

GLOBAL COMMUNITIES ALERT WEEKLY REPORT

March 29 – April 4, 2015

SUMMARY

During this reporting period, Global Communities began **scaling down burial teams** and plans to continue to do so throughout the month of April. **Border Community monitoring and surveillance** is now the main focus of GC activities. Contact tracers and active case searchers are being trained in Community Surveillance and will begin rolling out the GC “Community Surveillance Toolkit” in addition to CLTS triggering in the five counties bordering Guinea and Sierra Leone.

The most significant activities included TOT/Orientations on community surveillance in Grand Cape Mount and Lofa Counties for EHTs, DHOs, CSOs and GC staff. The sessions focused on providing communities with monitoring tools, training them on their use and conducting follow up monitoring visits. A similar TOT is scheduled for the Bong County Team for the next reporting period. This reporting period, GC completed the assembly of **eight triage stations** at border checkpoints and began assembly of nine. Materials are still being mobilized for six additional stations in Gbarpolu and Grand Cape Mount.

GC is standing by as the town of Smell No Taste and the Government of Liberia are in disagreement over land payment for Disco Hill. As of April 4th, Global Communities is still allowed to conduct burials despite the disagreement. GC’s role is limited in this conflict. This reporting period GC supported 130 safe and dignified burials nationwide and 44 at Disco Hill.

1. COUNTY-SPECIFIC ACTIVITIES

Bong

Global Communities facilitated a **border surveillance training** conducted by the WHO and County Health Team. This session trained OICs, DHOs and CSOs on how to process and organize information received from community-based surveillance reports. In addition, GC held a meeting with the Bong CHT (Community Service Department) and Bong MIA on gCHV verification and community cluster planning for the April border surveillance meeting.

Along the **Bong-Guinea border**, GC supported the assembly of three triages in Jorwah, Gboata and Garmue borders and distributed thermoflashes, rain boots and traveler registration forms (ledgers) to 36 gCHVs for conducting community monitoring and **active case search**. The Bong team also conducted a one-day tutorial for gCHVs on using the ledger in Zota and Panta-Kpaai Districts. A TOT on Community Event-Based Surveillance (CEBS) will be held in Bong within the next two reporting periods.

Burial teams remain active in Bong County and swabs collected are still testing negative for EVD. There was a diarrhea outbreak in Kokoyah District during this reported period and 15 cases have been tested and are all Ebola free. The **psychosocial team** visited a recent Ebola epicenters of Barlaketehlah, Taylor ta and Bomo ta to assess the number of orphans in those communities and their needs.

CLTS highlights for this reporting period include the building of 51 dish racks, 63 clotheslines and 48 garbage pits. To date, 206 of 233 latrines pits now have superstructures.

Gbarpolu

This reporting period, the Gbarpolu team completed the **assembly of three triage and screening stations** (Camp Alpha, Tima Town and Kungbor) on the Sierra Leone-Kongba District border. Materials are mobilized to construct an additional three stations in the coming reporting period.

The Gbarpolu CSO and one EHT attended a TOT in Sinje, Grand Cape Mount on **community border surveillance**. The training provided attendees with a ‘toolkit’ to conduct and train community focal persons to conduct border surveillance at the community level.

Grand Cape Mount

Global Communities conducted a **TOT in Sinje on April 3rd, on community surveillance**. A total of 14 EHTs, GC Contact Tracers and Active Case Finders, CSOs and DHOs attended the training. The TOT focused on rolling out Global Communities Standard Operating Procedures for its **Community Surveillance Toolkit**. After the TOT, all attendees should be prepared to train border community focal persons on collecting information and reporting suspected cases and other important events through the proper channels. Attendees were also trained on how to conduct monitoring visits to border communities to ensure that indicators border surveillance and CLTS activities are properly collected.

Global Communities is still in the process of mobilizing materials to construct **three additional triage and screening stations** at official border checkpoints in Tewor District. Five **burial teams** remain active in the county and as they phase out, EHTs will begin taking on more surveillance and CLTS responsibilities in the border communities. The GC team is still in the process of identifying 15 additional border communities in Tewor District to engage for surveillance and CLTS activities.

