

GLOBAL COMMUNITIES ALERT WEEKLY REPORT

May 3 – May 16, 2015

SUMMARY

All counties continue to report no new cases of Ebola and during the reporting period, the WHO declared Liberia Ebola-free after 42 days with no new cases in the country. However, burial teams in all 15 counties continue to be supported by Global Communities pending a formal policy change for the country. Given this context, communities are beginning to raise questions regarding the long-term plan for burials in a post-Ebola context. GC is working on drafting guidelines for community-led safe burials that would allow for a transition away from country-wide burial teams, once it is vetted by government and health actors. Swab collection is also continuing in the counties along with the safe burials.

Border surveillance activities are ongoing in the 5 counties, covering 16 border districts, and providing monitoring information on GC border activities to the IMS. This

includes the continuing monitoring, training and supplying of the formal border checkpoints and triage centers that have been established as well as the informal crossing points. Given the progress made in the previous reporting period in establishing the border checkpoints, GC teams focused in this period on maintenance of the border crossing points in addition to scaling up the CLTS activities in these border districts in close consultation with the Bureau of Immigration & Naturalization (BIN), Ministry of Internal Affairs (MIA) & CHT at County, District and community levels. There were some slight delays in activities during the reporting period because of the measles campaign in which many of GC's partners and the CHTs were participating. However, new communities continue to be engaged and significant progress was made in pre-triggering and triggering of border communities to become Open Defecation Free (ODF). This is being done through the leveraging of existing Natural Leader Networks and will continue in the next reporting period, with triggered communities received monitoring on their progress towards becoming ODF.



1. COUNTY-SPECIFIC ACTIVITIES

1.1 Lofa

Two meetings were conducted with the District authorities and CHT as a follow up on previous district level consultative meetings where authorities committed themselves to cooperating and enhancing Global Communities activities under ALERT. Global Communities also held a meeting with County Steering Committee (CSC) on CLTS for detailed planning and to ensure

the CSC is in line with activities of GC on CLTS. As part of this, the selection criteria for ODF communities to benefit from upcoming new water points was discussed and agreed by all.

The team met with natural leaders to explain the recruitment process for the ongoing activities as CLTS promoters. Thirty natural leaders expressed their willingness and readiness to participate and 20 were short listed for onward submission to HR for possible recruitment. Meanwhile, the natural leaders' networks of Kolahun and Voinjama continue to work with the team in promoting CLTS, receiving letters of interest, pre-triggering and triggering. A total of 16 communities (3 Kolahun and 13 Voinjama) were triggered during the period through the natural leader network with support from Voinjama team leader and the Voinjama District Steering Committee.

GC continues to provide support to 4 burial teams in the county and all negotiated, safe and dignified burials continue in the county though no new case of EVD has been reported. Arrangements concluded for the appreciation of deactivated burial and disinfection teams of Lofa. Four team leaders and 7 community development promoters were deployed in the border districts to enhance implementation. An IPC refresher training was conducted with support from WAHA/GOAL in Voinjama for checkpoint's screeners and border security personnel.

1.2 Bong

During this period, activities focused on border communities in two health districts (Zota and Panta-Kpaai) with 36 bordering communities/towns to be triggered for CLTS intervention. A general CLTS training to explain the objective and methodology was held from Tuesday, May 12 – 16, May 2015 in Totota & Gbarnga simultaneously that brought together District Commissioners, Paramount Chiefs, District Inspectors, Clan Chiefs, District Women & Youth Leaders, City Mayors, District Steering Committees members among others.

GC continues to support three border check points (Jorwah, Garmue and Gboata) and thirty-six communities along the Bong-Guinea border in Zota and Panta-Kpaai Districts, providing information to the IMS on the number of crossings and actions taken when travelers exhibit one or more of the surveillance triggers.

. The District teams were able to monitor and supervise thirty-six gCHVs in Zota and Panta-Kpaai Districts. This weekly visit includes monitoring of the community traveler registration ledger which checks temperature and uses Visual Screening form for tracing suspected patients.

