

RESPOND AND REBUILD: FIGHTING EBOLA IN LIBERIA

JANUARY 30, 2015



Partner:

Last Mile Health (LMH)
Ministry of Health (MOH)

QUARTER ONE REPORT

OCTOBER – DECEMBER 2014

Submitted to:

United States Agency
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(USAID) Office of Foreign
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1 INTRODUCTION

Partners In Health (PIH) and our partner Last Mile Health (LMH) submit this quarterly performance report to the USAID Office of Foreign Disaster Assistance (OFDA) for the program titled *Respond and Rebuild: Fighting Ebola in Liberia*. In collaboration with Liberia’s Ministry of Health (MOH), PIH and LMH began work on October 15th, 2014 and our team is proud of our accomplishments to date.

PIH and LMH have been approved to provide Ebola response and recovery support to Grand Gedeh and Maryland counties. In addition, the OFDA Liberia team has asked PIH and LMH to submit a proposal modification to support two additional counties (i.e., Rivercess and Grand Kru), including the reallocation of some program activities to these new target areas. PIH’s planned scope of work, incorporating OFDA’s latest modification requests, include the four pillars of the Ebola response:

- (i) Establish, staff, and operate Ebola Treatment Units (ETUs) in Grand Gedeh and Maryland counties;
- (ii) Establish, staff, and operate four Ebola Community Care Centers (CCCs) and four Rapid Response Teams (i.e., one in each county) to provide mobile rapid case management in often rural and remote areas;
- (iii) Support County Health Team (CHT) coordination of Ebola Operation Center (EOC) activities in all four counties, including a strategic shift from Ebola response to Ebola recovery and insuring communities have access to primary and secondary care; and
- (iv) Support communities by training 650 Community Health Works (i.e., 260 in Grand Gedeh, 260 in Maryland, and 130 in Grand Kru and Rivercess), who will engage in contact tracing, surveillance, referrals to ETUs and CCCs, and targeted Ebola prevention messaging, through collaboration and in alignment with the MOH.

As noted above, the programmatic work specified for Grand Kru and Rivercess is still pending OFDA approval and therefore the team has only begun preliminary work in these areas. Performance indicators have been updated, however, to include these counties, since the proposed strategy is in line with the MOH’s most recent one-CCC-per-county plan.

This quarterly performance report covers the time period between October 15th and December 31st, 2014. Section 2 details the team’s accomplishments, including a comparison with established goals and objectives by sub-sector. Section 3 describes challenges and changes that have impacted expected results. Section 4 provides requested information on procurement, including vehicles.

2 PROGRAMMATIC INDICATORS

PIH currently works with the MOH and local stakeholders to address the many challenges that have arisen as a result of the Ebola outbreak in Liberia. PIH and LMH are supporting two sectors and four sub-sectors under this program. Within the Health sector, the team is working on: (i) Health Systems and Clinical Support, (ii) Community Health Education/Behavior Change, and (iii) Medical Commodities Including Pharmaceuticals. With the Protection sector, PIH and LMH are providing services under the Psychosocial Support Services sub-sector. This section is organized by sub-sector, including all indicators from the Monitoring and Evaluation (M&E) plan.

Overall, PIH and LMH have trained 333 individuals (or 92% of the target for Quarter 1) in the Health Sector and 138 individuals (or 60% of the target for Quarter 1) in the Protection Sector. Combined, PIH and LMH have trained and supported 333 individuals.

2.1 Health Sector

Under the Health sector, PIH and LMH have trained 333 unduplicated staff, including supporting and training 138 CHWs (in Grand Gedeh and Rivercess). LMH has also provided Infection Prevention and Control (IPC) training to 340 facility-based staff – since the IPC training does not include the full module (e.g., contact tracing), these trainings are not included in the 333 total staff trained. In the next quarter, PIH expects to open an additional ETU in Maryland and four CCCs in Rivercess, Grand Kru, Grand Gedeh, and Maryland and will train an additional 406 facility based staff and 390 CHWs. LMH will train an additional 122 CHWs and continue to support facility-based staff. The M&E indicator table below provides additional indicators and detail to supplement the information included in the ART indicator table, including a column on activities in Rivercess.

