

GLOBAL COMMUNITIES ALERT WEEKLY REPORT

March 8 – March 14, 2015

SUMMARY

This reporting period, Global Communities' main activities focused on **border surveillance and monitoring**. An orientation on **Community Event Based Surveillance** was held in Sinje, Grand Cape Mount County and Global Communities is currently adapting this into a TOT that can be given throughout the border regions. As no cases of Ebola continue to be reported, field teams are beginning to scale down **active case search** activities and implement more hygiene and **social mobilization activities**. **Burial and disinfection teams** remain active in all counties and are still expected to scale down depending on need. The details of IFRC's burial team scale-down in Montserrado County is still being discussed with IMS but Global Communities still expects to take responsibility for all Montserrado County burials. As of this reporting period, IFRC's burial teams remain fully mobilized.

Global Communities held a special event at Disco Hill for Decoration Day where visitors, family and friends of the deceased, and other NGO officials gathered to lay wreaths and pay respects to those buried both in the cemetery and those whose ashes are housed in the recently constructed palava hut. Please see Annex B below for a full story and photos from Decoration Day and the Ash Laying Ceremony at Disco Hill.

1. COUNTY-SPECIFIC ACTIVITIES

Bong

There were no new cases in this reporting period and all schools remain open. The County Health Team continues to deploy gCHVs to crossing points on the Guinean border, with an additional deployment supported by Global Communities, UNMEER, UNMIL and WHO at the **Jorwah Port of Entry**. UNMEER and WHO are providing **protective gear** for the monitoring teams

The second-district level meeting for **border monitoring** took place on March 10th in Jorwah, Panta-Kpaai District. 34 participants including Paramount, Clan, Zonal and Town Chiefs attended the meeting as well as Guinean representatives, religious leaders, security officers and other influential community members. Global Communities gave a presentation demonstrating and highlighted the roles and responsibilities of each party in the **border surveillance and monitoring plan**.



Liberian and Guinean representatives gather for the Jorwah border surveillance and coordination meeting

There are no **contacts** to be traced in the county; Global Communities-supported health supervisors and gCHVS supported by UNFPA in consortium with Africare are carrying out **active case search** in all eight health districts. **Three safe burial and disinfection teams** remain active in Bong County and all swabs collected were negative.



General clean-up exercise in a Bong County CLTS-triggered community.

Hygiene promotion continues under the Global Communities-UNICEF hygiene kit distribution program. This reporting period, all 28 CLTS-triggered communities carried out general clean-up activities and dug 215 pits in total. CLTS communities built 64 new dish racks, bringing the total to 358 in all communities. 52 new clotheslines were put up this period totaling 353. Triggered communities also continue to dig garbage pits and build latrine superstructures (23 and 124 total to date, respectively). **Four CLTS latrines** are currently fully functional and in use.

The Bong County Health Team plans to continue Clan and District border surveillance and coordination rollout, to deploy and train gCHVs along the Bong-Guinea border and to build a **triage and screening station** at the Gbaota Raffile Bridge border crossing.

Gbarpolu

No cases were reported in Gbarpolu and contact tracers continue to conduct **active case search**. In this reporting period, contact tracers visited 630 households in 79 communities and referred 75 cases to various clinics in the County. Follow-up of the cases referred to clinics is ongoing in the county.

During this reporting period, the three **burial teams** in Gbarpolu conducted four safe burials. Global Communities' ambulance transported two patients from communities to Chief Jallah Lone hospital in Bopolu City. Cross-border surveillance activities are still being planned with more details to come in the next reporting period.

Grand Cape Mount

There are still zero cases of Ebola in Grand Cape Mount County. The **screening and triage station** at the Bo Waterside crossing is now fully operational. Global Communities plans to replace the roofs of its screening and triage booths with stronger and longer lasting corrugated iron sheets in the next reporting period. In addition to the booths, Global Communities constructed latrines for travelers and isolated suspects while providing materials for hand washing (four barrels, soap, chlorine and wheel barrows to fetch water).

An orientation on **border surveillance** with focus on primary screening at check points and **Community Event Based Surveillance (CEBS)** was given in collaboration with Global Communities, CDC, UNMEER and IMS. This orientation is currently being adapted into a **Training of Trainers (TOT)** that Global Communities staff is planning to conduct in Sinje next week. The TOT will involve gCHVs, traditional leaders, EHTs and other district and county-level health officials.

