

July 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 April 1, 2015 to June 30, 2015.

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: April 1, 2015 to June 30, 2015

Submitted To:

Submitted By:

QUARTERLY REPORT



EXECUTIVE SUMMARY

During the reporting period ending June 30 Global Communities oversaw an expansion of ALERT activities to include community-led improvements in hygiene promotion, sanitation infrastructure, and disease surveillance in high-risk border communities. A decline in the number of new Ebola cases coupled with OFDA's approval of a six month cost modification enabled Global Communities along with its partners to scale up activities designed to strengthen community readiness to respond to future outbreaks of Ebola Virus Disease (EVD) and other infectious diseases. Global Communities rolled out its expanded program scope in April while continuing to lead a robust emergency response to the existing Ebola threat, particularly with regard to detection and management of a reduced but still significant volume of suspected new cases. This was punctuated in late June, when an ALERT-managed safe burial team in Margibi County detected and confirmed the first new Ebola positive case in more than two months. Global Communities, in coordination with health authorities from the Government of Liberia (GoL) and other partner agencies, used the new outbreak to strengthen response protocols and reinforce prevention messaging, particularly at the county and community levels. By late July, a total of six new cases of EVD (including 2 deaths) had been identified, but the outbreak appeared to have been contained.

1. PROGRAM OVERVIEW

The ALERT program's goal is to ensure a maximum level of community preparedness for and responsiveness to exposure to Ebola through effective outreach, education, messaging, and availability of critical health care workers, burial teams, and community-based structures to mitigate risk of greater Ebola transmission. 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 integrated programming focused on social mobilization, case detection, case management, disease surveillance, border coordination and support for community-level water, sanitation and hygiene (WASH) practices. ALERT builds on existing structures within the Liberian government and traditional leadership to promote local capacity development and ownership of Ebola response and preparedness programming.

2. PROGRAM ADMINISTRATION

In April Global Communities was awarded a six month cost extension to the ALERT grant agreement. Under the expanded program scope ALERT continues to implement social mobilization, case detection and case management activities in all 15 counties. This quarter ALERT introduced a WASH component together with border coordination and disease surveillance in 291 high-risk communities from five border counties. Regarding WASH, Global Communities adapted the Community-Led Total Sanitation (CLTS) methodology to the Ebola context and strengthened collaboration with County Health Teams (CHTs) from Lofa, Bong and Nimba for its implementation and oversight. Global Communities also added a border surveillance component to assist CHTs build, train and equip a network of general community health volunteers (gCHVs) to conduct disease surveillance at formal and informal checkpoints. The amended program end date for ALERT is October 21, 2015.

ALERT added experienced expatriate staff during the quarter to support the cost extension's additional components and programming. New staff included a Monitoring and Evaluation (M&E) Manager to help better track indicators and collect data as well as a full time Border Surveillance

Manager to oversee additional activities in the communities along the Guinea and Sierra Leone Border.

3. PROGRAM IMPLEMENTATION

Through flexible, community-led programming, Global Communities continues to address critical needs in Liberia’s Ebola response across all 15 counties while preparing the most vulnerable communities for future outbreaks of Ebola and other infectious diseases through CLTS and border disease surveillance. Due to the changing needs on the ground, the ALERT program did not engage in traditional Social Mobilization Activities this quarter, instead working directly with communities in the border areas and through CLTS initiatives. Figure 1 below outlines the four ALERT components under the expanded program.

Figure 1: Quarter 2 ALERT Program Overview

Component	Activity Type	Counties Active
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
Border Surveillance	Setting up triages/isolation areas at checkpoints, training gCHVs on surveillance, recording all travelers	Grand Cape Mount, Gbarpolu, Lofa, Bong, Nimba
Community-Led Total Sanitation (CLTS)	Facilitator training, activation of District Steering Committees (including MIA officials), monitoring latrine construction and progress toward ODF	Grand Cape Mount, Gbarpolu, Lofa, Bong, Nimba

3.1 Case Detection

The World Health Organization (WHO) declared Liberia free of Ebola on May 9, 2015. Liberia maintained this status until June 28, when an oral swab tested positive for Ebola on a body that had been buried by an ALERT-supported burial team. This demonstrates the importance of comprehensive swabbing for effective case detection, which will be a priority during the following quarter. Global Communities quickly mobilized a response in coordination with the Incident Management System, reassigning two long-bed pickups to Margibi County for transport of supplies to contacts and health facilities, shifting a burial team from Montserrado County to ELWA Hospital, resupplying two burial teams and providing supplementary food to isolated health care workers. Additionally, ALERT staff identified inter-county checkpoints for establishment of triage points, mobilized surveillance officers to assist with investigation and contact tracing, and introduced improvements to the information management system for recording of dead bodies.

During the reporting period, Global Communities scaled back Active Case Search and Contact Tracing activities in Margibi, Cape Mount and Gbarpolu Counties to correspond with the reduction in active cases. By the end of April, Global Communities transferred all incentive payments for gCHVs involved in these activities to other partners to streamline coordination and scale up oral swabbing around the country, which was identified by the CDC as a key surveillance activity.

GC and the MOH undertook a survey of all active funeral homes in Liberia to determine the needs and feasibility of conducting swabs in all locations. Based on the information gathered, funeral

homes in Margibi and Grand Bassa were assigned permanent swab collectors to capture data on the deceased referred to their facilities. Additionally, active burial teams received two refresher trainings on swab collection and reporting data to the county level epi-surveillance leads. Health facilities' active burial teams supported swabbing in high volume to capture information on patients who died.

3.2 Case Management

Due to the reduced case load last quarter, ALERT began to scale down and shift assets to reflect new and anticipated needs. Total burial teams were reduced from 58 to 46 and total ambulances were reduced from 25 to 18 (including four belonging to the government which ALERT is supporting).

At the Disco Hill safe burial site, Global Communities began working on the management transition plan and the final development of the site. Planning involved partners from the central Ministry of Health (MoH) and Ministry of Internal Affairs (MIA), who formally own the land. Global Communities developed a final works checklist to complete burial site expansion, internal road and footpath clearing, and the development of the disinfection zones, waste pits, incinerators, and an office building. In addition, Global Communities hired a local firm to construct an administrative building for the community who previously owned the land. The building is expected to be completed during the next quarter.

In addition to the regular burial activities, Disco Hill assisted with the disposal of hazardous waste from decommissioned ETUs and the Redemption Hospital restoration project. Global Communities consulted with an environmental engineering graduate group from Chico State in California to develop an environmentally suitable solution to safely bury bio-medical waste. In total, over 50 cubic meters of waste was containerized and buried in a one acre, separated plot at Disco Hill.

ALERT supported a total of 1,327 burials (5,852 to date) in all 15 counties with over 97% of burials last quarter completed within one day of death. At Disco Hill, 606 individuals received safe and dignified burials.

3.3 Border Surveillance

Last quarter Global Communities scaled up border surveillance activities introduced at the end of the previous quarter. Through this process gCHVs, with CHT support and oversight, engaged with traditional leaders from neighboring countries, national line ministries, environmental health technicians (EHTs) and other district and community level leaders to discuss the latest Ebola status, lessons learned, challenges encountered and potential solutions. Community and district-level meetings generally occur on a weekly basis and cross-border meetings are held monthly. In total there were 68 community-level meetings, 23 district-level meetings and six cross-border meetings during the reporting period.

At the county level ALERT partnered with the CDC, WHO, IOM and UNMEER to facilitate five county orientations on border surveillance protocols and Community Event-Based Surveillance (CEBS). Designed as a training of trainers (ToT) workshop for county and district level health authorities as well as key MIA stakeholders and Bureau of Immigration and Naturalization (BIN) officials, the orientation defined roles and responsibilities of border control agents and communities to prevent cross-border importation of EVD from affected countries with active transmission. CEBS educated communities on seven disease triggers that, when observed, should activate a case investigation and response. Global Communities rolled this out at the community level by identifying a focal person in 287 communities along the border to take the temperature and record information on travelers who pass through their village. In addition, Global

Communities provided logistical support to CHT and MIA officials to monitor these communities and report traveler information to county officials.

