



# Liberia wash consortium

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# Presentation Overview

- Liberia & The Liberia WASH Consortium Overview
- Our work on Behaviour Change and WASH, pre-Ebola
- What is the context during the Ebola outbreak
- What is happening to look at behaviour change during the Ebola outbreak
- How can we plan for post-Ebola and the future of behaviour change: opportunities and challenges



# Liberia

- 10 year Civil war ended 2003
- Transition from emergency to development
- Progress made to consolidate peace & to start rebuilding the economy, the infrastructure and the human capital
- 64% of the population under the threshold of \$1 a day; 62% of the population under Unmet Basic Needs
- Fragile Health and WASH infrastructure with deficits in human, financial and material resources



# The Liberia WASH Consortium (LWC)

- 2007 - to coordinate the WASH sector, lead sector implementation
- Local NGO, CSO and government partners for WASH implementation, capacity building & advocacy
- Consortium Coordination Team: Coordinator, Technical Advisor, Advocacy and MEAL
- Technical Working Group – made up of all 6 members



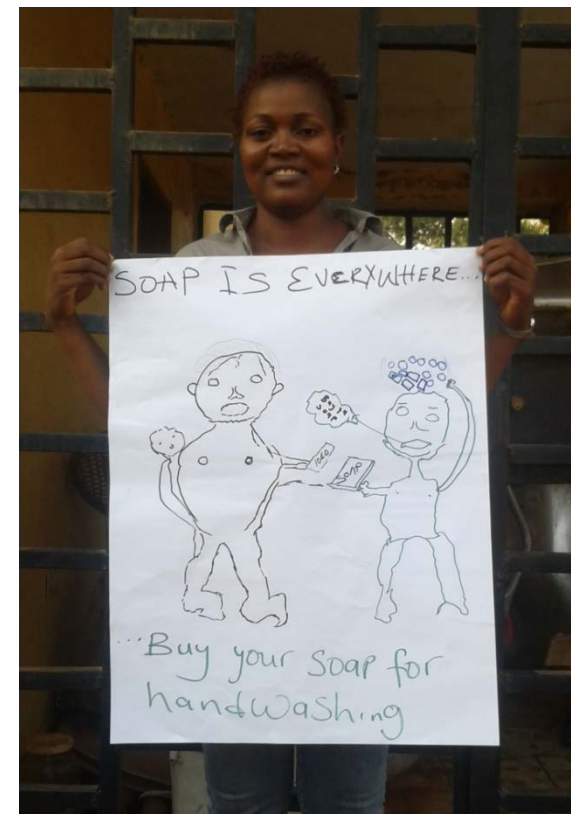
# Working on Behaviour Change 2013-2014

- 2 rural comprehensive WASH programs
- Urban sanitation, hygiene and solid waste management in 4 urban slum communities in Monrovia
- Liberian government & NGOs had previously promoted PHAST and health based messages
- Evidence in Liberia that telling people that ‘handwashing prevents diarrhoea’, had NOT BEEN WORKING in changing behaviour – surveys showed significant gap between knowledge and practice.
- Technical Working Group decided to develop a structured approach to sanitation and HP and influence government



# Working on Behaviour Change 2013-2014

- DbC workshop with all members & partners
- KAP Survey analysed and 3 Behaviours prioritised *handwashing with soap, use of the latrine and storage & use of water in the home*
- Barrier analysis conducted on key determinants of doers and non-doers.
- Determinants similar to other WASH projects for HW: Self Efficacy, Social Norms, Access (to soap) & Cue for Action (ability to remember)
- Research informed the development & pretesting of hygiene and sanitation promotion messages and posters



