

GLOBAL COMMUNITIES ALERT WEEKLY REPORT

April 5th – 18th, 2015

Note: This report covers a two week period. From now on Global Communities will provide bi-weekly reports to OFDA for the ALERT Program.

SUMMARY

This reporting period, Global Communities continued roll out of its border surveillance activities in Bong, Nimba, Lofa, Cape Mount and Gbarpolu. The Lofa team continued distribution of screening materials and training of border communities it had not yet reached in addition to nearly completing nine triage centers at formal checkpoints. Bong also completed distribution of materials and training in the border communities and began conducting monitoring visits. Nimba has completed this process and Gbarpolu and Cape Mount are planning for distribution and training on the Toolkit to be completed in the next two weeks.

Triage centers are now complete in Grand Cape Mount and Nimba. Those in Lofa are still lacking tarpaulin and additional locations are still being identified in Bong and Gbarpolu.

A TOT was held in Gbarnga to train the Bong, Lofa and Nimba teams on CEBS and the Community Surveillance Toolkit (see below for more information). This completes training of GC staff and the CHT on this subject and all are now prepared to carry out activities in border communities.

Global Communities still maintains 56 burial teams nationwide but has begun significantly scaling back on the number of members for each team. Scale down of overall teams is also ongoing. All swabs collected from GC's 206 supported burials this period were negative.

Finally, all border counties have set work plans for CLTS activities and surveillance along the border regions. The Lofa team has begun the pre-triggering process with border communities and other counties are scheduled to do so in the coming month. GC hopes to support 50% of the border communities it engages with to become ODF verified by October.

1. COUNTY-SPECIFIC ACTIVITIES

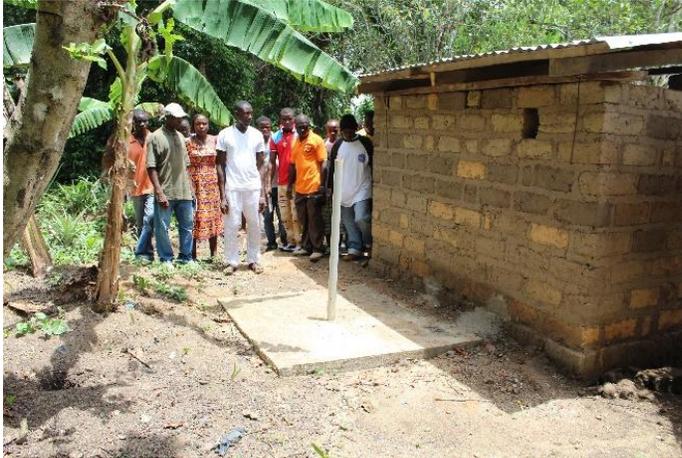
Bong

The first Training of Trainers (TOT) workshop for Community Event-Based Surveillance was held in Global Communities' Gbarnga office from April 10-11. In attendances were DHOs, CSOs, Superintendent Administrative Assistants, County EHTs and Health Promotion Focal Persons from Lofa, Bong and Nimba Counties. GC staff including County Advisors, County Managers, Border Surveillance Managers, Senior Community Mobilizers and Community Development Promoters were also present. The purpose the workshop is to prepare CSOs,



GC staff and members of the CHT practice screening and surveillance procedures as part of a role-playing exercise at the TOT

DHOs, SCMs, BSMs and CDPs to train local community authorities and gCHVs in cross border surveillance and the use of the Toolkit.



NLs visiting ODF communities in Bong County to learn about latrine construction and the process of becoming ODF

During the same two-day period, a Natural Leader training was also held for 30 NLs from 15 recently CLTS-triggered communities. The training focused on how to engage a communities and relevant government entities from the pre-triggering stage all the way to Open Defecation Free (ODF) certification. After the training, NLs visited six existing ODF communities with GC staff to share experiences and learn from different communities' latrine designs and hygiene practices.