A team from the USAID Regional Inspector General visited the county while conducting a program audit and met with County Health Team and burial team members from Garwula and Tewor districts to discuss Global Communities program activities.

Global Communities staff were deployed to several border towns and the field team continued **social mobilization** through five additional Community Meetings and Dialogue Sessions

(CMDS) in various places, attended by 145 individuals (29 CHWs) representing 29 communities. Global Communities continues to support **safe and dignified burials** with six burial teams active and operational. In addition, Global Communities provided incentives for 250 **active case searchers**, 12 district response team members, 20 supervisors and one IPC focal person.

Lofa

Lofa County maintained its no new Ebola case status during this reporting period. Although there are no new cases of EVD in the county, Global Communities burial and disinfection teams continue to conduct negotiated **safe and dignified burials**. The burial teams have been reduced from six teams to four and Global Communities continues to provide a vehicle that transports all swabs collected from dead bodies to Gbarnga for testing. All swabs collected, transported and tested for EVD during the reporting period proved negative.

Global Communities continued **coordination and collaboration activities** with major stakeholders in the county through attendance at the regular EVD response meetings conducted in the county seat and districts. In addition, Global Communities supported and hosted the regular INGO and County Health Team partners meeting on Saturday March 14th. With support from Global Communities, the County Superintendent and other county officials started a county-wide tour to all the districts to explain the new decentralization process while visiting communities on the border with Guinea and Sierra Leone to observe Global Communities' work.

A two-man team from the office of the Regional Inspector General of USAID paid a working visit to the county from March 10th to 11th and held discussions with the County Superintendent and the Lofa County Health Team. The team also met with members of the Global Communities Lofa Field Team to discuss IWASH implementation activities.

A survey team conducting the IWASH ODF communities and Ebola-affected communities survey continued its work during the reporting period with activities in Kolahun and Voinjama districts. The team administered a total of 534 questionnaires, four focus group discussions, a series of meetings with members of the County Health Team, local traditional leaders, and other stakeholders. The survey was completed and the team has since returned to Monrovia. Data collection for the survey is now complete and a comprehensive survey report will be submitted to Global Communities by the team leader Jean Happ.

Members of the Lofa field team conducted **material post-distribution monitoring** in four border communities with Guinea to observe how materials distributed to these communities are being used. The materials include hygiene kits, thermo flashes, ledgers, pens, chlorine, and gloves. The field team observed that communities are correctly using materials and are following the recommended EVD prevention and control measures.

Margibi

During this reporting period, Global Communities carried out monitoring of **active case searchers** working in Firestone and Mambakaba Districts. All 12 cases of sick people reported during the week were referred to the ETU based on their signs and symptoms, and **all cases were negative**. The County Health Team and the Ministry of Internal Affairs in Margibi County, in Collaboration with Global Communities, are planning a social mobilization activity to support active case searchers throughout the entire county. This plan developed as a response to

community resistance toward active case searchers reporting cases of sick people and dead bodies to the EVD Response Team.

Nimba

Phase II of EVD response implementation continues in Nimba with no confirmed cases reported for the past 81 days. The county response team held two meetings this reporting period to discuss **active case search** and **cross-border planning**. The team also focused on improving the present status and operations of multiple health facilities in the County. **Safe and dignified burials** continued this reporting period and Global Communities is still awaiting data due to a new national reporting structure (see comments in Section 2.3.3). All swabs collected tested negative.

The Global Communities/UNICEF **hygiene promotion activities** in Sehyikimpa are ongoing. Monitoring of community member use of kit contents is also ongoing. UNICEF supplied and posted Ebola prevention fliers at border checkpoints while UNMEER distributed Ebola prevention stickers and banners.

A meeting on **border surveillance activities** supported by Global Communities was held with on March 12th in Gbleyee with a total of 43 participants, including gCHVs, local and international partners, commissioners, zone chiefs and county surveillance officers. The participants came out with the following action points. Participants identified and stressed the need to reporting all sick people or travelers from Guinea to the health facilities, town chiefs, gCHVs or any appropriate individuals. Global Communities continues to support information gathering and border surveillance at three border check points (Ganta, Yekepa-Thuo and Bololewee) with port health officers and gCHVs conducting screening.

