Peacebuilding Education and Advocacy Programme
Case study of volunteers during the Ebola response in Liberia

Ingrid Gercama & Juliet Bedford
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Background and aim of the study

In Liberia, UNICEF’s Peacebuilding Education and Advocacy (PBEA) programme supported the National Youth and Sports Programme (NYSP) led by the Ministry of Youth and Sports, Ministry of Internal Affairs/Peacebuilding Office, and the Ministry of Education. The NYSP is an integrated peacebuilding and development programme that provides recent graduates from universities, colleges and technical schools with the opportunity to serve as teachers, administrators and managers in conflict-affected communities.

The PBEA programme built upon the Government of Liberia’s Strategic Roadmap for National Healing, Peacebuilding and Reconciliation 2013-2030. This outlined the need to build the capacity, provide livelihood opportunities and ensure the political inclusion of children, and young men and women. The four-year PBEA programme (2012-2015) was an innovative, cross-sectoral initiative that aimed to mitigate the key conflict drivers that posed a threat to national security. The PBEA programme supported three groups of volunteers: National Volunteers; National Junior Volunteers; and Community Peace Committees.

In August 2014, President Ellen Johnson-Sirleaf declared a national state of emergency due to the unprecedented outbreak of Ebola in Liberia. It quickly became clear that all available resources should be diverted to support the Ministry of Health to eradicate the Ebola virus. In October 2014, UNICEF Liberia redirected the scope of the PBEA programme. Under the revised programme, NVs and JNVs were deployed to Ebola-affected communities to support the Ministry of Health’s Ebola awareness activities, conduct contact tracing and provide psychosocial support.

This study evaluates the effects of the volunteers’ interventions as part of the Ebola response from the perspective of the volunteers themselves and other key stakeholders. It focuses on five key areas: relevance, efficiency, results and effectiveness, partnership and sustainability.

Methodology

The methodologies used were designed to be relevant and proportional to the scope of the study, to be flexible and to correspond to continuing development and good practice. Data were collected in Montserrado, Nimba and Maryland Counties in April 2016 through a combination of the following methods: desk review of data and literature, both qualitative and quantitative; in-depth interviews with key informants and stakeholders; focus group discussions with key informants and stakeholders; participatory workshops with key informants and stakeholders; roundtable workshop and direct feedback with UNICEF and other stakeholders. Key stakeholders participating in the evaluation included NVs, JNVs and CPC members; community members and community leaders (teachers, elders, women and youth groups, religious leaders); community health workers; social mobilisers; trainers of NVs and JNVs; government officials (at local, county and national levels); and UNICEF programme implementing staff. The study included a total of 112 participants across 43 data collection sessions: 26 people were interviewed; five focus group discussions were held (with between eight and 15 participants in each); and three participatory workshops were conducted (with between nine and 11 participants in each). Sound recordings were made of each data-collection session. These were fully transcribed into English to enable cross-referencing and rigorous thematic analysis.

Relevance

This chapter examines why there was a need for peacebuilding and education activities during the Ebola outbreak and identifies key conflicts and bottlenecks that the programme aimed to address. The overall goal of the PBEA programme was acutely relevant during the emergency as tensions increased and the structure of the programme provided a ready platform to strengthen social cohesion and resolve conflicts. By training and deploying volunteers to undertake critical tasks, the programme was able to contribute skilled human resources to the response. The volunteers brought their approach to peacebuilding and education to bear on their new activities, and were therefore able to directly address key conflict areas and potential flashpoints during the outbreak. Given the operational context, however, a severe strategic limitation of the programme was that it did not do more to mitigate the risks volunteers faced. Similarly,
activities should have been revised to fit the changed needs of affected PBEA communities (and the volunteers) over time.

**Efficiency**

This chapter explores the extent to which the volunteer initiatives were suited to the Ebola response. It addresses how the PBEA volunteers were different from other social mobilisers and identifies ways in which the volunteers added value to the wider response. Quickly deploying educated volunteers to target areas was a strategic use of the programme’s key resources. The level of education that both the NVs and JNVs had obtained prior to their deployment was seen to be advantageous and set them aside from other community-based social mobilisers. The skills and experience that the NVs gained pre-Ebola proved essential for their work during the outbreak, and the JNVs and their CPC members benefited from their previous work as peacemakers in the PBEA programme. JNVs and CPC members were able to use their understanding of social structures and cultural practices to their advantage, however when NVs were deployed to communities with which they were unfamiliar, their lack of language skills and local knowledge hampered their levels of efficiency and effectiveness.

**Results and effectiveness**

This chapter assesses the effectiveness of the volunteers as part of the Ebola response and analyses the results of three key activity streams: social mobilisation and contact tracing; conflict resolution and peacebuilding; and psychosocial support. It also addresses factors that limited the effectiveness of the volunteers and considers some of the unintended consequences that resulted from their interventions. The volunteers were able to successfully conduct their key activities and support communities to implement IPC measures. By March 2015, they had reached over 28,000 people through door-to-door campaigns; organised over 150 social mobilisation events focusing on Ebola; traced 1,626 contacts; and had resolved 2,279 Ebola-related and other conflicts across the 45 PBEA communities. Despite their fear and the adverse challenges they faced, the majority of volunteers retained their morale and motivation and were dedicated to their work through a sense of duty to help the country fight Ebola. Community members concluded that the volunteers’ presence fostered a sense of solidarity and Ebola-affected families and survivors benefited from the psychosocial support volunteers provided. However, the perception of volunteers as Ebola response workers (rather than peacebuilders) made their work significantly more challenging. Although attitudes changed during the course of the outbreak and response, volunteers were often stigmatised, feared and distrusted by the communities in which they worked, and also by their family members and friends who were wary of their work and potentially elevated risk levels. The operational environment, plus lack of resources, such as transport to access remote communities, hampered the effectiveness of the volunteers. Volunteers appeared to have been less effective was in the registration of orphans, particularly because they were unable to offer any practical assistance or support.