Two high levels meeting were held last week with the Bong CHT, community leaders and health partners in response to the current measles outbreak in Bong (three districts – Jorquelleh, Fuamah and Kokoyah – highly hit). The Surveillance Team, including CDC and UN Partners, are increasing surveillance activities for measles in affected communities facilitating specimen collection, transportation and awareness. Scaling up of immunization in four health districts is scheduled to begin on April 22nd.

Two high levels meeting were held last week with the Bong CHT, community

For border surveillance this reporting period in Zota and Panta-Kpaai Districts, the County completed its roll out plan for cross border surveillance (CEBS) and CLTS in the border communities. Global Communities also conducted daily routine monitoring of gCHVs along the Bong-Guinea border and distributed thirty two hygiene kits to thirty two communities in the border communities of Zota and Panta-Kpaai District

Gbarpolu

A CEBS orientation workshop was held on Friday April 10, 2015 at the Bopolu City Hall. The objective of the workshop was to orientate the participants on cross-border implementation activities and to share the cross-border monitoring Toolkit with the participants with focus on Kungbor district bordering Sierra Leone. Participants included the County Inspector, District Commissioners, General Town Chief, Paramount Chief, District Health Officers, Environmental Health Officers, the County Surveillance Officer, Ministry of Justice, CDC, WHO, UNICEF and Partners.

During the CEBS session Chief Jusu of Camp Alph made it clear that there was one crossing point still left out that leads from Kenema. He emphasized challenges in his area and how much he normally spent on the communication and to call the burial team for a burial in his town. He emphasized that GC is the one organization that frequently visits his town for monitoring

The construction of triage centers in the six major formal crossing points has been completed (holding rooms and temperature room). The CHT is appealing to GC to provide support to construct an additional triage center at the entrance of the Kungbor Health facility. In

collaboration with the CHT and Town Chiefs, GC identified thirty-five check point screeners to staff the six triage centers.

11 disinfection teams members in were shown appreciation for contributions to dead body management in Gbarpolu County during the height of the EVD crisis. They were given one extra month incentive (\$350) and an appreciation certificate. Finally, the Gbarpolu team has mobilized training materials and will begin to rollout community-based surveillance training in the border communities. We expect screening materials to be distributed and community focal persons to be trained in their use in all border communities during the next reporting period.

Grand Cape Mount

During the reporting period, GC and the CHT recognized another border crossing point in called Jene-Liberia which will required a triage center. A triage was completed at York Island and the Bo-Waterside triage center was expanded. Four of six triage centers are now complete with materials mobilized for the remaining two.

IOM and GC met this reporting period to discuss the takeover of the six formal crossing points in GCM while the Liberia National Red Cross takes over one as IOM pulls out. In collaboration with IOM, GC identified and trained 36 screeners and six BIN officers to take over crossing points from IOM.

Community-based surveillance community focal points have been identified in 12 bordering communities in Tewor and Porkpa Districts. Rollout training and material distribution is set for April 20-24, 2015. The bordering communities have been set up in 4 clusters in the 2 districts.

Burial teams remain active conducting dead body management in GCM and 19 disinfection team members were shown appreciation for their contributions to the Dead body management with one extra month incentive (\$350) and an appreciation certificate. In addition, the Sinje lab has finally closed and all swabs collected in GCM are being transported via ambulance to LIBR.

Lofa

Community Surveillance and CLTS in the border communities is Lofa's biggest priority. This reporting period, the Lofa team distributed IPC supplies to 33 border checkpoints and surveillance materials (thermoflash, ledger and hand washing station to 36 border communities). In addition, along with MIA and the CHT, GC conducted 12 monitoring visits to border communities to ensure proper surveillance is taking place.

GC participated in an EVD technical meeting on April 13th in which cross-border surveillance in communities and checkpoints was the main point of discussion. During this meeting GC was appointed to serve as chair on the cross border surveillance activities. All partners have agreed to follow the national SOPs on border surveillance. In addition, a one day planning was held on April 14th with the GC and CHT teams that participated in the two-day TOT on CEBS in Gbarnga. Participants identified cluster communities based on location, set dates for training and monitoring and identified who would conduct trainings.

