training needs; and the SM Pillar through a weekly report summarizing trainings completed and scheduled and outreach to county health offices to determine training needs.

4. Field Mobilization and Support Partner Working Group

The objectives of the Field Mobilization and Support Partner Working Group of the SM Pillar were to:

- ensure that all mobilizers and field staff had sufficient support to safely conduct activities in their local contexts;
- facilitate identification and creation of mechanisms to report feedback promptly;
- network with county health teams to recruit and train community leaders as mobilizers; and
- interface with survivor, religious, traditional, and other community-based networks to effectively reach affected audiences.

The purpose of this work group was for members to develop and implement an approach for supplementing MOH efforts during the period of the National Ebola Response for activating community support; gathering input from county and district residents, leaders, and health officials to inform messaging and other social mobilization activities; and identifying support needed to mobilize community action.

This work group was responsible for establishing and maintaining collaboration and information-sharing methods with the MMD Partner Working Group in regular reports of news analysis, identification of trends, and identification of misinformation; the Interpersonal Communication and Training Partner Working Group on information needs for local mobilization; and the SM Pillar through a weekly report summarizing findings from the previous week and outreach to member partners as circumstances indicated.

5. Research, Monitoring, and Evaluation Partner Working Group

The objectives of the Research, Monitoring, and Evaluation Partner Working Group of the SM Pillar were to:

- lead, coordinate, and support all social mobilization and health promotion research activities,

including, but not limited to knowledge, attitudes, and practices (KAP) studies, behavioral studies, and anthropological studies;

- design an monitoring and evaluation framework—to measure both the processes of activities implemented (what, how many, etc.) as well as the response to the activities—develop data collection tools, establish databases, collect and share data, and report the results of the work of the SM pillar;

- coordinate and encourage consistency of real-time data collection, including county-level data;

- disseminate research findings and encourage partners to share additional research findings in a timely fashion;

- use the research, monitoring, and evaluation data to advise/influence other task groups within the SM pillar, as well as work groups beyond social mobilization;

- identify research gaps on Ebola social mobilization activities; and

- facilitate the ethical review approvals process for all research activities and studies.

The purpose of this work group was to coordinate all research related to Ebola social mobilization and health promotion activities and to coordinate all monitoring and evaluation of the social mobilization efforts in the National Ebola Response.

This work group was responsible for establishing and maintaining collaboration and information-sharing methods with the MMD Partner Working Group on the input of formative research finding, monitoring of message comprehension and retention, identification of misinformation, and reach and recall of materials; the Interpersonal Communication and Training Partner Working Group on the information and training needs and the impact of training efforts; the Field Mobilization and Support Partner Working Group for information needs for local mobilization and the impact of local mobilization efforts; the Media Support and Documentation Partner Working Group on identification of trends and misinformation, providing regular reports of news analysis; and the SM Pillar through a weekly report summarizing findings from the previous week and outreach to member partners as circumstances may indicate.

Assessing Need for Social Mobilization in Hot Spot Areas

In November 2014, social mobilization assessments were conducted by 10 reviewing and 34 supporting partners in the six counties mostly affected by Ebola: Bong, Gbarpolu, Grand Cape Mount, Margibi, Montserrado, and River Cess (see Appendix B for the list of partners by county). The purpose of the assessments was to identify problems, gaps, and solutions for continued social mobilization in these and other affected areas (Legacy Foundation Liberia, Liberia Crusaders for Peace, & Survivors Aid International, 2014).

Key Factors – The report identified the following factors as causing the increase in the number of cases in the communities or districts most affected by the Ebola outbreak:

- **Denial/Disbelief** – People did not believe that Ebola is real. Some believed that the Ebola virus is a curse from their ancestors, and this undermined the progress of social mobilization activities and behavior change practices. Some residents still carried their dead without protective equipment. Some patients or their family members denied they have the disease.

- **Fear** – Fear was promoted by misconception and misinformation about the virus and treatment and by poor or no communication from health workers had led to families and communities to secretly bury their dead for fear of Ebola being discovered and the community being quarantined. Little or no information was given to families when ill family members were taken away. Communities continued to fear and distrust of the government, in part due to inadequate sensitization.

- **Tradition** – People were still practicing traditional funeral rights and burying the dead even after being given correct advice. (Muslim communities were the hardest hit.) They preferred to provide a dignified "proper" burial for their loved ones rather than having them burned in an incinerator.

- **Resistance** – Individuals and communities resisted various prevention and screening practices, such as checking temperature, washing hands, and avoiding clustered movement/transportation (i.e.,

cars and trucks full of people).

- **No incentive** – For some, Ebola signified death so there was no incentive for patients or family members to seek treatment or cooperate with health care workers.
- **Low/no access to personal protective equipment (PPEs)** – Because of a lack of access to PPEs (primarily due to low or no supplies) and proper facilities
    - Community health workers and volunteers were at significant risk while treating and caring for Ebola-affected persons and families.
    - Contact tracers and burial teams were discouraged.
- **Bad roads and bad telecom services** – Poor road conditions, the lack of community radio stations, and no access to mobile network coverage in hotspot communities impeded social mobilization activities, particularly in remote areas. Because of this, SM activities proceeded at a slow pace, thus posing a threat to residents of these affected areas. The rainy season made communication even more challenging.
- **Low number of peer educators** – There were simply not enough trainees to cover the assessed districts.
- **Migration** – Migration/influx of infected people primarily from Monrovia or Bomi (into Grand Cape Mount), because of fear of stigma and/or because they were returning to their native communities to be nursed by their families.
- **Poor sanitation** – Sanitary conditions were unhygienic and there was a lack of public toilets.

Constraints to Social Mobilization – The report identified the following constraints as impeding social mobilization efforts:

- Lack of or inadequate funding
- No or inconsistent incentives for gCHVs, trained traditional midwives, and community health services supervisors
- Low pay for Red Cross volunteers
- Poor logistical support —especially lack of transportation (motorbikes, trucks, ambulances) to reach normal and hard-to-reach areas (difficult terrain), no gasoline
- Lack of rain gear for mobilizers and supervisors
- Inadequate or inconsistent training of gCHVs
- Need for equipment, such as projectors, video equipment sets, phones, laptops, modems, generators, megaphones, and stationery
- Limited promotional materials
- Motivational spending
- Too few peer educators, health workers, and so forth
- Lack of motivation and critical funding for County Health Team, especially field workers
- Lack of communication between treatment facilities and communities
- Not enough satellite phones to cover areas where cell phones do not get a signal
- Insufficient community training and sensitization
- Lack of community radios
- No access to network coverage

Immediate priorities of the communities were identified:

- Support for mobilizers in the form of incentives, supplies, and training
- Training for teachers, journalists, traditional healers, and traditional leaders and establishing the chiefdom taskforce

- Equipment—from stationery to high-coverage mobile phones
- More field workers
- PPE supply for medical practitioners
- Mobility—motorbikes for hard to reach places, transportation allowances
- Gasoline
- Food for quarantine centers, nutritional support
- Ambulances
- Counseling and awareness for Ebola survivors and affected households

Strategies to Address the Outbreak

Reach Every District Strategy

The Reach Every District (RED) strategy was adapted by the Liberian MOH in December of the Ebola outbreak to engage and empower community leaders and member to recognize the extent and impact of the outbreak and to understand how to best stop its progress by making "Ebola everyone's business" (Sumo, 2015). High levels of denial, fear, and panic as well as traditional beliefs and practices were factors that fueled the spread of Ebola, costing the lives of hundreds, then thousands of people. The RED strategy empowered communities to take ownership of the Ebola response through the transmission of correct messages in local dialects, conducting active case searches, reporting sick or suspected cases, and supporting quarantined communities with food, water, and other basic health needs until the MOH and partners could respond (Sumo, 2015).

Originally implemented in 2002 by WHO, UNICEF, USAID, CDC, CIDA, the GAVI Alliance, and other partners with the aim of improving stagnating routine immunization coverage and effectiveness in many African countries, the RED approach is comprised of five essential components: effective planning and management of human, financial, and material resources; reaching all target populations, particularly those living in underreached and underserved communities; supportive training and supervision; monitoring and collecting data for action at all governing levels; and linking communities to health services (WHO Regional Office for Africa, 2009).

UNICEF staff and acting mayor quarantined visit family in Paynesville, Liberia. © 2015, UNMEER/Martine Perret.

The Liberian Ebola-focused RED strategy was funded by the Carter Center, UNICEF, and the World Bank; technically supported by the African Union, HC3/CCP, CDC, the Tony Blair African Governance Initiative, UNICEF, and WHO; and implemented through a series of master-level and general trainings and door-to-door interpersonal communication (IPC/C) activities. The process began with the training of 20 central-level Master Trainers; many of the trainers came from the MOH and implementing partners. They were deployed to the 15 counties to train two people per county (30 total). The Master Trainers from the central and county levels then trained four people from each district (352 total), including the District

Health Officers and the gCHV supervisors, who in turn trained 114 gCHVs and 45 chiefs, elders, and religious leaders in each of the country's 88 districts. They were trained in Ebola prevention measures and active surveillance, after which they formed watch teams to protect their communities. The counties took ownership of the district- and community-level work. The gCHVs then conducted door-to-door interpersonal communication on Ebola and prevention in their communities. After one or two months, they reached over 246,000 households and 1.7 million people (Sumo, 2015; Rev. John Sumo interview).

In an effort to measure the reach and impact of the RED strategy and the Ebola prevention campaign, two surveys were conducted in December 2014 and March 2015. In December 2014, the MOH and UNICEF conducted a KAP survey in six selected counties with 1,140 households. Results from the survey showed that 99.8% of respondents had heard of Ebola and 99% of respondents reported three or more correct forms of transmission of the disease. Respondents also indicated that Ebola could be prevented by avoiding body fluids of a sick person (98%), not touching a person with symptoms of Ebola (95%), and avoiding funeral or burial sites that involve touching or washing dead body (96%). Ninety-eight percent of respondents reported changing at least one behavior to reduce the risk of getting Ebola, with handwashing being the most common practice (85%). Overall, 93% of respondents first learned about Ebola through radio messaging and broadcasts (Sumo, 2016). In March 2015, a monitoring and evaluation survey was conducted to assess the impact of the door-to-door interpersonal communication for the RED strategy. A sample of more than 1,400 people was selected from 30 districts in the 15 counties (Sumo, 2016). Results showed that of the houses surveyed, 81% of respondents were visited by social mobilizers and 92% reported the use of job aids by gCHVs. On knowledge of early signs and symptoms, 66% had knowledge of fever and 55% headache. On actions taken when someone in the house is suspected of having Ebola, 67% indicated they would call 4455 and 41% would tell their community leaders, while only 36% said they would not touch the sick person.

The RED strategy played a key role in the success of the Ebola response in Liberia, primarily because of the empowerment and involvement of a wide range of players: community and religious leaders, chiefs, and elders; health workers; Ebola survivors; teachers, trainers, and peer educators; motorcyclists; and implementing partners. Capacity-building activities and the provision of logistical support and incentives empowered communities to actively protect and improve their own health (Sumo, 2015; Rev. John Sumo interview, 2015).

During the last few months of the outbreak, as increasingly fewer cases of Ebola were being reported, the country began to shift focus from response back to rebuilding basic health services. In May 2015, the RED strategy was successfully implemented again as a vaccination strategy—increasing measles campaign coverage from 30% to 90% within that month, thus underscoring the adaptability of the strategy to address current contexts (Sumo, 2015).

Ring Interpersonal Communication Approach

Used as early as January 2015, the Ring approach, focused on interpersonal communication to provide rapid, intensive, and short-term support to areas with active Ebola cases where incidence had been greatly reduced or eliminated (Rev. John Sumo interview, 2015; Nyenswah et al., 2015a, 2015b). The Ring approach was managed by the Ring Task Force comprised of the MOH, IMS, and county health teams as well as the African Union, CDC, WHO, and other task force NGOs. The purpose of the approach was to build a ring of training, support, and community engagement—focused on promoting essential practices, such as handwashing and proper use of PPEs—around clusters of disease in order to break the cycle of transmission (Rev. John Sumo interview, 2015; Nyenswah et al., 2015b). Survivor testimonies provided additional necessary support. In the case of the St. Paul Bridge cluster from late January 2015, four rings were constructed to identify and contain suspected or probable cases (Nyenswah et al., 2015a, 2015b). The Ring approach also helped address population movement in disease clusters; for example, when a case from Margibi fled the Monrovia suburb of Paynesville, the counties surrounding Margibi were on alert, were able to track the person, and helped find their contacts (Sedolo, 2015; Rev. John Sumo interview, 2015). The approach is most effective in the early or late stages of an outbreak, or as new cases appear after the outbreak, when specific chains of transmission can be identified, isolated, and addressed (Nyenswah et al., 2015b).

Net Strategy

The MOH net strategy was used when Liberia was free of Ebola, but Guinea and Sierra Leone were still reporting cases. The strategy was to essentially build a net around the country, to keep potential cases from entering the country through land borders or by the sea. For example, Liberia's extensive coastline made the country vulnerable to fisherman ferrying sick people from the other countries into Liberia (Rev. John Sumo interview, 2015).

Social Mobilization Strategy

From October 2014, the MOH partnered with the International Organization for Migration (IOM) to implement a social mobilization strategy in three counties—Bomi, Grand Cape Mount, and Grand Bassa—using three strategic channels: mass communication, in the form of radio jingles, talk shows, and survivor interviews; interpersonal communication through the training of gCHVs and their community sensitization household visits, which reached over 230,000 people; and community-level advocacy, which engaged community and religious leaders in monthly town hall meetings and reached approximately 1,350 people (IOM, 2015).

Social Mobilization Process and Channels/Areas of the Response

Message Development

At the onset of the outbreak, organizations developed messages on their own, with little or no input from the MOH, which often resulted in duplicative or contradictory messaging. Information about the disease was not always clearly communicated, and misinformation about what to do to prevent, manage, or cure Ebola was widespread.

During the second wave of the outbreak, the Ministry of Health took control of response activities, with the NHPD chairing the SM Pillar, supported by UNICEF and other key implementing partners. NHPD staff chaired each of social mobilization subcommittees, including Message and Materials Development (MMD) subcommittee.

The message development process was fast and highly stressful. Marietta Moore-Yekee from CCP described the process:

> We had to develop a message in the morning, pretest in the afternoon, and get it out the next day. There was pressure on the group to develop messages to address all of the issues relating Ebola, such as signs and symptoms, handwashing, safe burial, contact tracing, ETUs [Ebola treatment units], keep safe at home, and so on. With all the pressure and stress, we still had to pretest every material or message before sending it out to the public. At times we did rapid focus groups or listening sessions to understand the gaps. (Personal correspondence, 2016)

The MMD subcommittee met every day, including Saturdays and Sundays. The MMD team was composed of mostly the response agencies and partners, including the MOH, WHO, UNICEF, MSF, Population Services International (PSI), HC3/CCP, and CDC. The group would review the materials ahead of time and then discuss and make final recommendations to the agency/organization submitting the materials, who most often was present in the meeting to be able to answer questions and take notes. Once materials/media were approved, the NHPD signed off and the agency/organization was able to use the Healthy Life logo. Use of the logo was proof that the materials were approved for use and distribution by the MOH. All materials and messages were required to go through this process (Marietta Moore-Yekee personal correspondence, 2016; Katie Franks personal correspondence, 2016).

The Ebola Message Guide was developed to help provide up-to-date correct standard messages with uniform language to partners in order to coordinate the response, especially because so many different partners were conducting social mobilization activities in the field. The guide itself was a key innovation and was later replicated by Sierra Leone by their social mobilization groups (Katie Franks personal correspondence, 2016).

Key messages developed by the MMD Partner Work Group, included:

- **Prevention, care, and treatment messages**
- **Back to school** – Let's go back to school and keep safe.
    - Key messages were also developed for parents, students, teachers, and communities
- **Safe and healthy holiday** – Don't give Ebola for Christmas!
- **Election messages** – Ebola is still with us! Be careful and protect your health during the elections!
- **"Ebola Must Go!"** – "By December 2014, when cases were fewer and response capacity was more robust, a national campaign to reduce Ebola incidence to zero was declared. The evidence-based "Ebola Must Go!" campaign defined five essentials in commonly used language: safe burial, rapid isolation of suspected cases, provision of treatment, identification and 21-day monitoring, and encouragement to speak out against concealment of illness" (Nyenswah et al., 2016).

Two women walk in front of a billboard in Monrovia, Liberia. © 2015, UNMIL/Emmanual Tobey.

Through the Media Support and Documentation subcommittee and MICAT, messages were disseminated through coordinated efforts with various partners and media-related social mobilization activities were further strengthened by: the National Press Union of Liberia, community radio stations, and through international implementing partners, specifically HC3, Internews, and IREX. The latter two were engaged at both the national and community levels: HC3 and Internews through their Dey Say SMS rumor tracking and journalist training work, and IREX through its roles in the Civil Society and Media Leadership (CSML) project and the Ebola Community Action Platform (ECAP).

