INTERNATIONAL RESCUE COMMITTEE
LIBERIA PROGRAM

QUARTERLY REPORT

MONTSERRADO EBOLA PREVENTION AND RESPONSE

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

APRIL 1, 2015 – JUNE 30, 2015

PRESENTED TO:

THE USAID OFFICE OF FOREIGN DISASTER ASSISTANCE

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JULY 30, 2015

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: April 1, 2015 – June 30, 2015

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 1st, 2014 – December 31st, 2015 (16 Months)

I. Introduction

On May 9th, 2015, the World Health Organization (WHO) declared Liberia Ebola free after 42 days passed without any incidence of the Ebola Virus Disease (EVD). As a result of this declaration, the Ministry of Health (MoH), and technical and implementing partners began shifting focus from ending the crisis towards building lasting surveillance and response systems. With the subsiding epidemic, the Montserrado Incident Management System (M-IMS), a temporary structure established in 2015 to help the county coordinate the response, began to falter, and it was apparent that significant effort would be required from partners to strengthen the county structures so they possess the capacity to detect and respond to EVD cases – a continued threat given active transmission in neighboring countries, and the possibility of sexual transmission from survivors.

During this reporting period, the Consortium led these efforts to strengthen surveillance in Montserrado, engaging with the county health team (MCHT) to work on an operational plan for rolling out the Integrated Disease Surveillance and Response (IDSR) strategy, the nationally-endorsed surveillance strategy of the country. The Consortium initiated conversations with the MoH, MCHT, M-IMS, the WHO and Centers for Disease Control and Prevention (CDC) to discuss how Montserrado County will leverage the capacity built and lessons learned from the EVD response to expand and strengthen the existing surveillance system. As a result of these meetings, a Montserrado County Surveillance Working Group was established with the goal of developing a plan for operationalizing the IDSR strategy in the context of Montserrado County.

Per the IDSR, District Surveillance Officers (DSO) will be introduced across the country, including one for each of Montserrado's seven heath districts. Furthermore, given Montserrado's large population, complex urban environments and large number of private health facilities, pharmacies and medicine shops, the Working Group endorsed the suggestion that the 22 EPI zones utilized for contact tracing during the crisis be retained, with a full-time position of Zonal Surveillance Officers (ZSO) being established within the MCHT. The zonal level will leverage systems established during the EVD response to provide a stronger link from community-based and health facility-based surveillance to the district level, and provide the additional human resources required to ensure that the county's large population is adequately served. Furthermore, these DSOs and ZSOs were selected largely from the group of case investigators, contact tracing supervisors, and contact tracing monitors that worked with the Consortium during the EVD crisis, and bring with them a wealth of experience that will greatly strengthen the MCHT's surveillance capacity, and ensure lasting capacity within permanent health structures. And finally, at the community-level, the Consortium looked to help expand community surveillance in a sustainable manner by facilitating in Community Meetings and Discussion Sessions (CMDS) across Montserrado to engage communities in developing their own surveillance plans and identifying community key informants that will be linked with the ZSOs per IDSR guidelines.

In the final days of the reporting period, a new EVD case was identified through the swabbing of a body found in Margibi, a county bordering Montserrado. The Consortium quickly responded to the cluster, organizing a daily coordination meeting with the MCHT and technical partners, activating contact tracers, and supporting the DSOs and ZSOs to assume their new roles in conducting thorough investigations of all EVD cases and supervising contact tracing. At the time this report was submitted, there were 17 contacts under follow-up in Montserrado related to the cluster, and one confirmed case, which was on the contact list, and under follow-up by the ZSO.

The resurgence of EVD after more than three months without a single case emerging in Liberia highlights the need for long-term capacity to be built into the permanent county health structures, as well as the need for continued partner presence in the near future while the threat remains high. In the coming quarter the Consortium will work to ensure a coordinated and comprehensive response to the ongoing cluster, while continuing to push for the full roll out of the IDSR within MCHT structures.

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.

