



INNOVATIONS FOR SUCCESSFUL SOCIETIES

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Interviewee: Adolphus Scott

Interviewer: Leon Schreiber

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SCHREIBER: I'm here today with Mr. Adolphus Scott. Mr. Scott, if we can begin with a little bit of personal background, just what you were doing prior to the Ebola outbreak and how you got initially involved in the response.

SCOTT: *My name is Adolphus Scott, I'm a Liberian. I spent twelve years working with UNICEF in Liberia. Prior to the Ebola outbreak I was the acting head of the Communication for the Development Unit of UNICEF. I was basically involved with activities around immunization to talk about measles and polio vaccination for children under five. I was also involved with nutrition activities in ensuring that children within 1000 days after conception are properly nourished. As you know, 80% of the brain is developed during that window of opportunity. So I was heavily involved with nutrition work across Liberia, especially in the impoverished counties. We worked with parents to ensure that children are properly nourished.*

I was also involved with education activities about children. We'd talk about enrollment and retention. I was also into water and sanitation. So I was basically working in all fifteen counties in these key areas. There were other areas where UNICEF was involved that I was actively engaged in, especially providing support to government structures, especially the Ministry of Health and Social Welfare. Child protection was also another aspect of my work. While all of this was going on, we then got news that there was a Lassa fever outbreak. That is how it all started.

SCHREIBER: That's what they thought initially.

SCOTT: *We thought it was Lassa fever. In early March we got this update that there was a Lassa fever outbreak in Guinea in the Gueckedou area. So I then pulled together all of the Lassa fever messages and worked with the Ministry of Health, the Health Promotion Division, in coming up with a short list of a set of messages, key messages that is, and working with the UN radio in Liberia, we started to send out Lassa fever messages and we also sent messages via text to community radio partners within the Lofa, Bong and surrounding counties in the Lassa fever area*

We only got to know about a week later, that it was actually Ebola. So we had to immediately change gears. For me, as a Liberian, when I heard about Ebola, it was always in East Africa, the Congo, Uganda and those places. It was something a bit different. I had worked in many other areas that I spoke about, but then Ebola was relatively new to me. I had only heard about those incidents. I knew nothing about how we were going, from a development communication perspective, to fight against this disease.

However, we got through to WHO (World Health Organization) and working with other partners, we got into a think tank more or less, coming up with key messages about Ebola. WHO was very helpful along with UNICEF in coming up with these key messages. I would say WHO, UNICEF and CDC (Centers for Disease Control) along with the Ministry of Health here in Liberia, they were the key actors from the outset in pulling together messages. Then we had messages coming from all angles. Everyone would get on the internet and start to download messages. So there was a bit of distortion, if you may, with the messages that were being sent out because the public was getting a bit confused with an array of messages from all walks of life. That was about early April, when we had cases entering into Liberia and at some point we decided as a working committee, a social mobilization working group, to pull together these messages and come up with one set of messages, a document for Liberia. I think that was one of the best things that we did at the time, because we had one agreed set of

messages and not, as I said, messages being pulled from all over. So those key messages were then turned into so many things. It was a poster, it was a flyer, it was a banner. It was also turned into short dramas, spot messages on the radio. We used those messages in so many ways, using all of the outlets possible. But our number- one outlet for informing rural communities was radio.

Radio—if you read the Ebola KAP study that was done, radio covered a huge percentage of the communication outlets that were used in order to roll out messages.

Another key area was that these posters and flyers were being pasted on homes, in counties all across the country. That was how it all started. We started getting cases, more cases. By then the cases were all around Lofa County.

SCHREIBER: Right, we're still talking in the early months right, June?

SCOTT: *Right, most of the cases were in Lofa County. So we had a mobile truck sent to Lofa and we had these "foot soldiers" if you may, when you talk about inter-personal communicators, walking, but it was all county. If you look at it, it was only a few persons. I told my supervisor, I said, "I want to print 100,000 flyers and post them." No, no, no, just print 5,000. People were looking at Ebola with a smaller lens.*

SCHREIBER: Yes, like a localized thing.

