

CARE GROUPS IN THE CONTEXT OF EBOLA

Cindy
Pfitzenmaier



OVERVIEW

- **Background & Context**
- **Care Groups in LAUNCH**
- **Time Line of Events**
 - **Care Groups Activities as the crisis grew**
- **Conclusions**



BACKGROUND



- In 2010, PCI along with ACIDI-VOCA (prime) received \$40 million from USAID for a 5 year, Title II DFAP for Liberia.
- The Liberian Agricultural Upgrading Nutrition and Child Health (LAUNCH) program is designed to increase access to food, reduce chronic malnutrition, & increase access to improved livelihood & educational opportunities in Bong & Nimba counties.

CARE GROUPS IN LAUNCH

- PCI is responsible for 2 of 3 Strategic Objectives (SO):
 - SO2—Reduced Chronic Malnutrition of Vulnerable Women & Children
 - SO3—Increased Access to Education Opportunities
- Care Groups are the primary platform through which PCI works to achieve SO2.
- There are a total of 158 Care Groups & about 1400 CGVs (i.e. Lead Mothers) reaching a total of 402 communities.



TIMELINE OF EBOLA — MARCH 2014

- Initial outbreak of Ebola in Liberia with cases coming from Lofa, a county bordering Sierra Leone & Guinea.
- PCI began **basic** Ebola awareness with Care Groups, using **no additional materials**, focused on the following four aspects:
 1. Preparing dead bodies, a major risk for transmission
 - Traditionally Liberians bathe and plait the hair once someone dies & then bury the dead in the yard with family.
 2. Avoiding bush meat
 3. No touching!
 4. Hand washing
- 20-40 cases in Bong; Zero in Nimba. Bong is a major cross road with Phebe hospital, a major referral hospital.

CARE GROUPS — MARCH - MAY 2014

- PCI H&N staff serve as “Promoters”, along with general Community Health Volunteers (gCHVs). At the time of the outbreak, staff received training from PCI’s Country Director.
- Care Groups continued to meet normally, with CGVs conducting regular meetings and household visits, including basic messages about Ebola prevention as part of their regular meetings.
- During this first wave LAUNCH became a member of the National Ebola Task Force & the Case Management sub-committee providing logistical and technical support to the initial training of health workers throughout the country.



TIMELINE OF EBOLA – JUNE 2014

- The second wave of the epidemic precipitated a consolidated response at the community, district, county & national levels which took precedence over all project health-related initiatives.
- Monrovia was hit hard; Six counties exploded with cases including Bong & Nimba.
- Nurses, Doctors & Health Care Workers began dying. People started to panic. Health clinics began closing.
- In June, the Ministry of Health and Social Welfare (MoHSW) suspended all non-Ebola related training & travel so that core MoHSW staff could focus solely on the Ebola response.
- June & July; Care Group activities continued in the communities sharing the same basic Ebola information along with regular lesson plans.

TIMELINE OF EBOLA — AUG & SEPT 2014

- The President declared a national State of Emergency in August, prohibiting public meetings, closed central markets & sealed international borders impacting food security & instituted a national curfew.
- LAUNCH program—all non Ebola activities were put on hold; food distributions ceased, no large gatherings were allowed.
- PCI staff remained & by mid August activities were 100% focused on the Ebola response.



CARE GROUPS – AUG & SEPT 2014

- PCI contributed to the development of an Ebola training guide for staff, based on WHO & MoHSW training guidelines.
- Training materials were produced by Unicef & the MoHSW for the gCHVs.
 - PCI printed and bound 4000 copies as it was a perfect tool for CGVs.
 - Tool included signs & symptoms, how Ebola is spread, what to do when a family member has Ebola, etc.

**PROTECT YOURSELF,
PROTECT YOUR FAMILY
PROTECT YOUR COMMUNITY**

from the deadly **Ebola** virus

Let's stop the spread of Ebola together



What are the signs and symptoms of Ebola?

The signs and symptoms of Ebola look like malaria, typhoid and other sicknesses at first...



Fever that starts quick-quick

Early Signs



Feel weak
Headache, sore throat,
pain in the body or
stomach



Vomiting

Late Signs



Running stomach



Rash or small
bumps on the skin



Red eyes or bleeding
from nose, nose or mouth

...but then it gets much much worse!

