

Evaluation Report | May 2015



Liberia YMCA Ebola Outbreak Emergency Response

Executive Summary

The start of the world's worst Ebola outbreak at the end of December 2013 in Guinea led to more than 11,000 deaths in Guinea, Sierra Leone and Liberia by mid-2015. The first cases of Ebola were confirmed in Liberia in March 2014 and led to more than 10,600 cases of Ebola in the country, and more than 4,700 deaths. The Ebola outbreak had an impact not just on health, but also livelihoods, education, food security and community relationships. Liberia YMCA responded to the emergency through a number of projects, reaching more than 45,000 people with information on Ebola through trained community volunteers or 'peer educators' and more than 7,400 people with food support.

In April 2015, Y Care International facilitated an evaluation to identify lessons learned from the response and areas for improvement for future emergency response. Overall more than 80 people were consulted in the evaluation process including staff from national and local branches of Liberia YMCA, project beneficiaries, peer educators and community stakeholders. This report provides an overview of Liberia YMCA's Ebola outbreak emergency response projects, summarises the findings of the evaluation, and gives a set of key recommendations for future emergency response, both for Liberia YMCA – relevant also for other local/national organisations – and the wider YMCA Movement.

The key recommendations are as follows:

- Liberia YMCA should maintain and build on the relationships established and/or strengthened with community leadership and stakeholders throughout the Ebola outbreak emergency response. All YMCAs should ensure they coordinate directly with local communities and leaders, other stakeholders and NGOs – including any relevant working groups or taskforces.
- Efforts to share information more effectively between YMCA staff working on different projects should be increased, both for on-going development projects and future emergency response.
- Efforts should also be made to improve coordination and communication between Regional Alliances of YMCAs, WAY and other international YMCA partners.
- Confirmation of funds available for YMCA emergency response projects should be made much quicker in future emergencies. This is reliant on contributing YMCAs confirming their contribution quickly, and Regional Alliances of YMCAs, WAY and other international YMCA partners sharing this information and sending funds rapidly.
- A disaster fund should be established and maintained at all levels to enable immediate response to future disasters: national YMCAs, Regional Alliances of YMCAs, and the World Alliance of YMCAs (WAY).
- Efforts should be made to ensure YMCAs are confident following the *International YMCA Emergency Response Protocol and Templates* and a review of the templates should be planned by WAY with technical support from international YMCA partners such as Y Care International.
- Investments should be made to develop a Liberia YMCA Disaster Management Strategy, appoint an emergency response focal person, and develop a Communications Strategy.
- Investment should be made to build capacity of YMCA staff in a variety of skills areas including DRR, emergency response, project development, reporting, and M&E.
- Disaster risk reduction (DRR) activities should be continued and scaled up to further build community disaster resilience. These should be informed by participatory Hazard, Vulnerability and Capacity Assessments (HVCAs) and community emergency response teams should be supported.
- Liberia YMCA should continue to support community health peer educators and conflict management groups into the recovery period and beyond and continue community engagement while the Ebola outbreak continues in the region.
- Efforts should be made to ensure evaluations and learning from YMCA emergency response is shared within the YMCA Movement and beyond so YMCAs and other local/national organisations can learn from each other's experiences.

Acknowledgements from Liberia YMCA

The outbreak of the Ebola Virus Disease (EVD) in West Africa was one of the worst humanitarian crises ever faced by the region. At the peak of the outbreak in July – September 2014, Liberia was the worst affected of the three West African nations. As if the sorrows of the civil war were not enough, families were devastated by the loss of loved ones and the compelling conditions that required separation or abandonment of sick relatives and neighbours. It took communities **to change** the moot realities that had plagued their lives - the denial, the mistrust and the feeding practices that spread the disease. The YMCA focused on anti-Ebola awareness to increase community understanding and effecting behaviour change. This approach was led by trained community peer educators. The YMCA also supported access to preventative measures such as hand-washing facilities in locations of its operations and worked with communities to strengthen the peace through the conduct of community leadership forums to mitigate possible triggers of Ebola related conflicts.

We are grateful to the change makers – the community leaders and members, who woke up to the challenge to “Say No” to Ebola; and the government of Liberia for its leadership and accommodating spirit and cooperation on a national issue. We are especially thankful to the many youth volunteers who rallied support to the YMCA and other organizations and the government of Liberia as foot soldiers leading anti-Ebola awareness and promoting behavioural change practices to control and stop Ebola transmission. When health workers found it highly risky and demanded risk benefits to work, young people found it more compelling a service to deliver and volunteered, although in different areas of intervention, but all to control and prevent the spread of Ebola.

We also acknowledge the leadership of our staff who worked diligently with the affected communities giving them hope and supporting the delivery of basic services including preventive education, food rations, small business re-start up support, sanitation services and facilitating dialogues on triggers of Ebola related conflicts to hold the peace as neighbourhoods struggled against the outbreak.

To our many partners and friends, your gifts enabled us to reach that affected family with food aid, to a community with awareness for survival, and to a mother whose small business (the only source of household income) was lost to the Ebola outbreak. With your gifts we made water pumps available to school kids returning to school and told to wash hands regularly as a preventive measure against Ebola but who were returning to schools that had no supply of water. You fought it alongside us, beyond your borders and increased our reach, our impact and visibility as a YMCA, thank you!

Edward Gboe, National General Secretary, Liberia YMCA

Report edited by Lizz Harrison,
Disaster Risk Reduction and Emergencies Advisor, Y Care International.

Photos taken by Y Care International, Liberia YMCA or Ahmed Jallanzo.

Table of Contents

Executive Summary	2
1. Introduction	5
2. Liberia YMCA Ebola emergency response	7
Summary of key findings of needs assessments	
Emergency response project development	
Emergency response projects	
3. Evaluation Purpose and Methodology	13
4. Findings	15
Relevance	
Equity	
Impact & Effectiveness	
Efficiency	
Role of supporting partners within the YMCA	
Coordination and collaboration	
YMCA	
5. Conclusions and Key Recommendations	22
6. Appendices	25
Appendix 1: Evaluation workshop agenda	
Appendix 2: Ebola emergency response evaluation workshop agenda participants	
Appendix 3: Timeline of key dates	
Appendix 4: SWOT (strength, weaknesses, opportunities, threats) analysis	
Appendix 5: Quotations from key community stakeholders	
Appendix 6: Photos of the evaluation workshop	
Appendix 7: Photos of Liberia YMCA Ebola emergency response	

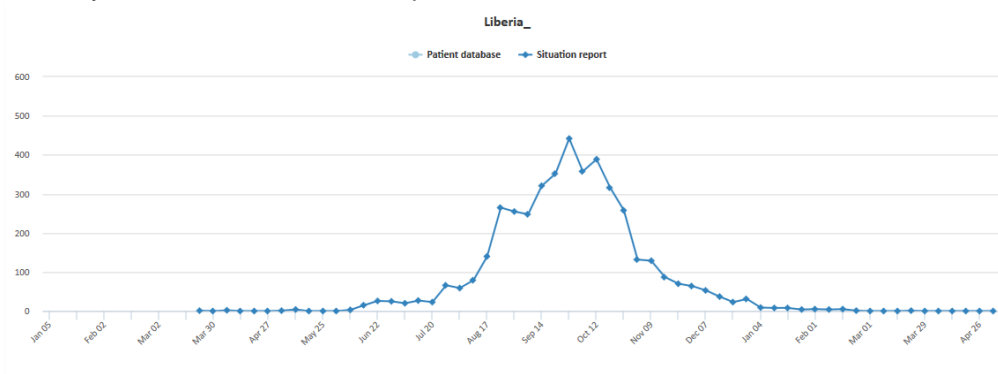
Acronyms

AAY	Africa Alliance of YMCAs
BIG	Big Lottery Fund (UK donor)
DFID	Department for International Development, UK (UK donor)
DRR	Disaster Risk Reduction
ECAP	Ebola Community Action Platform (project)
EREL	Economic Recovery From Ebola in Liberia (project)
FFW	Food for Work
IREX	International Research Exchange Board
M&E	Monitoring and Evaluation
MoHSW	Ministry of Health and Social Welfare
SIDA	Swedish International Development Agency
SLRL	Saving Lives, Securing Livelihoods (project)
USAID	United States Agency for International Development (US donor)
WASH	Water, Sanitation and Hygiene
WAY	World Alliance of YMCAs
YCI	Y Care International

1. Introduction

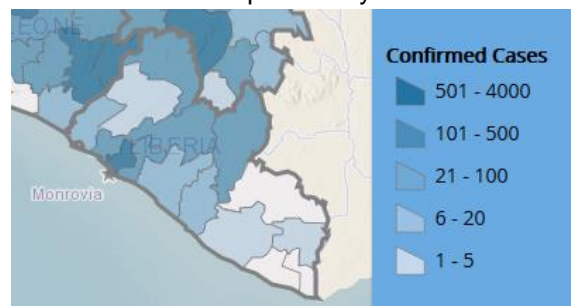
In March 2014, the first cases of Ebola were confirmed in Liberia after spreading across the border from Guinea. Ebola is a deadly virus disease which is spread from human to human through contact with a person's bodily fluids once they are experiencing symptoms or if they have died from Ebola. Interaction with wild animals carrying the virus, and consumption of infected bushmeat, is also a transmission route and how the outbreak started. Ebola symptoms start off as very similar to symptoms from other illnesses such as malaria, typhoid, cholera and flu. They start with fever, headache, diarrhoea and vomiting, and progress to severe fatigue, rash, muscle or joint pain, and bleeding. The incubation period is up to 21 days and once symptoms are experienced a blood test can confirm whether it is Ebola or not. There is no vaccine¹ and no cure for Ebola. Those testing positive for Ebola need to be isolated to prevent transmission to others, and treatment must be provided by healthcare professionals wearing personal protective equipment to maintain hydration and heart function while the immune system fights the disease. On average in Liberia, only 56% of people contracting Ebola survived. Overall, 10,654 cases of Ebola were confirmed in Liberia, and 4,716 of these died. The peak of new weekly cases was in early October 2014 with a weekly total of 422, see Figure 1 below.