Supporting Operationalization of the IDSR in Montserrado

In alignment with the national strategy, the IRC along with ACF and Global Communities played a leading role in coordinating with other technical and implementing partners and the MCHT to develop an operational plan for the IDSR in Montserrado by initiating a Montserrado Surveillance Working Group consisting of MCHT, WHO, CDC and other key implementing partners. Of note during the reporting period an operational plan was developed, to gain consensus from MCHT, MoH and partners on the need to expand the current surveillance structure to include seven DSOs as well as 22 ZSOs.

Along with the working group, the Consortium designed the Terms of Reference for each position, and assisted in the hiring processes for 7 DSO and 22 ZSO positions by recommending individuals who had worked in the counties as part of the EVD response, and had valuable experience in case investigation and contact tracing. In the coming quarter, the Consortium will make incentive payments to the new surveillance staff, while working closely with the MCHT and MoH to ensure that they are absorbed onto payroll as permanent positions at the end of 2015.

Establishment of District Health Offices

With an expanded District Health team, the need for district offices became even more pronounced. The IRC worked with the MCHT to scout appropriate spaces for all seven District Health Offices in order to facilitate the work of DSOs and ZSOs. Four districts were able to identify existing office space and three sites will use prefabricated offices that are being repurposed following the decommissioning of the IRC ETU. One prefabricated office was delivered during the reporting period to the Todee District Health office. The IRC and MCHT have started conducting site visits to assess what minor updates and renovations will be necessary. The offices will be ready and functional early in the next reporting period.

Improved Reporting for Case Investigations

During the reporting period, the IRC made improvements to the records kept by case investigation teams, allowing us to track their performance with greater detail. Teams began to track the time of the call received, source of the phone call (dispatch, health facility, contact tracer, community), patient's age, time the team arrived to the patient, if contacts were generated, and if contact tracing supervisors were called and if they arrived. Capturing these details at the point of investigation, rather than relying on the case information entered into the national database, allowed partners to better identify and troubleshoot issues as the county's systems adjusted to the evolving epidemic.

Support to Sector Bases

During the reporting period, the IRC continued to support sector bases. However, M-IMS activities began to decrease and eventually were phased out, leaving no need for support to sector activities. In early June, following two episodes of theft, the IRC retrieved all assets from Sector 2 including the printer, cabinet and other furniture and stationary items. These assets will all be redistributed across District Health Offices in the next reporting period. Sector 3 is currently being transitioned into a District Health Office, so all assets currently there will remain.

Technical Advisor to the Emergency Response System

During the reporting quarter, the IRC hired a Technical Advisor to the Emergency Response System (ERS) who arrived in early June. This TA began advising on policies, procedures and system structure at the national level, alongside the MoH. In addition, he will train 96 students who currently work at Dispatch and have been identified by the MOH to become certified Emergency Medical Technicians, including 10 who will also be certified as Emergency Medical Service Instructors so they can continue to teach the course in the future. Planning has begun for these trainings, which will start in the next reporting period. Additional ERS trainings in Emergency Medical Dispatch, Emergency Vehicle Operations, and Incident Command Operations will be taught if time allows.

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

Support to Health facilities

Working alongside the MCHT, MTI provided supportive supervisions to 289 facilities. The five MTI IPC teams made 289 initial visits and 45 follow-up visits, during which they worked with the IPC focal person at each facility to set up triage. MTI also distributed IPC supplies, and provided on-the-job coaching/mentoring on IPC protocols and clinical SOPs as outlined in the national "Keep Safe, Keep Serving" (KSKS) guidelines. On May 31st, all IPC supportive supervision activities finished as phasing out was initiated for MTI activities for the completion of their component of this project in July.

Construction of Triage, Isolation Units and WASH facilities

MTI completed construction of 21 triage and isolation units and addressed waste management components at several health facilities. In response to gaps identified at some facilities MTI's Environmental Health (EH) team constructed incinerators and ash pits at 20 facilities. Upon completion, the EH team provided individual training on maintenance of incinerators and pits to 27 staff members at the 21 facilities.

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

Collaboration with MCHT

ACF and the Consortium partners worked closely with the MCHT to provide guidance regarding the county's transition to surveillance. A new surveillance structure was developed, roles and responsibilities were defined, and a base operational plan was developed. All work aligned with the national Integrated Disease Surveillance and Response strategy. ACF also recommended candidates for the new surveillance positions within the MCHT. Many of these candidates were existing contact tracing and case investigation team members, which will leverage the local resources and experience gained from the outbreak. Within ACF, seven new staff were recruited in order to assist with the upcoming surveillance activities, including Community Development Team members and a County Quality Advisor.