A person can spread Ebola to others as soon as they start to show signs and symptoms

- Once the Ebola catch you, it can take **2 to 21** days before it starts to show on you.
- You **cannot test** for ebola until you have had the symptoms.
 - Signs of Ebola can last about 1 week.
- When Ebola signs come on plenty, it is easy to pass to others

CARE GROUPS – AUG & SEPT 2014

- Care Groups in LAUNCH are 8-10 CGVs, a perfect size for continued trainings during Ebola.
- CGVs were key in the community response during this time in terms of education to community members, distribution of hand washing buckets, etc.
- CGVs protected themselves from Ebola when making household visits.
 - Not touching anyone (including shaking hands, kissing, hugging), washing their hands with soap or disinfectant after each household, standing at a distance from others, avoiding contact with those who are sick, etc.
- Care Groups allowed us to be in the communities & stay connected, relevant & useful throughout when many projects & program activities couldn't continue.

How is Ebola Spread?

How is Ebola Spread?

Ebola is spread from...

- Person to person: through body fluids of a person that is sick with or has died from Ebola.
- From animals to people: from one primate (monkey or bat) to another.
- Through body fluids of an animal that has Ebola.

Body fluids are things like...

- Blood
- Sweat
- Tears
- Saliva
- Urine
- Feces
- Vomit
- "Breast milk"

Ebola enters the body through

- It can spread to us when we touch our eyes, nose, or mouth.
- Or through small, small cuts or scratches.

Traditional burial practices are Spreading Ebola in Liberia

- **Do Not touch** anyone that has died with the signs and symptoms of Ebola
- **Do Not wash** anyone that has died with the signs and symptoms of Ebola
- **Do Not bury** anyone that has died with signs and symptoms of Ebola
- **Do Not touch** sick persons or the things they have touched when they are sick.

Touching the skin, body fluids, or personal belongings of a person that is SICK or has DIED from Ebola spreads Ebola to others.

CARE GROUPS – AUG & SEPT 2014 CONTINUED

- PCI held community video shows on Ebola. Special permission was granted to show after curfew. CGVs, along with gCHVs, led Q&A.
- CGVs & gCHVs, supported families who were quarantined & isolated.
 - Brought water & food
 - Helped with farming
- By the end of Sept. all LAUNCH communities were mobilized & educated. Everyone had hand washing buckets & bleach & everybody knew Ebola was real.
- Challenges—clinics closed, understaffed, supplies were limited.



CARE GROUPS – AUG & SEPT 2014 CONTINUED

- All this time, Care Groups continued to meet allowing PCI to relatively easily & cost effectively provide much needed education, support, materials/supplies, contact w/communities, debunking of myths & fears.
- H&N staff never missed a day of work.
- CGVs began sharing with H&N staff challenges:
 - Increased diarrhea & malaria;
 - There were more & more malnourished kids;
 - Moms were not going for ANC visit & were delivering at home because they were afraid to go to the clinic, or clinics were closed, or they were being turned away.
- PCI applied for funding from OFDA for “*Rapid Ebola Awareness Communication & Training*” REACT, to help prevent the spread of Ebola in Bong & Nimba through building the capacity of health care providers in patient care & infection control; reinforcing contact tracing & surveillance; & providing Personal Protective Equipment (PPEs) & other needed supplies to health centers & communities.

CARE GROUPS – SEPT & OCT 2014

- Stopped focusing fully on Ebola as staff realized Ebola education only wasn't sufficient & other issues were also important.
 - CGVs reviewed old modules (ENA, Maternal Care, etc.)
 - CGVs focused on nutrition education including the preparation of a local CSB substitute.
- PCI began working with the DHO to reopen clinics in Bong.
- ANC services are now up & running in all health facilities in Bong & Nimba. CGVs were key in reestablishing links between health facilities & communities.
- LAUNCH commodity distribution began again in October.



CONCLUSIONS – CARE GROUP MODULE

- The Care Group model is adaptable & flexible, able to be responsive to changing contexts & needs of communities.
- PCI successfully used the Care Group approach in reaching & identifying the most vulnerable (both in terms of those at risk for contracting Ebola, as well as pregnant & lactating women, elderly/disabled, those who lost their caregivers & others who struggled to access regular health services) during the emergency.
- The training of staff working with Care Groups lends itself to the successful use of Care Groups in Ebola as they are trained in facilitation and outreach – critical in Ebola response.
- Through Care Groups, PCI is covering Ebola from the community awareness stage all the way to the Ebola Treatment Unit (ETU) level & then re-entering people back into the communities.
- PCI has reached over 150,000 community members with Ebola education & prevention messages through the use of Care Groups.

CONCLUSIONS – CGVS

- **CGVs have been key to the Ebola response!**
 - To date, no PCI staff & CGVs have contracted Ebola.
 - They are now taking up the task of helping communities adapt & meet the needs of the growing orphan population.
 - Helping with “re-entry”, minimizing stigma & discrimination of survivors.
 - Their messages/education & support on Ebola reached men, children, others in the community.
 - **They have been the programming thread throughout!**

