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COLLABORATING, LEARNING & ADAPTING CASE ANALYSIS: DEEP DIVE

Global Communities' Ebola Response in Liberia

By: Ilana Shapiro, Ph.D.

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DEEP DIVE SUMMARY

INFORMATION

Sector	Health
Type of Intervention	Emergency Response to Ebola Epidemic
Country/Region	Liberia/West Africa
Size & Scope	\$34 million; 18 months; country-wide
Funded Activities	USAID's Office of Foreign Disaster Assistance (OFDA) Assisting Liberians with Education to Reduce Transmission (ALERT) program: safe and dignified burials; community-led total sanitation (CLTS), water, hygiene, and sanitation; and Ebola contact tracing and cross-border surveillance.
Research Materials	28 intervention documents reviewed; 4 key informant interviews
CLA Integration	<p>COLLABORATION: Community Meetings & Dialogue Sessions (CMDS) fostered trust, information sharing, and coordination among community, government, and international stakeholders.</p> <p>LEARNING: CMDS, monitoring data, and technical evidence from U.S. Centers for Disease Control and Prevention, the World Health Organization, and Ebola research were key sources of learning.</p> <p>ADAPTING: Stakeholder feedback loops provided information for rapid, iterative adaptation of activities and reallocation of resources to address changing or community-specific needs.</p>
Enablers	<p>COUNTRY AND COMMUNITY CONTEXTS:</p> <ul style="list-style-type: none"> • Broad leadership support and participation • Crisis conditions necessitated rapid behavior change • Donor flexibility • Resourced scale-up <p>ORGANIZATIONAL CONTEXT:</p> <ul style="list-style-type: none"> • Organizational model of community engagement • Efforts built on pre-existing relationships, programs, and systems • Evidence-based disease prevention activities (safe burials, CLTS, etc.)
Barriers	<p>COUNTRY AND COMMUNITY CONTEXTS:</p> <ul style="list-style-type: none"> • Crisis conditions challenged coordination • Distrust and resistance to government and outsiders • Local burial customs and health practices spread the virus • Bureaucratic processes slowed response efforts <p>ORGANIZATIONAL CONTEXT:</p> <ul style="list-style-type: none"> • Slow procurement processes • Inadequate time for reflection
Key Lessons about CLA	<ul style="list-style-type: none"> • Collaborating, learning, and adapting (CLA) supported local ownership which contributed to behavior change • Front-end investments led to efficient scale-up during crisis • CLA built on local networks, knowledge, and systems • Monitoring data informed rapid decision-making and adapting • CLA supported social inclusion and diverse, culture-specific adaptations • Leadership participation and donor flexibility critical to CLA success

OVERVIEW



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“Community-led methods implemented by local actors, injected with strategic, flexible external support, allowed the community to take control of their own health, halting transmission chains, protecting the health of their communities and neighbors, and devising innovations for their own long-term resilience and capacity.”

—Global Communities, 2015, p.6

The 2014–2015 outbreak of Ebola devastated communities in Liberia, overwhelming their fragile health care system with at least 10,675 cases and 4,809 disease-related deaths (U.S. Centers for Disease Control and Prevention (CDC), 2016). Prior to the outbreak, Global Communities, an international nonprofit development organization, had been working with hundreds of communities in Lofa, Nimba, and Bong counties on a U.S. Agency for International Development (USAID)-funded program to improve water, sanitation, and hygiene (WASH) since 2010, and was thus well placed to respond to the crisis.

Using a community engagement approach grounded in the principles of **collaborating, learning, and adapting** (CLA), Global Communities focused on reducing Ebola infections through safe burials and dead body management, education in Ebola-resistant hygiene and sanitation behaviors, and disease surveillance efforts.



COLLABORATING: They built on existing collaborative networks and fostered relationships among community leaders, tribal chiefs and elders, local health care workers, and government officials to build community trust, strengthen Ebola response capacities, reduce violent resistance, and inspire relevant behavior change. Regular meetings with the donor, USAID’s Office of Foreign Disaster Assistance (OFDA), and international actors (e.g., the CDC, World Health Organization (WHO), and the International Rescue Committee (IRC)) promoted information sharing and coordination.



LEARNING: They conducted in-depth, half-day community meetings and dialogue sessions with community stakeholders in thousands of communities across Liberia to foster communication and information sharing. Their ongoing monitoring efforts tracked the effectiveness of different activities and provided weekly updates to local and international stakeholders. They also commissioned research to address evidence gaps in Ebola containment practices.



ADAPTING: They drew upon stakeholder feedback loops, monitoring data, and technical evidence to rapidly and iteratively adjust activities, reallocate resources, and adapt approaches to address changing or community-specific needs and concerns.

By May 2015, when Liberia was declared Ebola-free, local and international stakeholders credited Global Communities’ approaches and activities with effectively supporting community-led responses that helped end the crisis. Evidence suggests that their CLA approach resulted in strong local ownership and increased national capacity for disease prevention. View “Timeline” on the following page.

GLOBAL COMMUNITIES’ RESPONSE IN NUMBERS

Engaged over **15,000** community leaders, local health practitioners, government officials, and traditional leaders to promote local ownership of the Ebola response.

Provided training, education & messaging support about Ebola resistant behaviors within **3,557** Liberian communities.

Organized & managed **72** burial teams, **58** disinfection teams, and more than **7,000** confirmed safe and dignified burials across all 15 counties in Liberia.

Established a “hygiene barrier” through cross-border monitoring and CLTS activities in **179** border communities.

TIMELINE

Ebola Epidemic and Global Communities' Response in Liberia

GLOBAL COMMUNITIES' ACTIVITIES IN LIBERIA

JUNE–JULY 2014

- MOH reaches out to GC to co-design Ebola response in communities
- GC activities focus on information campaigns, scaled up IWASH efforts, and Ebola treatment units

AUGUST 2014

- USAID/OFDA funds GC for Ebola response
- First 15 CMOS held in Lola county

SEPTEMBER 2014

- GC trains & scales-up Burial Teams across Liberia
- GC rapidly expands CMDS & collaborative networks
- GC initiates contact tracing efforts

OCTOBER 2014

- Disco Hill cemetery site selected
- GC continues expanding CMDS & ambulance services nationally based on community requests
- GC continues mobilizing Burial Teams nationally

DECEMBER 2014

- Border surveillance activities begin
- Disco Hill cemetery opens and cremations stop

JANUARY 2015

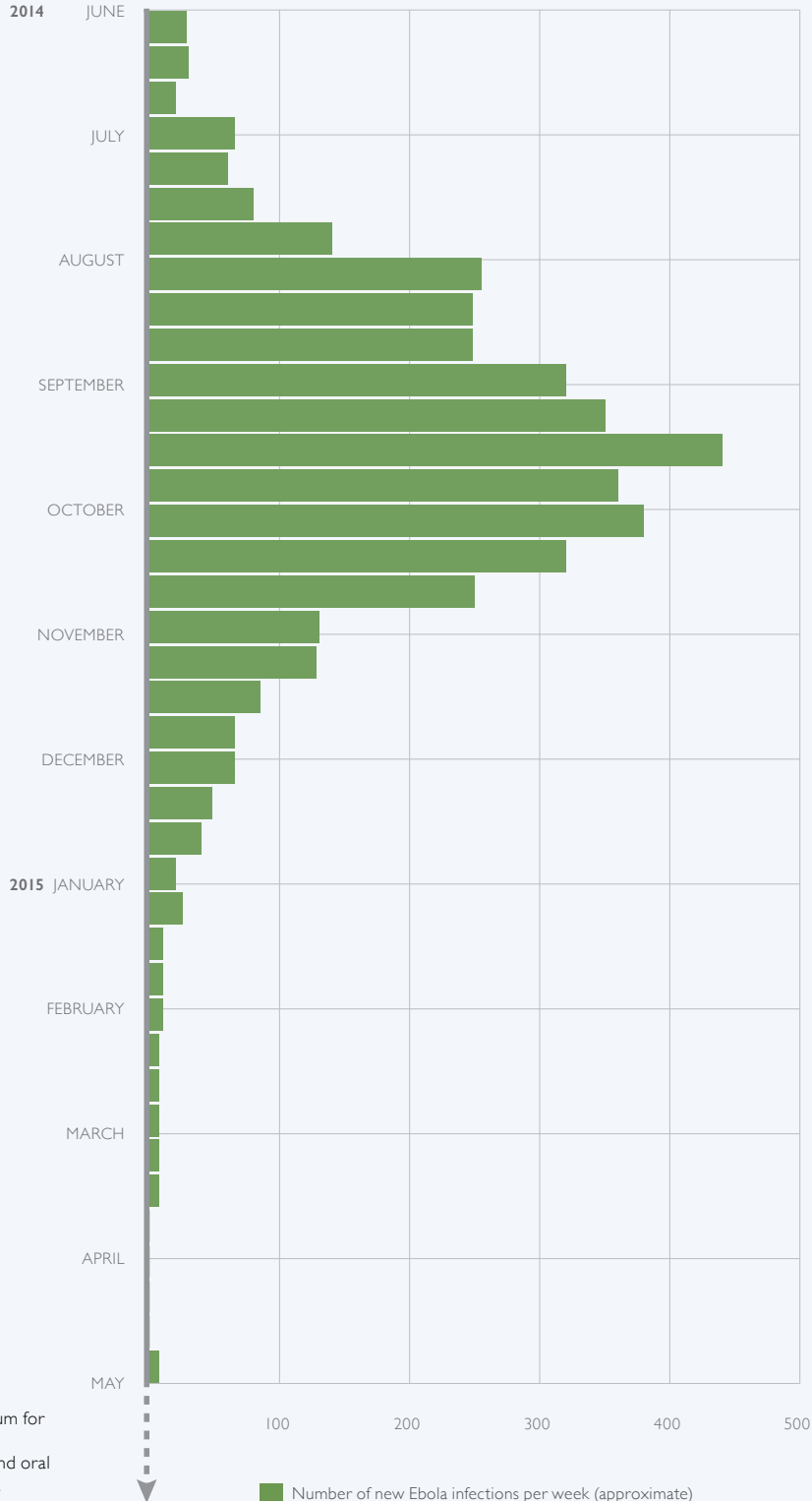
- Traditional leaders focus on disease prevention in bush schools & other hard to reach communities
- GC scales-up CLTS activities to strengthen community resilience to Ebola