ACF supported the MCHT's integrated measles, polio, and deworming vaccination campaign by providing social mobilization capacity. In total, 220 social mobilizers – consisting of former contact tracers – visited 42,927 households during eight days (May 4th -11th) reaching, 35,688 men, 60,288 women, 31,524 children, and 927 community leaders. Despite social mobilization efforts, some community members continued to believe that an Ebola vaccine was being administered instead of the stated measles, polio and deworming vaccines. Several weeks of high level planning and coordination between ACF with MCHT and partners, such as UNICEF and MSF.

Key Contact Tracing Activities

ACF participated in the re-integration of 186 contacts associated with the case of EVD identified on March 20th. The contacts completed their 21-day follow-up on April 9th. The re-integration program was attended by the IMS Sector and Pillar leads in addition to key partners. Following a period of no ongoing transmission in Liberia, ACF and MOH agreed upon a modified approach for contact tracing in order to scale-down activities. Roll-out of this approach occurred in May, and all contact tracing activities eventually ceased on May 31stas advised by the MOH. Accordingly, ACF continued to provide training, supplies, and logistical and financial support for 46 contact tracers and two data entry clerks, 13 monitors and 31 zonal supervisors during April and May, in addition to the 220 social mobilizers (former contact tracers) that worked during the integrated immunization campaign.

To capitalize on contact tracing data collected during the outbreak, ACF proposed a plan of support to the MOH for analyzing and summarizing the data. Distilling this information will be critical for gaining an accurate picture of all contact tracing activities throughout the outbreak, and for identifying lessons learned. Feedback on this plan was favorable, therefore planning and collaboration with MOH and MCHT is ongoing.

Community Support

The Community Liaison Officers (CLOs) and Team Leaders continued to host community meetings for fostering dialogue regarding Ebola and for providing relevant information on partners' roles within their communities. Meetings were held within 15 zones, with approximately 1,066 participants including representatives from partner organizations such as MSF, UNICEF, as well as MOH. Specific issues around EVD that were discussed included, survivors, orphans, schools, travelers from Sierra Leone and Guinea, the Ebola vaccine versus the integrated immunization campaign, and the new surveillance approach. Communication regarding EVD preventive measures continued to be stressed, such as hand-washing, avoiding overcrowded environments, not allowing strangers in their homes, and not hiding the sick and the dead. CLOs also assisted in conducting community meetings for food security and livelihood activities. Furthermore, ACF collaborated with partners from the Protection Cluster to plan and organize community dialogue sessions for communities that were affected by quarantine during the outbreak. CLOs will be used to support the upcoming Community Meetings and Dialogue Sessions (CMDS) process led by the Development teams due to their key relationships with the communities.

In addition to community meetings, CLOs assisted with referrals for needed services and enhanced collaboration with other ACF programs. The CLOs received refresher training for Psychological First Aid (PFA), and identified and referred 44 EVD-affected persons from seven zones to the ACF Psychosocial Team for additional support. Furthermore, CLOs identified and referred 12 malnourished children and five pregnant women to health facilities for treatment. CLOs in two zones also helped to identify and refer six children who presented with measles for treatment.

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

Support to Ebola Dispatch Unit

The IRC's partnership with iLab was terminated during the previous reporting period. Following the termination of its partnerships with iLab, the IRC absorbed these responsibilities, and has also begun working with the Dispatch Supervisor to strengthen management within the EDU by helping to develop monthly schedules for ambulance and case investigation teams to ensure 24/7 coverage with these services, and by facilitating regular supervision visits to the teams.

Support to MCHT Data Team

During the reporting period, the IRC and ACF regularly met with members of the MCHT Data Team, along with a WHO technical advisor. There are currently four data clerks and with the new District Health Team, the Consortium will increase the number of data clerks to seven, plus one data manager. Discussions included an overview of the current data systems, challenges currently faced, possible challenges with a new system and areas where the Consortium may be able to fill in gaps.