SCOTT: *Yes, and not knowing what we were faced with because Ebola, in my view, as I told people, was a marauding army that you just can't see. You're fighting a strong army that you just can't see. So that was really challenging. People were then taking it to be something not that big. It was like, "Okay, this will be sorted out." But then there was one case that came out of Sierra Leone and got into Monrovia, in the slum of Monrovia.*

SCHREIBER: Was this in West Point?

SCOTT: *No it was New Kru Town. It was a lady who came and she infected a few other persons in this closely inhabited community within New Kru Town. Then all hell broke loose.*

SCHREIBER: Around what time was this?

SCOTT: *It was around May of 2004. The virus was coming from the north into central Liberia and coming further down, gradually spreading its tentacles. Then we had this case in Monrovia where people were getting infected like every other hour. The difficult thing we faced from a concerned standpoint at this time was our people in Liberia did not believe that this thing was happening. When Ebola entered Liberia, the Minister of Health, Dr. Walter Gwenigale at the time, came on radio and said that we needed 1.2 million dollars to fight the disease. "We need money; this is something we need to move on." People started to say that this was a ploy, a plan by government, as people would say, to "chop more money." The media—and I'm talking about 22 FM stations here in Monrovia alone and about forty community radios across the country, ran this in the negative way against the government and that the government was putting out all of these rumors to the public and letting people know there was Ebola so they were going to get more money. So this, for us, working in the concerned area of social mobilization, we were now fighting a virus and another uphill battle in getting the media on our side. To me this, along with other medical reasons, was*

why Ebola started to spread so fast. It didn't hit home in the months of April and May, it didn't really hit home. Even into June the media was still against the government and the media was still sending out messages.

Communities listening to these radio stations became emboldened with not wanting to listen to us and not wanting to hear our messages on how to prevent the spread of the disease, what steps you need to take. People were flaunting these messages, not really paying attention to them. That was when we had a lot of infection taking place. The health system at the time, and people would talk about it later, was unprepared for this outbreak. We had bodies virtually lying all over the place. That was when communities started to pay attention a little bit. It was a tipping point with bodies all over the place. It was kind of mysterious. We were pounding communities with these messages, "This is Ebola. This is what's happening." People started to be very careful. People started to take action. It was these early adopters. So when we got the early adopters on our side, I had meetings with the media, because by then some of these media houses were enlightened. You have people there who pay attention. We used this opportunity to get the media on our side. So then we had late adopters along with those guys in the media sector of society. We called a meeting at the Ministry of Health. We got the media on our side working with a partner radio station that then networked with twenty-one other stations. We had this one media house, Hot FM. They got into a partnership with UNICEF and through Hot FM, with the help of Hot FM's charismatic manager, got the rest of the other FM stations on our side. They joined me, they're free, and gave out these messages. The issue of the money business was behind us and that was when we really started to go full throttle.

SCHREIBER: Right. So I understand that one of the things that you personally were involved in is the *Ebola Is Real* campaign and the song that came out and the whole campaign. Can you talk a little bit about that specific campaign?

SCOTT: *I was attending a workshop in Dakar and it was on Rapid Response Activities. It was a quick workshop being held at the UNICEF regional office in Dakar. On my way back I made a little short list of things that I would do when I got back to Monrovia. It dawned on me. "Look, the messages that you're giving are for people who understand English."*

SCHREIBER: Who are literate.