THROUGH FALL 2017

- GC participates in USAID PACS consortium for community health in Liberia
- GC continues CEBS border surveillance and oral swabbing for disease prevention in Liberia

SINCE FEBRUARY 2010

- GC implementing community-led IWASH program in Lota, Bong, and Nimba counties, Liberia



EBOLA CONTEXT IN LIBERIA

JUNE 2014

- Ebola outbreaks begin in Liberia

JULY 2014

- WHO declares health emergency in Liberia
- Many international NGOs evacuate
- GOL closes Liberia's borders
- GOL closes schools, and quarantines communities in affected areas

AUGUST 2014

- WHO declares Ebola an international public health emergency
- GOL announces mandatory cremation as national policy
- Public discontent with cremation builds and clandestine burials increase
- Violent protests against quarantines in Monrovia
- Over 255 Ebola-related deaths in Liberia since June

SEPTEMBER 2014

- Peak of epidemic in Liberia: 300–400 cases reported every week
- Ebola cases reported across all counties in Liberia
- UN approves Ebola Emergency Response Mission

NOVEMBER 2014

- Liberia ends its state of emergency

FEBRUARY 2015

- GOL re-opens Liberia's borders

MAY 2015

- Liberia is declared Ebola-free
- 10,675 confirmed Ebola cases in Liberia
- 4,809 Ebola-related deaths

METHODS



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This case study focuses on Global Communities' CLA approach to emergency response during the Ebola epidemic in Liberia, conducted under the Assisting Liberians with Education to Reduce Transmission (ALERT) activity funded by USAID/OFDA from August 2014 through June 2016. This \$34 million award supported outreach, education, messaging, and the availability of critical health care workers, burial teams, and community-based structures across Liberia to, "ensure a maximum level of community preparedness for and responsiveness to Ebola exposure" (ALERT, 2016). Global Communities' CLA efforts described in this case built on a prior, five-year USAID-funded Improving Water, Sanitation, and Hygiene (IWASH) activity, and led to a subsequent CDC-funded disease surveillance program.

As part of the Evidence Base for Collaboration, Learning, and Adapting (EB4CLA) workstream, this retrospective study of Global Communities' Ebola response efforts in Liberia seeks to document and assess case evidence about *whether an intentional, systematic, and resourced approach to CLA made a contribution to development outcomes. If so, how? And under what conditions?* The primary questions guiding this analysis were:

- 1) How was CLA integrated into Global Communities Ebola response efforts?
- 2) What conditions enabled and inhibited the successful implementation of CLA?
- 3) Did CLA make a plausible contribution to organizational effectiveness and development outcomes?
- 4) What factors, other than CLA's contribution, could explain the development outcomes?

The analysis was based on a review of 28 intervention-related documents, including five intervention reports, three research or evaluation reports, eight media articles, and 12 testimonials, awards, and other supporting documents. Global Communities provided these documents to LEARN. In addition, researchers conducted four, one-hour phone interviews with key informants including:

- Brett Sedgewick – Global Communities Acting Country Director and headquarters (HQ) Technical Lead;
- Josh Balse – Global Communities Program Coordinator and Interim Country Director;
- Wayland “Greg” Holyfield – USAID/ OFDA Regional Advisor – South Asia; and
- CDC team lead for Ebola response in Liberia.

The evaluation team adapted its data collection and analysis methods from Contribution Analysis (Mayne, 2012), Contribution Tracing (Befani & Stedman-Bryce, 2016), and Outcome Harvesting (Wilson-Grau & Britt, 2013) as described in [Deep Dive Methods](#). Key informant interviews and materials are quoted extensively in the report to build out analytical points and ground the qualitative analysis in the data.

This case study was designed to facilitate better understanding and assessment of the claims regarding the contribution of CLA to the success of Global Communities' interventions. The analysis may help inform and strengthen programmatic and policy decisions related to the use of CLA for USAID staff, implementing partners, and other development actors.



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CLA INTEGRATION INTO THE INTERVENTION

In 2015, Global Communities submitted a five-page case titled, **Rapid Collaboration, Learning and Adapting: Community-Based Response to Ebola**, to USAID/LEARN's **CLA Case Competition**, outlining the role that CLA played in their community engagement approach to the Ebola outbreak in Liberia. While Global Communities did not explicitly identify CLA as a guiding principle during the design and implementation of their Ebola response activities, their CLA case competition submission highlighted the implicit CLA principles guiding their initiative and spurred this deep dive analysis. This study examined their community engagement approach through a CLA lens to identify how CLA was integrated into the design and implementation of this intervention, and how it may have contributed to development outcomes.



CLA Framework

Organizations need both integrated CLA practices appropriate for their context and conducive enabling conditions to become stronger learning organizations capable of managing adaptively. The framework stresses the holistic and integrated nature of CLA.



COLLABORATING: As concerns about Ebola in Liberia escalated, Global Communities' staff built on the successful experiences, strong relationships, and respected reputation they had developed over the previous five years in 350 Liberian communities through implementation of the community-led total sanitation (CLTS) program, USAID/IWASH. During the Ebola response, staff expanded their collaborative relationships and networks within and among:

- Local community members through the Natural Leaders Network,
- Local community health workers through the general Community Health Volunteers (gCHV) network,
- Traditional leaders through the National Council of Chiefs and Elders of Liberia (NCCEL),
- County level government health officials through Environmental Health Technicians (EHT) group,
- National level government health officials at the Ministry of Health (MoH),
- International emergency responders such as the IRC, and
- International donors such as USAID/OFDA and the CDC.

Global Communities worked closely with many of these stakeholders to co-design the initial stages of their Ebola response interventions. They fostered collaborative relationships: 1) horizontally across geographic regions, interest groups, and traditional and governmental leaders; 2) vertically among local, county, and national leaders; and 3) between national and international stakeholders. Global Communities convened and facilitated half-day Community Meeting & Dialogue Sessions (CMDs) to promote information sharing and develop coordinated, locally-tailored response strategies. *Source: Thompson & Lloyd, 2016*

“The general community health volunteers and the county health teams were working with them (Global Communities). They did it in consultation with the community. They asked us who would be the best servant to the people. So they worked with us in the process of selecting these persons. That was some of the work they did when it comes to working with the leaders in the various communities.” (Focus group participant from Bong County, Thompson & Lloyd, 2016, p.35)



LEARNING: The intervention team learned from a variety of information sources in implementing this intervention.

CMDS and other weekly meetings with stakeholders were a key source of learning for the intervention team.

“The cluster meetings were an exchange of ideas. If I came here and saw something new that is most important to our health system, when I go back (to my community), I am going to carry it. And the next community ... they will also carry. So that was the matter of exchanging ideas to know the wrong and the right [information about Ebola transmission], how to improve on the wrong especially, to change ideas. (Focus group participant in Bong County, Thompson & Lloyd, 2016, p.35)

We had the benefit of going to these CMDS meetings and knowing the challenges. And then, the dialogues with the stakeholders in the Ministry of Health and the traditional leadership ... those were the best sources of information. With the traditional leadership, we would engage with them in solutions that were discussed in the CMDS. They would also tell us about challenges around cultural sensitivity like working in the bush schools.” (Global Communities interview, 7/28/17)

Monitoring data that tracked Global Community activities and Ebola cases across all counties played an important role in recognizing which efforts were most effective and where additional attention was needed. Global Communities gathered daily feedback and developed weekly reports.

“That data was the holy grail for OFDA and the CDC. We heard a lot of stories that those reports were what everyone was reading all the way up to the White House. I remember watching Samantha Power on Jon Stewart when she realized the deaths were starting to go down and we were like, “that is our data she is reading!” That data helped tell us where to put our resources. It allowed us to say, ‘Ok, it is going down right now in this county, so we can put more resources over here.’ Or, ‘it’s going up over here, let’s see what’s happening. It’s stuck in this county. Let’s get everyone talking about why that is.’ It was not complicated—we didn’t have time to do a complicated analysis of these numbers.” (Global Communities interview, 7/28/17)

Research and technical evidence was also an important source of information for intervention implementers. For example, Global Communities’ intervention materials and interviews indicated that information from a WHO study (Omidian, et. al., 2014), and a Bloomberg article (Gilblom, 2014), as well as a request from their CDC liaison, helped focus their activities on organizing burial teams. Studies showed that Ebola’s viral load was highest during the last stages of illness and after death. Contact with highly contagious dead bodies during burial rites and mourning ceremonies was identified as the most significant driver of disease transmission, by some estimates, accounting for up to 70 percent of new infections (Roca, et. al., 2015; Rewar, et. al., 2014). Based on this evidence, Global Communities shaped its activities to ensure safe burials and dead body management.