Figure 1: Weekly confirmed Ebola cases reported in Liberia²



The worst affected county was Montserrado where the capital Monrovia is located. Margibi, Bomi, Nimba and Bong were also severely affected. See Figure 2 below for a map showing cumulative confirmed cases of Ebola.

Figure 2: Number of confirmed cases of Ebola per county in Liberia²



Emergency response efforts led to a significant decrease in the number of new cases by January 2015, and Liberia was announced free of Ebola on 9th May 2015 after 42 consecutive days of zero new cases following the burial of the last confirmed case of the virus.

¹ A vaccine is now being trialled.

² WHO website: <http://apps.who.int/ebola/>.

Key approaches to control and stop Ebola transmission are: awareness raising on symptoms, preventative actions and the importance of seeking early medical attention; healthcare infection control (i.e. patient isolation and use of personal protective equipment); safe burial practices; avoiding bushmeat; maintaining good hygiene such as hand-washing; and contact tracing and case surveillance.

The main aim of Liberia YMCA emergency response activities was to stop the spread of Ebola by focusing on increasing community understanding and effecting behaviour change through trained community peer educators, and providing access to preventative support measures such as hand-washing facilities, in locations and communities where the YMCA had an existing presence and capacity.

Especially at the beginning of the Ebola outbreak, many people did not believe that Ebola was real and did not trust Government messaging on it. There were also documented incidences in Guinea where a lack of trust in foreign health workers resulted in serious tension. This further highlighted the vital role local organisations and communities themselves had in increasing awareness and bringing about behaviour change. Liberia YMCA have many years of experience in supporting what became one of the most effective responses to the Ebola outbreak: community sensitisation or 'peer education'. In a recent survey carried out by Liberia YMCA³, 91% of respondents in West Point said that they trusted the messages about Ebola from trained peer educators and community members. This demonstrates an extremely effective approach which was coordinated with other organisations supporting peer education and community sensitization activities with messaging approved by the Ministry of Health and Social Welfare (MoHSW).

Emergency fundraising appeals were launched by the YMCA movement and partners including the World Alliance of YMCAs (WAY), the Africa Alliance of YMCAs (AAY), Y Care International, and YMCA of the USA to raise funds to support Liberia YMCA response to the crisis. Funds were also mobilised for emergency response activities through in-country efforts and collaboration with international partners. Liberia YMCA developed their emergency appeal project and budget in July 2014, before WHO declared the Ebola outbreak an international public health emergency on 8th August 2014.

In April 2015, an evaluation of the YMCA's emergency response was carried out to identify lessons learned, challenges, and areas for improvements. This evaluation is important to assess whether the goals of the emergency response activities were met, and to identify key lessons so that future YMCA emergency response can be improved and supported. Staff from Liberia YMCA (national and local branches) came together with project beneficiaries, peer educators and community stakeholders for the evaluation process.

This report provides an overview of Liberia YMCA emergency response projects, summarises the key findings of the evaluation, and provides a set of key recommendations.

³ An exit survey was carried out with 120 respondents in West Point in March 2015 under the SLRL project funded by Comic Relief and supported by Y Care International.

2. Liberia YMCA Ebola emergency response

Summary of key findings of needs assessments

Throughout the period of active transmission of Ebola in Liberia, the YMCA kept up to date with new information and data in-country through participation in regular Ebola Taskforce meetings and other coordination meetings. International partners such as Y Care International supported the YMCA by regularly reviewing information shared by international agencies such as WHO. The following is a summary of key needs assessments over this period.

In July 2014, Liberia YMCA carried out a needs assessment using mainly secondary data and information from meetings and discussions. At this time, the worst affected counties were Lofa, Montserrado, Bong, and Bomi, however, it was recognised that others were at risk. The Government of Liberia response at this time was focused on public health messaging, contact tracing and case surveillance, data management and laboratory testing. The outbreak had resulted in 1,360 cases with 767 deaths by the end of July (WHO; 30th July 2014), and borders and schools had closed. WHO had yet to declare the outbreak a public health emergency of international concern; this was announced on 8th August 2014. Given Ebola had never been experienced in Liberia, it was not surprising that there was a certain amount of confusion and scepticism at the beginning of the outbreak about its reality. Despite government messages, many still believed it was not real and there were also reports of mistrust of messages shared by international or foreign healthcare workers or organisations.

In September 2014, a needs assessment was carried out by the YMCA with Y Care International support in West Point, Monrovia. 100 young people were consulted along with community leaders and other stakeholders. Findings showed that respondents believed the top three concerns at that time were a lack of access to healthcare, limited income-earning opportunities, and lack of food available locally. 70% of respondents said that access to healthcare was difficult or very difficult. 74% said that their livelihoods had been interrupted or badly affected by the Ebola outbreak. In relation to food security: 58% were having 2 or fewer meals a day, 49% said that food prices had increased, and 36% had to ration their food. The needs assessment also showed that traditional coping mechanisms and tight social bonds were breaking down, as community members feared each other, either because they were exhibiting signs of illness or because they knew someone who had the disease. This was leading to increased tension and conflict in the community. The top three kinds of support families needed were identified by respondents as food provision, support to resume livelihoods activities, and cash for work schemes.

Another needs assessment was carried out in September 2014 by the YMCA with Y Care International support across the country which looked at the impact the Ebola outbreak was having on rural livelihoods and food security. 145 young people were surveyed in Yekepa, Ganta, Gbarnga, Kakata, and Zorzor. Findings showed that access to the market had been interrupted or badly affected for 83%, and 65% of respondents' work had been interrupted or badly affected by the Ebola outbreak. 67% said their crop production had reduced as a result of the outbreak and 15% said that they had been unable harvest their crops.

In October 2014, the YMCA carried out a follow up needs assessment using mainly secondary data and information from national Ebola Taskforce meetings. By then the scale of the outbreak had resulted in 4,650 cases with 2,705 deaths (WHO; 25th October 2014) and all counties were affected. Liberia had the largest number of cases compared to Sierra Leone and Guinea. There were reports that 75% of those who had died from Ebola were women, disproportionately affected due to their traditional family role as caregivers. Priority needs were the medical response, continued community sensitisation, and support for contact tracing and case surveillance.

In December 2014, the YMCA carried out a knowledge, attitude and practice survey in West Point with Y Care International support with 120 respondents. It showed that there was reasonable understanding about the source of Ebola, but still some confusion over how it is transmitted; 23% of respondents believed Ebola is airborne and only 30% realised that it can be contracted through direct contact with people who had died of it. It also showed a much higher level of trust of messages on Ebola from trained community members or peer educators (91%) compared to messages from the Government (77%).

Consultations were held by YMCA with local leaders under Civil Society and Media Leadership programme (CSML) funded by USAID where community forums were conducted in a number of rural communities to identify triggers of Ebola-related conflicts in communities and support community cohesion and response to Ebola-related incidents. Key issues identified through the assessment included: increased food prices, interruption of livelihoods opportunities, loss of income due to closure of jobs (schools, companies, health centres, etc.), and closure of health facilities.

In January 2015, Liberia YMCA identified that, with reducing transmission rates and announcements that schools would reopen in early February, the need to focus on maintaining good health and hygiene practices particularly in schools was vital to get to, and maintain, zero cases of Ebola. The lack of access to water was highlighted as a real challenge to this and renovating or constructing hand pumps supported by school health clubs were identified as priorities.

Emergency response project development

Liberia YMCA developed an Ebola emergency appeal in July 2014 which was made up of an emergency response project proposal and accompanying budget with technical support from Y Care International. Once finalised, this appeal was shared with WAY, AAY, Y Care International and other YMCAs. WAY and AAY launched an emergency appeal for funds within the YMCA Movement; Y Care International and Y USA launched emergency appeals for funds from the public.

Further emergency response projects were developed in coordination with Y Care International for proposal to donors in the UK and Europe including Comic Relief, Medicor Foundation, and Isle of Man Government. Activities in existing multi-year development projects implemented by Liberia YMCA in coordination with Y Care International were largely postponed but some activity and budget revisions were proposed to Comic Relief, Department for International Development, UK Government (DFID) and Big Lottery Fund (BIG) to revise activities to provide support to emergency response efforts. These proposed revisions were all agreed by the donors and implemented. Liberia YMCA also developed projects for submission to other international donors such as United States Agency for International Development (USAID), including a call for proposals managed by Mercy Corps on behalf of USAID.

Liberia YMCA had excellent up to date understanding of the evolving needs in emergency response throughout the outbreak gained from regular attendance at national and county Ebola Taskforce meetings, discussions with community leaders and other stakeholders, and relationships with other NGOs and CSOs. See Appendix 3 for a timeline of key dates throughout the Ebola outbreak in Liberia, both external and internal to the YMCA.

The following is a summary of the emergency response projects which were funded and implemented by Liberia YMCA during the Ebola outbreak. These projects, along with the revisions made to on-going development projects, and the overall response and coordination, are evaluated in this report.