Rivercess

The Rivercess County technical team continues to report zero EVD cases since December, 2014. Partners and the County Health Team are presently working to ensure that the status of the EVD remains at zero. Activities in Rivercess are currently focused on the **reopening of Health facilities** in addition to **community surveillance and monitoring**. Monitoring of communities within the Kayan region is ongoing. The construction of CCC by UNICEF is completed and it has been turned over to Partners in Health for operation.

Ebola response activities are scaling down but the Rivercess team has begun implementing a follow-up mechanism to improve regular health services while including Ebola prevention and control measures. Global Communities held one technical coordination meeting this reporting period where the scale-down of **safe and dignified burials** was discussed as there were no Global Communities-supported burials in Rivercess this reporting period.

Sinoe

EVD response activities in Sinoe are gradually slowing down as there have been no confirmed cases since December, 2014. However, the technical team on EVD response continues to meet three times a week to discuss normal health services with EVD transmission and **active case search** at all levels. The WHO team continues to check patient charts in all health facilities for case definition of Ebola as a means of supporting **active case search activities**.

There are no patients at the CCC and ETU as of this reporting period. Currently Karquekpo Clinic is running normal health service with support from the County Health Team.

Medical Teams International (MTI) is supporting the **border check points** around the County where hand washing facilities are put in place for travelers. Global Communities supported two **safe and dignified burials** in the Sinoe with both swabs coming back negative.

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

No ambulances were added during this period. Only one ambulance operated in Bong instead of two. One additional ambulance is still being prepared for use in Montserrado County.

2.2 Burial/Disinfection Team Support

Current Burial/Disinfection Team Support							
County	GC	IFRC	GC	County	GC	IFRC	GC
	Burial		Disinfection		Burial		Disinfection
Bomi	3		3	Lofa	4		0
Bong	3		2	Margibi	3		3
Disco Hill	7		2	Maryland	2		1
Gbarpolu	5		5	Montserrado	16	12*	7
Grand Bassa	9		6	Nimba	4		4
Grand Cape Mount	5		5	River Cess	2		2
Grand Gedeh	1		1	River Gee	1		1
Grand Kru	1		1	Sinoe	2		1
				Total	68	12	44

*The discussion of details of IFRC’s burial team phase-down is still underway with IMS. Two additional teams were deployed in Montserrado County, bringing the total to 16. Additionally, the number of teams in Lofa County was reduced by two. Global Communities is still planning to phase down burial teams outside of Montserrado County and is still working with County Health Teams to determine need.

