

## GLOBAL COMMUNITIES ALERT WEEKLY REPORT

### April 19 – May 2, 2015

#### SUMMARY

Global Communities continued Dead Body Management (DBM) and safe burial activities in all 15 counties this reporting period and took over responsibility for 100% of burials in Montserrado as IFRC has officially phased out. 215 burials were reported nationwide, including those at Disco Hill. GC is in the process of developing a community-led safe burial methodology in collaboration with MOH to be implemented at the national level to transition burials back to communities as Liberia reaches and surpasses the 42-day Ebola free mark.

Activities other than DBM are focused in the bordering regions of Grand Cape Mount, Gbarpolu, Bong, Nimba and Lofa where rollout of GC's border surveillance plan and CLTS is ongoing. Currently GC is supporting 25 formal border checkpoints spread throughout the five counties with screening and construction materials for triage centers. GC is also providing incentives to gCHVs, RNs, Pas and Nurses Aids to conduct screening at many of these checkpoints.

Over 250 border communities have been identified and engaged with in the five counties. All have received screening materials and training on how to conduct community surveillance, including training on the CDC's Community Event-Based Surveillance (CEBS) methodology. Border communities in Bong, Nimba and Lofa have all completed pre-triggering and are set to be triggered for CLTS in the coming weeks.

In Bong County, 27 newly verified Open Defecation Free (ODF) communities received celebrations with GC staff, members of the Natural Leader Network and District- and County-level officials. GC's new Country Director, Warner Passanisi, attended one celebration in Salala District.



*GC Staff and NLS at an ODF celebration in Salala, Bong County*

Finally, after the closing ceremony of the Monrovia Medical Unit (MMU), where GC ran a set of medical waste incinerators during the height of the EVD epidemic, the U.S. Surgeon General and members of the OFDA/DART visited Disco Hill to learn about GC's role and leadership in safe and dignified burials.

## 1. COUNTY-SPECIFIC ACTIVITIES

### Bong

During the reporting period, the District Surveillance Team carried out routine field monitoring visits of community surveillance focal persons in their communities (along the Bong-Guinea border) on how they carry out daily activities based on the Toolkit and training they have

received. The team also held a social mobilization meeting to assess community structures for CLTS buy-in.

The Bong team also held two meetings with authorities from 36 border communities from Zota and Panta Districts to explain the importance and value of CLTS in detail. After the meetings, all communities signed Letters of Interest and completed the pre-triggering process. Triggering will begin during the next reporting period for border communities. In addition, the team mobilized five Clan Chiefs, eight General Town Chiefs, six Town Chiefs and 36 gCHVs to attend a Community Event-Based Surveillance (CEBS) training.

Burial teams remain active and all swabs collected continue to be negative. As part of the UNICEF Hygiene Promotion Program to Ebola affected communities and surrounding villages in Bong County, 220 CLTS latrines have been constructed to date. During the reporting period, the National Technical Coordinating Unit (NTCU) verified 27 communities as ODF. See Annex A for more information. The Hygiene Promoters and County Steering Committee members in Bong County were divided into teams to support celebrations for the ODF communities. The County Superintendent, other MIA staff and Global Communities' new Country Director attended one of the celebrations held in Valeyan, Salala District.

## **Gbarpolu**

CEBS rollout activities, distribution of IPC materials and community monitoring visits are ongoing in Gbarpoolu. CEBS rollout workshops were held in three Clusters in Normon, Kungbor, and Camp Alpha with a total of 195 participants. An additional 35 checkpoint volunteers participated in an IPC training. During the reporting period an additional two triage centers were completed at Camp Alpha and Kungbor Health Facility.

During the Cluster #1 CEBS rollout meeting in Normon Town, the Kongba DHO identified another major entrance in Bombohun on the road leading from Vahun, Lofa County to Bombohun, Kongba District. Many traders and travelers use this route from Guinea, Sierra Leone and Lofa to enter and the DHO is appealing to GC to set up a triage at that entrance.

A stakeholder meeting was held in Bopolu to discuss the future of burials in the county. Many are concerned on the usage of body bags and PPE during burials and expressed interest in seeing burials transition back to the community level.