**Partnership**

This chapter assesses how partnerships with the CPCs and other community members and groups supported the work of the volunteers. When community consultation was done well and the tasks assigned to the volunteer decided in collaboration with community leaders, the PBEA programme was more likely to contribute to youth empowerment, conflict resolution and peacebuilding, and effective Ebola response work. JNVs and CPC members who were recruited from their own communities were better placed than NVs to develop respectful and trusting relationships, but the CPC members were not given the incentive structures of the other volunteers or the same training opportunities and this was a source of frustration. The leaders of some beneficiary communities did not see (initial) value in the PBEA programme and placement of volunteers, and were sceptical that outsiders (NVs) were recruited in favour of their own youth who would have directly benefited from the employment opportunity. A strong sense of partnership between the PBEA volunteers and a number of NGOs and CBOs was developed across
programme sites (particularly in Maryland and Nimba), but this required active Programme and Liaison Officers to fulfil a vital programme management role, nurturing effective and mutually beneficial partnerships over time. Where there were no designated Programme and Liaison Officers (as in Montserrado), collaboration and coordination across organisations was more limited. Although the NYSP had cross-ministerial support, it did not involve the Ministry of Health and stakeholders were frustrated that they had not been included in the re-formulation of the volunteers’ terms of reference during the Ebola response. Volunteers highlighted that the lack of resources and limited supportive supervision was detrimental to their work and the programme more broadly, and there was consensus that the lack of transport restricted the scope and coverage of their work.

Sustainability
The fieldwork for this case study was conducted in April 2016, after Liberia had been declared Ebola-free and the PBEA programme was winding down towards its official end date of 30 June 2016. It was therefore possible to explore the extent to which components of the volunteers’ interventions were likely to be sustained after the end of their engagement, and assess whether knowledge and skills introduced by volunteers were still evident in the communities they had supported. There was general agreement that the volunteers had been a positive force in the community and both volunteers and community members suggested that their knowledge about IPC measures had improved through the Ebola response, although it was not clear how key healthy behaviours such as hand washing and improved sanitation were being maintained at the community level. The programme increased local capacity and community leaders continued to invite volunteers to support their community meetings and participate in local decision-making post-Ebola. This was a positive indication of the value of individual volunteers, and of the programme more broadly. Volunteers wanted their work to be recognised and affirmed publically and by the institutions they were engaged with. Accountability to the volunteers and to affected communities was weak during the Ebola response and volunteers suggested that the duty of care extended to them fell short, particularly in terms of psychosocial support. Limited incentives and a sense of under-appreciation undermined the programme.

Conclusion and recommendations
Due to the complex nature of the Ebola outbreak and response, and the limited timeframe to conduct this case study, it is difficult to fully evaluate the impact of the PBEA volunteers or the outcomes of their work over time. The communities to which they were assigned were the recipients of multiple interventions, and the activities of one programme should not be viewed in isolation. Rather, this case study has analysed the relevance, efficiency, results and effectiveness, partnerships and sustainability of the PBEA programme from the perspective of the volunteers themselves and the communities they served.

The following recommendations focus on operationalising the lessons learnt from deploying PBEA volunteers during the Ebola response. They are drawn from the evaluation of the programme and include suggestions made by volunteers, community members and other stakeholders who participated in the case study.

- Identifying gaps in the volunteers’ knowledge, capacity and skill sets will determine areas that require the programme to provide enhanced training.
- If volunteers are to be deployed to another emergency, it is essential that they be provided with refresher training and that mechanisms for supportive supervision are improved.
- When possible, volunteers should be deployed to communities with which they are familiar. They should be able to speak the local language. Locally recruited volunteers are likely to be more effective in achieving behaviour change and less prone to marginalisation, discrimination and stigmatisation by the host community.
SUMMARY

• To maximise the impact of NVs and JNVs in terms of community mobilisation, it is recommended that they be deployed to affected communities in pairs, and continue to collaborate with the CPC members.

• The duties of the volunteers and the resources available should be realistically matched so that activities can be facilitated in a timely manner. When volunteers’ workloads or tasks are revised, support mechanisms and resources should be appropriately updated (transport, material supplies, psychosocial support etc.).

• Community consultation is critical and the role and responsibilities of volunteers should be negotiated with community leaders to ensure their support and buy-in. The placement and duties of volunteers should be regularly evaluated as the situation develops and their activities should be modified accordingly.

• The expectations of both the volunteers and the communities to which they are deployed should be carefully managed.

• The involvement of the Ministry of Health during the recruitment, training and deployment of volunteers during public health emergencies would increase their credibility, enhance the quality of their work and provide opportunities for supervision and medical guidance at the local level.

• Mutually beneficial partnerships with organisations at the local level should be developed in advance and strengthened over time.

• Volunteers should be offered longer-term psychosocial support and institutions that deploy volunteers should adopt a greater duty of care.

• Stronger accountability mechanisms must be introduced for both volunteers and the communities to which they are deployed.

• County-level supervisors should be deployed to all counties where the programme is active to ensure clear line management and supportive supervision. Supervisors should advocate on behalf of the volunteers and be able to negotiate with community leaders in situations of conflict.

• Volunteers must be recognised for their work, particularly by the institutions that engage them and higher authorities. They should be provided with a certificate or diploma to acknowledge their service, and included in community-based appreciation ceremonies.