Emergency response projects

Title:	Supporting Ebola Awareness in Liberia
Dates:	August 2014 – March 2015 (8 months)
Appeal budget:	43,459 USD (revision 1) 110,689 USD (revision 2)
Amount received:	56,868 USD
Donors:	YMCAs and international YMCA partners; and some budget reallocations from development projects implemented in partnership with Y Care International
Partners:	n/a
Locations:	<ul style="list-style-type: none"> • Monrovia, Montserrado County • Kakata & Unification Town, Margibi County • Gbarnga, Bong County • Zorzor, Lofa County • Ganta and Yekepa, Nimba County
Objective:	To reduce the spread of Ebola through community awareness for safe behaviour practices in 5 counties.
Project Activities:	<ol style="list-style-type: none"> 1. Train YMCA Staff and volunteers to provide support to peer educators 2. Develop audio-visual materials on Ebola to show to community members 3. Public engagement through use of public address systems for increased outreach on Ebola awareness / Conduct at least 4 public outreach activities per month in each site, using audio-visual materials for sensitization 4. Train 76 health peer educators from 7 YMCA branches 5. Print IEC materials received from the Ministry of Health 6. Train YMCA Staff to provide psychosocial support to families directly affected by Ebola 7. Community level stakeholder engagement, including liaising with the respective County Health Teams 8. Run at least 2 public hand washing centres at strategic locations in each site 9. Distribute food rations to 200 of the most vulnerable households directly affected by Ebola 10. Provide funding support to community health centres in each location

YMCA staff and volunteers reaching remote rural communities with Ebola information



Title:	Saving Lives, Securing Livelihoods (SLRL)
Dates:	October 2014 – March 2015 (6 months)
Budget:	183,694 USD
Donor:	Comic Relief
Partners:	Y Care International
Location:	<ul style="list-style-type: none"> West Point, Monrovia, Montserrado County
Objective:	To prevent the further spread, and address the impacts, of the Ebola outbreak in WestPoint, Monrovia.
Project Activities:	<ol style="list-style-type: none"> Community awareness raising and outreach (peer education, community sensitization, public outreach events, IEC material dissemination, contact tracing support, emergency community communication centres) Livelihood support and food security (Food for Work on community development works including WASH facilities, food rations to vulnerable households and health clinic staff, livelihood revitalisation restart-up capital) Civic engagement and peacebuilding (conflict monitoring and resolution training, coordination meetings with community stakeholders and other agencies responding in West Point)

Title:	Fighting Ebola in Liberia
Dates:	February – May 2015 (3 months)
Budget:	55,779 USD
Donor:	Medicor
Partners:	Y Care International
Location:	<ul style="list-style-type: none"> Kakata and Unification Town, Margibi County Gbarnga, Bong County Ganta, Nimba County Zorzor, Lofa County – removed in revision
Objectives:	<ol style="list-style-type: none"> Increase access to hand washing facilities to enable improved hygiene practices and reduce the spread of Ebola Increase community understanding of Ebola through peer education activities and audio-visual screenings to reduce transmission rates
Project Activities:	<ol style="list-style-type: none"> Establish and run at least 2 public hand-washing centres at each location Select and train 48 youth peer educators / revised to 32 trained to support school health clubs Peer educators to carry out community sensitization / revised to public outreach events Print and distribute IEC materials Screen audio-visual messages

Title:	Ebola Community Action Platform (ECAP)
Dates:	December 2014 – April 2015 (5 months)
Budget:	857,767 USD
Donor:	USAID
Partners:	Mercy Corps
Location:	180 Communities within: <ul style="list-style-type: none"> Margibi County Bong County Nimba County Lofa County Grand Gedeh County

Objective:	<ol style="list-style-type: none"> 1. Increased understanding of community members in 180 communities of 5 counties, on EVD and its transmission, treatment and prevention to reduce the spread of the outbreak. 2. Empowered community members (900), and community structures, to play a vital and coordinated role in the fight against EVD and future disaster risk reduction (DRR) (2,700 youth, women, influential and religious leaders) through social mobilization, community engagement and community coordination. 3. Improved psychosocial health of 1,800 persons affected by EVD in 180 communities across 5 counties, including survivors and orphans, to support them to deal with trauma. 4. Increased capacity of County Health Teams to monitor, evaluate, and share learning with relevant stakeholders and actors in the fight against Ebola, so as to contribute to revisions of the Ebola response strategy of the Ministry of Health.
Project Activities:	<ol style="list-style-type: none"> 1.1 Print at least 4,000 pieces of IEC materials to be used by the community communicators 1.2 Conduct 3 Public Outreach campaigns by community communicators in each community 1.3 Support 14 community radio stations with information and funds to create awareness in the target communities 1.4 Support meetings and feedback sessions among CHDCs, CDCs and Ebola Taskforces 1.5 Conduct door to door and small group sessions by 900 trained communicators in 180 communities 1.6 Set up 24 communication and network centres to serve as contact points for community members for information on Ebola response. The centres will be manned by trained communicators who will have access to the CHTs and the Ebola Taskforces at the county level, and attend county Ebola coordination meetings to have updated information. 2.1 Train 77 project staff on E-CAP training (ToT) 2.2 Provide refresher training for 77 staff (including 60 social mobilizers) on mobilization skills for awareness raising on preventing the transmission of EVD 2.3 Facilitate community stakeholders meetings with leaders of youth, women, religious, traditional, people with disabilities and other groups in 180 communities 2.4 Train 948 trusted and influential communicators - community members, including CHVs as communicators, on Ebola 2.5 Train youth, religious, women groups, community leaders and people with disabilities as well as members of Ebola Taskforces on disaster risk reduction 2.6 Mentor communicators to provide support for DRR within their communities 2.7 Support community structures (Ebola Taskforces, CDCs and CHDCs) for follow up on hazard and vulnerability assessments in the county in coordination with the County Health Teams. 3.1 Community Based Psychosocial support for 1,800 people affected by Ebola, including survivors and orphans 3.2 Follow-up by psychosocial counsellors for trauma healing and psychosocial mentoring of social mobilization officers to provide needed support to 1800 community members 4.1 Support County Health Teams for monthly stakeholders and partners engagement meetings on Ebola response 4.2 Support County Health Teams for participation in joint monitoring visits for M&E with local communities.

Title:	Economic Recovery From Ebola in Liberia (EREL)
Dates:	March 1 - August 31, 2015 (now extended to December 31, 2015)
Budget:	US\$99,656.00
Donor:	USAID
Partners:	Mercy Corps
Location:	Montserrado County
Objective:	Economic recovery and increased agricultural productivity.
Project Activities:	<ul style="list-style-type: none"> Identify, register and monitor 16,000 beneficiaries Train beneficiaries in appropriate agronomic practices in collaboration with other identified stakeholders Provide cash transfers to beneficiaries every month for three to six months (depending on a household's level of vulnerability). The cash transfers are arranged by Mercy Corps using one or more of the following methods to deliver cash to beneficiaries: a) local banks, b) mobile money transfer service providers; and/or c) direct cash delivery. <p>Specifically, the YMCA carries out the following activities:</p> <ol style="list-style-type: none"> Community mobilization Identification of the beneficiaries Registration of the beneficiaries Monitoring of the vulnerability levels of the beneficiaries Compilation of success stories of the program Support agronomic training for beneficiary farmers by identifying the farmers and performing needs assessment. Assistance in the cash transfers and input vouchers distribution by following up on the beneficiaries to ensure the transfers are done promptly. Post Distribution monitoring and assessment data collection and analysis

A poster for Liberia YMCA's Ebola Response



3. Evaluation Purpose and Methodology



Evaluation workshop participants

Purpose

The purpose of the Ebola emergency response evaluation was to assess the effectiveness of the YMCA's emergency response actions, the support they received, and identify lessons learned to inform and improve future emergency response. The learning will help:

- To assess how well the emergency response actions met the needs of the people affected by the emergency and be accountable to them;
- Liberia YMCA to request the support they need from the YMCA Movement and international partners in future emergency response;
- The YMCA Movement and international partners such as WAY, AAY, Y Care International and others, to understand the most effective ways for coordinating support for YMCAs responding to emergencies in future;
- To identify support or resources required to build capacity further or address challenges;
- To improve the effectiveness of other agencies responding to similar emergencies across Africa and the world.

The timing for the evaluation workshop was chosen as: it was over a year after the first cases of Ebola in Liberia; there had been no cases of Ebola in the country for a number of weeks but the country was yet to be declared Ebola free; many of the YMCA's emergency response activities had ended recently or were ending soon; restrictions on travel and group gatherings had eased making it possible to get people together from across the country; and emergency response activities were recent enough to be clear in everyone's memory.

The objectives of the Ebola emergency response evaluation workshop were:

- Review ongoing effectiveness of emergency response;
- Assess progress in achieving objectives of emergency response;
- Discuss the results for direct beneficiaries, their families and communities and the YMCA;
- Capture lessons learned from the emergency response;
- Review and discuss support from Y Care International, WAY, AAY and others

Methodology

The evaluation process was carried out primarily through a two-day workshop at the YMCA in Monrovia on 21st and 22nd April 2015 with a total of 27 participants. A variety of participatory sessions were held to support participants to think about the emergency response including: sharing stories of change or case studies; developing a timeline with key dates throughout the Ebola outbreak; carrying out a strengths, weaknesses, opportunities, and threats (SWOT) analysis per emergency response project; considering the results of the projects; and identifying lessons learned and recommendations going forward. Participants for day one included YMCA senior management, YMCA local branch staff from Zwedru, Ganta, Yekepa, and Zorzor, peer educators, and project beneficiaries. On day two, they were joined by community stakeholders from West Point, Monrovia in the morning. In the afternoon, a small focus group discussion was held with YMCA senior management. The evaluation workshop was facilitated by two staff from Y Care International who also carried out field visits to some of the emergency response project locations where they spoke to project beneficiaries, peer educators, and community stakeholders whose views are also included in this evaluation. Overall, more than 80 people were consulted in the evaluation process.

The agenda is outlined in Appendix 1 and the participant list in Appendix 2. See Appendix 3 for a timeline of key dates in the Ebola outbreak in Liberia and the YMCA's response and Appendix 4 for the SWOT analyses. See Appendix 5 for key quotations from community stakeholders. Photos of the workshop and emergency response activities can be found throughout the report and in Appendix 6 and 7 respectively.

Workshop participants completed evaluation forms at the end of the workshop which showed that all believed the evaluation and the information discussed was useful or very useful, and everyone thought they would use the information discussed in the future.

Evaluation workshop participants taking part in group exercises and reporting back



4. Findings

Liberia YMCA Ebola emergency response showed a large number of key strengths and successes which should be celebrated, shared within the YMCA movement, and built on for future emergency response. A number of challenges and constraints were also identified throughout the emergency response phase which are important to acknowledge, learn from and identify recommendations to address them. Below is a summary of the key findings analysed for relevance, equity, impact and effectiveness, and efficiency. The role of Liberia YMCA and their coordination with, and support provided from, other international partners is also discussed.