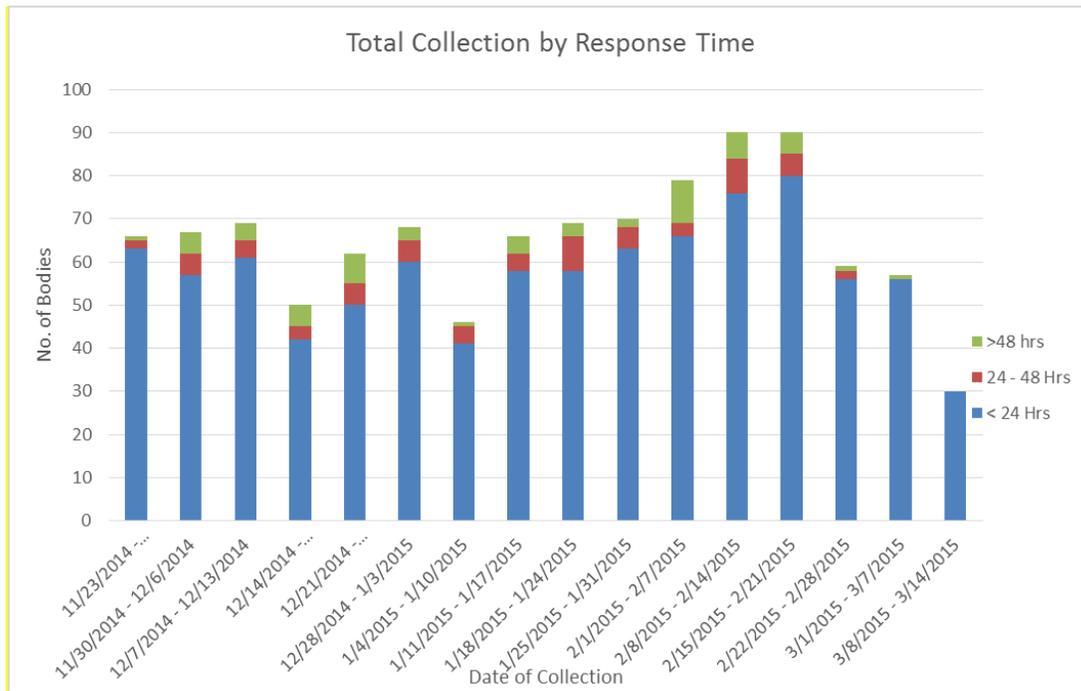
2.3 Dead Body Management

2.3.1 Overall Burial Statistics

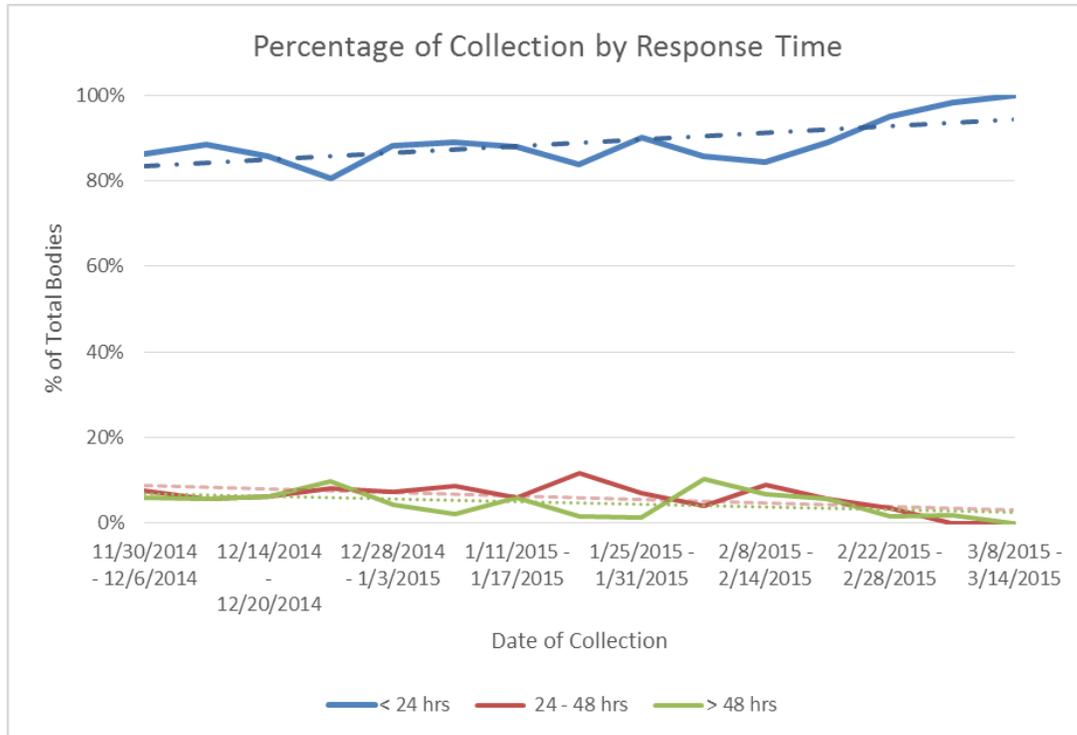
Total Burials Reported			
County	Total	County	Total
Bomi	5	Margibi	8
Bong	0 reported	Maryland	0 reported
Gbarpolu	0 reported	Montserrado	30*
Grand Bassa	0 reported	Nimba	0 reported
Grand Cape Mount	14	Rivercess	0 reported
Grand Gedeh	0 reported	River Gee	1
Grand Kru	0 reported	Sinoe	1
Lofa	8	Grand Total	37
Updates		Prev. Reported	Update
March 1-7		97	127
February 22-28		114	116

*Note that the number 30 for burials in Montserrado does not include burials conducted by IFRC for this reporting period.