Reaching the Country and Communities through Single- and Multi-Channel Approaches

Health Promotion Focal Persons in the various counties played a key role in the Ebola response. They planned and implemented activities at the county, district, and community levels, including chairing the County Health Team Social Mobilization Technical Committee that met on a daily basis to provide updates and reports from the field for proper decision making. Their active involvement included training gCHVs; conducting media awareness, including radio talk shows, interpersonal communication, and focus group discussions; disseminating Ebola messages; and providing supervision and monitoring of social mobilization activities.

Community training and engagement activities and radio messaging and programing proved particularly successful in reaching more rural populations. The following are examples of successful approaches used during the height of the outbreak.

The adaptation of the CONCERN Worldwide's **Care Group model** proved extremely successful in the context of Ebola. Care groups were comprised of 10–15 community volunteers who acted as community health educators and met regularly with project staff for training, support, and supervision. These volunteers were resources for their communities, sharing what they learned and helping to facilitate

behavior change at the household and neighborhood levels. The use of Care Groups meant that significant coverage could be achieved using a relatively small number of paid staff, and that households were able to receive individual counselling sessions with their communicators, who were trusted members of their community.

The HC3 and Internews *DeySay* **SMS Rumor Tracker** was a successful data collection tool that offered both the rapid response to rumors and, over time, the collection and storage of valuable data that were then analyzed and used to train journalists and media managers, so they could be more prepared the next time the region faced a crisis. More specifically, the system used text messages to monitor, track, and report Ebola-related rumors. The tool sorted reported rumors, and each week the newsletter reported the rumor trends for each county, providing accurate information related to the rumors and the best ways in which to address those rumors. With technological support from UNICEF, Internews/HC3 partnered with the Liberian Red Cross, the UN Office of the High Commissioner for Human Rights and UNMIL/Human Rights and Protection Section, Project Concern International, Women Campaign International, the Liberia Peacebuilding Office, and IREX to reach all communities, especially those less accessible, in order to detect and address rumors more quickly (Iacucci, 2015; HC3, 2015b; Long, 2015).

The HC3/CCP **Bridges of Hope** (BOH) toolkit is a community engagement tool through which participants are able to discuss issues and aspirations that will lead to understanding and motivate behavior change. Originally developed to address HIV, the toolkit was adapted in 2014 to address the Ebola outbreak, then again in January 2015 to address a broader range of health threats—such as malaria, unintended pregnancy, and other concerns—that had been overlooked while focusing on Ebola. Although initial BOH training did not start until March 2015, it included both Ebola and general health content. As the outbreak ebbed, the trainings shifted entirely to address non-Ebola health concerns. Since the training began, more than 900 gCHVs and facility-level staff have been trained to lead BOH activities in nine counties. About 2,250 sessions have reached almost 36,000 community members.

The MENTOR Initiative implemented a **three-level approach for social mobilization** in Monrovia, which targeted households, medicine stores, and health clinics concurrently.

Bridges of Hope training in Liberia. © 2015, HC3.

- **Ebola Aware:** Began by addressing the whole community population through community-based organization (CBO) and local NGO training as well as gCHV activities.
- **Ebola Action:** Specific community actors trained through competency-based gCHV and dispenser training. Multiple packages deepened the capacity to integrate all Ebola response functions.
- **Ebola Management:** Training and developing command and control structures (Task Forces/Community Chairs/Commissioner's Office) through the establishment and authoring of a Community Ebola Action Plan.

The Ebola Community Action Platform

ECAP is a social mobilization project developed by Mercy Corps, with technical support provided by PSI and IREX, and funded by USAID. The primary aim of the project was to coordinate social mobilization across the entire country and provide support to local NGOs and community groups. These actions helped to address one of the key issues with early social mobilization efforts—the difficulty in getting the money

to the local NGOs and community groups who were working on the ground. ECAP was a mechanism of support that provided financial, material, and technical support to 77 community-focused implementing organizations to mobilize communities for disease containment and transmission activities as part of the Ebola response. Implementing partners were selected through a competitive bidding process. To be considered eligible, organizations were first evaluated on a number of financial and legal criteria. Proposals from organizations meeting the criteria were then assessed by a technical panel of health experts to determine the NGO's level of expertise, skills, and ability to implement the program (ECAP, n.d.).

PSI's *Listen! Learn! Act!* (LLA) innovative methodology was used to train and mentor over 15,000 community workers on Ebola awareness—a crucial bottom-up community approach to the response. This cohesive, flexible training approach utilized facilitated discussion—supported by educational and promotional materials—comprised of three phases:

- *Listen!:* During which community members shared their experiences, rumors, fears, hopes, and successes.

- *Learn!:* During which facilitators made connections between the group and reliable sources of information (e.g., the call center, gCHVs) that would provide the correct information that had been approved by MOH

- *Act!:* During which the group was asked to identify the ways in which they would make changes based on the session's discussion. In this case, emphasis was on prompting the communities to take actions to prevent Ebola.

Community radio journalist in Katata, Margibi County, Liberia. © HC3/Arwen Kidd.

All of the community social mobilizers trained under the ECAP project accepted this method and were able to easily explain it to the communicators. The organization also reproduced information, education, and communication materials—such as LLA posters, billboards, and flip charts—to be distributed within all 15 counties.

IREX's community radio experience, through the CSML project, made it possible for ECAP to expand its network across the community radio sector. IREX trained—and later supported—Community Radio Mobilizers as trainers for 27 radio stations throughout the country. The 27 stations account for about half of the country's community radio stations, and each was selected based on the size of its listening audience and the range of its broadcast in order to ensure the broadest possible impact. It is through this countrywide platform that civil society leaders and the population were engaged as "mobilizers and communicators to disseminate health information and messaging at the community level via trusted voices in a timely fashion" (IREX, 2015).

The social mobilization campaigns utilized many face-to-face approaches to reach the population with critical Ebola messages: social mobilizers went door-to-door, organized town halls or "palava hut" sessions,

and presented dramatic, musical, and dance events to discuss Ebola with individuals, households, and communities (ECAP, n.d.).

Digital approaches utilized mobile phones to both disseminate approved messages and collect data that would provide evidence on the effectiveness of the various activities and approaches. Through the Paul Allen and NetHope Foundations, smart phones were supplied to over 800 ECAP-supported community social mobilizers, covering over 3,000 communities. The memory cards in the smart phones were loaded with approved Ebola messages and materials—such as images, illustrations, videos, community radio content, and pdf files—that could be shared within communities to promote positive behavior change. This tool was particularly helpful when some community leaders still did not believe the Ebola was indeed real or that people could survive the disease. The smart phones were also used by mobilizers, particularly youth, to engage social media channels, such as WhatsApp and Facebook, to share photographic, video, and audio files on their social mobilization activities; advocate for Ebola prevention; and generate ideas and discussion across the country (ECAP, n.d.).

Using the ODK software application, the social mobilizers were able to record activities within their communities, making it possible to measure knowledge and uptake of behaviors and attitudes related to prevention and stigma. The data were then aggregated and used to inform partners and the Liberian government about changes over time and critical gaps in knowledge or prevention behavior, so message targeting could be adjusted accordingly (ECAP, n.d.).

ECAP's Lessons Learned Meeting Findings

In April 2015, coordinating and implementing partners and representatives from the MOH and county teams met to discuss the lessons learned from ECAP's work during the outbreak and considerations moving forward.

Key successes of the overall project included the engagement of community leaders, women, and young people in social mobilization activities to build trust and reach; empowerment of communities and local organizations; revising and strengthening of existing networks and structures; greater access to health workers; and increased school enrollment.

Partners commented that ECAP's approach made it possible for them to reach more communities and those that were hard to reach with approved messages using human, paper, and digital resources. Through engaging and training local organizations and communities, capacity was strengthened—creating a network that could continue to be used in the future.

ECAP's greatest strengths included the use of a bottom-to-top approach, supporting communities to design their own plans; trusting local NGOs with the responsibility to reach out to and work with communities; and building capacity that covered the entire country through effective community engagement and ownership, leading to behavior change.

At the same time, partners also identified challenges they faced implementing ECAP activities. These included:

- **Transportation:** poor road conditions, difficult or hard-to-reach terrain, target communities not clustered
- **Perceptions:** community resistance to strangers or government intervention and denial of the existence of Ebola
- **Workers:** difficulty recruiting people with the capacity to do the job; community communicators giving messages, but not first building capacity
- **Sanitation and Hygiene:** poor quality water and hygiene facilities
- **Leadership:** community leadership conflicts; weak leadership structures; leaders not willing to participate; leaders providing false information, such as false names, in order to gain additional compensation and incentives
- **Funding:** budget allocations cut or reduced, making continued implementation difficult; expectations from county health teams concerning funding given to ECAP partners

- **Partners:** standardization of approach; organizations claiming to work in an area, but were never present or visible

With regard to moving toward the restoration of services, partners discussed the roles communities should play, coordination between gCHVs and the community, ECAP partners role in the restoration of services, observed health needs of communities, working with stakeholders, and NGO intervention/support.

MEASURING SOCIAL MOBILIZATION

Because of the immediacy of the response, sheer volume of implementing partners, low number of coordinated systems in place, and limited material and human resources, conducting monitoring and evaluation activities during the outbreak was a significant challenge. As a result, the Ministry of Health (MOH) and partners had to create new approaches to monitoring and data collection that shortened timeframes or revised steps, but still resulted in evidenced-based (or as close as possible) activities and decision making.

Projects that normally would take weeks or months to design and pretest, often had to be created and implemented within days or weeks. Listening groups and rapid research practices were used as a form of pretesting for various activities, in particular message and materials development. (The development process is more fully described in the Social Mobilization Process and Channels/Areas of the Response section of this report.) Monitoring documents and strategies designed prior to the break, such as the monitoring/data collection form created by the MOH and WHO for gCHVs, were revised to include Ebola-related questions.

Three major data collection activities focused on social mobilization. They provided both quantitative and qualitative data to the MOH and partners, so they could better understand the level and reach of Ebola-related knowledge, attitude, and practices (KAP) and the factors that helped or hindered healthy or health-seeking behaviors. The activities used both mobile technologies—providing real-time data collection—and traditional survey methods to provide feedback over the course of the outbreak.

GeoPoll

GeoPoll is a worldwide survey platform that uses mobile technologies to collect data quickly. Their SMS-based survey system makes it possible for the target population to answer questions on mobile phones—without requiring data plans or internet access—and for researchers to reach respondents throughout a country, particularly in locations otherwise inaccessible to other methods of data collection (GeoPoll, n.d.; Berman, Figueroa, & Storey, 2016). At the peak of the Ebola outbreak, GeoPoll had just completed testing their SMS survey system in Liberia (Berman et al., 2016).

Using mobile phones for research. ©USAID.

In November 2014, HC3/CCP partnered with GeoPoll to design and rollout an SMS-based survey to conduct a rapid assessment using a theory-based approach focused on ideational and behavioral factors (cognitive, emotional, and social). Although the second wave of the outbreak had begun more than four months earlier, no data were available "about the public's level of knowledge of the Ebola virus, its modes of transmission and what kind of information communities needed to guide their response and help curb the epidemic" (Berman et al., 2016). The aim of the SMS-based survey was to provide the MOH with data that could inform message development and communication strategy to positively influence social and

behavior change.

The advantages of the SMS-based surveys are that they:

- make it possible to reach populations in rural or inaccessible locations;
- allow for quick feedback, which is particularly useful in emergency situations;
- help frame additional research as the response evolved and monitor the outbreak situation at any point in time;
- provide data to support more in-depth qualitative and quantitative research;
- allow for immediate response to texted questions, creating a dialogue with affected stakeholders;
- allow for direct data capture of the SMS response; and
- allow for easier compilation and cleaning of data (Berman et al., 2016).

The disadvantages of the SMS-based survey are that:

- respondents must be literate and have access to a mobile phone, and mobile phone ownership and usage may skew toward a younger population, those with more resources, and men;
- message length is limited to 160 characters;
- open-ended questions must be precoded; and
- only a limited number of questions can be included through the platform before response rates drop – GeoPoll recommends a maximum of 10–12 questions (Berman et al., 2016).

The final 11 survey questions were submitted to GeoPoll November 14 and within six days, 1,000 questionnaires had been completed (a 34% response rate) (Berman, Figueroa, Ricotta, & Wohlgemuth, 2014). Questions focused on:

- Sources – Trusted sources of information and trusted forms of communication
- Knowledge – How Ebola is spread
- Threat – Likelihood of becoming infected
- Severity – Possibility of people recovering from Ebola
- Efficacy – Confidence in ability to protect oneself from Ebola
- Stigma – Likelihood of welcoming back to the community someone who has recovered from Ebola (Berman et al., 2016)

Although the survey was limited in length, the results provided valuable insight into key behaviors related to Ebola and confirmed the importance of community-based solutions, suggested key themes for content development, and "reinforced some aspects of ad hoc communication strategies that were already in place." Results of the survey indicated that the most trusted people to provide Ebola information were health workers (82.4%) and the most trusted place to receive those messages were health centers (63.2%) (in one's own home was not an available response). Of the respondents, 76.8% knew of at least one mode of Ebola transmission, but only 15.7% knew all five modes. Almost 80% of respondents expressed they were very confident they could protect themselves from becoming infected with the disease, and 84% knew to immediately seek help at a clinic if they had a fever or headache. Over 90% knew that people could survive Ebola. At least 63% knew someone who survived Ebola, and 73% were open to welcoming survivors back into their community. Respondents wanted additional information about prevention (50%), treatment and ETUs (31%), and Ebola cause and signs and symptoms (21%) (Berman et al., 2014, 2016).

Results of the SMS-based survey were presented to the RME Partner Work Group to refine the communication response and inform other MOH and partner data collection activities, in particular the MOH and UNICEF first nationally representative KAP survey (Berman et al., 2016).

Knowledge, Attitude, and Practices Surveys

Over the course of the outbreak, several KAP surveys were conducted to assess Ebola-related knowledge, attitudes, and practices in communities.

CDC KAP: September–October 2014

An initial KAP was conducted September 17 through October 11, 2014, by CDC epidemiologists and local trained interviewers in five counties: Bong, Margibi, Maryland, River Gee, and Sinoe. These five counties were selected because their incidence of Ebola case per 100,000 varied greatly: Bong and Margibi counties had experienced high incidence (482 and 229 suspected, probable, and confirmed cases, respectively), while Maryland, River Gee, and Sinoe had the lowest (8, 12, and 5 suspected, probable, and confirmed cases, respectively) (Kobayashi et al., 2015). The survey included 33 scored statements divided into three KAP categories: Ebola knowledge (focused on transmission), Ebola attitudes (focused on perceptions of the disease, treatment centers, and patients), and Ebola practices (focused on anticipated practices should they or someone they know become symptomatic). Five non-scored statements provided further information (Kobayashi et al., 2015).

A total of 609 respondents were surveyed. The survey revealed differences between low- and high-incidence counties, but the key findings were relevant across all counties: respondents did not often correctly identify Ebola symptoms or understand the transmission risk from asymptomatic individuals, and the fear of Ebola patients and ETUs was highly prevalent (Kobayashi et al., 2015).

While the survey itself was limited—it was non-random, given in English, and included no open-ended questions—it did provide an assessment of the effectiveness of community-level Ebola-related messaging in these MOH-selected counties, and it provided a foundation for other KAP surveys (Kobayashi et al., 2015).

MOH and UNICEF KAP (KAP 1): December 2014

From December 7 to 22, 2014, the MOH and UNICEF, with technical support from WHO, HC3/CCP, CDC, the Liberia Institute of Statistics and Geo-Information Services (LISGIS), and the University of Liberia Pacific Institute of Research and Evaluation (UL-PIRE), conducted a KAP survey in six purposefully selected counties: Grand Cape Mount, Grand Gedeh, Lofa, Montserrado, Nimba, and River Cess. Like the previous study, the counties were selected to represent the timing and impact of Ebola on the country (MOH, 2015b).

The KAP 1 study was comprised of quantitative and qualitative components, implemented by LISGIS and UL-PIRE, respectively. Eighteen trained numerators, six field supervisors, and three regional monitors conducted the quantitative survey over a three-month period, reaching 1,170 heads of household or designated individuals. Six teams of 12 note takers and six supervisors conducted the 28 focus group discussions—three to five in each county—with a total of 224 participants (MOH, 2015b).

Analysis showed a high level of community mobilization in the sampled counties. Most of the people surveyed had heard of Ebola, acknowledged that the disease was real, and were able to identify common symptoms and ways of becoming infected; they also agreed with suggested intended behaviors, such as isolation of symptomatic people and early treatment. Similarly, the respondents reported high levels of behavior change, such as reduced physical contact and increased handwashing. Almost half the respondents reported engaging in "some form of community action" since the beginning of the outbreak (MOH, 2015b).

Despite these strengths, the survey also revealed a number of weaknesses: misconceptions about Ebola transmission and stigma of survivors persisted. The results of the study underscored the need and demand for continued social mobilization efforts to provide communities with Ebola-related knowledge and prevention messages, particularly within border communities. Radio remained the most important method of transmitting messages, particularly to more remote locations, within a short period of time.