Relevance

The YMCA Ebola emergency response activities were relevant and appropriate in addressing the identified needs of the target beneficiaries. The YMCA also demonstrated an awareness of the changing situation and was able to respond to this effectively by adapting activities and approaches to ensure they remained relevant. This is shown by the progression of emergency response activities as the needs evolved. This was possible because emergency response projects were short-term and a number of funding opportunities became available allowing adaptations to the approach to respond rapidly to the evolving needs and challenges. However, this was also a challenge due to the YMCA's reliance on international funders. For two emergency response projects developed and submitted to donors with Y Care International support, by the time the donor approved funding, the rapidly changing situation meant that the activities proposed were no longer as relevant as they had been when proposed. Priority needs which were addressed through YMCA emergency response included community sensitisation and engagement through trained community members and establishing community communication centres, provision of free hand-washing facilities in locations with poor WASH services, support to MoHSW on contact tracing and case surveillance, food support 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, psychosocial support for Ebola survivors and those directly affected by Ebola, support to help livelihoods recovery, and conflict community management through trained community members.

Equity

Liberia YMCA identified the key groups who needed the most support through their emergency response activities as: Ebola orphans and survivors; local community structures including healthcare workers; youth-led businesses and petty traders affected by the outbreak; and young people and school children in affected communities. YMCA staff and peer educators were also identified as a key target for the emergency response so that increased understanding and capacity would ensure an effective emergency response to support the target groups listed above. In the evaluation process it was agreed that all of these groups were reached through YMCA's various emergency response initiatives. The successes identified for reaching the target groups and addressing their needs focused on the tailored support selected from a variety of activities which evolved to the changing situation. For example, in Monrovia, target groups were reached by peer educators with Ebola prevention messages at the start of the outbreak; followed by support through Food for Work when markets were severely affected; as understanding of Ebola increased, peer educators' messages adapted to focus on reducing stigma against Ebola orphans and survivors; Ebola orphans and survivors were then provided with psychosocial support; and finally, as the markets began to recover and restrictions were lifted, restart-up capital was provided for women with small businesses to help them restore their livelihoods.

The YMCA focused on very vulnerable, low-income communities where none or few other organisations were responding. However, it was recognised that a challenge was in reaching the small proportion of 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 YMCA 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. 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.

Liberia YMCA did not have any challenges in ensuring an equal representation of women and men in the emergency response activities. The local pool of YMCA volunteers was really important in identifying and supporting peer education activities and the YMCA work through school authorities and high-Y clubs to support recruitment of these volunteers, ensuring an equal representation across social differentiations of gender and socio-economic group. Working with local leaders at the community level also supported this.

In terms of implementing activities, there were some areas of Liberia where attendance of women was lower than men at public outreach awareness raising events held by peer educators. However, this was not a problem everywhere and peer educators ensured they highlighted the importance of community members sharing the information with their household members and neighbours after the event, as well as reaching more women than men in their one-to-one interactions such as through door-to-door visits. For livelihoods revitalisation activities in Monrovia, project beneficiaries were 71% women for the Food for Work scheme, and 91% women for the restart-up capital. A focus on women here was based on evidence that women tend to invest their income more in the health and well-being of their whole family more than men do, reaching more beneficiaries indirectly; and also that women were more affected by the Ebola outbreak as highlighted in the YMCA needs assessment, and also Ebola cases numbers being significantly higher for women than men particularly at the beginning of the outbreak.

Impact & Effectiveness

Overall, peer educators trained by the YMCA directly reached over 31,000 people with key information on Ebola over the emergency response period, and nearly 22,000 more were reached by them through public outreach events. Therefore a total of more than 45,000⁴ community members received essential information from peer educators trained by Liberia YMCA on Ebola, its symptoms, routes of transmission and methods to keep safe. More than 7,400 vulnerable community members and healthcare workers were reached with short-term food rations throughout the emergency response period also. Plus, more than 1,000 vulnerable community members have benefitted from YMCA support to restart livelihoods. The beneficiaries reached were those living in particularly vulnerable communities including urban slum communities, peri-urban areas, and remote rural villages. In addition, an estimated 200,000 people were reached overall through the ECAP project.

The presence of the YMCA in Liberia for more than 100 years, as a well-established and respected organisation, supported by local volunteers, played an important part in the effectiveness of the messages on Ebola shared by them and peer educators they had trained. As a national organisation staffed by Liberians who understand the context, culture, language, beliefs and challenges of the communities they work with, they were able to build trust in, and give credibility to, the messages shared by YMCA peer educators on Ebola. Actively engaging community members themselves to raise awareness on Ebola was particularly effective as the messages from these sources were trusted more in comparison to messages shared by people from outside the community. This was a view shared by everyone throughout the evaluation process and shown in the results of a small survey carried out in Monrovia in December 2014 where 91% of respondents said they trusted the messages on Ebola given by trained community members and peer educators, compared to only 77% who said

⁴ Reduced to allow for some double-counting of community members who were reached by peer educators more than once **and/or** through public outreach events run by the peer educators.

they trusted messages from the Government. The YMCA's existing presence also meant that they were able to mobilise rapidly without lengthy logistics or HR procedures. They were responding to the Ebola outbreak long before many other national and international organisations were.

A major strength of the YMCA emergency response was the YMCA's ability to look beyond the Ebola outbreak as only a health issue and to respond to other negative impacts of it. The seriousness of the negative impacts of the Ebola outbreak on livelihoods and access to food in Liberia, particularly for those already living in extreme poverty, were recognised by the YMCA early on. For example, the Food for Work scheme managed by the YMCA in West Point was a particularly successful approach for a number of reasons, and was highlighted by all community stakeholders consulted as a particularly effective activity. Good coordination made this activity particularly effective as 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 because it gave young people a purpose at a time when schools and colleges were closed, livelihoods and markets interrupted, and tension within the community was increasing. Additionally, those consulted 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 a cut. In comparison, when food is provided it is shared with the whole household and remains there.

Nonetheless, the Food for Work scheme also had its challenges which were related to the limited funds available for this activity. There were many more young people and other community members that wanted to be part of the scheme. The YMCA managed this well by clearly outlining the beneficiary selection criteria and following guidance from trusted community leadership and stakeholders on reviewing and validating the beneficiary list. This selection criteria also provided a clear justification for YMCA staff to explain to community members who had not been selected, but was still distressing for staff when the needs were clearly greater than they were able to address. The Food for Work scheme aimed to alleviate short-term food insecurity in an emergency context – food provided was enough to feed an average household for only 15 days – while improving community facilities. Due to the scale and duration of the project, it would not have been able to make a significant impact on long-term food security. However, the YMCA's emergency response projects did build the capacity and resources of the communities they responded in into the longer-term in a number of other ways as follows:

- **Peer education training:** built knowledge and skills of young community members, and increased trust of messages coming from trained community members. Peer educators continue to ensure Ebola prevention measures are maintained and are now a resource for community information sharing for future emergency response and other issues.
- **Food for Work scheme:** community development works were identified by community groups and resulted in improved public sanitation facilities for the whole community, reducing the risk of future disease outbreaks, as well as helping to reintegrate Ebola survivors back into their communities by involving them as beneficiaries.
- **Restart-up capital provided:** resulted in increased incomes within a month, and is expected to improve incomes further into the medium-term, helping those most affected to recover from the economic shock. In West Point, restart-up capital beneficiaries were earning an average of 59% more in the month after they received the capital compared to the month before.
- **Business skills training:** skills of young people to improve their income-earning opportunities were built which will help them to recover from this disaster as well as increase their resilience to future disasters and shocks.

- **Conflict management training:** skills of community members to monitor and manage conflict through non-violent means helped in the emergency context and will help in the future to reduce unrest from elections and other issues arising. The conflict management group in West Point continue to provide support to families, local police and community leadership to resolve tension.
- **Support to schools for hand-washing:** constructing/renovating hand pumps in schools will continue to support the new Ministry of Education 'Safe School Environment' policy requiring all school pupils to wash their hands at least once a day on arrival at school. This will reduce the risks of another Ebola outbreak and improve health and hygiene into the future.

Efficiency

The YMCA was able to implement an extremely efficient emergency response which, with limited resources, saw significant outputs. The major strength of the YMCA response was their ability to mobilise young local volunteers at low cost who were committed to playing a vital and active role in spreading information, key to reducing the spread of Ebola in their own communities. Peer education was an extremely efficient and cost-effective way of reaching thousands of people with information on Ebola. When carrying out a crude value for money calculation that includes only the number of people reached through peer educators (door-to-door sensitization as well as public outreach events) and the total project costs, the figure is only \$5.54 per beneficiary reached. This shows remarkable value for money when in reality these project budgets also included costs for food rations, hand-washing facilities and materials, construction supplies for renovating/constructing community WASH facilities, and printing IEC materials.

Other YMCA emergency response activities highlighted as demonstrating particularly good value for money were the Food for Work scheme, the restart-up capital provided for small businesses, and the food provisions for particularly vulnerable households and healthcare workers. The first two will lead to longer-term benefits for communities and families as outlined above. In the case of the Food for Work scheme, an estimated 4,320 community members benefitted directly from short-term food support at a cost of just \$17 per beneficiary. This cost includes a representative proportion of the YMCA staff and running costs and the materials and tools needed to carry out the community works which many more people will benefit from over the longer term. For example, three public latrine blocks were renovated, improving access to sanitation facilities; drainage channels were cleared ahead of the rainy season, reducing the risk of flooding; marketplaces were cleaned, to encourage people to begin trading again; and a local school used as an Ebola holding centre was renovated, to prepare it for reopening. For women-led small businesses receiving restart-up capital, they reported an increase in their incomes even in the first month afterwards, and this is likely to increase further as the economy continues to improve. Food provision was seen as an efficient approach as there were no other agencies providing this for particularly vulnerable households in the communities where YMCA provided this support. Food support for healthcare workers was an important cost-effective investment in incentivising them to continue to attend work and provide healthcare support for health issues not related to Ebola and mitigate a different health crisis in the country.

Additionally, as the YMCA is a well-established national organisation in Liberia with local branches across the country, they were able to implement, support and monitor emergency response activities across the country with no office set-up costs, reasonable office running costs, and transport expenses for monitoring trips limited to travel within the country. The YMCA also actively participated in national and county Ebola Taskforce meetings ensuring that efforts were not being duplicated by other responding agencies. They also coordinated with MoHSW for IEC materials on Ebola to ensure a consistent message and also save costs on developing their own.