2.3.2 Montserrado County Burial Statistics

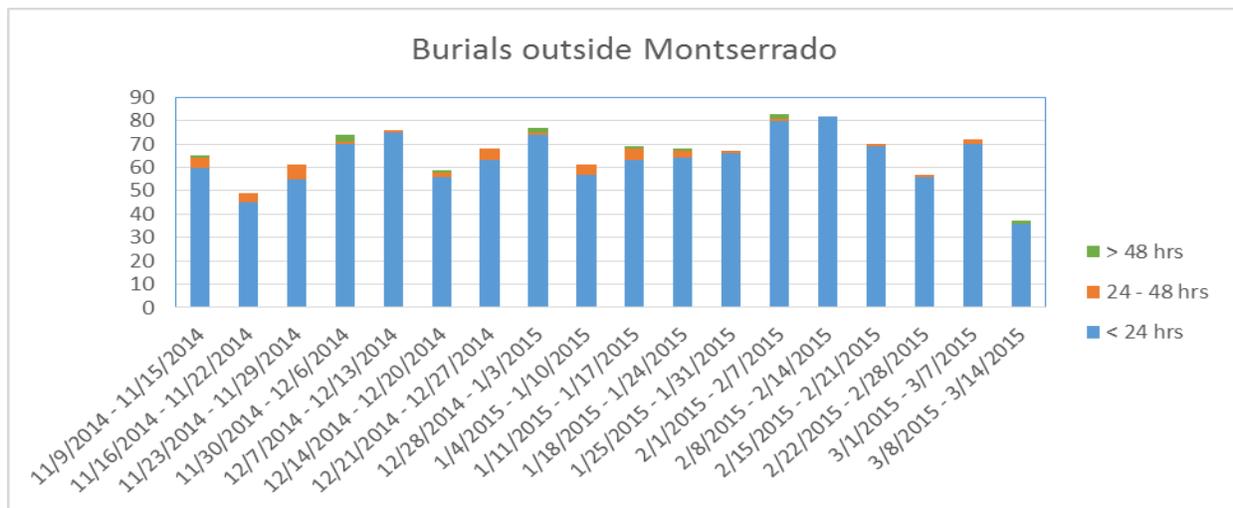


Global Communities supported 30 burials in Montserrado County. The number of burials supported by IFRC in this period is not yet available to report.



100% of Global Communities-supported burials were conducted within 24 hours of death. This continues a steady improvement in response time over the past four periods.

2.3.3 Non-Montserrado County Burial Statistics

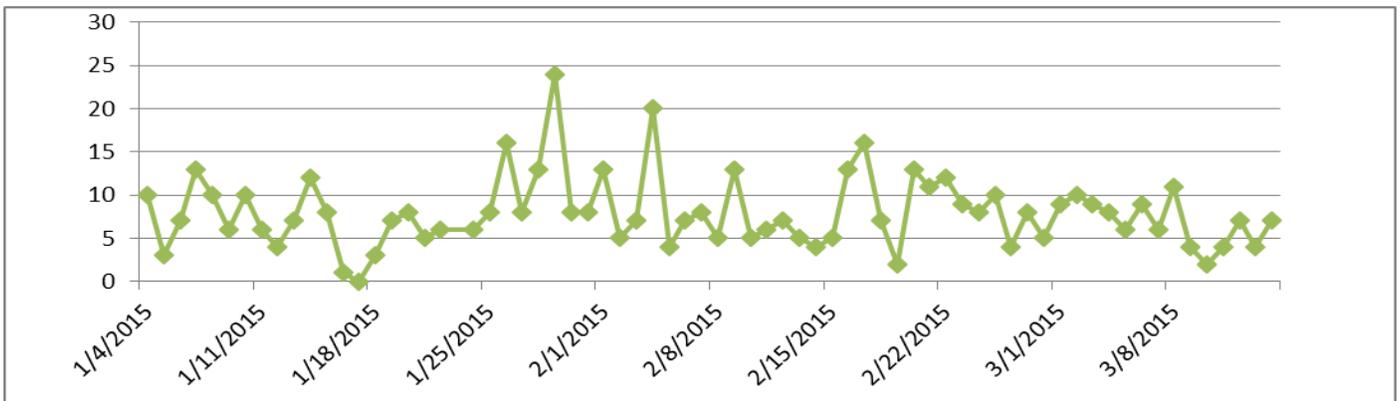


This reporting period, Global Communities supported safe burials for 37 individuals outside of Montserrado County. This amount is likely significantly higher as data from Bong and Nimba counties is currently bottlenecked due to a new national-level reporting structure. A more complete number is expected to be made available by the next reporting period. Of the 37 burials reported, 36 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	624	503	121	215	371	38	107	302	215
Percent	100	81	19	34	59	7	17	48	35

Burials per day at Disco Hill



This reporting period, Global Communities supported the burial of 48 bodies at Disco Hill, an average of 6.86 burials per day – approximately one burial per day higher than the last reporting period. Only one body buried on March 8th came from an ETU. Of the remaining bodies during this reporting period, 20 came from communities and 27 from hospitals.