MOH and HC3/CCP KAP (KAP 2): August–September 2015

In August and September 2015, the MOH and HC3/CCP conducted a cross-sectional KAP study in 10 counties: Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Gedeh, Lofa, Margibi, Monserrado, Nimba, and River Cess. The counties were selected based on their inclusion in KAP 1. Unlike the previous study, this quantitative survey had two main objectives and outcomes: (1) to assess changes in Ebola KAP, and (2) to assess reproductive, maternal, newborn, and child health service utilization.

The data collection team was comprised of a national coordinator, two study coordinators, and five teams (each team having a leader and three enumerators). A study population of 1,247 women and 631 men were selected. A total of 121 Ebola-related questions were asked addressing: treatment-seeking behaviors (10); prevention practices (20); awareness/knowledge of Ebola causes, signs, symptoms, and transmission (15); attitudes toward survivors (13); risk perceptions and attitudes (17); and Ebola program/messaging exposure (46). The survey report will be available mid 2017.

ECAP and MELS

The ECAP social mobilization project utilized mobile phones—donated by the Paul Allen and NetHope Foundations—to not only deliver program content, but also collect data through the Monitoring, Evaluation, and Learning System (MELS) dashboard. The MELS system monitored the program using a range of qualitative and quantitative monitoring and research tools—including a rapid KAP survey and a partner activity-monitoring tool—that were preloaded onto the smartphones, making it possible to measure knowledge and uptake of behaviors and attitudes related to Ebola. Using the ODK Collect software application, configured for access to the MELS survey forms, social mobilizers recorded activities within their communities. An open-source platform, MELS could be updated monthly and the data disaggregated on county and district levels (ECAP, 2015b). The data were used to inform the Government of Liberia, MOH, and partners about changes over time and critical gaps in knowledge or prevention behavior, so message targeting, management, and responsive programming could be adjusted accordingly (ECAP, n.d., 2015b).

By the end of January 2015, over 800 community social mobilizers, covering over 3,000 communities, had been trained on MELS and about 10,000 baseline KAP surveys had been conducted and the data uploaded to MELS (ECAP, n.d., 2015a). The surveys were meant to triangulate with, rather than duplicate, national KAP surveys and provide evidence on the effectiveness of the various activities and approaches ECAP partners contributed to over the course of the project (ECAP, 2015b). Additionally, mobilizers conducted monthly surveys (10 questions in length) to gain insight into the program's key behaviors and attitudes outcome indicators. Because the MELS data was collected in "real time," managers were able to respond rapidly to support their mobilizers and communicators (ECAP, 2015b). The monthly activity reports helped partner program managers to "identify the challenges faced by their mobilizers and the key issues within the communities they work in" (ECAP, 2015b).

Three months after program implementation, the ECAP monitoring data showed a positive change in knowledge, attitudes, and behaviors. Over this period, the proportion of respondents who said they would not touch a sick family member increased by almost 20%, understood that Ebola can be spread through sexual intercourse increased by 15%, and acknowledged that traditional healers cannot cure Ebola increased by 17% (ECAP, 2015b). Additionally, the data pointed to a trend in the reduction of stigma of survivors and health workers. From the baseline ECAP KAP in January to the MOH/UNICEF KAP in March, the percentage of respondents who reported they would be comfortable visiting the house of an Ebola survivor changed from 19% to 72%. Data related to stigma and health-care workers showed similar improvement (ECAP, 2015b).

The results of the surveys demonstrated the penetration of the health messages and showed that the now strengthened community capacity would help prevent or limit the return of Ebola, especially along critical border areas, and improve the likelihood for Ebola survivors to be welcomed back to their communities (ECAP, 2015b).

The MELS system used digital technology (via smart phone) to collect data and provide a dynamic social media interactive platform, with immediate feedback loops for the ECAP network. MELS made it possible for mobilizers to directly monitor knowledge and behavior changes in their assigned communities, then use that knowledge to direct a response to meet the needs of the community. This direct learning and monitoring approach was a new experience for them and, as a result, is "inculcating a culture within themselves and their organizations of adaptive management and responsive programming" (ECAP, 2015b).

Indicators

One of the greatest challenges for the MOH and partners was determining what indicators would be useful over the course of the outbreak. While WHO, UNICEF, and other UN organizations were able to collect data and report on the United Nations Mission for Ebola Emergency Response (UNMEER) indicators (see Table 1 below) the MOH and social mobilization partners chose to report on a single indicator—the training of 10,000 gCHVs. That target was reached in January 2015 (Elizabeth Serlemitsos interview, 2015, personal correspondence, 2016). In the long run, this indicator proved to be a less-than-optimal indicator for measuring the impact of all social mobilization activities.

Table 1. UNMEER indicators for social mobilization

INDICATOR	DEFINITION	DATA SOURCE	FREQUENCY
Percentage of District, County or Village Social Mobilization taskforces (SMT) reporting on the dashboard each week	**Numerator:** number of units with SMT reporting on the dash board each week **Denominator:** number of units with social mobilization task forces	Partners should include this indicator in their reporting forms, and collect this information from the SMTs	Weekly
Percentage of districts, counties etc. with list of identified key religious leaders (including priests, imams, pastors, tribal leaders) or community groups who promote safe funeral and burial practices according to standard guidelines	**Numerator:** number of locations with list of identified religious leaders / influencers who promote safe burial practices **Denominator:** number of districts with list of identified religious leaders or established community groups	Sources of information to be defined at country level	Weekly
Percentage of chiefdoms, prefectures or villages with at least one security incident or other form of refusal to cooperate in past week	**Numerator:** number of chiefdoms, prefectures, or villages with at least one security incident or refusal in past week **Denominator:** total number of chiefdoms, prefectures, and villages	Hotlines, media reports, reports of funeral teams, community mobilizers, contact tracers, etc.	Weekly
Percentage of patients who present at a community care center within 48 hours of becoming ill with any symptoms that could be Ebola	**Numerator:** people who present within 48 hours of onset of any symptoms that could be Ebola **Denominator:** all people who come to the center with any symptoms that could be Ebola, before or after 48 hours of onset	Registers of the community care center. Count total number of patients who arrive within 48 hours of onset of symptoms versus total number of patients who arrive with symptoms of any duration. Data input coordinated at district or county level	Weekly

The greatest challenge in a fast-paced crisis or outbreak situation is having the time and resources to adequately support monitoring and data collection at all levels. While programs and activities were often limited by the absence of baseline research and data that would normally inform program or activity development, the three examples described show how data could be collected in future emergency situations.

WHAT THE SOCIAL MOBILIZATION PARTNERS LEARNED

Implementing partners supporting social mobilization provided feedback to the Ministry of Health (MOH) through an open-ended question survey on what they thought worked well, the challenges they faced, their key recommendations, and finally the main lessons that were learned in the process. The results of the survey are contained within this section.

What Worked Well

1. Establishing Systems and Structures for Partner Coordination at the National Level
2. Community Engagement and Empowerment
3. Use of Innovative Approaches/Methodologies for Community Mobilization

Establishing Systems and Structures for Partner Coordination at the National Level

The establishment of the social mobilization (SM) pillar and structure facilitated a more systematic way of planning and monitoring activity and progress that supported greater clarity and precision in reporting to the Incident Management System (IMS), and made it possible for convening partners to implement community-based activities and channel their support for health promotion and social and behavior change communication (SBCC).

Under the SM pillar, the Messages and Materials Development (MMD) Partner Working Group also followed a systematic process for materials review and approvals, the development and distribution of key messages to partners, and the provision of consistent messages and materials to local implementing partners. Campaigns such as "Ebola Must Go!" helped to facilitate a critical working partnership between the Ministry of Health and the Ministry of Information, Culture, and Tourism (MICAT).

Community Engagement and Empowerment

The engagement of community leaders—chiefs, traditional healers, Zoes, prominent traditionalists, religious leaders, and women and youth leaders—was instrumental in educating communities and residents, increasing understanding and widespread acceptance of Ebola procedures by key community leaders, and developing a greater connection between chiefs and health officials in all areas where there was training, including the collection and exchange of contact information.

UNICEF-sponsored A-LIFE youth go door-to-door to education people on Ebola prevention. © 2015, UNMEER/Martine Perret.

By equipping communities, particularly the Ebola task forces, with knowledge, materials, and resources, communities were given the responsibility of conducting vigorous surveillance on sick people in their towns and villages, identifying illnesses, and linking suspect cases to health services.

Working through existing implementing partners and existing networks in the communities enabled countrywide coverage, including some very hard-to-reach areas, which would not have been possible otherwise. Continued community engagement and reinforcement of consistent messaging, such as "Ebola is Real," helped to combat denial and community resistance.

Use of Innovative Approaches/Methodologies for Community Mobilization

Successful key projects and activities were discussed in greater detail in the first section. They include the adaptation of the CONCERN Worldwide's **Care Group model**, ECAP's utilization of ECAP/PSI's ***Listen! Learn! and Act!*** methodology, HC3 and Internews's ***DeySay*** **SMS Rumor Tracker**, HC3/CCP's Bridges of Hope toolkit, and the MENTOR Initiative implemented a three-level approach for social mobilization in Monrovia. Having community buy-in on these projects was crucial for their success.

Challenges

1. Partner Coordination and Communication
2. Local Partner Engagement
3. Community Resistance or Challenges Working in Communities
4. Limited Research/Data from the Field
5. Logistical/Financial Constraints
6. Working in Difficult Terrain/Challenging Environments

Partner Coordination and Communication

Coordination: As more implementing partners arrived to provide support, a significant concern was how to best coordinate partner approaches, particularly messaging. Organizations had multiple—and sometimes differing, conflicting, and/or duplicative—messages and approaches to helping. This situation occurred at the national, county, and even at the district levels, and harmonization of these efforts was an ongoing challenge.

Partnering: Not all international organizations or agencies worked or partnered with local media. Instead, some used these outlets as paid platforms to disseminate messages, with little to no investment in their potential to actively provide a range of useful news—accurate, timely, and actionable information that can help people interpret public health messaging, understand the evolving situation around them, and make informed decisions that give them greater agency in their own survival.

Existing partnering guidelines: No guidelines existed for the establishment of a Social Mobilization Cluster prior to the outbreak. The development of these structures at national and county levels, while engaging over 200 partners in the newly established processes in the rapidly changing environment, was challenging.

Messaging guidelines: Because of the urgency of the materials, message development guidelines requiring pretesting before production were sometimes difficult to adhere to. Moving from the "Ebola is Real" messages to the next stages in messaging was delayed, which meant that the population had to wait to learn the specific steps people could take to help prevent infections.

Access to knowledge: Key technical information—such as the closure of Ebola treatment units (ETUs), procedures for safe burial, care and treatment, and programs for survivors—was not always available or was very difficult to solicit from key technical subgroups and pillars. Access to this information was crucial to the function of the MMD Partner Working Group and the development of properly informed new messaging. Although regular press briefings were held, journalists outside Monrovia found it difficult to get up-to-date information because press briefings were only held in Monrovia.

Anticipating misunderstanding: Vaccine trials and the Expanded Program on Immunization vaccines mix up—failing to prevent "the foreseeable" conflicts from a messaging and communication standpoint of the simultaneous launch of the Ebola vaccine clinical trial and the relaunch of national childhood vaccination

campaigns.

Social mobilization value: At times it appeared that social mobilization and health promotion was undervalued or misunderstood by leaders during the response, and the function of social mobilization was not always clear to other pillars, which sometimes resulted in unrealistic expectations. Unfortunately, social mobilization activities were some of the hardest to report on or measure, making them more vulnerable to misunderstanding.

Task force meetings: While weekly social mobilization task force meetings were helpful, it was challenging for partners working mainly from the field to stay engaged in the valuable information exchange. For smaller organizations that did not have staff who could attend each meeting, their views were largely underrepresented and they were largely left out of the decision-making process.

Interministerial coordination: The outbreak provided an opportunity for ministries to work together to address the various needs of the government and population. However, because prior coordination had not been required, the ministries had to develop collaborative processes that would work for everyone. Initial efforts did not always work smoothly. For example, school re-opening preparation messages, coordinated between the Ministries of Health and Education and communities, were inconsistent and demonstrated varied knowledge on Ebola. In some instances, the flow of information between ministries did not occur as quickly as hoped. Some social mobilization work was divided between several ministries and groups; for example, the MOH social mobilization pillar media and documentation group coordinated with MICAT, which had its own social mobilization committee that was working to address the various media monitoring issues. Delayed communication between the MOH and MICAT social mobilization pillars often resulted in the MOH not knowing what was being done in country, making coordination with MICAT and other partners working with radio—to establish a system for monitoring the radio station content and messages on air—challenging to achieve in a systematic and timely fashion.

Local Partner Engagement

Representatives from local partners were often not included in working groups and felt excluded from participation in larger strategic discussions and funding decisions. The notable exception was the ECAP project. They also expressed concerns and frustrations about limited resources and actual funding available from international partners and donors. Some organizations, for example, chose to bypass local capacity building in favor of paying media outlets to disseminate prepared messages. This action helped generate a comfortable revenue for community radio stations, but it did not offer any capacity building for local media houses, which resulted in their journalists remaining largely in the dark about how to report the catastrophic public health crisis.

The challenge was creating balance and trust within the circumstances. Some international responders did not trust local media as interlocutors in crisis situations, while at the same time local media (like local communities) were often bewildered by and distrusted the intense, overwhelming dynamics of an international humanitarian response.

Community Resistance or Challenges Working in Communities

Community resistance occurred primarily because of a lack of or demand for resources or financial incentives or the desired behavior change conflicted with existing cultural norms.

In terms of financial or material incentives, community resistance sometimes occurred because some projects only brought education and community engagement messages, not the material goods/supplies that communities came to expect from NGOs. This expectation was evident when some communities requested or demanded payment or material benefit to maintain safe hygiene practices at personal and household level. For many, material goods were often seen as the only thing NGOs could provide of value. Communities, especially their leadership, often had high financial expectations of NGOs, due in no small part to some NGOs creating and bloating a false micro economy.

For communities heavily affected by the outbreak, the burden of participation was often too much, particularly for those communities with an overabundance of organizations operating in the area. Despite

the need and value of financial and material support for highly affected communities, there was also a concern that such support would create dependency in the long-term. When it was better understood what the various NGOs were doing in the various counties, best efforts were made to link communities with NGOs that could offer them resource support.

Because of the nature and origin of the outbreak, several social and cultural norms had to either stop or change— particularly traditional burial practices and the consumption of bush meat by rural or remote communities—because they contributed to or facilitated the spread of the disease. However, asking people to

The International Federation of the Red Cross Safe Burial team carries the covered body to the car. © 2015, UNMEER/Christopher Bailey.

change their cultural or religious beliefs is difficult, and cultural norms must be understood so suggestions for change are sensitive to the needs and beliefs of the population. An example of this issue was the reaction to the color of body bags initially used for Ebola burials. International organizations initially provided black body bags for burials, the same as those typically used in their countries. However, in Liberia, the color white is the traditional color for mourning, particularly for the Muslim population, so the black body bags were soon replaced with white ones (Sun, Dennis, & Achenbach, 2014).

Limited Research/Data from the Field

Programs and activities were often limited by the absence of baseline research and data in the early stages that would normally inform program or activity development as well as the lack of time typically needed to conduct research leading to evidence-based conclusions.

The fast pace required of response teams often meant that timely reporting—providing up-to-date information to improve feedback loops and inform social mobilization activities—was not possible. For example, field reports from general community health volunteers (gCHVs) were often incomplete or very late because of the challenge of getting to clinic, meeting with field officers, or transporting paper copies from hard-to-reach areas, or the illegibility of the completed or semi-completed reporting forms. As a result, data were sometimes missing or incomplete, making it difficult to measure progress. Additionally, reporting on the impact of all social mobilization activities required indicators for measuring success that were not in place for systematic reporting.

Knowledge management—in the forms of an easy-to-use and accessible portal for information sharing, partner coordination shared calendars, and list serves—were valuable, but underutilized.

Logistical/Financial Constraints

Social mobilization efforts were sometimes hindered by logistical or financial constraints, from the absence of funding mechanisms and equitable compensation to inadequate support for programmatic needs. Some examples include the lack of a funding mechanism to allow rapid distribution of funds and system of incentives for mobilizers; differing pay scales for MOH and partner social mobilizers, particularly gCHVs, for community social mobilization and Ebola response activities; and too few financial and human resources to print and distribute materials to communities.

Working in Difficult Terrain/Challenging Environments

Environmental challenges fall into two categories: limitations related to geography and limitations based on community educational levels or public health practices. Geographical issues that presented a considerable challenge for social mobilization work included limited communication infrastructures in rural spaces; constraints with terrain and mobility in parts of the country, made more difficult in part by

limited logistical support and budgets/funding; and porous borders, which allowed unchecked movement between countries. Community education or public health issues affecting social mobilization work included low literacy levels of some social mobilizers and gCHVs and the sustainability of preventive behaviors, specifically low risk perception in the community. The latter was evident, for example, when communities experienced a reduction in the number of cases, some community members felt that they could return to normal cultural practices, such as shaking hands or not handwashing.