SCOTT: *Yes, literate people. What about the grassroots? Where Ebola is really doing major damage is in these slums and impoverished communities. So the way of speech here in Liberia is the simple Liberian English. I thought that we should use more simple Liberian English. Although we were using simple Liberian English, we need to go deeper into using simple English through mediums that our people would like. One key area is music.*

So I thought, "How can we have simple English done in music?" And the best way was Hipco. So when I got back to Monrovia I went to my partner, Hot FM, and I said, "I need you to get the best Hipco artists that are popular and that people will listen to." He came up with three guys. One was a group and the other two were single artists. So we got Soul Fresh. We got Dench. They are all on the internet. Then we got FA. FA is really popular. So we got these three artists together. I sat with them in a meeting for about an hour and a half explaining what we were into and what we were faced with and how they should go into the studio and not make anything different, regular Hipco, but try to speak to the heads of Liberian people in a stronger way. When they came up with the

first demo, I was like "Wow." Then we did a few changes, very few, because we gave them the actual key messages. At the time a lot of Liberian artists cared about Ebola and took to the street with their own messages. These songs were not endorsed by the ministry, because they were not using the official government-agreed messages. These artists didn't understand because, "It is a song, people are dying, we want to help. Why aren't you using my songs?" So we had to get these guys to get a fresh message using the agreed set of messages.

SCHREIBER: So there were some songs being made but completely independent and maybe also with some wrong messages.

SCOTT: *Not wrong messages but not agreed messages.*

SCHREIBER: So it is again that thing of coordinating together.

SCOTT: *Exactly. This song became an instant hit in Liberia. Another group we worked with was the Liberian Crusaders for Peace. I did a similar thing with Julie Endee and we decided to do this same kind of song but to kind of resonate more with our traditional communities. So Soul Fresh was urban Hipco, where the virus was like really, really tearing up these urban areas. Then we had Julie with the traditional aspect of the Ebola song using the same key messages.*

SCHREIBER: So the song that Julie made with you was more using traditional kind of music.

SCOTT: *The beat was more traditional. It was a bit somber, not traditional, a bit somber. Julie is a traditional queen. So when people hear Julie give advice or speak, they listen. She did a real good song but Ebola is Real was the "baddest" song in Liberia at the time. It went down into these ghettos, into these slum communications. Soul Fresh, one of the groups, for example, is from a real slum community called Logan Town. They are from Logan Town. These artists putting together this song really helped the fight. All of the messages we were using were in these songs. By then we were friends with all of the FM stations and the rural community radios. The song was all across the country. That helped. The international wires picked it up and then a lot of interviews were done with the stars and some of us who worked with these artists. It kind of drew others into this fight. The songs were an innovative way of getting people to understand.*

SCHREIBER: As I understand it, you have one big campaign—*Ebola is Real*—going around at that point. Around what time was this? August?

SCOTT: *It was around July and August.*

SCHREIBER: So you have that going and you've also set up a committee to check the messages, essentially. But then you have the IMS (Incident Management System) being created, a new phase of the response. So can you talk about how things then started coming together once you have the IMS and were a little bit more structured.

SCOTT: *With regards to the IMS I would like to speak more from the social mobilization standpoint and not the general. With the introduction of the IMS, we had a lot of international staff members and professionals and people scurrying around. And Monrovia was filled with a lot of internationals from within Africa, EU and America coming to help. The Ministry of Health had a Social Mobilization Working Group that UNICEF co-chaired. Then it turned into a committee, a big working committee with a lot of international NGOs; a huge working committee. It was a*

cluster kind of thing. UNICEF still co-chaired, but it was headed by the Ministry of Health. Then we had several committees working. We had a media committee, we had a messaging committee, we had a rural engagements committee and so on. It wasn't this little team anymore, it was committees presenting in these meetings. All of the updates were then pulled into one document, like a PowerPoint presentation to be submitted at the main IMS meeting. That was hard to plan out. When we started to see a dip in transmission and more supplies and logistics came in, people who were not believing our messages, were now ambassadors and advocates. As I am a part-time lecturer at the University of Liberia, when Ebola started and I asked the question, "Who in this class believes Ebola is not real?" 90% of the class put their hand up. We had stopped school and later when we went back, just when Ebola was defeated, and I asked the question again, "Who in this class believes Ebola is real?" The entire class raised their hand.