Support to Consortium Partners

During the second quarter, iLab completed work on the Consortium Partners Operational Map, which was introduced to partners in late March. No changes were made to the Operational Map developed by iLab in the second quarter, however, district Health Team information, including DSO and ZSO names will be updated in the map in the following quarter.

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

Sector 4 Coordination

This quarter, Global Communities continued to serve as operational and logistics partner as well as co-coordinate for Sector 4 in the Montserrado Incident Management System.

There were zero EVD cases reported in Sector 4 during the reporting period, though there was 1 new active case at the end of the reporting period in lower Margibi County. In support of the response, the burial teams from Montserrado were mobilized as backup support to the Margibi CHT. During the investigation of the active case, one of the contacts moved to Montserrado that also became a positive case. The consortium partners reacted by re-activating Sector 4 activities, but through the MCHT rather than the M-IMS structures. This included coordination of twice-daily case detection meetings for contact tracers and case investigators, along with supplementary food packages and hygiene support to houses under follow-up. The situation was still evolving as the reporting period ended.

Operationalize Dead Body Management Teams

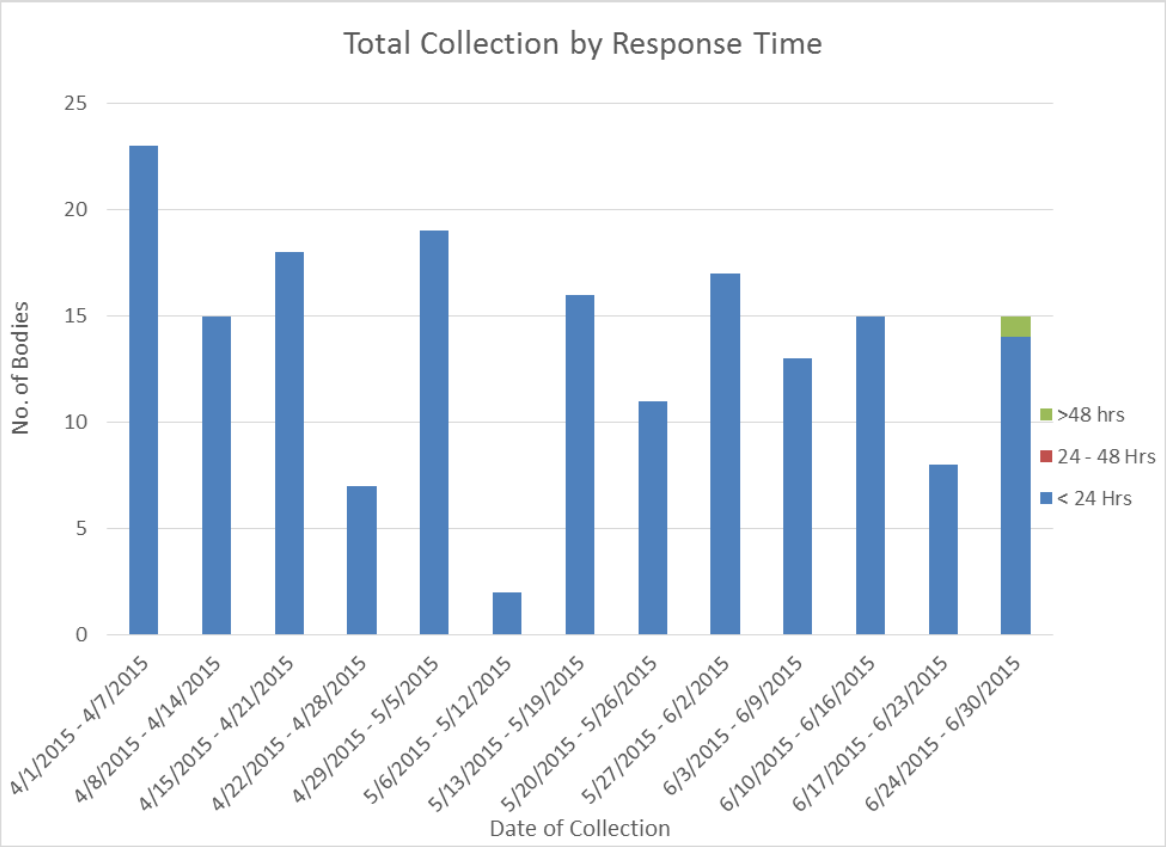
During the reporting period, Global Communities extended support to burial and disinfection teams for all of Montserrado County, completing the transition from IFRC supported teams to the county health team structure. At the end of the quarter, Global Communities supported 17 burial teams and eight disinfection teams throughout the county.