Additionally, CHTs facilitated training workshops for 6,411 gCHVs¹ during the reporting period. During these workshops gCHVs developed work plans and received a Border Surveillance Toolkit (see Annex D) and instructions for monitoring checkpoints and optimizing coordination with CHTs and other stakeholders. Trained gCHVs were then assigned to checkpoints where they took the temperature of travelers, conducted health messaging campaigns and documented results. During the reporting period, 49 formal and 287 informal border points were assigned a trained gCHV.

3.4 Community-Led Total Sanitation (CLTS)

During the quarter Global Communities planned and initiated implementation of CLTS activities in Gbarpolu, Grand Cape Mount, Lofa, Bong and Nimba counties. To complement the border surveillance work, the ALERT staff conducted CLTS training sessions for key stakeholders that will be involved in the triggering and monitoring of CLTS communities. By including these stakeholders from MIA and CHT in the training, Global Communities supported the government ownership of CLTS and created significant buy-in from non-traditional health actors. During the quarter ALERT staff in coordination with natural leaders from ODF communities, triggered 91 communities, delivering hygiene promotion messages benefiting an estimated 51,873 people.

ALERT staff and NLS

Figure 2: Sanitation Infrastructure Installed Through CLTS Activities

Number of Sanitation Infrastructure Installed by ALERT in Quarter 2					
County	Latrines	Hand Washing Facilities	Dish Racks	Cloth Lines	Compost Fence or Pits
Bong	136	133	276	327	10
Gbarpolu	0	0	31	87	5
Grand Cape Mount	64	67	77	174	16
Lofa	0	0	58	120	0
Nimba	30	75	524	891	19
Total	94	142	690	1272	40

¹ gCHVs were trained in both border surveillance and CLTS

4. PROGRAM RESULTS AGAINST INDICATORS

This quarter ALERT took steps to strengthen its M&E systems, particularly in the area of data collection, analysis and reporting. An M&E Manager joined the team in June and three county level M&E Officers are expected to come on board in July. The new M&E system will enhance the reliability, timeliness, and precision of performance indicators. Data collection and county-level reporting for CLTS and training activities will now take place on a weekly basis and border surveillance activities will report on a monthly basis. The new system will also ensure data is cross-checked by both program and M&E staff.

In order to operationalize the new system, Global Communities proposes to reduce the number of ALERT performance indicators from 30 in the current reporting period to 21 in Quarter 3. Fewer indicators will enable ALERT staff to focus on only the indicator data that is most relevant to its current activities and use this information for management decisions. Please see ANNEX E for proposed revisions to the indicator table.

Please find below a summary of program results this quarter against indicators. For detailed results, please refer to the complete indicator table in ANNEX F.

Indicator	Q2 Progress	Cumulative
Number of CHWs trained and supported (total and per 10,000 population within project area), by sex.	6411, 50 per 10K	23187, 181 per 10K
Number and percentage of CHWs specifically engaged in public health surveillance	6411, 100%	6411, 100%
Number and percentage of community members utilizing target health education message practices	-	15,098 (90%)
Number of CHWs in Bong specifically engaged in contact tracing activities	0	62
Number and percentage of County-level Traditional Leaders publicly committed to Ebola prevention activities	0	15, 100%
Number and percentage of District-level Traditional Leaders participating in outreach and behavior change messaging	0	12, 13.4%
Number of District level meetings hosted by District-level Traditional Leaders with GC oversight	0	5
Number of public consultation campaigns completed for Montserrado Safe Burial Site development	0	12
Number of outreach sessions completed for Montserrado Safe Burial Site development	0	10
Number of safe burials completed in the safe burial area	606	671
Number of families reporting satisfaction with public burial area	162	227
Number of laborers employed through short-term cash for work activities	174	271
Number of community clusters establishing active border and health surveillance system	19	19
Number of operational formal or informal border crossing points with active Ebola surveillance activities	49 formal, 287 informal	49 formal, 287 informal
Number of general Community Health Volunteers (gCHVs) active in hygiene promotion and health monitoring for border surveillance	270	270

Number of Environmental Health Technicians (EHTs) active in hygiene promotion and health monitoring for border surveillance	6	6
Number of Ebola cases reported during the last three months of the program in Liberian border clusters	0	0
Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	51,873	51,873
Number of household hand-washing stations installed in CLTS communities	142	142
Number of people directly benefitting from the sanitation infrastructure program	-	-
Number of latrines installed in CLTS communities	94	94
Number and percentage of all border-targeted communities triggered in CLTS	91 communities, 52% of target	91 communities, 52% of target
Number of Natural Leaders trained and active in border communities	152	152
Number and percent of triggered communities verified open defecation-free (ODF)	-	-
Number of Global Communities-supported burial teams that are active and operational	46	58
Number of bodies collected and buried by burial teams (disaggregated by sex); disaggregated by location	1327	5852
Average percentage of total burials completed with a 24 hour county-wide response time for burial teams	97%	94%
Number of supplies distributed by type (e.g., ambulances and vehicle equipment)	See Annex F	See Annex F
Number of people trained, disaggregated by sex, in the use and proper disposal of medical equipment and consumables (ambulances and vehicle equipment)	0	650
Number of individuals transported to health facilities by ambulance team	81	278

5. LESSONS LEARNED AND CHALLENGES ENCOUNTERED

ALERT encountered the following challenges and lessons learned during the quarter:

Reduced vigilance following Ebola Free declaration: ALERT staff observed a gradual return to unsafe health practices, unsafe/secret burials and other risky practices following the president's "Ebola-free" declaration in May. ALERT took immediate steps to reinforce essential health promotion messages in communities where complacency was perceived.

Lack of EHTs in some target districts: Some districts lack EHTs for monitoring post ODF communities. In these instances, ALERT has assigned NLS (certified previously under the IWASH program) to assume this role with support from district authorities.

Balancing the workload for CLTS and border surveillance: It has been a struggle balancing the workload of CHTs and gCHVs between CLTS and border surveillance, particularly with regard to information management and timely reporting. ALERT staff are taking steps to more actively support the process to ensure adequate coverage and quality control.

Fleet management: The large fleet of purchased and leased vehicles under ALERT has stretched the capacity of our logistics and asset management systems. ALERT recently hired an additional, experienced logistician and is recruiting two more. A key deliverable for these staff will be to strengthen the vehicle management system and make adjustments to the existing vehicle use policy that reflect the size of fleet and evolving security conditions in Liberia.

6. PLANNED ACTIVITIES FOR QUARTER 3

The following activities are planned for the reporting period starting July 1 and ending September 30:

Case Management

1. Support health facility training for post mortem swab collection
2. Decrease number of burial teams and roll out community-based safe burials