Lofa

The major highlight during the reporting period was a **one-day cross-border surveillance orientation workshop** held



A Natural Leader from Ricks Farm with a dish rack, one of many new CLTS-related items constructed this reporting period.



GC Border Surveillance Consultant, Mike O'Brien discusses the Community Surveillance Toolkit with TOT participants.

on April 3rd in Voinjama. Similar to the TOT in Sinje, this workshop familiarized participants on detailed cross-border implementation activities and shared the **Community Surveillance Toolkit** with the participants in wake of the county CEBS meeting held a week before. The participants included the County Inspector, all District Commissioners, Paramount Chiefs, District Health Officers, Environmental Health Officers, the County Surveillance Officer, the Community Health Department Director (MOH), representatives of the Joint Security, representatives of the Press, and Global Communities staff.

Following the workshop, participants from each district developed a one-month District Task Force meeting schedule and monitoring schedule of primary border community clusters. Through the County Superintendent, **GC handed over eight vehicles to the District Task Forces** for border monitoring activities. 3 motorbikes were also presented to the CHT for the same purpose and as a way of filling a gap identified by the CHT for which an appeal was made to partners.

GC began supporting the **assembly of nine screening/triage booths** at the primary (open 24 hours) border crossing points identified in the county. GC field staff visited the eight border communities in Quadu Bondi District, one in Voinjama and one in Kolahun District and distributed EVD protection materials such as thermoflashes, ledgers, flashlights and batteries.

Four **burial teams** remain mobilized in Lofa and all swabs collected during this period were negative. Finally, GC staff participated in the regular **EVD technical and general coordination meetings** conducted in Lofa County.

Margibi

All Global Communities **Contact Tracing** and **Active Case Search** activities in Margibi County are expected to come to an end by the end of April 2015. This decision came from the Contact Tracing Cluster meeting when Save the Children, in agreement with all contact tracing partners, decided to take care of the 951 gCHVs in the entire County in terms of incentives, training and communication.

During this period, **active case searchers** identified 15 suspected EVD cases. Specimens were collected from these cases and sent to the lab for testing; 12 results are negative while three are still pending. **Burial teams** remain active in Margibi but are planning to scale down during the month of April.

Nimba

The County Health Team continues to meet once a week to coordinate all activities related to prevention and control of Ebola in the County. **Border surveillance** activities in communities along the Guinean border included awareness raising, monitoring of gCHVs and Natural Leaders and planning for a cross-border meeting in Youmou Guinea. GC also completed **two triage and screening stations** at Ganta and Yekepa while a fourth at Bololewee check point is at 85% completion. GC also distributed some hand washing facilities, chlorine, pens, ledgers and thermoflashes in five bordering towns. Two **burial teams** remain active in Nimba.

GC led a team in to **monitor five bordering communities** along the Guinean border and 1 major check point along the Ivorian border. Those on the team were the gCHV Supervisor, EHT/Port Health supervisor, WHO, UMEER, OXFAM, Africare, UNICEF, County Protocol Officer, GC County manager and CDPS. The team met with each community and highlighted Ebola

preventive measures and **community-based surveillance** as key activities to maintain EVD at zero in the County.

GC team conducted **FDG with youth and women groups** in Sehyikimpa Town to investigate the level of sanitation improvement in the community. Latrines are in use and properly maintained and 77% of the existing latrines have tippy taps and latrine pit covers. Fencing of hand pumps and garbage pit digging are in progress.

Rivercess

The CHT technical meeting on the EVD response is still held once a week in Sinoe and partners in the response are redirecting their activities to **supporting regular health services** with Ebola surveillance. The CHT strategies are ensuring that proper screening is done at the health facilities and the reporting of sick people at the health facilities. GC supported three **safe and dignified burials** with all swap result negative.

