

Ebola Emergency Response

Evaluation and Learning Summary

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YMCA

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Foreword



Ebola has proved a devastating threat to the lives of many millions of people in West Africa and considerable fear more widely. The challenge for overstretched national health services and external agencies in their efforts to respond effectively was overwhelming.

Undoubtedly, the successful halting of the threat - at least for the time being - owes much to the provision of services by local agencies. These services have proved the vital and principal importance of sound public information provided through communication in local dialects, local scale responses with flexible funds, and coordination to ensure that local expertise and needs are fully incorporated and addressed.

The effectiveness of locally provided services has also demonstrated the fundamental importance and value of engaging young people as community agents, leaders and communicators. Two crucial approaches resulting in lasting impacts for young people are, firstly that emergency response that incorporates skills training and resources (especially micro-grants) for young people helps to re-establish economic opportunities. Secondly, community health information provided by young people helps to restore trust and linkages between communities and health care services.

Sadly, the threat of Ebola and other major public health threats cannot be dismissed and remain a dangerous risk, particularly for many people living in poverty. As noted by a member of the slums projects consortium in Freetown, Sierra Leone, social mobilisation is the only really effective way to reach communities.

Y Care International, with our YMCA colleagues, are proud to celebrate the achievement of some 1,000 youth volunteer health educators in reaching over 80,000 community members directly and many more people through mass communications with life-saving information about Ebola. This has also been achieved efficiently and with demonstrable value for money.

This evaluation report provides important learning with valuable recommendations about the engagement, participation and delivery of humanitarian response through young people, local communities and national organisations such as the YMCA.

We urge all in national and international responding agencies and donors, policy and decision-makers, to adopt and implement the recommendations in future disaster response as well as ongoing, longer-term programmes. If this is done, some lasting benefit would be gained from the horror of the recent Ebola outbreak.

Adam Leach

CEO

Y Care International

Introduction

The largest Ebola outbreak in history started in Guinea in December 2013, spread to Liberia by March 2014 and into Sierra Leone by May 2014. The World Health Organization (WHO) declared the outbreak a public health emergency of international concern in August 2014. Sierra Leone, Liberia and Guinea had not experienced an Ebola outbreak before and so understanding of prevention measures and trust in public information was extremely low.

The Ebola Virus Disease (EVD) is spread from the animal population to humans through interaction with wild animals and consumption of bushmeat infected with the virus. Human to human transmission routes are through contact with a person's bodily fluids once they are symptomatic or if they have died from Ebola. Ebola symptoms are initially very similar to those of other illnesses such as malaria, typhoid, cholera and flu, starting with fever, headache, diarrhoea and vomiting. At the time, there was no vaccine available, and there is no cure for Ebola.

Early medical treatment increases the chances of survival through maintaining hydration and heart function, which should be provided by healthcare professionals wearing personal protective equipment. Isolation of suspected and confirmed Ebola cases is also necessary to prevent transmission to others, complemented by contact tracing and surveillance to monitor those in close contact with confirmed cases during recent days. Healthcare systems in Liberia and Sierra Leone were unprepared for the outbreak and lacked resources such as personal protective equipment for staff and facilities to isolate confirmed cases.

With more than 10,650 Ebola cases and over 4,800 deaths, Liberia was the worst affected country with an average survival rate of just 55%. Sierra Leone had more than 14,000 cases and over 3,950 deaths from the disease yet had a much higher survival rate at 72%, most likely linked to the later date of the first case when governments and the international community had begun to mobilise.

At the time of writing, both countries were announced Ebola free after 42 consecutive days; Sierra Leone in November 2015 and Liberia in January 2016 for the third time representing an end to this current outbreak. Both countries have now entered a period of heightened vigilance and surveillance.



Ebola Key Messages, one of the posters shared by Sierra Leone YMCA
Photo: Lizz Harrison/YCI

Background

Needs

Key approaches to control and prevent Ebola transmission includes not eating bushmeat or interacting with wild animals, not coming into contact with the bodily fluids of infected people and therefore not caring for sick family members at home, seeking early medical attention if symptoms appear, not touching the bodies of those who have died of Ebola or who have Ebola-like symptoms, and following safe burial practices, and practicing good hygiene such as frequent hand-washing. These actions also need to be complemented by contact tracing and case surveillance.