The majority of people consulted in this process believed the YMCA emergency response was timely; the YMCA was prepared and ready to respond and emergency response activities met or exceeded

targets and objectives set within deadlines. YMCA activities started long before many other agencies had begun to respond; peer education and awareness raising activities began in July 2014 before WHO had announced the Ebola outbreak as a public health emergency or the country had declared a state of emergency. Rapid needs assessments were carried out across the country early on and the first emergency response project was developed rapidly. The response activities were also adapted quickly to the emerging and changing priority needs throughout the outbreak as outlined earlier, and staff worked together to support each other and share experience and learning across the various emergency response projects Liberia YMCA managed.

For those that believed emergency response activities were delayed 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 resulted in frustration for the YMCA, and ultimately meant emergency response activities needed to be revised again once confirmation was received as the priority needs had changed. However, in relation to funding, Liberia YMCA would particularly like to recognise Comic Relief and USAID (through Mercy Corps and IREX) for their rapid decision-making and disbursement of funds for emergency response through international partners. Their quick support enabled the YMCA to respond rapidly and effectively to the current needs.

Some other localised challenges which resulted in delays in implementing some activities were also experienced such as local leadership changes and unrest in Monrovia. There were also some short waiting times for community stakeholders to identify and validate lists of potential project beneficiaries; however working effectively in close coordination with affected communities was one of the key strengths of the YMCA response and was still recognised as an important process to ensure an effective and fair response.

Role of supporting partners within the YMCA Movement

Liberia YMCA appreciates and recognises the role that the **World Alliance of YMCAs** (WAY) played in providing support to them during the Ebola outbreak. This support included launching an emergency appeal within the YMCA Movement. However, communication was limited and there were delays in receiving confirmation of funds raised, and with transferring these funds to Liberia YMCA. These delays were frustrating for the YMCA and restricted them from being able to implement emergency response activities rapidly. YMCA were also reluctant to allocate existing or new staff to manage the emergency response activities until funds had been confirmed.

The **Africa Alliance of YMCAs** (AAY) also supported Liberia YMCA during the Ebola outbreak by expressing concerns, raising awareness around the YMCA emergency response, and launching an emergency appeal. Due to staff resources and capacity, they were unable to provide technical support, or support to the emergency response activities, and they were unable to raise any funds through their appeal.

Liberia YMCA also recognises the role of **Y Care International** for sharing concerns, launching an emergency appeal, providing technical support, transferring funds directly, and being responsive throughout the emergency and afterwards. Y Care International's coordination and communication with WAY was helpful to keep Liberia YMCA updated on the status of the emergency appeal and to send funds directly while notifying WAY. Y Care International were quick to support revisions to existing project activities and corresponding budget reallocations to support emergency response, and request approval from donors where necessary including Comic Relief, BIG and DFID. Y Care International also looked for funding opportunities for Liberia YMCA Ebola emergency response outside of the funds raised through their own emergency appeal. A number of suitable funding opportunities were identified by Y Care International who worked together with Liberia YMCA to submit project proposals for Comic Relief, Medicor Foundation and Isle of Man Government, and also reviewed and provided technical advice on the YMCA's proposal for USAID via Mercy Corps.

The longstanding relationship between Liberia YMCA and Y Care International meant that the YMCA felt confident being frank in updates and reports on their emergency response activities even where there were challenges as they felt that everyone learned together, and would work together to address challenges. Liberia YMCA said that feedback from Y Care International on updates and reports were motivational and supportive, but also asked important questions which helped the YMCA to think about project progress. Y Care International's technical support to Liberia YMCA was mentioned a number of times in strengths in the SWOT analysis in particular. Liberia YMCA were also happy that Y Care International has been investing in building the capacity of YMCAs in disaster preparedness, they saw this as important and highlighted the Emergency Response and Disaster Risk Reduction (DRR) training workshop held in coordination with the AAY in 2014 as good preparation for the emergency response.

Additionally, the flexible support provided by **Y USA** for Liberia YMCA's institutional costs, needed as a result of programmes and income-generating activities being closed down during the national state of emergency, was extremely valuable. Their support in launching an emergency appeal and transferring unrestricted funds directly was appreciated. **Canada YMCA** was also very responsive and supportive of both of these issues too, although placed more restrictions on how funds could be spent.

Coordination and collaboration

Liberia YMCA identified a key strength of their emergency response was their strong relationship with **community leaders, other community stakeholders, and community members**. This included local government, community-based organisations, civil society organisations and community groups. Close collaboration between Liberia YMCA and these stakeholders included working closely with them on needs assessments, raising awareness on Ebola, supporting peer educators' messages on Ebola, and identifying the most vulnerable individuals and households. Community stakeholders in West Point, Monrovia consulted in the evaluation process were overwhelmingly positive about YMCA's close coordination with them and other stakeholders and highlighted YMCA's approach as particularly effective and inclusive. By working in this way, the YMCA also ensured support and credibility for their activities which further increased the effectiveness of the emergency response and will help future community development work.

Working directly with **community members** to respond to the Ebola outbreak was one of the biggest strengths that was identified by all consulted in this evaluation process. The YMCA's emergency response activities responded to the needs by genuinely involving community members. All agreed this added more value, made the approach more effective, empowered those affected to act themselves, and built skills locally. The value of a well-established national organisation like the YMCA with existing strong links with communities responding to this emergency is clearly demonstrated here. Working in this way also ensures learning and skills are retained locally so that communities are more resilient to future disasters, and have support from an organisation that will remain even after the emergency phase has ended.

Another important relationship for the YMCA was with **MoHSW** and respective County Health Teams. These strong relationships were maintained throughout the emergency with frequent contact. As a result, Liberia YMCA ensured their emergency response activities were in line with current national and county priorities and the information shared via Ebola IEC materials and peer educators was up to date and accurate. MoHSW provided training for YMCA peer educators on Ebola which was extremely important at a time when information in-country on what Ebola is was scarce. MoHSW visited the YMCA to hear about their approach and what they could learn from them. Liberia YMCA's active participation in the national and county Ebola Taskforce meetings was also recognised as a strength of their emergency response, ensuring that they coordinated with other agencies responding to the outbreak and keeping up to date on the changing situation and Government plans.

Both **Mercy Corps** and **International Research Exchange Board (IREX)** were highlighted as other organisations which Liberia YMCA worked closely with throughout the Ebola emergency response. With Mercy Corps the strength of the programme Liberia YMCA were part of was that it was a multi-partner programme which worked together to ensure there was no duplication of activities or locations. One challenge with this partnership was that the programme was so flexible for each partner to implement their own activities that the quality of response was not consistent across the partners. Liberia YMCA shared their approach with all partners and were confident that theirs was of very high quality and hope others can learn from them. Mercy Corps have been very supportive and their online monitoring and evaluation (M&E) system has been very effective. For IREX their strength was being responsive to community engagement and awareness raising, and finding funds available. However, the project was just a short-term response and so there was not time to action recommendations made.

YMCA

Coordination within Liberia YMCA was something which was recognised as another strength of the emergency response, both from national and local branch staff. All staff worked effectively as a team, supporting each other with good communication, including across different projects. Local YMCA staff said that support from the national office, including mentoring from supervisors and other staff members was helpful. All respondents of the post-workshop questionnaire said that they understood their roles and responsibilities during the Ebola outbreak emergency response.

Regular meetings within project teams helped YMCA to collaborate internally, to share updated information, and to develop new response strategies. However, some noted that coordination could have been improved further with more meetings and information sharing *between* projects and programmes, and by appointing an emergency response focal person at YMCA to oversee coordination. But overall, coordination was successful, and took advantage of existing skills and knowledge across the YMCA. Staff working on a multi-year health programme (*Act2Live*) provided young peer educators trained through this programme with additional training on Ebola to become part of the YMCA emergency response. *Act2Live* project staff also provided support to other YMCA staff and emergency response project development. Basic training on psychosocial support was provided for some YMCA staff throughout the emergency phase which was helpful in supporting project beneficiaries. Liberia YMCA staff supported each other throughout the emergency and when questioned all agreed that they did not feel they had needed formal psychosocial support themselves.

Senior management believed that the role of Liberia YMCA in supporting their staff during the time of emergency was compromised as income-generating activities were halted due to the outbreak and restrictions as a result of the national state of emergency. This meant that some YMCA staff were put on compulsory leave without pay as there were no funds to be able to continue paying them. Liberia YMCA had little choice and were in a very difficult position as a result. Luckily, the salaries of project staff on a number of projects funded by international donors continued to be paid and these staff supported YMCA emergency response activities. Due to limited funds, Liberia YMCA was unable to provide additional 'hazard pay' for staff working in communities with active Ebola cases or allocate higher rates for accommodation on field visits. These were concerns of a number of YMCA staff and hazard pay was also raised by a number of peer educators who knew other peer educators supported by different organisations who were receiving higher stipends.

5. Conclusions and Key Recommendations

The following key recommendations have been identified throughout the evaluation process. Many are to continue or expand on what worked particularly well, while others identify actions which will reduce the challenges faced in the YMCA Ebola outbreak emergency response. Recommendations include those for Liberia YMCA specifically, the YMCA Movement more widely, and international partners. Many of the recommendations will also be interesting for other international, national and local organisations responding to emergencies.