As I said, when the virus started to dip in transmissions more people came on board. Communities came on board. Youth groups came on board without even being paid. Everybody came on board. If you worked in a community, you didn't shake hands. Everybody was aware. People didn't hug anymore. When I saw what was happening I felt something had been lost. We had lost something as people who were loving and embracing and shaking hands, snapping fingers like Liberians. It wasn't happening anymore. I was like, "Wow, we're in another nation, something different is happening in this country." One thing I want to stress here is that we struggled with the virus until we got the traditional leaders and the religious leaders to join us. We really struggled.

SCHREIBER: This was around only October as far as I understand. Is that right? In October there was a big meeting, the Carter Center helped organize the Ministry of Health—

SCOTT: *Yes, the first meeting was held in Suacoco, Bong County. A subsequent meeting was held in the main administrative building in Gbarnga, Bong Country. So it was Carter Center, UNICEF, CDC led by MOH (Ministry of Health) and we also had the Crusaders for Peace. When I sat up on the platform looking down, I saw an array of traditional leaders from all districts across Liberia dressed in their traditional garments listening to us, keenly listening to us. They had come to find out what we had to say.*

We laid the cards on the table and said, "Look, we have a problem, a big problem. We need your help. We actually believe that we can't get this done until you partner with us."

SCHREIBER: Can I ask where that realization came from? Even before the meeting happened how did you realize that this needed to happen?

SCOTT: *You know, I will tell you. A lot of these practitioners and specialists, they always feel that they have all of the answers. We sit in our offices and cook up messages and take it to these traditional homes. In most cases we missed the boat. The messages, they were getting out there, but then the traditional communities, the traditional religious communities, had to be on board. Cases would go up, cases would go down and cases would be up again. It was like wild fire. You have fire in this area, you quell the fire in this area, and then you have another wild fire breaking out somewhere else. We were all over the place.*

We then sat back and said, "Look, we need to stop people from burying in one casket. We need to talk to the other leaders." Carter Center, working along with

us, UNICEF and the Ministry of Health, other partners, brainstorming, we started to plan how we could get more people. So there was a partnership with Carter Center and UNICEF in getting these traditional and religious people together. Then we knew that we couldn't get this done on our own. Through polio we always worked with the traditional leaders. If there is a measles outbreak, we worked with the traditional leaders. But this time around it was like we went ahead and left the traditional leaders behind. So we then had to go and do a U-turn to go and grab them to where we were and have them work with us from there.

It was a big mistake. If I look back I see where we could have done better, we should have started with the traditional leaders from the outset. So we went back and asked them. They were like, "Well, we've been watching you. We've been watching you people. Now that you've come and this is our country we can assure you that we'll work together."

SCHREIBER: So they were actually very receptive?

SCOTT: Yes.

SCHREIBER: They weren't resisting?

SCOTT: *Oh yes. They made their own little comments but they were actually receptive. Liberians are nice people. They are welcoming. If you go to a Liberian man and say, "I'm sorry. It is all my fault." He is easily forgiving you. He forgives easily.*

SCHREIBER: Why the Carter Center? What is it that they had that made them the important partner? Had they been working with traditional leaders a lot?

SCOTT: *We all work with traditional leaders. But it's like when you play football, it's the best team, among the teams, that does the trick. Carter Center had a program working directly with these people regularly. For us, when I was at UNICEF at the time working with the Ministry of Health, we'd go to the traditional leaders when there was a polio campaign and then we dropped them.*

SCHREIBER: So they had the best relationship—that's what it comes to.

SCOTT: Yes. Carter Center.

SCHREIBER: Sorry for sticking here but I'm just curious about the logistics as well. Did you organize transport for traditional leaders from around the country to be able to get to Bong.

SCOTT: Yes, to the Carter Center.

SCHREIBER: So busses?

SCOTT: *Not really. Some places we had people transported in the busses, but in most cases here in Liberia what we normally do—we call these people to Bong County for example, central Liberia. We normally give transportation reimbursements. So it makes it easier logistically.*

SCHREIBER: That makes sense. So they had a means to get there and they were being compensated for that.

SCOTT: Yes.

SCHREIBER: Was this a one-day event?

SCOTT: *It was three days; it was actually three days.*

SCHREIBER: Most of the meetings were three days?