The team continues to supply gCHVs in the thirty-six Communities with necessary supplies to enhance their active case surveillance in their assigned communities. The three border check points in Panta-Kpaai District are being monitored and supervised by Global Communities, BIN, MIA and Bong CHT. MIA and CHT have a joint monitoring plan for border surveillance, weekly collection of Incident Management System (IMS) report and Community cluster meetings in Panta-Kpaai and Zota Districts supported by Global Communities.

In the reporting period, all communities along the border were pre-triggered and made ready for triggering after CLTS team refresher training the coming week. GC engaged interested communities to sign the CLTS Letter of interest and many have already been pre-triggered for CLTS intervention. Five District Steering Committees (DSCs) were formed in the five health districts. Another DSC will be formed in the next reporting period in Panta-Kpaai District. Additionally, ODF materials (N/L T-shirts, sign board, sanitation tools) were distributed to ODF verified communities.



In Zota, seven communities were triggered this period and ten District Steering Committee Members were trained in CLTS strategy. Four communities were triggered in Panta-Kpaai this period with ten District Steering Committee Members trained in the CLTS strategy. Local and Traditional Leaders were also trained in their roles for successful CLTS implementation in both districts. In the next

reporting period, pre-triggering and triggering of communities in the two districts will continue, in addition to the validation and monitoring of already triggered communities.

Burial teams remain active conducting safe burials in Bong with 3 burial teams. With the declaration of Liberia as Ebola-free, discussions are ongoing on safe burial with the county health team. This will include scaling down burial teams and reducing the number of needed vehicles.

1.3 Nimba

Nine new border communities were triggered within Bain-Garr, Sanniquellie-Mah, Yarmein and Gbehlay-Geh Districts: Gbuyee, Vanyanpa, Kinnon, Gbeleyee, New Yekepa, Geipa, Dulay, Baintonwin and Bololewee. The triggering of these communities was received extremely well, with the communities showing high levels of interest in achieving ODF status as soon as possible. These communities will be monitored for their progress.

GC continues to increase border surveillance through meetings at County, Districts and Community level along the Guinean border. Five community level border meetings were held on border surveillance in four administrative districts, including Sanniquellie-mah and Gbelay-geh. The purpose is to share updates on border surveillance activities and discuss reports of EVD symptoms among travelers with a wide variety of stakeholders: commissioners, paramount chiefs, clan chiefs, district inspectors, youth leaders, women leaders, CHDC chairpersons, religious leaders and traditional leaders.

4,171 people were registered as crossing the border between Nimba and Guinea during the two-week reporting period. GC continues to support two burial teams. One team will be responsible for 3 districts each. GC supported gCHVs and NL are carrying screening on a daily basis for people coming into and leaving their towns. The communities, in collaboration with local leaders and DHT with required SOP guidelines for border surveillance, this week there were no suspected case or referrals from any border towns of major border crossing points. Some border towns including Ganta border were replenished with IPC materials. These materials are battery for thermo flash, chlorine, pens and flashlights.

Gbehlay-geh reported that some hosts are refusing to report their visitors to be registered in order to be checked by immigration. Some visitors are refusing to have their temperature check and the hands wash as they are saying that Liberia is now Ebola free. The community met to discuss the

refusal of reporting visitors, washing of hands and the checking of temperatures and identified some action points for the community including a fine for not reporting visitors or travel, further communication of the regulations by the town chief, and higher BIN involvement in the district border surveillance meeting.

1.4 Gbarpolu

In Gbarpolu, 7 triages have been constructed and set up at border checkpoints. 39 communities have received supplies, training on the SOPs for border surveillance, as well as identifying and training community focal points in each. Necessary IPC materials were distributed at the screening points, such as Thermo flashes, rain boots as well as flash lights and box of batteries. Additionally, hand wash buckets were provided to 39 communities. In coordination, a cross-border planning meeting was held among partners from both sides of the border including: GC, RED CROSS, CHT, WHO and UNICEF. This border surveillance system is capturing significant movement across both formal and informal border crossing points. In support of CLTS activities in the county, the staff recruitment for implementing the triggering and monitoring of communities has been completed during the period as well as the collection of GPS coordinates of the targeted communities for engagement.

