Progress Report on New Sight Eye Center Community Ebola Awareness Initiative

Report Period: August – September 2014

Submitted to: Newtown Rotary Club

CC Copy to: 1. Segal Family Foundation

2. Private Family Foundation

Introduction:

An outbreak of Ebola has been ongoing in Liberia since March 2014. As of August and September 2014, the outbreak increased and spread rapidly into many communities within Montserrado County. Some of these communities are GSA, Du-port Road, New Georgia, Police Academy, Duola and St. Paul just to mentioned a few. Furthermore, the outbreak has been reported within all of the 15 countries in Liberia with Montserrado County being currently severely affected. The outbreak is currently affecting the functions of every sector of Government and private operations. Public health organizations in Liberia are being strained as the outbreak grows.

The Liberian government through the President declared a ninety days state of emergency which commenced since August 2014. This is to institute enhanced measures to combat the spread of Ebola in Liberia. The magnitude of the spread with death toll rising exponentially necessitated the Government of Liberia to call on all meaningful Liberians, most especially health workers, to actively participate in controlling the spread of the virus.

It is in this light that the New Sight Eye Center thought it expedient to join in this national endeavour. The Center adopted **house to house community awareness** approach in the fight against the spread of the Ebola virus in some selected communities which includes Du-port Road, GSA, Police Academy Paynesville Joe Bar, S.D. Cooper Road/Kpelleh Town, and New Georgia Communities. Household in these communities were selected randomly and a questionnaire was developed to assess background knowledge of household members. Donations totalling $10,476USD were received from Segal Family Foundation and Private Family Foundation through the Newtown Rotary Club, Connecticut, to facilitate the process.

Training:

The Ministry of Health and Social Welfare conducted training for both professionals and support staff of New Sight Eye Center. The training objectives were the prevention of Ebola Virus and creating awareness about Ebola prevention in the clinic as well as in the community.

Training section

Community Involvement:

In order to get access to the communities and also to promote community involvement, the NSEC Executive Director wrote letters to each community leader requesting their cooperation.

The community awareness focuses on:

Information on Ebola Virus Disease.
Educating on the dilution of the chlorine or clora solutions.
Information on the spread and prevent of the Ebola Virus Disease.
Distribution of items to household, county taskforce on Ebola prevention and some clinics

Items distributed to
Clora
Hand washing soap
Buckets with nipple
25 kg bag of rice
Isolation gown
Examination gloves

Implementation:

Prior to the commencement of the Ebola community awareness, media publication were carried out informing selected communities about New Sight Eye Center involvement to support government activities. Health talk on Ebola Virus disease was given. The public was also assured that the clinic was opened to serve them well with all safety measures put in place.	
During the implementation in August, an article was published highlighting New Sight Eye Center's involvement in the fight against the deadly Ebola virus.	

After the staff training was conducted, five teams were organized with each team comprising of one professional staff and a support staff. Each member of the team was given a t-shirt as a means of identification, a rain gear and a back pack. The field work lasted for five weeks with each team having the opportunity to visit at least one community twice per week. A maximum of 15 households were targeted on every visit. The awareness was done from house to house in a bid to discourage public gathering (avoiding overcrowding) and to insure well dissemination of the Ebola virus message.	

A team of two from NSEC ready to embark on Ebola Community Awareness.	
The team in the community interacting with a household soliciting their views on what they think Ebola virus is, the mode of transmission and prevention. The team after getting responses from participants then summarizes by correcting and adding up to information received especially placing emphasis on the correct mixture of the chlorine or clora solution as that is one of the basic method of prevention.	

Feedback from questionnaires

Questionnaires were drawn which were used to obtain information from participants concerning knowledge about the Ebola virus. This was developed to assess the level of knowledge of the Ebola virus causes, mode of transmission, prevention and the mixture of the chlorine or clora solution. In about five weeks, 148 households were reached within five communities. Out of the 148 households visited within the communities, 132 were assessable (willing to interact with team members). Thus the total persons that participated in the 132 household is 1,154.

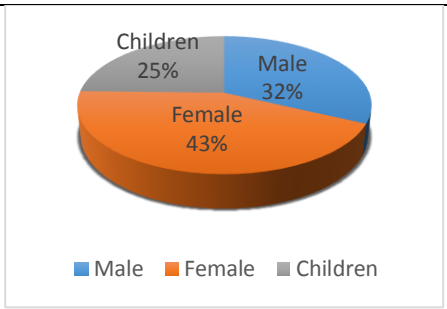
The 16 household that was not assessable were due to the following reasons:

1. Members were not ready to hear any things about the EVD. So the team members were not welcomed in such home.
2. Probable Ebola body was present in three homes and health workers prevented the awareness team from reaching these homes.

Table 1: Gender Distribution

Responses	Respondents	percentage
Male	370	32.06
Female	500	43.33
Children	284	24.61
Total	**1154**	**100**

Figure 1: Gender distribution of respondents



As seen in the table and figure above, the population of female participants is 10% higher than that of the male. In many cases, Ebola has impacted the economic activities of Liberian women. Most of these women who are petty traders now stay in the house instead of going to the market and other social activities to reduce the risk of contracting the EVD. This situation poses a huge financial burden on the family.