Table 1: Health Sector M&E Indicators

#	Indicator Description	Source	Baseline	Target (6-month grant period unless indicated)	Q1 in GG & Maryland	Q1 in Rivercess
5a:	Number of patients registered at ETUs and CCCs, disaggregated by suspected vs. confirmed cases	ETU and CCC patient register	n/a	TBD once additional facilities are open	CCC: 0 ETU: 0	CCC: 0 ETU: 0

#	Indicator Description	Source	Baseline	Target (6-month grant period unless indicated)	Q1 in GG & Maryland	Q1 in Rivercess
5b:	Number of suspected/probable cases tested for Ebola at CCC and ETU, disaggregated by positive or negative result	CCC and ETU patient register	n/a	TBD once additional facilities are open	CCC: 0 ETU: 0	CCC: 0 ETU: 0
9:	Number/Percentage of community members screened for Ebola	CHW Ebola screening tool	5,500 / 4%	33,000 / 26%	8,430 / 56.2%	n/a
10:	Number/Percentage of individuals screened who are identified as suspected cases	CHW case management form	3	To be determined	0	0
14:	Number/Percentage of contacts lost to follow-up	CHW contact tracing form	0%	10%	0	0
15:	Number/Percentage of Ebola cases among CHWs or health center staff	CHW Supervisor report, Facility, and ETU and CCC reports	0	0%	0	0
16:	Number/Percentage of CHWs who are properly supplied and equipped	CHW Supervisor report	unknown	260 / 100% in Grand Gedeh 260/100% in Maryland	61/21% in Grand Gedeh; 0/0% in Maryland	93/72% in Rivercess
17:	Number/Percentage of suspected cases dying within community	CHW Ebola case management form	unknown	5%	0	0
WASH for ETUs and CCCs						
1:	Percentage of days that contaminated objects/surfaces (e.g., laundry, floors, foot baths) are disinfected with a chlorine solution following guidance from Annex 12 of the <i>Filovirus Haemorrhagic Fever Guideline</i> , MSF 2008	WASH form	n/a	100%	100%	0
2:	Percentage of days that <u>all</u> contaminated liquid wastes (e.g., vomit, blood, feces, urine) are disinfected and disposed of in a designated, secured location.	WASH form	n/a	100% (every day)	100%	0
3:	Percentage of observations of Hand washing Stations where chlorine were present.	WASH form	n/a	100%	100%	0
Sub-sector: Community Health Education						
1:	Number of CHWs trained and supported (total and per 10,000 population within project area), by sex	Training register	0	260 / 100% in Grand Gedeh 260/100% in Maryland (50% female)	61 CHWs / 37 per 10,000 / 32.8% female	CHWs: 93 with 9.2% female
2:	Number and percentage of CHWs specifically engaged in public health surveillance	CHW case management form	0	260 / 100% in Grand Gedeh 260/100% in Maryland	61 / 21%; 0/0%	CHWs: 93 / 72%
Sub-Sector: Medical Commodities Including Pharmaceuticals						

#	Indicator Description	Source	Baseline	Target (6-month grant period unless indicated)	Q1 in GG & Maryland	Q1 in Rivercess
2:	Number of people trained, disaggregated by sex, in the use and proper disposal of medical equipment and consumables	Training register	0	175 people trained in the proper use of medical equipment; 60 trained in proper disposal	195 staff trained on use and disposal	
3:	Percent of health facilities, supported by USAID/OFDA, out of stock of selected essential medicines and tracer products for more than one week.	Supplies inventory form	n/a	5%	0%	0%

2.2 Protection

Under the Protection sector, PIH and LMH have trained 138 unduplicated staff which consists of CHWs to provide psychosocial support to patients, staff, and communities in the targeted counties. In the next quarter, PIH and LMH expect to train an additional 516 staff, as well as provide more intensive support to survivors to assist with reintegration. In quarter one, PIH also met with leaders of the National Ebola Survivor Network who identified job training (e.g., resume development, basic skills) as critical for ensuring reintegration and empowerment moving forward for survivors. Quarter two's approach will incorporate this feedback into the approach to supporting survivors. The M&E indicator table below provides numbers on outcomes achieved in the first quarter for each indicator.