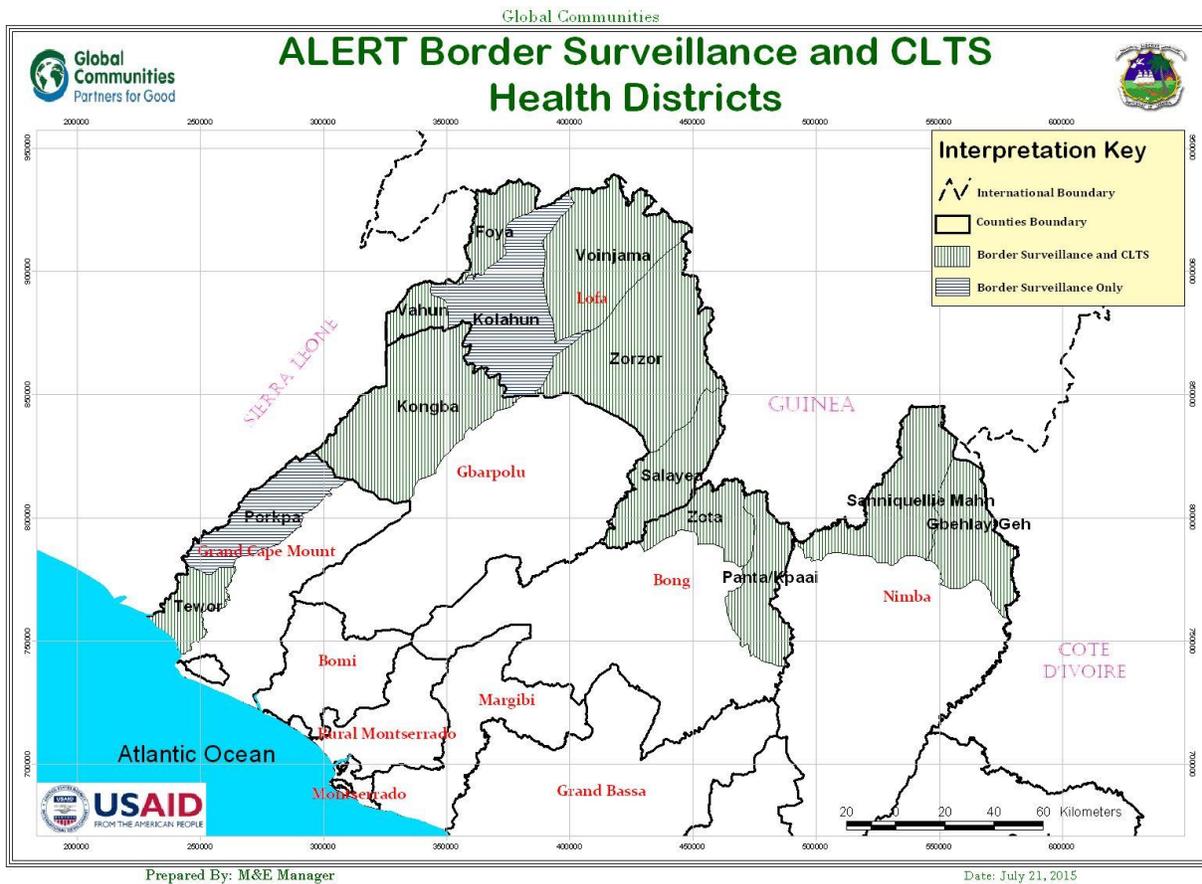
Border Surveillance

1. Support county action planning to integrate CEBS and community border surveillance into the IDSR strategy.
2. Continue with community cluster and district meetings to include cross-border counterparts.

CLTS

1. Trigger remaining communities along the border and monitor through CLTS. Hold ODF celebrations for communities triggered in quarter 2.
2. Provide support to the ACTU to enhance field monitoring and central management of national CLTS activities.

ANNEX A: MAP



ANNEX B: SUCCESS STORIES

LIBERIAN TRADITIONAL LEADERS HONOR GLOBAL COMMUNITIES' COUNTRY DIRECTOR

By Stephen Farshing, Global Communities

MONROVIA, LIBERIA – In Pieter deVries' last days as Country Director for Liberia, members of the Traditional Council paid a memorable visit to Global Communities' Monrovia office. Chairlady Fetta Saah (Lofa), Chief Momo Kaizoulu (Grand Cape Mount), Elder Samuel Tweh (Nimba) and Elder Boakai Zoulu (Bomi) met with deVries to express their gratitude to him for the critical role Global Communities played in Liberia's Ebola response.



Prior to engaging traditional leaders, Global Communities faced immense challenges related to its safe and dignified burial activities. Many communities, especially in the southeast, did not trust burial teams. "They were afraid and did not understand that we were there to help," commented deVries. "Some even thought that our disinfection sprayers were actually spraying Ebola."

Last September, a community cornered a burial team trainer in a house in Rivercess and stoned them while another community in Grand Kru stole a burial team's vehicles and forced them to walk out of the village. "That was when we decided to engage the Traditional Council to help us communicate our message because we were not getting through with the County Health Team alone," said deVries

With the help of the traditional leadership, communities were able to understand that Global Communities was trying to save lives. They mobilized other traditional and religious leaders to teach people that Ebola was spreading through traditional burial practices.



"The Traditional Council really strengthened our ability to reach communities where we had no relationships or credibility established," said deVries. "We owe a lot of success to them."

As a sign of honor, Chairlady Saah presented deVries with a traditional Chief's gown and hat. "On behalf of the women, the youth and all the traditional leaders of Liberia we present you with our traditional cloth," she said. "When you wear this, no matter where you are, we will always be with you. We are eternally

thankful to you and Global Communities for the work you have done. We are proud to say that

you are now and forever a Chief. You will be greatly missed but we will always remember your service to our country.”

In addition, the leaders gave deVries the honorary Chief name “Zanzan Kawah,” the name of the head of Liberia’s Traditional Council.



Clearly moved by this gesture, deVries responded: “Through working with you and the traditional leaders, I learned about the real Liberia. Before working with you, I had been in Liberia for more than a year but did not truly know this country and its people. Now, because of our collaboration, I have learned more than I could have imagined. I will always be grateful and humbled by the way you work with your people. Thank you for teaching me that.”

Though deVries’ tenure as Country Director has come to an end, he will continue to serve Global Communities. After serving since 2013 in Liberia, he is now returning to Global Communities’ HQ in Silver Spring to serve as the Senior WASH Technical Advisor where he will remain significantly engaged in all of Liberia’s program activities.



GLOBAL COMMUNITIES ROLLS OUT BORDER SURVEILLANCE PROCEDURES THROUGH COUNTY-BASED TRAINING

GBARNGA, LIBERIA – On April 3rd, Global Communities held a Training of Trainers (TOT) to introduce members of the Cape Mount and Gbarpolu County Health Teams, gCHVs, EHTs, GC staff and other district-level health officials from both counties to the **Community Surveillance Toolkit** developed by GC in collaboration with the Ministry of Health and Social Welfare (MOHSW), CDC and WHO. A similar two-day training was held April 10th and 11th in Gbarnga for the Lofa, Nimba and Bong County teams, completing training for all counties bordering Sierra Leone and Guinea.



Safe and dignified burial teams are beginning to scale down in the wake of no confirmed cases outside of Monrovia for several weeks, and Global Communities is redirecting efforts to be the national leader in supporting the Government of Liberia’s cross-border surveillance efforts.

“Our main goal is to ensure County Surveillance Officers, District Health Officers and the County Health Team can work together with GC to keep borders safe and ensure that no EVD cases enter or exit the country unnoticed,” said Mike O’Brien, GC Border Surveillance Consultant.

At formal border crossings, Global Communities has provided materials and support to assemble four screening and triage centers in Cape Mount, three in Gbarpolu, three in Nimba and three in Bong. Materials are mobilized to complete two additional centers in Cape Mount and Three in Gbarpolu. An additional 9 triage centers are nearly complete at formal crossings in Lofa County.

Community Surveillance Toolkit

- Community Monitoring Tool
- Community Traveler Register (ledger)
- Visual Screening Form
- Border Community Supply List

As Global Communities is currently engaging over 250 border communities in five counties, monitoring informal crossings remains increasingly important to overall security.

“Through its community-based approach, GC is committed to making sure each community is trained to do surveillance through the **Toolkit**,” said O’Brien to participants.

The **Toolkit** includes two main components. The Community Monitoring Tool, developed by GC staff, standardizes what is assessed each time a community level monitoring visit is conducted for surveillance. This form records information on the functionality of the communities’ materials (thermoflash, hand washing station, ledger), sick people in the community, recent deaths/burials and other demographics. All the information is collected weekly by GC staff by looking at the ledger and talking to the gCHV, Town Chief, or other focal person.

The Community Traveler Register (ledger) is used by community focal persons to record and track visitors who enter and exit. This document also explains what to do if a sick visitor is identified.

Following the TOT, all attendees were prepared to roll out this toolkit in their respective communities. After a community receives a thermoflash, ledger and hand washing station and has been trained in how to use them, they are considered to have an established border surveillance system.

Similar to CLTS' Open Defecation Free (ODF) certification, Global Communities has also developed an **Ebola Aware Community** certification for border communities. As GC staff conducts weekly monitoring visits to communities, they will check for five criteria (see text box). If a community passes the criteria for three consecutive months, they will receive a certificate declaring them **Ebola Aware**.

Ebola Award Community Criteria

1. Is the thermoflash still functional?
2. Is the ledger available and in good condition?
3. Are at least 75% of ledger entries since the last monitoring visit complete?
4. Is there a hand washing station at the entrance of the community with water and soap/chlorine?
5. Does the person responsible for the ledger know the number to call if there is a potential case?

In addition to the ledger and Community Monitoring Tool, the **Toolkit** includes a Visual Screening Form. Developed by GC staff, this tool is a visual representation of EVD signs and symptoms that the community focal person can use to identify potentially sick travelers. This is printed in color, laminated and distributed with ledger books to the communities.