Finally, the GC team Conducted pre triggering activities in four communities in Voinjima District (Gbegbedu, Zangota, Wormanor and Jarmulor) and distributed LOI to four other ommunities (Lofada, Galakpain's Town, Kpadeh Town and Kolliemai). The CLTS team is scheduled to visit Kolahun District on the 21st of April 2015 to discuss plan for LOI distribution.

Margibi

All Contact Tracing and Active Case Search Activities supported by GC in Margibi County are expected to come to an end as of April 30th. This decision came from the Contact Tracing Cluster meeting when Save the Children took initiative to take care of the 951 gCHVs in the entire County in terms of (incentive, trainings, communication etc.) as of May 2015. The CHT and all partners involved in Contact Tracing agreed on this issue.

Nimba

The GC Nimba team began engaging border communities on the CLTS approach as a strategy to improve community coordination and border surveillances activities. Cross Border and Border Surveillance activities in communities along the Guinean border are ongoing including awareness raising and monitoring of gCHVs and Natural leaders (NL) in bordering communities. The County is planning a cross-border meeting in Youmou Guinea to continue the series of talks that began last month. Triage centers are up and running at Ganta, Yekepa and Bololewee check points and placed in each Triage Desk are chairs and relevant IPC materials for screening as per the GOL surveillance standard.

The GC team also conducted community-level meetings in Bain-Garr and Yarmein Districts in collaboration with CHT and MIA represented by the County Protocol Officer. gCHVs and other international partners (Africare, UNICEF and E-Health Africa) also attended to discuss Ebola preventive measures. The team mentioned in the meeting that with the presence of gCHVs and Natural leaders in border towns will bolster effective community surveillance activities. GC team also collaborated with Africare to distribute Ebola awareness leaflets and Clorox during one of the community meetings.

Rivercess

During the reporting period, the GC team conducted monitoring visits and supervised five communities under the UNICEF/IWASH project. GC also supported a psycho-social training in Buchanan, paid a one month extra incentive and presented certificates of appreciation to former burial team members from Rivercess and Sinoe Counties. GC is presently supporting one burial team in the County. In addition,



Burial Team Members in Buchanan are presented with certificates for their work during the crisis

GC is presently conducting swab training for funeral homes in the county to ensure that oral swab is collected on all death bodies for EVD testing.

EVD response partners are redirecting activities to basic health services and surveillance. The measles campaign is beginning this month and partners are carrying on social mobilization and awareness campaigns in the county.

Sinoe

GC is still providing logistical support to the burial teams and two ambulances to the CHT. Beginning April burial teams and ambulances will be reduced to one each to support the county response. The CHT and her health partners are presently engaged in the sensitization of community through community engagement meeting for the measles vaccination campaign that is due to begin in mid-April. There was no burials carried out by the team this reporting period.

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	2	Sinoe	1
Lofa	1	Total	22

This reporting period Global Communities scaled back on one ambulance in Rivercess and one in Sinoe as need has decreased bringing total ambulance presence nationwide to 22.

2.2 Burial/Disinfection Team Support

Current Burial/Disinfection Team Support							
County	GC	IFRC	GC	County	GC	IFRC	GC
	Burial		Disinfection		Burial		Disinfection
Bomi	2		0	Lofa	4		0
Bong	3		2	Margibi	2		0
Disco Hill	8		2	Maryland	1		0
Gbarpolu	2		1	Montserrado	18	12*	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				56	12	14	

Global Communities scaled back one burial team and two disinfection teams this reporting period.

*IFRC will no longer have a burial team presence in Montserrado as of May 1st.