Recommendations for the YMCA Movement

Liberia YMCA

- Liberia YMCA should develop a **Disaster Management Strategy** which includes YMCA procedures for future disaster response and plans for disaster preparedness and community disaster risk reduction (DRR). DRR actions should be identified in a participatory process led by communities, and in Monrovia, should be informed by existing Hazard, Vulnerability and Capacity Assessments (HVCAs) which have been led by the YMCA.
- Liberia YMCA should **maintain/build on the relationships strengthened/established with community leadership and stakeholders** throughout the Ebola outbreak emergency response. Plans should be made for handover from emergency response project staff to development project staff where relevant to ensure a seamless transition and continued cooperation.
- Efforts to **coordinate, improve synergy, and share information between projects and programmes at Liberia YMCA** should be strengthened both for disaster response and development. Regular joint programmes meetings, sharing needs assessment findings, joint project development, and sharing project activity plans will all help. In future emergencies, regular meetings should be scheduled more frequently to ensure a cohesive emergency response and make sure existing skills, knowledge and experience is best used.
- An **emergency response focal person** should be appointed at Liberia YMCA to oversee future emergency coordination and organise and chair meetings throughout emergency periods.
- A **Communications Strategy** should be developed to further engage national and international media on issues surrounding Liberia YMCA's programmes of work. This recommendation goes beyond emergency response and recovery work and is also useful for wider programmes of work.
- If feasible, Liberia YMCA should **establish and maintain a disaster fund** to allow for immediate response to future disasters.
- Further investment and support for **capacity building for Liberia YMCA** staff is necessary, particularly in the areas of: project development, data analysis, M&E (including reporting), disaster preparedness, emergency response, psychosocial First Aid, and running trainings for young people. Exchange and learning visits both nationally and internationally could help in building capacity in some of these areas. Local volunteers, staff from other CSOs, and relevant community stakeholders should be trained alongside YMCA staff in a number of these areas.

World and Regional Alliances of YMCAs

- YMCA emergency response activities should be timely and start within 2 weeks of a disaster. To enable this, support from within the YMCA Movement to build capacity in disaster preparedness and emergency response, and mechanisms to provide funding for YMCA emergency response rapidly are necessary, these are outlined more below.
- **Continued investment in YMCA capacity building** on disaster preparedness, emergency response, and the *YMCA International Emergency Coordination Protocol and Emergency Response Templates* is necessary. Supporting YMCAs to identify local organisations to support YMCA training and development in this area would be beneficial.

- The *YMCA Protocol and Templates* were recognised as a useful guide for preparing and reporting back on emergency appeals/projects. Therefore, continued efforts should be made by WAY and regional Alliances of YMCA, supported by international partners such as Y Care International, to **ensure YMCAs are confident in following the Protocol and using the templates** as well as preparing emergency response projects which are in line with international standards of disaster relief.
- **A review of the emergency response reporting templates should be planned** and YMCAs who have used them recently should provide feedback. They should then be revised where necessary. For example, Liberia YMCA believe the full-length emergency appeal template is too long and weekly reports should be reduced in frequency to reports every fortnight instead.
- **WAY should ensure the YMCA Movement understand the urgency required for confirming contributions to emergency appeals** and request YMCAs to confirm contributions to the emergency appeal within a few days. Following this, in future emergencies, **WAY should notify the responding YMCA of funds available within a few days** so that emergency project plans and budgets can be revised where necessary to match the scale of funding available.
- **WAY and regional Alliances of YMCAs should work in closer coordination together** and with other international partners to support future YMCA emergency response, keep the responding YMCA regularly updated on emergency appeal fundraising, and identify funding opportunities outside of the YMCA Movement in the region.
- **WAY and/or regional Alliances of YMCAs should establish and maintain a disaster fund** which can be immediately drawn from in emergencies to support rapid YMCA emergency response activities. The fund could work as a pre-financing mechanism in future disasters where once funds are confirmed by contributing YMCAs, they can be sent to the responding YMCA before they are received, speeding up the process. Until this fund is established, WAY should allow contributing YMCAs or international partners to pre-finance funds confirmed for emergency appeals and work in coordination to support this.
- Those contributing funds for YMCA emergency appeals should also consider **allowing the use of their contribution for the responding YMCA running and organisational costs** during the crisis to mitigate the potential for institutional emergency where this might be a risk.

YMCAs responding to emergencies

- Although a balance is still necessary to show value for money and an effective emergency response, **emergency response budgets should allow for reasonable office and staff costs** to support project implementation in times of emergency.
- Particularly relevant for prolonged emergencies such as the Ebola outbreak, but less relevant for sudden onset emergencies, **YMCA 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. However, this should not be used in the place of good planning and project development, and should still be agreed in advance with the relevant YMCA emergency coordinating body or donors.
- **YMCAs should ensure they coordinate directly with local communities, local leaders and other stakeholders**, and ensure their active participation in all stages of emergency response. This includes in 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.
- YMCAs should also, where relevant, **play an active part in national and local emergency taskforces or coordination meetings** to ensure they are up to date with the latest situation and know what other agencies are doing so that they can effectively coordinate.
- Efforts should be made to **ensure evaluations and learning from YMCA emergency response is shared within the YMCA Movement** so YMCAs can learn from each other.

Evaluations of YMCA emergency response should happen after every response and support should be provided for this from WAY, regional Alliances of YMCAs and international partners.

Recommendations for activities for future emergency response, recovery and development

- Activities developed in emergency response and recovery projects should ensure they **tailor activities to different target groups**. For example, support for livelihoods recovery should consider agri-business for rural dwellers and small enterprise development for urban dwellers.
- Recovery and development programmes should focus on **business and livelihoods support** activities where relevant that are coordinated through community structures. This approach will ensure the sustainability of livelihoods recovery, support effective monitoring, and avoid tensions within the community related to beneficiary selection.
- Liberia YMCA should **expand and integrate disaster preparedness and DRR work with local communities** and support community emergency response teams so they are ready to respond rapidly to future disasters. Considerations and contingencies for disaster risks should be built into long-term programme design and disaster resilience activities integrated into projects. Savings groups and other revolving loan mechanisms should also be considered as an effective way of reaching more beneficiaries and building disaster resilience.
- Liberia YMCA should **continue to support community peer educators on health** in particular. Training for peer educators where relevant in future emergencies should be extended to allow for more in-depth training. Training materials to take home, and refresher training, should also be provided for peer educators. Working with healthcare centres and peer educators to establish health information points could be an important way of building back trust in the healthcare system and linkages with the communities they serve. It would also then be a resource for rapid response to future health emergencies or disease outbreaks, and increase the sustainability of the progress already made.
- Liberia YMCA should **continue to support community conflict management groups** to maintain peace and resolve conflicts throughout the recovery period and during upcoming political elections.
- While the outbreak continues across the borders in Guinea and Sierra Leone, **new strategies for engaging communities to maintain vigilance (including preventative behaviour and access to handwashing facilities) on Ebola and reduce stigma for Ebola survivors and orphans** need to be developed. These should be integrated into YMCA recovery programmes.
- The role of **peer educators in the emergency response should be recognised** through an award ceremony and giving certificates.

Recommendations in relation to monitoring, evaluation and learning (MEL) are as follows:

- The Liberia YMCA Monitoring and Evaluation team should be involved in writing the reports, not just collecting and analysing data; and monitoring and evaluation reporting systems should be replicated at the community level to help collect data and involve community stakeholders.
- YMCAs and partners should work together to **identify more interesting ways to collect case studies and stories** from project beneficiaries and about project activities. The value of these stories to understand the impact of the projects and activities on individuals is recognised, but YMCAs should increase efforts to explain the purpose of them so that project beneficiaries understand their stories help to ensure accountability and future project improvements. Different methods of collecting stories such as asking YMCA volunteers and peer educators to collect stories and take photos of their peers should be considered.
- **Local photographers should be used** to take photos for communications and fundraising for international partners, rather than using international photographers. YMCAs should attempt to build relationships with local photographers to support this.
- YMCAs should **follow up with emergency response project beneficiaries** and 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.

6. Appendices

Appendix 1: Evaluation workshop agenda

Day 1 – 21st April 2015

Duration	Session	Format	Facilitators
09.00 – 09.15	Welcome, introduction to workshop programme	Plenary	NGS YCI
09.15 – 10.00	Introduction of participants and workshop expectations	Participatory exercise	YCI
10.00 – 11.00	<p>Presentation of a case study demonstrating impact and highlighting an aspect of the project that each team is proud of. What have been the key successes or most significant stories of the response?</p> <p>Three case studies should be prepared by different individuals who know the case study and can explain why it is important.</p>	Presentation	YMCA
Break			
11.00-12.30pm	<p>Timeline of the response:</p> <p>Basic Timelines should include the following:</p> <ul style="list-style-type: none"> - Significant dates for the Ebola crisis at a national level - Key events from the YMCA response e.g. decision made to respond, start of project, duration of activities etc. - Events occurring in the pre-existing YMCA Projects - Duration of different emergency responses - Involvement of different actors and organisations - Engagement of beneficiaries/peer educators - Timeline of activities - Important external dates/events which had an impact upon the YMCA/communities 	<p>Group Work</p> <p>Depends on the number of people attending, I would suggest a max of 5 people per group</p>	YCI

12.30-1.30pm Lunch			
1.30-3.00pm	<p>The participants should also review their timelines and think about the Strength, Weaknesses, Opportunities and Threats of the overall project and the highlight the following:</p> <ul style="list-style-type: none"> - Times of challenge, set-backs and progress - What have been the challenges and successes? How have we addressed and built upon these? - Identify (internal and external) factors which were threats to the project and how these were mitigated. - What opportunities were available during the project that could be/were used to improve effectiveness and impact? <p>Presentation of Timelines and discussion on any differences and similarities between groups.</p>	Plenary and group work	<p>YCI facilitate</p> <p>All present</p>
Break			
3-5pm	<p>Results of the project: This session should begin to analyse the results of the response against the different target groups.</p> <p>As a group identify the key intended targets of the emergency response. Once the targets have been identified asses:</p> <ul style="list-style-type: none"> - Who did you recruit/reach? E.g. disability, gender ethnicity etc. - How did you recruit/reach these groups? How effective was approach? - Challenges and Successes in accessing groups. - Were the most needy reached? How do they know? Who was not reached? - What would you do differently when targeting groups? <p>Now break into smaller groups and split up the target groups previously identify e.g. peer educators, young people, community</p>	Plenary and group work	<p>YCI facilitate</p> <p>All present</p>

	<p>member, staff members etc.</p> <p>For each intended target group, the smaller group must assess the following:</p> <ul style="list-style-type: none"> - What were the priority needs of these groups during the Ebola crisis? - What did the YMCA provide them with e.g. inputs to help them address this need? - What were the key results or changes for these different target groups? <p>Come back together as a large group and have each group present the need, input and result for each group and ask the whole group to think critically about whether the project:</p> <ul style="list-style-type: none"> - Was effective in supporting this group? - Took the correct course of action for each group? - The YMCA should do something differently in future emergency responses. 		
10 mins	<p>Wrap up of day one</p> <p>Questions</p>		YCI