## **Grand Cape Mount**

This reporting period, GC completed training for 33 active case searchers to conduct screening at six triage centers (York Island, Jane Liberia, Bombo, Konga, Gangama and Bombor) and provided them with startup kits. CEBS activities were rolled out in 15 border communities with 15 communities focal points identified and trained. In addition, the CHT identified Edmond Greaves of MIA and Hawa Kromah of the CHT as the County Focal Points for Border Surveillance activities in Grand Cape Mount.

With five burial teams present, GC continues to support safe burials and dead body management in Grand Cape Mount. Meeting with the County Inspector, however, there is serious concern about secret community burials. He noted that there is complacency in communities as there have been no new cases. Communities feel that the war against Ebola has come to an end and that burial teams should no longer use body bags and chlorine. As a result, the County Inspector is asking the CHT to identify another approach to burial. GC is currently drafting a community-led

safe burial approach to be implemented at the national level as a next step. GC will provide more information on this as it develops further.

## **Lofa**

A four-person USAID/DART team visited Lofa County and conducted a two-day monitoring visit with the GC Lofa field team. The team visited two border check points in Quadu-Gboni district (Bolonguidu and Kondadu) three check points in Voinjama district (Selega, Voinjama city and Sarkonedu). Members of the visiting delegation interacted with the personnel at the check points and observed the procedure of screening and documentation of travelers. The team was joined on the second day of the visit by two members of CDC assigned to Lofa County. The team also visited two CLTS-ODF communities (Bakuma and Fafenedu) and three border communities (Kondadu, Kannela, and Korlelah) where they interacted with members of the communities on activities of CLTS and cross-border surveillance. The team expressed satisfaction with GC for the cordial relationship with the communities and the level of progress being made in the County. The monitoring visit was led by Paramount Chief Musa Kamara of Quardu-Gboni district and the County Inspector Hon. Jimel Kamara

Construction of triage centers continued during the reporting period and all nine were completed at check points identified by the CHT. These check points are staffed by professional and non-professional volunteers recruited by the CHT and supported with incentives from GC. GC supported six community border cluster surveillance meetings along with one district level meeting. 116 communities received surveillance training and materials along the border during the reporting period.

The CLTS County Focal person along with some Natural Leaders (NLs) visited communities in Kolahun District and received Letters of Interest from 38 communities. All communities have been pre-triggered and are ready for CLTS triggering. A special refresher training on triggering is planned for NLs for May 6<sup>th</sup> in Voinjama and Kolahun.

GC continues to support four burial teams in the Lofa as well as the transportation of swabs collected from dead bodies and specimens collected from suspected cases to the testing lab in Gbarnga, Bong County. All swabs and specimens transported and tested during the reporting period tested negative.

## **Nimba**

This reporting period the GC team conducted a CEBS training for community focal persons in 21 communities and three official check points. A total of 105 participants attended the CEBS training which was facilitated by DHOs and GC staff that participated in the TOT CEBS training in Gbarnga last month. The GC team visited 26 communities along the Guinean border to distribute IPC materials including batteries, chlorine and pens and also visited the Ganta, Bololewee and Yekepa border checkpoints to distribute materials.

On April 29<sup>th</sup> and 30<sup>th</sup>, GC held three separate meetings, one county border surveillance meeting in Sanniquellie-mah and two community-level CLTS meetings in Garr-Bain. These two communities were triggered before the Ebola outbreak and both communities highlighted the continuity and success of CLTS activities. In addition, GC supported a county-level border surveillance meeting held in Sehyikinpa during which all stakeholders and local leaders got to understand their roles and responsibilities in community border surveillance. Finally, on April

28<sup>th</sup> GC attended a cross-border meeting in Yarmein District among community members, zoes, chiefs, elders, gCHVs and other leaders from Guinea and Liberia in a border town call Kinnon.

In preparedness for triggering in the bordering communities with Guinea, a series of meetings was held with the County Steering Committee (CSC) to follow up with communities for CLTS activities. GC has begun receiving letters of interest for the CLTS intervention in border communities and plans to trigger 50% of the 28 identified border communities in the coming weeks.

## 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	<b>Total</b>	<b>21</b>

This reporting period, Global Communities pulled one ambulance from Grand Kru bringing the total number nationwide to 21.