Children on the other hand are also affected significantly due to the closure of school. For instance 9th and 12th students who are supposed to take their West Africa Examination this academic year with their colleagues are home. What becomes of them?? This clearly shows the impact of the Ebola crisis physically, psychology, socially, mentally and above all economically in Liberia.

Table 2: People perception of ebola				
Responses	**Respondents**	**percentage**	**Percentage of active responses**	**Percentage of Passive responses**
Witchcraft	40	4.62	2.86	1.77
Curse	37	4.28	2.64	1.63
Is real and a contagious virus diseases that spread from person to person without cure but preventable	745	86.13	53.21	32.91
No Idea	43	4.97	3.07	1.90
Total	865	100	61.79	38.21

Out of the 1,154 participants, 865 responded when asked what Ebola virus is. There were a number of a people who believe that Ebola is a curse or witchcraft. However, it is good to know that majority of the respondents that actively participated believe Ebola is real and contagious.

Table 3: Perception of the spread of Ebola.		
Responses/ questionnaires	**Respondents**	**percentage**
Airborne	15	1.74
Waterborne	13	1.50
Contact with infected person-touch	770	89.12
Do not know	53	6.13
others	13	1.50
Total	**864**	**100**

As clearly seen in the table above, a significant number of people are knowledgeable on the mode of transmission of Ebola, which is by coming into direct contact with an infected person or the body fluids of an infected person. However, those who were not knowledgeable were at high risk for becoming infected or spreading the virus to the general population.

Table 4: What measures do you put in place to stop the spread of Ebola?		
Questions /Responses	**Respondents**	**Percentage**
Avoid touching infected person	598	31.81
Frequent washing of hands with diluted chlorine or clora solution or clean water with soap	651	34.63
Report affected person to appropriate health authority	566	30.11
Bath affected person	15	0.80
No idea	50	2.66

total	**1880**	**100.00**

It is obvious from the table above that respondents are well informed on how to prevent themselves from the virus.

Table 5: Do you know how to measure chlorax or chlorine for cleaning floors and washing hands?

Responses/questionnaires	**Respondents**	**percentage**	
Excellent knowledge	43	5.49	**2.42**
Good	79	10.09	**4.45**
Fair	155	19.80	**8.72**
Poor/ no knowledge on the measurement	506	64.62	**28.48**
total	**783**	**100.00**	**44.07**

This question was asked to ascertain how knowledgeable household members were in the measurement of the chlorine or chlorax solution for washing hands and cleaning floors. It is very alarming to know that most of the households had buckets for hand washing but lack the basic knowledge on the concentration of the chlorine or chlorax. The percentage attained for Poor / no knowledge on the measurement of the chlorine or clora as above clearly indicate this inference.

Often people used concentration that was higher than the essential amount. Others used a solution chlorine and clora with soap and Dettol. Many believed that the higher the concentration, the more potent the solution and therefore the less risk of getting the disease.

Some consequences of this solution error in the future could be skin cancers, ocular chemical complications and damage to some internal organs as some people even put this concentrated solutions into their drinking water. For example, at NSEC there had been few cases of chlorine chemical injury to the eye as a result of the use of this high concentrated solution.

General observation for field visit:

- People lack the basic home management of Ebola suspected patients
- Some people preferred to keep their sick relatives at home for the fear of lack of proper care for their relative at the at the Ebola Treatment Unit (ETU)
- The stigma associated with the household an Ebola suspected patient prevents people from reporting Ebola cases.
- The stigma of health workers towards patients who report at the various clinics when symptoms of sickness similar to Ebola are presented encourages people to stay at home when sick.
- Some community members also believe that their illness is spiritual and needs religious intervention
- The closure of health facilities also contributes to keeping of sick patients home.

Challenges:

- Lack of knowledge in the management of suspected Ebola patient at home.
- Limited resources to carry on the Ebola awareness activities hence some household visited could not benefit from the donation.
- Denial and traditional practices

Way forward:

Phase two of New Sight Eye Center Ebola community awareness hopes to focus on the home management and control of the spread of the EVD.

1. Emphasize the correct concentration of the chlorine solution to avoid the adverse effect of higher concentration
2. Counsel stigmatized homes and individuals
3. Donate food items to quarantined homes
4. Raise funds to enhance Ebola awareness.

Conclusion:

The increasing spread of the Ebola virus disease in Liberia calls for all and sundry to be fully involved in the community awareness. The challenges and way forward are our main focus and will be intensified in the second face of NSEC Ebola community awareness.

Financial Report

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Project Code: NSEC-005-Ebola Emergency Fund

October 05,2014

Ebola Emergency Fund Progress Report Covering The Period August 2014-September 2014

Source of Fund:		**Amount in USD**	
Private Family Foundation		5 288.00	
Segal Family Foundation		5 188.00	
	Total Fund Received		10 476.00
Expenditure:			
1	Bank Charges	157.14	
2	Awareness/Radio talk show	1 840.00	
3	Fuel	1 243.00	
4	Ebola Awareness Supplies	5 120.75	
5	Karus Hayes(Private)	300.00	
	Total Expenditure todate		8660.89
	Balance		**1 815.11**

Prepared by:		Approved:	
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Pictorial

Some Donations

Respectfully submitted by:

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Founder/Executive Director/Cataract Surgeon
New Sight Eye Center-RL