Construction of concrete headers and the road extending around the perimeter Disco Hill is ongoing. In addition, the construction of the new incinerator and sharps/medical waste pit is in full swing. Global Communities held an event on Decoration Day where friends and relatives of the dead at Disco Hill as well as students and Liberian government and non-government organization officials gathered to lay wreaths and pay their respects to those buried at the cemetery and those whose ashes lay in the newly constructed palava-style hut.



House for new medical waste incinerator being constructed

ANNEX A: UPDATES ON BORDER SURVEILLANCE: FROM SCREENING STATIONS TO COMMUNITY EVENT BASED SURVEILLANCE

By Stephen Farshing, Global Communities

Bo Waterside, Liberia – As the countdown toward an “Ebola free” Liberia has begun, border security is as critical as ever. The last known Ebola case was cured on March 5th and now the country cautiously waits for 42 days until April 16th – two times Ebola’s 21-day incubation period. If no new cases are reported by then, Liberia will be declared “Ebola free.”

But waiting does not mean sitting idly. Increased screening and surveillance of Liberia’s borders with Sierra Leone and Guinea is crucial to defeating the deadly virus.

Global Communities has completed construction of border screening and triage stations at Yekepa-Thuo, Ganta and Bo Waterside. More stations in Nimba and Lofa counties will be completed in the coming week.

The situation is far from back to normal at the Bo Waterside crossing but Global Communities the, in collaboration with Liberian Bureau of Immigration and Naturalization (BIN) and the International Organization for Migration (IOM), has made considerable strides in improving border surveillance.



A traveler has his temperature checked and noted while after crossing from Sierra Leone.

ETU where they tested positive for Malaria. “[Border] movement is still slow but the system is working and we are equipped to handle the people crossing. We are confident that we will not let one single Ebola case cross unidentified,” said BIN Deputy Commander, M. Tambo.



IOM staff wait to check travelers at Global Communities’ newly constructed screening and triage station at Bo Waterside on the Sierra Leone border in Grand Cape Mount County.

“We now have the capacity to screen every person who comes across the border. Sometimes this is more than 1,000 people in one day,” said Yaza, an IOM-staff nurse. “Travelers wash their hands, we take their temperature and staple a tag on their clothing to display it. If their temperature is higher than 37.5, we escort them to the holding area while wearing PPE,” she continued while leading us to a shaded isolation hut that sometimes holds up to 20 people.

Since the station launched on February 26th, only one traveler has been transferred to an

Although the Joint Security team appears to have things well under control in Bo Waterside, the border situation is not without challenges. Walking across the Mano River Union Bridge from Bo Waterside into Gendema, Sierra Leone may only take 60 seconds, but the vast differences in capacity of screening stations become apparent as one crosses the river. In Gendema, the screening station consists of a small roadside shack with four volunteers.

“We are still waiting to receive more support. We have no isolation room, so people with fever have to wait in the sun. We also do not have proper PPE,” said a volunteer named Eisa working the Gendema side. Deputy Commander Tambo noted that there has not been a case of Ebola in Gendema since the outbreak began last spring and that the Government of Sierra Leone and partners are focusing Ebola response efforts mainly in Freetown and the surrounding areas, where the country was hit hardest.



Across the bridge in Gendema, Sierra Leone volunteers are awaiting more support to improve their screening capacity.

“For now we have to do our part to screen travelers to the best of our ability even if they [Gendema] are unable to. With the help of IOM and Global Communities, we are doing this,” Deputy Commander Tambo added.



BIN Dep. Comm. Tambo follows protocol before crossing into Sierra Leone.

When asked about illegal crossings at Bo Waterside and informal crossings in other communities of Grand Cape Mount County, the Deputy Commander highlighted the serious health and security risks posed when people cross in communities informally.