Raising awareness was vital in Liberia, Sierra Leone and Guinea and across the region to increase understanding of Ebola and protection measures. Behaviour change was essential to break the chain of transmission and end the outbreak.

Given the fact that Ebola had never been experienced in Sierra Leone or Liberia before, many did not believe it was real at the beginning; community sensitisation was vital to reduce confusion and scepticism to effect behaviour change and stop transmission. However, many communities did not trust information from their governments, or some international sources, particularly at the beginning of the outbreak. This was due to historical mistrust of government representatives, and government and other official bodies.

A medical response was also necessary to stop the outbreak. Healthcare infection control measures were necessary including the isolation of suspected and confirmed Ebola cases and healthcare workers' use of personal protective equipment.

As the outbreak continued, restrictions were put in place by the Governments of Liberia and Sierra Leone following 'state of emergency' announcements by both. Local markets, food production, livelihoods, education and healthcare services were all disrupted as a result. The Ebola outbreak became more than just a pandemic; a secondary crisis of food insecurity became a key concern. In studies carried out by Liberia YMCA in September 2014 with support from Y Care International, 58% of respondents in West Point slum community in Monrovia were having two or fewer meals a day, 49% said that food prices had increased, and 36% had to ration their food. Outside Monrovia, 67% said their crop production had reduced as a result of the outbreak and 15% said that they had been unable to harvest their crops. Livelihoods and people's ability to earn an income were also severely impacted with 74% of respondents in West Point saying that their livelihoods had been interrupted or badly affected by the Ebola outbreak. This figure was 65% for those living outside Monrovia and 83% said that access to the market had been interrupted.

As life got harder for people already living in poverty, community tensions rose and some unrest and local conflict outbreaks were reported, particularly in West Point. A need not addressed by many other organisations was for community management of tension and conflict resolution.

Additionally, many children became orphans as a result of parents and caregivers dying from Ebola. They needed support to find a safe home, return to school, and access psychosocial support to help them deal with the trauma and grief of losing family members.

Given the scale of the outbreak and advancements in medical response, more people survived from Ebola in this outbreak than from any other Ebola outbreak in history. These survivors have specific needs because the medium-term side-effects of surviving Ebola are still being understood. Stigma and discrimination against survivors is also a concern as families and communities fear welcoming survivors back. Many survivors also lost children, other family members, and friends themselves,

and many will need support dealing with the trauma of being isolated in treatment units while witnessing the deaths of their fellow patients.

Aim

The main aim of Y Care International's emergency response was to contribute to stopping the outbreak of Ebola in Sierra Leone and Liberia. This was done by focusing on increasing community understanding and effecting behaviour change through trained young community volunteers, and providing access to preventative support measures such as hand-washing facilities, in locations and communities where Sierra Leone and Liberia YMCAs had existing presence and capacity. In Liberia, Y Care International and Liberia YMCA were also able to address the secondary impacts of the emergency of food insecurity, economic crisis, and tension at community level.

Project Budgets and Donors

The overall value of emergency response projects implemented by the YMCAs in Liberia and Sierra Leone was more than £1.75 million. Liberia YMCA implemented projects to the value of £1.5 million, and Sierra Leone YMCA over £260,000. Of these funds, emergency response activities implemented with funds raised in coordination with Y Care International amounted to almost £470,000. Liberia YMCA raised a significant portion of funds in-country to expand reach and/or complement international partner resources.

Emergency response activities were funded by contributions from YMCAs across the world including in Australia, USA, Canada, Germany and Denmark, donations to Y Care International's emergency appeal, Comic Relief, the Department for International Development (DFID), Big Lottery Fund, the United States Agency for International Development (USAID), Bread for the World, and Medicor Foundation.