After conducting follow-up visits, it was discovered that five schools in Timbo District were not using the **UNCIEF-distributed hygiene kits**. After a discussion between the GC team and school authorities on the importance of using the recommended hygiene kits to assist in Ebola (and other disease) prevention, the school is agreed to begin using the kits.

Sinoe

EVD response activities in Sinoe are moving at a slow pace as there have no EVD cases in 91 days. The technical EVD response team of which GC is playing the secretary role meets daily for one hour to ensure that **active case search** continues and to implement appropriate strategies to maintain zero EVD. GC is providing **logistical support to the burial team and two ambulances to the CHT**. The ETU in Greenville and the CCC in Karquekpo currently have no patients

The CHT and health partners are presently conducting community sensitization through engagement meetings for the mid-April vaccination campaign. There have been series of meetings involving traditional leaders, women and caregivers of children under five.

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	2
Grand Gedeh	0	River Gee	0
Grand Kru	2	Sinoe	2
Lofa	1	Total	24

The amount and location of ambulances remained the same from last reporting period.

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	3		0	Montserrado	18	12*	7
Grand Bassa	3		0	Nimba	2		0
Grand Cape Mount	5		5	River Cess	2		0
Grand Gedeh	1		0	River Gee	1		0
Grand Kru	1		0	Sinoe	1		0
Total					57	12	16

*The IFRC burial teams phase out in Montserrado County will happen by the end of April.

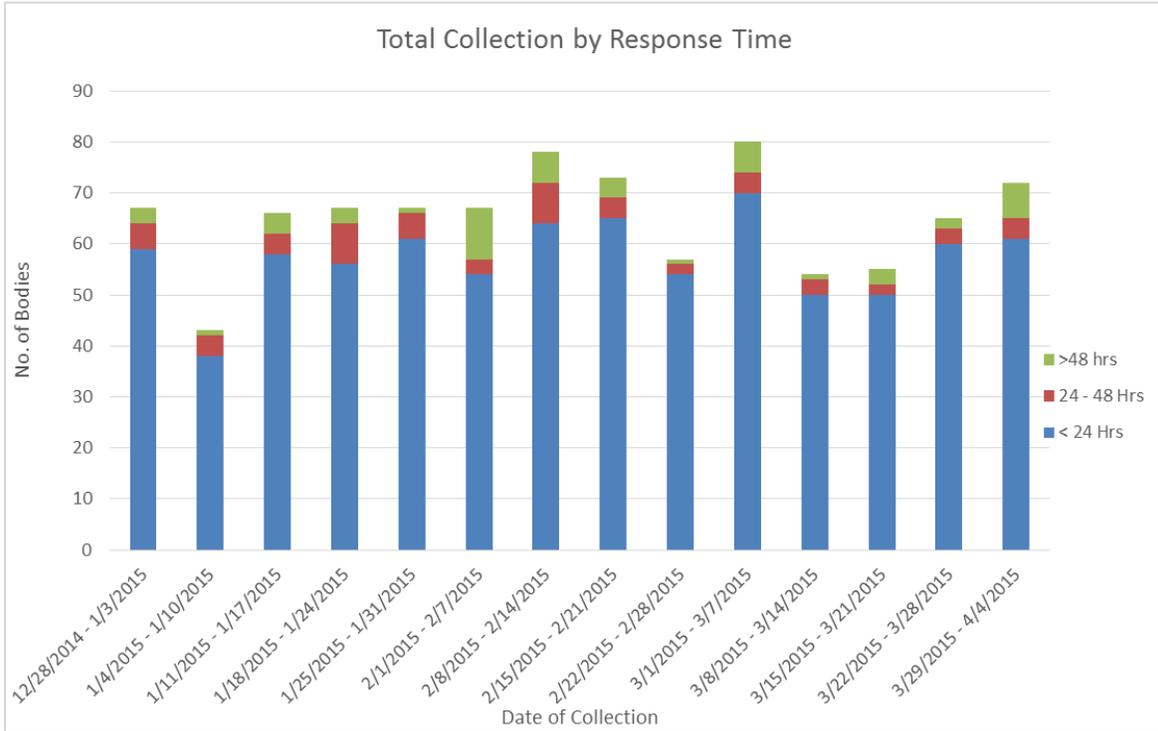
This reporting period. Global Communities demobilized four disinfection teams in Nimba. In addition. Two burial teams were also demobilized in Nimba while one was added in both Montserrado and Disco Hill.

