INTERNATIONAL RESCUE COMMITTEE
LIBERIA PROGRAM

QUARTERLY REPORT

MONTSERRADO EBOLA PREVENTION AND RESPONSE

(CONTRACT NO: AID-OFDA-G-14-00204)

SEPTEMBER 1, 2014 – DECEMBER 31, 2015

PRESENTED TO:

THE USAID OFFICE OF FOREIGN DISASTER ASSISTANCE

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I. Executive Summary

PROGRAM TITLE: Montserrado Ebola Prevention and Response

PROJECT NO: AID-OFDA-G-14-00204

AGENCY: International Rescue Committee (IRC)

COUNTRY: Liberia

REPORTING PERIOD: September 1, 2014 – December 31, 2014

GOAL: To reduce the morbidity as a result of the Ebola Virus Disease (EVD) outbreak in Montserrado County.

OBJECTIVES:

1. ***Ensure timely case investigation in Montserrado County by supporting coordination, logistics and supplies to the zonal case investigation teams.***
2. ***Public and private health facilities in Montserrado County provided with follow-up support and supervision for Ebola infection control and prevention.***
3. ***Reduce the spread of EVD transmission through scaling up tracing and follow up on all EVD contacts.***
4. ***Improve the collection and management of data in the Ebola response in Montserrado County.***
5. ***Improve the management of dead bodies associated with Ebola infection in Montserrado County.***
6. ***Reduction of the level of stress, fear and stigma for EVD affected families with specific attention to children, mothers and front line health workers.***

BENEFICIARIES: Total targeted: 133,400
IDP beneficiaries: 0

LOCATION: Montserrado County, Liberia

DURATION: September 1, 2014 – May 31, 2015 (9 Months)

Introduction

When the first Ebola cases emerged in Liberia in March 2014, it was assumed that the outbreak would burn out or quickly be contained as had been the experience with previous outbreaks in Central and East Africa. While the original epicenter of the outbreak in Liberia was Lofa County, by late May 2014, it had already reached Montserrado County, and threatened to spread through the nation's densely populated capital city, Monrovia, home to more than a quarter of Liberia's population.

In response to this threat, the Montserrado Ebola Prevention and Response Consortium (the Consortium) was formed to support to the Montserrado County Health Team (MCHT) to quickly and effectively deliver comprehensive Ebola prevention and response activities, with the overall goal of reducing morbidity as a result of the Ebola Virus Disease (EVD) outbreak. Launched in September of 2014, the Consortium was originally comprised of five organizations with the technical, operational, and administrative capacity to coordinate a large-scale response in Montserrado County.

In line with the Ministry of Health (MoH) strategy, each of the Consortium partners is addressing a core element of the response, with the International Rescue Committee (IRC) supporting case investigation, Action Contre la Faim (ACF) supporting contact tracing, Global Communities (GC) supporting dead body management, and Medical Teams International (MTI) supporting infection prevention and control (IPC) in health facilities. A fifth consortium partner, iLab Liberia (iLab), provided support to the Emergency Dispatch Unit and ICT equipment and data management capacity to the MCHT until February of 2015, when its services and operational capacity no longer matched the evolving needs of the response.[1]

By bringing together five organizations with an established presence in the country and capacity to quickly respond to evolving needs in an emergency context, the Consortium was able to react to the epidemic ahead of many other international actors, and by comprehensively addressing key aspects of the response, the Consortium strengthened coordination and influenced the shaping of Montserrado County's response structure.

In the first quarter of the project, each of the Consortium partners worked closely with the MCHT to design activities that filled gaps and strengthened the response to the EVD outbreak in Montserrado County. By creating a coordinated structure among key partners, the Consortium also played a key role in bringing structure to the County's response.

Since the Consortium's launch, representatives of the member organizations have met weekly to coordinate case investigation, contact tracing, body removal and burial, and IPC interventions. Members have also participated regularly in meetings of the MCHT, Montserrado Incident Management System (M-IMS), weekly health partners meetings, and numerous other national coordination meetings that now exist for the purpose of coordinating response and recovery efforts. All partners continue to closely coordinate with each other and with the MCHT and M-IMS to identify gaps in logistics, supplies and human resources that the Consortium has the capacity to fill.

[1] iLab's partnership with the IRC will be formally terminated on March 9, 2015, as per a formal termination letter sent on February 9, 2015.

The close coordination and flexibility inherent in this approach has allowed the Consortium to respond quickly to a broad range of needs across different key areas of the Ebola response. Additionally, in Q2, the new focus on Psychosocial First Aid (PFA), led by ACF, will support the work of all Consortium members by addressing the fear, stigma and distress among individual and communities affected by Ebola. As new needs arise and intervention areas become accessible, the Consortium will continue to support the MCHT and M-IMS to carry out rapid needs assessments and adapt programming to changing realities on the ground.