1.5 Grand Cape Mount

Conversations were held with the CHT to discuss the planned draw down of the burial teams and ambulances in the county and support to active case searchers. The CHT highlighted the need for an exit strategy to be developed. For example the extra one month salary as appreciation for the burial team or some refresher training for gCHVs and contact tracers/active case finders. The current burial teams facilitated a total of 13 burials conducted during the week in Grand Cape Mount by the burial teams.

Border surveillance activities were ongoing, with 8 triages completed and the associated screeners trained and deployed in all border checkpoints and points of entry. Additionally, CEBS activities were rolled out in 43 communities with community focal points identified and trained as screeners in all of these communities. 27 District level engagement meetings on border surveillance were held as well as 8 community level dialogue meetings. One challenge faced was that several thermoflashes became dysfunctional due to the high use at busy crossing points, highlighting the need to continue to monitor the supply needs of the border crossing points.

In CLTS, community request letters were distributed and collected in 20 villages to kick off CLTS activities. A part of the process of monitoring the communities that have been triggered is to gather GPS coordinates on the communities, which will be a continuing activity.

2. CASE MANAGEMENT DATA

2.1 Ambulance Support

Current Ambulance Presence			
County	#	County	#
Bomi	2	Margibi	2
Bong	1	Maryland	1
Gbarpolu	1	Montserrado	1

Grand Bassa	2	Nimba	2
Grand Cape Mount	5	Rivercess	1
Grand Gedeh	0	River Gee	0
Grand Kru	1	Sinoe	1
Lofa	1	Total	21

There is no change in the presence of ambulances from the previous reporting period.

2.2 Burial/Disinfection Team Support

Current Burial/Disinfection Team Support					
County	Burial	Disinfection	County	Burial	Disinfection
Bomi	2	0	Lofa	4	0
Bong	3	0	Margibi	2	0
Disco Hill	8	2	Maryland	2	0
Gbarpolu	2	1	Montserrado	18	7
Grand Bassa	3	0	Nimba	2	0
Grand Cape Mount	5	2	Rivercess	2	0
Grand Gedeh	1	0	River Gee	1	0
Grand Kru	1	0	Sinoe	1	0
			Total	57	12

While scaling down of burial teams and disinfection teams is in the planning stages, burial team numbers for the reporting period did not change from the previous period. Disinfection team numbers in Montserrado and Disco Hill remained the same, while Grand Cape Mount and Gbarpolu maintained 3 disinfection teams total as a temporary strengthening of the border monitoring activities.