SCOTT: *Yes. Then we listened to the Bong County health team, we listed to the Ministry of Health. Ebola was raging and these people were in fact in those districts and towns. There was a presentation that I made. In almost the last slide, there was a short list about "What do you do when you get back to your district." This was something that they were really interested in. You tell me all I need to hear about Ebola for when I come back. How do I work with them? So working with traditional leaders you need to sit with them and plan with them as to how you can work better with them. This one slide pointed out, "What do I do when I get back?"*

SCHREIBER: What is your sense of how many people there were in both meetings? How many traditional leaders did you actually reach through these meetings?

SCOTT: *Carter Center would probably provide you the actual figures, but I think it was around 300, between 250 to 350. It was a room filled with people. The initial meeting had a few traditional leaders, but they went back and told others in the government, through the network—.*

SCHREIBER: So there were traditional leaders as well as religious leaders at the same meetings?

SCOTT: *Some religious leaders. There were other meetings with more religious leaders. But UNICEF worked closely with religious leaders through the Inter-religious Council. We did a program agreement with the Inter-religious Council of Liberia.*

SCHREIBER: So there was a little bit of a separate mechanism for reaching them.

SCOTT: *Yes. In that meeting in Gbarnga there were some religious leaders invited.*

SCHREIBER: I want to follow up on that by asking you, what were some of the key variations that you saw on the ground? We mentioned Muslim communities, for example, had some different specific things that needed to be communicated to them. Maybe regionally or ethnically there were some differences. Generally speaking, what were some of the differences that required more targeted, specific messages?

SCOTT: *Let's take the religious community, for example. People were gathering in churches. We were not promoting public gatherings. People would obviously go to church, but then how will you get people to conform to these key practices when there is a convergence. That was one.*

Religious leaders, they're influential people. Most of the people in Liberia say, "Oh you can pray to God and nothing will happen to you. You have faith. You can be cured." Especially in the charismatic churches doing this "laying- on- of- hands." So we had to talk to them about "laying- on- of- hands." I had to wait at a big charismatic meeting with about fifty pastors until two in the morning when they were doing an all-night prayer. I had to wait until two in the morning to speak to them. I had to speak to them. They said to me, "Normally we pray with our people and lay- on- hands." They asked me, "If we want to, how can we do it?"

Can we "lay- hands" and wash our hands?" I said, "No, don't touch." That was a big issue that morning. So we had all of these variations and issues as I said. Let's look at the Muslim community, for example. With their practices, there was one key issue where you had the washing of the body by the Imam and his key individuals, family members, who wash the body. And they use one casket. Each mosque would obviously use one casket.

SCHREIBER: What does that mean? One casket for what?

SCOTT: *For burial. People were coming from Guinea, 99% Muslim. People were getting infected in mosques across the country. The Muslims here in Liberia, I don't know about other places, they use one casket. The casket is taken to the burial ground. It is brought back after the body is interred. After internment that casket is taken back to the mosque.*

SCHREIBER: So it is infected, if that was Ebola?

SCOTT: *Yes. So there is the washing of these bodies. People would obviously wash with their bare hands because that is the tradition. So we had all of these key issues that we needed to tackle. Working with these religious leaders was pivotal in helping us stop the spread.*

SCHREIBER: So that would happen just on a kind of ad- hoc basis? You would meet with groups of leaders whenever you could or how did you tackle that?

SCOTT: *From these messages we also put together a training manual.*

SCHREIBER: Focused on the religious communities?

SCOTT: *Focused on everybody. There were social mobilizers, it was for interpersonal communicators and it was for the religious communities as well. So working through the inter-religious council we did a training for trainers. Religious leaders were trained and went out to train others.*

SCHREIBER: This would include Muslim religious leaders?

SCOTT: *The inter-religious council.*

SCHREIBER: Right. Wow, that really is a big challenge.

SCOTT: *So the inter-religious council was just protestant churches mainly and Muslim mosques, but then we had another challenge with the Pentecostal because they are not normally part of the inter-religious council.*

SCHREIBER: So you had to find a separate way of reaching them?