In addition to the mobile burial teams that safely bury the deceased from the communities, three of the major hospitals were supported with internal Dead Body Management (DBM) teams. The nine total teams at Redemption, Catholic and JDJ hospitals assist with swab collection; timely removal of bodies from the ward to the morgue; and contacting family members to finalize burial arrangements. All teams participated in monthly refresher trainings on proper burial procedures, taking oral swab and filling out data forms.

In addition to the DBM teams, Global Communities assisted Redemption and Catholic Hospitals with specimen transport to the laboratory for testing. Specimens included whole blood for living patients, not just post-mortem oral swabs. This policy is to speed up reporting of results so that clinicians could rule out Ebola and provide better-targeted care. During the next quarter, Global Communities will hand over this responsibility to Riders for Health, the long term ministry partner for specimen transport.

Global Communities continued working with funeral homes to ensure safe burial practices and began working with all eight funeral homes in Montserrado County during the past quarter. Swab collectors, trained and supported by Global Communities, gather specimens for families who reached out directly to the funeral homes. This activity enhances surveillance measures in the county and provides assurance that funeral home workers are not being exposed to high risk during specimen collection. In order to ensure that the collected specimens are adequately tested and that information is captured properly, Global Communities coordinates with the Ministry of Health's Funeral Home Liaison to discuss data collection methods and monitoring activities. Global Communities is providing vehicle support to the MOH to do weekly checkups and collect data from funeral homes.

As a measure to improve community death reporting to the CHT, Global Communities and IRC held a refresher training for all Montserrado Burial Team Leaders on how to use the case investigation form. This was particularly important because the teams were using different forms to capture burial information versus live case information. The training and harmonization of the reporting has improved the quality of data being reported to the laboratory and information capture for the MoH.Dead body management teams buried 179 bodies during the reporting team at a rate of 99% buried within 24 hours of death.



Community Engagement on Safe Burial Practices

Global Communities continued to experience resistance against safe and dignified burials during the reporting period. A recent incident involving a physical altercation between some community members and a burial team resulted in the hospitalization of the burial team member. While some members of the family agreed to the safe burial protocols and use of the body bag, some members later became agitated and physically lashed out at the team. The incident was immediately reported to the police and county health team who both intervened.

In another instance, many of the Muslim communities reached out to Global Communities to express concern over secret burials occurring in their cemeteries. Global Communities helped to organize a series of community meetings to discuss the operations of the teams and be open about the type of support the burial team can provide for community deaths. In total 23 communities were engaged through these meetings and will continue to meet regularly to have a forum to express evolving concerns.

In of these both cases, Global Communities recognized the importance of community engagement rather than law enforcement to address these issues. During the next quarter, Global Communities will integrate safe burial messaging into the Community Meeting and Dialogue Sessions to roll out community based surveillance.

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.

Psychological First Aid (PFA) Trainings for Teachers

As a part process to reopen schools, ACF supported the Ministry of Education to provide PFA trainings in schools, building capacity of teachers to conduct basic interventions addressing mental health issues with children and linking them to other actors in case that is necessary. During this quarter, 20 PFA trainings were delivered to 448 teachers in Montserrado, in the areas previously known as sector 2 and sector 4. ACF saw an 85% in improvement and development of skills amongst the trained population

Psychosocial Support

From April to the end of June, the psychosocial team has provided individual support to 847 new individuals affected by EVD, including survivors. In addition, the ACF team has organized group interventions considering the similarities of some issues (grief and mourning, isolation, rejection, etc.) amongst the EVD-affected population; 70 individuals benefited from psychosocial support provided by the ACF team through group interventions.