Day 2 – 22nd April 2015

Duration	Session	Format	Facilitators
09.00 – 10am	Continuation of previous day's activities if needed	Plenary	NGS YCI
10.00-12pm	<p>Learning and Recommendations:</p> <p>Market place forum or allocated groups to specific topics. Ask the groups to assess the project against key topics and highlight their key learning and recommendations from the learning.</p> <p>Topics could include: Programme design; Response time; engaging groups; trainings for young people; Emergency Activities; budgeting; M&E; Capacity building of staff; working in collaboration; Support to Staff/organisation; Donors; YCI; WAY; AAY (or Partners); communications; visibility; etc.</p> <p>Each subject can have a piece of flip chart and pens.</p> <p>Provide 45mins to 1 hour for wandering around adding notes and allowing for flexible discussions.</p> <p>Bring the group back together and ask for examples of key learning or interesting discussion points they had for the different subjects.</p>	Participatory exercise	YCI
12-12.30	Questionnaire Completion	Individual work	YCI
12.30-1pm	Wrap up of full workshop		YCI and NGS
Lunch			
Afternoon	<p>Meeting with NGS and Programme Secretaries:</p> <ul style="list-style-type: none"> - Workshop debrief - Review of key topics - Assessment of emergency efficiency - Assessment of YCI, AAY & WAY - Decisions regarding action points 	Round-table meeting	YCI

Appendix 2: Ebola emergency response evaluation workshop agenda participants

	Name	YMCA / Other	Project	Position	Gender	Age
1	Jerry Paye	National YMCA	SLRL	Emergency Coordinator	Male	n/a
2	Decontee E. George	National YMCA	Act2Live	Advocacy Officer	Female	
3	Mabel Kear	National YMCA	SLRL, SHL, CSML	Program Manager	Female	
4	Prince V. Mambu	HESSG, West Point	SLRL	Executive Director	Male	
5	Thomas Twel	WPHSO Inc.	SLRL	CEO	Male	
6	Jonyee Kolison	Monrovia YMCA	EREL	Monitoring and Evaluation		
7	Jocee Y. Marfar	Ganta YMCA	ECAP	PO		
8	A.Marcus Freeman	National YMCA	SHL	Project Manager	Male	
9	Wender Massaquor	Yekepa YMCA	SHL	Peer Health Educator Advocacy	Female	24
10	Sie B. Dennis	Yekepa YMCA	SHL	Peer Health Educator	Male	
11	Tifinneh A. Ianyon	Yekepa YMCA	SHL	Project Officer		n/a
12	Bill J. Harris	West Point	Slum Development Project	Youth Advocate	Male	
13	Vivien M. Beh	Monrovia YMCA	Slum Development Project	Coordinator	Female	n/a
14	Amanda K. Armah	National YMCA	Slum Development Project	M&E Officer	Female	
15	Derrick P. Barshel	Zwedru YMCA	ECAP	Project Officer	Male	
16	T. Martin Allen	National YMCA	ECAP	Project Officer	Male	
17	George Kolie	West Point	SLRL	Food for Work beneficiary	Male	20
18	Monica Quaqua	National YMCA	Fighting Ebola in Liberia	Project Coordinator	Female	n/a
19	Roseline AP Momo	National YMCA	Fighting Ebola in Liberia		Female	
20	E. Timotheus Kamaboakai	National YMCA	Programme Department	Development Secretary	Male	
21	Gabriel M. Fonnoh	West Point	SLRL	Peer educator	Male	26
22	Stonecipher B. Mulah	National YMCA	SLRL	Field Administrator	Male	n/a
23	Josephine P. Luo	National YMCA	Act2Live	RHC	Female	
24	Emmanuel	Monrovia	Act2Live	Peer Educator	Male	
25	E. Edward Gboe	National YMCA		National General Secretary	Male	n/a
Facilitators						
26	Lizz Harrison	Y Care International	SLRL, Fighting Ebola in Liberia, Slum Development Project	Disaster Risk Reduction and Emergencies Advisor	Female	n/a
27	Alessandra Incerti	Y Care International	SLRL, Fighting Ebola in Liberia, Slum Development Project, SHL	Africa Programme Coordinator	Female	

Appendix 3: Timeline of key dates

2014	March	First Ebola case in Liberia, Lofa County
	April	
	May	
	June	First Ebola cases in Monrovia Some project activities postponed/suspended
	July	Border crossings closed
		Schools closed
		YMCA emergency appeal developed and shared with WAY
		Y Care International launched Ebola Outbreak emergency appeal
	August	More project activities postponed/suspended
		State of Emergency announced
		WAY launched joint Liberia and Sierra Leone YMCA Ebola Outbreak Emergency Appeal, shared by AAY
		WHO announces Ebola outbreak as public health emergency of international concern
	September	West Point, Monrovia quarantined
		New 150-bed Ebola Treatment Unit (ETU) opened in Monrovia
		Funds received for YMCA Emergency Appeal via WAY
		Detailed needs assessment in West Point, Monrovia with YCI
	October	Project proposal submitted to Isle of Man Government with YCI
		Project proposal submitted to Medicor with YCI
		Y Care International request building societies and YMCAs in the UK to support donation collection for emergency appeal
		Project proposal submitted to Comic Relief with YCI – SLRL
		Project funding approved (Comic Relief) – SLRL
		Project launched (Comic Relief) – SLRL
		Detailed needs assessment in rural Liberia with YCI
		Project rejected for funding (Isle of Man Gov)
		Project proposal revised and resubmitted to Isle of Man Government with YCI
	November	Development project revisions submitted to DFID with YCI – SHL
		YMCA Emergency Appeal revised
		State of Emergency lifted
		Revised project rejected for funding (Isle of Man Government)
		Project proposal submitted to USAID with Mercy Corps – ECAP
	December	Project revisions submitted to BIG with YCI – SHL
		Project proposal submitted to DFID for recovery project with YCI - UKAM
		Development project revisions approved (BIG) - SHL
		YMCA Emergency Appeal original end date
		Project funding approved (USAID) – ECAP

2015	January	Project launched (USAID) – ECAP
		Project funding approved (Medicor)
		Project proposal and budget revised and resubmitted to Medicor with YCI
		New Ebola cases limited to 2 counties (Montserrado & Grand Cape Mount)
		Project funding approved (DFID) – UKAM
		Project development for ECHO funding with YCI
	February	Land borders reopened
		Project proposal submitted to USAID with Mercy Corps – EREL
		Project funding approved (USAID) – ECAP
		Project launched (Medicor)
		Development project revisions approved (DFID) – SHL
	March	Schools reopened
		Project launched (USAID) – EREL
		YMCA Emergency Appeal end date
		Project end date (Comic Relief) – SLRL
		Last Ebola case
	April	Ebola emergency response evaluation workshop
		Project end date (USAID) – ECAP
		Project end date (Medicor)
	May	Liberia announced Ebola free by WHO

Appendix 4: SWOT (strength, weaknesses, opportunities, threats) analysis of emergency response projects

Text in bold show the points highlighted as the most important when workshop participants presented them.

Supporting Ebola Awareness in Liberia (YMCAs & international partners)

Strengths	Weaknesses
Detailed project implementation / dynamism exhibited by staff – some people go to the community and give things out but we have involved communities, and were strategic (e.g. setting up a hand washing facilities at the border point; police station; health centres; etc.). Staff/volunteers base. Connections with communities & relevant stakeholders. Technical support from Y Care International.	Limited coordination of emergency response /synergy in the response , especially when projects were implemented in the same locations. Meeting reporting details / deadlines. Gaps in implementation due to funding delays. Publicity/outreach.
Opportunities	Threats
Existing projects/platforms which we were already engaged in – we did not have to start everything from scratch, the communities already knew us, we were able to access the MoHSW (they actually came and visited our office to learn how we were doing, what they could learn from us). YMCA's relationship with relevant stakeholders. Y Care International's commitment, and support from the wider YMCA arena.	Delayed funding and lack of a disaster response strategy – long lapse of time between when the emergency appeal was launched and when funds were actually released (e.g. activities started in West Point after the quarantine had happened). Short-term interventions – how do they all link up?

Saving Lives, Securing Livelihoods (SLRL) (Y Care International / Comic Relief)

Strengths	Weaknesses
Support to female-headed households, people with disabilities, Ebola survivors, fire victims – they were in need. Coordination meetings. Food for Work process. Strong peer education team. Support to health clinic staff. Support to female headed-households, people with disabilities, sick people, Ebola survivors, fire victims, etc. Restart-up capital. Network booth. Public events. Training for conflict management and health clinic staff.	Unable to provide opportunities to more young people to participate in the FFW process – not enough funding, project too short. Unable to provide restart-up capital to more beneficiaries. Duration of the project (Oct to Mar – 6 months).
Opportunities	Threats
Existence of the CSG, HEGGS, and WPHSO prior to the project – we could rely on them, no need to set them up from scratch. The new commissioner being former YMCA member. Existence of Slum and A2L project. Availability of young people to provide support to the project.	Limited funding – this provoked weaknesses inherent to the project (e.g. limited duration, limited number of beneficiary numbers). Change of Township Commissioner.

Fighting Ebola in Liberia (Y Care International / Medicor)

Strengths	Weaknesses
Working with stakeholders. Community initiative and support. Work with existing CSOs & CBOs with communities. 90% of beneficiaries have increased access to hand-washing facilities.	Communities expecting to receive additional hand washing facilities. No resources to provide support for wider community (as well as for targets / schools / communities).
Opportunities	Threats
Community and stakeholders' involvement during the planning and implementation phase, thus increasing the number of direct and indirect beneficiaries reached (i.e. end users of hand pumps and hand washing centres).	Funding limited in time – communities are asking to continue the work beyond the end of the project.