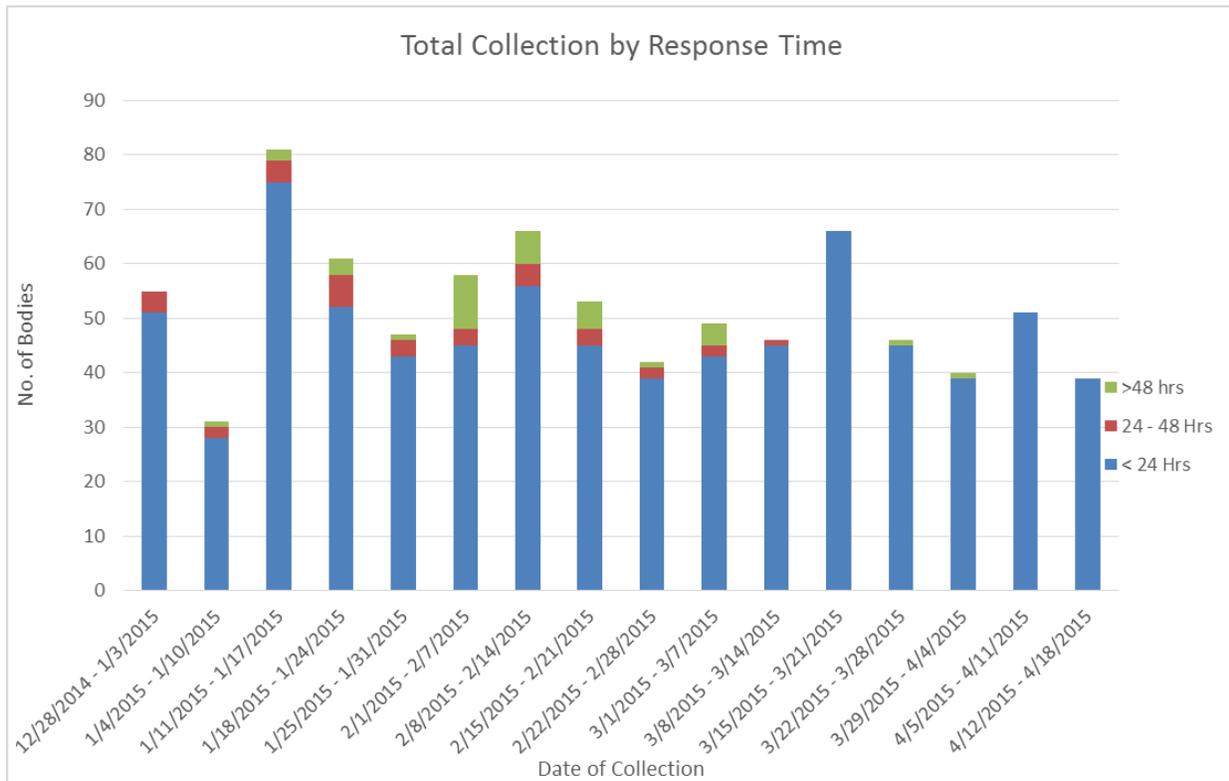
2.3 Dead Body Management

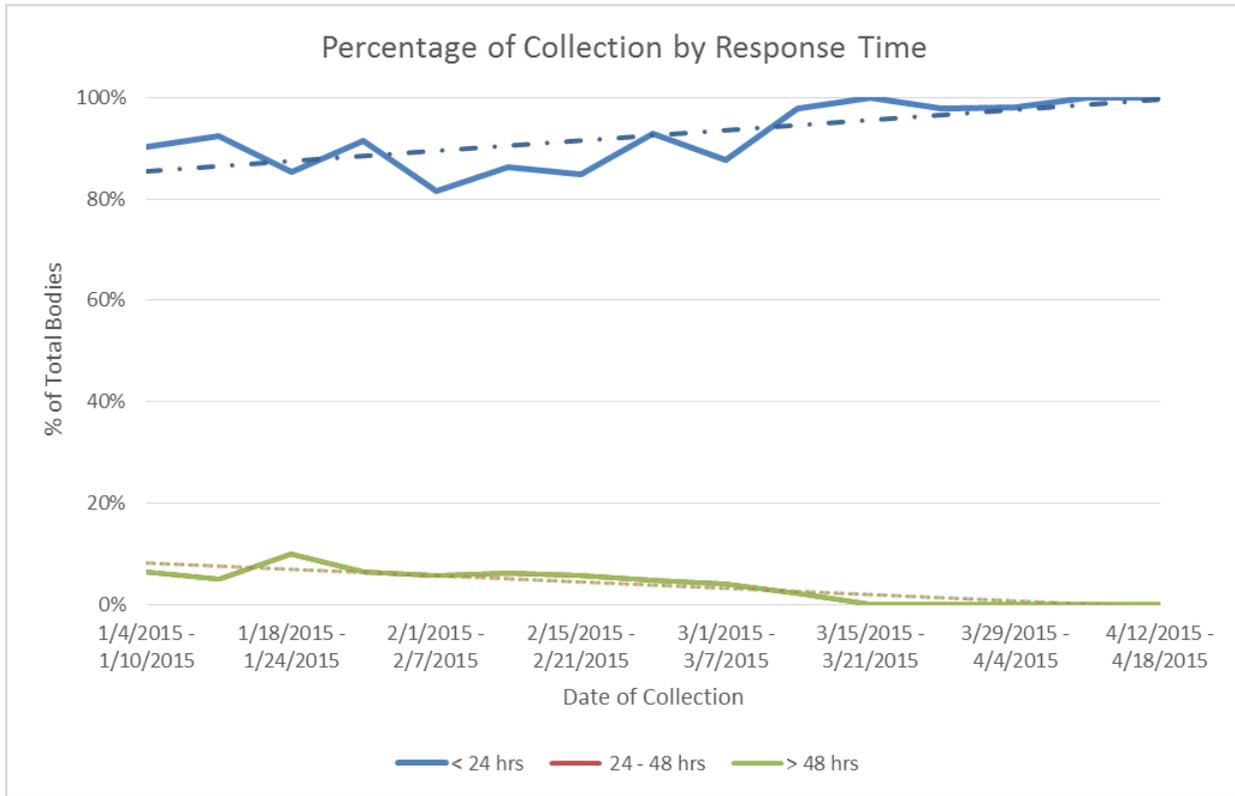
2.3.1 Overall Burial Statistics

Total Burials Reported			
County	Total	County	Total
Bomi	9	Margibi	21
Bong	10	Maryland	9
Gbarpolu	1	Montserrado	84
Grand Bassa	3	Nimba	11
Grand Cape Mount	24	Rivercess	
Grand Gedeh	1	River Gee	4
Grand Kru	2	Sinoe	3
Lofa	24	Grand Total	206