“The work Global Communities did with dead body management was crucial in reducing the transmission of the virus. Dead bodies were one of the main vectors of the Ebola epidemic. Someone actually did a back-of-the-envelope calculation and estimated that 60 to 70 percent of all infections could be traced back to dead bodies. So the proper management of dead bodies and human waste, both in hospitals/clinics and communities was extremely important in curtailing the opportunity for people to interact with the virus and actually get infected.” (CDC interview, 12/15/17).

In addition, based on feedback from community members that had been successfully implementing CLTS, Global Communities commissioned a study about the relationship between CLTS practices and Ebola resistance.

“The communities got us to ask the question about open defecation free (ODF) status. They said we want to do more because it protects the community. Then we started studying it and realized that’s what was going on. We realized the relationship between ODF and reduced Ebola transmission was true.”(Global Communities interview, 7/28/17)

The study provided evidence of strong correlations between the presence of CLTS activities and Ebola resistance (Capps, et. al., 2017) and supported the expansion of CLTS into Global Communities’ Ebola response.



ADAPTING: Staff described processes of rapid experimentation, iteration, and adaptation as integral to this intervention.

“At first it was kind of a, ‘let’s do everything and let’s see what works’ approach. It was a really scary time. The U.S. Government spent so much money on treatment units and we shouldn’t have because other things made all the difference. But we didn’t know what was going to be the thing that worked.” (Global Communities interview, 7/28/17)

The intervention management team relied on feedback from community stakeholders and other sources to adapt strategies and activities to better address community needs and concerns.

“The team was always changing [in the field] in order to respond to what we were learning and how we were adjusting the program. For instance, in December 2014 and January 2015, we were shifting from national saturation to hotspot management. We were mobilizing quick response teams in areas where new cases were emerging. Particularly over the first six months, we changed our approach almost every two weeks. But we had the same team of leaders that we’d been working with for years and they were pretty flexible. Someone would say, ‘I’m from Bong and I know these people. I can set this up on the ground,’ and a few days later we would have a canoe-based team serving a previously inaccessible population. A lot of them were in it and finding the problems themselves. They would chat with the Ministry of Health and find out what was needed. We would meet every day or every week and hash these problems out.” (Global Communities interview, 7/28/17)

Global Communities’ monitoring data also fed into the Government of Liberia’s EHT-led information gathering efforts and fostered adaptations through various levels of Liberia’s health system.

EXAMPLE I NEW AMBULANCE SERVICES

In southeastern Liberia, safe burial teams arrived before any other Ebola response services, and frustrated residents complained that help only arrived when someone died. They asked why there was no help for those who were sick with the disease. As the only active Ebola responders in the region, Global Communities worked with county health teams and OFDA to creatively secure “ambulances” (often just vehicles retrofitted with plexiglass barriers to protect drivers). By January 2015, the ambulance fleet contained 26 vehicles across 13 counties and was one of only a handful of operating ambulance services equipped to handle Ebola-suspected patients nationwide.

Stopping Ebola in its Tracks, 2015, p.20

EXAMPLE 2 DISCO HILL CEMETERY IN MONROVIA

In Liberia's capital, the high daily numbers of deaths from Ebola, WHO recommendations for best practices, and a lack of open land had pushed the Government of Liberia (GOL) to requisition a crematorium to manage all dead bodies. Alien to Liberian traditions, the threat of cremation only added to the fears associated with strangers in odd garb taking away loved ones who were often never seen again. Liberian tradition dictates that families make annual pilgrimages to visit the graves of their ancestors; with bodies incinerated and remains buried in large collective bins, no pilgrimage site remained. This created a perception of disrespect. Many Monrovia residents therefore resisted seeking care for sick family members or handing over the bodies of those who



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had died, significantly increasing the risk of ongoing transmission. The push for an official safe burial site emerged through Global Communities' partnership with traditional leaders. Greatly disturbed by the cremations, traditional leaders sent out urgent calls to their associated communities to find suitable land. Eventually, teams identified an appropriate site for purchase by the GOL. Significant collaboration, learning, and adapting were required to overcome barriers and finally construct the Disco Hill cemetery.

Stopping Ebola in its Tracks, 2015, pp. 22–23

BARRIERS AND ENABLERS TO COLLABORATING, LEARNING, AND ADAPTING IN THIS CASE



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This section briefly explores some of the primary contextual conditions identified by interview participants and intervention materials that challenged and supported the effective use of CLA in Global Communities' Ebola response efforts.

A. BARRIERS: Both the situational context of Liberia and the organizational context of Global Communities provided a number of challenges to CLA.

I. Country and Community Barriers: In 2014, the lethal Ebola virus struck Liberia's densely populated urban centers first among the affected countries and spread rapidly throughout all 15 Liberian counties. The devastating effects made CLA in response efforts critically important, but also quite difficult.

- **Coordination challenges during crisis:** The scope, scale, and speed of the Ebola epidemic created a chaotic environment that made coordinating response efforts challenging. The Ebola epidemic spanned multiple countries in the region and involved many different local and international actors, not all of whom utilized CLA approaches.

“Just the size of everything—you can’t control what is happening in Lofa county. Even though we were the largest project, it was just, for lack of a better term, chaos. I wouldn’t say any emergency is well coordinated. The speed at which everything was happening—it was impossible to coordinate well. Even the central coordination mechanism would be doing multiple things at the same time and sometimes things that were counterproductive.” (Global Communities interview, 9/8/17)

“Ebola stayed in Monrovia for a really long time. I think there’s a bunch of stories to tell about the population density, the way the effort was coordinated” There were a lot of different actors in Monrovia from a lot of different sectors and they were all trying to coordinate. I remember getting into huge arguments with different organizations. They were in charge of comms and we wanted to get the burial sites open as soon as possible. We had construction trucks lined up and as soon as we had the land, we could start using it. But the comms were like, ‘we need three weeks’ and we were like, ‘no, you’re going to do a radio announcement and you’re going to get the President on the radio for four hours.’ That’s an interesting story there, but it would take a while to unpack and people would be sensitive to talking about it. That’s your CLA counterfactual and that’s the problem with counterfactuals: people don’t want to talk about it. My point is that collaboration among organizations with overlapping scopes and tight deadlines can be really tough in emergencies.” (Global Communities interview, 7/28/17)

- **Distrust and resistance to government and outsiders:** Liberia’s recent history of civil war left many communities distrustful of government authorities and suspicious of messages about Ebola transmission and prevention measures. Dubois et. al. suggest, “The Ebola outbreak could be described as an epidemic of mistrust: the flame of a virus hitting the tinder of suspicion.” Fear, distrust, and resistance to Ebola response activities were exacerbated by the government’s initial, autocratic efforts to stop the spread of the disease. Forced behavior changes through closures of schools, markets, churches, and other public gathering places, “no touch” policies, attempts to quarantine entire neighborhoods in Monrovia, and the cremation of dead bodies inspired secrecy about unsafe behaviors and angry resistance to change efforts.

In addition, rural communities that were inaccessible by roads had little experience with outsiders and even less understanding of Ebola. Misinformation spurred people to continue practicing unsafe burial traditions in secret. There was no early outreach from the Liberian government or nongovernmental organizations to prepare rural communities for Global Communities’ intervention, so efforts in the southeast initially met with some violent resistance (e.g., staff were threatened or attacked and vehicles were damaged).

- **Local health practices spread the virus:** Local burial customs and health practices increased the risk of Ebola infection. Caretakers and families often slept in the same room as their dead loved ones until burial, washed the body and themselves with the same water, and practiced a number of hygiene and sanitation behaviors that, in the context of Ebola, could be lethal. Without adequate information from trusted sources, many families continued these practices (Roca, et. al., 2015; Global Communities, 2015).
- **Adaptations tangled in bureaucratic red tape:** Complex, lengthy bureaucratic procedures delayed, and at times undermined, adaptations needed for effective programming.

“There were certainly areas of the [Liberian] government that were incredibly mobilized and flexible—like the Ministry of Health. There were other parts that were concerned about turf issues or political issues and could be challenging. There were some things that had been problems in Liberia for decades that could slow us down. Getting the land title sorted out for the [Disco Hill] cemetery was something that took a long time Liberian land titles have been a long-standing challenge. Multiple people have claims to land. If you’re urgently trying to secure a large piece of land, you’re going to run into that problem. We are not allowed to buy land and OFDA can’t buy land, so the government of Liberia had to buy it. And getting the government to do so was not an easy task We had to get U.S. Senator Chris Coons to help break the log jam.” (Global Communities interview, 7/28/17)

2. Organizational barriers: In addition, while interviews and intervention materials all described strong CLA integration within Global Communities—particularly within their Ebola response team in Liberia—the rapid pace of intervention implementation uncovered some organizational barriers to CLA.

- **Slow procurement processes:** Collaboration and adaptation were not always smooth between Global Communities' field team and HQ, especially around procurement of resources to meet quickly changing needs and priorities, and the lack of unrestricted funds.

"We had concerns at our HQ level that we had to mitigate. Procurement was a big issue that slowed us down quite a bit. We had to buy an incredible number of vehicles. We were buying out entire stocks of vehicles from international distributors. So there were a whole bunch of changes needed at HQ. We created a task force from every part of the organization. We met weekly and had a tight agenda. We used this as a way to learn and make changes at the HQ level." (Global Communities interview, 7/28/17)

"There were tensions between the field and HQ, particularly in areas of finance procurement and close-out One of the tensions was the availability of unrestricted money and taking financial risks. Unrestricted money was needed when people saw something that had really gone wrong but couldn't charge it to USAID For example with the Disco Hill cemetery, there were different and changing regulations around construction. USAID doesn't fund construction. No one would give us a definition of construction, but we were building a cemetery. We were being told internally that we couldn't spend USAID money on that. Now everyone in the organization agrees on what construction is. Pia, the VP of humanitarian assistance has used a lot of the learning from Ebola days to help the program in Syria grow." (Global Communities interview, 9/8/17)

- **Inadequate time for reflection:** Staff also commented that the speed and scope of the intervention allowed little time for staff reflection, which could have improved the efficiency of some processes.