### 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	0	Montserrado	18	7
Grand Bassa	3	0	Nimba	2	0
Grand Cape Mount	5	1	Rivercess	2	0
Grand Gedeh	1	0	River Gee	1	0
Grand Kru	1	0	Sinoe	1	0
			<b>Total</b>	<b>57</b>	<b>10</b>

This reporting period, IFRC burial teams phased out of Montserrado County and will no longer be included in reports as a result. Global Communities phased out two disinfection teams from Bong, one from Gbarpolu and one from Grand Cape Mount. Conversations with the Ministry of Health are ongoing regarding the eventual implementation of community-based safe burials at

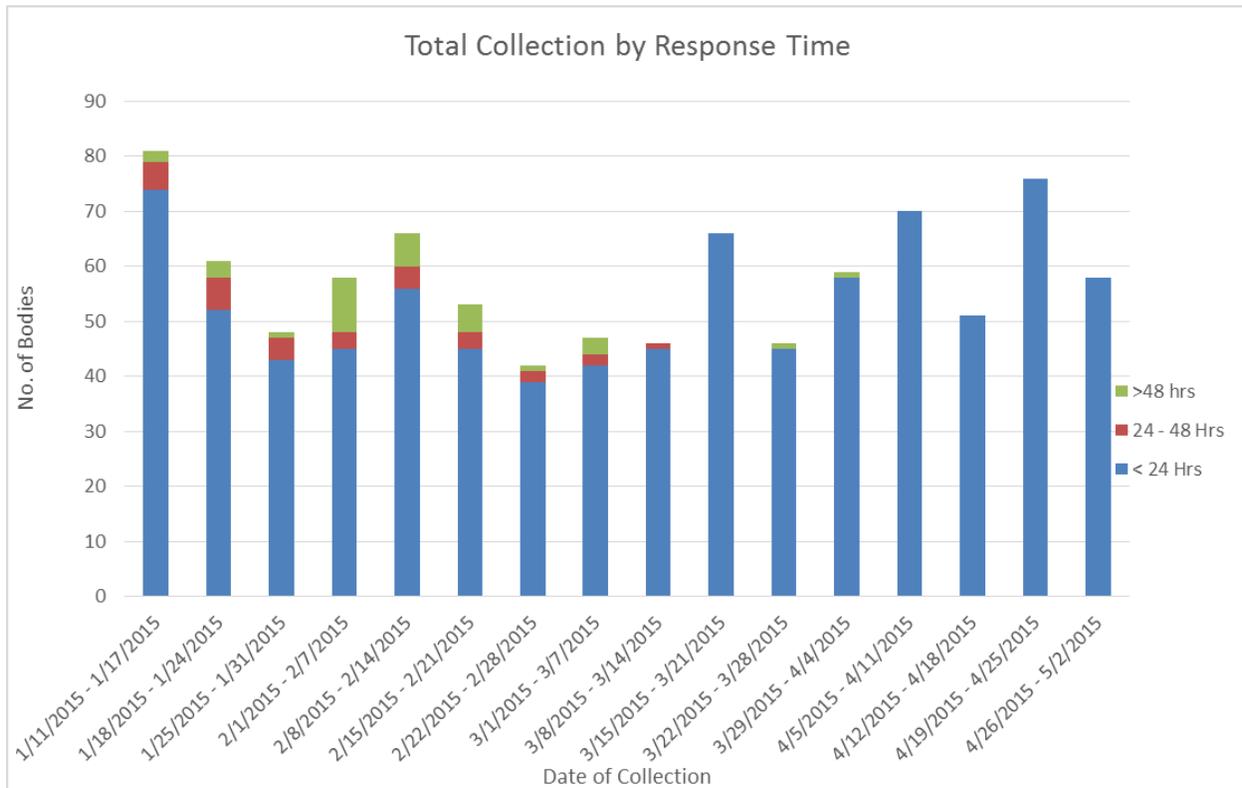
some point after the 42-day Ebola free mark. Until then, Global Communities will continue to conduct safe burials in all 15 counties while gradually scaling down burial team presence.