Target Groups

The YMCAs identified the key groups who needed the most support through their emergency response activities. These included community members, in particular slum communities, remote rural communities, women, young people and children; small enterprise owners, especially young people and petty traders; drivers and riders; sick people, those in quarantined homes, and in treatment centres; health workers; and Ebola survivors and orphans. YMCA staff, volunteers and peer educators were also identified as key targets for the emergency response because their increased understanding and capacity would ensure an effective emergency response to support the target groups listed above.



A YMCA peer educator volunteering at one of the community emergency communication centres in West Point in Monrovia, Liberia
Photo: Lizz Harrison/YCI

Y Care International and YMCA emergency response focused on very vulnerable, low-income communities where no or few other organisations were responding. This included more than 25 slum communities in Freetown and Monrovia and remote rural communities across both countries.

Methods were flexible and peer educators adapted their approach with support from the YMCAs to ensure they reached all target groups with relevant information. For example, drivers and riders were reached through radio jingles and music played at meeting places. Women tended to be reached more through door to door visits by peer educators or during weekdays at the market, rather than at small group or public outreach sessions at weekends. Peer educators also always highlighted the importance of community members sharing the information they were given with their families, friends and neighbours to ensure information was getting to more people than those they were able to reach directly.

One challenge raised in the evaluation was in reaching the most vulnerable people within these communities such as commercial sex workers, people with HIV/AIDS and drug users. Funding limitations also meant that the YMCAs were unable to reach as many people as were in need, or to the extent to which they needed. It was also recognised that, other than peer education, many of the emergency response activities were too short-term to support sustainable recovery; this was particularly true for food aid and the food for work scheme in Liberia. To some extent this is the nature of emergency response activities which in this context were made even more challenging by the prolonged period of crisis leading to secondary crises in food security, healthcare, and livelihoods.

Emergency Response Activities

Community Sensitisation: Approach



A young community volunteer raising awareness in her community in Freetown, Sierra Leone
Photo: YMCA Sierra Leone

The approach of each YMCA was slightly different as it related to the context and needs in each country and the experience and expertise of the YMCA. However, one major focus for Y Care International and YMCA Ebola emergency response was on increasing understanding of community members on Ebola, including hard to reach communities such as urban slum communities and remote rural areas. Liberia and Sierra Leone YMCAs have many years' experience in supporting what is widely recognised as one of the most effective responses to the Ebola outbreak: community sensitisation and awareness raising through peer education of trained local volunteers.

A variety of community sensitisation methods were used by YMCA peer educators which included door to door visits, sharing messages via megaphone while walking through the community, small group awareness raising sessions, setting up drop-in community emergency communication centres, radio phone-ins and talk shows, and SMS/text messages to mobile phones. One methodology which young volunteers mentioned in the evaluation which was not

used was drama and acting. They said Ebola was a situation for which they felt it would be difficult to use comedy. Public outreach sessions also had to be managed carefully and postponed in some areas so that they didn't bring people together into a small area and increase the risk of casual contact, or break government restrictions on public gatherings.

The methods used the YMCAs' skills and experience as well as those of existing volunteers, and built on strong relationships with communities and their leaders. For example, volunteers who were members of community-based disaster management committees which were established in a Y Care International and Sierra Leone YMCA multi-year slum improvement programme in Freetown were given additional training on Ebola to become part of the emergency response.

New young volunteers recruited by the YMCAs were selected with support from existing volunteers, community leaders and other stakeholders. Many volunteers were recruited from existing community groups such as youth associations, women's groups, student groups and riders and drivers associations. This ensured that different groups were represented, common language was used, strategic meeting points were easily identified and activities were planned at the most appropriate times for the target audience. The approach also reduced resistance to the information

the YMCA volunteers were sharing and increased trust in the messages they shared, because the volunteers had been recruited in a transparent way and trained by the well-respected YMCAs.

The focus on young community members was highlighted as particularly important throughout the evaluation. Schools had closed and markets were affected but young people did not want to be idle; they wanted to fight the outbreak in their own communities. The energy, commitment and communication skills of young people were praised.

At the beginning, one of the major priorities of the emergency response was increasing community members' awareness and understanding of Ebola. This shifted to motivating behaviour change and adhering to protective measures as understanding increased but new challenges to fighting the spread were identified. As such, the public information being shared evolved throughout the period of the Ebola outbreak.