Finally the **Toolkit** contains the Border Community Supply List, a minimum list of supplies that should be in the community if they are expected to conduct community level surveillance. This list is general and attendees were told that it should be contextualized based on needs, e.g. size of batteries, buckets vs. Tippy Taps, type of phone, etc.

Staff were encouraged to conduct border monitoring visits together with CLTS activity monitoring visits so as to avoid unnecessary travel and duplication as both CLTS and surveillance are GC's shifting priorities in the border regions.

"It extremely important that GC continues to hold these trainings. Some of these communities are extremely remote and the only people that can monitor them are the communities themselves. GC has done an amazing job building relationships with these communities and we have to use that to our advantage when introducing these procedures," concluded O'Brien.





Border Surveillance Consultant Mike O'Brien familiarizes the Lofa, Nimba and Bong County teams with surveillance procedures and the Community Surveillance Toolkit.



Training attendees participate in a role-playing exercise to practice community-based screening and surveillance procedures.



Participants were designated as either community focal persons, Global Communities employees conducting monitoring visits or travelers (sick and not sick). Using the knowledge they gained during the TOT, they screened travelers and recorded their information using the Community Surveillance Toolkit

LIBERIA REACHES MONUMENTAL 42 DAYS FREE FROM EBOLA

Centennial Memorial Pavilion – Yesterday, Liberia observed a significant landmark in the fight against Ebola, bringing together numerous speakers to celebrate with the huge crowds of Liberians who gathered for the occasion. The speakers ranged from survivors and health workers to the President of the Republic of Togo – H.E. Faure Essozimna Gnassingbé. Those who spoke touched on both the happiness and relief of finally reaching this particular milestone, while remembering and honoring those who suffered during the health crisis and acknowledging the work yet to be done. Ms. Tee Love Lorseh, an Ebola survivor who lost her entire family, emphasized the need to continue to work against stigmatization of survivors. She called on all to “Embrace us, love us and show all due respect to us.”



A significant theme of the day was the key role that safe burials played in reducing transmission and working to curb the spread of the disease. Global Communities and the Disco Hill safe burial site in particular were highlighted as a major contributor to the success of this strategy. Many – including President Ellen Johnson Sirleaf and U.S. Ambassador Deborah Ruth Malac – referred to these activities as central to the progress made.



Ambassador Miatta Fahnbulleh, singing to a joyful crowd.



Students packed the balcony, having been given the day off from school to mark the occasion.



Crowds of people unable to fit inside gathered outside the pavilion, enjoying a more casual celebration with music, dancing, and cheering.

GLOBAL COMMUNITIES' GEORGE WORYONWON RECEIVES THE INTERACTION 2015 HUMANITARIAN AWARD FOR HIS WORK ASSISTING COMMUNITIES IN LIBERIA IN THEIR FIGHT AGAINST EBOLA

Washington, DC - On Tuesday, June 23, 2015, Global Communities' George Woryonwon received the InterAction 2015 Humanitarian Award for his work assisting communities in Liberia contain and prevent the spread of Ebola. Since August 2014, Woryonwon has been working with Global Communities on a USAID Office of Foreign Disaster Assistance program to train and supervise a total of 72 burial and 57 disinfection teams across Liberia.



Through his work with local communities to help build trust and understand the threat posed by Ebola, he has ensured rapid, safe, and dignified burials in all 15 counties of Liberia. To date, zero burial team members supported by Woryonwon and Global Communities have contracted the virus and during the height of the crisis in Liberia, teams were able to maintain a 24 hour response rate of 90% and above.

In addition, Woryonwon led the way in working with Liberia's Traditional Council so that Global Communities could secure land for a Liberian National Burial Ground. Since its inception in December 2014, Global Communities' trained burial teams have conducted over 1,280 safe and dignified burials at Disco Hill, Monserrato County. The success of the burial ground effectively ended the emergency cremation of the dead in Monrovia, and due to cultural concerns over cremation, helped more people accept assistance from burial teams.

“At the height of the Ebola epidemic, a time when many in the international community were paralyzed by uncertainty and fear, people like George were on the front lines working with the communities that were most affected by this terrible disease,” said David Weiss, President and CEO of Global Communities. “His dedication to his work and the people of his country are an ideal all of us in the NGO community aspire to, and we at Global Communities could not be more proud that he has received this recognition.”

Prior to working for Global Communities, Woryonwon worked with the Government of Liberia, where he has held various positions throughout his career. Most recently he served as the National Coordinator for Community Led Total Sanitation (CLTS), where he worked closely with

the Global Communities' USAID-funded IWASH program, helping more than 300 communities attain "Open Defecation Free (ODF)" status, providing them also with significant resistance to the Ebola Virus Diseases. Prior to that, as the National Water, Sanitation and Hygiene (WASH) Coordinator for Liberia from 2008 to 2011, Woryonwon organized WASH activities across the country including planning and reviewing program activities of key stakeholders. He is married to Neresia Troublemaa Rivercess Woryonwon and has three children, Roland, Seedy and Torge, and he helps support six extended family members. He is also a pastor at a church that has a congregation of around 1,000 members.

InterAction's Humanitarian Award recognizes an individual or individuals who have demonstrated extraordinary leadership in support of NGOs and the people they serve in the developing world. Our community's national staff and counterparts often surmount significant obstacles to carry out their work effectively in their own home countries or regions. InterAction seeks to honor these individuals for their bravery and commitment to the most vulnerable populations in their own communities.

The award recognizes individuals whose work reflects important leadership qualities (such as courage, initiative, creativity, grace under pressure, integrity, personal sacrifice) and who have made significant contributions in the developing world to any of the following areas: disaster relief, human development, refugee assistance, civil society, equitable economic development, health, environment, education, population, or public policy.

Global Communities is an international non-profit organization founded in 1952 that works closely with communities worldwide to bring about sustainable changes that improve the lives and livelihoods of the vulnerable.

ANNEX C: COMMUNITY SURVEILLANCE TOOLKIT

TABLE OF CONTENTS

1. Table of Contents, Community Surveillance Toolkit – itemized list of each document in the toolkit and description of purpose
2. SOP Community Monitoring Visit – Standard Operating Procedures for Global Communities Staff or other partners such as the Ministry of Health that are responsible for monitoring surveillance activities at the community level. The document explains the criteria for establishing Ebola Aware Communities, how to complete the Monitoring Checklist, and what to do when distributing items from the Border Community Supply list. This document was developed by and for Global Communities.
3. Community Monitoring Tool – This document was developed to standardize what is assessed every time a community level monitoring visit is conducted for surveillance. The tool was primarily developed by LeRoy Johnson with Global Communities, Lofa County.
4. SOP Community Traveler Registration – This tool was included as part of the original CEBS toolkit from the MOH, CDC and WHO. The SOP explains the minimum surveillance that should occur at the community level for visitors to a community (not those simply passing through). The document also explains what to do if a sick visitor is identified.
5. Community Traveler Register – This tool was included as part of the original CEBS toolkit from the MOH, CDC and WHO. The register is intended to be printed out and placed in a binder for the community to use to track their visitors into the community. Alternatively, the same information can be captured in a ledger.
6. Visual Screening Form – This tool is a visual representation of signs and symptoms of Ebola that the person completing the screening can use to identify potentially sick travelers. This tool was developed by Global Communities and is intended to be printed in color, laminated, and distributed with the ledger books.
7. Border Community Supply List – This tool was included as part of the original CEBS toolkit from the MOH, CDC and WHO. This is a minimum list of supplies that should be in the community if they are expected to conduct community level surveillance. The list is general and should be contextualized based on needs, e.g. size of batteries, buckets vs. Tippy Taps, type of phone.
8. SOP for CEBS Focal Person – This tool is a clarification of the CEBS SOP from the MOH/CDC/WHO toolkit that was not contextualized for Liberia. This tool explains the function of the Focal Person, candidates for the position, identification and reporting of triggers. It does not include recommended incentives or remuneration which should be in line with national guidelines as they evolve.
9. CBS Orientation Agenda – This is the agenda that was used for the Community portion of the Border Surveillance county orientations that were held in Grand Cape Mount, Gbarpolu, Nimba and Lofa.
10. CEBS Presentation – These slide sets explain the CEBS concept. The target audience in non-technical county and district leaders, NGO staff, UN staff and others.