Updates		Prev. Reported	Update
March 22-April 4		250	No update

2.3.2 Montserrado County Burial Statistics

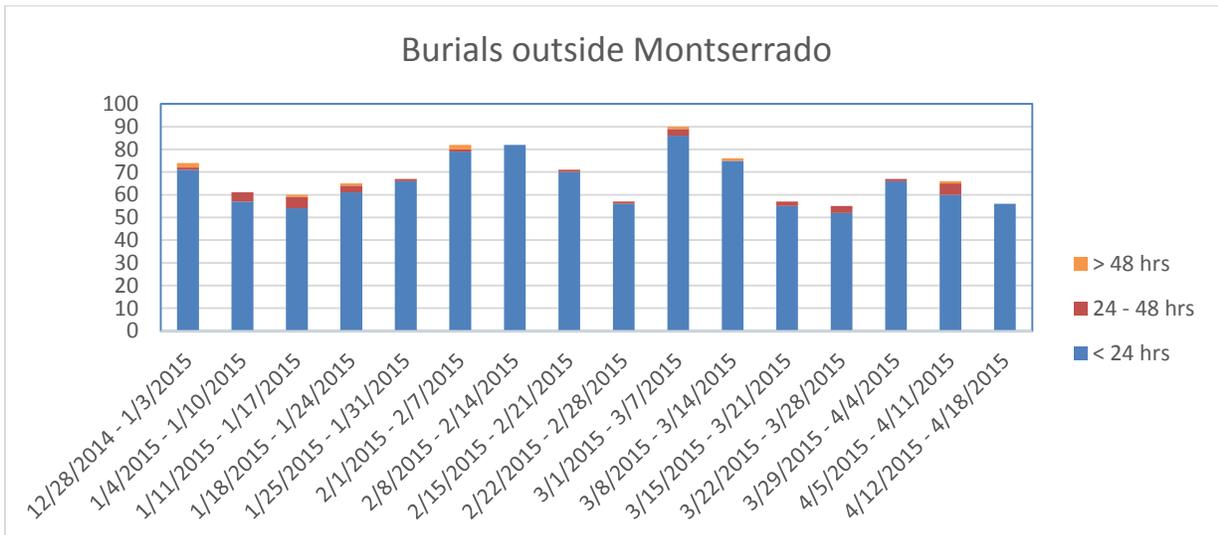
Note: Moving forward Global Communities will only report burials that it directly supported for Montserrado County at Disco Hill. IFRC burials will no longer be reported as they are halting Montserrado burial activities effective May 1st.