2.3 Dead Body Management

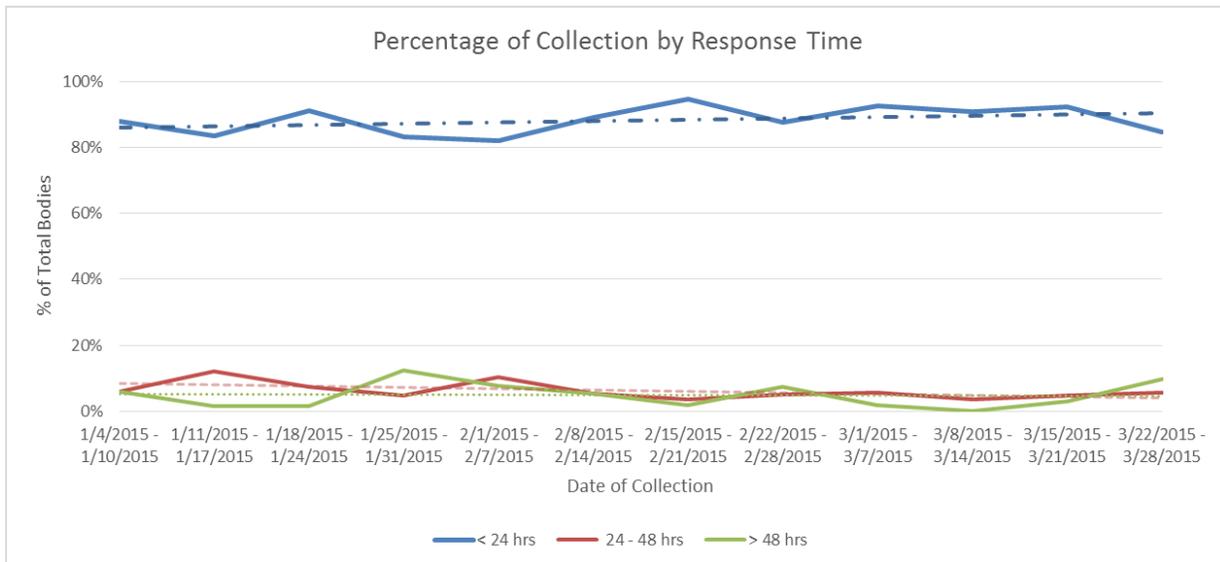
2.3.1 Overall Burial Statistics

Total Burials Reported			
County	Total	County	Total
Bomi	3	Margibi	22
Bong	9	Maryland	0 reported
Gbarpolu	0 reported	Montserrado	72
Grand Bassa	2	Nimba	5
Grand Cape Mount	6	Rivercess	0 reported
Grand Gedeh	0 reported	River Gee	2
Grand Kru	0 reported	Sinoe	0 reported
Lofa	9	Grand Total	130
Updates		<i>Prev. Reported</i>	<i>Update</i>
March 22-28		93	120
March 15-21		103	110