Lessons Learned

1. Community Engagement and Ownership Are Key
2. Utilize Ebola Survivors in Social Mobilization and Community Activities
3. Invest in Capacity Building of Community Structures and Systems Strengthening at All Levels
4. Systematic, Sustainable, and Targeted Approaches Work
5. Develop Standards for Incentives for Community Work
6. Coordination and Communication Are Essential in an Emergency Response that Requires Constant Adaptation
7. Facilitate Two-Way Communication with Communities
8. Work in Collaboration with the Local Media
9. Deliver Consistent Messages and Do Not Oversimplify

Community Engagement and Ownership Are Key

Community members are the direct beneficiaries of community-based interventions, and their involvement in decision making is crucial to gaining their fullest support in order to obtain good results. Communities have unique knowledge and understanding of what they need, what makes sense, what problems exist, and how best to address them. By putting the communities at the center of the response, we can ensure that community members themselves have a voice and play an active role in their well-being and recovery when facing a crisis. Equipping community members with the information and tools they need utilizes human resources and existing structures on the ground.

Coordination between MOH, MICAT, and the National Council of Chiefs and Elders of Liberia (NCCEL) was crucial for engaging and mobilizing chiefs for community entry and social mobilization activities. Including all relevant local authorities in community-based interventions maximized chances for coordinated implementation and community acceptance of messaging. It was through strategic community entry and ownership and persistent and consistent community engagement that denial of the existence of the virus and complacency could be overcome and behavior change of key traditional practices, such as burial, could be made. The Listen! Learn! Act! approach (see ECAP description in the first section) was a simple and effective method that helped to build trust and could be easily adapted to many types of messaging and health issues for community engagement and health promotion.

Community engagement through voluntary support groups that included diverse populations, including Ebola survivors, strengthened the idea of volunteerism for the sake of the communities' well-being and learning.

During the peak of the response, communities organized themselves into taskforces and owned the process without financial incentives. Community structures should continue to be consulted and engaged for public health interventions; however, financial incentives should not be the driving force of engagement.

Utilize Ebola Survivors in Social Mobilization and Community Activities

During the outbreak, Ebola survivors contributed greatly to social mobilization and community engagement activities. Early in the outbreak, they were utilized first as evidence that people could in fact survive Ebola; they were then engaged as ambassadors for the ETU—inviting people to see the ETUs and learn facts about Ebola and prevention in order to reduce prejudice. Survivors that returned to their

communities were very effective in communicating what they had seen and learned to community members.

Ebola survivors continue to be valuable contributors to helping stem fear and reduce stigma. Utilizing Ebola survivors to participate in sensitization and other trainings remains an extremely effective means of reducing stigma within communities.

Survivors help others. © 2015, USAID.

Invest in Capacity Building of Community Structures and Systems Strengthening at All Levels

An enabling environment is necessary for social mobilization and health promotion activities. For example, if communities are mobilized to take responsibility for their own health and be engaged to make positive changes for their community, but they do not have the means to do so—because of lack of access to health facilities, clean water, good roads, and so forth—then that is a challenge. Social mobilization efforts should be coordinated with systems strengthening.

Similarly, good-quality relevant training is important at all levels and in all sectors. For example, in the midst of a health or humanitarian crisis like the Ebola outbreak, it is crucial to quickly ramp up not only local health capacity, but also local media capacity in order to reach the population with important and time-sensitive health messages. Therefore, local media workers must continue to be trained and resourced to address preparedness and other key issues.

Systematic, Sustainable, and Targeted Approaches Work

In order to produce coordinated, consistent, appropriate, evidence-based messages out across multiple channels, partners must collaborate in the development of those key messages and a system for reviewing materials must exist. Better systems for distributing revised messages and materials to the communities are needed, as are feedback mechanisms that can adapt and respond to the needs of the community quickly.

Targeted approaches help to focus on key behaviors and "hot spot" areas. Targeted communities should be prioritized based on the urgency of need, not in totality of coverage. To identify these communities quickly, data collection using mobile phones can help provide a better picture of the epidemiological or contextual landscape. Quick and efficient small-scale research "pretesting"—such as rapid assessments, focus group discussions, and key informant interviews—and listening exercises do not take a lot of time and can be highly effective to gain a "pulse" on the people. Data collection using the mobile phones and the rapid KAP surveys—through the ECAP dashboard, MELS system, GeoPoll, and Dey Say—gave the project a real-time feel. Through data it was possible to recognize which areas were prone to rumors, where the pockets of resistance were, and how to truly communicate in ways that people could understand. Such actions are critical not only for combating epidemics but for creating a healthy recovery. It is important to be honest and reliable with our communication to the community and not promise more than can be delivered.

Develop Standards for Incentives for Community Work

Standards for incentives and reimbursements paid to individuals and communities should be established. Inconsistencies in incentives paid and funding provided by donors, NGO partners, and so forth to community groups can lead to varying levels of commitment, quality in trainings, monitoring, and reporting.

Coordination and Communication Are Essential in an Emergency Response that Requires Constant Adaptation

Coordination and internal communication are crucial, and developing a system for reporting and sharing information across pillars and subgroups will help facilitate more streamlined communication for future

responses. By creating a system that requires partners to work with and through the Government of Liberia (GOL) and the MOH, programs can be developed to suit the needs and desires of the country.

Partners working in social mobilization and community engagement should continue to support the MOH in implementing the Investment Plan for Resilient Health Services and revise the Community Health and Health Promotion policies to incorporate the lessons learned from the Ebola social mobilization response.

Facilitate Two-Way Communication with Communities

It is not enough to provide people with information—organizations also have to listen. Assessments and extensive experience working in humanitarian communications clearly show that one-way messaging campaigns treat audiences as receivers of information, not active participants in the dialogue. In order to facilitate two-way communication, a feedback loop should be used to provide community members with the opportunity to be involved in developing a response strategy so that their voices drive the response to ensure that the real needs of the community are met and people can make better choices about their situation. Local media have great potential to establish two-way communication with their community audiences by responding to their daily information needs and facilitating citizen feedback through on-the-ground reporting, radio call-ins, and SMS traffic.

Work in Collaboration with the Local Media

Local media have a powerful role to play in engaging communities with health information—from sources they trust in languages they understand—and are uniquely placed to contextualize and enhance the impact of SBCC messaging and to bring citizen voices into public health discourse. Not only can local media help share information related to disease prevention and preparedness, the correct and timely use of commodities, and long-term behavioral conditions, they can also promote rights and dignity and minimize stigma and misinformation around diseases and health problems.

It is important to form genuine partnerships with local media. These partnerships can happen directly, although it is sometimes necessary to engage a body or an organization to act as a liaison between local media and international humanitarian organizations trying to build trust and mutual respect.

Deliver Consistent Messages and Do Not Oversimplify

One of the challenges of message development is determining how much complicated information needs to be simplified for an affected population. An overly complicated message might logically lead to confusion, but an overly simple message could result in misunderstanding and mistrust. The primary focus of the message should also be clear: "Wash your hands."

Key Recommendations

1. Maintain Clear and Consistent Messaging
2. Establish Clear Channels for Communication
3. Support Continuous Community Engagement
4. Promote Key Preventive Behaviors in Community
5. Set Up Effective Reporting and Data Systems
6. Build Capacity of the Local Media
7. Improve Partner Coordination and Communication
8. Establish Risk Communication System/Protocols
9. Facilitate Strategic Cross-Border and Inter-Cultural Activities

Maintain Positive, Clear, and Consistent Messaging

Positive reinforcing messaging is more effective for facilitating desired behavior change than fear-arousing messages. It is crucial to emphasize the importance of standardized consistent information that addresses community concerns and answers the questions "why" and "how." For example, a significant challenge in

the early days of the outbreak was convincing the population to believe messages that stated that one could survive Ebola. The first messages exclaiming that "Ebola Kills" frightened the population, making it considerably more difficult to gain their trust when the messages changed.

It is useful for the MOH to maintain a written document for each type of health issue that contains the approved key messages for that topic, and to review and update those documents at least two times a year—more often, if an event is developing. This practice may assist helping organizations, both national and international, be consistent in their messaging.

Establish Clear Channels for Communication

All behavior change activities should focus on the importance of the behavior, not its association with Ebola. This underscores the long-term value of changing the behavior.

If possible, provide a deeper explanation of disease prevention in the context of germs and transmission, not just "don't touch." Community surveys have found that many people believe that hugging or handshaking is what caused/transmitted Ebola. They did not understand that it is not the act of hugging that transmits the disease, but the fact that the other person is sick and contagious. As a result, community members feel as though their culture and traditions that include touch have been spoiled. This example also underscores the importance of health literacy.

To support behavior change activities, materials such as visual aids can help clarify key messages and information when working with younger populations or people with lower literacy levels. Additionally, graphic stories/comic books are excellent interactive educational materials that can engage a population already saturated with Ebola messages.

It is important for the MOH to develop an online portal or database as a knowledge management resource to house all key materials, research, and health messages for partners to easily access and share.

Continuous Community Engagement

Community engagement should be a continuous activity, not one limited to only emergency situations. It is important to have a functional early warning system in place, so that when emergencies occur, they can be addressed and managed quickly and effectively. This system should include disease surveillance.

Partners should work closely with the MOH to identify national NGOs with which to partner in order to support sustainable local capacity building and to help strengthen community health and health promotion structures at county and district levels. Continuous engagement of traditional and community leaders can improve and strengthen community health; including all relevant local authorities in community-based interventions and surveillance activities maximizes chances for coordinated implementation. It is also crucial to listen to and work with affected populations/communities directly to identify the problems and present solutions and to provide the population/community with resources and information to address their issues.

More specific community engagement practices or activities include utilizing women for training and health promotion in communities, particularly because they are key consumers and channels of public health information dissemination; ensuring radio time on community radio stations for interactive local health content is sustained; and adapting and utilizing interactive and community-driven approaches like the Listen! Learn! Act! Methodology and Bridges of Hope for community mobilization and engagement to address other key behaviors for various health issues and for building trust in the health services.

Promote Key Preventive Behaviors in Community

The promotion and support of key preventative behaviors is important for long-term disease prevention and should not be limited to outbreak situations. Supportive mechanisms for prevention must be in place, from the provision of water and sanitation in schools and communities to special health education programs in schools. Without these efforts, it is more difficult to underscore the value of handwashing and other hygiene behaviors and to encourage their continuation.

Set Up Effective Data Collecting and Reporting Systems

Quantitative reporting could enhance the appreciation for social mobilization and health promotion activities because it puts this aspect of the response on a common footing and into a common language with other functions, such as epidemiology.

Data should be gathered regularly in written form (even if orally reported) to support quantification of social mobilization outcomes. Select gCHVs responsible for reporting based on their literacy skills and take into consideration the challenges associated with reporting and logistics of reporting from hard-to-reach areas.

During the outbreak, tracking rumors—and reporting accurate information to dispel the rumors—was critical for highlighting which areas were experiencing increased circulation of myths and misinformation and what information community members were still unclear about. Providing this information to gCHVs and field officers allowed health workers to better respond to their community's needs and provide targeted outreach messaging and follow-up. This system should remain in place to address Ebola and other health-related rumors.

Build Capacity of the Local Media

Consistent investment in local media capacity must go hand in hand with all other efforts on the road to recovery, stability, and preparedness in the region. Partnerships within the government (e.g., the MOH and MICAT) and between the Liberian government and partner organizations are critical for the continued support of community radio stations (for example, IREX's work under ECAP) and the training of journalists (for example, HC3 and Internews's Ebola media training).

Improve Partner Coordination and Communication

Coordination and communication should run through the MOH, and the NHPD needs to be visible and vocal in taking a leading role in advocating for the establishment of social mobilization and community engagement structures. It also needs to be committed and seen engaging with partners and stakeholders to support them in implementing and reporting of SM activities, as well as holding partners accountable for reporting and communicating. Maintaining regular working groups of partners will enhance coordination, minimize duplication, and harmonize activities, incentives, and material packages for reporting.

Knowledge and information must be shared and agreed upon. Terms, such as "social mobilization," "community engagement," and "health promotion," should have agreed-upon definitions that are correctly and consistently used. Systems should be established for better knowledge-sharing coordination—online platforms and databases (other than Dropbox)—and a knowledge management system developed to enhance the reporting and sharing information across pillars, subgroups, ministries, and partners. Priority should be placed on establishing a network from national through community, identifying partners and mapping the structures and systems in each of the counties. Maps and organigrams can help clarify who is involved, how, and where. Diagrams of the health promotion and social mobilization structures, with names attached, can assist NGOs and external government partners to quickly understand the Liberian government, personnel, and responsibilities. Similarly, a "partner map" of social mobilization partners, by district within county, will aid the MOH and other partners visualize the kind of work being done as well as the level of partner saturation. Coordination with partners who are distributing supplies and resources is helpful if you are providing messages and health promotion for the same project. But, it is important to emphasize behavior change and not supplies in the messages: It is handwashing, not handwashing buckets, that helps stop the spread of germs.

Opportunities for data use and dissemination should be created and quarterly/biannual meetings of key SM stakeholders should be held to share important findings from research and reports from fieldwork to inform programming. It is important to evaluate and standardize incentive structures for those implementing activities in the community and standardize use of trainings, materials, and monitoring and evaluation across activity implementation.

Radio Veritas' Daniel Nyakonah speaks with a visiting journalism student from the University of Liberia – one of four universities in the country to offer media programs. © 2015, Internews/Arwen Kidd.

Facilitate Strategic Cross-Border and Intercultural Activities

Organize intercultural forums amongst stakeholders from Guinea, Liberia, and Sierra Leone to synchronize cross-border prevention coordination. Encourage a cross-border engagement through traditional mechanism, not political, by the traditional leaders in the four Mano River Union countries, including Cote d'Ivoire, and surveillance by citizens.

Border control messages and communication should take into consideration the fear and emphasis on cross-border transmission. There is an encroaching fear of the "other" that is exaggerated, and this can create long-term problems between the countries involved.

Establish Risk Communication System/Protocols

In terms of risk communication, look at how to best set up systems for quickly disseminating key and correct information to the communities and creating feedback mechanisms to accurately monitor and respond to needs as they arise (linking with MICAT to set up a system for risk communication with the media). Develop a risk communication/preparedness communication strategy or plan, establishing an early and clear intervention plan for different line ministries that uses intersectoral approaches at community, institutional, and government agencies, creating a network for communication, supervision, and coordination.

Community capacity must be built to address disaster risk reduction and response planning. Set up a community-based system and train community leaders for immediate reporting of any suspicious or suspected case of Ebola-infected person, based on the signs and symptoms and including any other unusual sickness. Volunteers that were recruited for the Ebola response should be placed into a database for further reference.

RECOVERY AND REBUILDING: MOVING FORWARD DURING AND AFTER THE OUTBREAK

The transition to the recovery and rebuilding stage began as early as March 2015 and required a dual focus on Ebola elimination and emergency preparedness and the restoration and expansion of key health services, such as childhood vaccinations, maternal and child health services, and malaria prevention and treatment (Nyenswah et al., 2016). Small flare-ups following the first declaration that Liberia was Ebola free in May 2015 further emphasized the importance of continued investment in areas such as surveillance; outbreak response capacity, which includes risk communication and health promotion; and Ebola vaccine development (Nyenswah et al., 2016).

Although community engagement and empowerment will remain a crucial and high-priority element of health service provision, more support is needed to provide the necessary resources and proper collaboration to continue key activities.

Structure

During the transition from the Ebola response to restoration of health services, the Social Mobilization Pillar transitioned back to the Health Promotion Technical Working Group (HPTWG), still co-chaired by Rev. Sumo and UNICEF. The aim of this working group is to provide technical focus and support to the MOH National Health Promotion Division (NHPD), support activities in the social mobilization restoration transition plan, strengthen coordination between the Community Health Services Division (CHSD) and the NHPD, and support the goals and objectives of the *Investment Plan for Building a Resilient Health Systems* (Ministry of Health, 2015) for sustainable community engagement. The Messages and Materials Development (MMD) group continues to work under the auspices of the HPTWG. Although the initial aim was to include the Research, Monitoring, and Evaluation group within the HPTWG, it instead merged with the larger Health Monitoring, Evaluation, and Research group; similarly, the media committee merged with the group from MICAT, and the others disbanded.

Mother waiting to have her child vaccinated. © 2015, UNMEER/Aalok Kanani.

During the Community Health Services Retreat in May 2015, led by Last Mile Health, an action plan was developed to identify which partners would move forward with specific areas of work. The actions and related partners are as follows:

1. Develop a comprehensive advocacy strategy that targets the different audiences from policy through community levels for increasing awareness and ownership of new structure and roles – United Nations Children's Fund (UNICEF) (lead), HC3/CCP, Last Mile Health, Mercy Corps, US Agency for International Development's Partnership for Advancing Community-based Services (USAID-PACS), and the Carter Center

2. Incorporate risk preparedness and emergency response into both the revised Health Promotion and

Community Health [divisions] policies – HC3 (lead), WHO, UNICEF, and the US Centers for Disease Control and Prevention (CDC)

3. Develop tools and materials in support of advocacy and community engagement – UNICEF (lead), HC3/CCP, Last Mile Health, Mercy Corps, USAID-PACS, and the Carter Center

4. Engage with NGOs, CBOs, faith-based organizations (FBOs), county authorities, local and traditional leadership of the revised health structures and identify their roles and responsibilities to work within these structures – UNICEF, HC3/CCP, Last Mile Health, Mercy Corps, USAID-PACS, and the Carter Center

Community Engagement and Social Mobilization Technical Working Groups

The goals of the Community Engagement and Social Mobilization Technical Working Groups are to validate the structures for community engagement/social mobilization, identify overlaps, and see if and how overlapping areas can be integrated; propose clear guidelines for how to create linkages between Health Promotion activities, and Community Health activities at the community, district, county, and national levels; outline key priorities, next steps, and activities for sustaining community engagement and social mobilization in support of the investment plan and roadmap.