11. Scenarios for CEBS – These scenarios are used at the end of the CEBS presentation as a drama and visual feedback of if the participants understood the CEBS triggers and how to report them.
12. EBS vs IBS – These are extra, technical slide sets that explain where CEBS fits into the overall surveillance system as well as how triggers are triaged once received by the OIC/DHO/CSO.
13. CBS Toolkit TOT – This is the agenda and guide for a two day TOT on the CBS Toolkit. Day 1 is the TOT for training community focal persons on the use of the ledger and referrals. Day 2 is for the training of community members on the recognition of CEBS Triggers and reporting them.
14. CBS Toolkit, Scenario Guide – This guide explains how to conduct the scenario for the TOT participants to practice using the ledger books and the monitoring tool.

ANNEX D: GRAPHS AND TABLES

Figure D.1: Total burials by month for Montserrado County

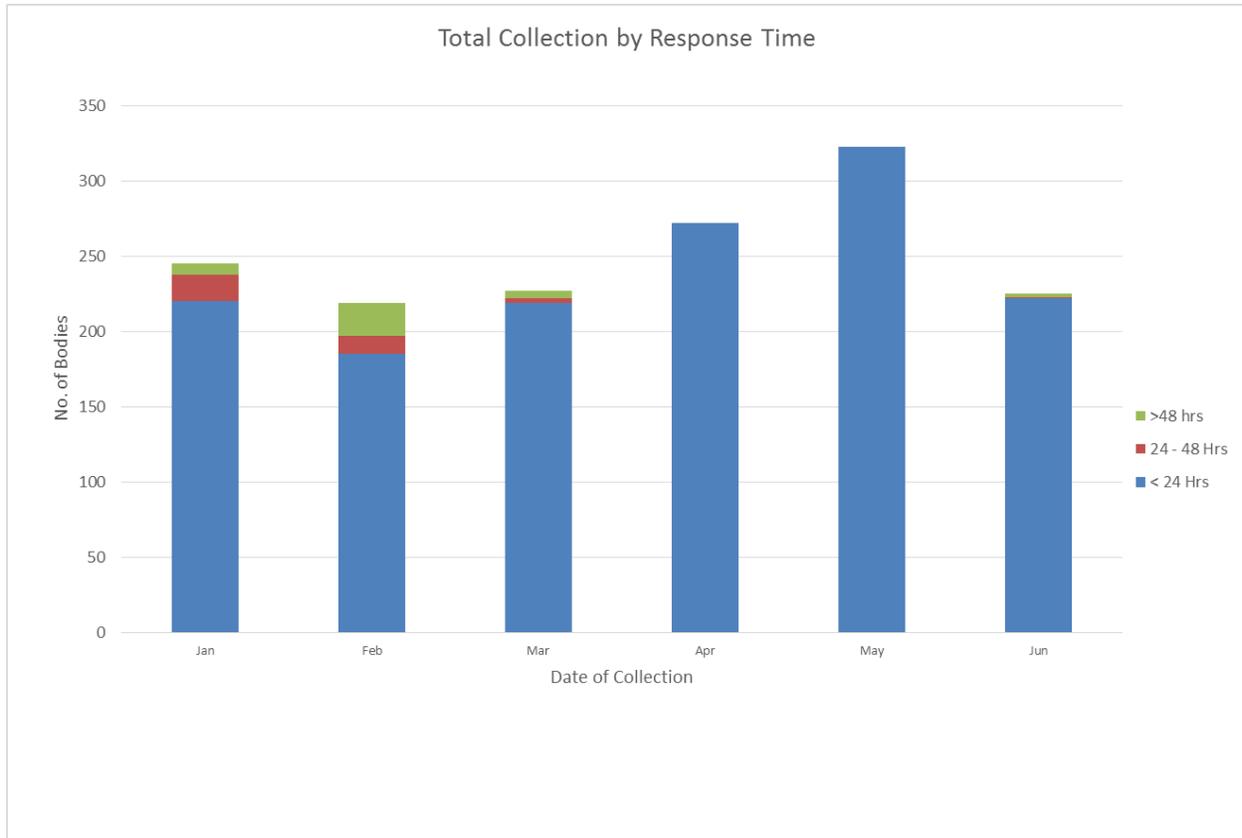


Figure D.2: Total burials by week for Montserrado County

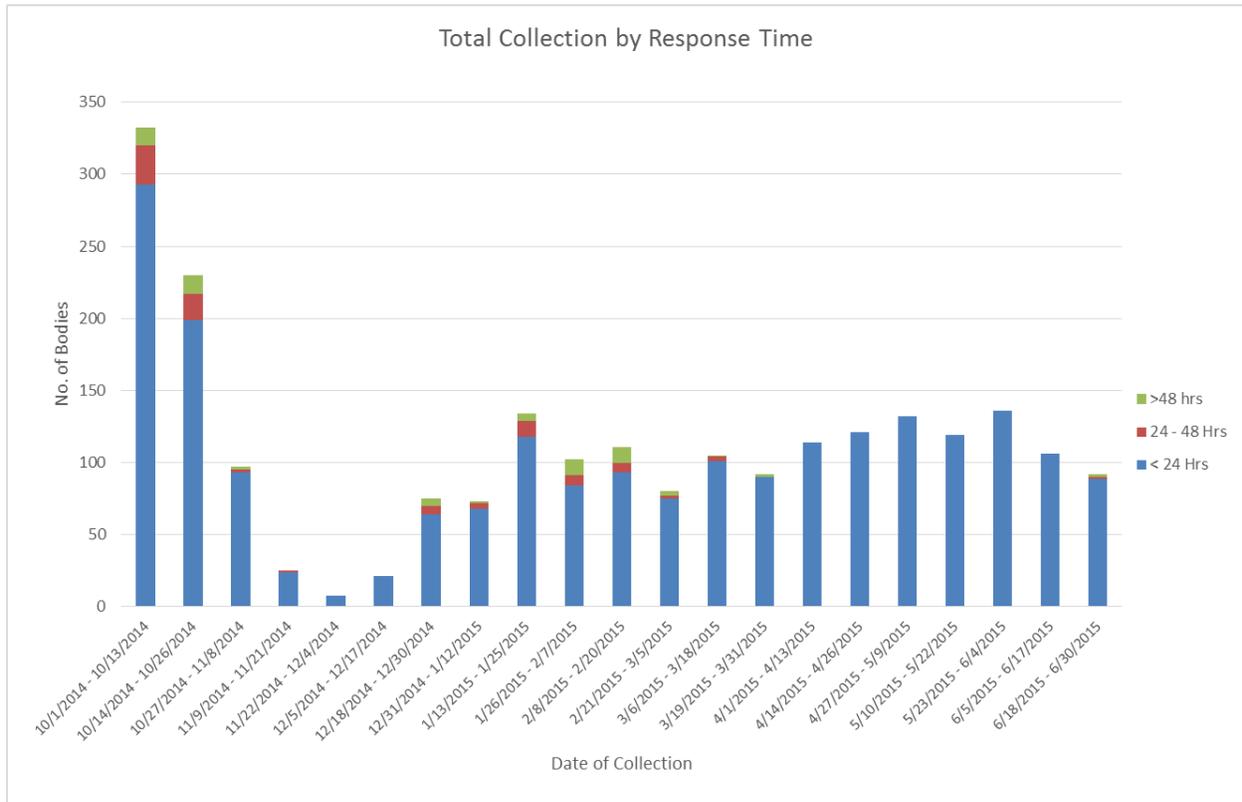


Figure D.3: Total burials by sex for Montserrado County

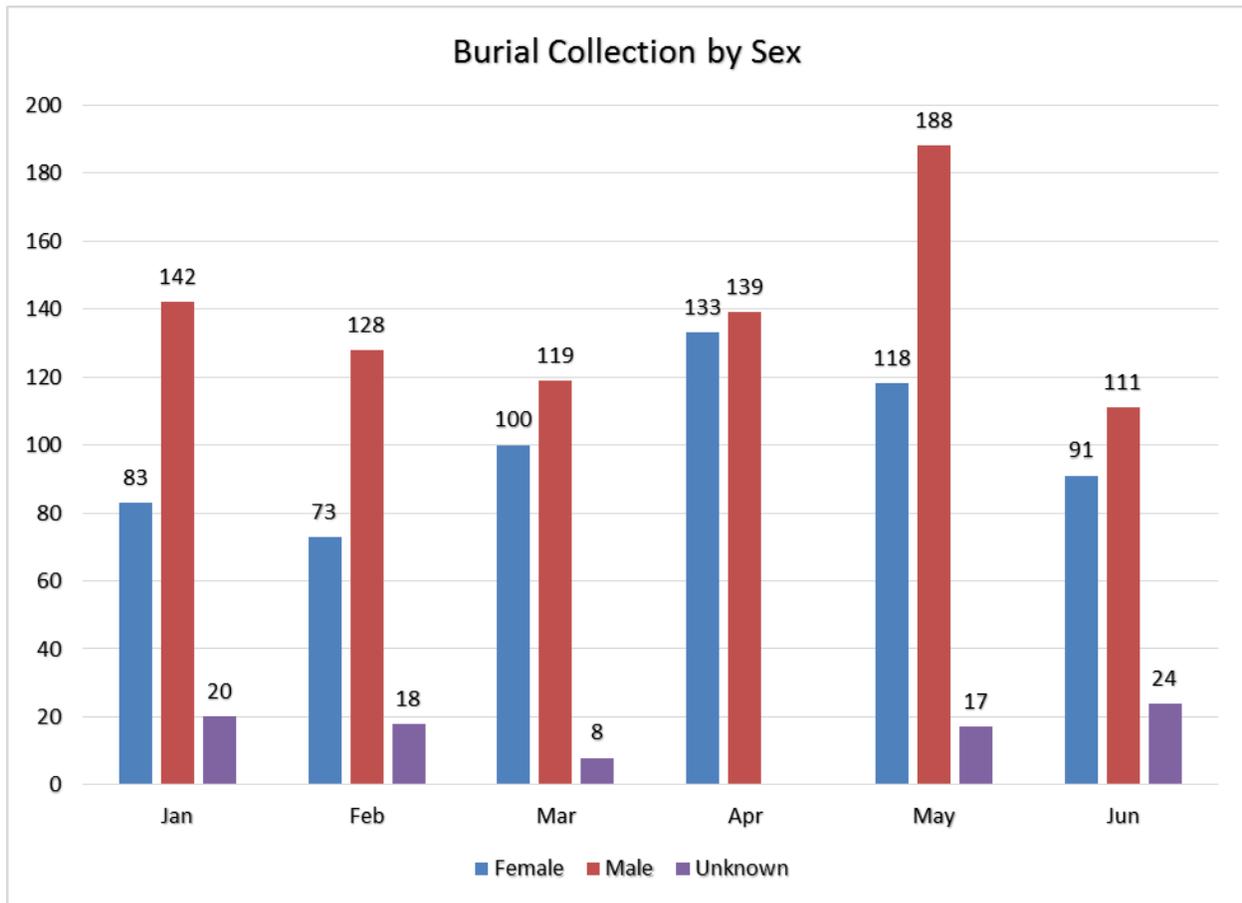


Figure D.4: Total burials by week for non-Montserrado counties

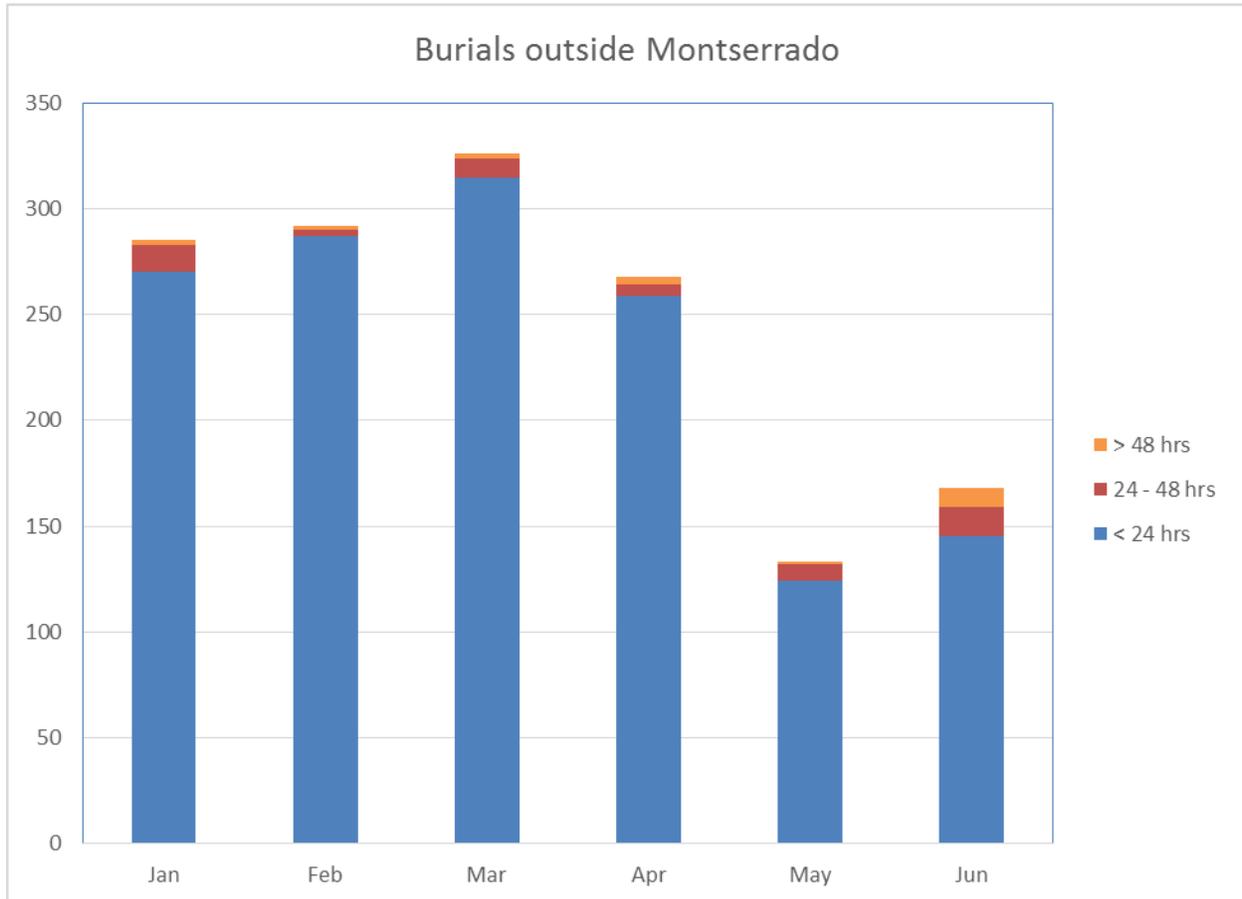


Figure D.5: County break down, percent of burials by response time for non-Montserrado counties