# DBC Framework example - Handwashing

| Behaviour  | Determinants  | Bridges to Activities   |
|--|---|---|
| <p>Caregivers of children under 5 wash their hands properly with soap and water at the five critical times</p> | <p>Self efficacy (ability to remember to carry out the behaviour and ability to obtain soap)</p>  | <p>Increase caregiver perception that it is easy to remember and to get cheap soap for handwashing</p>  |
|  | <p>Perceived access (ability to get access to soap for handwashing ***)</p>                       | <p>Increase the ability to access cheap soap that can be used for many activities, including for the purpose of handwashing (no need for separate soap and can be locally made, cheap soap)</p> |
|  | <p>Cues for action (ability to remember to carry out the behaviour at 5 critical times)</p>       | <p>Increase the perception that caregivers can easily remember to wash their hands with soap at the 5 critical times</p>  |
|  | <p>Perceived social norms (pressure from non-doer groups who don't think it needs to be done)</p> | <p>Increase the perception that non-doers approve of handwashing at 5 critical times</p>  |

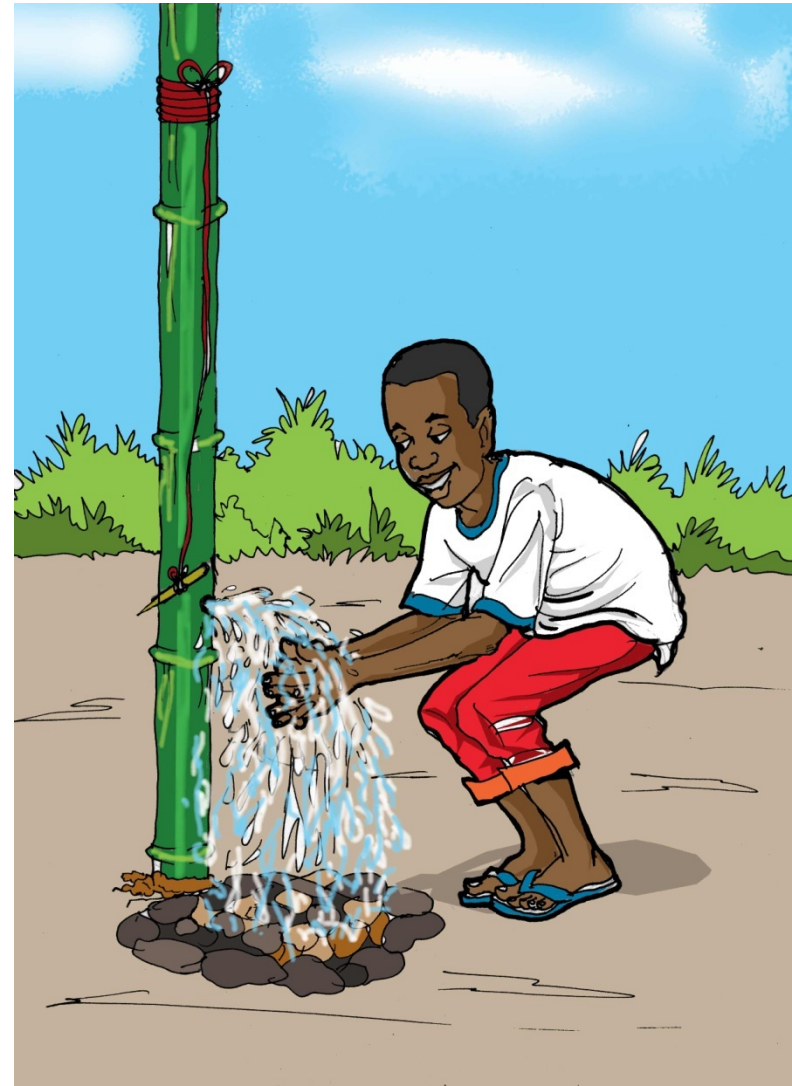
# Working on Behaviour Change 2013-2014

- Combining and using different models: DbC and Social Marketing approaches which are *complementary*, not adversarial
- Allows us to better understand the audience, add missing detail in the analysis & give strength to the results.
- PSI helped to analyse KAP surveys, existing DbC barrier analysis and PSI's 'IWASH' project social marketing research.
- Social marketing workshop carried out for all members and field staff to learn from the research and further develop:
  - a) reduced down and targeted behaviour statement
  - b) a deep understanding of our target audience - Evanni profile
  - c) **creative** and **focused** HP activities and messages in a specific context (including rural villages & small towns), realistic with the budget and capacities of organisations