Related to informal border crossing and surveillance, officials from IOM, WHO, DART, BIN, CDC, UNICEF and Global Communities met on March 12th and 13th just 25 minutes outside Bo Waterside. There Global Communities gave an orientation the IMS’s new Standard Operating

Procedures (SOPs) for Community Event-Based Surveillance (CEBS), a system designed to supplement contact tracing and active case searching. Based on a model created for Ebola transmission reduction by the CDC in Sierra Leone, CEBS engages all community members to detect and report trigger events thought to be associated with Ebola transmission to find possible cases early in the course of disease. Surveillance supervisors then investigate reported events to isolate and begin treating suspected Ebola cases. Each member of the community can dial a hotline which reports a suspected case or event to the health system.

According to Global Communities International Health Consultant Mike O’Brien who presented the SOPs, “Community Event-Based Surveillance allows us to capture rumors or ad-hoc events that are sometimes overlooked by formal health systems. Everyone in the community becomes

part of the surveillance team, adding an extra layer of communication that can reduce response time.”

For example, a person may hear about or see traveler from another community or bordering country who has recently become sick or dies. CEBS encourages this community member to report this to district and county health officials who will investigate. All rumors and possible cases are treated as legitimate and serious risks.

Global Communities Program Manager, Michael Fogbawa added, “To discover if Ebola is in a community is everyone’s business. [CEBS] empowers everyone to report what they know to the health system. We cannot always wait on the general Community Health Volunteers (gCHVs). If everyone is free to know and report, no cases of Ebola will sneak into the community or across borders unknown.”

Feedback from conference attendees made clear that the CEBS model needs to remain flexible. With hundreds of communities with diverse leadership structures, strict standardization may not be the answer. “This system needs to be customized to every single community. Traditional leaders as well as health professionals should cooperate together. Use the existing structures. The essential element is for the community to recognize, report, investigate and respond,” concluded a representative from the CDC Deputy Lead Team.

In sum, communities set of SOPs that can still be adapted. What works in one community may not work in others with different social and leadership systems. Global Communities, as demonstrated experts in engaging communities and working within their structures to reduce Ebola transmission and improve sanitation and hygiene, is well positioned to train communities in CEBS.

As the SOPs develop, Global Communities will remain heavily engaged in rolling them out in the border communities where we have a significant presence. This week, Global Communities plans to hold Training of Trainers on CEBS in Lofa and Nimba counties. The expansion of the CEBS methodology can be best summed up by what Deputy Commander Tambo said: “All of us just need to open our eyes and be more vigilant to stop illegal crossing and suspected cases. If we see something, we have to say something.”



Global Communities Program Manager Michael Fogbawa (left) and Consultant Mike O'Brien (right) present the CEBS methodology to an audience in Grand Cape Mount County.

ANNEX B: LIBERIA HONORS CREMATED EBOLA VICTIMS

By Alice Urban, Global Communities

Disco Hill, Liberia – A solemn line of more than 100 traditional chiefs, religious leaders, choir members and cemetery workers walked slowly alongside a row of pickup trucks. An uncommon site on the newly constructed road to the Disco Hill safe burial site near Monrovia, the group processed with the ashes of about 3,000 Ebola victims who were cremated during the height of Liberia’s outbreak.

Over the past several weeks, the U.S.-based nonprofit Global Communities has worked closely with traditional and religious leaders and the Liberian Ministry of Health to devise a plan to provide a dignified temporary resting place for the ashes.

“Today we will show concern and appreciate the safe burial site,” said Setta Fofana Saah, national coordinator for the Council of Chiefs and Elders – Liberia’s traditional authority.

“We went to the crematorium site, and everyone shed tears. It was so frustrating to see how people who died from the disease were burnt – it is not in our culture,” she said. “Here, we come to see that they will be in a safe area. It is a blessing and brings some relief to us as traditional leaders, and we embrace that.”

The process to move the ashes spanned several days, and traditional leaders first conducted a private ceremony at the crematorium last week to ask ancestors for forgiveness for the Government of Liberia cremation mandate and to ask for intercession in the successful transfer of the ashes to their resting place. The transfer seeks to provide some closure for families traumatized by the hasty cremation of their loved ones – a controversial government policy that sought to rapidly remove contagious corpses from communities but resulted in rushed, undocumented cremations.