"When things would settle down, we'd do mini-retreats with the staff We'd try to get people to draw connections between the activities and the outcomes. It was important. We'd play these games and mock up ideas, just brainstorming We'd ask about challenges and get feedback. [In this intervention] we didn't have time for it on a regular basis though, only ad-hoc when it was needed. It should have been every month. That's what we were striving for." (Global Communities interview, 9/8/17)

B. ENABLING CONDITIONS: Despite these barriers, a variety of factors and conditions within both the situational context of Liberia and the organizational context of Global Communities supported the use of CLA in this case.

1. Country and community enablers: Researchers have recognized that the acute stress of crisis situations, especially those that remind us of our mortality, such as epidemics and natural disasters, can bring people together and lead to greater cooperative and helping behaviors (Seppala, 2012). This dynamic and a number of other contextual factors facilitated, Global Communities' CLA approaches to the Ebola response.

- **Support from leaders at all levels:** Global Communities' collaborative approach brought together many types and levels of leaders.

"Liberia has two parallel structures: formal government and traditional leaders, which don't interact well We knew from implementing our IWASH program that we had to engage both sides but it took us awhile because the traditional structure isn't transparent--a lot of it is secret society. While we had always had good trust from the community up to the district level, we had had a harder time engaging at the higher levels.

We cracked that open this time. It mostly came out of these Community Meeting and Dialogue Sessions. The idea was to get all of the different leadership structures We realized early on, 'let's engage everyone who considers themselves leaders in the community.' We realized the traditional leadership structure was something we could leverage to get a lot of work done. These relationships helped expand networks to reach specific populations." (Global Communities interview, 9/8/17)

The support of trusted leaders became a key factor in convincing other leaders that they should participate and in influencing behavior change across communities.

“Having high level stakeholders engaged across the response was so important. We had people from the WHO, CDC, Liberian government and traditional leaders involved, engaged, and working with us. The fact that they were working with us really fed the appreciation for this effort, and the confidence that things were working and going in the right direction. The Chief of Chiefs communicating to the President’s office that this was working and this was good—that made him happy. And at these national level coordination meetings, they were doing that.” (Global Communities interview, 7/28/17)

- **Crisis conditions supported collaborative problem-solving and rapid behavior change:** With the collapse of existing systems for dealing with sickness, death, and grief, local communities mobilized and drew upon existing social ties and networks to quickly share information about the virus. Anthropological studies of social learning during the Ebola crisis in Liberia found that as death rates rose, communities significantly shifted their beliefs about Ebola transmission and rapidly assimilated new health information.

“The research demonstrates that under conditions of accelerating health crises, low income and low-resource communities can rapidly assimilate correct health information and dispel incorrect information, even in a context of heightened instability, suspicion, and misinformation The rate of social learning (less than two weeks) substantially outpaced the ‘many months and years’ of community education and behavior change that are often thought to be required to sustain public health behavior change.. (Abramowitz, et. al., 2017, p. 59)

- **Sufficient resources for scaling-up:** As the Ebola outbreak became an international funding priority, significant resources became available. Global Communities became one of the leading implementing partners responding to Ebola throughout Liberia.

“There were many NGOs who said, ‘we don’t feel comfortable doing this because we don’t want to fail.’ One of the good things about Global Communities was that they said, ‘no one has ever done this before, but we’re going to make this work.’ They were fearless in a way. How do you build a deadly body management team? They figured it out and I’m sure they had some hiccups that they didn’t need to tell me. When they said they needed more money, we’d give it to them. One of the things that was different about Global Communities—they raised their hand and said, ‘we’ll do it.’ And that was a huge thing at the time.” (OFDA interview, 9/13/17)

“There were very few actors, so we didn’t have very many turf concerns There were many partners that would come in to help us—like WHO and CDC provided technical trainings as partners. But there wasn’t a concern about who was going to do this work. It was us or nobody. Really, only in Monrovia was this a challenge. The IRC and Liberian Red Cross were operating a number of burial teams and they had a different approach. They were very constrained resource-wise, so we needed to support them and make sure we were figuring out who was doing what. We did a lot of coordination and level-setting around who could achieve what in the right way.” (Global Communities interview, 7/28/17)

- **Donor flexibility:** Global Communities’ staff indicated that USAID/OFDA’s flexible and collaborative approach to funding was critical to this intervention’s success. The grant underwent five modifications and one no-cost extension that altered its completion date, funding, program description, and terms and conditions. Frequent in-country meetings between OFDA and Global Communities’ staff supported rapid experimentation, iteration, learning, and adapting within the intervention.

“We had a weekly meeting with senior folks from the CDC and OFDA. They kept asking, ‘what could work now?’ That set the tone and opened up room for adaptations. Knowing that we could make any change that would have a bigger impact opened up those conversations because one of the challenges, or big questions, with a CLA approach is always: will the donor approve of that. And it increases the doubt. Having a donor that was so open for conversation flowed all the way down so that community members realized not only would their opinion be heard, but it could very well be acted upon . . .

We had to take a lot of risks. But we had a lot of confidence that OFDA had our back and was going to make the changes that we agreed to You know how slow it can be to make a modification, and we were making modifications every month Just a staggering number of modifications In this case, OFDA was unbelievably fast. But even if it only took a week and a half to change something, we couldn't wait. If you see the need, you have to fill that gap immediately.” (Global Communities interview, 7/28/17)

2. Organizational enablers: In addition to these contextual enablers, staff interviews indicated that Global Communities' open culture and decentralized decision-making processes strongly supported the flexible, collaborative approach in this intervention.

- **Organization's community engagement model supported collaboration and learning:** A defining characteristic of Global Communities organizational approach to development work is fostering collaborative, inclusive, locally-led development interventions. Staff already had considerable knowledge, skills, and experience in bringing together local stakeholders to design and implement their programs, as well as integrating international technical expertise with local knowledge to address community needs. Applying this expertise and experience supported a rapid response to Ebola.

“We knew that to select that land [for Disco Hill cemetery], we had to start with the traditional leadership. The chiefs managed that land day to day. We knew we could help the chiefs tell a story about how they helped their community. These poor chiefs in the middle of nowhere had the chance to save their communities from cremation—that was one of the worst things happening during the crisis. For a local leader to solve that was a huge thing. So we had huge support from the leaders. But we also knew we had to get the EPA to sign off, and the Liberian Ministry of the Interior and Ministry of Health, etc. So we would bring them in our cars and engage them in the site selection process. That allowed us to at least select the land really quickly.” (Global Communities interview, 9/8/17)

- **Pre-existing networks, relationships, and programming facilitated rapid adaptation:** Global Communities' five-year IWASH sanitation program was in its final stages when the Ebola crisis began. In responding to the epidemic, they were able to draw on strong relationships within communities through the trained Natural Leaders Network they had established in 350 Liberian communities, as well as within the MoH's network of EHTs at the county and district levels.

“We had built a relationship with the Ministry of Health through IWASH. The employees knew us and trusted us. We seconded George [Woryonwon], who was like the lead trainer of all of them. We had an amazing connection with the Ministry of Health. They had confidence in what we were doing, and if it was really important, we would make it happen. The actors that implemented this for us were government of health employees or volunteers. They owned it and our teams listened to what their concerns were. This allowed information to flow.” (Global Communities interview, 7/28/17)

“Global Communities had been working in Liberia and what we saw in hindsight was that the most effective implementing partners that we had were those that had been on the ground, those that had already established a close working and trusting relationship with communities. You can understand why. In times of need, you turn to your friends; you turn to people that you know. So Global Communities had been in Liberia before, with a smaller footprint than what they had to go to during the Ebola outbreak. They were a known quantity in Liberia Because of their trusted position within the community, it was easier for them to build the kind of coalitions they needed to get the work done. I think that if you are looking for keys to success, that is one. It was extremely useful to us that they already had these communication lines. They already knew who the community leaders were, they knew who the champions were and how to access them in a crisis. They were able to quickly tool the work they were doing and focus on dead body management. This includes putting together a really good team. They were going out and doing really good work.” (CDC interview, 12/15/17)

- **Activities grounded in evidence-based health solutions:** While the intervention team was open to trying many different strategies at the start, evidence about Ebola transmission provided the basis for focusing activities more on safe burials, dead body management, contact tracing, and disease surveillance. Ongoing monitoring efforts provided evidence about effective activities and informed decision-making around resource allocations. This rapidly-sourced information was put to immediate use, supplementing evidence from longer-term evaluation and research efforts. Global Communities' commitment to activities that were grounded in evidence-based health solutions worked hand-in-hand with their CLA approach to help establish community trust, change behaviors, and ultimately reduce Ebola infections.

SAFE AND DIGNIFIED BURIALS

The CDC interviewee discussed how emergent learning helped shape Ebola responses such as dead body management.