Table 2: Protection M&E Indicators

Indicator	Indicator description	Source	Baseline	Target (6-month grant period)	Achieved (first Quarter)
Indicator 1:	Number of people trained in psychosocial support, disaggregated by sex and provider role	Training register	0	260 / 100% in Grand Gedeh 260/100% in Maryland 4 clinical social workers (2 expatriate; 2 local)	138 CHWs, 16.8% female; including Rivercess
Indicator 3:	Number/Percent of persons reporting improvements in mental health, before versus after support activities	Psychosocial support form	n/a	75%	n/a

3 ACCOMPLISHMENTS AND CHALLENGES

In the first quarter of the project (October 15 – December 31, 2014), the PIH and LMH team have been actively involved with the Grand Gedeh, Maryland and Rivercess CHTs. Both PIH and LMH consider building relationships with county leadership and communities in the Southeast essential to ensure overall success in the upcoming months. In Grand Gedeh, PIH leadership worked closely with the County Ebola Task Force led by the County Superintendent and County Health Officer (CHO) to establish the ETU clinical protocols and to select and hire the clinical staff who are working at the ETU in Zwedru. On December 9th, 2014, after receiving cold training from the Department of Defense (DOD), PIH hired 55 health workers to staff the ETU. On December 13th, 2014, the County Ebola Task Force held a community ceremony to officially hand the constructed ETU over to PIH to clinically manage. After the ceremony, and as PIH clinical staff commenced wet training and ran full wet runs of the facility, PIH staff noted a number of drainage and infection control measures that needed to be in place before the ETU officially opened to patients. PIH staff participated in a joint meeting of the county leads of OFDA, WHH, and PAE to review outstanding items to ensure proper infection control measures were in place to be able to open the Zwedru ETU. A 15-point set of action items was decided on, to be completed by January 5th, 2015 for the ETU to be ready to clinically receive patients. Clinical staff completed wet and dry runs of the ETU and ongoing training to be prepared for the opening on January 5th.

While the ETU team focused on final preparations and protocols in December, a group of PIH clinicians forming part of the Rapid Isolation and Treatment Ebola (RITE) team in Grand Gedeh, at the invitation of the CHT, entered into a collaborative effort in late December to connect with communities that are traditionally difficult to

reach due to their remoteness. PIH provided direct dissemination of information during community visits and assessed their current knowledge and preparedness regarding Ebola. PIH sent four teams of five people to Konobo and Gbao. Over the course of three days (December 30, 31st and January 2nd), the teams were able to cover a total of 20 rural communities. The CHT provided direction, goals and the majority of education during this outreach, along with the vehicles for transportation of team members. The CHT closely followed the MOH's Community Engagement Guide. PIH assisted with the logistical planning and covered financial costs. The PIH team members were also able to assist the CHT in jointly creating an Infection Prevention and Control (IPC) Community Assessment tool that gauges the Ebola awareness and preparedness of the communities that were engaged. In total 339 community members in 20 villages received Ebola awareness and IPC messaging.

In Rivercess, the PIH RITE team remained in Gozhon, after agreeing to support the Kayah Clinic CCC from MSF-Belgium on December 15th, 2014 at the request of the CHT. Four international staff nurses and one logistics officer from PIH are living in a camp set up in the extremely remote village of Gozhon (i.e., a five hour drive from the Rivercess capital city of Cestos), where, in late October 2014, over 30 suspected cases of Ebola had been successfully triaged and transported to Monrovia for care. In total, over 14 people in the small village had confirmed Ebola, with four survivors returning to the community with PIH support. PIH's role in taking on the RITE response from MSF was to ensure that the county contact tracing team continued to follow contacts for the duration of the 42 days as well as ensure proper staffing capacity of the Kayah Clinic CCC in case of additional cases. As there were no active cases in the region, the RITE team was able to work in collaboration with the District Health Officer (DHO) to conduct IPC assessments of 11 health centers throughout the communities and districts surrounding Gozhon, using a tool developed jointly by LMH and the CHT, to assess the status of triage, materials, level of knowledge of staff, etc. The information collected in the assessment is being compiled and shared with the CHT to help facilitate ensuring that health centers receive the proper materials and training they need to "keep safe and keep serving."

In Maryland, the PIH team, having just completed a joint Ebola hot and cold training of over 120 people, led by the DOD and the CHT/Superintendent over the week of Christmas, continued to work with WHH to ensure that the construction of the Harper ETU is on schedule. PIH continued to ensure all necessary measures to ensure proper IPC and safety for staff and patients. In addition, PIH continued important planning sessions with Tubman University (TU) leadership and health sciences staff around the Center of Excellence in Training for Ebola. This collaboration will leverage DOD's training modules at TU. PIH and TU will jointly manage ongoing training of staff and students from throughout the southeast. PIH and TU have an MOU signed that focuses on partnerships around ensuring the highest standard of excellence is being achieved via the four year nursing program at TU and to ensure the county and southeast region have the capacity to train future health providers. This partnership is critical for ensuring ongoing support to health workers as training staff in Monrovia is not logistically feasible given costs and roads.

In Monrovia, PIH leadership continues to meet with UNICEF to review the schedule for the combined 4 CCCs for Rivercess, Grand Gedeh, Maryland, and Grand Kru. Due to some delays, the CCCs are scheduled to be constructed by late January and PIH will have one week post-construction completion to test-run and get staff and materials installed before officially opening the CCCs. The location for the CCC in Grand Kru is still being determined due to the fact that the CH Officer has been out of Liberia for the holiday season. The PIH and UNICEF teams are set to meet with the CHO to finalize the decision at the latest by January 9th.

Meanwhile, in the same quarter in Grand Gedeh and Rivercess, LMH provided extensive 8-day trainings for 138 CHWs covering (i) Ebola community education and awareness; (ii) case identification; (iii) contact tracing and community surveillance to quickly identify and refer suspected cases; (iv) active case finding; (v) isolation and proper referral; and (vi) psychosocial and community support. With seven CHW Leaders, LMH provides weekly supervision to each CHW to ensure they have needed support at all times and are conducting active case finding and community surveillance. Appropriately monitored CHWs are the key to swift referrals from remote communities to the ETU or CCC for diagnosis and proper care. In the event that CHWs identify a suspected Ebola case, they are prepared to follow referral and isolation protocol, as well as daily follow up with all contacts for 21 days and psychosocial support to communities, as needed. With a deep commitment to Grand Gedeh and Rivercess and to support the community referral network, LMH has also conducted IPC training with 340 facility-based clinical staff in 35 health facilities across the counties, outside of this OFDA-funded award. LMH will continue to provide follow-up through monthly supervision and mentorship to all 35 health facilities to ensure they are prepared for suspected cases and to begin to restore essential health services.

To support rapid implementation of contact tracing and surveillance efforts, CHWs have successfully mapped every household in their catchment areas and registered each individual with a unique identifier. After the completion of mapping and registration, CHWs began routinely screening each household using screening tools

developed by LMH consistent with WHO guidelines. Upon identification of a suspected case, CHWs will alert their CHW Leaders and Community Health Committees (CHCs) for immediate isolation and referral. Supported by LMH, CHCs and CHWs have together designed locally appropriate Ebola response plans, including protocols for urgent referrals out of communities. Through the facilitation of CHCs, LMH also solicits feedback and gathers continuous input to maintain community involvement in the delivery of interventions.