2.3.2 Montserrat County Burial Statistics

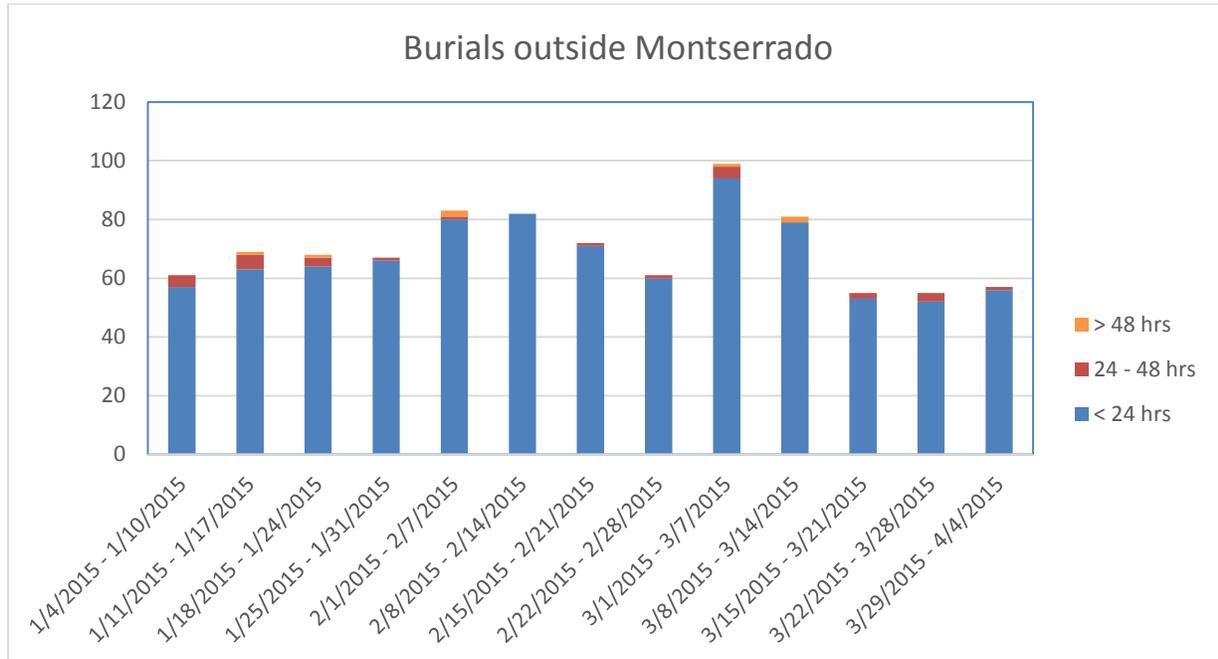


This reporting period, Global Communities supported 72 burials in Montserrat. This is a significant increase from the last reporting period.



This reporting period, 85% of burials were conducted within one-day of death and 10% happened more than 48 hours after death.

2.3.3 Non-Montserrado County Burial Statistics

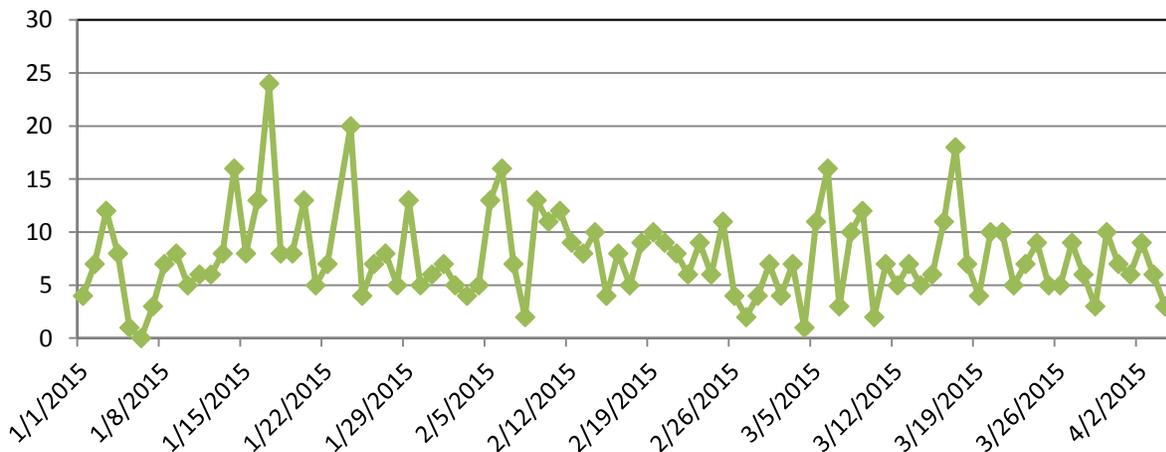


This reporting period, Global Communities supported 58 burials outside of Montserrado County with the highest numbers taking place in Margibi (22), Lofa (9) and Bong (9). 98% of these burials took place within 24 hours of death.