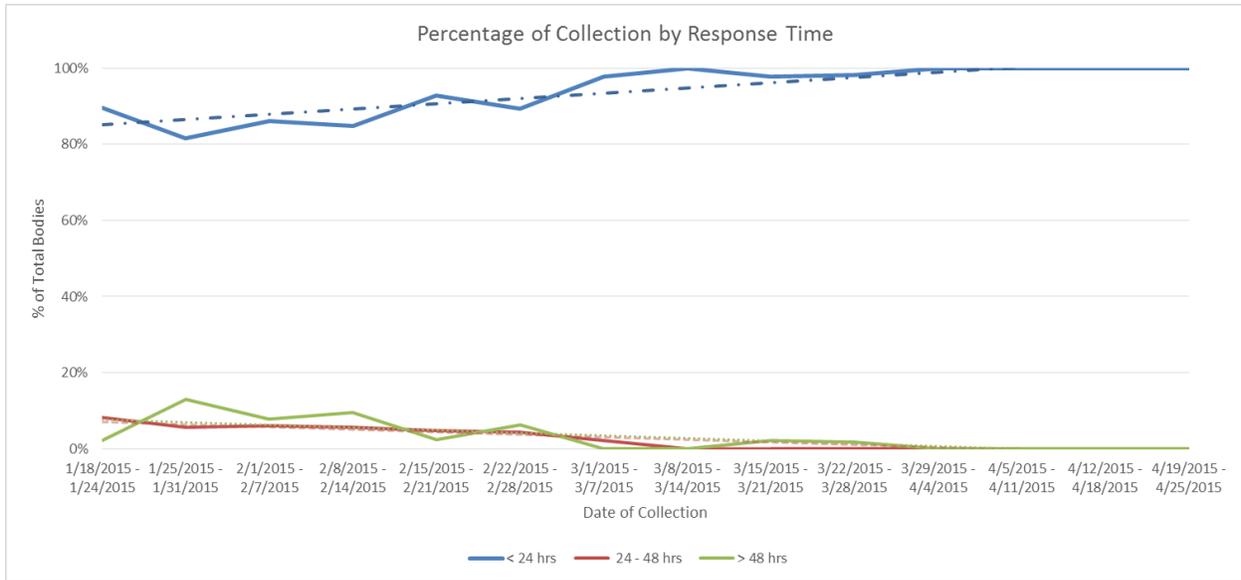
## 2.3 Dead Body Management

### 2.3.1 Overall Burial Statistics

Total Burials Reported			
County	Total	County	Total
Bomi	14	Margibi	17
Bong	6	Maryland	0 reported
Gbarpolu	0 reported	Montserrado	134
Grand Bassa	4	Nimba	0 reported
Grand Cape Mount	16	Rivercess	1
Grand Gedeh	2	River Gee	3
Grand Kru	0 reported	Sinoe	1
Lofa	17	<b>Grand Total</b>	<b>215</b>
Updates		Prev. Reported	Update
April 5-18		206	261

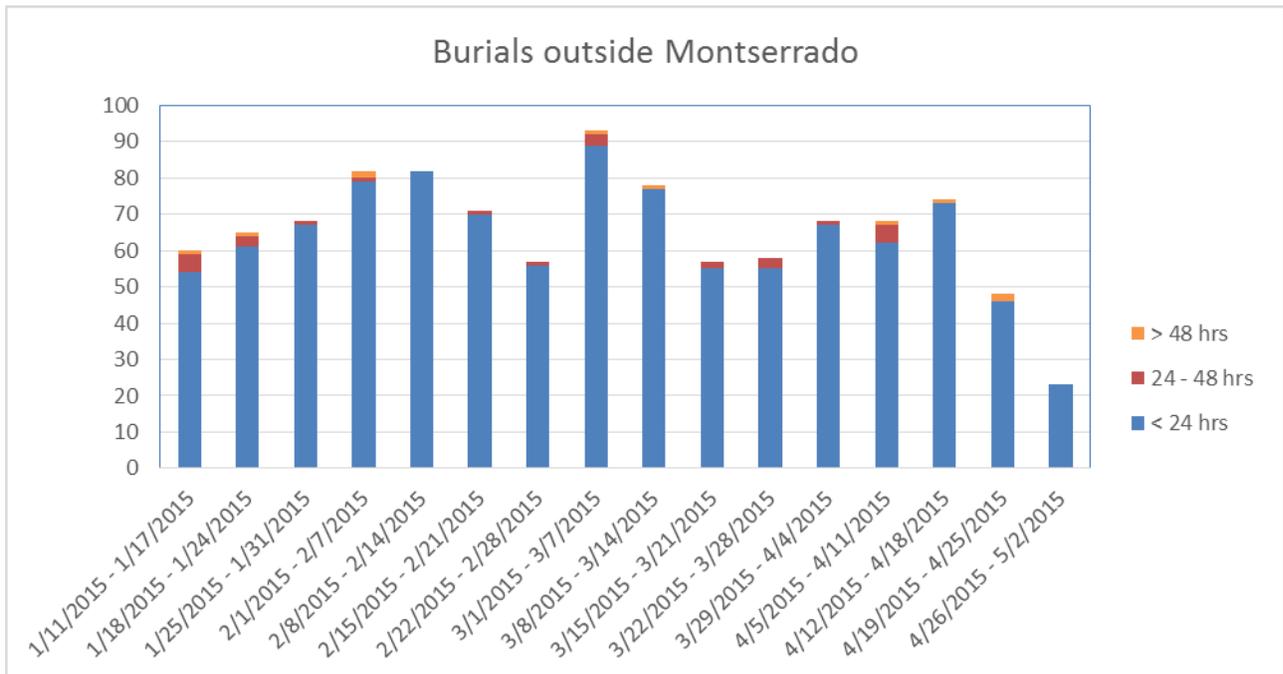
### 2.3.2 Montserrado County Burial Statistics