We knew very early on that funerals were a congregating event that presented an opportunity for people to get infected with the virus. We had a group of anthropologists who came into Liberia and did some in-depth questioning and observations, etc. at funerals and started to see the opportunities that were present there to interact between the grieving families and their dead loved ones. And the opportunity to come in contact with infected skin and body fluids, etc. Then we had difficulty deciding how we were going to intervene in this sensitive issue. People are grieving. It's not the time to take dead bodies from them. It's not the time to try to tell them that what they've been



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practicing for years and years prior to the Ebola outbreak is actually increasing the risk of them getting infected and taking it home to their families. So we had to develop a strategy—a program—for safe and dignified burials.

All of this was an evolution Understand that during that time, compared to now, a week felt like a month— the speed that the virus was moving We had to be looking at the data, at the spread of the disease, understanding the transmission routes, coming up with interventions and implementing them, doing course corrections if we needed to—all at a very fast pace and all at the same time. Sometimes it's difficult to capture that context.

Different groups came up with different ideas—possibly moving the dead bodies, possibly community quarantine, etc.—trying to see if we could reduce these congregating activities. And then the anthropologists came in and said, 'all of those activities that you are trying will just drive the disease underground'—which we did not want. So we had to sit back and allow them to do their work: observe, understand the cultural context, understand and empathize with the grieving families. They helped come up with this program for safe and dignified burials. Once we got that, and we got the leaders—both the community leaders and the religious leaders, it was extremely important to get the religious leaders on board as well—we then started turning the epidemic around.

EVIDENCE OF CLA'S CONTRIBUTION TO DEVELOPMENT RESULTS

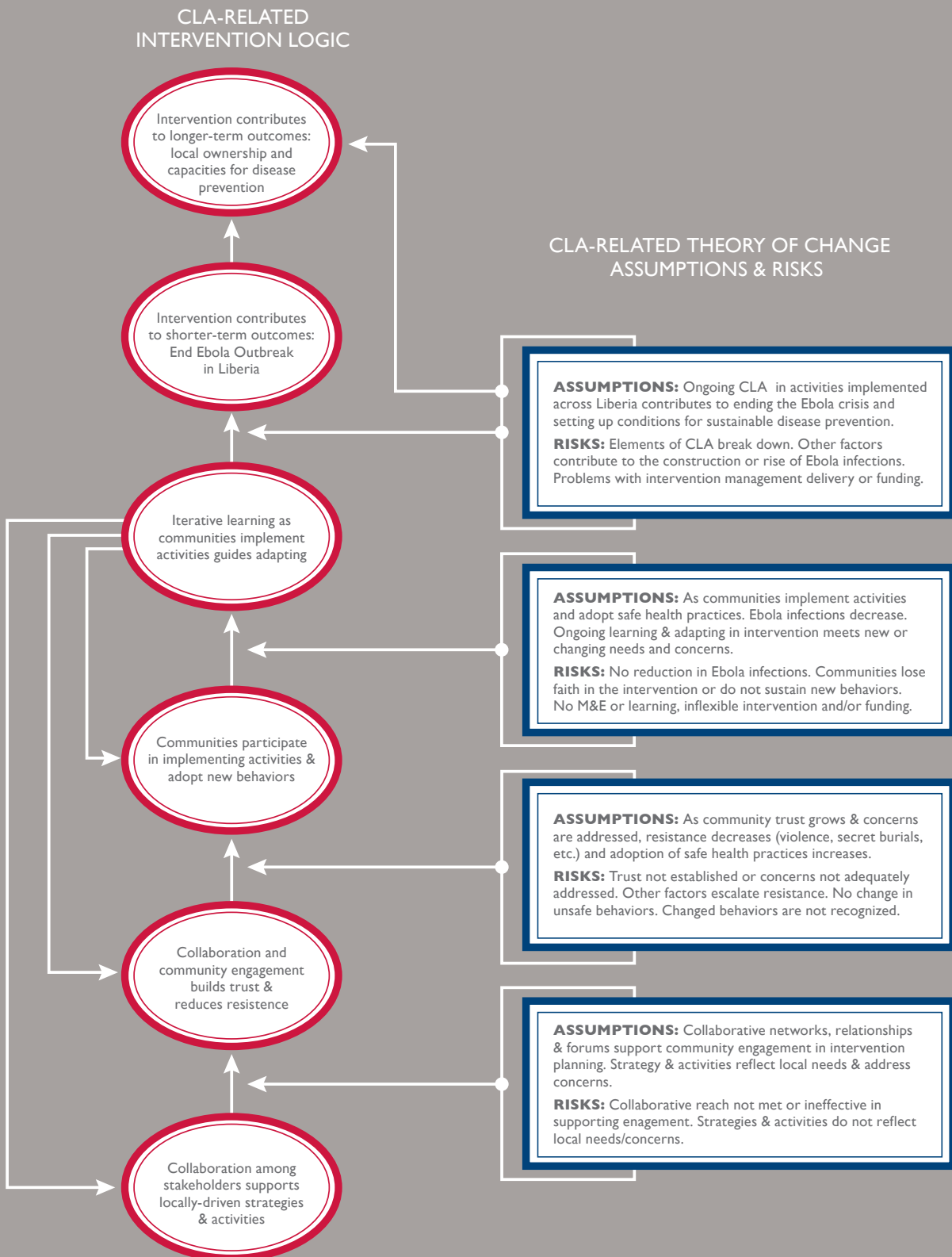


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The following section outlines Global Communities' program logic specifically related to CLA, including related theory of change assumptions and risks. The subsequent evidence chart identifies evidence one might expect to see based on that theory of change, to establish a causal claim about CLA's contribution to intervention outcomes. It also summarizes actual evidence from intervention-related materials that support or challenge that claim.

While these simplified, linear, CLA-related program logic, theory of change, and evidence charts cannot adequately capture this intervention's iterative and holistic approach to CLA, they provide methodological tools useful in identifying, tracing, and critically assessing the underlying causal claims about CLA's contribution to outcomes (Mayne, 2012; Befani & Stedman-Bryce, 2016).

CLA-related Intervention Logic and Theory of Change in Global Communities' Ebola Response



GLOBAL COMMUNITIES – DEEP DIVE ANALYSIS

Examining the Evidence: Expect-to-See vs. Actual Evidence

RESULTS CHAIN	EXPECT-TO-SEE EVIDENCE	ACTUAL EVIDENCE	SOURCES
Collaboration among stakeholders supports locally-driven strategies and activities ↓	Evidence of strong collaborative relationships and networks (vertical and horizontal)	Based on years of previous work in Liberia, Global Communities drew upon cooperative relationships with: <ul style="list-style-type: none"> Local community leaders and NGOs (NLNs) Traditional and religious leaders such as tribal chiefs and elders (NCCCEL) County Environmental Health Technicians (EHTs) GOL's Ministry of Health officials International humanitarian assistance organizations (PACS consortium led by IRC) International donors (OFDA, CDC, WHO) U.S. legislators and diplomats (Senator Chris Coons, UN Ambassador Samantha Powers) 	<ul style="list-style-type: none"> IWASH report Stopping Ebola report ALERT project evaluation Staff interviews OFDA interview IRC report Media coverage of crisis
	Evidence of collaborative forums and activities to meet community needs	Global communities organized regular meetings and ongoing, participatory forums such as: <ul style="list-style-type: none"> Project planning and co-design with stakeholders (MoH, NLNs, NCCCEL, OFDA) Ongoing Community Meetings & Dialogue Sessions (CMDS) in 3,557 communities in 12 counties in Liberia Weekly meetings w/ funders (OFDA and CDC) Ad hoc meetings with different stakeholders CMDS engaged 15,294 leaders, including 9,758 men and 3,058 women; 2,497 were community health workers (trained persons who provide basic health and medical care to their community) and 2,478 were community leaders Traditional leaders (chiefs, elders, religious leaders) oversaw consensus-based decision-making processes in their communities 	<ul style="list-style-type: none"> IWASH report Stopping Ebola report ALERT project evaluation Staff interviews OFDA interview
	Evidence of community engagement (inclusive participation)	<ul style="list-style-type: none"> CMDS engaged 15,294 leaders, including 9,758 men and 3,058 women; 2,497 were community health workers (trained persons who provide basic health and medical care to their community) and 2,478 were community leaders Traditional leaders (chiefs, elders, religious leaders) oversaw consensus-based decision-making processes in their communities 	<ul style="list-style-type: none"> ALERT project evaluation Stopping Ebola report WHO report Staff interviews OFDA interview Testimonials & Media
	Evidence that strategies and activities reflect unique needs and concerns of local communities	<ul style="list-style-type: none"> Created ambulance service in response to community needs Developed Disco Hill cemetery in response to community outcry against government-led cremation Organized Muslim burial teams to ensure burial traditions were respected Engaged chiefs and elders as advisors on strategies for reaching Bush Schools & hard to reach communities 	<ul style="list-style-type: none"> ALERT project evaluation Stopping Ebola report Staff Interviews