SCOTT: Yes.

SCHREIBER: Okay, how did that work?

SCOTT: *I went around along with others to speak to these people and meet with these charismatic pastors and gave them the messages and gave them posters and gave them chlorine. We worked together in that direction. And then Liberians were fully aware of what was taking place, because the leaders were done with bodies. Initially they were asking to see Ebola victims and said, "Show us*

pictures." They showed Ebola victims all over the place. Liberians would say, "No, you say Ebola is real. Show us the real picture." So that was how we worked with these key actors across the country. That really brought about the transition. We had other minor tremors afterward. Again we were resilient enough to really stop those smaller sparks after the main outbreak.

SCHREIBER: If we go back to the messaging site, creating campaigns and other things. I've heard from some people that at some point "Ebola is Real" started losing traction because people knew it was real and in some way it was scary. "Oh it's real, it's deadly, it's dangerous." How did you see the messages evolve as the outbreak went along?

SCOTT: *We started with, "What do I do to protect myself?" When someone is infected what do you do?*

SCHREIBER: So the action side of it.

SCOTT: *Those immediate key messages. Then it was like, "Ebola is real", because they were saying it's not. Then we came up with "Ebola is Real." Protect yourself, protect you're family, protect your community. "What do I do?" As people became more aware we moved into other key areas. People used "Ebola is Real" and then, "What do I do when someone is affected? How do I go about protecting my family? How do I stop the spread within my family? What do I do?" The messages evolved from just these straightforward key messages about Ebola. We went to Ebola is Real and then we went into other areas. If you opened up a trainer's manual, there were other key areas that trainers would talk about and not just Ebola Is Real. We are speaking more into what was really happening and how we could really prevent it.*

SCHREIBER: So when you were creating these messages did you have any mechanisms for testing them? Did you have focus groups? How did you gauge what would be a good message and what would be a bad one?

SCOTT: *All of the messages were pretested. There were pre-test sessions done for all of our messages. Even the training manual that we did, all of the sections were pre-tested.*

SCHREIBER: Okay, so what would the pre-testing look like?

SCOTT: *To put together the messages, we had an array of people come together. We went in on pre-pre-testing. The communities need input. We came back and put together not the final draft but the final draft before actual pre-tests. Then there were pre-tests done, not just in one community. We had groups from all of the partners that would go out and pre-test these messages. From day-to-day interactions with people, it also provided changes that we made on these messages.*

So the pre-test along with other community engagements and some of the scenarios that were happening, changed these messages along with the pre-test sessions.

SCHREIBER: I see. So it was kind of based on what was happening on the ground in that community.

SCOTT: Yes.

SCHREIBER: So if we switch a little bit to—you called them- the Army of Social Mobilizers, right? This also happened a little bit later on, I guess, but what was your involvement in the recruitment, training, supervision of people who actually went door-to-door to communicate?

SCOTT: *Well, when I look back, I feel gratified that I was there at the time to work along with these key actors in having communities all across the country informed, adequately informed, through all of these channels; the individuals and actors that I've just spoken about.*

UNICEF, working with the Ministry of Health, I speak first from the UNICEF standpoint, we recruited what you call County Mobilization Coordinators and also District Mobilization Coordinators. We had individuals assigned in every district, each health district. We have in Liberia 88 health districts. Each district had about two, at the minimum, two district mobilization coordinators. These individuals worked with the action teams made up of "Task Forces", where you would say, they had a need for all of these actors coming together within each county. You know how it worked. At the district level there were also these district meetings, but not very active.

Then we had information from these individuals who were recruited from the district. We were getting updates from districts all across the country as to what was happening. Aside from that, we had social mobilizers who were going from door-to-door in counties across the country. Most of these people were local community people who were hired or recruited over a period and they were provided with remuneration for their work.

Within each county, depending on the number, we had people in the districts, we had people in urban areas within each county, knocking on the doors. We also worked with teachers. Teachers were trained to go back up into rural communities and train people. We also had these NGOs. The NGOs also played a key role like Save the Children, Global Communities. I'm really proud of Global Communities; they did a good job recruiting people.