II. Summary of Key Activities

Objective 1. Ensure timely case investigation in Montserrado County by supporting coordination, logistics, and supplies to the zonal case investigation teams.

Logistics Support to Case Investigation

During the reporting period, the IRC facilitated the investigation of EVD cases in Montserrado County by providing logistics support to case investigation teams. In the first quarter, this included provision of case investigation forms and other stationary supplies for the case investigation teams, rain gear, fuel and maintenance for eight case investigation vehicles, and maintaining a backup stock of personal protective equipment (PPE) to supplement the County's supply and ensure there were not stock outs of the materials needed for case investigation teams to safely carry out their work. The IRC also supported incentives for case investigators at the Mobile Medical Unit (MMU) and with GC burial teams.

Ensuring the Systematic Investigation of Every Case

While logistical support to the MCHT yielded improvements in case investigations over the quarter, the IRC and the MCHT also identified systemic issues that created gaps which allowed potential EVD cases to move through the system without a complete investigation. These gaps were occurring primarily when cases arrived at Ebola Treatment Units (ETU) through private transportation (rather than using County investigation and ambulance services) and when burial teams removed bodies from communities before complete investigations could happen. As a result of these gaps, the MCHT was missing critical information – especially those that related to contact-tracing – and chains of transmission were potentially missed.

To address this, the IRC collaborated with CDC, WHO, the MCHT and the MoH on the development of standard operating procedures (SOPs) for case investigators placed with burial teams and at ETUs and supported classroom and on-the-job training for 71 new case investigators plus refresher training for 16 existing case investigators. The IRC also covered the hazard pay of case investigators who hazard pay wasn't covered by other actors in the response.

In coordination with MoH, MCHT, GC, eHealth, and the International Federation of the Red Cross and Red Crescent Societies (IFRC), the IRC coordinated placement of case investigators, and supervised case investigators embedded within 13 burial teams and at four ETUs, to ensure that they were performing well. The IRC also worked to ensure that existing case investigation staff at a fifth ETU, run by Medecins Sans Frontieres (MSF), used standard case investigation forms and adhered to County protocols for information sharing.

At the Monrovia Medical Unit (MMU), an ETU run by the USG exclusively for health care workers, the IRC supported two Ebola survivors to carry out in-depth investigations on infected health care workers. These case investigators were mentored by MMU staff, and are currently serving in several capacities at the MMU, including aiding in communication between families and patients.

Implementation of a Unique ID Number System

An issue that became clear during the first quarter was the difficulty in assigning a unique case ID number that remained with a case throughout the entire health system, from investigation to final outcome. The absence of unique ID numbers made it virtually impossible to track a case throughout the system and prohibited the MCHT from providing regular and reliable feedback to families on their loved ones. In the first quarter, the IRC worked with the MCHT in consultation with the MoH and technical partners including CDC and WHO to develop a system that would ensure that a unique ID is assigned and retained throughout the system. This was achieved by generating a unique ID at the point of case investigation and utilizing a patient ID bracelet to ensure that each subsequent actor the case comes into contact with (ETUs, laboratories, burial teams) used that same ID for any additional data collected. The system was put into effect in December.

Improved Coordination between Field Teams

In the first quarter, the IRC, along with ACF and GC developed simple tools and protocols to ensure that there was stronger coordination between investigation, burial, and contact tracing teams in the field. This included harmonizing geographic coverage areas of teams in the field, creating calling lists, and changing protocols to ensure that contact tracing supervisors and case investigators responded to cases in tandem. As a result, initial contact listings were stronger, and there were fewer issues with contact-tracers being unable to locate contacts to begin follow-up.

Strengthened HR Capacity

To address identified human resources constraints, the IRC recruited and hired a case investigation Project Coordinator and began the recruitment process for four Sector Managers in order to strengthen supervision of case investigation teams and ensure more responsive logistical support to case investigation teams. These staff started working in January, and their deployment is in line with the new sector approach of the M-IMS.

Objective 2. Public and private health facilities in Montserrado County provided with follow-up support and supervision for Ebola infection control and prevention.

Improved IPC in Public and Private Health Facilities

The Consortium's IPC partner, MTI, formed five teams to support and supervise Ebola IPC measures at public and private health facilities in Montserrado County. Three of these teams were responsible for setting up triage areas at facilities, coaching facility staff on IPC protocols, and ensuring all facilities were adequately stocked with all IPC supplies. In partnership with the CHT, a fourth team conducted facility assessments, to determine their IPC needs and readiness to re-open. MTI also provided technical and

logistical support for all assessments. The final MTI team distributed IPC supplies received from the Ministry of Health to the supported facilities to maintain adequate stock levels.