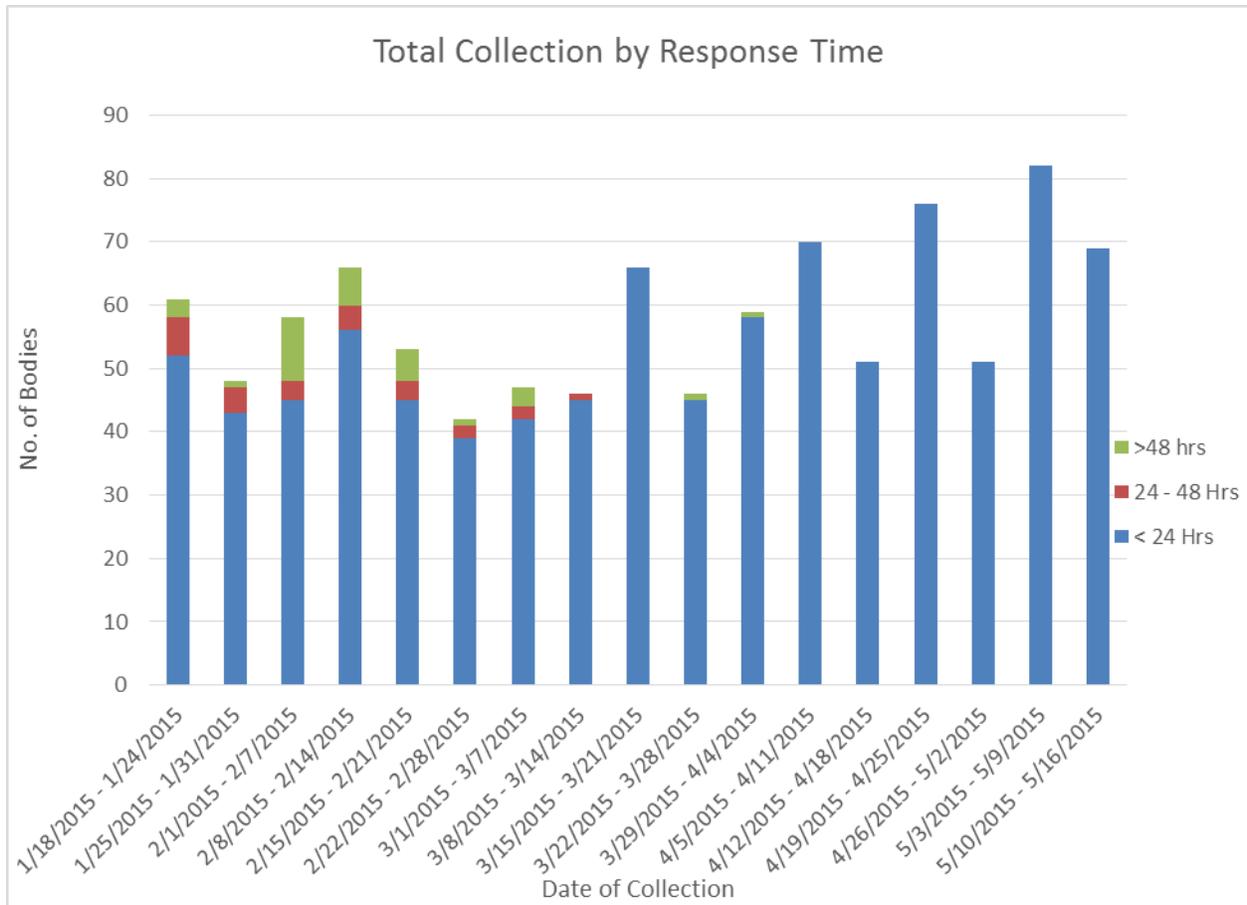
2.3 Dead Body Management

2.3.1 Overall Burial Statistics

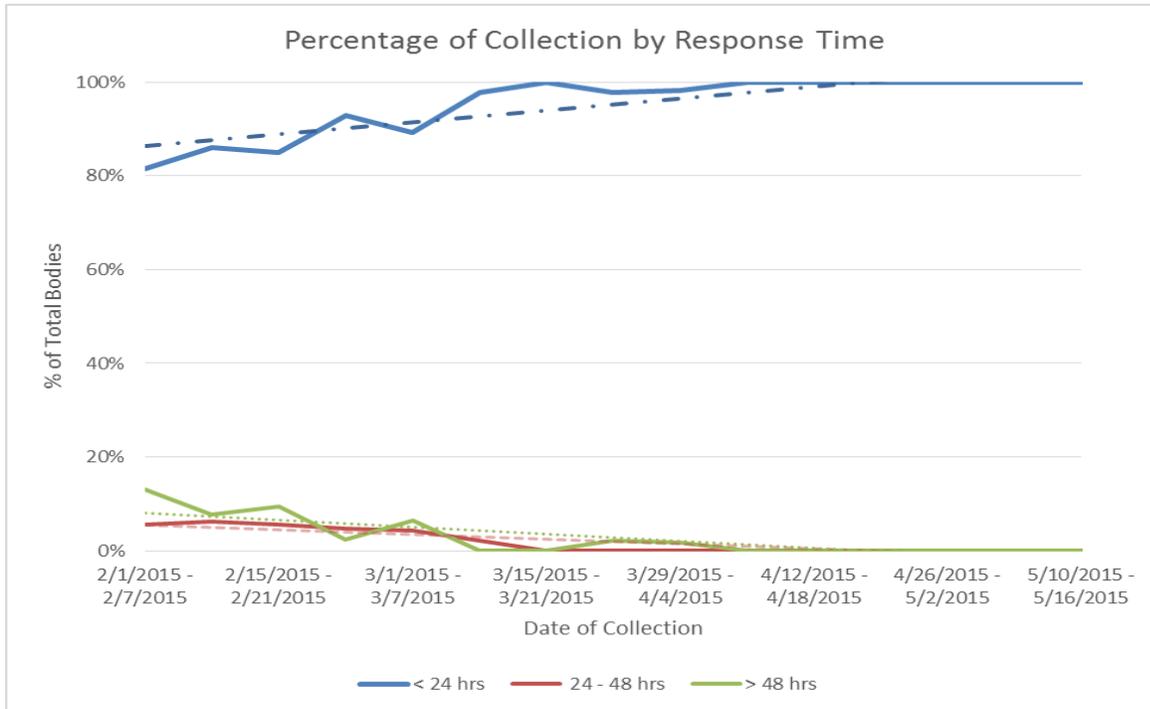
Total Burials Reported			
County	Total	County	Total
Bomi	0 reported	Margibi	5
Bong	0 reported	Maryland	0 reported
Gbarpolu	0 reported	Montserrado	146
Grand Bassa	1	Nimba	0 reported
Grand Cape Mount	13	Rivercess	0 reported
Grand Gedeh	1	River Gee	2
Grand Kru	0 reported	Sinoe	0 reported
Lofa	7	Grand Total	175
Updates		Prev. Reported	Update
April 19 – May 2		215	224