IFRC has officially ceased burial operations in Montserrado County and Global Communities has taken over responsibilities for all safe burials. This reporting period, Global Communities supported 134 burials in Montserrado and all were completed within one day of death.

### 2.3.3 Non-Montserrado County Burial Statistics



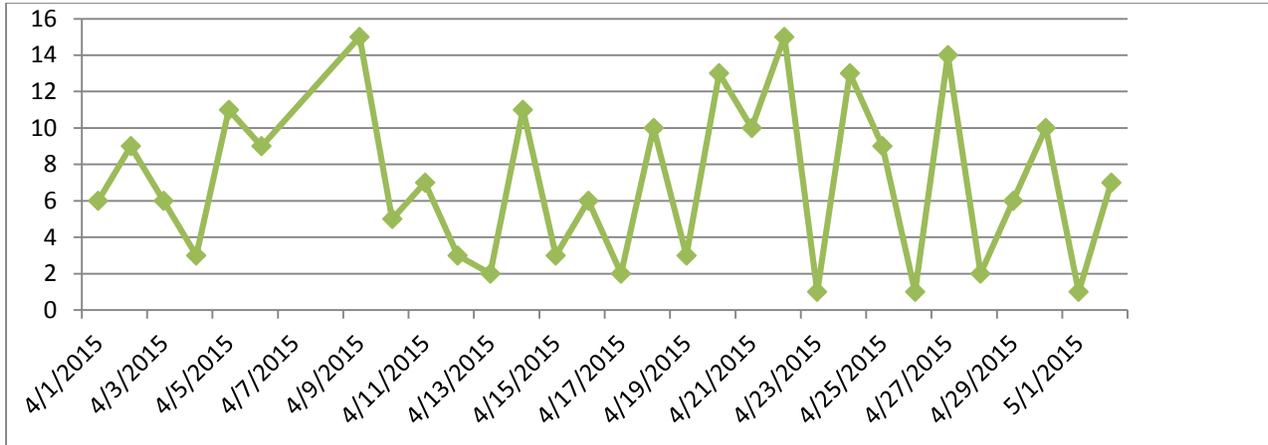
This reporting period, Global Communities supported 71 burials outside of Montserrado County with 97% completed within one day of death.

### 2.4 Safe Burial Site

Date	# Buried	By Religion		By Sex			By Point of Origin		
		CH	M	F	M	Unrep.	ETU	Community	Hospital

<b>Total</b>	970	787	183	374	537	59	117	454	399
<b>Percent</b>	100	81	19	37	57	6	13	47	38

**Burials per Day at Disco Hill**



This reporting period, Global Communities conducted 94 burials at Disco Hill, an average of 6.7 burials per day. One acre of land has been cleared and is being prepared to bury approximately 80 cubic meters of medical waste transported from redemption hospital. Global Communities is having conversations with other medical facilities to dispose of additional medical waste. This reporting period, following the closing ceremony of the MMU, Global Communities received a visit at Disco Hill from the U.S. Surgeon General and members of the U.S. Public Health Service Commissioned Corps as well as the DART Team. See Annex B for more details.