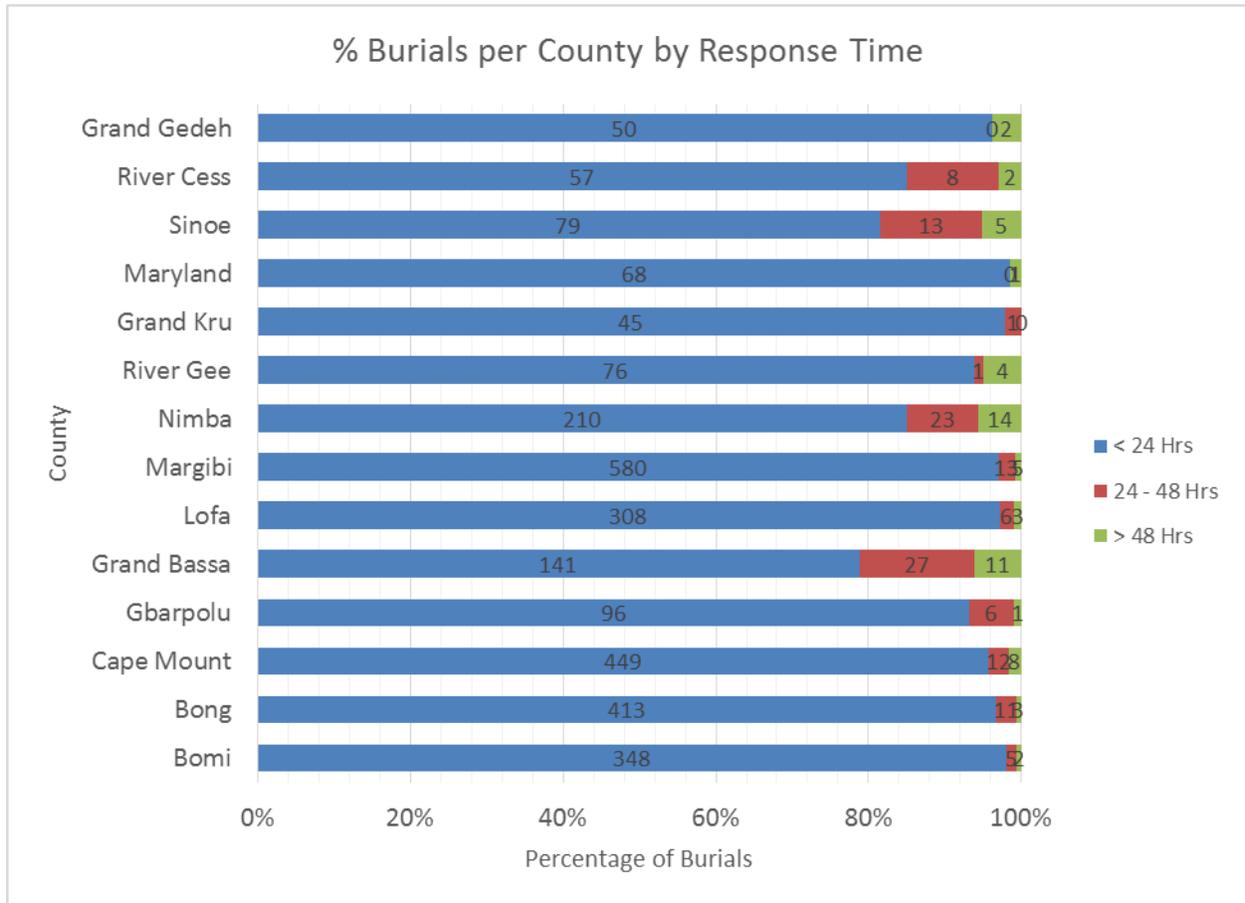


Figure D.6: Number of burials by sex for non-Montserrado counties

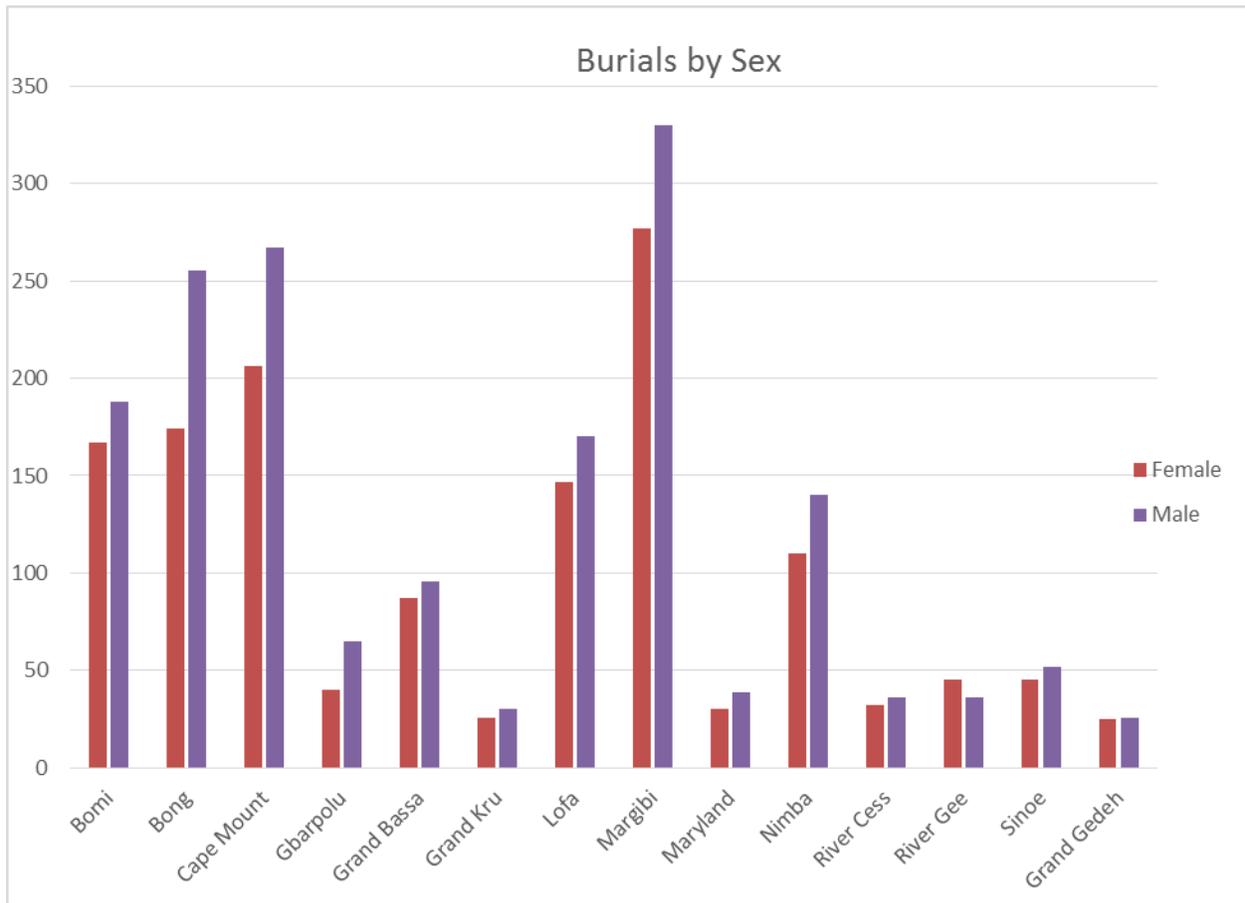


Figure D.7: Burial breakdown for Disco Hill Safe Burial Site

Date	# Buried	By Religion		By Sex		By Point of Origin		
		Christian	Muslim	Female	Male	ETU	Community	Hospital
Quarter 2	606	526	80	245	313	5	173	428
Total	1362	1141	221	521	747	117	531	714
Percent	100	84	16	38	55	9	39	52

ANNEX E: PROPOSED REVISIONS TO INDICATOR TABLE

Current ALERT Indicators	Proposed for Removal	OFDA Indicator	Reason for Removal
Number of CHWs trained and supported (total and per 10,000 population within project area), by sex	No	Yes	N/A
Number and percentage of CHWs specifically engaged in public health surveillance	No	Yes	N/A
Number and percentage of community members utilizing target health education message practices	No	Yes	N/A
Number of community clusters establishing active border and health surveillance system	No	No	N/A
Number of operational formal or informal border crossing points with active Ebola surveillance activities	No	No	N/A
Number of general Community Health Volunteers (gCHVs) active in hygiene promotion and health monitoring for border surveillance	No	No	N/A
Number of Environmental Health Technicians (EHTs) active in hygiene promotion and health monitoring for border surveillance	No	No	N/A
Number of Ebola cases reported during the last three months of the program in Liberian border clusters	No	No	N/A
Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	No	No	N/A
Number of household hand-washing stations installed in CLTS communities	No	No	N/A
Number of people directly benefitting from the sanitation infrastructure program	No	No	N/A
Number of latrines installed in CLTS communities	No	No	N/A
Number and percentage of all border-targeted communities triggered in CLTS	No	No	N/A
Number of Natural Leaders trained and active in border communities	No	No	N/A
Number and percent of triggered communities verified open defecation-free (ODF)	No	No	N/A
Number of CHWs in Bong specifically engaged in contact tracing activities	Yes	Yes	The indicator no longer applies to ALERT activities.
Number and percentage of County-level Traditional Leaders publicly committed to Ebola prevention activities	Yes	No	The indicator no longer applies to ALERT activities.