# Bamboo WASH (Social norms, Promotion & Product for Access)

## BAMBOO WASH!



# The hand symbol, posters, cartoons (Cues for Reminder & Social Norms)

**SOAP IS EVERYWHERE!**



**WHERE THEY DISCOVER THAT MONKEY HAVE STOLEN ALL OF THE SOAP. THE END.**



**CLEAN HANDS SAVE LIVES!**



# Then Ebola hit Liberia!!

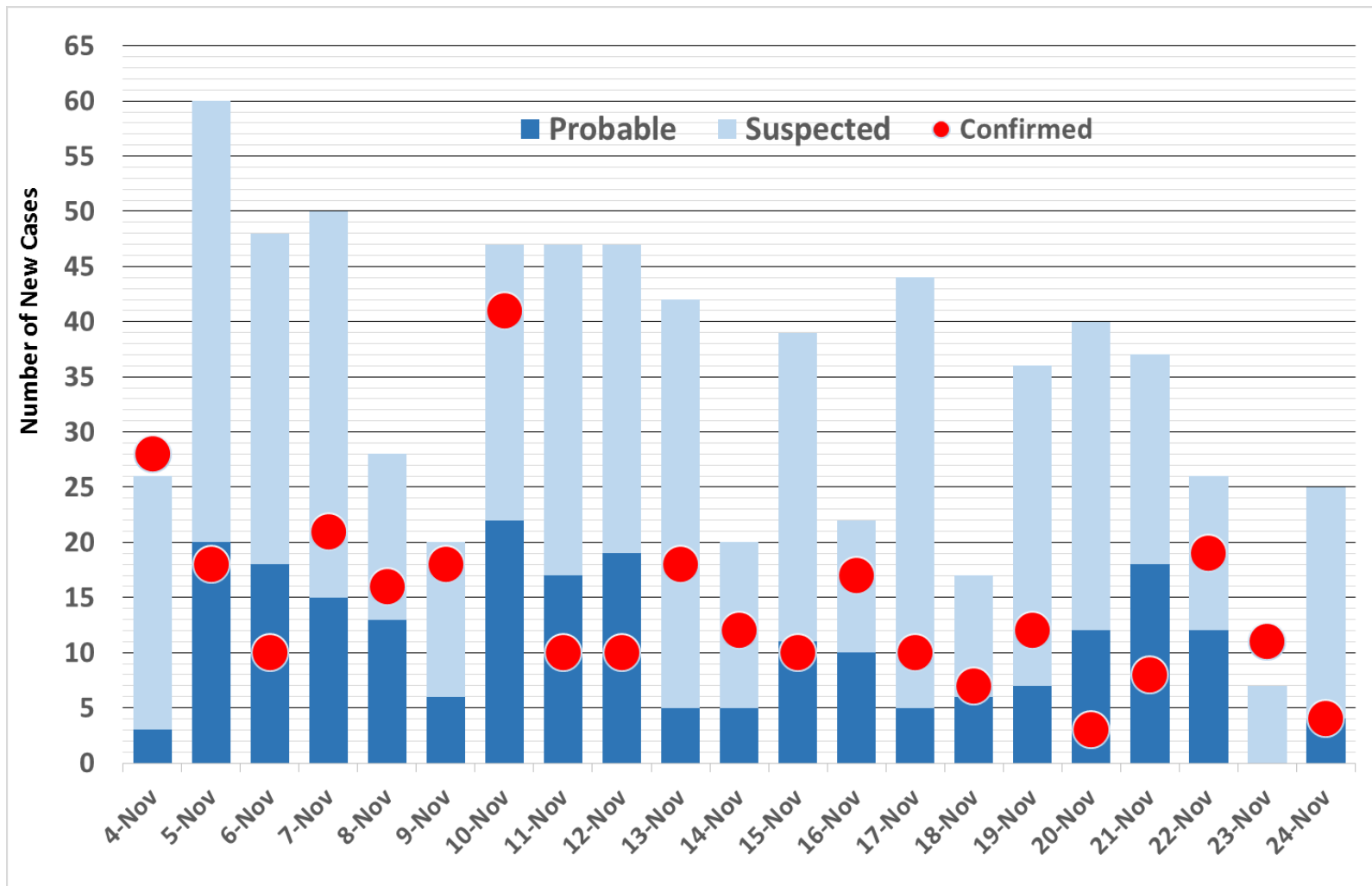
- The most widespread epidemic of Ebola Virus Disease (EVD) in history but Very slow response by international organisations.
- Liberia (24 Nov): 7200 cases (probably, suspected & confirmed) and 4180 deaths. Serious under-reporting