Following the discharge of many ACF clients in sectors 2 and 4 (according to the clinical cases' progress monitored weekly, and as per the client's perception of their wellbeing on the basis of their 'suffering scale'), the ACF team also started working within sectors 1 and 3. A meeting with the Psychosocial Coordinator of Montserrado County was arranged, in order to gain information about the previously unsupported zones and to identify where ACF could intervene. Currently the psychosocial team is providing psychosocial support in 17 zones of Montserrado within the four sectors.

Group counselling sessions in the affected communities to counter stigmatization of affected families and survivors

ACF organized 23 group counselling sessions during this quarter, addressing stigmatization and discrimination related to Ebola. The location of some group counselling sessions has been selected as part of a multilayer approach (individual, family and community), addressing the needs of those clients that have still been experiencing stigmatization by some members of the community.

Referral system

As a part of the psychosocial intervention, the ACF team carries out referrals to other NGOs and institutions, in order to addresses other social problems of the EVD-affected population such as medical problems, school fees, sources of income, lack of support for widows and orphans. The ACF team has referred 266 cases in order to contribute to the improvement of the quality of life of the targeted population, which also assists in the improvement mental health conditions. Additionally, ACF receives referrals from leaders and members of the community, as well as the Community Liaison Officers, who live in the given communities and have clear information concerning the people that have been affected by EVD.

III. Indicator Tracking

Table 1: 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**	**Q3**		**Cumulative**		**Remarks**
Indicator 1 (OFDA)	Number of health care facilities supported and/or rehabilitated by type (e.g., primary, secondary, tertiary).	Hospital	75	289		289		
		PHCL1		0		42		
		PHCL2		178		217		
		HC		99		105		
		Unknown / Not disaggregated from Q1		12		91		
		Total	75	578		744		
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**	Global Communities conducted refresher trainings of existing, previously reported health care providers but did not conduct trainings of new health care providers in the quarter. iLab whose agreement ended in Q2 were training all data volunteers and managers. This activity was not continued during Q3.
		Case Investigators	74	0	0	44	43	
		Contact Tracers	300	0	0	241	200	
		Contact Tracing Monitors	8	0	0	*7*	*6*	
		Contact Tracing Supervisors	22	0	0	*22*	*10*	
		Community Liaison Officers	22	0	0	*19*	*3*	
		Data Managers	5	0	0	7	0	
		Data Volunteers	40	0	0	27	5	
		Burial Team Supervisors	2	0	0	2	0	
		Burial Team Members	80	0	0	99	18	
		Disinfection Team Members	20	15	5	28	12	

		Swab Collection Personnel	--	31	14	46	22	
		Total	573			861		
Indicator 3 (OFDA)	Number of consultations, disaggregated by sex and age, per quarter.	Case Investigations	N/A	**M**	**F**	**M**	**F**	Q3 data includes sector bases, facilities and burial team case investigation data. Age disaggregation began during the quarter and therefore do not account for all investigations. 0 – 5: **226**; 6 – 18: **76**; 19 – 49: **362**; 50+: **130**
				481	371	1300	1037	
		Total		852		2,337		
Indicator 4 (non-OFDA)	Percentage of cases investigated within 24 hours of the request being received from the Ebola Dispatch Unit (EDU).	Percentage	100%	100%		N/A		The EDU system is not configured in a way that allowed this data to be tracked. In Q2 and Q3, case investigation teams tracked the time between when the team received a call from the EDU and when they arrived to the case. During Q3, 100% of calls referred to the case investigation teams were responded to within 24 hours.
Indicator 5 (non-OFDA)	Number of Ebola referrals from health facility triage to the Ebola Dispatch Unit during the past quarter.	Referrals	N/A	0		96		
Indicator 6 (non-OFDA)	Number of Montserrado Country health facilities mapped.	Facilities	240	0		173		Q2 facilities mapped only reflects January and part of February, at which point the mobile data collection system experienced a problem that was unable to be fixed prior to iLab terminating as a partner.
Indicator 7 (non-OFDA)	Percentage of MTI-supported Montserrado Health Facilities with up-to-date IPC status mapped.	Percentage	100	N/A		N/A		As the mobile data collection system is no longer available, there is no percentage of facilities mapped available.
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	N/A		100		
Indicator No.	**Indicator**	**Unit**	**Target**	**Q3**		**Cumulative**		**Remarks**
		Aprons, disposable	--	1575		4365		
		Aprons, reusable	--	776		1619		
		Bio-Waste Plastic	--	1831		2747		