Number and percentage of District-level Traditional Leaders participating in outreach and behavior change messaging	Yes	No	The indicator no longer applies to ALERT activities.
Number of District-level meetings hosted by District level Traditional Leaders with GC oversight	Yes	No	The indicator no longer applies to ALERT activities.
Number of public consultation campaigns completed for Montserrado Safe Burial Site development	Yes	No	The indicator no longer applies to ALERT activities.
Number of outreach sessions completed for Montserrado Safe Burial Site development	Yes	No	The indicator no longer applies to ALERT activities.
Number of safe burials completed in the safe burial area	No	No	N/A
Number of families reporting satisfaction with public burial area	Yes	No	ALERT believes it is inappropriate to survey bereaved families at the burial area, because of cultural appropriateness and the circumstance may introduce bias in the respondents.
Number of laborers employed through short-term cash for work activities	Yes	No	ALERT is reducing the number of staff at Disco Hill to enhance the sustainability of its operation, making this indicator less relevant.
Number of Global Communities-supported burial teams that are active and operational	No	No	N/A
Number of bodies collected and buried by burial teams (disaggregated by sex); disaggregated by location	No	No	N/A
Average percentage of total burials completed with a 24 hour county-wide response time for burial teams	No	No	N/A
Number of supplies distributed by type (e.g., medical kits, equipment, consumables)	No	Yes	N/A
Number of people trained, disaggregated by sex, in the use and proper disposal of medical equipment and consumables (ambulances and vehicle equipment)	Yes	Yes	The indicator no longer applies to ALERT activities.
Number of individuals transported to health facilities by ambulance team	No		N/A

ANNEX F: INDICATOR TABLE WITH RESULTS

#	Indicator	Base-line	Target	Quarter 2 Progress		Cumulative Progress	Notes
Community Health Education /Behavior Change							
1	Number of CHWs trained and supported (total and per 10,000 population within project area), by sex. ²	n/a	n/a	Male	4,753	15,223	
				Female	1,546	4,860	
				Unreported	112	3,104	
				Total	6,411	23,187	
				Per 10K	50.0	181	
2	Number and percentage of CHWs specifically engaged in public health surveillance ³	n/a	n/a	6,411 (100%)		6,411 (100%)	All CHWs trained are engaged in public health surveillance.
3	Number and percentage of community members utilizing target health education message practices ⁴	0	2400, 85%	-		15,098 (90%)	GC will begin collecting this data in the next reporting period using the appropriate data collection method.
-	Number of CHWs in Bong specifically engaged in contact tracing activities	10	20	0		62	No activities during reporting period.
-	Number and percentage of County-level Traditional Leaders publicly committed to Ebola prevention activities	n/a	n/a	0		15, 100%	No activities during reporting period.
-	Number and percentage of District-level Traditional Leaders participating in outreach and behavior change messaging	n/a	n/a	0		12, 13.4%	No activities during reporting period.
-	Number of District level meetings hosted by District-level Traditional Leaders with GC oversight	n/a	n/a	0		5	No activities during reporting period.
Community Health Education/Behavior Change (Safe Burial Site)							

² 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.

³ Those included above, less burial and disinfection team members.

⁴ 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.

#	Indicator	Base-line	Target	Quarter 2 Progress	Cumulative Progress	Notes
-	Number of public consultation campaigns completed for Montserrado Safe Burial Site development	n/a	n/a	0	12	No activities during reporting period.
-	Number of outreach sessions completed for Montserrado Safe Burial Site development	n/a	n/a	0	10	No activities during reporting period.
-	Number of safe burials completed in the safe burial area	n/a	n/a	606	671	
-	Number of families reporting satisfaction with public burial area	n/a	n/a	162	227	
-	Number of laborers employed through short-term cash for work activities ⁵	n/a	n/a	174	271	
Community Health Education/Behavior Change (Cross-border)						
4	Number of community clusters establishing active border and health surveillance system	0	TBD	19	19	GC supports the same number of clusters this quarter as the previous quarter.
5	Number of operational formal or informal border crossing points with active Ebola surveillance activities	n/a	n/a	49 formal, 287 informal	49 formal, 287 informal	
6	Number of general Community Health Volunteers (gCHVs) active in hygiene promotion and health monitoring for border surveillance	n/a	n/a	270	270	
7	Number of Environmental Health Technicians (EHTs) active in hygiene promotion and health monitoring for border surveillance	n/a	n/a	6	6	
8	Number of Ebola cases reported during the last three months of the program in Liberian border clusters	n/a	n/a	0	0	GC and MOH confirmed one case by the end of the reporting period.
Water, Sanitation and Hygiene						
9	Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	n/a	n/a	51,873	51,873	These community members received hygiene promotion through triggering events.
10	Number of household hand-washing stations installed in CLTS communities	n/a	n/a	142	142	

⁵ Comprised of Disco Hill construction workers, grave diggers and short-term security guards.

#	Indicator	Base-line	Target	Quarter 2 Progress			Cumulative Progress			Notes	
11	Number of people directly benefitting from the sanitation infrastructure program	n/a	n/a	-			-			GC will record beneficiaries when communities are verified ODF.	
12	Number of latrines installed in CLTS communities	n/a	n/a	94			94				
13	Number and percentage of all border-targeted communities triggered in CLTS	0	175	91 communities, 52% of target			91 communities, 52% of target				
14	Number of Natural Leaders trained and active in border communities	0	350	152			152				
15	Number and percent of triggered communities verified open defecation-free (ODF)	0	122/ 70%	-			-			No communities verified ODF thus far.	
Communicable Disease											
	Number of Global Communities-supported burial teams that are active and operational	0	47	46			58			GC is reducing the number of burial teams due to a decrease in need.	
	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	25	29	54	134	122	256	
				Bong	10	20	30	156	127	283	
				Gbarpolu	52	49	101	70	59	129	
				G. Bassa	4	7	11	83	57	140	
				GCM	7	14	21	102	105	207	
				G. Gedeh	9	5	14	16	8	24	
				G. Kru	9	7	16	25	16	41	
				Lofa	24	20	44	113	89	202	
				Margibi	46	62	108	230	221	451	
				Maryland	13	23	36	23	27	50	
				Mont-serrado	M: 293, F: 364 (unknown 41) Total: 793			M: 1,862, F: 1,534 (unknown 246) Total: 3,737			

#	Indicator	Base-line	Target	Quarter 2 Progress			Cumulative Progress			Notes	
				Nimba	12	24	36	89	79	168	
				Rivercess	9	6	15	19	16	35	
				Riv. Gee	8	14	22	25	35	60	
				Sinoe	11	15	26	33	36	69	
				Total	432	659	1327	2980	2531	5852	
					Unknown: 41			Unknown: 246			
	Average percentage of total burials completed with a 24 hour county-wide response time for burial teams	65%	90%	97%			94%				
Medical Commodities											
	Number of supplies distributed by type (e.g., ambulances and vehicle equipment)	n/a	n/a	Aprons (disposable)	1,942		9,045				
				Aprons (reusable)	1,380		3,844				
				Bio-Waste Plastic	2,031		3,194				
				Body Bag (large)	1,953		4,069				
				Body Bag (small)	27		237				
				Bucket (Faucet)	389		775				
				Bucket (No Faucet)	186		392				
				Chlorax 475ml	0		152				
				Chlorax 4L	12		15				
				Chlorax 5gal	0		0				
				Chlorine	910		3,745				
				Face Shield	544		1,450				

#	Indicator	Base-line	Target	Quarter 2 Progress		Cumulative Progress	Notes
				Gloves -heavy Duty	592	4,857	
				Gloves -surgical	32,336	82,365	
				Goggles	1,474	4,102	
				Gum Boots	344	1,210	
				Isolation Gown	0	0	
				Nose Masks	7,972	29,264	
				PPE (Overall)	6,285	18,288	
				Roller Tape	88	611	
				Sprayer - Backpack	47	384	
				Sprayer - Hand Held	37	162	
				Stretcher	9	18	
				Thermoflash	190	1,457	
	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	0	612	
Female				0	38		
Total				0	650		
	Number of individuals transported to health facilities by ambulance team ⁶	n/a	n/a	81		278	

⁶ As reported by ambulance operators, we believe this number to be underreported.