RESULTS CHAIN	EXPECT-TO-SEE EVIDENCE	ACTUAL EVIDENCE	SOURCES
Collaboration and community engagement builds trust & reduces resistance ↓	Evidence of increase in community trust	<ul style="list-style-type: none"> • People who interacted with Global Communities burial teams were 19% more likely to believe the Disco Hill safe burial site respected traditions than those who did not (p<.05) • Most significant change (MSC) analysis: A community's contact with and trust in County Health Teams (CHTs) ranked as the most significant changes to result from interacting with a burial team • MSC stories indicated contact with teams often represented the first positive interface for communities with government health officials (i.e., CHTs and MoH) during the Ebola outbreak. Prior contacts were marred by unsuccessful attempts to force behavior change, such the GOL's "no touch" policy and the closure of markets and schools. 	<ul style="list-style-type: none"> • Stopping Ebola report • ALERT project evaluation • IRC report
	Evidence of decrease in community resistance	<ul style="list-style-type: none"> • Community members no longer hiding sick or conducting secret burials • Community protests and violent attacks stopped • Safe burial teams' explanation of burial procedures reduced community fear of safe burial processes and teams • Health workers were seen as the most trusted information sources in CLTS ODF communities. 	<ul style="list-style-type: none"> • Stopping Ebola report • ALERT project evaluation • Staff Interviews • OFDA interview • Capps et. al. (2017) article
Communities participate in implementing activities and adopt new behaviors ↓	Evidence of increase in safe burial practices	<ul style="list-style-type: none"> • MSC analysis: Aside from engagement and trust, other notable changes were found in communities' burial practices and preventive health behaviors • GC oversaw a total of 7,017 confirmed safe and dignified burials • Burials occurred in all 15 counties in Liberia and in 87 of 88 health districts • GC supported 72 burial teams and 58 disinfection teams • Natural Leaders Network conducted safe burials education. 74% of participants said they explained procedures clearly 	<ul style="list-style-type: none"> • Stopping Ebola report • ALERT project evaluation • IRC report
	Evidence of participation in cross-border surveillance (CEBS) activities	<ul style="list-style-type: none"> • GC trained health volunteers and communities to conduct disease surveillance (CEBS) at 52 formal and at least 275 informal border crossings in six counties that were high risk of infection from the neighboring countries. • GC conducted cross-border engagement meetings in 37 clusters, involving 350 communities with an estimated population of 17,000. 83% of the population of these communities reported participating in at least one CEBS session and a high proportion reported always applying what they learned related to disease and symptom identification as well as hygiene and overall communicable disease prevention. • GC provided training in oral swabbing to 88 Environmental Health Technicians (EHTs), 46 mosque personnel, 23 health care clinicians, and 13 funeral home personnel as December 2015, outside of burial teams. 	<ul style="list-style-type: none"> • Stopping Ebola report • ALERT project evaluation • Natural Leaders evaluation

RESULTS CHAIN	EXPECT-TO-SEE EVIDENCE	ACTUAL EVIDENCE	SOURCES
<p>(continued) Communities participate in implementing activities and adopt new behaviors</p> <p>↓</p>	Evidence of increase in CLTS activities & ODF status	<ul style="list-style-type: none"> Building on IWASH efforts and research about CLTS effectiveness towards the end of the project, Natural Leaders Network conducted CLTS education in 179 border communities in six counties. Of these communities, 145 became open defecation free (ODF) by February 2016, yielding a conversion rate of 81% 76% of participants in CLTS trainings said they raised awareness of preventive health behaviors While ALERT was underway, Global Communities also triggered approximately 1,200 communities for the USAID-funded Partnership for Advancing Community-Based Service (PACS) program 	<ul style="list-style-type: none"> Stopping Ebola report ALERT project evaluation CLTS research article
<p>Iterative learning as communities implement activities guides adapting</p> <p>↓</p>	Evidence of ongoing learning about community needs and effective responses	<ul style="list-style-type: none"> Collaborative networks unlock local knowledge critical to effective response (e.g., traditional leaders reach reticent communities and identify property for Disco Hill cemetery) Weekly monitoring reports track burial team activities, as well as Ebola deaths Research on CLTS showed correlation between CLTS practices, ODF status, and Ebola resistance 	<ul style="list-style-type: none"> Stopping Ebola report ALERT project evaluation CLTS research article Staff interviews OFDA interview
	Evidence of adapting activities based on new learning	<ul style="list-style-type: none"> Evidence that 70% of Ebola transmission resulted from unsafe dead body management shifted project focus to safe and dignified burials CLTS study leads to expansion of CLTS education for Ebola prevention, especially in border communities. Weekly problem-solving and resource reallocation based on monitoring data Evaluation of GC's Ebola response informs other disease prevention efforts 	<ul style="list-style-type: none"> Stopping Ebola report ALERT project evaluation Staff Interviews OFDA interview
<p>Project contributes to shorter-term outcomes: End Ebola outbreak in Liberia</p> <p>↓</p>	Evidence of community-led approach effectiveness	<p>May, 2015, Liberia declared Ebola-free after 42 days with no new cases.</p> <ul style="list-style-type: none"> As community-led implementation of project activities increase, Ebola cases and deaths decrease. ALERT evaluation demonstrates Global Communities community engagement approach was more effective than forced measures taken by GOL, and that Global Community's community-led burial teams perform better than other safe burial efforts in Monrovia. General consensus in scholarly literature that community engagement was an essential ingredient in stopping Ebola 	<ul style="list-style-type: none"> Stopping Ebola report ALERT project evaluation Media coverage of crisis
	Evidence of reduced infection from safe & dignified burials	<ul style="list-style-type: none"> Monitoring data shows inverse relationship between safe burial activities and Ebola infections. Safe burials (reducing funeral transmissions) ranked as most effective intervention activity for containing Ebola infections. 	<ul style="list-style-type: none"> Participant Interviews Shou-Li et. al. 2017 article Stopping Ebola report ALERT project evaluation Media coverage of crisis

RESULTS CHAIN	EXPECT-TO-SEE EVIDENCE	ACTUAL EVIDENCE	SOURCES
<p>(continued)</p> <p>Project contributes to shorter-term outcomes: End Ebola outbreak in Liberia</p> <p>↓</p>	<p>Evidence of reduced Ebola cases from cross-border transmission</p>	<ul style="list-style-type: none"> • Contact tracing and border surveillance strengthen disease prevention capacities. • IOM evaluation (Johns Hopkins Univ) concludes that GC's CEBS work in Bong County had the highest performance among CEBS efforts. 	<ul style="list-style-type: none"> • Stopping Ebola report • ALERT project evaluation • NLN evaluation • CDC interview • IRC Report • Liberia PHEIC report
	<p>Evidence of reduced Ebola cases from changed water, sanitation, and hygiene behaviors (CLTS)</p>	<ul style="list-style-type: none"> • CLTS research found no cases of Ebola in ODF communities and in only one CLTS community that had not reached ODF status. A strong inverse correlation between Ebola transmission and CLTS with or without ODF emerged from the regression analysis. • CLTS ODF communities attributed their avoidance of Ebola to WASH behaviors, especially hand washing with soap and disposal of feces, which they learned from CLTS prior to the epidemic. 	<ul style="list-style-type: none"> • Staff interviews • Capps et. al., 2017 article
	<p>Evidence that Global Communities and local actors receive recognition for project contributions and share lessons learned</p>	<p>Media Coverage:</p> <ul style="list-style-type: none"> • CBS Evening News on the importance of safe burials • NPR All Things Considered on safe burials • The Washington Post on the safe burial site outside Monrovia to overcome resistance to cremation • Vice News on the same topic • Foreign Policy on effective collaboration with the military in the Ebola crisis • The Guardian on the community surveillance Ebola prevention • Vice News on same topic • The Hill on the effectiveness of CLTS as a preventive measure for Ebola and other diseases <p>Awards:</p> <ul style="list-style-type: none"> • InterAction International Humanitarian of the Year, 2015 (Global Communities' Staff – George Woryonwon) • Golden Image (in Liberia) for work against Ebola virus • NCCEL honored Global Communities Country Director by making him an honorary chief <p>Publications and Evaluations:</p> <ul style="list-style-type: none"> • George Washington Universit. Journal of Health Communication about CLTS, ODF, an. Ebola resistance in Lofa • "Epidemic" by R. Wilson (book on collaboration during Ebola crisis, pub. by Brookings Institute, to be released 3/18) • International Business & Technical Consultants, Inc. (IBTCI. evaluation of whole USAID Ebola response (to be completed 12/2019) <p>Testimonials (focused on CLA nature of program):</p> <ul style="list-style-type: none"> • President Barack Obama, press briefing • Dr. Rajiv Shah, former USAID Administrator, Brookings Institute & CSIS • Jeremy Konyndyk, former Director of USAID OFDA, at ODI 	<ul style="list-style-type: none"> • Staff Interviews • Media coverage of crisis