"But I think what we really need in Liberia is capacity building. I think we need a lot of help, even in social mobilization and communication. We need a lot of capacity building.… Because when the international NGOs leave, the local NGOs will be on the ground in terms of any eventuality. In terms of any outbreak, and they can be able to take the first lead before help can come from somewhere."

– Juli Endee interview, 2015

The working group met to map community engagement and social mobilization structures for health at the community, district, county, and national levels; collect and share key lessons learned from the Ebola SM response; discuss the integration of Ebola task force members and successful SM approaches into the Community Health Development Committee and CHC and other community structures; and ensure a "bottom-up" approach for community participation through this process.

Moving Forward with ECAP 2

On October 9, 2015, Mercy Corps—in collaboration with Population Services International (PSI), IREX, and the MOH—launched a new phase of the Ebola Community Action Platform (ECAP 2), funded by the Office of U.S. Foreign Disaster Assistance. The aim of ECAP 2 is to "engage a wide network of local NGOs and radio stations across Liberia to bolster community preparedness against Ebola as well as other major infectious diseases." Similar to the original ECAP project, NGO partners will continue to work with local leaders, government, and health officials to help strengthen more than 1,500 community health groups: "These groups will help communities develop plans for improved disease surveillance and response, and link communities to clinics and health programs" (USAID & Mercy Corps, 2015).

Conclusion

Although several factors contributed to the eventual control of Ebola in Liberia, community engagement and social mobilization activities resulted in significant individual and community behavior change. The "Ebola is Real" and "Ebola must Go!" campaigns provided crucial information in a clear concise manner, and collaboration with communities and their leaders increased the reach of Ebola awareness and prevention practices and lessened resistance to such mandates as, for example, quarantining communities and cremating bodies.

The Ebola crisis highlighted the important roles that social mobilization, social and behavioral change communication, and health promotion play in an emergency and beyond. Above all, the lessons learned from the outbreak and the rebuilding stages underscore the need to strengthen and fund systems for health promotion and encourage continued integration of health promotion and community health.

"Community engagement is critical to help stop outbreaks from having the same devastating impact that we saw in Liberia in 2014. Together we will contribute to the urgent task of rebuilding the health system after Ebola, restoring people's confidence in local health facilities, and ensuring communities have a voice on important health issues."

– Catherine Brown, Program Director of ECAP 2 at Mercy Corps (USAID and Mercy Corps, 2015).

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Appendices
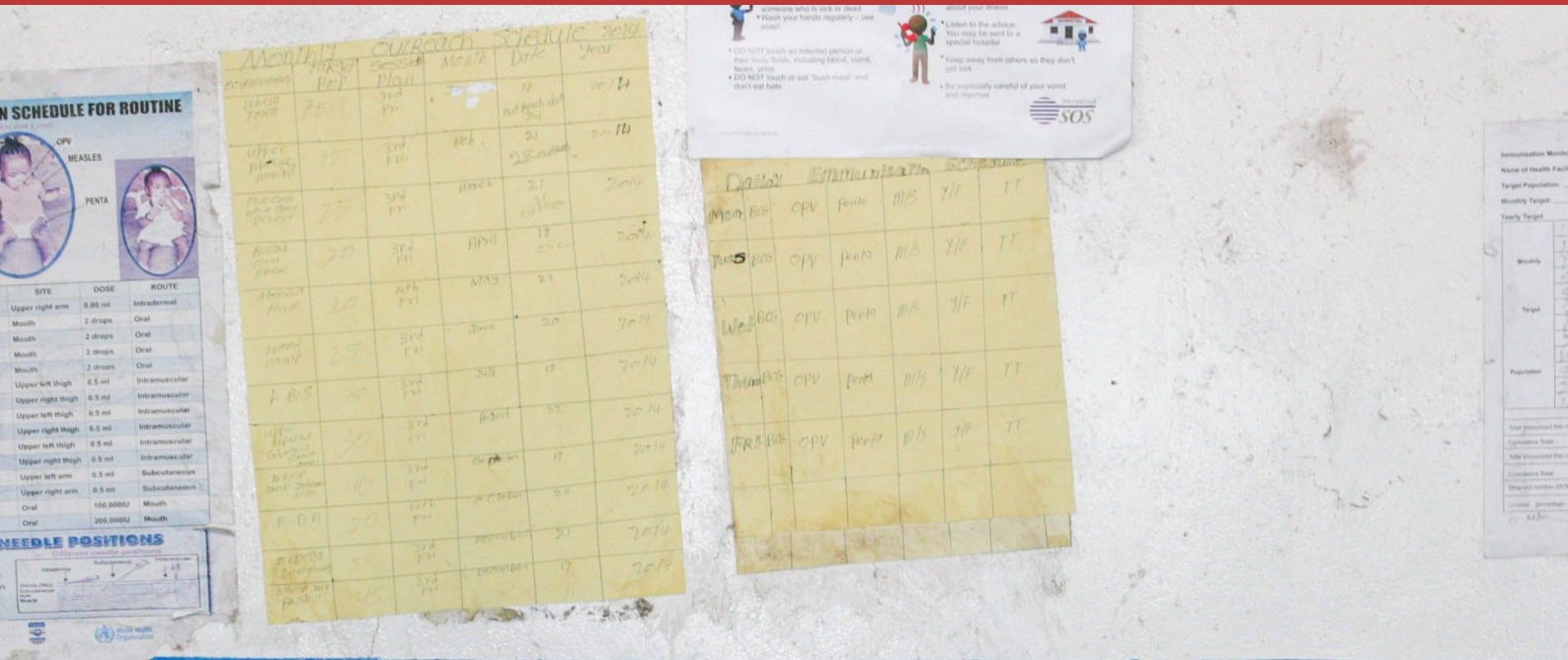
APPENDIX A

SOCIAL MOBILIZATION PILLAR PARTNERS

Partners (78)

1. ActionAid Liberia
2. Adolescent Girls Protection Network (AGPN)
3. African Development Corps (ADC)
4. Africare
5. APA
6. Calvary Empowerment Team
7. CARE International Liberia (CARE)
8. Caritas Liberia
9. Carter Center
10. Catholic Agency for Overseas Development (CAFOD)
11. ChildFund
12. Christian Health Association of Liberia (CHAL)
13. Community Development Services (CODES)
14. Concern Worldwide
15. Conservation International
16. Community Response Group (CRG)
17. Danish Red Cross (DRC) with Liberian National Red Cross Society (LNRCS)
18. Danish Refugee Council
19. EDUSPORT
20. EQUIP Liberia
21. Evangelical Children Rehabilitation Program
22. Finnish Church Aid (FCA)
23. Finnish Refugee Council
24. Foundation for All Ages (FAAL)
25. Global Communities
26. GRASS
27. His Passion Ministry to Rural Liberia, Inc.
28. IBIS
29. International Federation of Red Cross and Red Crescent Societies (IFRC)
30. International Organization for Migration (IOM)
31. International Rescue Committee (IRC)
32. IREX
33. IRIS Global
34. Johns Hopkins Center for Communication Programs (CCP)
35. Justice and Peace Commission (JPC)
36. Kpain Kpain Gbo, Inc. (KKG)
37. Kriterion
38. Legacy Foundation Liberia Inc.
39. Liberia Crusaders for Peace
40. Liberian Agricultural Upgrading, Nutrition and Child Health (LAUNCH) Program, implemented/ support by ACDI/VOCA, Project Concern International (PCI), Making Cents International (MCI) and John Snow International (JSI)
41. Liberian National Red Cross Society (LNRCS)
42. Livelihood Improvement for Farming Enterprises (LIFE) Program, implemented by ACDI/VOCA
43. Living Water International
44. Lutheran Development Service in Liberia (LDS/Act alliance)
45. Making Change
46. Médecins du Monde
47. Medica Mondiale Liberia

48. Medical Teams International (MTI)
49. Médecins Sans Frontières (MSF)
50. MENTOR Initiative
51. Merci
52. More Than Me
53. MYA
54. National Health Promotion Association of National NGOs (NAHPALN)
55. Organization of Liberian Muslim Youth (OLMY)
56. Oxfam
57. PLAN International Liberia
58. Planned Parenthood Association of Liberia (PPAL)
59. Population Services International
60. Right to Play
61. Rotary Club
62. Samaritan's Purse
63. Save My Future Foundation (SAMFU)
64. Save the Children
65. Search for Common Ground
66. Southeastern Women Development Association (SEWODA)
67. Shalom, Inc.
68. Special Emergency Activity to Restore Children's Hope (SEARCH)
69. Tiyatien Health
70. United Nations Development Programme (UNDP)
71. United Nations Population Fund (UNFPA)
72. United Nations Children's Fund (UNICEF)
73. United Nations Mission in Liberia (UNMIL)
74. United States Centers for Disease Control and Prevention (CDC)
75. Welhungerhilfe
76. World Health Organization (WHO)
77. Women's Campaign International
78. ZOA

Sub-grantees or implementing partners (36)

1. Africa Network for Peacebuilding Liberia (WANEP)
2. Balawala International Foundation
3. Catholic Justice and Peace Commission
4. Center for Justice, Peace Studies (CJPS)
5. Center for Media Studies and Peacebuilding (CEMESP)
6. Community Initiative Services (CIS)
7. Development Education Network Liberia (DEN- L)
8. Flomo Theater Production
9. Humanitarian Initiative for Community Development (HICOD)
10. Interfaith Council
11. Ips
12. Liberia Environmental Care Organization (LECO)
13. Liberia Woman Media Action Committee (LIWOMAC)
14. Liberia Youth Network (LIYONET)
15. Liberia Care for Humanity, Inc. (LICH)
16. Lofa Youth for Progressive Action
17. Musicians Union of Liberia
18. National Adult Education Association of Liberia (NAEAL)
19. National Civil Society Task Force on Ebola and Liberian CSO
20. National Council of Chiefs and Elders
21. National Youth Movement for Transparent Elections (NAYMOTE)
22. New African Research and Development Agency (NARDA)

23. Nimba County Youth Development Association (NICOYDA)
24. Open Society Initiative for West Africa (OSIWA)
25. Press Union of Liberia (NUL)
26. Restoring Our Children's Hope (ROCH)
27. Rural Integrated Center for Community Empowerment (RICCE)
28. SeaTrans
29. Skills and Agriculture Development Services (SADS)
30. Society for the Conservation of Nature in Liberia (SCNL)
31. Touching Humanity in Need of Kindness (THINK)
32. Traditional Peace Theater
33. United Youth Against Violence (UYMAV)
34. Women in Peace Network (WIPNET)
35. Women NGOs Secretariat of Liberia (WONGOSOL)
36. Young Men's Christian Association (YMCA)

APPENDIX B

SOCIAL MOBILIZATION PARTNERS AND ACTIVITIES BY COUNTY

BOMI Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Action Aid	Public Health Initiative of Liberia (PHIL), Mano River Youth, Gbarpolu and Grand Gedeh CHTs	• Other – social mobilization and community sensitization	
African Development Corps (ADC)		• Other – social mobilization and community sensitization	
Carter Center	National Council of Chiefs and Elders, community radio, mental health clinicians	• TOT training • Engagement of community leaders	• Posters • Flipbooks • PowerPoint presentations
CDC		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • Community meetings • Engagement of community leaders • Community announcements and town criers • Cell phones and mobile technology	
Christian Health Association of Liberia (CHAL)	DIFAEM-Germany		
Finnish Refugee Council	National Adult Education Association of Liberia (NAEAL)	• Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • TOT trainings • Community meetings	• GOL posters • Finnish Refugee Council facilitator manual • Re-printed 6,000 copies of A2-size information posters, and 4,000 copies of information leaflets
IOM	County social mobilization task force, UNICEF, More than Me	• Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Community meetings	• Information material (comic strips) • Radio programming (talk shows, interviews with Ebola survivors, jingles, radio spots) • Town house meetings

BOMI			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • Community meetings • Etc.
Kriterion	Flomo Theater Production (Liberian cultural troupe that engages in dance, theatre, literature and music), Youth and students (who serve as volunteers and outreach workers in this youth-driven Liberian group)	• Community meetings • House-to-house mobilization • Community announcements and town criers	
Liberian National Red Cross Society (LNRCS) & International Federation of Red Cross and Red Crescent Societies (IFRC)	Red Cross Movement Partners	• Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders	• MOH-issued IEC materials
Medical Teams International		• Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Community meetings • House-to-house mobilization	
PLAN International Liberia	Care for Humanity (CAFH), Youth United for Development Association Inc. (YUDA), Liberia Children Foundation (LCF), Youth for Environmental Services Inc. (YES Inc), Bomi Radio Station (Bomi County), Radio PISO (Cape Mount)	• Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Direct training of frontline mobilizers • Engagement of community leaders • Journalist/media training • House-to-house mobilization	• MOH/PLAN-approved Ebola awareness flyer, brochures, t-shirt and cap for community facilitators for awareness message on radios and in communities
Planned Parenthood Association of Liberia (PPAL)		• TOT training • House-to-house mobilization	

BOMI Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Save the Children	MOH	• Other – providing psychosocial support to families and children who were infected by the Ebola virus	
Search for Common Ground	20 Liberian civil society groups working under SFCG as a united front to educate communities in seven target counties; supported by Action Aid and OSIWA; Medica Mondiale also working with them	• House-to-house mobilization • Engagement of community leaders	• Interpersonal communications/ door-to-door outreach in target communities • Work closely with existing community structure to achieve their objectives
UNFPA		• Other – contact tracing and health promotion	• MOH-approved materials
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TV PSAs and programs • TOT trainings • Direct training of frontline mobilizers • Community drama/theater and storytelling	• MOH-approved materials
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups
WHO	GOL, MOH, CHTs	• TOT trainings • Direct training of frontline mobilizers	• Training of health workers for psychosocial support
Women's Campaign International		• Other – community awareness health promotion	

BONG Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Africare		• Other – contact tracing, community education, distribution of chlorine and buckets with hygiene promotion at public places	
CAFOD		• Other – social sensitization and dignified burials	
CARE International Liberia (CARE)	Planned to work with community volunteers and local structures in October	• Planning and strategy development • Partner coordination • Research (KAP, focus groups, interviews, field testing) • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TV PSAs and programs • TOT trainings • Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders • Community dram/theater and storytelling • Other – distribution of chlorine and buckets with hygiene promotion at public places	• IEC materials by MOH for interventions
Carter Center	National Council of Chiefs and Elders, community radio, Catholic Justice and Peace Commission, FOI network, mental health clinicians	• Radio production and airing • TOT trainings • Engagement of community leaders	• Posters • Flipbooks • PowerPoint presentation
CDC		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • Community meetings • Engagement of community leaders • Community announcements and town criers • Cell phones and mobile technology	
Community Response Group (CRG)		• Other – health promotion	

BONG			
Organization Name	**Name of sub-grantees or implementing partners (if any)**	**Types of social mobilization activities**	**Types of social mobilization materials used**
Danish Red Cross (DRC) with Liberian National Red Cross Society (LNRCS)	LNRCS	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Community meetings • Engagement of community leaders • Cell phones and mobile technology • Other – assistance to survivors and affected families	• Standard developed by IFRC/LNRCS based on WHO/ UNICEF and MOH endorsement
Finnish Church Aid	Finnish Church Aid and Project New Outlook (PNO), Sustainable Livelihood Promoters Program (SLPP) FAWE Liberia	• TOT trainings	
Finnish Refugee Council	National Adult Education Association of Liberia (NAEAL)	• Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • TOT trainings • Community meetings	• GOL posters • Finnish Refugee Council facilitator manual • Re-printed 6,000 copies of A2-size information posters, and 4,000 copies of information leaflets
Global Communities		• Other – training burial teams and contact tracers	
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • Community meetings • Etc.