Global Communities continues to practice 100% safe burials despite the declaration of Liberia as Ebola-free pending direction from government and health actors.

2.3.2 Montserrado County Burial Statistics

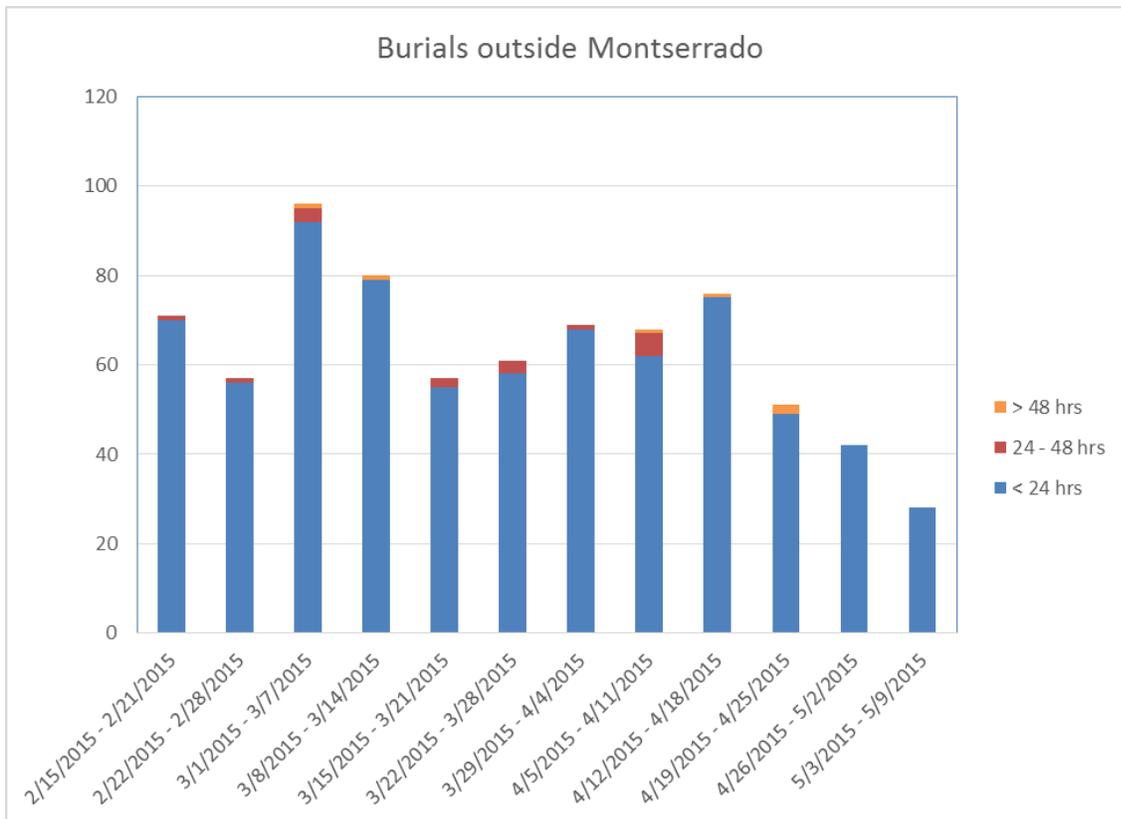


146 burials were conducted by GC burial teams in Montserrado, of which 119 took place at Disco Hill. This has necessitated expansion of the Disco Hill location to accommodate these numbers.