Over the course of the reporting period, these teams visited 128 facilities. During these visits, MTI staff established triage areas where needed, instructed each facility to designate an IPC focal point, and taught all facility staff how to don and doff PPE, control patient flow, and correctly mix chlorine solutions for different purposes. Additionally, all clinical staff were trained to use the revised Ebola IPC Guidelines. MTI also assisted staff with developing and utilizing an IPC checklist, in coordination with the MCHT, to measure the quality of IPC procedures carried out in health facilities.

In addition to routine supervision and training, at the request of the CDC, and MCHT, MTI was also able to adapt quickly to address priority facilities that had been involved in transmission of EVD, or were located in EVD "hot spots". Examples of note in the first quarter include the mentoring of staff, and establishment of triage at the Goodwill Clinic in Fiamah and the Wonjah Smith Memorial clinic in Logan Town. MTI also set up a triage point at the Star of the Sea Health Facility, which is the only facility serving more than 70,000 people in the West Point community, Liberia's largest slum.

Improved Waste Management

Proper waste management is a key element of adequate infection prevention and control, especially given that the amount of waste is greatly increased with the use of basic and enhanced PPEs. Facility assessments carried out by MTI revealed that few facilities had proper waste management infrastructure. Incinerators in particular, were either absent or non-functional at many facilities. To address this problem, MTI's Environmental Health Technician worked closely with the MCHT and IPC Coordinators to identify safe areas for partial burn incinerators with ash pits. During the first quarter, MTI identified 21 facilities for the installation of new incinerators and commenced planning for the installations. Installation will begin in quarter two.

Objective 3. Reduce the spread of EVD transmission through scaling up tracing and follow up on all EVD contacts.

Scaled-up and Improved Quality of Contact Tracing

ACF had been supporting the MCHT with contact-tracing since July of 2014, and with the launch of the Consortium, it was able to increase that support and improve quality of contact-tracing through more robust supervision and training of contact-tracers. During the quarter, ACF supported the MCHT with training, supplies and financial and logistical support to eight monitors, 22 supervisors, and 230 contact tracers. During the quarter, ACF also added the use of temperature monitoring to contact tracing protocols, in turn training 127 contact tracers and 13 supervisors and providing infrared thermometers for use in the field. Regular supervision was conducted to strengthen the quality and improve the quality of contact tracing in Montserrado.

Additionally, support was given to CHT on data entry, analysis and filing of key documents to improve data flow. ACF also helped to ensure the release of results from laboratories, burial teams, and ETUs to enable contract tracing to give feedback to affected families, and better target tracing on confirmed cases.

Strengthened Community Acceptance

In addition to strengthening quality and supervision of contact-tracing, ACF placed more focus on increasing acceptance of response activities. During the quarter, 22 Community Liaison Officers (CLO) were selected from communities to assist the contact-tracing supervisors by creating a link between the Ebola response teams and the community. Building connections and garnering community ownership and buy-in has been instrumental in helping to reduce community resistance. Two team leaders were specifically recruited to manage the CLOs and provide supportive supervision.

Response to EVD Hot Spots

Notably during the reporting period ACF responded to the outbreak of EVD in Walakor Village and New Kru Town in Montserrado County by immediately sending a mobile team comprised of three former contact-tracers to work along with active case finders to ensure complete follow-up on all contacts. These teams conducted house-to-house searches and referred potential EVD cases to ETUs. In total, the response in these two communities resulted in 31 persons being referred to an ETU and 384 additional contacts being identified and line listed. Additionally, with strong advocacy and support from ACF, the MCHT was able to setup a mobile clinic to safely triage and treat people for illnesses other than EVD in areas reporting high cases of EVD. Twenty-six people from Walakor Village were treated through this initiative.

4: Improve the collection and management of data in the Ebola response in Montserrado County.

Support to Ebola Dispatch Unit

Over the reporting period, iLab supported the Ebola Dispatch Unit (EDU) with information and Information Communication Technologies (ICT) equipment, data management, and information systems. In collaboration with eHealth, iLab developed a paper-based system to capture information about calls received and trained dispatch and call center staff on its use allowing the team to better organize information coming in and more efficiently prioritize calls and dispatching appropriate response teams.

iLab further supported the EDU through the provision of equipment and service for mobile connectivity and by training and seconding volunteers to the EDU for the daily digitizing, mapping and reporting of dispatch data.