Indicator 1 (OFDA)	Number of supplies distributed by type (e.g., medical kits, equipment, consumables).	Backpacks	350	0	206	
		Body Bag	--	612	959	
		Buckets	40	163	553	
		Case Investigation Forms	N/A	166	2966	
		Chlorox 475ml	--	0	45	
		Chlorox 4L	--	6	7	
		Chlorine solution (45kg)	50	448	1779	
		Face Mask	500	0	1	
		Flashlight / torch	--	0	12	
		Fuel, Vehicle	27,684	225	6723	
		Fuel, Generator	--	314	314	
		Gloves, latex (pc)	20,700	0	9	
		Gloves, heavy duty (pr)	480	0	6976	
		Gloves, surgical (pr)	--	270	840	
		Gloves, reusable	56	476	15320	
		Goggles	330	2472	5568	
		Hand sanitizer	954	21670	34850	
		Headlamps	--	416	2900	
		Internet, dongle & subscriptions	4	1598	3368	
		Laptops	8	270	6682	
		Ledgers	--	0	12	
		Mobile phones	--	0	16	
		Mobile phone credit (USD)	20,835	0	0	
		Notepads	--	0	7	
		Overall, suits	50	13	23	
		Paper, A4	--	4820	11580	
		Pens (packs)	--	0	12	
		PPE kits (Overall)	5,560	5965	23153	
		Printer	2			

Indicator 1 (OFDA) (continued)	Number of supplies distributed by type (e.g., medical kits, equipment, consumables).	Rain Boots	528	20		33		
		Rain Gear	406	0		524		
		Scanner	2	3504		3504		
		Shoe covers	80	4		13		
		Soap, liquid	--	2		42		
		Sprayer, backpack, 12L	74	548		5148		
		Sprayer, handheld, 1L	--	0		2		
		Staplers	--	155		1458		
		Staples (pack)	--	10		329		
		Thermoscan	40	0		1		
		Toner	--	130		617		
		Training Manual		0		8		
Indicator 2 (OFDA)	Number of people trained, disaggregated by sex, in the use and proper disposal of medical equipment and consumables.		102	**M**	**F**	**M**	**F**	
		Burial Team Members		0	0	129	33	
		CLO and Contact Tracers		0	0	120	92	
		Facility Sanitation Workers		0	0	15	10	
		Swab Collectors		36	16	36	16	
		Total	102			300	151	
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	104/289		544 / 1951		This indicator is more accurately reflected by the percentage of facility visits in which the facility reports stock out, as reported here.
		Percentage	≤ 10%	35.9		27%		
Indicator 4 (non-OFDA)	Number of facilities with a supply of Case Investigation forms during the past quarter.	Facilities	75	N/A		N/A		The MCHT maintained that case investigation would not be initiated at health facilities, and forms were therefore not needed.

Sub-Sector: Communicable Diseases

Indicator No.	Indicator	Unit	Target	Q3	Cumulative	Remarks
Indicator 1 (non-OFDA)	Number of program-supported burial teams that are active and operational.	Burial Teams	10	17	17	
		Disinfection Teams	5	6	6	

		Total	15	23	23	Global Communities decreased this to 6 this quarter from 7 last quarter. Last quarter it over reported this by 1 disinfection team.
Indicator 2 (non-OFDA)	Percentage of dead bodies removed within 24 hours of request.	Percentage	90	99.9	96	
Indicator 3 (non-OFDA)	Number of households receiving a Solidarity Kit voucher.	Households	N/A	N/A	N/A	Kits were proposed as a stop-gap measure, however, other partners improved systems for delivering this type of support, and they were not needed.
Indicator 4 (non-OFDA)	Number of EVD contacts registered	Contacts	N/A	161	21,996	*Ind. 4: Only number of newly registered contacts reported*
Indicator 5 (non-OFDA)	% of people entering ETUs (suspected, probable, or confirmed cases) generating contacts.	Percentage	90	90%	90%	Reporting of this indicator began during this quarter. Of data for 73 suspect cases entering ETUs, 66 people generated contacts.
Indicator 6 (non-OFDA)	% of EVD contacts completing minimum 21-day follow up.	Percentage	≥ 95	97.8%	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	0.2%	0.91%	
Indicator 8 (non-OFDA)	% of Ebola cases investigated by Montserrado County Case Investigation Teams that are mapped.	Percentage	100	N/A	N/A	Limited access to MoH data has made it impossible to capture this indicator in Q3.
Indicator 9 (non-OFDA)	% of ACF traced contacts entered into MoH database each week.	Percentage	100	N/A	N/A	Limited access to MoH data has made it impossible to capture this indicator in Q3.
Indicator 10 (non-OFDA)	Number of partial burn incinerators and ash pits constructed at supported health facilities	Incinerators	30	34	46	

