

COLLABORATING, LEARNING & ADAPTING CASE ANALYSIS: DEEP DIVE SUMMARY

Global Communities' Ebola Response in Liberia



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From 2014–2015, Ebola devastated communities in Liberia, overwhelming their fragile health care systems with at least 10,675 cases and 4,809 disease-related deaths (CDC, 2016). Global Communities, an international non-profit development organization working with hundreds of communities in Lofa, Nimba and Bong counties on a USAID-funded program to improve water, sanitation and hygiene (IWASH) since 2010, was 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 upon 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. Centers for Disease Control, World Health Organization, International Rescue Committee), promoted information sharing and coordination.



LEARNING: They conducted in-depth, half-day Community Meeting and Dialogue Sessions with these 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 resistance 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. Considerable evidence suggests that their CLA approach resulted in strong local ownership and increased national capacities for disease prevention.

USAID LEARN's retrospective analysis of CLA integration and implementation within Global Communities' Ebola response efforts yielded a number of findings that may help guide future CLA efforts.

- **CLA drove effective community engagement → local ownership → behavior change:** Collaborative networks and forums served as the foundation for Global Communities' scalable, community engagement strategy in this case. This network learned lessons from initial, top-down government directives and containment efforts (e.g. forced quarantines, public closures, etc.) that ignited fear, anger, and resistance in communities. Because the Ebola virus spread through direct contact within social networks, reducing infections required cooperatively leveraging those networks to promote effective, widespread behavior change. Community engagement processes adapted disease prevention and intervention activities in response to local needs and cultural practices, and fostered community buy-in for behavior change. Local ownership of new health practices not only helped contain the immediate spread of Ebola, but addressed some of the underlying vulnerabilities in community health behaviors and national health care systems to support sustainable disease prevention. (Global Communities, 2015)
- **CLA approaches built on local networks, knowledge & systems:** Global Communities worked closely with local actors to support pre-existing healthcare networks such as the Ministry of Health's Environmental Health Technicians. They built local capacities by providing training and messaging support to a variety of leadership networks in becoming burial team leaders, contact tracers, and disease surveillance experts. Reports and staff interviews highlighted the importance of channeling assistance to help strengthen rather than bypass overwhelmed health infrastructures.

This included working with traditional leaders such as tribal chiefs, community elders, and local religious leaders. These leaders found entry points into reticent or remote communities and served as trusted sources of information

on how to prevent Ebola transmission. By working with existing civil and community structures and leadership, CLA-based responses to Ebola also helped build bridges across divided communities and strengthen trust between governmental and traditional leaders in Liberia.

- **Front-end investments in CLA approaches fostered trust with stakeholders and supported efficient scale-up:** Global Communities' Ebola response built on the positive relationships and reputation it had developed with both government and community leaders while implementing the five-year IWASH program. It took time to build those trusting, collaborative relationships. In addition, learning and evidence-based decision making (e.g. from monitoring data or research) often required time and resource investments at the front end. During the Ebola crisis, however, interview participants and program materials frequently mentioned how these relationships and evidence-based interventions facilitated rapid expansion and effective response efforts.
- **Collaborative networks unlocked local knowledge and mobilized an array of actors for collective benefit:** This CLA approach drew together diverse stakeholders to share the knowledge they possessed in a unified effort to strengthen community resilience to Ebola. The creation of Disco Hill cemetery, for example, involved traditional leaders, local communities, Liberian government officials, U.S. government officials, and international NGOs in a shared effort to support safe and dignified burials in Monrovia. This corroborates findings in the CLA literature review and corresponds to the CLA Case Competition Analysis finding that "*Collaboration leverages resources for collective benefit.*" (LEARN, 2017a, p.21)
- **Monitoring data informed rapid decision-making and adaptation:** Weekly reports with updated monitoring data provided critical information needed to identify what was working and where to reallocate resources. Global Communities' staff highlighted difficulties collecting data in rapidly changing environments and across large geographic areas. They also recognized that response activities sometimes outpaced their abilities to measure certain indicators. Despite these challenges, staff suggested that monitoring data and weekly meetings with funders and community leaders were the key sources of learning that guided adaptive management. This finding supports the CLA Case Competition Analysis that, "*Feedback loops increase likelihood that evidence will inform decision-making.*" (LEARN, 2017a, p.30) It also echoes findings in the literature review that, "*Monitoring and evaluation (M&E) are positively and significantly associated with achieving development outcomes when incorporated into program management and designed to support learning and decision-making.*" (LEARN, 2017b, p.10)



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- **CLA approaches supported social inclusion and facilitated diverse, culture-specific adaptations:** Global Communities emphasized the importance of including diverse stakeholders, especially vulnerable and hard-to-reach populations, in this effort. For example, they worked closely with traditional leaders to reach bush schools. They also organized Muslim burial teams to ensure Muslim-specific burial traditions were respected and set up separate Christian and Muslim sections within the Disco Hill cemetery.

CLA approaches rejected analyses that problematized and reified local cultural traditions and beliefs as impediments to biomedical solutions. Instead, CLA efforts recognized local culture as fluid and dynamic

with behavioral changes rooted in continuity with existing beliefs. They engaged trusted sources for messaging, encouraged social learning, and provided both means and opportunities for local agency.

- **CLA started with donor flexibility:** Staff credited USAID/OFDA's appetite for and appreciation of CLA as a key element in the success of this project. They highlighted the importance of building a culture of CLA into the project, "early on, from top to bottom" and suggested that such efforts began with and were shaped by the funder.
- **CLA thrived with leadership support:** A theme emerging from this analysis was the crucial role that leadership played in supporting CLA within this initiative. The active participation of diverse leadership in this effort legitimized its undertakings with associated communities, facilitated effective collaborating, learning, and adapting, and signaled the success of the initiative to a variety of stakeholders.



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This case study provided contextualized descriptions of how CLA was integrated in program activities and conditions that supported and challenged CLA implementation and impact. It adopted and adapted innovative case methods for assessing plausible contribution of CLA to project outcomes. Understanding CLA contributions in this case may be useful in informing and strengthening program design and implementation of CLA approaches for USAID staff, implementing partners, and other development actors.