## AS EBOLA RESPONSE CONTINUES, CLTS RUNNING STRONG IN RURAL LIBERIA

**GBARNGA, LIBERIA** – This week in Bong County, the National Technical Coordinating Unit (NTCU) – responsible for setting Liberia’s national WASH guidelines – verified 29 new communities as Open Defecation Free (ODF). “What was originally just a short-term basic hygiene promotion has become another successful Community Led Total Sanitation (CLTS) project,” said Global Communities former Country Director Piet deVries to his country staff.



*Children from Cotton Tree, an ebola-affected village using a new reed-based hand washing station*

“This verification represents more than 100% of triggered communities,” said Global Communities Program Manager Michael Fogbawa. “We extend our heartfelt thanks and appreciation to the entire Global Communities team for engaging these communities and helping guide them through the process.”

Last November Global Communities partnered with UNICEF to distribute household hygiene kits in Ebola-affected communities to combat the spread of Ebola and lay the groundwork for long-term prevention and disease resilience through healthy sanitation practices. After distributing over 4,000 kits in Bong, the Global Communities team decided to turn this six-month hygiene promotion project into a small-scale CLTS campaign and successfully triggered 27 Ebola-affected communities in mid-February.



*NL and the town chief of Baysah Farm, another ebola-affected villange, with a new set of latrines*

“When we triggered these communities, we were the students and they were the teachers,” said Elizabeth Geddeh, Global Communities Rural WASH Manager. “CLTS completely depends on this relationship. You have to learn from them and let *them* identify their own problems and find the solution.”



*T. Kerkulah, NL of Ricks Farm, with a new ventalated slabless pit latrine*

With two Natural Leaders (NLs) from each village guiding the CLTS process from within, community members built a total of 159 latrines, 411 dishracks, 490 clotheslines and 107 garbage pits all with local materials and no external financial support. Most communities hold two or three workdays a week and fine community members who do not participate. That money is then used to buy other materials like cement. “Everyone benefits from this process,” said Temnieh Kerkulah, a Natural Leader from Ricks Farm.

“Even those that don’t work and pay the fine still get a cleaner community,” she added.

After completing construction and going one month without open defecation, all 27 triggered communities – plus two self-triggered communities – were verified ODF.

The 58 NLs – the majority of whom are female – are now responsible for ensuring their own communities continue to be ODF and will begin triggering additional communities themselves under the new USAID-funded *Partnership for Advancing Community-Based Services (PACS) Project*.



*Elizabeth Geddeh motivates a group of new NL at a training in Gbarnga*

At a workshop for the new NLs earlier this month, Geddeh told them what it means to be a NL: “Nobody appointed you. Nobody voted for you. You have volunteered to give a service to your community for free! This is something you care about and that is why you are Natural Leaders. You must be able to make people need latrines. Let’s work together to make CLTS spread like a fire across Liberia!”

Building on the successes and relationships forged during the IWASH Program, Global

Communities has now supported 313 communities in Bong, Nimba and Lofa counties to become ODF. Over the course of the five-year PACS Project, Global Communities plans to trigger an additional 1,300 communities for CLTS with the goal of 70% reaching ODF status.

The team has also identified over 250 border communities in Gbarpolu, Grand Cape Mount, Bong, Nimba and Lofa to implement CLTS and border surveillance activities with 50% targeted to become ODF by October. Triggering these communities will create a hygiene barrier that

makes them stronger and more resistant to diseases like Ebola that often cross borders. Many of these communities have shared social, economic and cultural ties to Sierra Leone and Guinea so NLs will be encouraged to engage and trigger these areas as well, creating a buffer zone that protects both sides. “CLTS is an exit strategy for us [Global Communities] on the border,” said Geddeh. “Just because we don’t have any [Ebola] cases, doesn’t mean we sit back. We won’t be in these communities forever, but CLTS will give them the power to protect themselves in the future,” she added.

In rural Liberia, community law is often stronger than governmental law. For this reason Global Communities actively engages village elders, traditional leaders, pastors and imams, recognizing that working through the existing leadership structures in each community is vital. “We make the community feel important because they are important,” said Geddeh. “In CLTS, you must always stand for what you say and we have never forgotten that.”