So UNICEF—in total we had over 500 recruited persons across the country. Adding on, you had Global Communities, you had Save the Children, you had MSF, recruiting and training and sending people out. You had local Liberian NGOs doing the same. It wasn't just from UNICEF, it was also international NGOs recruiting people. So on the whole you had a lot of people working in those communities. Then you had communities who came out on their own to do their own work, to save their own communities. They were not waiting for government or NGOs. Well, they got some help along the way, like materials and messages, but they did their own thing. It was like communities were now saturated with so many actors at the center of town, talking to people. Everyone was engaged in the action. We also had mobile bands moving into these towns and villages, carrying out the messages through songs and playing and having fun, like a little show. Then you get the messages and all of that. So yes, there were a lot of recruitments done. UNDP (United Nations Development Program) also came about recruiting mobilizers.

Towards the end of the Ebola outbreak, Monrovia or Montserrado County was the last battle, if you will. It was the final frontier. Getting the virus out of the urban slum was really difficult. Winning the fight against Ebola from the first fight that we won, the last fight was within Monrovia and Paynesville cities. So we then came up with Operation Stop Ebola working with the cities of Paynesville and Monrovia. So recruitment from a UNICEF standpoint from Montserrado was a bit

different. We had about 600 social mobilizers recruited and paid monthly. These individuals worked in communities within Paynesville and Monrovia but then we signed a contract with Monrovia and Paynesville city corporations for Operation Stop Ebola. It was just about close to \$225,000 spread out between these two cities. So we had the two mayors. Of course for Monrovia it was a bit different than other rural counties. The structure in Monrovia is completely different. So we got the mayors and the mayors would then bring the community leader, the block leader, bring all of that together. We, at the Monrovia City Hall, trained these community leaders to do the same in Paynesville. Paynesville had a little different structure. They had wards. So you trained the wards and you had them go back and train people in their own communities and then work with these social mobilizers that the UNICEF recruited. That's how it panned out at the end.

One strategy that our office normally used, if there was an outbreak in say Zuma Town, we would then take mobilizers, a few, say maybe if we had ten mobilizers in this space in the Paynesville area, we'd take ten and put them on the bus and take them to Zuma Town. More people worked—all of the households. So it was in that direction that we stopped the virus in the last town, Zuma Town. That was it.

SCHREIBER: How did you go about monitoring the work of—I guess the coordinator in the other districts—the coordinator would monitor the social mobilizers in the field or how did the monitoring site work?

SCOTT: *Like I said, the county mobilization coordinator, working closely with the Ministry of Health, the official person, would carry out the monitoring of all that was happening in the county, the same as the district level. It was the district mobilizers who would then tell you what was happening on a daily basis. If an outbreak—if it becomes a case, we'd get it immediately with text messages.*

SCHREIBER: Would the district coordinator then report to the county coordinator?

SCOTT: *Yes, that was the structure. Because of the emergency, the district officer would send to county and would send to us immediately because we can't wait. It was something that we'd tell them, "Send to the county, send to us." The county will send to the Ministry of Health and send to UNICEF.*

SCHREIBER: Right.

SCOTT: *So UNICEF in partnership with the Ministry of Health, with the official person, working with our county mobilization coordinator, worked together in garnering support from a social mobilization standpoint and also providing feedback on a daily basis. All of the inputs would then be pulled together. Then we would have understanding of how things were. It wasn't perfect because we were in an emergency, but that is how it went out.*

SCHREIBER: Did the Ministry of Health have a separate social mobilization team also? Was UNICEF and the Ministry running two different operations? So if I'm going to write about it, would I say UNICEF and the Ministry of Health together ran social mobilization in these counties?

SCOTT: *Yes. They were the chair, we were the co-chair.*

SCHREIBER: Right, like ECAP, for example, was a separate thing, right?

SCOTT: *Yes.*

SCHREIBER: So was ECAP different from what UNICEF and the Ministry—.