RESULTS CHAIN	EXPECT-TO-SEE EVIDENCE	ACTUAL EVIDENCE	SOURCES
<p>(continued)</p> <p>Project contributes to shorter-term outcomes: End Ebola outbreak in Liberia</p> <p>↓</p>	<p>(continued)</p> <p>Evidence that Global Communities and local actors receive recognition for project contributions and share lessons learned</p>	<p>(continued)</p> <p>Shared Lessons Learned with Funders and Policymakers</p> <ul style="list-style-type: none"> • USAID Global Waters: A Community Approach to Better Public Health in Rural Liberia • USAID Global Waters Radio: Piet deVries on Sanitation Behavior Change in Liberia • Testimony about Ebola Response for House Foreign Affairs Committee • Event with Senator Chris Coons on lessons learned from the Ebola crisis 	<p>(continued)</p> <ul style="list-style-type: none"> • Staff Interviews • Media coverage of crisis
<p>Project contributes to longer-term outcomes: Organizational</p> <p>↓</p>	<p>Evidence that lessons learned integrated into the organization and new projects</p>	<p>Changes in Global Communities HQ operations:</p> <ul style="list-style-type: none"> • Developed new organizational processes for emergency response procurement • Hired WASH technical assistance specialist for HQ <p>Use successful activities in new Global Communities programs:</p> <ol style="list-style-type: none"> 1) CLTS used in Resilience in Northern Ghana (RING) program 2) CMDS used in Honduras program preventing Zika virus 	<ul style="list-style-type: none"> • Staff interviews
<p>(continued)</p> <p>Project contributes to longer-term outcomes: Organizational</p> <p>↓</p>	<p>Evidence of follow-on projects based on newly identified needs</p>	<ul style="list-style-type: none"> • Global Communities continues work on disease prevention (CLTS) in Liberia through participation in the PACS consortium (led by IRC) • GC received new grant from CDC to build local disease prevention capacities through CLTS and cross-border surveillance in Bong County (LSPP) 	<ul style="list-style-type: none"> • PACS report • LSSP report • Staff interviews
<p>Project contributes to longer-term outcomes: Development</p> <p>↓</p>	<p>Evidence of local ownership, knowledge and networks endure</p>	<ul style="list-style-type: none"> • Ongoing collaboration between NLN, MoH, and traditional leaders, characterized as, "frequent interactions and strong working relationships" • MoH provides administrative assistance and strategic guidance to NLN 	<ul style="list-style-type: none"> • PACS report • LSSP report • Staff interviews
	<p>Evidence of increased local capacities for disease prevention</p>	<ul style="list-style-type: none"> • NLN, EHTs, and traditional leaders provide increased referrals of pregnant mothers to health facilities (IMS declared national emergency around high maternal death rates) • Traditional leaders and NLN work together as an effective mechanism promoting immunization campaigns • Transfer of CEBS efforts to MoH in 15 Liberian counties as part of exit strategy (sustainability challenges (e.g., insufficient staffing) noted in report) • Pilot testing of rapid diagnostic tests and improved reporting systems as part of exit strategy • Information on safe burials, oral swabbing, an. risk assessments integrated into environmental health curriculum • CDC documents stronger health system capacities and increased community engagement in health systems in Liberia 	<ul style="list-style-type: none"> • PACS report • LSSP report • Staff interviews • CDC interview • CDC update (2017)

ALTERNATIVE EXPLANATIONS FOR INTERVENTION OUTCOMES

The interviews and materials reviewed did not provide any disconfirming evidence for Global Communities' CLA-related program logic or theory of change. However, a couple of possible, alternative explanations for intervention outcomes deserve mention. While no one would suggest that CLA approaches alone curtailed Ebola infections in Liberia, examining explanations for why the epidemic was contained, even in the absence of intentional, systematic, and resourced CLA may help assess CLA's contribution to the observed outcomes.

- **International resources bolstered overwhelmed health services and systems:** While an Ebola epidemic would likely challenge the health systems of even wealthy countries, health scholars ubiquitously pointed to fragile health systems and weak infrastructures in Liberia, including insufficient diagnostic facilities, shortages of medicines and supplies, inadequate workforce, weak health information and disease surveillance systems, and low community confidence in existing health systems, as contributing to the spread of Ebola. Significant international aid provided a range of support that strengthened targeted health systems during the crisis. They also provided medical and epidemiological technical assistance in effective disease prevention measures. Even without a focus on CLA approaches to the Ebola outbreak, some may argue that this medical and health systems strengthening support ultimately bridged the gap in containing the virus.



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- **Crisis conditions advanced self-organized social learning and mobilization in communities:** Collapsed healthcare systems, mistrust of government, and slow international response, stimulated decentralized, self-organized community learning and action during the Ebola crisis. Researchers note, for example, that the urban Liberian communities studied demonstrated a strong capacity for information uptake about Ebola transmission and rapid behavior change during the first few weeks of the outbreak, even without full buy-in to dominant medical explanations about Ebola sources and prevention methods (Abramowitz et. al., 2017). Many intervention approaches, such as information campaigns, sought to motivate behavior change in communities, without having a CLA focus.

"We used public service announcements on all the radio stations ... The first one we did was about dead body management and dignified burials. We had to spend a lot of time overcoming some of the reservations people had about releasing the dead bodies of their loved ones. One of the strategies we used was to develop a pledge. It basically asked people to talk with their loved ones and pledge something like, "If I should die, I want the safe

burial teams to come and take my body. Do not touch me. If you love me, don't touch me because I love you and don't want to be the person responsible for you developing Ebola. What would be worst for me was knowing that, having died from Ebola, my dead body infected my family." So that took off in a big way in Sierra Leone. Ministers, religious leaders, and other community leaders took up this pledge and people started having those difficult conversations with their families. We were looking to motivate the community to take action." (CDC interview, 12/15/17)

The necessity to take action in the face of escalating sickness, death, fear, and grief fostered attitudes of self-reliance and supported self-organized community responses.

"In the absence of health, infrastructural, and material support, local people engaged in self-reliance in order to contain the epidemic at the micro-social level ... These communities were not empowered—they were desperate and often abandoned. They found resources from within their communities to compensate for the collective failure of state and international institutions to implement systems of surveillance, treatment, and response." (Abramowitz et. al., 2015)

Even without international aid efforts that used intentional, systematic, and resourced CLA approaches, some may argue that self-organizing, community-led responses ultimately stemmed the tide of Ebola in Liberia.

The issues discussed here as possible alternative explanations for intervention outcomes were also described in Section IV as contextual enablers that worked with intentional, systematic, and resourced CLA approaches to stop the spread of Ebola in Liberia. This analysis suggests that CLA-based approaches like Global Communities', which connected and coordinated grassroots and government efforts, strengthened activities at both levels and made an important contribution to ending Ebola in Liberia.

VERIFICATION AND LIMITATIONS

Considerable documentation about CLA and intervention outcomes, including interviews, intervention reports, intervention evaluations, relevant external research, expert analyses, media reports, and testimonials, allowed for strong triangulation of data sources. Evidence of the contribution of CLA to the activities' success was relatively complete, had sufficient detail, and was corroborated across multiple sources. In addition, findings in this case were consistent with those in other relevant literature (e.g., locally-led development, Ebola crisis response). Peer review and informant feedback processes helped improve the accuracy, credibility, and validity of this analysis.

However, the analysis was limited in a number of ways:

- **DATA SOURCES:** Researchers did not have access to Liberian intervention implementers or beneficiaries and had to rely on secondary sources for assessing local views on intervention success and CLA-related contributions. In addition, many of the materials reviewed in this study (i.e., program reports and evaluations) were drafted or commissioned by Global Communities and interviewees were either program staff or Global Communities' funders (USAID/ OFDA, CDC). Researchers sought to offset potential self-serving biases by triangulating these data sources with external research, expert analyses, and media reports.
- **METHODS:** The adapted contribution analysis and process tracing methods for assessing causal claims in this study are, by definition, linear and sequential, making it difficult to capture non-linear, iterative, and systems interactions relevant to CLA approaches. In addition, like most real-world interventions, Global Communities' Ebola response took place amidst multiple local and international response efforts in the region. While these evaluation methods were specifically designed to help establish contribution claims under such conditions (Befani & Stedman-Bryce, 2016), the analysis remains limited in its ability to assess the complex interactions among Ebola response efforts, identify relevant counterfactuals, and isolate the impact of Global Communities' CLA approach.
- **GENERALIZABILITY:** This case focused on a CLA approach during a crisis response, which may differ considerably from CLA approaches in more stable contexts or long-term development activities. The study did not assess how typical CLA approaches act in disaster assistance efforts. The case provides contextualized information about CLA approaches that may not be transferable or applicable to other situations.
- **RESEARCHER BIASES:** This study was conducted as part of USAID's LEARN initiative, which is designed to "support capacity building within the Agency and among its partners to become more knowledge-driven and responsive to evolving development challenges" (Dexis, 2018). Researchers sought to mitigate their own potential confirmation biases by using rigorous and transparent methods, conducting peer reviews, and including respondent validation in the analysis.

Despite these limitations, peer reviews suggested that the fairly straightforward, complete, and corroborated evidence in this analysis provided relatively strong confidence that CLA made plausible contributions to intervention outcomes.

CONCLUSION



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This deep dive into CLA integration, implementation, and impact in Global Communities' Ebola response efforts yields a number of insights into the specific contributions CLA made to the response. It suggests that CLA drove effective community engagement strategies, which led to local ownership, and ultimately, effective behavior change. An important dimension of this shift was rooted in CLA's focus on social inclusion and facilitating diverse, culture-specific adaptations. Enabled by donor flexibility, and strengthened by a broad range of leadership support and participation, CLA approaches in this case built on existing local networks, knowledge, and health systems to address immediate needs and strengthen long-term capacities for disease prevention. In addition, previously established trusted relationships, program successes, and a positive reputation facilitated Global Communities' rapid expansion of efforts during the crisis, suggesting that front-end investments in CLA approaches supported efficient scale-up.

This case study provides contextualized descriptions of how CLA was integrated in program activities and conditions that supported and challenged its implementation and impact. The case adopts and adapts innovative methods for assessing the contribution of CLA to intervention outcomes. Understanding CLA contributions in this case can be useful in informing and strengthening future program design and implementation of CLA approaches for USAID staff, implementing partners, and other development actors.