For example, at the beginning of the outbreak, messages shared by YMCA peer educators and others, and on information, education and communication (IEC) materials such as posters and leaflets, aimed to ensure that communities understood that Ebola was real and what the symptoms were. The importance of not eating bushmeat or interacting with wild animals which might be carrying the virus was highlighted. Soon afterwards, messages also highlighted the importance of regular hand-washing and government bans on casual contact such as handshaking in greeting to prevent the spread of the virus. Messages later evolved to highlight the benefit of early reporting to Ebola treatment units, what to expect once there, and the importance of safe burials for those that had died of Ebola-like symptoms. Later, information evolved again in an attempt to reduce stigma for Ebola survivors and urge people to remain vigilant and report suspected Ebola cases to the authorities.

The YMCAs kept up to date with the changing situation in each community through frequent contact with the young local volunteers. This community-level information was shared by the YMCAs at Ebola Taskforce meetings and helped to adapt and revise the IEC materials and messages being shared. Revision of IEC materials was done in coordination with the Ministry of Health and Social Welfare (MoHSW) in Liberia and the Ministry of Health and Sanitation (MoHS) in Sierra Leone to ensure the emergency response remained relevant to the changing needs.

“Why is social mobilisation essential? Our focus has to be on behaviour change, we can never tell when another outbreak will come. If it's not Ebola it could be something else like cholera. So for us to maintain healthy people and a healthy nation we need to change practices that ensure a clean environment, clean homes, bodies etc. Social mobilisation is the only way to reach out to communities and is essential.”

Staff Member of slums project consortium, Freetown

The community emergency communication centres established by Liberia YMCA in Monrovia acted as a resource for the community and provided information, advice and referrals on issues related to health including Ebola. The centres were stocked with key IEC materials on Ebola for people to read and ask questions to the trained volunteers; a hand washing facility and hand sanitiser; and digital thermometers to check temperatures of concerned community members. Over the 6 month project period, **a total of 413 community members visited the centres for information and advice, hand washing facilities, and to report suspected cases.** YMCA peer educators continued to volunteer at the centres long after the project ended.

Community Sensitisation: Impact

Overall, peer educators trained by the YMCAs directly reached over 82,000 people with key information on Ebola throughout the emergency response period; more than 45,000 people in Liberia and over 37,000 in Sierra Leone. The effectiveness of this approach is also shown in the results of a survey carried out by Liberia YMCA in March 2015 where 91% of respondents in Monrovia's largest slum community West Point said that they trusted the messages about Ebola from trained peer educators and community members in comparison to 77% who trusted messages from the Government.

More than 82,000 community members reached with information on Ebola by young local volunteers trained by the YMCAs

Many more people obtained information via IEC materials produced and disseminated by the YMCAs; Sierra Leone YMCA produced more than 5,000 posters, leaflets and banners. In addition, an estimated 2 million people were reached in Sierra Leone with radio jingles about Ebola developed by the YMCA, which were aired on 12 radio stations in 5 different local dialects across the country for 6 months during the height of the outbreak.

Effectiveness was also backed up by value for money. When carrying out a crude value for money calculation for the YMCA emergency response programme which includes only the number of people reached directly through peer educators and the total project costs, the figure is just £3.67 per beneficiary reached in Liberia, and £5.36 in Sierra Leone. This shows remarkable value for money when in reality these project budgets also included costs for food rations, hand-washing facilities, printing IEC materials and more.

Training provided by the YMCAs on Ebola and communication for healthcare workers and volunteers including peer educators was replicated widely, an extremely cost-effective approach for reaching many more people with no additional budget. Investing in training and empowering local people to respond to emergencies such as disease outbreaks in their own communities will have benefits in the longer-term and build resilience for future disasters. The fact that no YMCA staff, volunteer or peer educator contracted Ebola also demonstrates the effectiveness of the training and the peer education approach, as well as the YMCAs' commitment to complying with infection control measures.