After the private ceremony at the crematorium, some 30 traditional leaders visited Disco Hill to perform traditional rites and to inspect the site where the ashes will be interred until the



Chief Zanzan Karwa (center), chairman of the National Council of Chiefs and Elders, leads a group of traditional leaders processing with the ashes of some 3,000 Ebola victims who were cremated at the height of the crisis. (Photo by Josh Balsler)



Disco Hill staffers accompany 16 drums of ashes transported in pick-up trucks to the site where they were laid to rest until a national memorial is constructed.

Government of Liberia constructs a national memorial sometime in the future. The ceremony also included singing, prayer and drumming and dancing by traditional performers.

Following the traditional ceremonies on Friday, ashes were transferred Saturday. Traditional and religious leaders gathered at the country's only crematorium where the ashes have been stored since late 2014. They prayed for those who lost their lives to the virus as well as the crematorium workers tasked with the gruesome job of burning thousands of bodies with insufficient training or equipment.



A religious leader prays for those who were cremated.
(Photo by Alice Urban)



A Disco Hill worker gently guides a vehicle transporting drums of ashes of Ebola victims to their temporary resting place. (Photo by Alice Urban)

the frequency of untrained family- or funeral home-conducted burials as part of the USAID-funded Assisting Liberians with Education to Reduce Transmission (ALERT) program. In December, the Disco Hill safe burial site opened about an hour outside Monrovia in Margibi County. The site, which was purchased by the Government of Liberia and was developed and managed by Global Communities, has provided safe and dignified burials for more than 550 deceased. Now, the site will also house the ashes of those who were cremated before Disco Hill made cremation unnecessary.

“This event is about sending out the message that although Ebola really ravaged the country, we also care. Cremation is not in our culture, and we learned a bitter lesson,” said Amos Gborie, deputy director of the Environmental Health Directorate at the Ministry of Health.

Sixteen 55-gallon drums of ashes wrapped in white cloth and red ribbon were then transported to Disco Hill. As the convoy neared the site, leaders and Disco Hill staff slowed the vehicles and walked along the vehicles carrying the ashes to accompany them to their temporary resting place. More than 250 traditional and religious leaders, choirs, cemetery staff, Ministry of Health representatives, family members and the general public then gathered for an interfaith prayer service.

Global Communities Country Director Piet deVries addressed the crowd, noting that the country is beginning a new chapter as Ebola rates have reached zero and the country waits for the 42-day mark with no new cases to declare the epidemic over. “We want to thank you for coming here. We want to welcome you to this place where people can be buried with safety and dignity,” he said.

In October, Global Communities rapidly rolled out a burial team model that reduced



Members of a traditional song and dance group react to the arrival of the ashes.



A mourner weeps at the site of the ashes on Decoration Day.



Wreaths commemorate the 3,000 individuals who were cremated and whose ashes will remain at Disco Hill until a permanent national memorial is constructed.

referring to Ebola as he lay a wreath at the ashes commemoration and remembrance of those who have passed,” he said.

“We want to inter the remains in a more respectful way. This is a form of healing,” said Gborie. “We hope that the relatives whose loved ones were cremated will have time on Decoration Day to mourn them.”

A national holiday acknowledged every second Wednesday of March, Decoration Day honors the dead, and family members visit the graves of deceased loved ones to clean the space and lay wreaths and flowers. This year, the holiday fell a few days after the ash transfer.

Friends, relatives, students and Liberian government and non-government organization officials visited Disco Hill on Decoration Day to lay wreaths at both graves and the cremation ash sanctuary.

“We see Ebola as a real war,” said Boakai Dukuly, vice chair of the Liberian Independent National Commission on Human Rights, an organization tasked with promoting peace and reconciliation activities after the Liberian civil wars. The group sent a delegation to lay a wreath at the site of the ashes.

“We see [those who died] as victims...and here families can come together to lay a wreath. It can never bring them back, but families can go to the site to see where their brother is buried,” Dukuly said. He added that families of those who were cremated never will be able to visit a specific grave, but they can come to Disco Hill to visit where their ashes have been temporarily laid to rest. His brother was among them.

An interfaith prayer service organized by the Government of Liberia took place earlier in the day in Monrovia, and a group of Ebola survivors, Ministry of Health and Education officials and students visited Disco Hill to also lay wreaths and pay their respects.

“The enemy has been defeated,” said Dehwehn Omarley Yeabah, director of the Ministry of Health Environmental Health Directorate,