BONG			
Organization Name	**Name of sub-grantees or implementing partners (if any)**	**Types of social mobilization activities**	**Types of social mobilization materials used**
Liberian Agricultural Upgrading, Nutrition and Child Health (LAUNCH) Program, implemented/ support by ACDI/ VOCA, Project Concern International (PCI), Making Cents International (MCI) and John Snow International (JSI)	CHT, Save the Children, Den-L	• Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • Direct training of frontline mobilizers	
Liberia Crusaders for Peace		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Journalist/media trainings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Banners • T-shirts
Liberian National Red Cross Society (LNRCS) & International Federation of Red Cross and Red Crescent Societies (IFRC)	Red Cross Movement partners	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Community meetings • Engagement of community leaders • Cell phones and mobile technology • Other – cash/in-kind assistance to Ebola Survivors and affected families	• MOH-issued IEC materials

BONG Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Lutheran Development Service in Liberia (LDS/ACT Alliance)		• Development of materials (IEC and training materials) • TOT trainings • Community meetings • House-to-house mobilization • Engagement of community leaders • Other – health talks at community health centers by OICs	• Home-care training manuals
Medical Teams International		• Other – community health education	
Oxfam		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling	• MOH-approved training materials
Right to Play	ROCH (Restoring Our Children's Hope), LIYONET (Liberia Youth Network), HICOD (Humanitarian Initiative for Community Development), and NICOYDA (Nimba County Youth Development Association)	• Print materials dissemination (posters, etc.) • Community meetings • Engagement of community leaders	• Print materials (posters, t-shirts, banners, flyers, handouts, etc.)
Save the Children	MOH	• Radio production and airing	
Search for Common Ground	20 Liberian civil society groups working under SFCG as a united front to educate communities in seven target counties; supported by Action Aid and OSIWA; Medica Mondiale also working with them	• House-to-house mobilization • Engagement of community leaders	• Interpersonal communications/ door-to-door outreach in target communities • Work closely with existing community structure to achieve their objectives
UNFPA		• Other – contact tracing and health promotion	• MOH-approved materials

BONG			
Organization Name	**Name of sub-grantees or implementing partners (if any)**	**Types of social mobilization activities**	**Types of social mobilization materials used**
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• MOH-approved materials
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups
WHO	GOL, MOH, CHTs	• TOT trainings • Direct training of frontline mobilizers	• Training of health workers for psychosocial support
ZOA	Five local partners and four other civil society actors	• Community meetings • House-to-house mobilization • Other – hygiene promotion	• Hygiene kits

GBARPOLU			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Action Aid	Public Health Initiative of Liberia (PHIL), Mano River Youth, Gbarpolu and Grand Gedeh CHTs	• Community meetings	
Carter Center	National Council of Chiefs and Elders, community radio, mental health clinicians	• TOT trainings • Engagement of community leaders	
CDC		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • Print (books and special aids for children/youth) • Community meetings • Engagement of community leaders • Community announcements and town criers • Cell phones and mobile technology	
Evangelical Children Rehabilitation Program		• Print materials dissemination (posters, etc.) • Other – Provision of fuel to radio station for the spread of Ebola messages; facilitate the transporting of CHT technicians to villages and towns to spread Ebola messages	• Fuel • Flyers
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • Community meetings • Etc.
Liberian National Red Cross Society (LNRCS) & International Federation of Red Cross and Red Crescent Societies (IFRC)	Red Cross Movement partners	• Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders	• MOH-issued IEC materials

GBARPOLU			
Organization Name	**Name of sub-grantees or implementing partners (if any)**	**Types of social mobilization activities**	**Types of social mobilization materials used**
Lutheran Development Service in Liberia (LDS)	ACT Alliance	• TOT trainings • Community meetings • House-to-house mobilization • Engagement of community leaders	• Home-care training manuals
Samaritan's Purse		• Direct training of frontline mobilizers • Other – distributed Ebola prevention materials with community awareness prevention messaging	• Posters • Flyers
Save the Children	MOH	• Other – providing psychosocial support to families and children who were infected by the Ebola virus	
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TV PSAs and programs • TOT trainings • Direct training of frontline mobilizers • Community drama/theater and storytelling	• MOH-approved materials
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups
WHO	GOL, MOH, CHTs	• TOT trainings • Direct training of frontline mobilizers	• Training of health workers for psychosocial support

GRAND BASSA			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Carter Center	National Council of Chiefs and Elders, community radio, Catholic Justice and Peace Commission, FOI network, mental health clinicians	• Radio production and airing • TOT training • Engagement of community leaders	• Posters • Flipbooks • PowerPoint presentations
Concern Worldwide	Support to members of the GB Social Mobilization Committee through resource donation	• Planning and strategy development • Partner coordination • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Community meetings • House-to-house mobilization • Engagement of community leaders	• UNICEF/MOH resources
Conservation International	Ips, with Skills and Agriculture Development Services (SADS), Rural Integrated Center for Community Empowerment (RICCE), Society for the Conservation of Nature in Liberia (SCNL)	• Radio production and airing • Print materials dissemination (posters, etc.)	
Finnish Church Aid	Finn Church Aid and Project New Outlook (PNO), Sustainable Livelihood Promoters Program (SLPP) FAWE Liberia	• TOT trainings	
GRASS		• TOT trainings • Radio production and airing • House-to-house mobilization • Other – procurement and distribution of handwashing materials	
His Passion Ministry to Rural Liberia, Inc.		• House-to-house mobilization	• Flyers
IOM	County social mobilization task force, UNICEF, More than Me	• Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Community meetings	• Information material (comic strips) • Radio programming (talk shows, interviews with Ebola survivors, jingles, radio spots) • Town house meetings

GRAND BASSA			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Community announcements • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • Community meetings • Etc.
Liberia Crusaders for Peace		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Journalist/media trainings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Banners • T-shirts
Liberian National Red Cross Society (LNRCS) & International Federation of Red Cross and Red Crescent Societies (IFRC)	Red Cross Movement partners	• Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders	• MOH-issued IEC materials
Save My Future Foundation (SAMFU)		• Other – distributed handwashing materials	
Search for Common Ground	20 Liberian civil society groups working under SFCG as a united front to educate communities in seven target counties; supported by Action Aid and OSIWA; Medica Mondiale also working with them	• House-to-house mobilization • Engagement of community leaders	• Interpersonal communications/door-to-door outreach in target communities • Work closely with existing community structure to achieve their objectives

GRAND BASSA			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• lanning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TV PSAs and programs • TOT trainings • Direct training of frontline mobilizers • Community drama/theater and storytelling	• MOH-approved materials
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups
WHO	GOL, MOH, CHTs	• TOT trainings • Direct training of frontline mobilizers	• Training of health workers for psychosocial support

GRAND CAPE MOUNT			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Carter Center	National Council of Chiefs and Elders, community radio, Catholic Justice and Peace Commission, FOI network, mental health clinicians	• TOT trainings • Engagement of community leaders	• Posters • Flipbooks • PowerPoint presentation
CDC		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • Community meetings • Engagement of community leaders • Community announcements and town criers • Cell phones and mobile technology	
Community Development Services (CODES)	UNICEF	• Community meetings	
Finnish Church Aid	Finnish Church Aid and Project New Outlook (PNO), Sustainable Livelihood Promoters Program (SLPP) FAWE Liberia	• TOT trainings	
Finnish Refugee Council	National Adult Education Association of Liberia (NAEAL)	• Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • TOT trainings • Community meetings	• GOL posters • Finnish Refugee Council facilitator manual • Re-printed 6,000 copies of A2-size information posters, and 4,000 copies of information leaflets
Foundation for All Ages (FAAL)	gCHVS, natural leaders, local leaders, youths, UNICEF as donor	• TOT trainings	
IOM	County social mobilization task force, UNICEF, More than Me	• Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Community meetings	• Information material (comic strips) • Radio programming (talk shows, interviews with Ebola survivors, jingles, radio spots) • Town house meetings

GRAND CAPE MOUNT			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • Community meetings • Etc.
Liberia Crusaders for Peace		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Journalist/media trainings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Banners • T-shirts
Liberian National Red Cross Society (LNRCS) & International & International Federation of Red Cross and Red Crescent Societies (IFRC)	Red Cross Movement partners	• Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders	• MOH-issued IEC materials
Lutheran Development Service in Liberia (LDS/ACT Alliance)		• TOT trainings	• Home-care training manuals
Medical Teams International		• Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Community meetings • House-to-house mobilization	• IPC guidelines for HFs and gCHVs • IPC at the household

GRAND CAPE MOUNT			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TV PSAs and programs • TOT trainings • Direct training of frontline mobilizers • Community drama/theater and storytelling	• MOH-approved materials
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups
WHO	GOL, MOH, CHTs	• TOT trainings • Direct training of frontline mobilizers	• Training of health workers for psychosocial support

GRAND GEDEH			
Organization Name	**Name of sub-grantees or implementing partners (if any)**	**Types of social mobilization activities**	**Types of social mobilization materials used**
Action Aid	Public Health Initiative of Liberia (PHIL), Mano River Youth, Gbarpolu and Grand Gedeh CHTs	• Community announcements and town criers	
CARE International Liberia (CARE)	Community volunteers	• Planning and strategy development • Partner coordination • Research (KAP, focus groups, interviews, field testing) • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TV PSAs and programs • TOT trainings • Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders • Community dram/theater and storytelling • Other – distribution of chlorine and buckets with hygiene promotion at public places	• IEC materials by MOH for interventions
Carter Center	National Council of Chiefs and Elders, community radio, Catholic Justice and Peace Commission, mental health clinicians	• Radio production and airing • TOT trainings • Engagement of community leaders	• Posters • Flipbooks • PowerPoint presentation
IRC	CHTs and Ebola County Task Force, UNHCR	• Community meetings	
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • Community meetings • Etc.

GRAND GEDEH			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Liberia Crusaders for Peace		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Journalist/media trainings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Banners • T-shirts
Liberian National Red Cross Society (LNRCS) & International Federation of Red Cross and Red Crescent Societies (IFRC)	Red Cross Movement partners	• Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders	• MOH-issued IEC materials
Livelihood Improvement for Farming Enterprises (LIFE) Program, implemented by ACDI/VOCA	CHT	• Print materials dissemination (posters, etc.)	• Flyers
Oxfam		• Planning and strategy development • Partner coordination • Research (KAP, focus groups, interviews, field-testing) • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling	• MOH-approved training materials

GRAND GEDEH Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Right to Play	ROCH (Restoring Our Children's Hope), LIYONET (Liberia Youth Network), HICOD (Humanitarian Initiative for Community Development), and NICOYDA (Nimba County Youth Development Association)	• Print materials dissemination (posters, etc.) • Community meetings • Engagement of community leaders	• Print materials (posters, t-shirts, banners, flyers, handouts, etc.)
Save the Children	MOH	• Other – providing psychosocial support to families and children who were infected by the Ebola virus	
Tiyatien Health	Welthungerhilfe	• Planning and strategy development • Partner coordination • Research (KAP, focus groups, interviews, field-testing) • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Community meetings	• gCHV curriculum
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TV PSAs and programs • TOT trainings • Direct training of frontline mobilizers • Community drama/theater and storytelling	• MOH-approved materials
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups

GRAND GEDEH			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Welthungerhilfe	WOCDES (WASH Ips); RADIO (WASH Ips); LAA (Agriculture Ips); SAP (Agriculture Ips)	• Planning and strategy development • Partner coordination • Research (KAP, focus groups, interviews, field-testing) • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TOT trainings • Direct training of frontline mobilizers • Engagement of community leaders • Community drama/theater and storytelling • Other – community care; training government partners	• Awareness booklets • Posters • Faucet buckets
WHO	GOL, MOH, CHTs	• TOT trainings • Direct training of frontline mobilizers	• Training of health workers for psychosocial support

GRAND KRU			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Africare		• Other – contact tracing, community education, distribution of chlorine and buckets with hygiene promotion at public places	
Care International		• Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Other – provided cell phones and bicycles for GCHVs and some community leaders • Other – contact tracing, community education, distribution of chlorine and buckets with hygiene promotion at public places	• MOH-approved materials
Carter Center	National Council of Chiefs and Elders, mental health clinicians	• TOT training • Engagement of community leaders	• Posters • Flipbooks • PowerPoint presentations
CDC		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • Community meetings • Engagement of community leaders • Community announcements and town criers • Cell phones and mobile technology	
Community Development Services (CODES)	UNICEF	• Print materials dissemination (posters, etc.) • Community meetings	
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • Community meetings • Etc.

GRAND KRU			
Organization Name	**Name of sub-grantees or implementing partners (if any)**	**Types of social mobilization activities**	**Types of social mobilization materials used**
Liberian National Red Cross Society (LNRCS) & International Federation of Red Cross and Red Crescent Societies (IFRC)	Red Cross Movement partners	• Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders	• MOH-issued IEC materials
RECEIVE		• Other – trained gCHVs who carried health messages focused on prevention and dead body management	
Save the Children	MOH	• Other – providing psychosocial support to families and children who were infected by the Ebola virus	
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TV PSAs and programs • TOT trainings • Direct training of frontline mobilizers • Community drama/theater and storytelling	• MOH-approved materials
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups
WHO	GOL, MOH, CHTs	• TOT trainings • Direct training of frontline mobilizers	• Training of health workers for psychosocial support

LOFA Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
African Development Corps (ADC)	Local leaders, teacher, chiefs and groups	• TOT trainings • Community meetings	
CAFOD		• Other – social sensitization and dignified burials	
Carter Center	National Council of Chiefs and Elders, community radio, Catholic Justice and Peace Commission, FOI network, mental health clinicians	• Radio production and airing • TOT trainings • Engagement of community leaders	• Posters • Flipbooks • PowerPoint presentation
ChildFund Liberia	County Health Team and Community Welfare Committee	• Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Community meetings • Engagement of community leaders	
Concern Worldwide		• Planning and strategy development with DHT • Partner coordination • Radio production and airing • Print materials dissemination (posters, etc.) • TV PSAs and programs • Direct training of frontline mobilizers • Community meetings • House-to-house mobilization through gCHVs • Incentivization of house-to-house mobilization • Engagement of community leaders • Other – logistics support: fuel and vehicle maintenance, stationery, PPEs, transit unit, incentives/top-up	
Global Communities		• Other – training burial teams and contact tracers	
IRC	Pentecostal Mission Unlimited (PMU) & CHT	• Other – supporting CHT for social mobilization	
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • A community-directed intervention – together with the YMCA and one CSO

LOFA Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Liberia Crusaders for Peace		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Journalist/media trainings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Banners • T-shirts
Liberian National Red Cross Society (LNRCS) & International Federation of Red Cross and Red Crescent Societies (IFRC)	Red Cross Movement partners	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Community meetings • Engagement of community leaders • Cell phones and mobile technology • Other – cash/in-kind assistance to Ebola Survivors and affected families	• MOH-issued IEC materials
Livelihood Improvement for Farming Enterprises (LIFE) Program, implemented by ACDI/VOCA	Civil society in Lofa County (LIFE is the chair of this group), CHT	• Radio production and airing	• Radio messages to promote awareness
Lutheran Development Service in Liberia (LDS/ACT Alliance)		• TOT trainings	• Home-care trainings manuals

LOFA Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Making Change		• Print materials dissemination (posters, etc.) • Community meetings • House-to-house mobilization • Engagement of community leaders	• Social Support • Making change provide hygiene materials (plastic bucket with faucet, chlorine, soap, and Ebola prevention awareness t-shirt to unaffected and affected communities in those mentioned districts)
Médecins Sans Frontières (MSF)		• Other – distributed Ebola kits	
Oxfam		• Planning and strategy development • Partner coordination • Research (KAP, focus groups, interviews, field-testing) • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling	• MOH-approved training materials
PLAN International Liberia	Three (3) local NGOs: 1. Community Safety Initiative Inc (CSI), 2. Humanitarian Initiative for Community Development Incor\ (HICOD Inc), 3. Rural Community Empowerment Program (RUCEP) (5) local radio stations: Radoi Vahun, Radio Tamba Taikor in Foya, Radio Harleygnee in kolahun, Radio Kintoma in Voinjama and Radio Life in Zorzor, Voice of Lofa in Quardu Gbondi	• Partner coordination	• MOH/PLAN-approved Ebola awareness flyer, brochures, t-shirt and cap for community facilitators for awareness message on radios and in communities
Population Services International (PSI)		• TOT trainings • Direct training of frontline mobilizers	
Right to Play	ROCH (Restoring Our Children's Hope), LIYONET (Liberia Youth Network), HICOD (Humanitarian Initiative for Community Development), and NICOYDA (Nimba County Youth Development Association)	• Print materials dissemination (posters, etc.) • Community meetings • Engagement of community leaders	• Print materials (posters, t-shirts, banners, flyers, handouts, etc.)