Some reasons why EVD spread so rapidly:

- 1) Limited existing health and WaSH infrastructure
- 2) Lack of health and community workers
- 3) Uncontrolled transmission due to cultural practices
- 4) Absence of health seeking behaviour
- 5) Health centres became the epicentres of EVD transmission
- 6) Mistrust in government messages and misperceptions of the disease

# New cases reported in last 21 days

154 people currently in ETUs being treated for Ebola. Over 800 beds now available



# Implications of Ebola - Messaging

- Huge influx of emergency organisations focused on treatment centres, contact tracing, burials and distribution of emergency kits
- Messaging slowly become more targeted but still broad
- Messages through posters, billboards, radio, community groups and Intense transmission areas recommended messages (WHO):
  1. Overarching and supportive messaging – key facts about severity, transmission and importance of early prevention;
  2. Treatment – information for those seeking treatment for a person with symptoms of Ebola; information for those treating sick family members in their home; and information for those who have fully recovered from Ebola;
  3. Contacts – information for those who have had close contact with a person with Ebola
  4. Safe burial practices – for those handling a person with Ebola who has died.
  5. Messages on practical steps to stop Ebola in your community on effective community mobilization

# Key messages – becoming more targeted

**EBOLA VIRUS**  
EBOLA IS A DEADLY VIRUS. IT SPREADS QUICKLY AND KILLS!

**HOW TO PREVENT IT FROM SPREADING**

-  1 AVOID PHYSICAL CONTACT WITH PEOPLE SHOWING SIGNS AND SYMPTOMS SUCH AS CONTINUOUS HIGH FEVER, RED EYES, VOMITING AND STOMACH ACHES.
-  2 WASH YOUR HANDS REGULARLY WITH SOAP AND CLEAN WATER
-  3 DO NOT SHAKE HANDS WITH PERSONS SHOWING SIGNS OF EBOLA
-  4 KEEP AWAY FROM BATS, MONKEYS, BABOONS AND DEAD ANIMALS.
-  5 AVOID EATING BUSH MEAT. COOK ALL FOOD VERY WELL.

**PROTECT YOURSELF  
PROTECT YOUR FAMILY  
PROTECT YOUR COMMUNITY**  
from the **Ebola** virus

| ✓ DO   | ✗ DO NOT  |
|--|---|
|  Always wash your hands with soap and water   |  Do not touch people with signs of Ebola or have died of Ebola                                    |
|  Always cook your food properly  |  Do not touch clothes & bed cloths of people who have died of Ebola                              |
|  Go to health facility anytime you have head ache, fever, pain, diarrhea, red eyes rash and vomiting |  Do not touch vomit, saliva, urine, blood and poo of people who have signs and symptoms of Ebola |
|  Tell everyone you meet about Ebola so they can be informed  |  Do not play with monkeys and baboons  |
|  Call for help or questions 0886320581 or 0886374733   |  Do not eat bush meat  |
|  |  Do not eat plums eaten by bats  |