Ebola Community Action Platform (ECAP) (USAID)

Strengths	Weaknesses
Achievement of milestones and timely submission of reports; relevant exit strategy – community was informed of the start and end date, we then asked them what they will do once we will be gone). Successful conduct of needs assessment. Cordial relationship and enhanced collaboration with partners. Involvement of local county officials, community leaders and health workers. Support to County Health Team and community structures. Monthly conduct of public outreach campaigns.	Difficulty in convincing community members of the existence of Ebola Delay in transferring project funds for implementation. Insufficient funds for programme implementation.
Opportunities	Threats
Commitment of the YMCA to work beyond the end of the project (linked to strong and relevant exit strategy). Availability of funding. Resourceful and committed staff. Cordial working environment.	Cessation of funding by donors Instability / civil unrest. Bad roads.

On-going development projects – adapted activities to respond to the outbreak

Securing Healthy Lives (SHL) (Y Care International / DFID / BIG)

Strengths	Weaknesses
Technical support from YCI and YMCA national secretary – this was key to adapt the project to the new. Support from community leaders. Support from local authorities. Team work & networking amongst project teams. Motivation of beneficiaries to participate in project activities.	Limited technical skills in terms in of budget revisions and project realignments – this was balanced off by technical support highlighted in strengths. Difficulty in capturing quotes and feedback from beneficiaries.
Opportunities	Threats
Top-up grant provided by BIG – project became relevant to the new context and had a great impact reaching people in need, when funding was stopped for other activities and businesses were affected by the Ebola outbreak. Collaboration with other organisations e.g. COPCA, JPC, health service providers, Ebola	DFID took a long time to approve project revisions – this led to delays in all activities (on hold until January 2015). Ebola outbreak led to the suspension of most project activities. Relocation of beneficiaries during / due to the Ebola outbreak (particularly critical for those who

<p>task force. Collaboration with Concern WW to implement livelihoods skills activities. Collaboration with schools for the establishment of health and peace clubs. Collaboration with churches and mosques.</p>	<p>had already been identified for livelihoods training). Delay in setting up M&E system.</p>
--	--

Slum Development Project (Y Care / Comic Relief)

Strengths	Weaknesses
<p>Working through community structures e.g. CSG – all of the activities led by the community or linked to it, including to the local authorities. Peer educators. Advocacy. Facilities in use. Vocational training.</p>	<p>Limited resources in meeting project beneficiaries – need for funds to meet all new needs of the target beneficiaries, people started to feel neglected. Reaching out to project beneficiaries was difficult (especially when West Point was quarantined). Slow pace in project activities. Interruption of savings and mobilisation.</p>
Opportunities	Threats
<p>Working with local and central government – people who went to the field to speak with communities were partners and the response was coordinated/integrated. Intervention of the YMCA response project (SLRL). Cordial working relationship with partners.</p>	<p>Ebola outbreak itself – project deeply impacted by the outbreak, all the changes initiated/provoked by the project were interrupted. Sea erosion (provoked e.g. collapse of latrine). Influx of many NGOs responding to Ebola.</p>

Act2Live (Africa Alliance of YMCAs / Y Care International / SIDA)

Strengths	Weaknesses
<p>Community involvement (community forum, awareness, sensitisation, etc.) – the project was able to create awareness, reaching out even though it wasn't possible to gather large numbers of people. Reduction of Ebola through peer education approach. Ability to maintain partnership with MoHSW and other partners. Ability to partner with other stakeholders.</p>	<p>Short time, resources and targets – our project was not designed for Ebola, it took time to adapt it and at the same time we had to meet our previously agreed targets.</p>
Opportunities	Threats
<p>Availability of other stakeholders to partner with the YMCA – we could all work together to fight Ebola.</p>	<p>Material and financial resources – donors should have provided more (SMC is not an emergency donor and there was little flexibility for adaptation).</p>

Appendix 5: Quotations from key community stakeholders in Liberia YMCA's emergency response activities shared with Y Care International and Liberia YMCA staff in April 2015

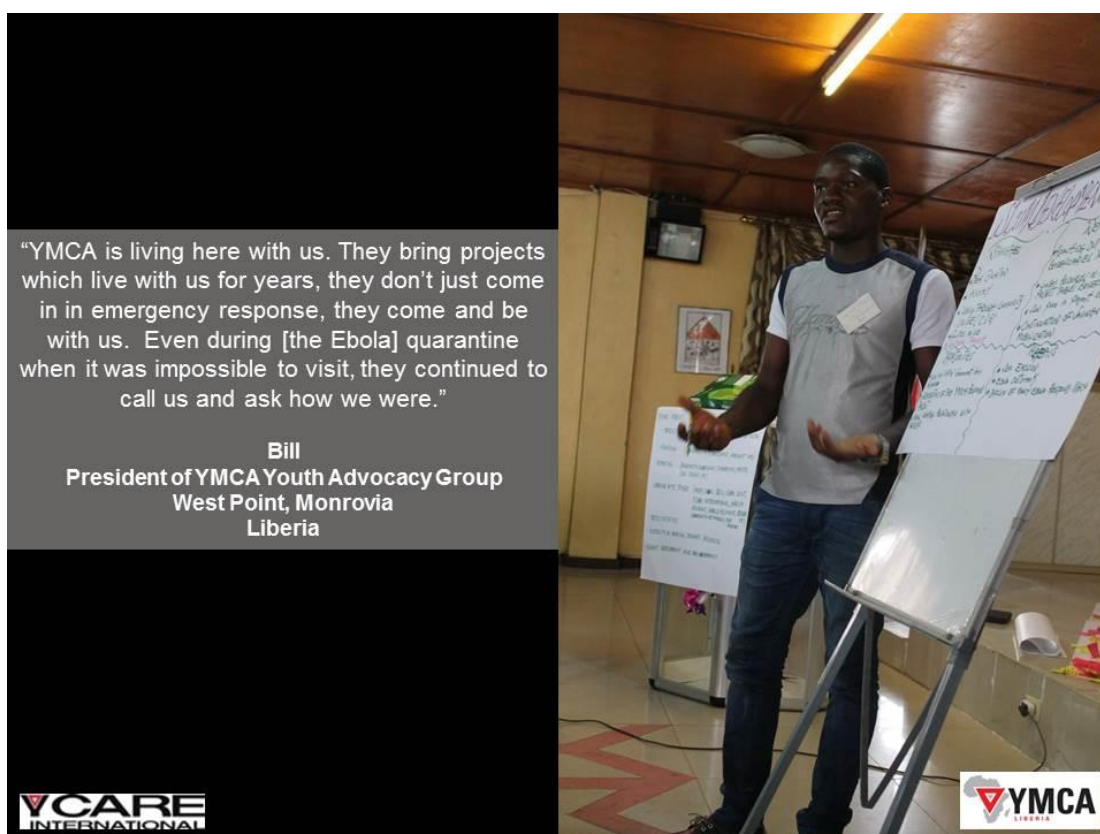
"When Ebola was around it was very difficult. The food support was very helpful and I want to extend our thanks for making it possible. We won't forget. Ebola is under control here because of the youth peer educators. When people didn't know what to do, they would help them. Persistent education [on Ebola] is why we are ahead of Sierra Leone and Guinea [at eradicating Ebola]. The peer educators were very very useful. Because YMCA is participating in the community, it is alive!"

Dr. Diabe Dore
Doctor and CEO of Star of the Sea Clinic (West Point's only health clinic), Monrovia
Liberia



"YMCA is living here with us. They bring projects which live with us for years, they don't just come in in emergency response, they come and be with us. Even during [the Ebola] quarantine when it was impossible to visit, they continued to call us and ask how we were."

Bill
President of YMCA Youth Advocacy Group
West Point, Monrovia
Liberia



"What support do people need once Ebola is over? Counselling, especially for people who have lost family members, some have no-one left now. We need to make them carry on and know there is still something to live for."

**Member of school health club
Unification Town
Liberia**



"You made a tremendous contribution to sanitation and also to reducing transmission of Ebola here [in West Point], and to reducing poverty. The food for work scheme has helped improve the lives of the people. Food for work, we highly appreciate. Absolutely no other organisation did food for work. I want to say thank you again to YMCA, Y Care International and Comic Relief, and we hope that you are able to carry on your activities in the community."

**Sampson J. Nyan
West Point Township Commissioner, Monrovia
Liberia**



"I started showing signs [of Ebola] a week after my Dad passed away...After I was discharged from the Ebola Treatment Unit (ETU), I returned home and was informed that 7 friends and families members had all died. I was rejected by my neighbours; they never came around me for more than a month. Gradually, one or two neighbours started getting brave to come around me after continuous awareness by peer educators.

After the food from the ETU ran out, I started struggling. Then I was lucky to be selected to work on the YMCA food for work scheme. During the work, I had fun with other young people and community members. I made new friends during my work and they all appreciated me and gave me some words of encouragement. I took my food home at the end of the week and family were very happy to receive the food."

George
Survivor of Ebola and volunteer on Food for Work scheme, Monrovia
Liberia



"The YMCA came here to our township [to West Point] to ask people what assistance they need in this Ebola period. We said we need sanitation because Ebola is a sickness that spreads with poor sanitation and hygiene. The YMCA came at a time we really needed them. The food for work they brought is worth millions to us, we highly appreciate it. There was an improvement in sanitation due to the project and I think it had a big impact on Ebola leaving here."

Prince V. Mambu
Health Education Sanitation and Sensitisation Group (HESG) Inc., West Point, Monrovia
Liberia



Appendix 6: Photos of the evaluation workshop



Appendix 7: Photos of Liberia YMCA Ebola emergency response



All photos taken by Liberia YMCA or Y Care International except middle two photos taken by Ahmed Jallanzo

© Y Care International 2015

Y Care International
67-69 Cowcross Street
Farringdon
London EC1M 6BP
United Kingdom
Tel +44 (0)20 7549 3150
Fax +44 (0)20 7549 3151
enq@ycareinternational.org
www.ycareinternational.org

Y Care International is a registered charity and a company limited by guarantee, registered in England and Wales.
Charity no: 1109789. Company no: 3997006.
Registered office: 67-69 Cowcross Street, Farringdon,
London, EC1M 6BP

Y C A R E
INTERNATIONAL