LOFA Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Samaritan's Purse		• Direct training of frontline mobilizers • Other – distributed Ebola prevention materials with community awareness prevention messaging	• Posters • Flyers
Search for Common Ground	20 Liberian civil society groups working under SFCG as a united front to educate communities in seven target counties; supported by Action Aid and OSIWA; Medica Mondiale also working with them	• House-to-house mobilization • Engagement of community leaders	• Interpersonal communication/door-to-door outreach in target communities, working closely with existing structure to achieve their objectives
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TV PSAs and programs • TOT trainings • Direct training of frontline mobilizers • Community drama/theater and storytelling	• MOH-approved materials
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups
WHO	GOL, MOH, CHTs	• TOT trainings • Direct training of frontline mobilizers	• Training of health workers for psychosocial support

MARGIBI			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Action Aid	Public Health Initiative of Liberia (PHIL), Mano River Youth, Gbarpolu and Grand Gedeh CHTs	• Community announcements and town criers	• Posters • Flyers
Carter Center	National Council of Chiefs and Elders, community radio, mental health clinicians	• TOT training • Engagement of community leaders	• Posters • Flipbooks • PowerPoint presentations
CDC		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • Community meetings • Engagement of community leaders • Community announcements and town criers • Cell phones and mobile technology	
Finnish Refugee Council	National Adult Education Association of Liberia (NAEAL), Project New Outlook (PNO)	• Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • TOT trainings • Community meetings	• GOL posters • Finnish Refugee Council facilitator manual • Re-printed 6,000 copies of A2-size information posters, and 4,000 copies of information leaflets
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • Community meetings • Etc.
Kriterion	Flomo Theater Production (Liberian cultural troupe that engages in dance, theatre, literature and music), Youth and students (who serve as volunteers and outreach workers in this youth-driven Liberian group)	• Community meetings • House-to-house mobilization • Community announcements and town criers	

MARGIBI			
Organization Name	**Name of sub-grantees or implementing partners (if any)**	**Types of social mobilization activities**	**Types of social mobilization materials used**
Liberia Crusaders for Peace		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Journalist/media trainings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Banners • T-shirts
Liberian National Red Cross Society (LNRCS) & International Federation of Red Cross and Red Crescent Societies (IFRC)	Red Cross Movement partners	• Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders	• MOH-issued IEC materials
Living Water International		• Development of materials (IEC) • Radio production and airing • Print materials dissemination (posters, etc.) • Direct training of frontline mobilizers • Community meetings • House-to-house mobilization • Engagement of community leaders	
National Health Promotion Association of National NGOs (NAHPALN)		• Community meetings	
Plan International Liberia	Care for Humanity (CAFH), Youth United for Development Association Inc. (YUDA), Liberia Children Foundation (LCF), Youth for Environmental Services Inc. (YES Inc), Bomi Radio Station (Bomi County), Radio PISO (Cape Mount)	• Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Direct training of frontline mobilizers • Engagement of community leaders • Journalist/media training • House-to-house mobilization	• MOH/PLAN-approved Ebola awareness flyer, brochures, t-shirt and cap for community facilitators for awareness message on radios and in communities

MARGIBI			
Organization Name	**Name of sub-grantees or implementing partners (if any)**	**Types of social mobilization activities**	**Types of social mobilization materials used**
Right to Play	ROCH (Restoring Our Children's Hope), LIYONET (Liberia Youth Network), HICOD (Humanitarian Initiative for Community Development), and NICOYDA (Nimba County Youth Development Association)	• Print materials dissemination (posters, etc.) • Community meetings • Engagement of community leaders	• Print materials (posters, t-shirts, banners, flyers, handouts, etc.)
Save the Children	MOH	• Radio production and airing	
Search for Common Ground	20 Liberian civil society groups working under SFCG as a united front to educate communities in seven target counties; supported by Action Aid and OSIWA; Medica Mondiale also working with them	• House-to-house mobilization • Engagement of community leaders	• Interpersonal communications/ door-to-door outreach in target communities • Work closely with existing community structure to achieve their objectives
SHALOM Inc.		• Other – contact tracing	• UNICEF community training package
UNFPA		• Other – contact tracing and health promotion	• MOH-approved materials
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TV PSAs and programs • TOT trainings • Direct training of frontline mobilizers • Community drama/theater and storytelling	• MOH-approved materials
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups
WHO	GOL, MOH, CHTs	• TOT trainings • Direct training of frontline mobilizers	• Training of health workers for psychosocial support

MARGIBI			
Organization Name	**Name of sub-grantees or implementing partners (if any)**	**Types of social mobilization activities**	**Types of social mobilization materials used**
Women's Campaign International		• Other – community awareness health promotion	
ZOA	Five local partners and four other civil society actors	• Other – hygiene kits	

MARYLAND Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
African Development Corps (ADC)	Local leaders, teacher, chiefs and groups	• TOT trainings • Community meetings	
Adolescent Girls Protection Network (AGPN)		• Other – youth peer education and community awareness on Ebola prevention	
APA		• House-to-house mobilization	
Caritas Liberia		• Community drama/theater and storytelling • Other – focus group discussions among youth	
Carter Center	National Council of Chiefs and Elders, community radio, Catholic Justice and Peace Commission, mental health clinicians	• Radio production and airing • TOT trainings • Engagement of community leaders	• Posters • Flipbooks • PowerPoint presentation
CDC		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • Community meetings • Engagement of community leaders • Community announcements and town criers • Cell phones and mobile technology	
Danish Refugee Council		• Print materials dissemination (poster, etc.)	
IRC	CHTs and Ebola County Task Force, UNHCR	• Community meetings	
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • Community meetings • Etc.
Justice and Peace Commission (JPC)		• Other – awareness activities on Ebola and rule of law	

MARYLAND Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Liberia Crusaders for Peace		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Journalist/media trainings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Banners • T-shirts
Liberian National Red Cross Society (LNRCS) & International Federation of Red Cross and Red Crescent Societies (IFRC)	Red Cross Movement partners	• Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders	• MOH-issued IEC materials
MYA		• Community meetings • Other – community awareness on Ebola prevention	
Right to Play	ROCH (Restoring Our Children's Hope), LIYONET (Liberia Youth Network), HICOD (Humanitarian Initiative for Community Development), and NICOYDA (Nimba County Youth Development Association)	• Print materials dissemination (posters, etc.) • Community meetings • Engagement of community leaders	• Print materials (posters, t-shirts, banners, flyers, handouts, etc.)
Save the Children	MOH	• Other – providing psychosocial support to families and children who were infected by the Ebola virus	
Southeastern Women Development Association (SEWODA)		• Other – conducted focus group discussions with women and girls on Ebola prevention and conducted community awareness activities	

MARYLAND			
Organization Name	**Name of sub-grantees or implementing partners (if any)**	**Types of social mobilization activities**	**Types of social mobilization materials used**
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TV PSAs and programs • TOT trainings • Direct training of frontline mobilizers • Community drama/theater and storytelling	• MOH-approved materials
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups
WHO	GOL, MOH, CHTs	• TOT trainings • Direct training of frontline mobilizers	• Training of health workers for psychosocial support

MONTSERRADO			
Organization Name	**Name of sub-grantees or implementing partners (if any)**	**Types of social mobilization activities**	**Types of social mobilization materials used**
Action Aid	Public Health Initiative of Liberia (PHIL), Mano River Youth, Gbarpolu and Grand Gedeh CHTs	• Community announcements and town criers	• MOH-approved materials
Calvary Empowerment Team		• TOT trainings • House-to-house mobilization • Engagement of community leaders • Community announcements and town criers	
CARE International Liberia (CARE)	Community volunteers	• Planning and strategy development • Partner coordination • Research (KAP, focus groups, interviews, field testing) • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TV PSAs and programs • TOT trainings • Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders • Community dram/theater and storytelling • Other – distribution of chlorine and buckets with hygiene promotion at public places	• IEC materials by MOH for interventions
Carter Center	National Council of Chiefs and Elders, community radio, ELBC, Truth FM, LCP, Catholic Justice and Peace Commission, FOI network, mental health clinicians	• Radio production and airing • TOT trainings • Engagement of community leaders	• Posters • Flipbooks • PowerPoint presentation
CDC		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • Community meetings • Engagement of community leaders • Community announcements and town criers • Cell phones and mobile technology	
Community Development Services (CODES)	UNICEF	• Print materials dissemination (posters, etc.) • Community meetings	

MONTSERRADO			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Concern Worldwide	Support awareness raising among the community members in Logan town and 15 communities in Todee District.	• Planning and strategy development • Partner coordination • Research (KAP, focus groups, interviews, field testing) • Print materials dissemination (posters, etc.) • TOT trainings • Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders	• UNICEF/MOH resources
Danish Refugee Council	MerLeague	• Print materials dissemination (posters, etc.) • Community meetings	• Training of health workers for psychosocial support
EDUSPORT	MOGD, WOCAP	• TOT trainings	• MOH, WHO, and UNICEF materials
Finnish Church Aid		• TOT trainings	
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE), Liberia Media Center (LMC)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • Community meetings • Etc.
Health Communication Capacity Collaborative (HC3) at Johns Hopkins Center for Communication Programs (CCP)	PSI, Internews	• Research (KAP, focus groups, interviews, field testing) • Development of materials (IEC and training materials) • Direct training of community leaders • Engagement of community leaders • Cell phones and mobile technology	• Materials developed by the material and message development subcommittee
Kriterion	Flomo Theater Production (Liberian cultural troupe that engages in dance, theatre, literature and music), Youth and students (who serve as volunteers and outreach workers in this youth-driven Liberian group)	• Radio production and airing • Community meetings • House-to-house mobilization • Community drama/theater and storytelling • Community announcements and town criers • Other – TV airing	

MONTSERRADO			
Organization Name	**Name of sub-grantees or implementing partners (if any)**	**Types of social mobilization activities**	**Types of social mobilization materials used**
Legacy Foundation Liberia inc.		• Print materials dissemination (posters, etc.) • House-to-house mobilization	• Posters • Flyers
Liberia Crusaders for Peace		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Journalist/media trainings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Banners • T-shirts
Liberian National Red Cross Society (LNRCS) & International Federation of Red Cross and Red Crescent Societies (IFRC)	Red Cross Movement partners	• Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders	• MOH-issued IEC materials
Living Water International		• Development of materials (IEC) • Radio production and airing • Print materials dissemination (posters, etc.) • Direct training of frontline mobilizers • Community meetings • House-to-house mobilization • Engagement of community leaders	• Radio • Flyers • Booklets • Megaphone
Médecins du Monde		• Community announcements and town criers	• Bus with sound system
Médecins sans Frontières (MSF)		• Other – distributed Ebola kits	
Medica Mondiale Liberia		• House-to-house mobilization • Other – focus group discussions and community engagement	• Posters • Flyers • Megaphones • IPC kits (Chlorine, soap, handwashing buckets)

MONTSERRADO			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Medical Teams International		• Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Community meetings • House-to-house mobilization	• IPC guidelines for HFs and gCHVs • IPC at the household
MENTOR Initiative	Worked with Kriterion Monrovia	• Planning and strategy development • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling	• UNICEF • Self-generated and WHO ratified (private pharmacy focused)
More than Me	MOH and UNDP	• Print (books and special aids for children and youth) • Cell phones and mobile technology • Other – other gaps the MOH has asked them to fill	• Providing rainbows, t-shirts, food for quarantine homes, materials for orphans from Ebola that are identified • Other gaps the community and MOH has asked us to fill include: emergency salaries, ambulances, home-care nurses, motorbikes, an application for collecting info/phones, phones for the sick when they go into the ETU so we can communicate with them (encouragement, follow up/accountability for ETUs)
Organization of Liberian Muslim Youth (OLMY)		• TOT trainings • Community meeting • House-to-house mobilization • Engagement of community leaders	• Flipbook • Posters

MONTSERRADO Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Oxfam		• Partner coordination • Research (KAP, focus groups, interviews, field-testing) • Print materials dissemination (posters, etc.) • Direct training of frontline mobilizers • Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization	• MOH-approved materials
PLAN International		• Development of materials (IEC and training materials) • Radio production and airing • Direct training of frontline mobilizers • Community meetings • Other – youth-focused prevention and psychological first aid activities	• MOH-approved Ebola awareness flyer and posters for awareness messages on radios and in communities
Planned Parenthood Association of Liberia (PPAL)		• TOT training • House-to-house mobilization	• MOH IEC materials
Population Services International		• Radio production and airing	• Newly revised material by MOH and UNICEF
Right to Play	ROCH (Restoring Our Children's Hope), LIYONET (Liberia Youth Network), HICOD (Humanitarian Initiative for Community Development), and NICOYDA (Nimba County Youth Development Association)	• Print materials dissemination (posters, etc.) • Other – awareness raising through psychosocial games, and providing materials (food and preventative materials) for Ebola victims	• Print materials (posters, t-shirts, banners, flyers, handouts, etc.)
Samaritan's Purse		• Direct training of frontline mobilizers • Other – distributed Ebola prevention materials with community awareness prevention messaging	• Posters • Flyers
Save the Children	MOH	• Radio production and airing	
Search for Common Ground	20 Liberian civil society groups working under SFCG as a united front to educate communities in seven target counties; supported by Action Aid and OSIWA; Medica Mondiale also working with them	• House-to-house mobilization • Engagement of community leaders	• Interpersonal communications/ door-to-door outreach in target communities • Work closely with existing community structure to achieve their objectives
SHALOM Inc.		• House-to-house mobilization	• UNICEF community training package

MONTSERRADO			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Special Emergency Activity to Restore Children's Hope (SEARCH)		• Other – support to suspected cases upon return to community	
UNDP	MOH, CHT	• Other – supporting the MOH with social mobilization and reporting	
UNFPA	Angie Brooks International Centre	• Print materials dissemination (posters, etc.) • Community meetings • Cell phones and mobile technology • Other – peer-to-peer education	• Posters • Flyers
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TV PSAs and programs • TOT trainings • Direct training of frontline mobilizers • Community drama/theater and storytelling	• MOH-approved materials
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups
WHO	GOL, MOH, CHTs, UNICEF	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • TOT trainings	• Training of health workers for psychosocial support
ZOA	Five local partners and four other civil society actors	• Community meetings • House-to-house mobilization • Other – hygiene promotion	• Hygiene kits

NIMBA Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
African Development Corps (ADC)	Local leaders, teacher, chiefs and groups	• TOT trainings • Community meetings	
Africare		• Other – contact tracing, community prevention education, distribution of chlorine and buckets with hygiene promotion at public places	
CAFOD		• Other – social sensitization and dignified burials	
CARE International Liberia (CARE)	Community volunteers	• Planning and strategy development • Partner coordination • Research (KAP, focus groups, interviews, field testing) • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TV PSAs and programs • TOT trainings • Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders • Community dram/theater and storytelling • Other – distribution of chlorine and buckets with hygiene promotion at public places	• IEC materials by MOH for interventions
Carter Center	National Council of Chiefs and Elders, community radio, Catholic Justice and Peace Commission, FOI network, mental health clinicians	• Radio production and airing • TOT trainings • Engagement of community leaders	• Posters • Flipbooks • PowerPoint presentation
CDC		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • Community meetings • Engagement of community leaders • Community announcements and town criers • Cell phones and mobile technology	

NIMBA Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Conservation International	Ips, with Skills and Agriculture Development Services (SADS), Rural Integrated Center for Community Empowerment (RICCE), Society for the Conservation of Nature in Liberia (SCNL)	• Radio producing and airing • Print materials dissemination (posters, etc.)	
Danish Refugee Council		• Print materials dissemination (posters, etc.) • Community meetings	
EQUIP Liberia		• Radio production and airing	
Finnish Church Aid		• TOT trainings	
Finnish Refugee Council	National Adult Education Association of Liberia (NAEAL)	• Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • TOT trainings • Community meetings	• GOL posters • Finnish Refugee Council facilitator manual • Re-printed 6,000 copies of A2-size information posters, and 4,000 copies of information leaflets
Foundation for All Ages (FAAL)	gCHVS, natural leaders, local leaders, youths, UNICEF as donor	• TOT trainings	
Global Communities		• Community meetings • Other – media awareness, Ebola prevention, and training burial teams and contact tracers	
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • Community meetings • Etc.