Support to MCHT Data Team

iLab supported the MCHT data team by providing three volunteers to work alongside the county data manager. These volunteers helped ensure that the MCHT entered all case investigation data in a timely and accurate manner. These volunteers also assisted with preparation of paperwork for contact-tracing monitors, and by supporting a filing system that ensured that copies of case investigation forms were readily available for reference.

iLab also provided two laptops for use by the County Surveillance Officer and MCHT data manager and provided a laptop and scanner to the Mobile Medical Unit, which sits outside Montserrado County, but

frequently handles cases that come from within the County, to ensure that the case investigators stationed there could transmit case investigation data back to the MCHT in a timely manner.

Support to Consortium Partners

During the first quarter, iLab's support to Consortium partners was mostly focused on improved collection and management of data related to MTI's IPC activities. iLab supported these activities by preparing a mobile, web-based facility assessment tool that allowed MTI's IPC teams to efficiently capture and share information about health facilities they are supporting.

To do this, iLab procured smart phones, configured MTI facility assessment forms to be able to work on these phones, conducted field tests, trained IPC staff on mobile data collection, and drafted a manual for use of the mobile tools. iLab also trained MTI monitoring and evaluation staff and data managers on backend manipulations so that they would be able to use themselves to match evolving data collection needs.

Objective 5. Improve the management of dead bodies associated with Ebola infection in Montserrado County.

Operationalize Burial and Disinfection Teams

In response to the critical lack of capacity to quickly remove dead bodies in a safe and dignified manner, in the first quarter, GC supported the MCHT to operationalize six burial teams and seven disinfection teams to cover rural Montserrado County. GC provided these teams with logistic and financial support and facilitated their training in safe removal of dead bodies, disinfection of buildings and areas where bodies have been removed from, and use of oral swabs to test dead bodies for Ebola.

Global Communities also trained the leaders of its Montserrado burial teams in the use of mobile data collection software to enhance collection of burial data by allowing for information to be captured and shared electronically

Additionally, in collaboration with the IRC, GC embedded case investigators with these teams to ensure that a thorough investigation, including the collection of contact information, occurred for each body. This served to strengthen coordination among Consortium partners, and improve linkages between all aspects of case management.

Improving Acceptance of Safe Body Management

GC also played a key role in the opening of the National Cemetery in December of 2014 - an important milestone in the response efforts in Montserrado, as it addressed the culturally problematic policy of mandatory cremation of dead bodies. Under the Consortium project, GC burial teams have played an important role in the promotion and utilization of the cemetery for safe burials.

Despite this significant step forward, there remained a need to address community resistance to safe burial procedures that do not adhere to traditional funeral practices. To address this, toward the end of the reporting period, GC signed a Memorandum of Understanding (MOU) with the Ministry of Public Works

(MPW) that will allow Global Communities to start assessing private cemeteries to determine whether they could be used as safe burial sites to expand burial options in Montserrado County, and contribute to the gradual process of rebuilding public trust.

Objective 6. Reduction of the level of stress, fear and stigma for EVD affected families with specific attention to children, mothers and front line health workers.

As the response evolved throughout the first quarter, there was a growing awareness of the need to support people's social and emotional wellbeing alongside the medical response in order to garner community acceptance of response activities and in turn make those activities more effective.

In the first quarter, ACF addressed this need by training 147 contact-tracers, seven supervisors, and seven Community Liaison Officers (CLO) on Psychosocial First Aid (PFA). As a way of empowering community key persons within the affected communities to tackle the spread of the EVD, ACF also invited 28 community leaders and one clinician to participate in the PFA training. The purpose of this training was to provide these individuals with the requisite skills to deliver basic psychosocial support on a daily basis as well as identify signs of more significant psychological reactions and refer those individuals to MoH social workers for more robust psychosocial support.

ACF reinforced this structure by establishing a dedicated ACF team composed of 20 psychosocial workers in order to guarantee close follow-up of affected households. After having been recruited and trained during the month of November, the psychosocial team was fully operational from December 1st.

In order to ensure the quality of the activity, the psychosocial team provided regular on-the-job coaching for contact-tracers in communities where the PFA training was conducted. The psychosocial team also worked with leaders in eight communities to ensure proper community entry for the psychosocial teams. During the quarter, the psychosocial workers identified and provided support to 323 families under tracing follow-up in four priority communities. An additional, 43 households with 93 dependents that are not under contact tracing follow-up anymore, and 18 survivors received psychosocial support. Ten families were referred for further counseling and support.