Response time continued to improve this reporting period with 100% of bodies buried within one day of death. Global Communities supported 84 burials in Montserrado this reporting period.

2.3.3 Non-Montserrado County Burial Statistics

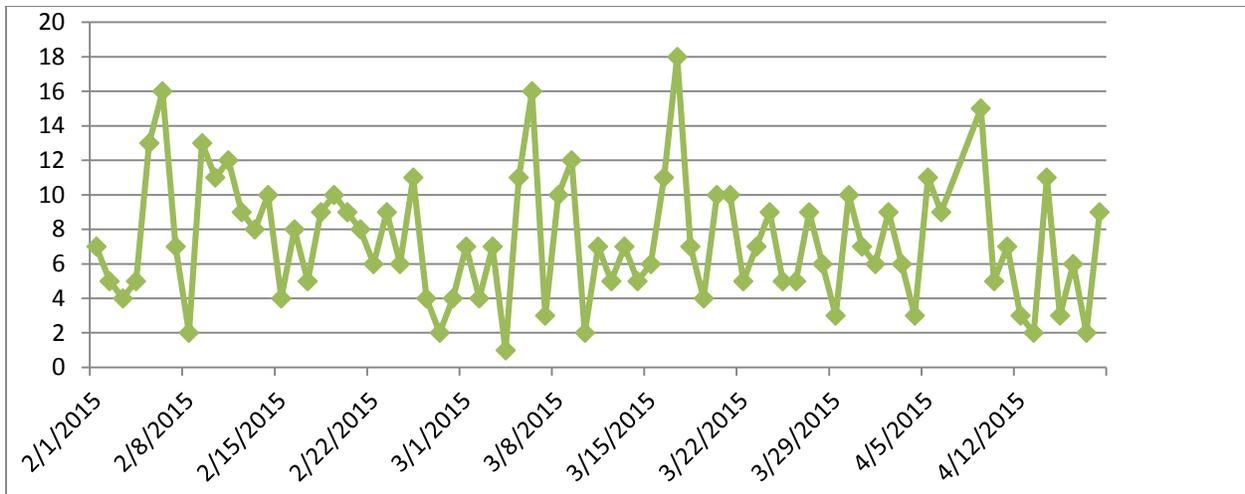


Global Communities supported 122 burials outside of Montserrado this reporting period with 95% completed within one day of death. Lofa and Grand Cape Mount saw the largest number of burials with 24 each.

2.4 Safe Burial Site

Date	# Buried	By Religion		By Sex			By Point of Origin		
		CH	M	F	M	Unrep.	ETU	Community	Hospital
Total	864	704	160	322	494	48	116	410	338
Percent	100	81	19	37	57	6	13	47	38

Burials per day at Disco Hill



During this reporting period, Global Communities buried 84 bodies at Disco Hill, an average of 6 burials per day – roughly equal to the last reporting period. Two bodies arrived from ETUs, 42 from hospitals and 40 from communities. The first Christian and Muslim burial sections of Disco Hill are now full and expansion continues. One acre of land was cleared and this reporting period to be used for the disposal of medical waste from Redemption Hospital. Transport of the waste is expected to occur during the next two weeks.



A bulldozer clears one-acre site for the new medical waste pit

LIBERIAN TRADITIONAL LEADERS HONOR GLOBAL COMMUNITIES' COUNTRY DIRECTOR

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 that Global Communities was doing the right thing and 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.