Hand Washing Facilities

Messaging around the importance of washing hands regularly with soap and water or chlorinated water to prevent the transmission of Ebola was shared by YMCA peer educators and on IEC materials. However, it was recognised early on that the majority of people living and working in vulnerable communities where the YMCAs were active, such as slums, had no regular or easy access to clean water and soap. In response, both YMCAs established free temporary hand-washing facilities across the countries and volunteers kept them stocked with water and soap; more than 340 hand washing facilities were established. To ensure regular hand washing could be maintained when children and young people returned to school, permanent toilet and hand washing facilities were built or renovated in 6 schools in Sierra Leone by the YMCA, and 20 schools were provided with materials to establish hand washing facilities by the YMCA in Liberia. In Liberia these facilities were complemented by the repair or construction of 15 hand pump water wells to ensure a reliable water supply to maintain the facilities.

In a survey carried out in West Point, Monrovia by the YMCA, 64% of respondents said they were washing their hands regularly with soap and water in March 2015 in comparison to just 33% in December 2014. There was wide agreement through the evaluation that these new habits of regular hand washing will be maintained beyond the Ebola outbreak which is promising for general health and hygiene levels in both countries.

Contact Tracing and Case Surveillance

A priority of both Sierra Leone and Liberia Governments' response to the Ebola outbreak was contact tracing and case surveillance. Tracing the people that a confirmed Ebola case had been in contact with in the days prior to isolation and monitoring them for symptoms throughout the 21 day incubation period helps to ensure early detection and treatment of new related cases and ultimately curbs the spread of the virus. YMCAs trained young local volunteers to carry out this vital work in coordination with the respective Ministry of Health. These volunteers shared information of suspected cases of Ebola with the Ebola Taskforces and Ministry of Health and urged contacts to monitor their health for any Ebola symptoms, and to seek medical attention immediately if any symptoms occurred.

Through the consortium joint emergency response in Freetown, headed by Sierra Leone YMCA, **volunteers identified more than 460 suspected cases of Ebola in 25 slum communities** during a 4 month period. Of these, 81% were later confirmed as Ebola cases. In Liberia, the community emergency communication centres established by the YMCA in Monrovia and run by trained volunteers acted as a focal point for community members to report suspected cases. The YMCA peer educators volunteering at the community emergency communication centres coordinated and shared shifts with contact tracers supported by another organisation. Information of any suspected cases in the community was shared immediately.

Livelihoods and Food Support

A major strength of the YMCA emergency response was the YMCAs' ability to look beyond the Ebola outbreak as only a health issue and to respond to other negative impacts such as food insecurity and disruption to livelihoods. The severity of the Ebola outbreak on access to livelihoods and food in Liberia and Sierra Leone, particularly for those already living in extreme poverty, were recognised by the YMCAs early on and backed up by findings in YMCA needs assessments supported by Y Care International.

In response to food insecurity, the YMCAs provided food for the most vulnerable households struggling to earn enough to buy food, and for healthcare workers struggling to continue working while their families' livelihoods were impacted. Sierra Leone YMCA mobilised 300 volunteers to support the World Food Programme's distribution of food and non-food items to quarantined households and Ebola hot-spots. In total, **more than 7,500 community members and healthcare workers were reached with short-term food provisions**. These provisions included rice, sardines, cooking oil and seasoning.

In Liberia, a food for work scheme was also implemented providing particularly vulnerable young people, including Ebola survivors, with family food rations in exchange for their work on constructing and repairing key public WASH facilities and other community activities. Later, capital and business training support were also provided in Liberia to women and heads of vulnerable households to help them restart their livelihoods.