III. Indicator Tracking

Table 2: Objective Achievements for Project by Indicator

Sector Name: Health								
Objective: To support the Government of Liberia response to Ebola Virus Disease outbreak.								
Sub-Sector: Health Systems and Clinical Support								
Indicator No.	**Indicator**	**Unit**	**Target**	**Q1**		**Cumulative**		**Remarks**
Indicator 1 (OFDA)	Number of health care facilities supported and/or rehabilitated by type (e.g., primary, secondary, tertiary).	Hospital	0	0		0		Breakdown of facility type does not match cumulative total as MTI did not disaggregate by type of facility until midway through November 2015.
		PHCL1	24	24		24		
		PHCL2	28	28		28		
		HC	4	4		4		
		Total	75	128		128		
Indicator 2 (OFDA)	Number of health care providers trained by type (e.g., doctor, nurse, community health worker, midwife, and traditional birth attendant), disaggregated by sex.			**M**	**F**	**M**	**F**	
		Case Investigators	74	44	43	44	43	16 investigators received refresher training, 71 new investigators were trained. Of the 71 new investigators trained, 39 received additional on the job training.
		Contact Tracers	300	234	209	234	209	During the reporting period, 443 total contact tracers received training. At any given time, the number of active contact tracers adjusted to match needs based on caseload.
		Contact Tracing Monitors	8	5	5	5	5	
		Contact Tracing Supervisors	22	19	7	19	7	
		Community Liaison Officers	22	19	4	19	4	

		Data Managers	5	7	0	7	0	
		Data Volunteers	40	24	4	24	4	
		Burial Team Supervisors	2	1	0	1	0	
		Burial Team Members	80	27	9	27	9	
		Disinfection Team Members	20	24	8	24	8	
		Total	573	693		693		
Indicator 3 (OFDA)	Number of consultations, disaggregated by sex and age, per quarter.	Case Investigations	N/A	**M**	**F**	**M**	**F**	During Q1, figures were not available for cases investigated at all ETUs and with burial teams. Numbers could not be disaggregated by age because of constraints in the County's data collection system. IRC will work to establish systems for capturing this in Q2.
				494	470	494	470	
		Total	N/A	964		964		
Indicator 4 (non-OFDA)	Percentage of cases investigated within 24 hours of the request being received from the Ebola Dispatch Unit (EDU).	Percentage	100%	N/A		N/A		Due to the overwhelming volume of calls during the quarter, the EDU system could not be configured in a way that allowed this data to be tracked. In Q2 IRC will continue to coordinate with the MOH and other partners to develop a more robust data collection system for the EDU.
Indicator 5 (non-OFDA)	Number of Ebola referrals from health facility triage to Ebola Dispatch Unit during the past week.	Referrals	N/A	85		85		
Indicator 6 (non-OFDA)	Number of Montserrado Country health facilities mapped.	Facilities	240	149		149		Out of the 149, 113 facilities were mapped by MTI using the mobile data collection system. The additional 33 were mapped prior to MTI facility mapping.

Indicator 7 (non-OFDA)	Percentage of MTI-supported Montserrado Health Facilities with up-to-date IPC status mapped.	Percentage	100	74	74	This percentage accounts for facilities mapped once the mobile data collection system was established. For Q1, it covers the period from December 18 through December 31.
Indicator 8 (non-OFDA)	Percentage of case investigation forms received by the MCHT data team and entered into the VHF/DHIS2 database each week.	Percentage	100	100	100	This data reflects a portion of November and December 2015. During September, October, and part of November, data from Montserrado County cases was entered into VHF at the Central Level.

Sub-Sector: Medical Commodities Including Pharmaceuticals

Indicator No.	Indicator	Unit	Target	Q1	Cumulative	Remarks
Indicator 1 (OFDA)	Number of supplies distributed by type (e.g., medical kits, equipment, consumables).	PPE kits	5560	1499	1499	
		Chlorine Solution, buckets	50	15	15	
		Gloves, Heavy Duty	480	1646	1646	
		Buckets	40	208	208	
		Sprayers	74	168	168	
		Boots	528	598	598	
		Gloves, latex	20700	14021	14021	
		Face Masks	500	2138	2138	
		Face Shield	0	0	0	
		Goggles	330	620	620	
		Thermoscan	40	171	171	
		Liquid Soap	0	4	4	
		Gloves, Reusable	56	1431	1431	
		Shoe Covers	80	322	322	
		Overall suits	50	386	386	
		Overall basic	0	0	0	