**PROTECT YOURSELF  
PROTECT YOUR FAMILY  
PROTECT YOUR COMMUNITY**  
from the **Ebola** virus


**IF YOU HAVE HEAD ACHE, FEVER, PAIN, DIARRHEA, RED EYES, RASH AND VOMITING, DO THESE THINGS**

**Stay where you are**



Don't put your family & community in danger - don't go around others

**Get Help**



Call your health worker

**Cooperate with Health Workers**



People who care for you must wear gloves, rubber boots, masks, coats & goggles

Listen to health workers—they know best how to help you

CALL FOR HELP OR QUESTIONS 0886520581 or 0886374733

# Implications of Ebola – Changing context

- Change in epidemiology = many organisations now focusing on ‘Active Case Finding’ at community level
- Focus on finding, rapid transfer and treating new cases since there is sufficient treatment and system capacity & less cases
- Increased focus on understanding in more detail why people are not accessing treatment and how to reach ‘Zero Cases’ by December
- Wider range of actors starting to work on behaviour change:
  - Social mobilisation and communications working group
  - Anthropology working group
  - Country wide KAP survey & FGDs to look at
    - Awareness and knowledge of causes, symptoms & transmission
    - Risk perceptions and beliefs
    - Behaviour and practice changes since ebola
    - Information channels, networks and sources
    - Attitudes towards survivors
  - Solid & Liquid Waste Management in Monrovia
  - Hygiene behaviour change working group

# Implications of Ebola – Handwashing Evidence

- CDC on 11 September: “The CDC environmental microbiologist reports that no specific studies have been conducted on Ebola viruses and soap but other enveloped viruses are easily deactivated by soap. It is expected that Ebola would be similarly deactivated by soap.”
- WHO guidance is that hand hygiene with chlorine 0.05% is harmful to the skin, meaning eventually creating risk of lesions and infection, and the evidence is not clear in its efficacy. That said, it is very difficult to change such a widespread practice in the middle of an outbreak. Our approach has been to date practical in that we work with the county offices and local MOH to discuss options even while encouraging making soap and water and alcohol based hand rub available. - Dr Edward Kelley (Director Service Delivery and Safety, WHO)
- Range of resources:
  - 1) <http://www.globalhandwashing.org/resources/general/handwashing-ebola-factsheet>
  - 2) <http://www.ebola-anthropology.net/>
  - 3) <http://ebolacommunicationnetwork.org/>



# Implications of Ebola – Community Handwashing

- Hygiene and sanitation promotion is very important in treatment centres and is one element of Ebola prevention
- **Huge** increase in handwashing stations in Monrovia (not sure about the rest of Liberia until after the nationwide KAP survey)
- **But** problems to tackle now include:
  - 1) Very confused messaging about use of chlorinated water v use of soap. Not enough use of soap and water.
  - 2) Handwashing is not targeted to the critical times to prevent diarrhoeal diseases. Current primary prevention message is wash hands after touching sick people or bodily fluids (self judgement)
  - 3) As perceived risks of Ebola are decreasing, so is the practice of handwashing.
  - 4) How to build off and sustain this change – we need to better understand the change in determinants, especially perceived risk. So far a lack of priority & funding

# Implications of Ebola – WASH

- No community wide messaging on other practices focused on defecation or water handling in the home – which are a serious problem in Liberia
- Lack of focus on solid waste management in Monrovia
- Recovery organisations are focusing on improving the WASH infrastructure in Health Centres & Schools
- Since the situation is rapidly changing and evolving there is need to include a deeper analysis to better understand WASH behaviours, especially handwashing in rural and urban contexts that have been most impacted by EVD
- Build off existing longer term research and shorter term changing behaviours is complex – has this been done before?

# THANKS!

## Questions and Comments