NIMBA			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Liberia Crusaders for Peace		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Journalist/media trainings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Banners • T-shirts
Liberian National Red Cross Society (LNRCS) & International	Red Cross Movement partners	• Planning and strategy development • Partner coordination	• MOH-issued IEC materials
Federation of Red Cross and Red Crescent Societies (IFRC)		• Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Community meetings • Engagement of community leaders • Cell phones and mobile technology • Other – cash/in-kind assistance to Ebola Survivors and affected families	
Oxfam		• Partner coordination • Research (KAP, focus groups, interviews, field-testing) • Print materials dissemination (posters, etc.) • Direct training of frontline mobilizers • Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization	• MOH-approved training materials
PLAN International Liberia	Liberia Environmental Care Organization (LECO); Center for Justice Peace Studies (CJPS) and the County Health Team; radio stations in Tappita, Karplay, Saclepea and Kergeamahn	• Development of materials (IEC and training materials) • Radio production and airing • Direct training of frontline mobilizers • Community meetings	• MOH-approved Ebola awareness flyer and posters for awareness messages on radios and in communities

NIMBA Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Right to Play	ROCH (Restoring Our Children's Hope), LIYONET (Liberia Youth Network), HICOD (Humanitarian Initiative for Community Development), and NICOYDA (Nimba County Youth Development Association)	• Print materials dissemination (posters, etc.) • Community meetings • Engagement of community leaders	• Print materials (posters, t-shirts, banners, flyers, handouts, etc.)
Save the Children	MOH	• Other – providing psychosocial support to families and children who were infected by the Ebola virus	
Search for Common Ground	20 Liberian civil society groups working under SFCG as a united front to educate communities in seven target counties; supported by Action Aid and OSIWA; Medica Mondiale also working with them	• House-to-house mobilization • Engagement of community leaders	• Interpersonal communications/ door-to-door outreach in target communities • Work closely with existing community structure to achieve their objectives
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TV PSAs and programs • TOT trainings • Direct training of frontline mobilizers • Community drama/theater and storytelling	
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups
WHO	GOL, MOH, CHTs	• TOT trainings • Direct training of frontline mobilizers	• Training of health workers for psychosocial support
Women's Campaign International		• Other – community awareness health promotion	

| RIVER GEE | | | |
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Caritas Liberia			• IPC kits (Chlorine, soap, handwashing buckets)
Carter Center	National Council of Chiefs and Elders, community radio, FOI network, mental health clinicians	• TOT training • Engagement of community leaders	• Posters • Flipbooks • PowerPoint presentations
Community Development Services (CODES)	UNICEF	• Print materials dissemination (posters, etc.) • Community meetings	
Danish Refugee Council		• Community meetings	
German Agro Action		• Community meetings • Other – community engagement	• Posters • Flyers • IPC kits (Chlorine, soap, handwashing buckets) • Megaphones
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • Community meetings • Etc.
Liberia Crusaders for Peace		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Journalist/media trainings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Banners • T-shirts

RIVER GEE			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Liberian National Red Cross Society (LNRCS) & International Federation of Red Cross and Red Crescent Societies (IFRC)	Red Cross Movement Partners	• Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders	• MOH-issued IEC materials • Posters • Flyers • Megaphones • IPC kits (Chlorine, soap, handwashing buckets)
Livelihood Improvement for Farming Enterprises (LIFE) Program, implemented by ACDI/VOCA	CHT	• Print materials dissemination (posters, etc.)	• Flyers
Medica Mondiale Liberia		• House-to-house mobilization • Other – focus group discussions and community engagement	• Posters • Flyers • Megaphones • IPC kits (Chlorine, soap, handwashing buckets)
Merci		• Other – community engagement (before escalation of crisis)	• IPC kits (Chlorine, soap, handwashing buckets) before escalation of crisis
Oxfam		• Planning and strategy development • Partner coordination • Research (KAP, focus groups, interviews, field-testing) • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling	• MOH-approved training materials
Radio Gee		• Other – community engagement and generating general Ebola awareness	• Focus group and panel discussions • Talk shows • Airing anti-Ebola messages
Samaritan's Purse		• Community meetings • Engagement of community religious leaders • House-to-house mobilization • Other – awareness creation and distribution of IEC and BCC materials and IPCs to every dwelling in the county	• Posters • Flyers • IPC kits (Chlorine, soap, handwashing buckets) • Banners

RIVER GEE			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Save the Children	MOH	• Other – providing psychosocial support to families and children who were infected by the Ebola virus	
Southeastern Women Development Association (SEWODA)		• Community meetings • Other – community engagement and general advocacy	• Posters • Flyers • IPC kits (Chlorine, soap, handwashing buckets)
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TV PSAs and programs • TOT trainings • Direct training of frontline mobilizers • Community drama/theater and storytelling	• MOH-approved materials
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups

RIVER GEE			
Organization Name	**Name of sub-grantees or implementing partners (if any)**	**Types of social mobilization activities**	**Types of social mobilization materials used**
Welhungerhilfe	LIPBNET (WASH Ips), Songhai AESA (Agriculture Ips)	• Planning and strategy development • Partner coordination • Research (KAP, focus groups, interviews, field-testing) • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TOT trainings • Direct training of frontline mobilizers • Engagement of community leaders • Community drama/theater and storytelling • Other – community care; training government partners	• Awareness booklets • Posters
WHO	GOL, MOH, CHTs	• TOT trainings • Direct training of frontline mobilizers	• Training of health workers for psychosocial support

RIVER CESS			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Carter Center	National Council of Chiefs and Elders, community radio, mental health clinicians	• TOT trainings • Engagement of community leaders	• Posters • Flipbooks • PowerPoint presentation
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • Community meetings • Etc.
Kpain Kpain Gbo, Inc. (KKG)		• Other – health promotion	
Liberian National Red Cross Society (LNRCS) & International Federation of Red Cross and Red Crescent Societies (IFRC)	Red Cross Movement partners	• Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders	
Oxfam		• Planning and strategy development • Partner coordination • Research (KAP, focus groups, interviews, field-testing) • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling	• MOH-approved training materials

RIVER CESS			
Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TV PSAs and programs • TOT trainings • Direct training of frontline mobilizers • Community drama/theater and storytelling	• MOH-approved materials
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups
WHO	GOL, MOH, CHTs	• TOT trainings • Direct training of frontline mobilizers	• Training of health workers for psychosocial support

SINOE Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
Carter Center	National Council of Chiefs and Elders, community radio, mental health clinicians	• TOT training • Engagement of community leaders	• Posters • Flipbooks • PowerPoint presentations
CDC		• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • Community meetings • Engagement of community leaders • Community announcements and town criers • Cell phones and mobile technology	
IREX	Funded by USAID, working with MOH, MICAT, Interfaith Council, Press Union of Liberia (NUL), National Civil Society Task Force on Ebola and Liberian CSO including: Center for Media Studies and Peacebuilding (CEMESP), YMCA, Development Education Network-Liberia (DEN-L), West Africa Network for Peacebuilding Liberia (WANEP), Women NGOs Secretariat of Liberia (WONGOSOL), New African Research and Development Agency (NARDA), Liberia Woman Media Action Committee (LIWOMAC), National Youth Movement for Transparent Elections (NAYMOTE)	• Radio production and airing • TV PSAs and programs • Journalist/media training • Community meetings • Engagement of community leaders • Community drama/theater and storytelling • Cell phones and mobile technology	• Awareness spot messages and skits for radio and TV • A call center • Journalist training • Community meetings • Etc.
Liberian National Red Cross Society (LNRCS) & International Federation of Red Cross and Red Crescent Societies (IFRC)	Red Cross Movement partners	• Community meetings • House-to-house mobilization • Incentivization of house-to-house mobilization • Engagement of community leaders	• MOH-issued IEC materials
Medical Team International		• Print materials dissemination (posters, etc.) • TOT trainings • Direct training of frontline mobilizers • Community meetings • House-to-house mobilization	• IPC guidelines for HFs and gCHVs • IPC at the household

SINOE Organization Name	Name of sub-grantees or implementing partners (if any)	Types of social mobilization activities	Types of social mobilization materials used
UNICEF	MOH; CHTs; gCHVs; DCI, SeaTrans and local groups CODES, LICH and CIS; Medical Teams International (for gCHV trainings); WHO, MSF, RBHS, CDC, UNMIL (for development of materials and trainings); MOE; MPW; SHALOM; Samaritan's Purse; Touching Humanity in Need of Kindness (THINK)	• Planning and strategy development • Partner coordination • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TV PSAs and programs • TOT trainings • Direct training of frontline mobilizers • Community drama/theater and storytelling	• MOH-approved materials
UNMIL	Balawala International Foundation, Liberia Crusaders for Peace, Traditional Peace Theater, Professional Artistic Group, Musicians Union of Liberia, United Youth Against Violence (UYMAV), Women in Peace Network (WIPNET), Flomo Theater Production, Development Education Network Liberia (DEN-L), Liberia Youth Network (LIYONET), Lofa Youth for Progressive Action, 150 Video clubs throughout the country, TV stations in Monrovia and Gbarnga, United Nations TV and UNIFEED (for release internationally through APTN)	• Radio production and airing • Print materials dissemination (posters, etc.) • Outdoor murals/wall paintings • Community meetings • House-to-house mobilization • Engagement of community leaders • Community drama/theater and storytelling • Community announcements and town criers	• Posters • Flyers • Radio jingles • Drummers • Comedians and drama groups
Welthungerhilfe	Teah town Youth (WASH Ips), TADRA Youth (WASH Ip), HP Youth action for Progress (WASH Ips), CARDI (Agriculture Ips), SEEMA (Agriculture Ips)	• Planning and strategy development • Partner coordination • Research (KAP, focus groups, interviews, field-testing) • Development of materials (IEC and training materials) • Radio production and airing • Print materials dissemination (posters, etc.) • Print (books and special aids for children and youth) • TOT trainings • Direct training of frontline mobilizers • Engagement of community leaders • Community drama/theater and storytelling • Other – community care; training government partners	• Awareness booklets • Posters • Faucet buckets
WHO	GOL, MOH, CHTs	• TOT trainings • Direct training of frontline mobilizers	• Training of health workers for psychosocial support

APPENDIX C

HOT SPOT REPORTS PARTNERS

Reviewing Partners

1. Adolescent Girls Protection Network (AGPN)
2. Care International
3. Center for Adolescent Girls
4. Legacy Foundation Liberia
5. Liberia Crusaders for Peace
6. National Health Promotion Association of National NGOs (NAHPALN)
7. SHALOM, Inc.
8. Survivor Aid
9. United Nations Children's Fund (UNICEF)
10. Women and Children Development Association of Liberia (WOCDAL)

Supporting Partners, by County

Bong

1. Africare – gave vests/regalia
2. Global Communities – helped in training contact tracers and burial teams
3. Project Concern International
4. Save the Children – constructed ETU close to the hospital
5. UNICEF – had coordinators in the field
6. World Health Organization (WHO) and World Food Programme (WFP) – providing food aid

Gbarpolu

1. Global Communities – trained 20 burial team members and 25 contact tracers
2. Government hospital – trained 50 people, mainly youths
3. Red Cross – trained 50 volunteers to conduct house-to-house awareness campaign
4. Samaritan's Purse – trained religious leaders, pastors, and church workers
5. United Nations Mission in Liberia (UNMIL) – trained gCHVs for community Ebola awareness campaign; four motorbikes for SM

Grand Cape Mount

1. Community Health Volunteers (CHVs)
2. Community Watch Forum
3. Community Women
4. Liberia Crusaders for Peace
5. Lutheran Development Service (LDS)
6. Tewor Women for Peace and Development
7. UNICEF

Margibi

1. United States Centers for Disease Control and Prevention (CDC)
2. Red Cross
3. Save the Children
4. UNICEF
5. UNMIL
6. WHO

Montserrado

1. ACF – training of community volunteers
2. Médecins Sans Frontières (MSF) Belgium – distributed Ebola kits
3. Oxfam – buckets

4. SHALOM/UNICEF – peer-to-peer awareness
5. Stop Ebola Transmission (SET) – mapping
6. UNICEF – mapping
7. Urey Foundation – mapping affected HH for nutritional and health support

River Cess

1. Liberian Red Cross Society
2. Tiyatien Health/Last Mile
3. UNICEF

Earlier activities were conducted by Face Africa, Methodist Church, and the Carter Center.

APPENDIX D

ECAP 1 AND ECAP 2 PARTNERS

Under the ECAP program, Mercy Corps, PSI/Liberia, and IREX worked with 77 partners to implement the ECAP project throughout Liberia during the Ebola outbreak.

ECAP 1 International Implementing Partners

1. Concern Worldwide (lead)
2. Finn Church Aid (lead)
3. Women Campaign International (WCI) (lead)
4. ZOA International (sub-lead)

ECAP 1 Local Implementing Lead Partners

5. Centre for Liberian Assistance (CLA)
6. Community Health, Education, and Social Services (CHESS)
7. EQUIP Liberia
8. Last Mile Health
9. Lutheran Church of Liberia (LCL)
10. Manor River Union Youth Parliament – Liberia Chapter
11. National Mandingo Caucus of Liberia (NMCL)
12. NAYMOTE Partners for Democratic Development
13. People United for Sanitation Health (PUSH)
14. Platform for Dialogue and Peace (P4DP)
15. Positive Change for Women and Girls Initiative – Liberia, Inc. (POCHAWOIN)
16. Resource Center for Community Empowerment and International Development (RECEIVE)
17. RESPECT Liberia
18. Survivors Aid International Liberia (SAIL), Inc.
19. Vision Awake Africa for Development//More Than Me
20. Volunteers to Support International Efforts in Developing Africa (VOSIEDA)
21. West Africa Network for Peacebuilding (WANEP)
22. Women NGOs Secretariat of Liberia (WONGOSOL)
23. Young Men's Christian Association (YMCA) of Liberia
24. Youth in Action for the Prevention of HIV & AIDS (YAPA Inc.)
25. Youth United for Development Association, Inc. (YUDA)
26. Zorzor District Women Care, Inc. (ZODWOCA)

ECAP 1 Local Implementing Sub-Partners

27. A2N-Africa 2000 Network
28. Action Development Initiative International (ADII)
29. Afro-Medical Community Health and Welfare Services (ACHWS)
30. AMU WULU Forum
31. Ballet Gedeh Rooster, Inc.
32. Bassa Women Development Association (BAWODA)
33. Bomi County Citizen Advocacy Union (BOCAU)
34. Bomi Women Development Association (BOWDA)
35. Candace Girls Educational Foundation
36. Capacity for Youth
37. Center for Trauma Healing and Reconciliation (CE-THRP)
38. Christian HIV/AIDS Network of Liberia (CHANOL)
39. Community Development and Research Agency
40. Community Safety Initiative
41. Community Youth Nation Program (CYNP)
42. Concern Aid International (CAI)

43. CSO Consortium on Natural Resource Management (NRM)
44. FACE Africa
45. Fore-runners of Children's Universal Rights for Survival (FOCUS)
46. Forum for African Women Educationalists (FAWE)
47. Gender Peace Network Liberia
48. Give Them Hope
49. Grand Gedeh Modern Artist Production (GMAP)
50. Grand Kru Women Development Association (GRAWODA)
51. Grassroots Agency for Social Services (GRASS)
52. Leadership Institute for Women (LIFW)
53. Liberia Crusaders for Peace (LCP)
54. Liberian National Red Cross Society (LNRCS)
55. Liberian Youth Network (LIYONET)
56. Liberians United for Rescue Action (LURA)
57. Margibi Women Development Association (MARWODA)
58. Men United to Fight Violence Against Women and Children (MUFVAWAC)
59. National AIDS Commission
60. National Rural Women's Program
61. Peacebuilding Hub Liberia (PHuB)
62. People Empowerment Program (PEP)
63. Project New Outlook
64. Radio Bomi FM 98.9
65. Reproductive Health Group – Liberia (RHG-L)
66. Rural Human Rights Activist Programme (RHRAP)
67. SHALOM Inc.
68. Special Emergency Activity to Restore Children's Hope (SEARCH)
69. Society for Poverty Reduction
70. Southeastern Women Development Association (SEWODA)
71. Sustainable Livelihood Promoters Programmes (SLPP)
72. Trauma Aid International
73. Women Care Initiative (WOCI)
74. Women in Peacebuilding Network (WIPNET) – Pleebo Branch
75. Women Movement for Sustainable Development (WOMSUD)
76. Women Protecting Female Inmates and Welfare Inc. (WOPROFIW)
77. Youth in Technology and Art Network (YOTAN)

ECAP 2

Under the ECAP 2 program, Mercy Corps and PSI/Liberia are working with coordinating partners—CDC, HC3/CCP, UNICEF, USAID, and WHO—and 35 implementing partners to implement ECAP 2 activities in Liberia.

ECAP 2 Coordinating Partners

1. US Centers for Disease Control and Prevention (CDC)
2. Health Communication Capacity Collaborative (HC3) at Johns Hopkins Center for Communication Programs (CCP)
3. Mercy Corps
4. Population Services International (PSI)
5. United Nations Children's Fund (UNICEF)
6. United States Agency for International Development (USAID)
7. World Health Organization (WHO)

ECAP 2 Implementing Partners

1. ACHWS (Afromed)
2. Africa Network 2000 (A2000)

3. Centre for Liberian Assistance (CLA)
4. Community Health, Education, and Social Services (CHESS)
5. Concern Worldwide
6. Equip Liberia
7. Finn Church Aid
8. Last Mile Health
9. Liberia Crusaders for Peace (LCP)
10. 1Liberian National Red Cross (LNRCS)
11. Lutheran Church of Liberia (LCL)
12. Lutheran Development Service of Liberia
13. Manor River Union Youth Parliament – Liberia Chapter
14. More than Me (MTM)
15. National Empowerment Program (NEP)
16. National Mandingo Caucus of Liberia (NMCL)
17. NAYMOTE Partners for Democratic Development
18. Pentecostal Mission Unlimited (PMU)
19. People Empowerment Program (PEP)
20. People United for Sanitation Health (PUSH)
21. Platform for Dialogue and Peace (P4DP)
22. Positive Change for Women and Girls Initiative – Liberia, Inc. (POCHAWOIN)
23. Public Health Initiative Liberia (PHIL)
24. Resource Center for Community Empowerment and International Development (RECEIVE)
25. RESPECT Liberia
26. SHALOM Liberia
27. Survivors Aid International Liberia (SAIL), Inc.
28. Volunteers to Support International Efforts in Developing Africa (VOSIEDA)
29. West Africa Network for Peacebuilding (WANEP)
30. Women Campaign International (WCI)
31. Women NGOs Secretariat of Liberia (WONGOSOL)
32. Young Men's Christian Association (YMCA) of Liberia
33. Youth in Action for the Prevention of HIV & AIDS (YAPA Inc.)
34. Youth United for Development Association, Inc. (YUDA)
35. Zorzor District Women Care, Inc. (ZODWOCA)