		Hand Sanitizer	954	4429		4429		
		Backpacks	350	150		150		
		Rain Gear	406	279		279		
		Fuel (G)	27684	3325		3325		
		Mobile Phone Credit (USD)	20835	7388		7388		
		laptop	8	5		5		
		printers	2	0		0		
		scanners	2	1		1		
		internet dongles + subscriptions	4	8		8		
		Case Investigation forms	N/A	1800		1800		
Indicator 2 (OFDA)	Number of people trained, disaggregated by sex, in the use and proper disposal of medical equipment and consumables.	By gender	102 total	**M**	**F**	**M**	**F**	
		Burial Team Members		51	17	51	17	
		Community Liaison Officers and Contact Tracers		100	56	100	56	Trained in use of i no-touch nfrared thermometers.
		Total	102	224		224		
Indicator 3 (OFDA)	Number and percentage of health facilities, supported by USAID/OFDA, out of stock of selected essential medicines and tracer products for more than one week.	Facilities	N/A	117/318		117/318		
		Percentage	≤ 10%	56%		56%		
Indicator 4 (non-OFDA)	Number of facilities with a supply of Case Investigation forms during the past week.	Facilities	75	N/A		N/A		The MCHT determined that case investigation would not be initiated at health facilities, and forms were therefore not needed. In Q2 IRC will continue to collaborate with partners to determine if there is a role for

						case investigation forms at triage in facilities.
Sub-Sector: Communicable Diseases						
Indicator No.	**Indicator**	**Unit**	**Target**	**Q1**	**Cumulative**	**Remarks**
Indicator 1 (non-OFDA)	Number of program-supported burial teams that are active and operational.	Burial Teams	10	6	6	
		Disinfection Teams	5	7	7	
		Total	15	13	13	
Indicator 2 (non-OFDA)	Percentage of dead bodies removed within 24 hours of request.	Percentage	90	93	93	
Indicator 3 (non-OFDA)	Number of households receiving a Solidarity Kit voucher.	Households	N/A	N/A	N/A	This activity is included in the modification, which was not finalized until recently and therefore not a consideration for Q1 activities.
Indicator 4 (non-OFDA)	Number of EVD contacts registered	Contacts	N/A	15,225	15,225	This number reflects official reports from the MCHT and does not always align with numbers reported from the field. In Q2 ACF will work to establish it's own database of contacts.
Indicator 5 (non-OFDA)	% of people entering ETUs (suspected, probable, or confirmed cases) generating contacts.	Percentage	90	N/A	N/A	Data on percentage of cases who generated contacts has to be crosschecked with case investigation; efforts in data management will make this available from January 1st.
Indicator 6 (non-OFDA)	% of EVD contacts completing minimum 21-day follow up.	Percentage	≥ 95	98	98	(# contacts competing 21 days) / (# contacts completing 21 days + #contacts lost to follow-up)
Indicator 7 (non-OFDA)	% of contacts lost to follow up (contacts not seen for 3 consecutive days are considered as lost).	Percentage	≤ 5	2	2	

Indicator 8 (non-OFDA)	% of Ebola cases investigated by Montserrado County Case Investigation Teams that are mapped.	Percentage	100	N/A	N/A	During Q1 the MOH went through several iterations of their data management system, and access to information from case investigation forms was limited for several reasons. During the period in which iLab had complete access to this information, 864 investigated cases were mapped.
Indicator 9 (non-OFDA)	% of ACF traced contacts entered into MOHSW database each week.	Percentage	100	100	100	This percentage is only available for the month of December. September, October, and November were not entered into the central database by the MCHT. Upon the switch to DHIS2 in December, iLab volunteers assisted the MCHT data team in entering 100% of ACF traced contacts.
Indicator 10 (non-OFDA)	Number of partial burn incinerators and ash pits constructed at supported health facilities	Incinerators	30	N/A	N/A	Bids have been collected and contracts signed. Work to begin in January.

Sector Name: PROTECTION

Objective: Reduce levels of stress, fear and stigma for EVD-affected families with specific attention to children, mothers, and front-line health workers in Montserrado County

Sub-Sector: Psychosocial Support Services

Indicator No.	Indicator	Unit	Target	Q1		Cumulative		Remarks
				M	F	M	F	
Indicator 1 (OFDA)	Number of people trained in psychosocial support, disaggregated by sex.	Person	300	85	62	85	62	PFA training for contact tracers in each zone of Montserrado.
Indicator 2 (non-OFDA)	Number of households receiving one or more psychological support visits.	Household	840	323		323		
Indicator 3 (non-OFDA)	Number of referrals made by contact tracing teams to MOHSW or ACF social workers.	Referrals	N/A	10		10		

Indicator 4 (non-OFDA)	Number of PFA trainings given to other national and international NGO or MOHSW staff.	Training Sessions	18	0	0	Priority has been given to PFA training for contact tracers; other trainings will be organized from February upon request.

IV. Constraints and challenges

One of the most significant challenges faced during the quarter surrounded the establishment of a National Cemetery. Repeated delays in payment for the land inevitably slowed its preparation and delayed the opening. As knowledge of the site and the option for burials versus cremation became apparent, burial teams in Montserrado faced more even opposition when attempting to pick up dead bodies. This is evident in the low percentage of cases collected in the 24-hour window in December compared to previous months; and to the collection rate in the counties where safe burials, and not cremation, are the only option for communities.