Though the IWASH Program chapter has come to an end, CLTS is alive and well in Liberia. Global Communities hygiene promoters and WASH teams are now working harder than ever to see that it does spread across the country like the fire Geddeh described.



*A group of NLs visits a previous ODF village and hears advice from the town chairlady*

## **ANNEX B: GLOBAL COMMUNITIES RECOGNIZED AS MONROVIA MEDICAL UNIT CLOSES**

On April 30<sup>th</sup> the Monrovia Medical Unit (MMU) – a 25-bed hospital dedicated to providing care to healthcare workers who became infected with Ebola during the crisis – was closed by the United States Public Health Service (USPHS) Commissioned Corps and handed over to the Government of Liberia.



*Servicemen and women of the USPHS Commissioned Corps stand at attention during the closing ceremony for the MMU*

Through the USAID-funded Assisting Liberians with Education to Reduce Transmission (ALERT) Program, Global Communities took the lead on managing four medical waste incinerators at the MMU, a critical piece to disposing of potentially hazardous and contaminated materials.



*Global Communities Incineration Supervisor Alonzo Bayah with the decommissioned medical waste incinerators at the MMU*

Leading the handover ceremony was Liberian President Ellen Johnson Sirleaf, U.S. Ambassador Deborah Malac and Surgeon General of the U.S. Vivek Murthy.

Madame Ambassador Malac: “I want to say thank you to USAID’s Office of Foreign Disaster Assistance and the DART for funding the MMU and for your tireless efforts in this fight...I also want to thank all of you here, all of our many partners. I say thank you to all of our NGO partners for supporting the Liberian government’s response effort. But most importantly, we need to celebrate the work that the Liberian people themselves did.”



*Ambassador Malac addresses the audience and thanks partners as well as the Government and People of Liberia*

President Sirleaf highlighted three main lessons learned during the crisis: improving preparedness in the health system for infection control; harnessing the power of participation of community leaders to take charge in the fight and; maintaining partnerships to collectively work toward eliminating the virus.

“During this crisis we turned to our first line of heroes,” President Sirleaf said. “To our doctors who themselves were dying. To our nurses who themselves were dying. We turned to them for the expertise we did not have. And they rallied... The United States government and partners also responded in a very significant way. President Obama responded in a very personal way... Many brave men and women came here to support us and to construct this place that would save our doctors.”



*President Sirleaf reflects on the Ebola crisis and recognizes the critical elements that have carried Liberia forward*

As the United States and USPHS flags were lowered from the MMU, Rear Admiral Scott Giberson, Director, Division of Commissioned Corps Personnel and Readiness addressed the audience: “The hauling down of the colors signifies the transition of the Monrovia Medical Unit from the U.S. Government to the People of Liberia on this day April 30, 2015.”



After the close of the ceremony, President Sirleaf stopped to speak with Global Communities staff and thank them for their efforts during the crisis both at the MMU and throughout the country. “I want to thank your team for all the work you have done, especially with burial teams,” President Sirleaf said to Global Communities Environmental Health Advisor, George Woryonwon. “This was very critical work and I am grateful for what you have done.”



*President Sirleaf and Ambassador Malac thank Global Communities staff George Woryonwon and Piet deVries for their work during the crisis*

Later in the day, Global Communities received a visit at the safe burial site, Disco Hill, from Surgeon General Murthy, service men and women of the USPHS Commissioned Corps and members of the USAID DART. Since the end of December, Global Communities has supported over 950 burials at Disco Hill, a true testament to organizational adaptability and the ability to manage stakeholder relationships with the Government of Liberia and community members. “Mortuary management is not an easy task in and of itself, and seeing how you all did this so well in a crisis zone is truly impressive,” noted Rear Admiral Giberson.



*Senior WASH Technical Advisor Piet deVries presents Surgeon General Murthy with a Global Communities hat*



*Matt Ward, Burial Site Manager, explains Disco Hill's layout and operations to Surgeon General Murthy*



*Bayah, Surgeon General Murthy and Ward discuss how incineration of medical waste currently works at Disco Hill*

After a brief tour of the safe burial site and seeing its daily operations Surgeon General Murthy concluded: “We cannot thank you [Global Communities] enough for all you have done to support safe burials during this crisis. Your work at this site has been amazing and it is an honor to be here and witness your team’s efforts.”