2.4 Safe Burial Site

Date	# Buried	By Religion		By Sex			By Point of Origin		
		CH	M	F	M	Unrep.	ETU	Community	Hospital
Total	780	634	146	285	449	46	114	368	298
Percent	100	81	19	37	58	5	15	47	38

Burials per Day and Disco Hill



This reporting period Global Communities supported the **burial of 44 bodies** at Disco Hill, an average of **6.3 burials per day** – roughly equal to last reporting period. Three bodies came from ETUs and of the remaining bodies, 19 came from communities and 22 came from hospitals.

GC staff have taken soil samples and are in contact with Chico State University to get approval on the water table and drainage levels for the new medical waste pit. The PPE and safe burial material incinerator is currently up and running. Construction of a small road for access for a fuel truck is also ongoing and expected to be finished this month.

Smell No Taste, the community next to Disco Hill, and the Government of Liberia are currently in disagreement over the issue of land payment. The GOL has failed to make the second payment on time and the community has considered postponing burial activities until this issue is resolved. Global Communities' role in this issue is limited as negotiations are solely between Smell No Taste and GOL.

GRAY ZAWU PROFILE: HOW EBOLA CHANGED THE LIFE OF ONE GLOBAL COMMUNITIES EMPLOYEE

By Stephen Farshing, Global Communities

MONROVIA, LIBERIA – Gray Zawu remembers hearing rumors last March that Ebola was in Liberia. But he thought that was all they were – rumors. Then living at his family’s home in Gardnersville outside Monrovia, Zawu later heard on the radio that someone in his home county Lofa, on the Guinea border, had contracted the deadly virus.

“I got scared because I had learned about Ebola my whole life and I knew how dangerous it was,” he said. The son of a nurse, Zawu considered leaving Liberia for Minnesota where his mother lived. But he couldn’t leave. “I wanted to contribute what I could to the response,” he said.



Zawu conducting a training at a school in Nimba County

After receiving his Bachelor’s Biology and Chemistry from Cuttington University in Suakoko, he got a job working as an Ebola Awareness Volunteer with Doctors Without Borders. “My job was to educate people about prevention and precautions,” Zawu said. He joined Global Communities last October as a Burial and Disinfection Team Trainer and he has since trained more than 75 teams in conducting safe and dignified burials all over Liberia including in Ebola hotspots.



A Global Communities-supported team conducts a safe and dignified burial at Disco Hill

One hotspot in Maimo, Bong County, is especially memorable for Zawu. He remembers reaching Campwood, the village where an outbreak had occurred. Death was all around and Zawu saw many “wet patients” with the most severe and contagious symptoms (vomiting, hemorrhaging and diarrhea) in homes and on the street.

“It really freaked me out,” he said. “It was even scarier because people weren’t understanding how Ebola was spreading.”

He told himself that it would be okay; this would pass. The trainers used PPE and chlorine to guard against the disease. “I had to convince myself that we were safer than the unprotected people in the streets.”

Like many who stepped up to respond, the epidemic took Zawu to places and presented challenges he never would have imagined. It also took a family member from him – his sister, a nurse who treated Ebola patients, died of the disease in September.



Gray's sister, Kebeh on duty at SOS Hospital

When describing his elder sister and mother of two, Kebeh, Gray's eyes light up and he cannot help but smile. "She was a very caring nurse. If there was a patient that still needed attention, she would always be the last one standing," he said. Kebeh worked at [Monrovia's SOS Hospital](#) for over three years. During the outbreak, she was the type who was constantly talking to people about the virus and always trying to break down people's misconceptions about it. She was an educator first and foremost, like her brother.