The food for work scheme in West Point, Monrovia was highlighted during the evaluation by the majority of project beneficiaries and community stakeholders as a particularly successful approach with many saying it met needs which were not being met by any other agency or organisation. The scheme aimed to alleviate short-term food insecurity in an emergency context – food provided was enough to feed an average household for 15 days – while having a longer term impact by improving slum community WASH facilities. Community WASH groups were consulted and involved in the identification of the work, and community leadership and stakeholders were involved in the identification of the beneficiaries, making it a truly collaborative initiative. It was also so successful



A young man on the food for work scheme clearing rubbish in West Point in Monrovia, Liberia Photo: Ahmed Jallanzo

because it gave young people a purpose and an opportunity to make a positive change in their community at a time when schools and colleges were closed, livelihoods and markets interrupted, and tension within the community was increasing. It also contributed to reintegrating some Ebola survivors who worked on the scheme and made new friends and gained acceptance from making a positive difference in their community. Additionally, those consulted in the evaluation process all agreed that food for work, rather than cash for work, was much more effective in the context of Liberia. This is because when cash is provided for one household member, it is not always spent on providing for the entire household, and friends and neighbours often ask for some. In comparison, when food is provided it is generally shared with the whole household.

This scheme benefitted more than 5,000 community members directly at a cost of just £11.26 per beneficiary, representing very good value for money.

The food for work scheme and food provisions to address short-term food insecurity were complemented by activities to increase medium-term food security. These included providing restart-up capital for beneficiaries whose microenterprises had been severely affected by the impact of the Ebola outbreak on the local and national economy. This activity in Liberia focused on providing vulnerable women living in poverty with support to restart their businesses to contribute to reducing household poverty while stimulating the local economy and improving their food security

into the medium to longer term. In total, 215 young people and women were supported to restart their small businesses and just one month after receiving restart-up capital project beneficiaries were already earning an average of 59% more than in the preceding month.

Conflict Management

In West Point slum in Monrovia, the entire community was quarantined at the height of the outbreak enforced by the military. Widespread unrest resulted as people felt scared and trapped, markets shut down and access to food was severely limited. Even after the quarantine was lifted Liberia YMCA saw the potential ramifications of this unrest on the relationships of community members with each other and local authorities and police. Increasing community tension was felt and Liberia YMCA trained local volunteers on conflict monitoring, conflict resolution and community participatory processes, as well as Ebola. Those trained established a new community conflict management team which remained active after the end of the project. The team responded to cases of conflict and tension reported at the community emergency communication centres or the office of the commissioner. Tensions which arose as a result of community members being concerned that neighbours were not reporting cases of Ebola were referred to the National Ebola Hotline and the Ministry of Health and contact tracers. As with the peer educators, these skilled community members will now be a resource for the whole community well beyond the timeframe of this project.

Psychosocial Support

Staff of both YMCAs were trained in providing psychosocial support for people who had been severely impacted by the Ebola outbreak whether because they had lost loved ones, had been quarantined, or had survived Ebola. Sierra Leone YMCA provided psychosocial support to quarantined households to support them to deal with losing loved ones, restrictions on movement and the trauma of being quarantined. Forty teachers were also trained in psychosocial support who ran regular group counselling sessions when children and young people returned to school, as well as individual counselling sessions for those particularly affected.

Staff of the YMCAs said that the training they had received would enable them to support people in future emergencies. They also said it had enabled them to provide psychosocial support to each other to deal with the difficult and challenging situations they were experiencing through the emergency response work. However, some said they would have benefitted from additional support from professionals.

Organisation

Flexibility and Responsiveness

Both YMCAs demonstrated an awareness of the rapidly changing situation on the ground and were able to respond to this effectively by adapting activities and approaches to ensure they remained relevant. As active members of their respective national Ebola Taskforces, the YMCAs remained up to date on the patterns of transmission and other agencies' emergency response activities. Their regular contact with their own volunteers also meant they were aware of the situation in each community they worked in and were able to share this information with the Ebola Taskforces.

Relationships with Community Stakeholders and Volunteers

Both YMCAs identified a key strength of their emergency response was their approach to working directly with community leaders and stakeholders, and community members themselves. This included local government, community-based organisations, civil society organisations and community groups, many of whom the YMCAs had existing strong relationships with.

Close collaboration between the YMCAs and these stakeholders ensured their participation in needs assessments, community sensitisation on Ebola, supporting peer educators, and identifying the most vulnerable individuals and households for food support. All agreed that this approach increased the effectiveness and the sustainability of community sensitisation by empowering those affected to act themselves and by building skills of local people.