SOURCES

Articles and Reports

- Alisson, S. (2015) *Think Again: Why did Liberia beat Ebola before Guinea or Sierra Leone?* Institute for Security Studies.
<https://issafrica.org/iss-today/think-again-why-did-liberia-beat-ebola-before-guinea-or-sierra-leone>
- Abramowitz, S., McKune, S., Fallah, M., Monger, J., Tehoungue, K., & Omidian, P. (2017). The Opposite of Denial: Social Learning at the Onset of the Ebola Emergency in Liberia. *Journal of Health Communication*, 22(1), 59–65.
- Abramowitz, S. et al. (2015). Community-centred Responses to Ebola in Urban Liberia: The View from Below, *PLOS Neglected Tropical Diseases* 9(5): e0003767. <http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0003706#sec011>
- Befani, B. and Stedman-Bryce, G. (2016) Process Tracing and Bayesian updating for impact evaluation. *Evaluation* 19(2): 1–19.
<http://journals.sagepub.com/doi/pdf/10.1177/1356389016654584>
- Capps, J.M, Njiru, H. & deVries, P. (2017, August). Community-Led Total Sanitation, Open Defecation Free Status, and Ebola Virus Disease in Lofa County, Liberia. *Journal of Health Communication*, 22, 72–90.
- Capps, J.M., Njiru, H. (2015, June). *USAID IWASH Project: Community-Led Total Sanitation Component: Open Defecation Status, Community-Led Total Sanitation and Ebola Virus Disease (EVD) in Voinjama and Kolahun Health Districts, Lofa County, Liberia (2014)*. Project Report. Washington DC: Global Communities.
- CDC. (2017, Summer). Faster, Smarter Outbreak Response in Liberia. *Updates from the Field: Protecting Health and Building Capacity Globally (DGHP)*, 25. <https://www.cdc.gov/globalhealth/healthprotection/fieldupdates/summer-2017/liberia-outbreak-response.html>
- Dexis Consulting Group (2017a). *CLA Case Competition Analysis – 2015*. Washington DC: United States Agency for International Development. https://usaidearninglab.org/sites/default/files/sites/default/files/072717_case_competition_analysis.pdf
- Dexis Consulting Grou. (2017b). *Evidence Base for Collaborating, Learning and Adapting: A Summary of the Literature, Updated October 2017*. Washington DC: United States Agency for International Development.
- Dubois, M., Wake, C., Sturridge, S. & Bennett, C. (2015, October). *The Ebola response in West Africa: Exposing the politics and culture of international aid*. HPG Working Paper: Humanitarian Policy Group.
- Gilblom, K. (2014, November). Ebola Infections Dropping With Safer Burials, Power Says. Bloomberg.
<https://www.bloomberg.com/news/articles/2014-11-02/ebola-infections-dropping-with-safer-burials-power-says>
- Glandstone, R. (2015, March 11). Liberian Leader Concedes Errors in Response to Ebola. New York Times.
https://www.nytimes.com/2015/03/12/world/africa/liberian-leader-concedes-errors-in-response-to-ebola.html?_r=0
- Global Communities (2017a, April). *Inclusion of Natural Leaders in the Community Event-Based Surveillance Program – Evaluation Study*. Unpublished draft report.
- Global Communities (2017b). *Liberia PHEIC Surveillance Strengthening Program Continuation*. Unpublished project report submitted by the Center for Disease Control.
- Global Communities (2016). *PACS Quarterly Report covering January 1–March 31, 2016*. Unpublished project report.
- Global Communities (2015). *Stopping Ebola in its Tracks: A Community-Led Response*. Washington DC: Global Communities.
- Humphries, D. (2015). *Rapid Collaboration, Learning, and Adapting: Community-Based Response to Ebola*. CLA Case Competition Submission. USAID Learning Lab.
<https://usaidearninglab.org/site-search/Rapid%20collaboration%2C%20learning%20and%20adapting>
- International Rescue Committee Liberia Program (2016, June). *Final Progress Report: Montserrado Ebola Prevention and Response (Contract No: AID-OFDA-G-14-00204) September 1, 2014–March 31, 2016*. Unpublished project report submitted to the USAID Office of Foreign Disaster Assistance.
- Omidian, P., Tehoungue, K. & Monger, J. (2014). *Medical Anthropology Study of the Ebola Virus Disease (EVD) Outbreak in Liberia/West Africa*. Monrovia: WHO.
- Rewar, S. & Mirdha, D. (2014). Transmission of Ebola Virus Disease: An Overview. *Annals of Global Health*, 80(6). 444–451.

- Roca, A., Afolabi, M., Saidu, Y., Kampmann, B. (2015, April). Ebola: A holistic approach is required to achieve effective management and control. *Journal of Allergy and Clinical Immunology*, 135(4): 856–867.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4382328/>
- Scott, V., Crawford-Browne, S. & Sanders, D. (2016). Critiquing the response to the Ebola epidemic through a Primary Health Care approach. *BMC Public Health*, 16, 41. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4869325/>
- Seppala, E. (2012). How the Stress of Disaster Brings People Together. *Scientific American*, 11/6.
<https://www.scientificamerican.com/article/how-the-stress-of-disaster-brings-people-together/>
- Shou-Li, L., Bjørnstad, O., Ferrara, M., Mummaha, R., Runge, M., Fonnesbeck, C., Tildeslev, M., Probert, W. & Shea, K. (2017, May). Essential information: Uncertainty and optimal control of Ebola outbreaks. *Proceedings of the National Academy of Sciences*, 14(22). 5659–5664. <http://www.pnas.org/content/114/22/5659.full.pdf>
- Thompson, C., & Lloyd, D. (2016, June). *Assisting Liberians with Education to Reduce Transmission: Final Performance Evaluation*. Washington, DC: Global Communities.
- Wilson, R. (2017). *Epidemic*. Washington DC: Brookings Institution.
- CDC. (2017, Summer). Faster, Smarter Outbreak Response in Liberia. *Updates from the Field: Protecting Health and Building Capacity Globally (DGHP)*, 25. <https://www.cdc.gov/globalhealth/healthprotection/fieldupdates/summer-2017/liberia-outbreak-response.html>

Interviews

- Balsler, J., (2017, September, 8). Global Communities' Program Coordinator and Interim Country Director. Phone interview.
- CDC Ebola-Response Team Lead, Liberia (2017, December, 15) Phone interview.
- Holyfield, W. (2017, September, 13). SAID/ OFDA, Regional Advisor–South Asia. Phone interview.
- Sedgewick, B., (2017, July 28). Global Communities Acting Country Director and HQ Technical Lead. Phone interview.

Media Coverage of Global Communities' Ebola Response

- CBS Evening News** on the importance of safe burials <http://www.cbsnews.com/news/risking-infection-a-team-buries-ebolas-victims/>
- NPR All Things Considered** on safe burials
<http://www.npr.org/sections/goatsandsoda/2014/11/01/360685119/as-epidemic-in-liberia-slows-burying-bodies-remains-a-challenge>
- The Washington Post** on the safe burial site outside Monrovia to overcome resistance to cremation
<http://www.washingtonpost.com/news/local/wp/2015/01/20/global-communities-opens-new-burial-site-for-ebola-victims-near-monrovia/>
- Vice News** on the same topic
<https://news.vice.com/article/giving-up-the-dead-graveyards-are-easing-fears-of-handing-over-the-bodies-of-ebola-victims>
- Foreign Policy** on effective collaboration with the military in the Ebola crisis
<http://foreignpolicy.com/2014/12/30/what-the-pentagon-can-learn-from-carpenters/>
- The Guardian** on the community surveillance Ebola prevention http://www.theguardian.com/global-development/2015/apr/15/young-people-ebola-liberia-game-changers-monrovia-diseases?CMP=share_btn_tw
- Vice News** the community surveillance Ebola prevention
<https://news.vice.com/article/the-village-that-beat-ebola-how-one-liberian-community-avoided-the-outbreak>
- The Hill** on the effectiveness of CLTS as a preventive measure for Ebola and other diseases
<http://thehill.com/blogs/congress-blog/healthcare/255551-the-cost-effective-way-to-protect-against-future-ebola>
- USAID Global Waters: A Community Approach to Better Public Health in Rural Liberia**
<https://medium.com/usaid-global-waters/a-community-approach-to-better-public-health-in-rural-liberia-b0357f84a980#ahn0pvhiz>
- USAID Global Waters Radio: Piet deVries on Sanitation Behavior Change in Liberia**
<https://medium.com/usaid-global-waters/global-waters-radio-piet-devries-on-sanitation-behavior-change-in-liberia-93e660c8f763#.2ds0qsrk>

Testimonials

- Congressional Testimony** to House Foreign Affairs Committee
<http://docs.house.gov/meetings/FA/FA16/20141118/102740/HHRG-113-FA16-Wstate-SedgewickB-20141118.pdf>
- Capitol Hill** event with Senator Chris Coons on lessons learned from the Ebola crisis two years on
<https://www.globalcommunities.org/node/38243>

ACRONYMS AND ABBREVIATIONS

ALERT	Assisting Liberians with Education to Reduce Transmission
CEBS	Community Event-Based Surveillance
CDC	U.S. Centers for Disease Control
CHT	County Health Team
CHW	Community Health Worker
CLA	Collaborate, Learn, and Adapt
CLTS	Community-Led Total Sanitation
CMDS	Community Meeting and Dialogue Session
DBM	Dead Body Management
EB4CLA	Evidence Base for Collaboration, Learning, and Adapting
EHT	Environmental Health Technician
ETU	Ebola Treatment Unit
EVD	Ebola Virus Disease
gCHV	general Community Health Volunteer
GOL	Government of Liberia
IWASH	Improving Water, Sanitation, and Hygiene program
IRC	International Rescue Committee
MOH	Ministry of Health
MSC	Most Significant Change
NCCEL	National Council of Chiefs and Elders of Liberia
ODF	Open Defecation Free
OFDA	Office of US Foreign Disaster Assistance
PACS	Partnership for Advancing Community-Based Service program
USAID	U.S. Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization