

January 30, 2015

Program Officer
USAID/OFDA
Ebola Response Management Team
RMTEBOLA_PGO@ofda.gov

RE: Cooperative Agreement No. AID-OFDA-G-14-000177, Assisting Liberians with Education to Reduce Transmission (ALERT), Quarterly Report

Dear Mr. ,

On behalf of Global Communities, I am pleased to submit our Quarterly Programmatic Report summarizing activities undertaken during the period of October 1 – December 31, 2014.

Should you have any questions or comments regarding any aspects of this report, please do not hesitate to contact me.

Sincerely,

CC:



ASSISTING LIBERIANS WITH EDUCATION TO REDUCE TRANSMISSION (ALERT)

Country: Liberia

Donor: Office of Foreign Disaster Assistance, USAID

Award Number: AID-OFDA-G-14-00177-03

Reporting Period: October 1, 2014 to December 31, 2014

Submitted To:

Submitted By:

QUARTERLY REPORT



EXECUTIVE SUMMARY

The Ebola crisis eased significantly this reporting period. From its peak of more than 300 new confirmed cases per week in Quarter 3, rates declined to only 31 in the last week of Quarter 4. At the close of the quarter, the WHO reported 2,707 confirmed cases and 1,708 deaths in Liberia since the outbreak of the disease in March 2014.¹ The worst-hit country in West Africa early in the quarter, Liberia faced continued fear, disease denial and misinformation, low capacity for safe and dignified burials, and a need to identify and monitor potentially-infected individuals.

Global Communities responded to these needs agilely by continuing our social mobilization messaging in nearly 50 health districts, scaling up support for burial and disinfections teams – managing a total of 58 burial and 43 disinfection teams (completing more than 2,500 safe and dignified burials) across the country, providing 21 ambulances, and increasing contact tracing coverage from one to four counties. The Disco Hill safe burial site, developed by Global Communities in collaboration with the Government of Liberia (GOL), opened on Dec. 24, 2014. With 65 burials already completed at the end of the quarter, Global Communities will continue to manage Disco Hill in the next quarter. The site allowed for the halt of the country's controversial cremation mandate. Additionally, Global Communities continued to build on its strong relationships with government and traditional institutions to implement programming that incorporates existing structures; Paramount Chiefs from in all 15 counties have committed to active Ebola prevention engagement, and Global Communities supports all 15 County Health Teams (CHTs).

Highlights this Quarter

- Evident reduction in Ebola cases, increase in safer hygiene practices, virus awareness and community cooperation with burial teams and contact tracers
- Social mobilization for more than 3,000 communities
- Contact tracing and active case search ongoing in four counties
- Ambulance services increased to 21 rigs
- Safe burial coverage nationwide with 58 burial and 43 disinfection teams
- Opening of Disco Hill safe burial site with 65 burials thus far; suspension of cremation policy
- Engagement of traditional leaders to increase trust, share information
- Two OFDA modifications – increasing program size from \$7.7 to \$20.8 million

1. PROGRAM OVERVIEW

The objective of the ALERT program is to ensure a maximum level of community preparedness for and responsiveness to exposure to Ebola. The program supports effective outreach, education, messaging, and the availability of critical health care workers, burial teams and community-based structures to mitigate the risk of further Ebola transmission. Global Communities accomplishes this through engagement in three technical areas: social mobilization, case detection and case management. ALERT builds on existing structures within the Liberian government and traditional leadership to promote local capacity development and ownership of Ebola response programming.

2. PROGRAM ADMINISTRATION

This reporting period, ALERT grew through two modifications from a six-month \$7.7-million program to an eight-month \$20.8-million program. Programming expanded from social mobilization activities in Bong, Lofa and Nimba counties, burial team support in seven counties and contact tracing in Bong County only, to also include more social mobilization, burial team presence in all 15 counties, hot-spot

¹ WHO Ebola Response Roadmap, Situation Report, Dec. 31, 2015

management, ambulance support and scaled-up engagement of traditional leadership. Most notably, this modification supported the development of a safe burial site for Montserrado County at Disco Hill, which provided a key community health asset that will help prevent further Ebola infection. Global Communities on-boarded four additional expatriate staff this quarter: a Deputy Finance Manager, an Emergency Response Officer, an Emergency Response Coordinator to oversee operations at the safe burial site and a Communications Officer.

3. PROGRAM IMPLEMENTATION

Through flexible, community-focused programming, Global Communities remained committed to addressing critical needs in Liberia’s Ebola response across all 15 counties. Figure 1 below outlines ALERT response areas for this reporting period.

Figure 1: Quarter 4 Ebola Response Overview

Response Pillar	Activity Type	Counties Active
Social mobilization	Community meetings and dialogue sessions, hygiene material supply, follow-up community meetings, traditional leader interventions	Bong, Cape Mount, Grand Bassa, Gbarpolu, Grand Gedeh, Grand Kru, Lofa, Maryland, Nimba, Rivercess, River Gee, Sinoe
Case detection	Contact tracing, active case search	Bong, Gbarpolu, Margibi, Rivercess
Case management	Dead body management (burial teams, disinfection teams, ambulance support, safe and dignified burials, safe burial site)	All counties

3.1 Social Mobilization

Global Communities’ social mobilization strategy employs the Community Meeting and Dialogue Session (CMDS) framework, a method that actively engages local leadership and communities in Ebola prevention education. Developed in partnership with the Ministry of Health’s Community Health Services office, CDSM sessions result in community-based action plans to combat the disease. This quarter, Global Communities supported 215 dialogue session with 15,300 total attendees representing 3,557 communities. CMDS are held at the county, health district and health catchment levels. Ministry of Health and Ministry of Internal Affairs officials often attend as well as paramount, clan and town chiefs. Annex A provides an outline of the CMDS strategy.

At CMDS, participants develop action plans for their communities, and town chiefs are identified to take the lead in ensuring their towns enact the plan. As a result of CMDS this quarter, communities implemented several life-saving actions to combat Ebola. These included:

- The suspension of traditional burial practices that involve contact with the body
- Increased referrals to appropriate health authorities
- The development of visitor registration schemes to monitor the health of newcomers
- Increased the availability and use of hand washing facilities and other infection, prevention and control (IPC) measures.

In Nimba, CMDS attendees included religious leaders who believed Ebola to be a curse from God. After participating in the sessions, the leaders understood that Ebola is a virus that can spread from person to person and committed to sharing this messaging in their sermons. Such engagement of

trusted community leaders who promote key Ebola messages is necessary to gain efficacy in skeptical communities and sustain behavior change.

Traditional leadership plays a significant role in much of Global Communities' programming, particularly in social mobilization. By engaging with this existing structure, Global Communities is able to more quickly gain community trust, and traditional leaders can act as an additional support and enforcement mechanism. Annex B, a case study on social mobilization through traditional leadership in Cape Mount County, further describes the important role traditional leadership plays in Ebola prevention, even in cross-county social mobilization.

In addition to the sessions, Global Communities provided brochures about Ebola, radios, soap, chlorine, pro-handwashing wristbands and other information, education and communications (IEC) materials to be used to support behaviors discussed in the sessions. In some sessions, facilitators showed a video of Ebola outbreaks in other countries, which helped participants better understand the disease through an engaging multi-media platform. Global Communities community mobilizers and Paramount Chiefs participated in local radio programming to explain the CMDS process and promote attendance.

In some cases, additional social mobilization was necessary in communities where disease denial remained or resistance to prevention mechanisms was met with skepticism, and sometimes violence. In these cases, Global Communities conducted as-needed sessions with community leaders, health workers, etc. For example, in hotspots in Grand Kru and Rivercess Counties, Global Communities' burial teams met resistance in communities where traditional burials continued. ALERT conducted a district-level campaigns to combat resistance and educate communities. The meetings revisited action plans with community leaders and resulted in reduced resistance to the introduction of burial teams to safely bury the deceased.

3.2 Case Detection

Initially, Global Communities participated in contact tracing activities only in Bong. As the virus spread to Gbarpolu, activities expanded to follow cases crossing the border. As the quarter progressed, Global Communities further increased contact tracing activities in hot-spot areas in Margibi and Rivercess at the request of County Health Teams beginning in November.

In areas where the virus declined to no active cases, the need for contact tracing shifted to active case search and border surveillance to prevent cross-county infection. For example, when Gbarpolu reported no new cases in December, contact tracers began actively searching for cases in the county. In total, Global Communities trained, supported and/or provided supervision to more than 400 contact tracers/active case searchers. Support to contact tracers and active case searchers included training, log materials, the provision of incentives, as well as motorcycle and vehicle use for County Surveillance Officers to monitor contact tracing activities. The program provided ThermoFlash thermometers to active case searchers.

3.3 Case Management

Case management was Global Communities' most significant engagement area in Ebola response this quarter. Activities focused on burial/body pick-up and disinfection team support, ambulance provision and support, and safe and dignified burials in communities and at the Disco Hill safe burial site.

Through the provision of some 300 vehicles and 206 burial and disinfection trainings (including initial and follow-up trainings), which trained 650 individuals, Global Communities significantly increased the

capacity of the GOL to safely remove bodies from communities, general health facilities and ETUs. As the virus spread to every county, Global Communities increased support of ambulance services to transport the sick – the program provided and staffed as many as 21 ambulances. Remaining flexible and responsive to shifting county needs, the specific numbers of some services and vehicles fluctuated throughout the reporting period.



A Global Communities' burial team, overseen by Environmental Health Advisor George Woryonwon safely removes a body from a remote community.

In addition, Global Communities rapidly established burial and disinfection teams and deployed them where needed while also providing incentives for workers, including Environmental Health Technicians who oversee the teams. In mid-November, Global Communities established several needed burial teams when hot spots broke out in Quewin, Grand Bassa and in Gbarpolu and developed a walk-in team model to reach remote communities. As the hot spots cooled, the teams were reassigned where needed. This significantly reduced the risk of infection from an Ebola-positive body awaiting burial. About half of all burials took place in Montserrado. More detail on dead body management statistics can be found in Annex C.

As noted, the Disco Hill safe burial site opened late in the quarter. Annex D provides detailed information on the development of the site, the official launch and procedure for safe burials. To make this possible, Global Communities worked with the GOL and traditional leadership to identify the land, negotiated with the community for purchase, facilitated payment by the GOL, and planned and developed the site – clearing trees, determining the layout of the space, building storage and operations structures, etc. in less than two months. All families of the deceased buried at Disco Hill thus far are satisfied with the quality of service and care provided for their loved ones. The site continues to be managed and staffed by Global Communities.

In December, Global Communities also took responsibility for the medical waste incinerator and sharps incinerator at the Monrovia Medical Unit (MMU), a treatment facility for health workers in Margibi. Late in the quarter, Global Communities began supporting swab testing through swab distribution and swab test training for burial teams. Global Communities also facilitated swab transportation to labs for testing and worked with the CDC and Dead Body Management cluster to contribute to develop communications strategy and guidance on oral swab testing. Swab testing will help to better document how many deaths are truly Ebola-related, as most cases remain “suspected” or “probable.”

3.4 Other Components

In addition to these activities, Global Communities leveraged its IWASH² program network to carry out important Ebola-prevention activities that supported ALERT objectives. IWASH Natural Leaders (NLs) were integral in successful social mobilization and participated in ALERT trainings. The NLs worked

² The Improved Water, Sanitation and Hygiene program is a \$10-million dollar USAID-funded project that provides WASH services to communities in Bong, Lofa and Nimba counties. With a strong focus on Community-Lead Total Sanitation (CLTS), IWASH helps communities become open defecation free (ODF) through community-centric approaches. Through IWASH, 284 communities became ODF. Natural Leaders (NLs) emerge in communities as facilitators of positive behavior change and guide households toward ODF-status. NLs remain active in their communities and prepared to be activated for other health campaigns. They were uniquely poised to respond to the Ebola crisis.

in their communities to promote safe hygiene practices, spread Ebola messaging and support the implementation of CMDS action plans. In addition, WASH Entrepreneurs from the IWASH program were mobilized to repair 44 clinic hand pumps in Bong, Lofa and Nimba. This provided a critical disease-prevention service to clinics.

4. PROGRAM RESULTS AGAINST INDICATORS

The most significant programmatic result of this quarter was the development and opening of the Disco Hill safe burial site. Working with traditional leadership and top-level GOL officials, Global Communities facilitated the government's procurement of a 25-acre parcel of land to develop the site in Margibi. This quarter, 65 individuals were given safe and dignified burials at Disco Hill.

In addition, ALERT made strong gains toward its other indicators this quarter, including social mobilization activities covering more than 2,800 communities. Through ALERT training, more than 280 contact tracers learned to work with families to identify potentially-infected individuals. Global Communities anticipates more trainings next quarter. More than 650 individuals received burial or disinfectant training and were deployed throughout the country to comprise some 100 total teams that completed more than 2,200 safe burials. 92 percent of burials were completed within 24-hours of death this quarter. More than 4,500 deceased received safe and dignified burials through ALERT thus far.

Due to the rapidly-changing and unpredictable nature of this outbreak, baseline data was not always applicable, and much activity was zero before the outbreak. Additionally, Global Communities set few specific targets, as higher targets would indicate high infections, and the rate of disease spread remained unpredictable. Annex E provides a table of program results against indicators and offers more specific results and achievements related to community health education/behavior change, communicable disease prevention and medical commodities provision.

5. LESSONS LEARNED AND CHALLENGES ENCOUNTERED

Adaptability and flexibility – Ebola response needs shifted rapidly and drastically throughout this reporting period. It was necessary for Global Communities to remain agile in the changing response climate to maximize human and material resources where they were needed most. By working with CHTs across the country, it was evident that a single proscribed response was not appropriate for each county, district and community – every outbreak had an individual profile. Therefore, Global Communities developed a flexible response model that could easily shift, expand or downsize depending on need. For example, as we expanded burial team support from Bong to Gbarpolu, it became evident that burial teams would not be able to reach remote communities by vehicle. Global Communities quickly mobilized walk-in burial teams and deployed them at critical hot spot areas and elsewhere established and trained canoe teams in Grand Bassa and Gbarpolu where communities were not reachable by land. By quickly filling in such gaps, ALERT programming remained relevant and effective.

Addressing community fear and distrust – Global Communities was the first organization to enter some communities in Grand Kru and Rivercess; we engaged with communities before more health- and treatment-focused entities established bases in distant districts. As a result, Global Communities was on the front line of combatting community misinformation, fear and distrust. Because our focus was safe and dignified burials, we faced additional challenges in partnering with communities that were waiting for curative care. Some communities believed that disinfectant spray was laced with the Ebola virus or that the dead would be carried away to be burned. Some communities chased staff, stoned the

home where one was staying and temporarily seized vehicles. It was necessary that Global Communities establish trust in these communities and develop a means for productive communication. To do this, we worked directly with trusted traditional leaders to act as liaisons between communities and our staff, which legitimized the work they were trying to do and helped reduce community fear. Also, traditional leaders have the authority to suspend traditional practices, an authority that community health workers could not obtain. Through this method, ALERT programming could continue and communities better understood and accepted the need for Ebola prevention measures.

Procuring land for the safe burial site – Though the program identified a suitable area for the safe burial site early in the quarter, the opening was continuously delayed. The delay, due to payment to the Disco Hill community by the GOL, allowed cremation to continue in Montserrado County. Cremation also proved to be a barrier to safe burial practices in the county. However, the ALERT program worked with government officials, including Assistant Minister Neyswah and Mary Broh, Director General at GSA, as well as the community itself, to ensure payment for the land. Global Communities worked with U.S. Ambassador Deborah Malac and U.S. Senator Chris Coons to facilitate the purchase as well.

On Dec. 23, President Sirleaf, the Minister of Finance and Chairman of the National Council of Chiefs and Elders Chief Zazan Karwor, presented a check to the chief of the Disco Hill community, officially opening of the safe burial site and marking the shift from cremation to safe burial for Montserrado County. Throughout the delay, the program continued to improve the safe burial site, clearing land and erecting a disinfection area and dedicated space for mourners to congregate in preparation for the opening. The program also liaised closely with the nearby community, through traditional leadership and CMDS, to ensure any issues were addressed in a timely and holistic manner.

Providing Ebola testing result feedback to families – Ebola testing is an essential mechanism to more accurately track the spread of the disease. While Global Communities trained burial teams in swab testing and began to carry this out as a standard body pickup procedure, the mechanism for relaying results back to families remains challenging. Partners are developing a policy to define this process, and Global Communities anticipates participation in this framework.

6. PLANNED ACTIVITIES FOR 2015 QUARTER 1

At the close of this quarter, Global Communities is in the process of developing several new activities in addition to the applicable continuation of our current programming.

Active case search expansion – As the need for burial teams and contact tracers declines, we plan to reallocate human and material resources to active case search activities in hot-spot areas.

Engagement of traditional leadership in bush schools – While Ebola messaging has reached much of the country, potentially infection-promoting activities continue in some areas of traditional life. Global Communities will support traditional leaders in engaging with traditional school leaders to halt bush school practices while Ebola remains a threat.

Border surveillance as part of Phase II response – While Liberia has experienced significant declines of Ebola cases this quarter, and many counties are reporting no or few new cases, cross-border reinfection remains a risk both at the county-to-county level and across international borders. As appropriate, Global Communities will investigate activities to monitor border areas and support existing surveillance structures.

ANNEX A: COMMUNITY MEETINGS AND DIALOGUE SESSION STRATEGY TO COMBAT EBOLA THROUGH COMMUNITY ENGAGEMENT

Background:

Since the peak of the outbreak in August and September, the transmission of Ebola has shifted away from high incidence in major cities and towns to rural and hard-to-reach communities, especially those along county and national borders. Broadcast messaging and standard interpersonal communication methodologies for social mobilization was not universally effective due high rates of denial and fear in communities and a lack of trust and familiarity with the sources of the messaging. Communities were resistant to outside assistance, a situation very similar to the initial outbreak and reinfection of Foya District, Lofa County earlier in 2014. Since that time, communities in Lofa continue to employ strategies developed at the community level despite the absence of a confirmed case in more than a month.

The process by which community leaders became advocates for infection control measures is known as the Community Meetings and Dialogue Session (CMDS) strategy, developed by Global Communities in collaboration with the Ministry of Health. Through a series of Ebola education and action planning meetings at the county-, district- and health facility catchment area-levels, partners leverage the influence of trustworthy traditional, religious and government leaders to develop localized action plans to prevent further infection.

Objectives:

1. To engage local leadership in active prevention of EVD transmission and to encourage them to become behavior change advocates in their communities.
2. To educate communities on the facts of the Ebola virus, the spread of the disease and the treatment facilities that are available.
3. To develop community-based strategies and support leadership to action their own ideas to prevent the disease.

Strategy:

CMDS are implemented using a tiered approach that incorporates leadership at the various levels of intervention. The meetings have been facilitated by Global Communities, but led by members of the National Traditional Council, County Health Officers and Chief Imams or Pastors.

Tier 1: County Level Meetings.

Attendees: County Health Team officials, County Superintendents, District Commissioners
Paramount Chiefs, civil society organizations and religious groups, District Health Officers

Tier 2: District Level Meetings:

Attendees: District Superintendents, city mayors, District Commissioners, Paramount Chiefs,
Clan and Town Chiefs, health workers, health facility leadership.

Tier 3: Health Catchment Community Meetings:

Attendees: Town Chiefs, local religious leaders, Town Criers, CLTS Natural Leaders,
Community Health Development Committee members.

At each of the tiers, the discussions are more focused on local issues and the identification of what practices are contributing to the further spread of Ebola. The following is a simplified list of the CMDS content and objectives:

1. PowerPoint and video presentations of historical Ebola outbreaks (Uganda, South Sudan) and transmission education.
2. Open discussions about experiences of health practitioners and lessons learned about prevention and control of Ebola.
3. Open discussions on traditional practices and customs that encourage the spread of Ebola.
4. Break-out sessions on behavior change in traditional practices and customs to break Ebola transmission.
5. Report to plenary on break-out session discussions.
6. Action plans from participants to assist in reducing denial/eradicating in their communities and identification of resource gaps.
7. Gaps shared with the CHT to identify partners for specific interventions.
8. Screening of Ebola messages by highly influential personalities in the Liberian society including the President, Vice-president, religious leaders, politicians, etc.

Conclusion:

The CMDS strategy provides a forum for trusted community leaders to learn about Ebola, ask advice of their peers and seek answers to questions posed in their communities. Simply educating people about the virus and putting that knowledge in the hands of influential people has reduced levels of denial and opened communities to external assistance. The majority of time in these meetings and sessions is dedicated to action planning and prevention strategy development. By asking local authorities what their biggest challenges are and their proposed solutions, there is increased ownership in the interventions and a proper assessment of gaps. Some major outcomes and commitments from the communities have been:

- Complete suspension of traditional burial practices that involve contact with the body
- Proper referral systems of all sick people to health officials
- Visitor registration logs at the community level
- Increased presence of hand washing facilities and other IPC measures

ANNEX B: CASE STUDY

Social Mobilization through Traditional Leadership in Cape Mount

Global Communities continues to work directly with hot spot communities through enhanced traditional leader engagement and in December facilitated a meeting in Grand Cape Mount, a hot-spot county. Chief Kamara, Paramount Chief from Barkedu, Lofa, shared his personal experiences with Ebola. The Grand Mufti, the leader of Muslims for Liberia also attended.

Originally planned for just 35 attendees, close to 75 traditional chiefs and district leaders arrived in Robertsport for the two-day event which included presentations and district-level planning. The meeting featured a call to action by Chief Kamara, compelling the leaders to take immediate and swift action in the community to put a stop to the traditional practices that can easily spread disease.



On the second day, part of discussion focused on the new ETU in Sinje. Recent reports show that the community greatly distrusts ETUs and are very reluctant to seek treatment. The facilitated discussion encompassed what the ETU can provide for a patient, why everyone who displays symptoms should use the ETU as the first line of defense against the virus and a demonstration of what a doctor looks like before and after donning PPE.

To help illustrate the points raised, the District Commissioner for Tewor District, the Honorable Magdelene Fahnbulleh translated for the group and provided her own experience with an ETU. Her son died from Ebola in October and as he became ill, she too began to experience EVD like symptoms. She relayed to crowd how her community begged her to stay at home and not go to Island Clinic in Montserrado for fear that she would not return or would be mistreated.

Despite the rumors, she went to the ETU. The EVD test was negative and Magdalene was eventually diagnosed with hypotension and malaria. She stayed for four days and returned to her community to spread the word that patients can return from ETUs, once a patient receives the proper care.

It was with this story in mind that the leaders continued the session and listened to Chief Kamara share his story about how Ebola entered Barkedu, from Guinea. The virus spread quickly and devastated the Chiefdom until he was able to mobilize his community to stop traditional practices and funerals. The practices included



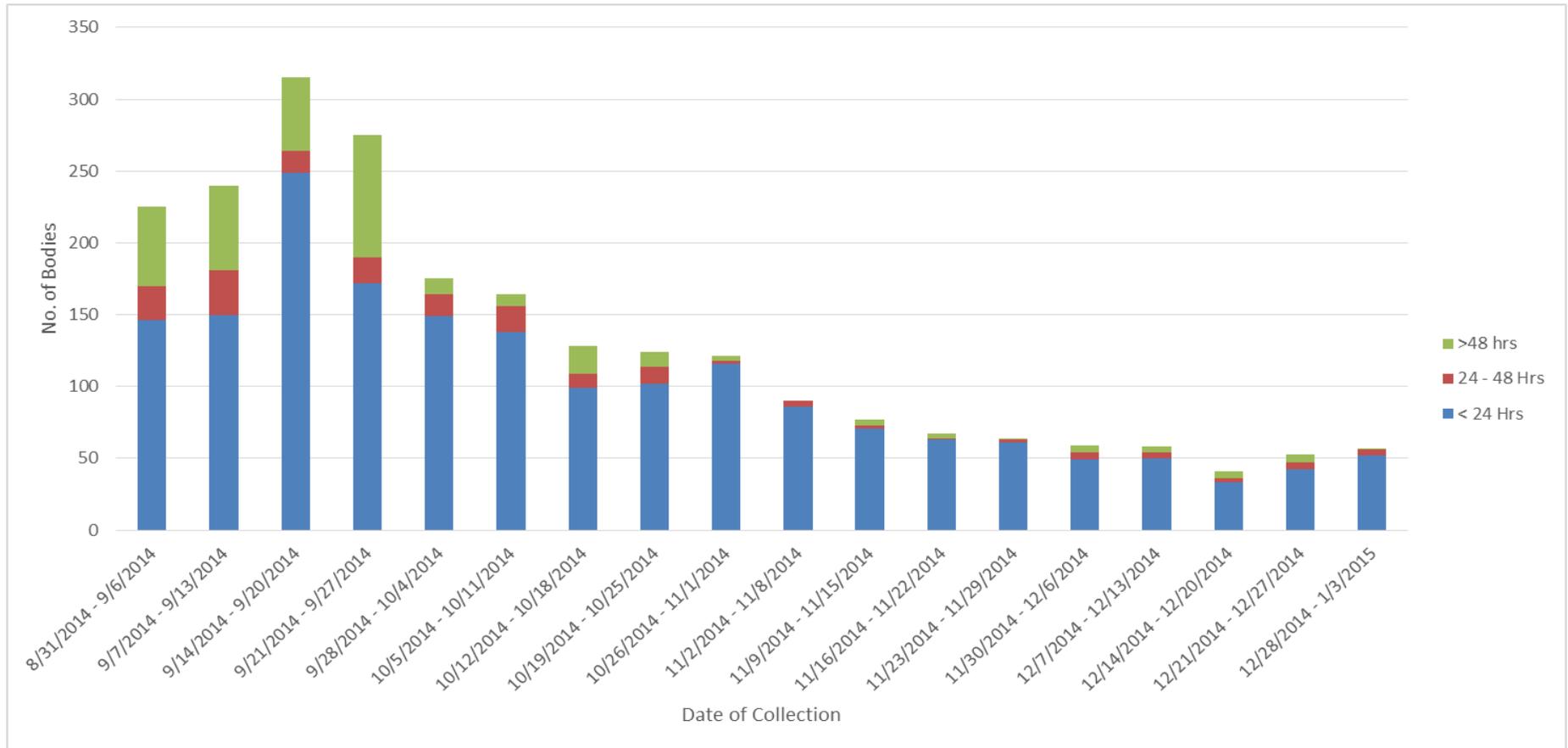
washing the bodies prior to burial, braiding the hair and brushing the teeth of the deceased, similar to what happens now in Cape Mount.

The Chief was able to stop the unsafe traditions through the engagement of trusted leaders and the Imam who decreed that everyone must stop traditional burials. When the Imam himself died, his family and fellow religious leaders allowed the County Health Team to bury him safely, which sent a strong message to the community. Chief Kamara called the leaders to take similar action and tasked the room to take charge of their communities. Until Ebola is out of Liberia, traditional practices need to be put aside.

After the meeting, the program leader learned of a woman in nearby Jenewonde exhibiting Ebola like symptoms and who refused to go to the ETU. The traditional and district leaders reconvened and went to the woman to convince her to seek care. After some time, they were eventually able to convince her to leave her home and receive treatment at an ETU. By engaging the community leaders and empowering them to engage their own community members, the ALERT program is able to affect real change at the community level.

ANNEX C: DEAD BODY MANAGEMENT DATA IN QUARTER 4³

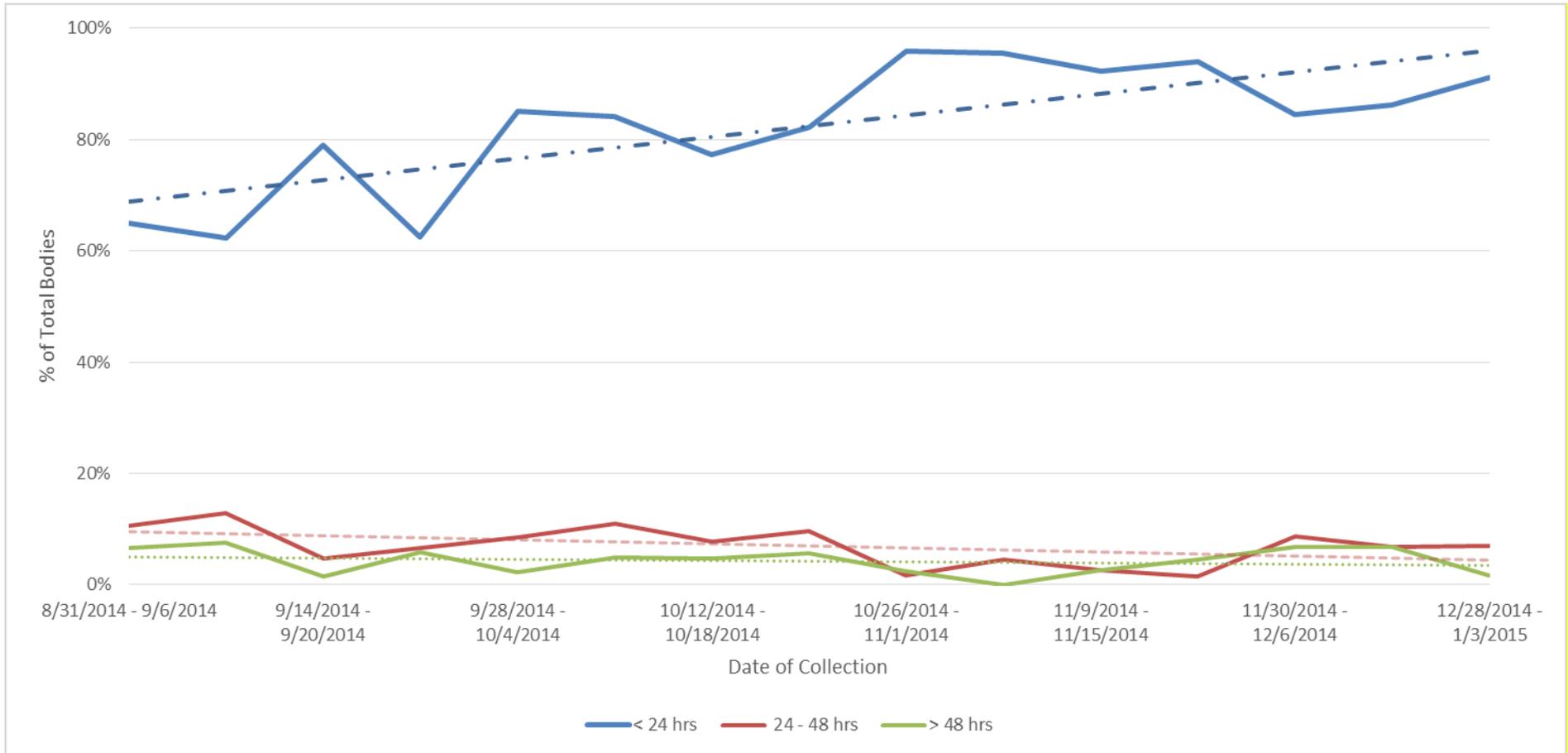
Figure C.1: Total burials by week for Montserrat County



Total burials in Montserrat County declined steadily this quarter from a peak of 275 bodies in September to a low of 41 bodies in late December. We observed an increase in burials in the week that Disco Hill opened, and pick-ups increased slightly in the following weeks. This is likely due to families' reduced reluctance to call for a burial team with the end to the unpopular cremation policy.

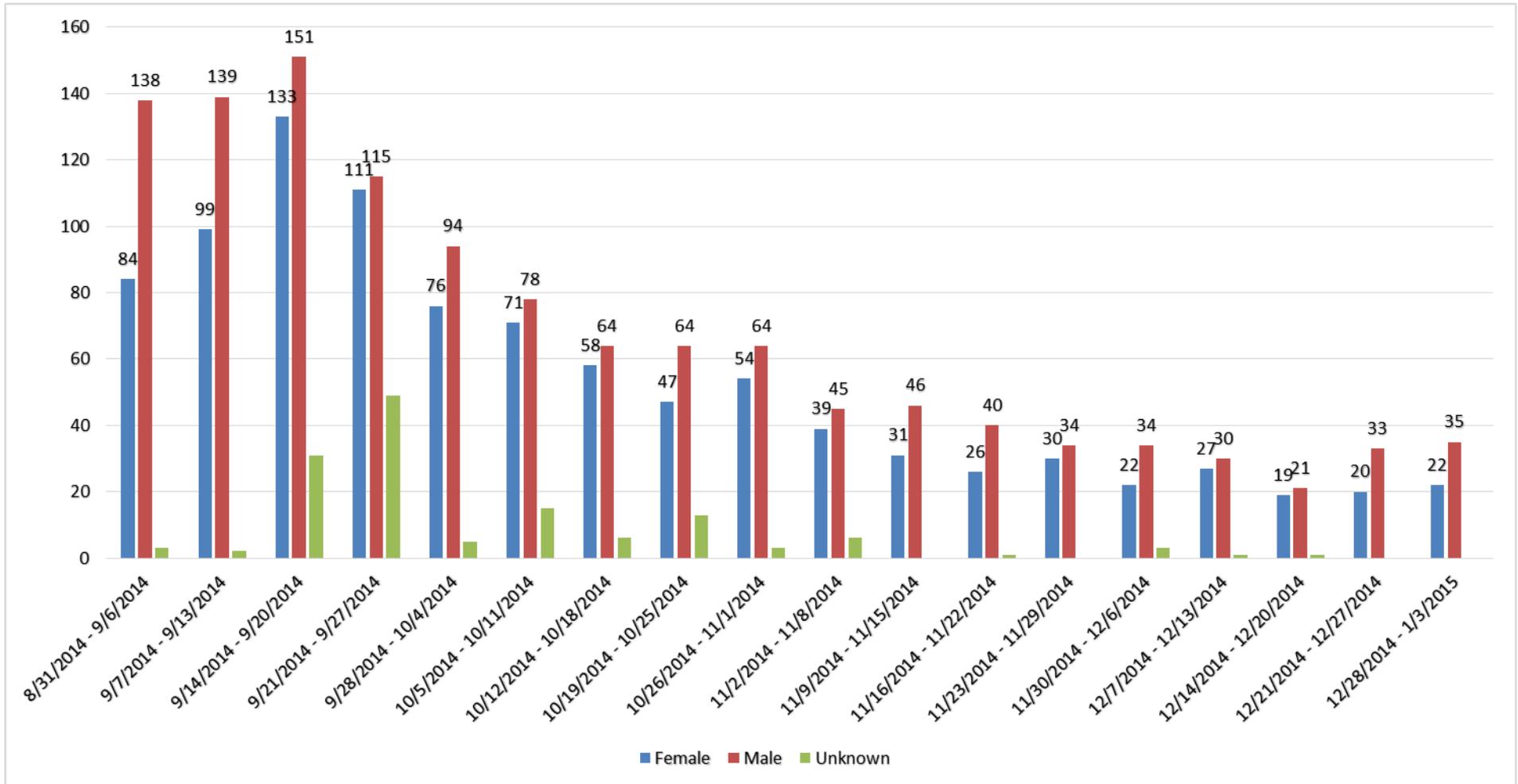
³ Includes last month of Q3 for comparative reference.

Figure C.2: Percent of burials by response time for Montserrado County



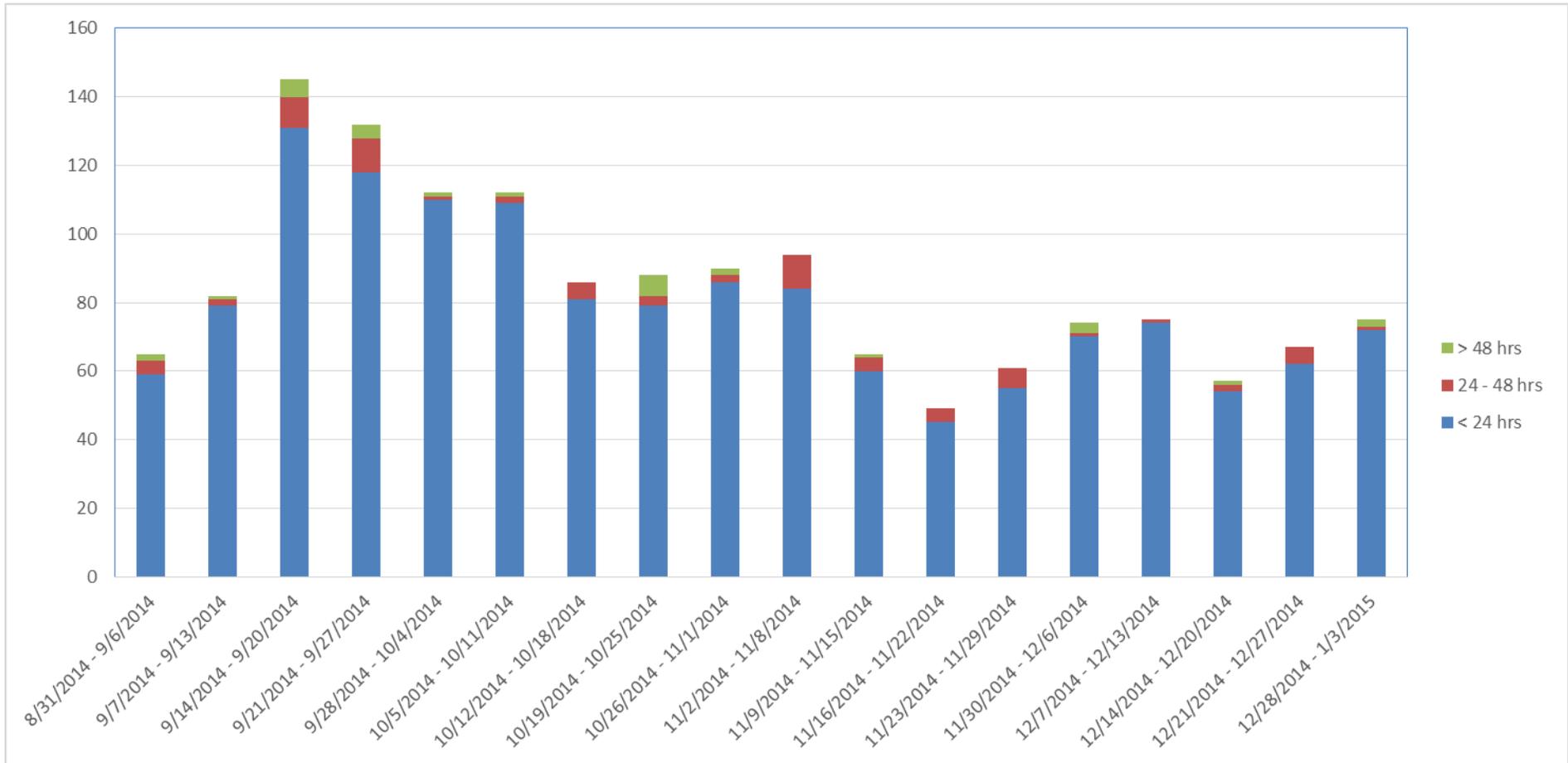
Average body pick-up and burial time decreased consistently in Montserrado County during the reporting period – the percentage of bodies buried within 24 hours of death increased from a low of 62 percent to a high of 96 percent. Many slower pick-ups were due to time lags in death reports to burial team dispatchers. Average <24-hour pickup occurred at a rate of 82.4 percent, and of all bodies collected, 78 percent were collected in less than 24 hours.

Figure C.3: Number of burials by sex for Montserrado County (including last month of Q3)



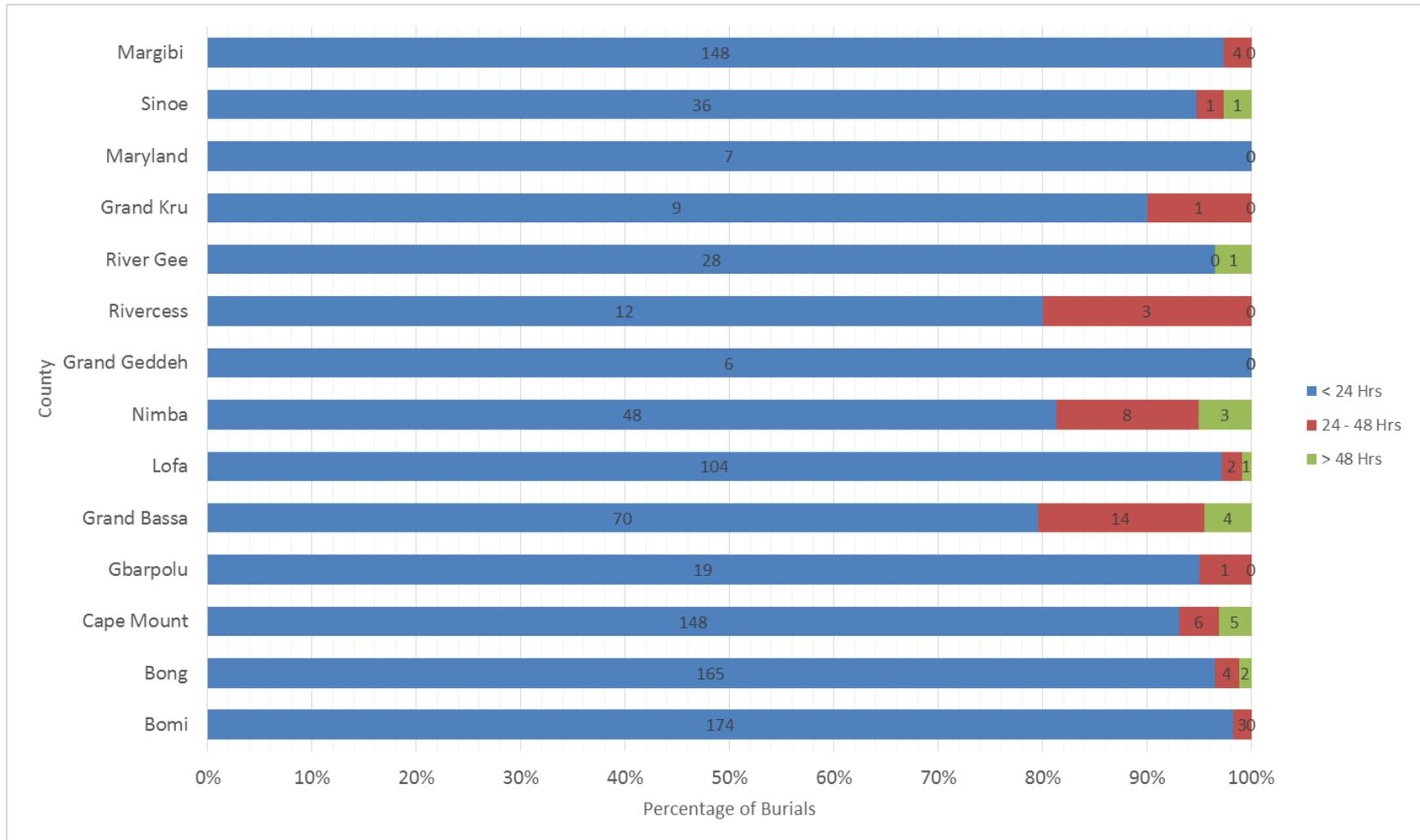
Death rates were consistently higher for men than women, while overall deaths declined at a similar rate for both men and women.

Figure C.4: Total burials by week for non-Montserrado counties



Overall burials declined during this reporting period, however, Global Communities added more county coverage and increased reporting effectiveness throughout the period. As a result, higher rates are recorded later in the quarter. This does not necessarily reflect an increase in deaths due to Ebola. In addition, safe burials continued to take place, even in counties such as Nimba – where Ebola cases dropped to zero. This is a positive indication that families adhered to the safe burial policy and continued to release the deceased to burial teams.

Figure C.5: County break down, percent of burials by response time for non-Montserrado counties⁴



⁴ Quarter 4 data only.

Figure C.6: Number of burials by sex for non-Montserrado counties

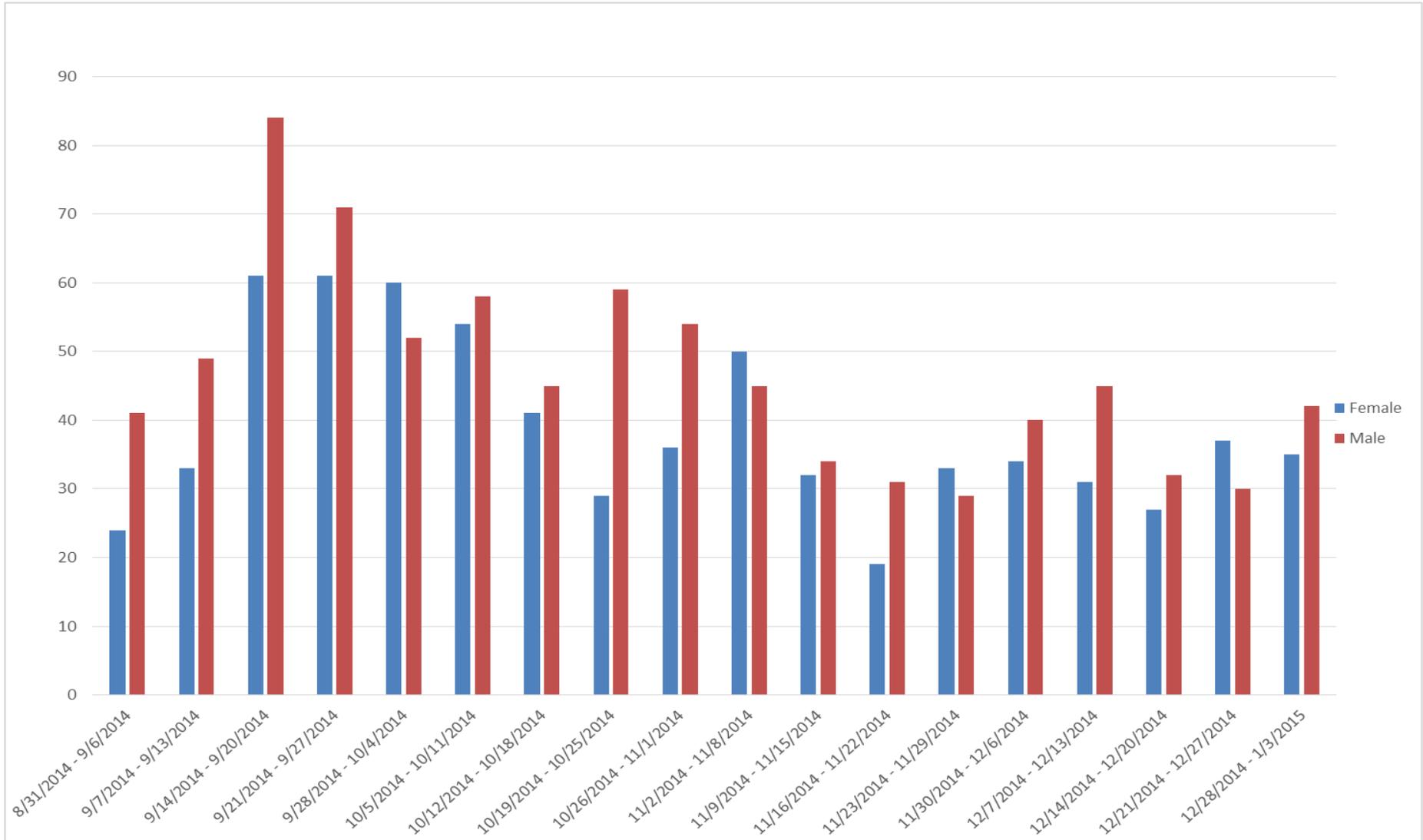


Figure C.5: Burial breakdown for Disco Hill Safe Burial Site

Date	# Buried	By Religion		By Sex		By Point of Origin		
		Christian	Muslim	Female	Male	ETU	Community	Hospital
Quarter 4 (open Dec. 24-31, 2014)	65	46	19	20	45	32	27	6
Percent	100	70.8	29.2	30.8	69.2	49	42	9

ANNEX D: SAFE BURIALS AT DISCO HILL

D.1 Global Communities opens new burial site for Ebola victims near Monrovia

New Burial Site Eliminates the Need for Unpopular Cremations in the Capital City

Silver Spring, MD – Global Communities announced in early January that a burial site has been opened in Margibi County, ensuring that bodies from Monrovia and the surrounding counties are being buried



safely and respectfully. The cemetery is a welcome addition to the region since many Liberians are culturally opposed to cremation and were not informing dead body management teams about the death of loved ones or seeking treatment.

Global Communities, in partnership with the USAID Office of U.S. Foreign Disaster Assistance and the Government of Liberia secured land for the site less than an hour from Monrovia, near the Disco Hill community along the Roberts International Airport highway. The site includes Muslim and Christian sections, a temporary morgue, administration structures, sufficient areas for parking

and an isolated disinfection area. Since President Ellen Johnson Sirleaf officially opened the cemetery December 23, more than 70 people have been buried there, and eventually the 25-acre site will have the capacity to accommodate 13,000 individual plots.

The cemetery will help prevent and reduce unsafe burial practices incurred by opposition to cremation, thereby curbing the spread of Ebola. Another barrier to releasing a body was that, once taken, friends and family were unable to visit a grave site, an important ritual in Liberian culture, so the burial ground includes a safe area for mourners to gather. While Global Communities is managing the site and continuing construction during this initial phase, when construction is complete and the virus is under control, management will be fully transitioned to the Government of Liberia.

“Because this cemetery is so very important to the people in and around Monrovia, while Global Communities manages Disco Hill our teams are providing burial at no cost to individuals who want to lay their loved ones to rest here,” says Piet deVries, Global Communities Liberia Country Director. “During this tragic time, people will be able to pay their respects according to their beliefs safely and without infecting others.”

There are presently four burial teams and four disinfection teams working at the burial ground. They manage all aspects of dead body management, and are trained in the same World Health Organization methodology and standards as other burial teams around the country. More broadly, in partnership with the Liberian government, Global Communities is managing a 57 burial teams across Liberia.

The burial ground builds on Global Communities’ work since the outbreak in close partnership with tribal elders and other community leaders to ensure that burial teams are responsive to cultural and

social norms. The work that helped pave the way for this outreach was Global Communities' partnership with USAID and Liberia's County Health Teams that coordinated Liberia's Community-Led Total Sanitation program since 2010. Global Communities has been active in Liberia since 2004, implementing development programs focused on peacebuilding, community engagement, economic development, municipal services, youth reintegration, and water and sanitation.

With the rapid rise of Ebola rates this past summer, those teams became responsible for burial teams. Global Communities also brought on expert trainers to ensure that the burial teams are performing well and reducing the risk of spread. Not one burial team member supported by Global Communities has contracted Ebola.

D.2 With President Johnson Sirleaf's visit to Global Communities' safe burial site in Montserrado County, Liberia, safe burials can now begin

On Tuesday, December 23, the President of Liberia, Ellen Johnson Sirleaf, visited the safe burial site at Disco Hill. With her visit and payment to the community, a shift from cremation to safe burials for Montserrado County, which includes the capital city, Monrovia, can begin.

Upon arrival at the site, the President was greeted by the Chief of Chiefs for Liberia, Zazan Karwor, who was part of the multi-national team that found and evaluated the site at Disco Hill. Members of the surrounding communities also greeted the President with traditional gifts.

After introductions, the president toured the cemetery, walking through both the dedicated Muslim burial area and Christian grave site. While talking with the National Ebola Incident Management System Chairman, Assistant Minister Tolbert Nyenswah, and representatives of Global Communities, the President was also able to see where visitors to the site will be able to take shelter during ceremonies.



Liberia's President Ellen Johnson Sirleaf is greeted at the Disco Hill Burial site

The Government of Liberia was also represented by the Minister of Internal Affairs and the Minister of Finance. After the tour, the President spoke with the local community leaders, listened to their concerns and thanked them for being part of the fight against Ebola in Liberia. The President then personally presented the community with the check for the first payment for the land.

A spokesperson for the community, who accepted the check on their behalf, said that the community, the President and the country, were all in the fight against Ebola together. Minister Nyenswah, who has been an integral part of the safe burial site from the beginning, expressed his excitement that the cemetery could finally move forward with activities. The United States Ambassador to Liberia also visited the site on Tuesday to show her support for safe burial activities.

Since the start of the Ebola epidemic in Liberia, communities in Montserrado, the only county without a safe burial option, have continuously expressed their discontent with cremation as the only available option for the safe removal of bodies. To provide a safe and acceptable alternative to cremation while EVD still exists in Liberia, Global Communities, in close coordination with the Government of Liberia, the Traditional Council and other dead body management actors in the county, identified a suitable spot that could accommodate the caseload at a time when more than 40 deceased were being cremated each day.

Construction on the 25-acre site on Disco Hill began in November and Global Communities, through the traditional chiefs and local leaders engaged the surrounding communities throughout the process. It is expected that the Government of Liberia will announce an official switch from cremation to burial for all of Montserrado in the coming days.

D.3 Photo Essay: A safe and dignified burial at Disco Hill

After months of preparation and anticipation, the safe burial site at Disco Hill opened on December 24 for the first burials. All told, ten burials happened throughout the course of the day with five Christian and five Muslim burials taking place.

The first Muslim burial was presided over by a local Imam who ensured traditions were adhered to while the family witnessed the ceremony from the designated pavala hut at a safe distance away. The newly formed burial and disinfection teams were observed carefully by a seasoned team of trainers and the OFDA-funded ALERT Burial Team Advisor to ensure all protocols were strictly followed.

The photo essay below shows what happens during a safe and dignified burial at Disco Hill.



Trained burial and disinfection teams assemble ahead of the first burials; four new burial and disinfection teams were trained in anticipation of activities at Disco Hill. The teams are made up of local community members from the area near to the safe burial site.



Calls from burial teams and Ebola Treatment Units (ETU) come in, alerting the operator and site management team of impending burials. All cases are logged in the data base to ensure accurate record keeping. When a new case is called in, the operator logs the organization who will bring the body to the site, the name and other pertinent details to ensure a complete record is kept.



Graves are marked with tarps to show where grave diggers should begin their process. All told, it can take up to five hours to dig a grave in the midday heat. As much as possible, the team will try to anticipate burials and dig graves early in the morning or evening to avoid working during the hottest parts of the day.



Grave diggers dig graves ahead of burials; each grave takes an average of five hours to dig by teams of four. The six teams are comprised of local labor from the surrounding community. For Muslim Graves, teams dig in a specific manner as instructed by religious leaders. Bodies will be placed facing west while on the Christian side bodies are placed so they face in an eastwardly direction. The team above digs a grave in anticipation of a Muslim burial scheduled for the next day.



Prior to burial, disinfection teams mix chlorine solution to put in backpack sprayers. The body bag and grave will be completely sprayed with the solution for decontamination.



Burial and disinfection teams dress with direct supervision by burial team trainers and team leaders. The supervisors remind the team members to take their time and ensure the PPE is properly donned. In the picture above, the burial team supervisor helps a team member tape his second layer of protective glove to the outside of the PPE suit. The suits are the most important infection control measure for the teams who handle the bodies.



A standard burial team consists of six people to carry the body and lower it into the designated grave. A member of the disinfection team follows the burial team to spray the body bag and the grave after the body is lowered. There is also a team leader for each burial and disinfection team to help oversee and manage activities. Here, fully dressed burial team members show off their PPE.



The burial team removes the body from the Médecins Sans Frontières (MSF) vehicle. The body was transported from the ELWA Ebola Treatment Unit in Monrovia. The team brings the body out of the truck and into the temporary morgue through the "hot zone" while those not in PPE stay behind the orange fence that separates the "blue" and "red" areas of the cemetery.



The team enters the temporary morgue with the cadaver. The identification card is placed on the table under the body as well as on top of the body bag. A third copy is given to the drop off team to ensure complete records are kept at every level. The laminated identification card signifies which grave the body will be buried in and will be attached to the grave marker for future reference.



The burial team carries the body on a tarp to the designated grave site. The tarp is outfitted with grommets and sturdy rope to slowly lower the body into the grave. This process honors Liberian customs and traditions. Burial teams practice transporting bodies and the specific manner in which they must lower the body into the grave prior to the actual burial to ensure they know exactly how to carry out the process.



The burial team lowers the body slowly into the ground, observing the Liberian customs they practiced prior to the burial. The burial team advisor stands near by observing the first burial to ensure the proper techniques are practiced and providing instruction when necessary.



After the team lowers the body into the grave they walk back out, through the designated “hot zone” to a waiting vehicle that will take them to the disinfection area. When they arrive at the disinfection area, the team will carefully remove their PPE and travel back down through the “non-hot,” or “blue” area of the safe burial site.



After the burial team leaves the site, the trained disinfection team member comes in with a backpack sprayer filled with the chlorine solution. The disinfection team member sprays the entire area, disinfecting the grave ahead of the dig team who will come back to the fill in the plot.



As the burial team and sprayer leave the site for the disinfection area, the grave diggers return to fill in the plot. They work quickly to refill the freshly dug grave with the dirt that was removed just hours before.



Reusable PPE is sprayed down by high-pressured sprayers filled with chlorine solution and left to dry in the designated disinfection area, away from the rest of the safe burial site. The non-reusable PPE is burned in the incinerator run by incineration teams trained on site and as well as through trainings at nearby Ebola Treatment Units.

ANNEX E: PROGRAM RESULTS AGAINST INDICATORS

Indicator	Base-line	Target	Quarter 4 Progress	Cumulative Progress	
Community Health Education/Behavior Change					
Number of CHWs trained and supported (total and per 10,000 population within project area), by sex. ⁵	n/a	n/a	Male	10,441	10,470
			Female	3,308	3,314
			Unreported	2,556	2,992
			Total	16,305	16,776
			Per 10K	93.3	96.0
Number and percentage of CHWs specifically engaged in public health surveillance ⁶	n/a	n/a	15,655 (96%)	15,655 (96%)	
Number and percentage of community members utilizing target health education message practices ⁷	0	2400, 85%	14,675 (90%)	15,098 (90%)	
Number of CHWs in Bong specifically engaged in contact tracing activities	10	20	46 ⁸	62	
Number and percentage of County-level Traditional Leaders publicly commit to Ebola prevention activities	n/a	n/a	15, 100%	15, 100%	
Number and percentage of District-level Traditional Leaders participate in outreach and behavior change messaging	n/a	n/a	12, 13.4%	12, 13.4%	
Number of District level meetings hosted by District-level Traditional Leaders with GC oversight	n/a	n/a	5	5	
Community Health Education/Behavior Change (Safe Burial Site)					
Number of public consultation campaigns completed for Montserrado Safe Burial Site development	n/a	n/a	12	12	
Number of outreach sessions completed for Montserrado Safe Burial Site development	n/a	n/a	10	10	
Number of safe burials completed in the safe burial area	n/a	n/a	65	65	
Number of families reporting satisfaction with public burial area	n/a	n/a	65	65	
Number of laborers employed through short-term cash for work activities ⁹	n/a	n/a	97	97	

⁵ To calculate population, Global Communities used district-level census data to calculate “project area” population as total residents of counties where activities were conducted. The number of CHWs per 10,000 by community, where census data available, would likely be even higher. CHWs included trained social mobilizers (including traditional leaders), CMDS participants, contact tracers, active case searchers, and trained burial team and disinfectant team members.

⁶ Those included above, less burial and disinfection team members.

⁷ This indicator was estimated by field staff actively monitoring and engaging with communities, however an official post-monitoring survey was not conducted due to staff capacity needed to implement urgent programming. However, anecdotal evidence reveals high rates of safe health practices, and the decline in case prevalence over this period also supports this assertion.

⁸ Global Communities directly supported 46 contact tracing supervisors in Bong County who oversaw 150 contact tracers. These contact tracers were supported by WHO and Save the Children. Additionally, Global Communities supported 135 contact tracers in Gbarpolu when the virus spread there from Bong, and 90 more were supported in Margibi.

⁹ Comprised of Disco Hill construction workers, grave diggers and short-term security guards.

Communicable Disease									
Number of Global Communities-supported burials teams that are active and operational	0	47	58 (+43 disinfection)			58 (+43 disinfection) ¹⁰			
Number of bodies collected and buried by burial teams (disaggregated by sex); disaggregated by location and	0	100	County/ Team	M	F	T	M	F	T
			Bomi	95	82	177	109	93	202
			Bong	91	83	174	146	107	253
			Gbarpolu	15	7	22	18	10	28
			G. Bassa	54	34	88	79	50	129
			GCM	81	78	159	95	91	186
			G. Gedeh	4	2	6	7	3	10
			G. Kru	7	3	10	16	9	25
			Lofa	60	47	107	89	69	158
			Margibi	82	70	152	184	159	343
			Maryland	3	4	7	10	4	14
			Mont-serrado	M: 648, F: 510, Unknown: 53 Total: 1,211			M: 1,569, F: 1,170, Unknown: 205 Total: 2,944		
			Nimba	31	29	60	77	55	132
			Rivercess	6	9	15	10	10	20
			Riv. Gee	13	16	29	17	21	38
			Sinoe	19	20	39	22	21	43
Total	1209	994	2256	2448	1872	4525			
	Unknown: 53			Unknown: 205					
Average percentage of total burials completed with a 24 hour county-wide response time for burial teams	65%	90%	92.17%			78% (including unknown)			
Medical Commodities									
Number of supplies distributed by type (e.g., ambulances and vehicle equipment)	n/a	n/a	Ambulances (vehicles)	21		21			
			Aprons (disposable)	2,697		2,697			
			Aprons (reusable)	1,076		1,076			
			Bio-waste plastic (packages)	94		94			
			Body bags (large)	1,462		1,462			

¹⁰ Twenty burial teams were active at the end of the last reporting period. Those teams remained active, and Global Communities added 38 more, bringing the cumulative number as well as the quarter-specific number to 58.

			Body bags (small)	160	160
			Buckets (w/ faucet)	117	117
			Buckets (w/o faucet)	104	104
			Chlorax (475ml)	26	26
			Chlorine (1 kg)	1,715	1,715
			Face shields	826	826
			Gloves (heavy duty pairs)	1,158	1,158
			Gloves (surgical pairs)	27,461	27,461
			Goggles	1,278	1,278
			Gum boots (pairs)	457	457
			Nose masks	13,480	13,480
			PPE	6,062	6,062
			Roller tape (pieces)	251	251
			Sprayers (backpack)	206	206
			Sprayers (handheld)	30	30
			Stretchers	7	7
			ThermoFlash	569	569
Number of people trained, disaggregated by sex, in the use and proper disposal of medical equipment and consumables (ambulances and vehicle equipment)	n/a	n/a	Male	612	612
			Female	38	38
			Total	650	650
Number of individuals transported to health facilities by ambulance team ¹¹	n/a	n/a	197	197	197

¹¹ As reported by ambulance operators, we believe this number to be underreported.