Coordination and Collaboration

A major strength of the YMCAs' Ebola emergency response identified through the evaluation process was their coordination with their respective national and regional Ebola taskforces. Both YMCAs played a prominent role in their respective national Ebola Taskforce and some local YMCA branches held positions of co-chair or secretary in county/district taskforces. The YMCAs were recognised for their role in Ebola emergency response by their respective governments. Sierra Leone YMCA was one of the few agencies requested to carry out community sensitisation activities through peer educators during the Government lockdowns. Liberia YMCA was invited by the Ministry of Health and Social Welfare (MoHSW) to train CBOs on how to sensitise communities.

Another important relationship for the YMCAs was with the MoHSW and the Ministry of Health and Sanitation (MoHS) in Liberia and Sierra Leone respectively, and the County/District Health (Management) Teams. It ensured the information shared using IEC materials and peer educators was accurate and consistent with current advice. IEC materials were developed and/or approved by the Ministry of Health in each country.

Both YMCAs also worked effectively as part of various multi-agency responses to the outbreak. Sierra Leone YMCA led a consortium of five agencies including Restless Development, Youth Development Movement, CODOHSAPA and BRAC, based in Freetown to coordinate response across 25 slum communities. The five agencies said their approach was very effective and they are keen to continue working together.

Response Time

The majority of people consulted in the evaluation process believed the YMCA emergency response was timely; both were responding from July 2014, before WHO had announced the outbreak a

public health emergency. The YMCAs were prepared and ready to respond and emergency response activities met or exceeded targets and objectives set within deadlines.

Rapid emergency response was possible due to the YMCAs' existing presence in their respective countries – more than 100 years – across a network of local branches, and their strong relationships with relevant local stakeholders. The YMCAs carried out rapid needs assessments early on in the outbreak and developed projects quickly. Project development was also informed by staff knowledge of what approach would be most effective given they already knew the context, culture, language, beliefs and challenges of the communities they work in. The YMCAs were also able to mobilise quickly because they did not have lengthy recruitment, logistics or office set up needs which others new to the countries had.

However, some believed emergency response activities were delayed, and for them it was due mainly to delays in funding being confirmed or received. Two international donors in particular took more than 3 months to confirm emergency response funding or to approve reallocations in existing on-going development project budgets. These delays were challenging for the YMCAs and ultimately meant emergency response activities needed to be revised again once confirmation was received as the priority needs had changed. That said, some donors were very responsive and the YMCAs and Y Care International would like to recognise Comic Relief in particular for rapid decision-making and disbursement of funds. Liberia YMCA would also like to mention USAID, through Mercy Corps and IREX grants, for this also. Their quick support enabled Y Care International and the YMCAs to respond rapidly and effectively to the needs.



A young community member, using one of the handwashing facilities set up by Sierra Leone YMCA, Freetown Photo: Sierra Leone YMCA

Recommendations

The following recommendations come from continued learning throughout the emergency response period and those highlighted through the evaluation process. Many are relevant beyond the YMCA Movement for other national and local NGOs.

Recommendations for Future Emergency Response Approaches

- ▶ There should be a particular emphasis on engaging and involving local young volunteers in future emergency response and on using existing volunteer groups, such as the community-based disaster management committees in Freetown. Providing community volunteers with certificates and references is also important to recognise the role they played and the skills they developed. Providing peer educators with take home materials and refresher training is also important. Budgeting for appropriate stipends to recognise the role that young volunteers play is also crucial for maintaining motivation and showing appreciation. Community sensitisation should be carried out in local dialects.
- ▶ Coordination directly with local communities, local leaders and other stakeholders should be continued. This should ensure their active participation in all stages of emergency response, including supporting needs assessments, developing and monitoring projects, supporting beneficiary selection, and sharing information. Future emergency response projects should include brief YMCA community entry and exit strategies or plans and be shared with communities so that expectations are managed.
- ▶ Coordination with other agencies responding to the crisis should also be continued in future emergency response to share learning, avoid duplication and increase outreach. Other agencies include international and national NGOs, UN agencies, local and community-based organisations, and Government ministries and taskforces.
- ▶ Particularly relevant for prolonged emergencies such as the Ebola outbreak, emergency response should be flexible and adaptable to allow for: an expansion in activities, outreach or project duration; a rapidly changing situation as priority needs evolve; and a small contingency fund for each project to absorb minor changes in budgets, bank fees, exchange rate losses etc.