Of the 138 CHWs, 16.8% are female (32.8% of the 61 CHWs in Grand Gedeh and 9.2% of the 77 CHWs in Rivercess). In Grand Gedeh, LMH recruited all CHWs, whereas in Rivercess, LMH trained an existing pool of CHWs for rapid implementation of project activities. While selection criteria for CHWs prioritize gender considerations and aim for an equal balance of men and women, it is a challenge to identify women in remote communities who pass a strict literacy requirement. Although female participation in the recruitment process is encouraged wherever possible, requirements for CHWs include literacy levels (e.g., for tracking surveillance) that often lead to more men serving in those roles than women. LMH is committed to building upon this 16.8% ratio in the coming quarter.

Finally, PIH has supported OFDA Liberia to develop the voluntary weekly surveillance reports, providing several rounds of feedback as OFDA was developing the template and piloting the report before roll out to other partners. PIH will submit these weekly reports, which were finalized in January, in Quarter 2.

Challenges: When compared with the timeline set out in the approved grant agreement, the recruitment of a full cadre of 260 CHWs in Grand Gedeh has been delayed (originally scheduled for months two to three), though training for those already recruited is progressing ahead of schedule (planned for months three to four). The reason for the delayed identification and recruitment of CHWs in Grand Gedeh is directly linked to an urgent need for health worker training in Rivercess—one of Liberia’s most underserved counties, where LMH has been working with the CHT since September 2014. As noted above, in October 2014, a pocket of Ebola cases emerged in a remote area of Rivercess, resulting in over 44 total cases, 24 deaths, and well over 100 contacts who then fled into the surrounding communities. Referral mechanisms were inadequate and the existing CHWs were inactive, untrained and unequipped. These gaps constituted a huge risk, especially given the uptick in cases seen in the southeast at the time. The outbreak highlighted the critical need to target remote villages with community-based Ebola surveillance, education, referral, contact tracing, and follow-up services to prevent the emergence of “hot spots.” However, as the outbreak unfolded in late October 2014, LMH and PIH were the only organizations positioned in Rivercess planning community health activities in remote villages.

PIH and LMH have also continued to work closely with all stakeholders and partners as the Ebola response strategy continues to evolve. While the strategic changes have been challenging from a planning perspective, PIH and LMH continue to support OFDA, the MOH, and CHTs in the response to the primary and secondary impacts of the Ebola outbreak. In fact, as a partner on the OFDA and Mercy Corps ECAP project, LMH and its partner, FACE Africa, are training 42 community mobilizers and 1,203 communicators in Ebola messaging and community mobilization—these community members are unduplicated and separate from the CHWs trained under this project.

Finally, while LMH will conduct a Knowledge, Attitudes, and Practice (KAP) survey to assess the extent to which Ebola messaging is received and retained by the community (e.g., knowledge of signs and symptoms, knowledge of community response plan, attitude regarding seeking testing and treatment, utilizing preventative messages), these results will not be available in the six months of the grant period given the time needed for proper measurement and evaluation of changes in behavior. The survey will ideally be conducted in a sampling of communities in each district. PIH and LMH will work with their internal M&E team to identify other ways to provide preliminary results sooner than six months.

4 PROCUREMENT DETAILS

PIH has leased a total of 10 vehicles in Quarter 1. All 10 vehicles are non-U.S. vehicles: 8 Toyota LandCruiser 76 (10 seaters) and 2 Toyota LandCruiser 79 Double Cab Pickup Trucks from Japan (source) and the UK (nationality of supplier). PIH purchased vehicles from a non-geographic code 937 source given the urgent need for vehicles during the disaster response; this urgency would not have been met otherwise. In addition, it is easier to find parts for these vehicles in Liberia, which is critical for ensuring ongoing maintenance.