After visiting her mother and fiancée in the U.S. for several months, Kebeh returned to

Liberia last September and decided to continue nursing until her wedding in December. Gray often worried about her.

"She said that nurses were not given all the supplies needed to protect them," said Zawu. "I warned her several times to quit but she wouldn't. I can't blame her though. I wouldn't quit my job either. I love my job and she loved her job."

Gray remembers coming home one Monday in late September and receiving a call from his sister Princess, telling him that Kebeh was not feeling well. She was five months pregnant at the time and the family assumed it was morning sickness. By the next day, her condition had worsened and she was admitted to SOS Hospital. Gray, working at the time, was unable to visit her. On Thursday morning a family cousin visited and notified Gray that Kebeh was feeling better and would be returning home Friday. But later that evening, he received another call informing him that her condition had taken a turn for the worst.

By Friday morning Kebeh was running a high fever, having convulsions and vomiting blood. As she was showing multiple symptoms of Ebola, hospital staff transferred her to the JFK Ebola Treatment Unit (ETU).

"When they took her there, there were no beds," said Zawu. "There were too many patients. Being a medical professional, they did everything they could to find her a bed and finally they did and she laid down."

Four hours later Kebeh was pronounced dead.

"It all happened so fast," recalled Zawu. "We never got the test results to confirm she had Ebola but all of the clues and symptoms, along with the fact that she was around infected patients suggest she did."

The family tried to organize a safe and dignified burial for Kebeh but her body was placed among thousands of others and incinerated before this could happen. Only on [Decoration Day](#), after the ashes of over 3,000 were placed at Disco Hill, was the family able to come and pay their respects to her in person.

When asked if Kebeh's death changes his outlook or made him question his work Gray expressed that more than anything it motivated him and reminded him of the reason he trains

response teams. “I am a victim,” he said. “If it touches me like this, I should keep going. It made me work harder. I want to use my experience to keep this from happening to others.”

It only takes seconds talking to Gray to be struck by his overwhelmingly good natured and positive attitude. When asked how he has stayed so positive despite his family’s loss he responded, “Well the fact that this happened to us makes me sad every time I think about it. I ask ‘why did this happen to me and my family?’ But then I see my two sisters and my niece. When I see that they survived, it puts a smile on my face. Each time I see survivors from the virus, I thank God.”

Gray admits that his job has had great challenges. “People don’t want to come near you after they hear you work with burial teams,” he said. Nobody wanted to be around me. But I didn’t take it personally. It’s supposed to be that way. They knew I could catch the virus and they were being smart. I understood their fears so I kept my distance and did my job.”



Gray values his work and experience with Global Communities. He has seen his whole country and been to places he never would have been. “I never imagined myself training people that don’t speak English. It’s been so rewarding to learn to work with and teach people who have no education. I’ve learned so much and I’m proud to be part of this team.”

Currently, while continuing with his response and training duties, Gray is applying to universities in the United Kingdom to pursue a Master’s Degree in infectious disease control. “If I can get a scholarship and receive a Master’s, I’ll be able to do even more,” he said. Zawu wants to return to Liberia after studying to see that outbreaks of Ebola or other diseases do not happen like this again. “We lost a lot of doctors and health practitioners this past year. We need more and it starts with us. I want to do everything I can to strengthen our health system.”

Gray’s story is a common one at this point in Liberia’s history. Thousands, including other Global Communities employees, have lost family members. But he, like others, has not let this demotivate him. The fact that Liberians refuse to give up despite losing friends and loved ones is equally a common story now.

“We have lost a lot and we weren’t prepared for it,” concluded Zawu. He believes that a collective effort from Liberians to educate themselves about Ebola and other diseases is needed to ensure another epidemic like this never happens again.

“There are many people here willing to stand up and make this happen,” he said. As long as we’re here, there is a lot of hope.”



Zawu (right) with his sisters (left to right) Kebeh, Princess, Lauretta and niece, Faith