SCOTT: *Not really. I don't know much about what ECAP did.*

SCHREIBER: But they were not coordinated through the same structure necessarily?

SCOTT: *Some of the NGOs were on the outside until the end of the Ebola fight. It was a struggle to get all of the actors to the scene.*

SCHREIBER: All right. You mentioned also payment for people in the field. Was it standardized so that people all got the same amount of money?

SCOTT: Yes.

SCHREIBER: How did that work?

SCOTT: *It was standardized. We had some issues, changes. Some NGOs were paid different. Everybody was not on the same payment line; there were some fluctuations. There were some differences with regard to how much—.*

SCHREIBER: But at least from the UNICEF and the Ministry of Health side, it was standard?

SCOTT: *It was agreed.*

SCHREIBER: So you remember how much it was? Was it fifty? One hundred?

SCOTT: *First of all we agreed on eighty dollars. Then it came down to fifty dollars.*

SCHREIBER: This is for the door-to-door mobilizers?

SCOTT: *Yes. We were giving other inputs like rain gear, other things, materials to help do their work.*

SCHREIBER: This is per month right?

SCOTT: *Yes. These people were mostly volunteers.*

SCHREIBER: Sure.

SCOTT: *We know you're volunteering, but here you are.*

SCHREIBER: A reimbursement more than a payment.

SCOTT: *Yes. Actually the district mobilization coordinators and the county were actually subcontracted. They were paid like staff. The mobilizers here in Monrovia were volunteers also and they were just like in the rural areas. The DNCs and CNCs, they were all contract.*

SCHREIBER: I see, so that put them in a different category.

SCOTT: Yes.

SCHREIBER: The last question is the most difficult one, but it is the biggest one. We've mentioned it before, but if you had to pull together your key lessons that you take from this whole experience, the big thing that I'm trying to look at here is

"distrust." How do you win corporation and trust from communities? What would you say are some of the key lessons that you take away from the social mobilization work?

SCOTT: *Like I mentioned, we asked NGOs and agencies here in Liberia, but we always leave these key actors until we're at the end of the rope. If I could put it into a context speaking theoretically, we want to cook a food; we want to cook a nice dish. We do the market list. That's NGOs and agencies. We go to the market. We buy the food. We cook the food and then we take it to the community because now the food that we are about to cook is for the community. So we go to the market. Buy the food. Cook the food. We take the food in these big pans and we set it down in the community and then we say "Community members, can you help us share the food? We brought food for you people." The community will then taste the food and say, "Ah no, that is not the food we like to eat. Why you didn't bring us cassava leaf? Why didn't you bring us potato greens? Why did you cook spinach? We don't like spinach. Why did you cook cabbage? We would prefer fufu and soup." We always run ahead and leave the community behind. In hindsight, I think we should have the communities onboard from the beginning in whatever we want to do. We need these key actors that we work with to always be there, not just for the drawing of proposals, not saying that we need to sit with them and draw up proposals, but we start to work with them as early as possible. Have them on board. Then they feel a part. The reason we don't have a lot of these sustainable activities or projects is because these people are not on the road from the onset.*

SCHREIBER: Right.

SCOTT: *The second thing I would say when I look back, we had several challenges, all of that. Then it was that wholesome functioning work that really did the job. We did it in a way that you're building a platform to stand on and talk. We had to really work on this platform and it was difficult. We finally created a platform for community engagement and that did the job. But, I see this platform that we've created is being dismantled and we are going back to our old ways. We should maintain this platform that we have created, not just for Ebola—we have other issues like maternal mortality. We have other major issues like malaria. If we could garner support in this manner, as we did, we can do it for other key areas that our country is faced with.*

We have children dying from these diseases that we can really stop. So we have to maintain what we have. When we're working we need to bring these people on board and not just think we can do it on our own. We are now going back to our offices and putting down messages and copying messages and going into the studio on our own.

SCHREIBER: So it is back where it was in the beginning?

SCOTT: *It is going back and it is almost there.*