When the National Cemetery was finally unveiled it was well received by communities. However, we noted an increasing desire to use funeral homes, and still encounter secret burials in the field. Additionally, private health facilities have been observed issuing false death certificates to families permitting families to bury their loved ones. These behaviors lead to unsafe handling of bodies putting entire communities at risk, and highlight the growing challenge of resuming normal activities in an environment where active transmission of Ebola is ongoing.

An additional challenge during the reporting period was a lack of clarity and poor communication of quarantine policy, along with logistical challenges with distribution of food and other basic items. As a result of the poor delivery of quarantine care, many contacts resort to leaving their homes due to fear that they will not receive quarantine care. There appears to be resistance to reporting cases to county case investigators, also due to this fear that if their families are quarantined, they will not receive support. In addition, even when support is delivered, it has been observed that quarantine procedures are not always respected, and without a clearly communicated policy coming from the government it is difficult to enforce anything.

The fear of stigma attached to EVD, and mistrust of and non-compliance with the Government and response systems persist. Teams continue to encounter pockets of resistance in Montserrado. This mistrust and resistance manifests in dangerous behaviors, such as hiding of sick individuals, delays in seeking care, use of public transportation to reach health facilities and secret burials; all of which make it incredibly challenging to identify each case and break the chain of transmission.

Behaviors such as these highlight the importance of involving community and spiritual leaders and demonstrate that the community engagement aspects of the response need to be improved, both through Consortium activities and across partners. In direct response to this, ACF has added 22 Community Liaison Officers to assist with building trust in communities.

These behaviors also highlight the importance of IPC activities, and the difficulties that we will all face as response actors working with the MOHSW to get the health system back on course. An increasing challenge as the number of cases decreases, is knowing what to do with cases that are not EVD, but in need of care. Health facilities face difficulties adhering to the IPC protocols for a number of reasons, among these are: limited staff, stock-outs of IPC materials, poorly designed physical structures that don’t allow for safe triage or isolation, and in a small number of cases facilities are resistant to support from IPC teams and unwilling or slow to implement the recommended changes. Compounding this is weak and poorly defined referral networks, and lingering fear among health care workers to treat patients without knowing their EVD status.

Waste Management is another significant concern when implementing IPC activities at health facilities. MTI has observed that there is disagreement between facilities on where waste is being sent and which facilities are able to receive outside waste, thereby making it difficult to track the path of medical waste. These arrangements are commonly unofficial which adds to the difficulties in tracking. In the coming quarter, MTI will seek to address this by adding construction of incinerators to activities.

Across Consortium activities, collection, management, and access to data has been a challenge. During the reporting period, the Consortium took several actions to improve collection of data. In addition to supporting the County data team with incentives for staff and hardware, the IRC is employing a data courier to ensure rapid transfer of case investigation forms from the field to the county data team. iLab has worked with MTI to improve and digitize their data collection, GC is actively working with burial teams and the County to better report on burials, and in collaboration with eHealth and the MOH, ACF will be assisting in the pilot of a tool for contact tracing that will allow real-time information on each contact.

Despite these efforts, access to information for operational decision making remains a challenge. Working in Montserrado is particularly complex as the numerous data streams that need to be synthesized to provide a complete picture are not all directed through the County Surveillance Officer, as is the case in other counties. ETUs, burial teams, labs, case investigators, and contact tracers are all generating data. Some of this goes directly to the national level, and is never passed down to the county, and information that is generated at the county level is passed upwards with no feedback coming back to inform operational decision making. Efforts to create county-level systems for information management have been viewed as creating “parallel systems” despite the fact that the national level is unable to provide the timely and accurate information required to run a response. This issue is particularly felt with contact tracing activities. Without regularly updated information on the status of cases, it is difficult to appropriately focus contact tracing on contacts of confirmed cases and drop those who are not truly at risk.

Additionally, lack of access to information at the county level makes it nearly impossible to provide feedback to family members about the status of their loved ones, and throughout the quarter, teams in the field experienced increasing resistance as a result. Consortium partners are actively working to support the County to establish a framework to enable regular feedback to County responders to allow for the provision of feedback to families, as well as to inform response activities.

Logistics and administrative constraints within the MCHT have also resulted in challenges for project activities during the reporting period. Letters of agreement that were signed between each of the partners and the MCHT, but over the course of the reporting period, the MCHT was unable to adhere to them. This was particularly the case as it related to the provision of cars for contact tracing and case investigation, MCHT staff members to accompany IPC teams, and the provision of PPE and other IPC supplies. In order to avoid disruption in services, the IRC and ACF have begun renting vehicles to support contact tracing and case investigation, and MTI has been searching for alternatives to the county supply chain to procure IPC supplies.