Recommendations for Activities for Future Emergency Response, Recovery and Development

- ▶ Psychosocial support needs of YMCA staff and volunteers should be considered further in future emergencies and where possible included in emergency response projects and budgets. Further training on providing psychosocial support could also be included in longer term development or capacity building projects for YMCA staff and community members.
- ▶ Activities developed in emergency response and recovery projects should ensure they tailor activities to reach different target groups. For example, different meeting times, locations, and message formats will be suitable and relevant for different groups.
- ▶ New strategies for engaging communities to maintain vigilance on Ebola should be integrated into recovery programmes. The YMCAs should support community emergency response teams so they are ready to respond rapidly to future outbreaks or other disasters. Disaster risks should

be assessed in project development, and disaster preparedness and disaster risk reduction (DRR) work with local communities and volunteers should be expanded further by the YMCAs. It should also be integrated into recovery and development projects, and contingencies for disasters built into long-term programmes.

- ▶ Recovery and development programmes should focus on business and livelihoods support activities that are coordinated through community structures. Recovery and development programmes for Ebola survivors in particular should focus on livelihoods support in the form of skills training, micro-grants and post-training support to enable them to recover from the impact of the outbreak and be more resilient to discrimination and future shocks.
- ▶ The YMCAs should continue to work with peer educators and healthcare centres into the recovery period. Establishing community health information points could be one way of building back trust in the healthcare system and linkages with the communities they serve. The information points would also be a resource for rapid response to future health emergencies or disease outbreaks, and increase the sustainability of the progress already made.
- ▶ Where possible, the YMCAs should follow up with emergency response project beneficiaries to carry out an impact assessment, one year after the end of the emergency response projects to understand the medium-term impacts of the emergency and YMCA's response. Key learning from evaluations and assessment should be shared widely so others can learn from the challenges and successes experienced during this emergency response.

Recommendations for International Donors and Agencies

- ▶ Donors should be as flexible as they can with emergency response budgets to allow for some contingency for changing needs in a rapidly evolving context. They should also endeavour to confirm funding within a very short period of time so that agencies can respond when the need is greatest.
- ▶ International NGOs and UN agencies should work in close coordination with local NGOs and other organisations, recognising their expertise in the culture, language and context of the communities they are working in as well as experience in responding to emergencies in their own country. Supporting local organisation consortia is an effective way of responding, as is recognising the role of local volunteers.
- ▶ International media should attempt to highlight the response of local people and national organisations, including volunteers and local community members over the response of international aid and health workers. By giving those directly affected the chance to speak, feelings of helplessness and hopelessness may be reduced.

Conclusion

In conclusion, the biggest strength of the YMCA Ebola outbreak emergency response was their existing presence in, and knowledge of, the communities they were working in, allowing them to mobilise quickly, adapt to the changing needs, and build on long-standing relationships with local volunteers, community members, leaders, and authorities to ensure trust and credibility in their activities. Their understanding of local cultures, challenges to behaviour change, and local languages enabled them to implement an effective and tailored emergency response. The YMCAs' significant role in supporting local volunteers to carry out effective community sensitisation demonstrates the value of locally-led disaster response. The value of local organisations and community volunteers in emergency response should be recognised and supported.

These factors will also ensure our programmes in the post-Ebola context are relevant, effective and impactful. We are committed to supporting young people to move on from this traumatic period, start to rebuild their lives and livelihoods, and improve the communities they live in.



Members of a YMCA school health club using the new water pump to wash their hands, Unification Town, Liberia
Photo: Lizz Harrison/YCI

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Y Care International creates opportunities for vulnerable young people across the globe to change their lives for the better. Inspired by and faithful to our Christian values, we work with people of all faiths and none to build a more just world, free from poverty.

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