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	Q3		Cumulative		Remarks
				M	**F**	**M**	**F**	
Indicator 1 (OFDA)	Number of people trained in psychosocial support, disaggregated by sex.	Person	300	299	149	*456*	*257*	

Indicator 2 (non-OFDA)	Number of households receiving one or more psychological support visits.	Household	840	353	*1041*	
Indicator 3 (non-OFDA)	Number of referrals made by contact tracing teams to MoH or ACF social workers.	Referrals	N/A	306	*567*	
Indicator 4 (non-OFDA)	Number of PFA trainings given to other national and international NGO or MoH staff.	Training Sessions	18	21	*29*	

IV. Constraints and challenges

The phasing out of the Montserrado IMS (M-IMS) has been challenging to adjust to accordingly. With no clear timeline announced, there has been uncertainty from all parties as to when and how the transition should take place. As a result, the Consortium established the Montserrado Surveillance Technical Working Group, which has been spearheading the effort to transition surveillance and response activities from the M-IMS to the Montserrado County Health Team. While the MCHT and all the partner are engaged and enthusiastic, with no clear guidance, policies or timeline from the national level, efforts to finalize documents and begin implementation have been stalled.

As in the previous quarter, it remains difficult to get a clear sense of what development partners have planned for Montserrado in order to align transition plans with long-term support. The Consortium partners will continue to engage relevant actors to ensure that our work moving forward maintains the necessary prevention, detection and response capacity required while Ebola remains in the region, while being careful to transition into a more sustainable surveillance system.

V. Activities for the following quarter

As the Consortium moves into the fourth quarter of the project, the focus is to continue working closely with the MoH, MCHT, WHO, CDC and other implementation partners for the roll-out of the operational plan developed this quarter. Early next quarter, District Health Teams will move into new offices. District Surveillance Officers and Zonal Surveillance Officers will begin working in their new positions. Community Liaison Officers (CLOs) will provide individualized support, mentorship and capacity building to ZSOs. A Quality Advisor will provide similar support to the County Surveillance Office.

ACF will continue supporting the MCHT for surveillance activities, including finalizing the operational plan and training new surveillance officers, based on updated national IDSR guidelines. In addition, ACF Community Development Teams will work to establish community-based surveillance while linking with the MCHT surveillance structure, and CLOs will be integrated into the zonal surveillance level in order to strengthen that linkage. The approach to community-based surveillance will empower communities to develop their own surveillance strategy based on existing structures. ACF also will maintain capacity to active contact tracing as needed for new EVD cases.

At the community level, Global Communities will train Community Development Team Leaders and Promoters on how to engage communities to design and implement their own surveillance plans. Hiring for these positions took place during this reporting period. The training and the roll-out of the program will commence in the following quarter. ACF will also continue the implementation of Psychosocial First Aid trainings for school and teachers. Psychosocial support will continue be provided to EVD affected families, communities and individual including survivors and expand these services to new communities that have yet to receive psychosocial support.

In addition, the IRC will focus on improving the Emergency Response System to better respond to EVD and other priority diseases, through safe transportation of infectious disease patients. The Technical Advisor will support the creation and training of policy and procedures. and also provide Emergency Medical Technician training for 96 members of the ambulance and dispatch staff. This has not occurred since 2003. Finally, although Global

Communities' burial teams are beginning to phase out in favor of community-led safe burials, the IRC will continue to support Case Investigators placed with burial teams for the duration of their existence.