Lastly, one of the most significant challenges during the reporting period was trying to coordinate with partners outside of the Consortium, and adjust to changes in leadership and structure within the Montserrado response. In the early weeks of the project, there were few organizations involved in directly supporting the County response, and the MCHT was the structure around which the response was

coordinated. Over the course of the reporting period, there have been significant changes, including the installation of an M-IMS. This has strengthened some aspect of the response, but has also brought challenges in coordination with new actors, new leadership and new approaches being introduced.

V. Activities for the following quarter

In order to address delays in response due to inefficiencies with the call center and national dispatch, as well as to strengthen the quality of information coming in from the field, Consortium partners have developed call lists for response teams (case investigation, contact tracing, burial, disinfection) in the 22 epi-zones of Montserrado. This allows teams to contact one another directly, improving quality and speed of investigation and contact tracing. Additionally, when issues with health facilities are identified through case investigation and contact tracing, IPC teams can be quickly alerted to conduct assessments and provide support to critical areas. In the coming quarter ACF, the IRC, MTI and GC will continue to strengthen and improve these links between field responders.

Additionally, GC will focus on expanding current burial team capacity. The increase in teams will help GC expand into more areas of the county as IFRC looks to phase out their burial team support for Montserrado. Site management at the National Cemetery has also reported a lag time from when cases are reported to non-GC teams and when the team actually reach the site, a gap that could be filled by more GC supported teams.

Through coordination with other dead body management actors and with understanding that a rigid, one way approach will not work, GC will look for ways to support safe community burials in greater Montserrado. Next month, GC will begin to assess local cemeteries to ensure the sites are adequate for burials (appropriate water tables, space for additional bodies) and will work with IFRC and the private cemeteries to begin safe burials at appropriate sites. Burial teams will operationalize training on oral swabs in the next month to begin administering the swabbing on dead bodies. The tests will be brought to designated labs for testing and the CDC is finalizing messaging on oral swabs and how to engage the families with information from the tests

In addition to boosting administrative support to the program, ACF will continue to improve supervision and ensure quality programming in contact tracing by scaling up the number of monitors and supervisors at the field level. ACF also intends to focus on improving community relationships and trust in tracers by fully utilizing Community Liaison Officers, completing psychosocial first aid training for every contact tracer and supervisors, and reinforcing the referral system by contact tracers to ACF or MOHSW psychosocial workers to support affected families and individuals in need. Additionally, ACF will continue to advocate with partners and the IMS for the provision of food for quarantine families, in order to reinforce the acceptance of tracing.

MTI's activities for the following quarter include construction of incinerators and triage at MTI supported facilities. Technical guidance to facility staff on organizing waste management system will continue. The IPC teams will continue to coach facility staff in implementing the IPC protocol and working closely with IPC and triage focal persons at its supported facilities, using the IPC checklist as well as distributing IPC supplies. New facilities will be evaluated according to the needs of the MOH, the facilities and partner organizations. The teams will utilize the mobile data collection tool and collect GPS coordinates of

facilities. A map will be created that communicates location and abilities of each facility evaluated from the collected data.

In the coming month, iLab will continue to support the Ebola dispatch unit and the Montserrado data team with hardware, connectivity and data entry volunteers. Additionally, iLab will carry on its work supporting MTI's data collection, and continue to work on developing an operational partners map that can be used by the Consortium as well as the M-IMS and CHT to improve coordination and efficiency by providing contact information for teams operating in each zone of Montserrado.

Finally, in the coming quarter, the IRC will continue to provide logistics and organizational support to case investigation teams in Montserrado. In order to address the challenges with vehicle availability, and facilitate 24 hour/day investigations, the IRC plans to enter into an MOU with UNMEER for loans of vehicles that the IRC will register and operate to support case investigation teams. Additionally, IRC will finalize hiring and deployment of four Sector Managers to strengthen supervision and administrative support to case investigation.

In addition to continuing with their planned support to the Montserrado response, Consortium partners also anticipate assisting in the role out of the M- IMS' Sector Approach. ACF will be increasing the number of monitoring teams to align with the sectors, GC and IRC will be supporting logistics and operations at three sector bases, and GC will be providing a co-coordinator for one of the bases. Finally, the increase in burial teams under the CHT structure, supported by the Consortium, aligns with the new sector structure recently proposed by the M-IMS.

The Consortium members will also continue to meet weekly to coordinate case investigation, contact tracing, body removal and burial, and IPC interventions. Members will also participate in M-IMS meetings, weekly Health Partners meetings, MCHT restoration and IPC meetings, and the numerous other national coordination meetings that now exist. All partners will continue to play a leading role in coordination of the Montserrado response.