During the reporting period, GC maintained 100% burials within 24 hours of death.

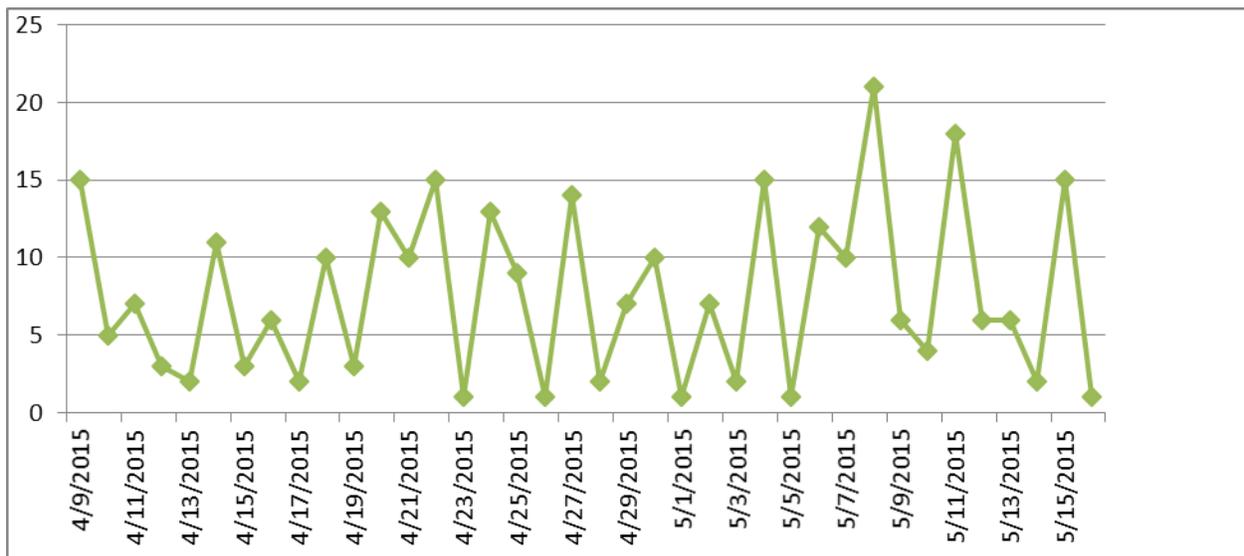
2.3.3 Non-Montserrado County Burial Statistics



Burials continued to occur within 24 hours of death for 100% of calls received. Only 29 burials were reported during the reporting period for counties outside of Montserrado. While this is likely in part due to underreported numbers that may come in the next reporting period, there is also already information coming from the counties of resistance to formal safe burials given the declaration of Liberia as Ebola-free. GC continues to encourage 100% safe burial implementation in all areas. However, as mentioned GC is also discussing the development of community-led safe burial guidelines and training to be approved by government and health actors in order to alleviate some of the resistance in communities.

2.4 Safe Burial Site

Date	# Buried	By Religion		By Sex			By Point of Origin		
		CH	M	F	M	Unrep.	ETU	Community	Hospital
Total	1089	891	198	421	604	64	117	474	498
Percent	100	82	18	39	55	6	11	43	46



During the reporting period, 119 burials were conducted at Disco Hill, an average of 8.5 burials per day. The burial of medical waste has begun at Disco Hill to meet the urgent needs of health facilities. 477 barrels have been buried in a designated section of Disco Hill cleared and approved for this purpose. Material so far has come from Redemption Hospital, with continued discussions with other health facilities to receive medical waste based on current needs.